



Standard Drug Formulary

March 2025

Blue Shield of California

This formulary corresponds with the following plans:

IFP: \$0 Cost Share, Bronze 60 HDHP PPO, Bronze 60 PPO, Bronze 7500 Trio HMO, Gold 80, Minimum Coverage PPO, Platinum 90, Silver 1750 PPO, Silver 2600 HDHP PPO, Silver 70 Off Exchange, Silver 70, Silver 73, Silver 87, Silver 94

Small Group: Bronze Access+ HMO, Bronze Full PPO, Bronze Full PPO Savings, Bronze Local Access+, Bronze Tandem PPO, Bronze Tandem PPO Savings, Bronze 60, Bronze Trio HMO 7000/70 OffEx, Gold Access+ HMO, Gold Full PPO, Gold Full PPO Savings, Gold Local Access+ HMO, Gold Tandem PPO, Gold Tandem PPO Savings, Gold Trio HMO, Gold 80, Platinum Access+ HMO, Platinum Full PPO, Platinum Local Access+ HMO, Platinum Tandem PPO, Platinum Trio HMO, Platinum 90, Silver Access+ HMO, Silver Full PPO, Silver Full PPO Savings, Silver Local Access+ HMO, Silver Tandem PPO, Silver Tandem PPO Savings, Silver Trio HMO, Silver 70, Virtual Blue Tandem PPO

This formulary was last updated on 03/01/2025 . This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Standard Drug Formulary*, visit www.blueshieldca.com/pharmacy.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Summary of Benefits and Evidence of Coverage*. For plan and coverage documents, visit https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer_contents_en/policies. For additional information about your plan, call the customer service number on your Blue Shield member ID card.

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Informational Section

The *Blue Shield Standard Drug Formulary* is a list of medications that are approved by the Food and Drug Administration (FDA) and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

Definitions

The following words and definitions will be used throughout the formulary drug list.

Term
"Brand-name drug" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
"Coinsurance" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
"Copayment" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
"Deductible" is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
"Drug tier" is a group of prescription drugs that corresponds to a specified cost-sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
"Enrollee" is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below.

Term
<p>“Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing healthcare provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.</p>
<p>“Exigent circumstances” are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.</p>
<p>“Formulary” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.</p>
<p>“Generic drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in <i>bold and italicized lowercase letters</i>.</p>
<p>“Non-formulary drug” is a prescription drug that is not listed on the health plan's formulary.</p>
<p>“Out-of-pocket costs” are copayments, coinsurance, and the applicable deductible, plus all costs for healthcare services that are not covered by the health plan.</p>
<p>“Prescribing provider” is a healthcare provider authorized to write a prescription to treat a medical condition for a health plan enrollee.</p>
<p>“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.</p>
<p>“Prescription drug” is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.</p>
<p>“Preventive health drugs” are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge when specific criteria are met.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force.</p>

Term
<p>"Prior authorization" is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.</p>
<p>"Step therapy" is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.</p>
<p>"Subscriber" means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.</p>

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

How do I find a drug on this list?

Each drug is listed alphabetically under the column titled "Prescription Drug Name" by its brand or generic name under the therapeutic category and class to which it belongs. This formulary uses the U.S. Pharmacopeia (USP) classification system.

Using the brand-name or the generic name for the drug, you can search this list in one of two ways:

- Search for the category or class to which the drug belongs and search for the name of the drug in alphabetical order
- Search the Alphabetical Index of Drugs by the name of the drug

Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

How do I know if the drug listed is a brand or generic drug?

- A generic name for a brand-name drug is listed after the brand name of the drug in all ***lowercase bold italics***
 - If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug in all ***lowercase bold italics***

- When a generic drug is marketed with a brand name, the brand name will be listed after the generic name in parentheses with the first letter capitalized.
- A brand-name drug is listed in all CAPITALS followed by the generic name in parentheses in ***lowercase bold italics***.

Example

Drug Type	How the drug name will appear in the formulary drug list
generic drug	<i>atorvastatin calcium</i>
generic drug marketed with a brand name	oxycodone/acetaminophen (Endocet)
brand drug	LIPITOR (<i>atorvastatin calcium</i>)

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the *Summary of Benefits* of your Blue Shield *Evidence of Coverage* (EOC).

The column titled “Drug tier” is the cost level you pay for a drug.

Drug Tier [†]	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost
3	Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	Drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than \$600 for a one-month supply

[†] Preventive health drugs, including contraceptive drugs and devices, are covered at \$0 when specific criteria are met. See your *Evidence of Coverage* (EOC) for further details about your benefit.

Note about multi-source brand drugs: If you or your doctor choose a brand drug when a generic drug equivalent is available, you will pay the difference in cost, plus the Tier 1 copayment or coinsurance. You or your doctor can ask for an exception. See “What if my drug requires a prior authorization or step therapy?” below for more information.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Evidence of Coverage*. For additional information about specific plans, call the customer service number on your Blue Shield member ID card.

Note: Blue Shield drug formularies apply to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California (individually and collectively referred to as Blue Shield throughout this document).

How to read the formulary

The column titled “Coverage Requirements and Limits” identifies coverage restrictions or limits for drugs when applicable.

Coverage Requirements and Limits		Description
AL1	Age limit	Prior authorization may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations.
BL	Benefit limit	Coverage for this drug may be limited by your plan. Please see your Evidence of Coverage (EOC) for more detailed information.
CW	Cost waived	This drug may be available with no out of pocket cost. Certain benefit limitations may apply. Please see your Evidence of Coverage (EOC) for more detailed information.
GL	Gender limit	Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
OAC	Oral anti-cancer	There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your <i>Summary of Benefits</i> for more detailed information.

PA	Prior authorization	Prior authorization is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
PH	Preventive health drugs	Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, are covered at \$0 when specific criteria are met.*
QLC	Quantity limit	The prescription quantity covered is limited. Prior authorization is required for amounts greater than the limit.
RO	Retail only	This prescription can be dispensed at retail pharmacies only. It is not covered through mail service.
SF	Starter fill	Blue Shield's Starter Fill Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for up to a 15-day supply. When this occurs, the copayment or coinsurance will be prorated.
SP	Specialty pharmacy	These drugs are available exclusively through select specialty pharmacies.
ST	Step therapy	Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria are met.

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010. See your Evidence of Coverage (EOC) for further details about your benefit.

How often will the formulary change?

This formulary is updated on the first of every month. Formulary changes that may not have prior notice include the following:

- A brand name drug may be moved to a higher tier or removed from the formulary if a new generic drug is added to the formulary,
- A drug may be removed from the formulary when it is removed from the market because the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug's manufacturer removes the drug from the market, or
- A drug is added to the formulary, moved to a lower tier, or has a utilization management requirement removed.

Formulary changes that will have at least 30-day prior notice to an affected enrollee include the following:

- Moving a drug or dosage form to a higher tier,
- Removal of a drug or dosage form from the formulary,
- Adding or changing utilization management requirements or limits for a drug.
 - When a step therapy utilization management requirement changes, the new requirement will not require you to repeat the step therapy if you are already taking the drug for your condition as long as the drug is still appropriate, your provider continues to prescribe the drug, and the drug is still considered safe and effective for your condition.

When a drug or dosage form is removed from the formulary, and a drug was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

For the most current information about the Blue Shield Standard Drug Formulary, visit blueshieldca.com/pharmacy.

What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?

A medical benefit drug is a drug that is not generally self-administered and administered by a healthcare professional. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

For additional information, check your Blue Shield *Evidence of Coverage* or call the customer service number on your Blue Shield member ID card.

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the member. This does not apply to grandfathered plans, plans purchased on or before March 23, 2010. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit blueshieldca.com/pharmacy.

What drugs have their cost waived?

Select drugs are required by state or federal legislation to be covered with no out-of-pocket cost for members. Certain benefit limitations may apply. For more details about drugs with waived copays, see your Blue Shield Evidence of Coverage.

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. With the exception of brands that have a generic equivalent, these drugs and devices are covered with no member copayment.

Brand contraceptives with a generic equivalent generally require a copayment. If your doctor or health care provider determines that a brand contraceptive with a generic equivalent is medically necessary for you, it will be covered without a copayment upon submission of an exception request. You, your representative, or your doctor may submit the request to Blue Shield. You can submit a request by calling the customer service number on your Blue Shield member ID card.

Members have coverage for over the counter (OTC) contraceptive drugs and devices with no out-of-pocket costs through their health plan. Members must have a pharmacy benefit with Blue Shield of California and process their OTC contraceptives drugs or devices through a participating pharmacy for no cost coverage using their member ID card. Members can review their Evidence of Coverage (EOC) for further details about their benefit.

Over the counter (OTC) Contraceptives
Condoms (Female)
Condoms (Male)
Daily Oral Contraceptives (Opill)
Emergency Oral Contraceptives
Spermicides (cream, film, foam, gel, suppository)

What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?

FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, continuous glucose monitors, urine test strips, lancets, and insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

What if my drug requires a prior authorization or step therapy?

Drug prior authorization involves getting advance approval of coverage for a prescription medication based on medical necessity. Some drugs require a review of the patient's prescription and medical history to determine coverage.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition.

Step therapy requirements are based on how the FDA recommends a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition.

Your provider may submit a request for a prior authorization or an exception to the step therapy requirement.

How do I request a prior authorization or step therapy exception?

To request prior authorization or a step therapy exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit the request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills.

You are not required to complete step therapy with Blue Shield if a drug you are currently taking was approved for coverage for your medical condition by your previous health plan or you qualify for a step-therapy exception. In either case, the drug will be covered by Blue Shield without step therapy if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

If Blue Shield denies a request for prior authorization or a step therapy exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

What if my drug is non-formulary or not listed?

The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug is based on medical necessity.

To request a non-formulary coverage exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit an exception request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills.

If Blue Shield denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

If you are currently taking the drug and it was approved by your previous health plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

Participating retail pharmacies

You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for a specialty drug. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit blueshieldca.com/pharmacy.

What are specialty drugs?

Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain

physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

Specialty drugs may require prior authorization for medical necessity by Blue Shield. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. Call the customer service number on your Blue Shield member ID card or visit [blueshieldca.com/pharmacy](https://www.blueshieldca.com/pharmacy) if you have questions about specialty drugs.

Home delivery pharmacy

Blue Shield offers an easy-to-use home delivery prescription drug program through our contracted home delivery provider. You can save time and money using the home delivery service. It can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the home delivery service, visit [amazon.com/blueshieldca](https://www.amazon.com/blueshieldca).

Categorical List of Prescription Drugs

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANALGESICS (Drugs for Pain)

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)

BUTALBITAL-ASPIRIN-CAFFEINE --50-325-40 MG TAB	tier 1	QLC (6 tabs/day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	tier 1	QLC (6 caps/day; max 48 caps/30 days)
<i>celecoxib cap 100 mg</i>	tier 1	QLC (2 caps/day)
<i>celecoxib cap 200 mg</i>	tier 1	QLC (2 caps/day)
<i>celecoxib cap 400 mg</i>	tier 1	QLC (1 cap/day)
<i>celecoxib cap 50 mg</i>	tier 1	QLC (2 caps/day)
<i>diclofenac potassium tab 50 mg</i>	tier 1	
diclofenac potassium tab 50 mg (Cataflam)	tier 1	
<i>diclofenac sodium soln 1.5%</i>	tier 1	QLC (1 bottle/month)
<i>diclofenac sodium tab delayed release 25 mg</i>	tier 1	
<i>diclofenac sodium tab delayed release 50 mg</i>	tier 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	tier 1	
<i>diclofenac sodium tab er 24hr 100 mg</i> (DICLOFENAC SODIUM ER)	tier 1	
<i>etodolac cap 200 mg</i>	tier 1	
<i>etodolac cap 300 mg</i>	tier 1	
<i>etodolac tab 400 mg</i>	tier 1	
<i>etodolac tab 500 mg</i>	tier 1	
<i>etodolac tab er 24hr 400 mg</i> (ETODOLAC ER)	tier 1	
<i>etodolac tab er 24hr 500 mg</i> (ETODOLAC ER)	tier 1	
<i>etodolac tab er 24hr 600 mg</i> (ETODOLAC ER)	tier 1	
FLURBIPROFEN 50 MG TAB	tier 1	

AL1 - Age Limit; BL - Benefit Limit; CW - Cost Waived; GL - Gender Limit; OAC - Oral Anti-Cancer;
 PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>flurbiprofen tab 100 mg</i>	tier 1	
<i>ibuprofen tab 400 mg</i>	tier 1	
<i>ibuprofen tab 600 mg</i>	tier 1	
<i>ibuprofen tab 800 mg</i>	tier 1	
<i>indomethacin cap 25 mg</i>	tier 1	
<i>indomethacin cap 50 mg</i>	tier 1	
<i>indomethacin cap er 75 mg</i> (INDOMETHACIN ER)	tier 1	
<i>ketorolac tromethamine tab 10 mg</i>	tier 2	QLC (20 tabs/30 days)
<i>meloxicam tab 15 mg</i>	tier 1	
<i>meloxicam tab 7.5 mg</i>	tier 1	
<i>nabumetone tab 500 mg</i>	tier 1	
<i>nabumetone tab 750 mg</i>	tier 1	
<i>naproxen tab 250 mg</i>	tier 1	
<i>naproxen tab 375 mg</i>	tier 1	
<i>naproxen tab 500 mg</i>	tier 1	
<i>naproxen tab ec 375 mg</i>	tier 1	
<i>naproxen tab ec 375 mg</i> (EC- NAPROXEN)	tier 1	
<i>naproxen tab ec 500 mg</i>	tier 1	
<i>naproxen tab ec 500 mg</i> (EC- NAPROXEN)	tier 1	
<i>naproxen tab ec 500 mg</i> (NAPROXEN DR)	tier 1	
<i>oxaprozin tab 600 mg</i>	tier 1	
<i>piroxicam cap 10 mg</i>	tier 1	
<i>piroxicam cap 20 mg</i>	tier 1	
<i>sulindac tab 150 mg</i>	tier 1	
<i>sulindac tab 200 mg</i>	tier 1	
OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)		
<i>fentanyl td patch 72hr 100 mcg/hr</i>	tier 2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	tier 2	PA, QLC (20 patches/month)

AL1 - Age Limit; BL - Benefit Limit; CW - Cost Waived; GL - Gender Limit; OAC - Oral Anti-Cancer;
PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fentanyl td patch 72hr 25 mcg/hr</i>	tier 2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	tier 2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	tier 2	PA, QLC (20 patches/month)
METHADONE HCL 10 MG/5ML SOLUTION	tier 1	PA, QLC (90 ml/day)
METHADONE HCL 5 MG/5ML SOLUTION	tier 1	PA, QLC (180 ml/day)
<i>methadone hcl conc 10 mg/ml</i>	tier 1	PA, QLC (18 ml/day)
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	tier 1	PA, QLC (18 ml/day)
<i>methadone hcl soln 10 mg/5ml</i>	tier 1	PA, QLC (90 ml/day)
<i>methadone hcl soln 5 mg/5ml mg/ml</i>	tier 1	PA, QLC (180 ml/day)
<i>methadone hcl tab 10 mg</i>	tier 1	PA, QLC (18 tabs/day)
<i>methadone hcl tab 5 mg</i>	tier 1	PA, QLC (36 tabs/day)
<i>methadone hcl tab for oral susp 40 mg</i>	tier 3	PA, QLC (5 tabs/day)
methadone hcl tab for oral susp 40 mg (Methadose)	tier 3	PA, QLC (5 tabs/day)
<i>morphine sulfate tab er 100 mg</i> (MORPHINE SULFATE ER)	tier 1	QLC (3 tabs/day)
<i>morphine sulfate tab er 15 mg</i> (MORPHINE SULFATE ER)	tier 1	QLC (6 tabs/day)
<i>morphine sulfate tab er 200 mg</i> (MORPHINE SULFATE ER)	tier 1	QLC (3 tabs/day)
<i>morphine sulfate tab er 30 mg</i> (MORPHINE SULFATE ER)	tier 1	QLC (6 tabs/day)
<i>morphine sulfate tab er 60 mg</i> (MORPHINE SULFATE ER)	tier 1	QLC (5 tabs/day)
TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H	tier 1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 100 mg</i> (TRAMADOL HCL ER)	tier 1	QLC (3 tabs/day)
<i>tramadol hcl tab er 24hr 200 mg</i> (TRAMADOL HCL ER)	tier 1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 300 mg</i> (TRAMADOL HCL ER)	tier 1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i> (TRAMADOL HCL (ER BIPHASIC))	tier 1	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i> (TRAMADOL HCL (ER BIPHASIC))	tier 1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i> (TRAMADOL HCL (ER BIPHASIC))	tier 1	PA, QLC (1 tab/day)
OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE) 0	tier 1	QLC (90 ml/day; max 1350 ml/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)	tier 1	QLC (12 tabs/day; max 180 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)	tier 1	QLC (12 tabs/day; max 180 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)	tier 1	QLC (6 tabs/day; max 90 tabs/month)
ACETAMINOPHEN-CODEINE (<i>acetaminophen w/ codeine</i>) -120-12 MG/5ML SOLUTION, -300-30 MG/12.5ML SOLUTION	tier 1	QLC (90 ml/day; max 1350 ml/month)
APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) -- 320.5-30-16 MG CAP	tier 1	PA, QLC (10 caps/day; max 140 caps/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD)	tier 1	QLC (6 caps/day; max 90 caps/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine)	tier 1	QLC (6 caps/day; max 90 caps/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (BUTALBITAL-ASA-CAFF-CODEINE)	tier 1	QLC (6 caps/day; max 90 caps/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	tier 1	QLC (4 canisters/month at 2 canisters/fill)
CODEINE SULFATE 15 MG TAB	tier 1	QLC (24 tabs/day; max 360 tabs/month)
CODEINE SULFATE 30 MG TAB	tier 1	QLC (12 tabs/day; max 180 tabs/month)
CODEINE SULFATE 60 MG TAB	tier 1	QLC (6 tabs/day; max 90 tabs/month)
<i>codeine sulfate tab 30 mg</i>	tier 1	QLC (12 tabs/day; max 180 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FENTANYL CITRATE 200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle</i>	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle</i>	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 200 mcg fentnyl citrte hndle</i>	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 400 mcg fentnyl citrte hndle</i>	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 600 mcg fentnyl citrte hndle</i>	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 800 mcg fentnyl citrte hndle</i>	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
HYDROCODONE-ACETAMINOPHEN - 2.5-325 MG TAB	tier 1	QLC (8 tabs/day, max 120 tabs/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	tier 2	QLC (5 tabs/day; max 75 tabs/month)
<i>hydromorphone hcl tab 2 mg</i>	tier 1	QLC (11 tabs/day; max 165 tabs/month)
<i>hydromorphone hcl tab 4 mg</i>	tier 1	QLC (6 tabs/day; max 90 tabs/month)
<i>hydromorphone hcl tab 8 mg</i>	tier 1	QLC (3 tabs/day; max 45 tabs/month)
<i>meperidine hcl tab 50 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 270 tabs/month)
MORPHINE SULFATE 10 MG SUPPOS	tier 1	QLC (9 suppositories/day; max 135 suppositories/month)
MORPHINE SULFATE 10 MG/5ML SOLUTION	tier 1	QLC (45 ml/day; max 675 ml/month)
MORPHINE SULFATE 15 MG TAB	tier 1	QLC (6 tabs/day; max 90 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MORPHINE SULFATE 20 MG SUPPOS	tier 1	QLC (5 suppositories/day; max 75 suppositories/month)
MORPHINE SULFATE 20 MG/5ML SOLUTION	tier 1	QLC (25 ml/day; max 375 ml/month)
MORPHINE SULFATE 30 MG SUPPOS	tier 1	QLC (3 suppositories/day; max 45 suppositories/month)
MORPHINE SULFATE 30 MG TAB	tier 1	QLC (3 tabs/day; max 45 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	tier 1	QLC (12 suppositories/day; max 180 suppositories/month)
<i>morphine sulfate oral soln 10 mg/5ml</i>	tier 1	QLC (45 ml/day; max 675 ml/month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	tier 1	QLC (25 ml/day; max 375 ml/month)
<i>morphine sulfate tab 15 mg</i>	tier 1	QLC (6 tabs/day; max 90 tabs/month)
<i>morphine sulfate tab 30 mg</i>	tier 1	QLC (3 tabs/day; max 45 tabs/month)
<i>oxycodone hcl soln 5 mg/5ml mg/ml</i>	tier 2	QLC (60 ml/day; max 900 ml/month)
<i>oxycodone hcl tab 10 mg</i>	tier 1	QLC (84 tabs/month)
<i>oxycodone hcl tab 15 mg</i>	tier 1	QLC (4 tabs/day; max 60 tabs/month)
<i>oxycodone hcl tab 20 mg</i>	tier 1	QLC (3 tabs/day; max 45 tabs/month)
<i>oxycodone hcl tab 30 mg</i>	tier 1	QLC (2 tabs/day; max 30 tabs/month)
<i>oxycodone hcl tab 5 mg</i>	tier 1	QLC (12 tabs/day; max 180 tabs/month)
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	tier 2	QLC (6 tabs/day; max 90 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	tier 2	QLC (6 tabs/day; max 90 tabs/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	tier 2	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	tier 2	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	tier 2	QLC (12 tabs/day; not to exceed 180 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	tier 2	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	tier 2	QLC (8 tabs/day; max 120 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	tier 2	QLC (8 tabs/day; max 120 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -5-325 MG/5ML SOLUTION	tier 1	QLC (840 ml/month)
OXYCODONE-ASPIRIN -4.8355-325 MG TAB	tier 2	QLC (12 tabs/day; max 180 tabs/month)
<i>tramadol hcl tab 100 mg</i>	tier 1	QLC (4 tabs/day)
<i>tramadol hcl tab 50 mg</i>	tier 1	QLC (8 tabs/day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	tier 1	QLC (8 tabs/day; max 112 tabs/30 days)

ANESTHETICS (Drugs for Numbing)

LOCAL ANESTHETICS (Skin Numbing Drugs)

<i>lidocaine hcl soln 4%</i>	tier 1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2% GEL	tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	tier 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo)	tier 1	
<i>lidocaine hcl viscous soln 2%</i> (LIDOCAINE VISCOUS HCL)	tier 1	
<i>lidocaine oint 5%</i>	tier 3	QLC (50 gm/month)
<i>lidocaine oint 5%</i> (PREMIUM LIDOCAINE)	tier 3	QLC (50 gm/month)
<i>lidocaine patch 5%</i>	tier 1	QLC (90 patches/month)
<i>lidocaine patch 5%</i> (LIDOCAN)	tier 1	QLC (90 patches/month)
lidocaine patch 5% (Lidocan)	tier 1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine Ii)	tier 1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine Iii)	tier 1	QLC (90 patches/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	tier 1	QLC (30 gm/month)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)		
ALCOHOL DETERRENTS/ANTI-CRAVING (Drugs for Alcohol Dependence)		
<i>acamprosate calcium tab delayed release 333 mg</i>	tier 2	
<i>disulfiram tab 250 mg</i>	tier 1	
<i>disulfiram tab 500 mg</i>	tier 1	
OPIOID DEPENDENCE (Drugs for Opioid Dependence)		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	tier 1	QLC (12 tabs/day)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	tier 1	QLC (3 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	tier 1	QLC (2 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	tier 1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	tier 1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	tier 1	QLC (3 films/day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	tier 1	QLC (12 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	tier 1	QLC (3 tabs/day)
OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)		
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	tier 1	QLC (2 syringes/30 days)
<i>naloxone hcl inj 0.4 mg/ml</i>	tier 1	QLC (two 1 ml vials/month)
<i>naloxone hcl inj 4 mg/10ml</i>	tier 1	QLC (two 1 ml vials/month)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	tier 2	QLC (2 doses/month)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml</i>	tier 1	QLC (2 syringes/month)
<i>naltrexone hcl tab 50 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)

APO-VARENICLINE (<i>varenicline tartrate</i>) -0.5 MG TAB, -1 MG TAB	tier 3	ACA (Preventive Health), QLC (2 tabs/day)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> (BUPROPION HCL ER (SMOKING DET))	tier 1	ACA (Preventive Health), QLC (3 tabs/day)
NICOTROL (<i>nicotine</i>) 10 MG INHALER	tier 3	ACA (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS (<i>nicotine</i>) 10 MG/ML SOLUTION	tier 3	ACA (Preventive Health), QLC (2 ml/day)
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	tier 1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	tier 1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 1 mg (base equiv)</i> (VARENICLINE TARTRATE(CONTINUE))	tier 1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> (VARENICLINE TARTRATE (STARTER))	tier 1	ACA (Preventive Health), QLC (1 starting month box/28 days)

ANTIBACTERIALS (Drugs for Bacterial Infections)

AMINOGLYCOSIDES

<i>gentamicin sulfate cream 0.1%</i>	tier 1	
<i>gentamicin sulfate oint 0.1%</i>	tier 1	
<i>neomycin sulfate tab 500 mg</i>	tier 1	
<i>paromomycin sulfate cap 250 mg</i>	tier 1	PA

ANTIBACTERIALS, OTHER

CAYSTON (<i>aztreonam lysine</i>) 75 MG RECON SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
<i>clindamycin hcl cap 150 mg</i>	tier 1	
<i>clindamycin hcl cap 300 mg</i>	tier 1	
<i>clindamycin hcl cap 75 mg</i>	tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	tier 1	
<i>clindamycin phosphate vaginal cream 2%</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	tier 3	QLC (1 packet/30 days)
<i>linezolid for susp 100 mg/5ml</i>	tier 1	PA
<i>linezolid tab 600 mg</i>	tier 1	PA
<i>methenamine hippurate tab 1 gm</i>	tier 1	
<i>metronidazole cream 0.75%</i>	tier 1	
metronidazole cream 0.75% (Rosadan)	tier 1	
<i>metronidazole gel 0.75%</i>	tier 1	
metronidazole gel 0.75% (Rosadan)	tier 1	
<i>metronidazole gel 1%</i>	tier 1	
<i>metronidazole lotion 0.75%</i>	tier 1	
<i>metronidazole tab 250 mg</i>	tier 1	
<i>metronidazole tab 500 mg</i>	tier 1	
<i>metronidazole vaginal gel 0.75%</i>	tier 1	
NEOMYCIN-POLYMYXIN B GU (<i>neomycin/polymyxin b gu</i>) -40- 200000 SOLUTION	tier 1	PA, QLC (1 ml/day)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	tier 1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	tier 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	tier 1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO)	tier 1	
<i>nitrofurantoin susp 25 mg/5ml</i>	tier 1	
<i>tinidazole tab 250 mg</i>	tier 1	QLC (40 tabs/fill)
<i>tinidazole tab 500 mg</i>	tier 1	QLC (20 tabs/fill)
TRIMETHOPRIM 100 MG TAB	tier 1	
<i>trimethoprim tab 100 mg</i>	tier 1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	tier 1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XIFAXAN (<i>rifaximin</i>) 200 MG TAB	tier 3	PA, QLC (8 tabs/day)
XIFAXAN (<i>rifaximin</i>) 550 MG TAB	tier 3	PA, QLC (3 tabs/day)
BETA-LACTAM, CEPHALOSPORINS		
CEFACTOR 125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP	tier 2	
CEFACTOR ER (<i>cefaclor monohydrate</i>) 500 MG TAB 12H	tier 2	
CEFADROXIL 1 GM TAB	tier 2	
<i>cefadroxil cap 500 mg</i>	tier 2	
<i>cefadroxil for susp 250 mg/5ml</i>	tier 2	
<i>cefadroxil for susp 500 mg/5ml</i>	tier 2	
<i>cefdinir cap 300 mg</i>	tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	tier 1	
<i>cefdinir for susp 250 mg/5ml</i>	tier 1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	tier 2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	tier 2	
<i>cefpodoxime proxetil tab 100 mg</i>	tier 2	
<i>cefpodoxime proxetil tab 200 mg</i>	tier 2	
<i>cefprozil for susp 125 mg/5ml</i>	tier 1	
<i>cefprozil for susp 250 mg/5ml</i>	tier 1	
<i>cefprozil tab 250 mg</i>	tier 1	
<i>cefprozil tab 500 mg</i>	tier 1	
<i>cefuroxime axetil tab 250 mg</i>	tier 1	
<i>cefuroxime axetil tab 500 mg</i>	tier 1	
<i>cephalexin cap 250 mg</i>	tier 1	
<i>cephalexin cap 500 mg</i>	tier 1	
<i>cephalexin cap 750 mg</i>	tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	tier 1	
<i>cephalexin for susp 250 mg/5ml</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BETA-LACTAM, PENICILLINS		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	QLC (2 tabs/day)
<i>amoxicillin (trihydrate) cap 250 mg</i>	tier 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	tier 1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	tier 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	tier 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	tier 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	tier 1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	tier 1	
AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB, 400 MG/5ML RECON SUSP	tier 1	
AMOXICILLIN-POT CLAVULANATE (<i>amoxicillin & pot clavulanate</i>) -200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB	tier 2	
AMOXICILLIN-POT CLAVULANATE ER (<i>amoxicillin & pot clavulanate</i>) -1000-62.5 MG TAB 12H	tier 2	

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SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ampicillin cap 500 mg</i>	tier 1	
<i>dicloxacillin sodium cap 250 mg</i>	tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	tier 1	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN	tier 1	
<i>penicillin v potassium tab 250 mg</i>	tier 1	
<i>penicillin v potassium tab 500 mg</i>	tier 1	
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	tier 1	
<i>azithromycin for susp 100 mg/5ml</i>	tier 1	
<i>azithromycin for susp 200 mg/5ml</i>	tier 1	
<i>azithromycin tab 250 mg</i>	tier 1	QLC (12 tabs/30 days)
<i>azithromycin tab 500 mg</i>	tier 1	
<i>azithromycin tab 600 mg</i>	tier 1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	tier 1	
<i>clarithromycin tab 250 mg</i>	tier 1	QLC (42 tabs/fill)
<i>clarithromycin tab 500 mg</i>	tier 1	QLC (42 tabs/fill)
<i>clarithromycin tab er 24hr 500 mg</i> (CLARITHROMYCIN ER)	tier 1	QLC (28 tabs/30 days)
<i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)	tier 3	
<i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)	tier 3	
<i>erythromycin tab delayed release 250 mg</i>	tier 3	
erythromycin tab delayed release 250 mg (Ery-Tab)	tier 3	
<i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)	tier 3	
<i>erythromycin tab delayed release 333 mg</i>	tier 3	
erythromycin tab delayed release 333 mg (Ery-Tab)	tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE)	tier 3	
<i>erythromycin tab delayed release 500 mg</i>	tier 3	
erythromycin tab delayed release 500 mg (Ery-Tab)	tier 3	
<i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE)	tier 3	
QUINOLONES		
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	tier 1	QLC (2 bottles/fill)
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	tier 1	QLC (3 bottles/fill)
CIPROFLOXACIN HCL 100 MG TAB	tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	tier 1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>levofloxacin oral soln 25 mg/ml</i>	tier 2	QLC (300 ml/30 days)
<i>levofloxacin tab 250 mg</i>	tier 1	QLC (14 tabs/30 days)
<i>levofloxacin tab 500 mg</i>	tier 1	QLC (1 tab/day)
<i>levofloxacin tab 750 mg</i>	tier 1	QLC (14 tabs/30 days)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	tier 1	QLC (21 tabs/30 days)
OFLOXACIN 300 MG TAB	tier 3	
<i>ofloxacin tab 400 mg</i>	tier 3	
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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TETRACYCLINES

<i>demeclocycline hcl tab 150 mg</i>	tier 2	
<i>demeclocycline hcl tab 300 mg</i>	tier 2	
<i>doxycycline hyclate cap 100 mg</i>	tier 1	
doxycycline hyclate cap 100 mg (Morgidox)	tier 1	
<i>doxycycline hyclate cap 50 mg</i>	tier 1	
<i>doxycycline hyclate tab 100 mg</i>	tier 1	
<i>doxycycline hyclate tab 20 mg</i>	tier 1	QLC (2 tabs/day)
<i>doxycycline monohydrate cap 100 mg</i>	tier 1	
doxycycline monohydrate cap 100 mg (Mondoxylene NI)	tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	tier 1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	tier 1	
doxycycline monohydrate tab 100 mg (Avidoxy)	tier 1	
<i>doxycycline monohydrate tab 150 mg</i>	tier 2	
<i>doxycycline monohydrate tab 50 mg</i>	tier 2	
<i>doxycycline monohydrate tab 75 mg</i>	tier 2	
<i>minocycline hcl cap 100 mg</i>	tier 1	
<i>minocycline hcl cap 50 mg</i>	tier 1	
<i>minocycline hcl cap 75 mg</i>	tier 1	
<i>tetracycline hcl cap 250 mg</i>	tier 2	
<i>tetracycline hcl cap 500 mg</i>	tier 2	

ANTICONVULSANTS (Drugs for Seizures)

ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)

BRIVIACT (<i>brivaracetam</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	tier 4	ST, QLC (2 tabs/day)
BRIVIACT (<i>brivaracetam</i>) 10 MG/ML SOLUTION	tier 4	ST, QLC (20 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	tier 1	
<i>divalproex sodium tab delayed release 125 mg</i>	tier 1	
<i>divalproex sodium tab delayed release 250 mg</i>	tier 1	
<i>divalproex sodium tab delayed release 500 mg</i>	tier 1	
<i>divalproex sodium tab er 24 hr 250 mg</i> (DIVALPROEX SODIUM ER)	tier 1	
<i>divalproex sodium tab er 24 hr 500 mg</i> (DIVALPROEX SODIUM ER)	tier 1	
<i>felbamate tab 400 mg</i>	tier 2	
<i>felbamate tab 600 mg</i>	tier 2	
<i>lamotrigine tab 100 mg</i>	tier 1	
lamotrigine tab 100 mg (Subvenite)	tier 1	
<i>lamotrigine tab 150 mg</i>	tier 1	
lamotrigine tab 150 mg (Subvenite)	tier 1	
<i>lamotrigine tab 200 mg</i>	tier 1	
lamotrigine tab 200 mg (Subvenite)	tier 1	
<i>lamotrigine tab 25 mg</i>	tier 1	
lamotrigine tab 25 mg (Subvenite)	tier 1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	tier 1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	tier 1	
<i>lamotrigine tab er 24hr 100 mg</i> (LAMOTRIGINE ER)	tier 2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 200 mg</i> (LAMOTRIGINE ER)	tier 2	ST, QLC (3 tabs/day)
<i>lamotrigine tab er 24hr 25 mg</i> (LAMOTRIGINE ER)	tier 2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 250 mg</i> (LAMOTRIGINE ER)	tier 2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 300 mg</i> (LAMOTRIGINE ER)	tier 2	ST, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lamotrigine tab er 24hr 50 mg</i> (LAMOTRIGINE ER)	tier 2	ST, QLC (1 tab/day)
<i>levetiracetam oral soln 100 mg/ml</i>	tier 1	
<i>levetiracetam tab 1000 mg</i>	tier 1	
<i>levetiracetam tab 250 mg</i>	tier 1	
<i>levetiracetam tab 500 mg</i>	tier 1	
levetiracetam tab 500 mg (Roweepra)	tier 1	
<i>levetiracetam tab 750 mg</i>	tier 1	
<i>levetiracetam tab er 24hr 500 mg</i> (LEVETIRACETAM ER)	tier 1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 750 mg</i> (LEVETIRACETAM ER)	tier 1	QLC (4 tabs/day)
<i>topiramate sprinkle cap 15 mg</i>	tier 1	
<i>topiramate sprinkle cap 25 mg</i>	tier 1	
<i>topiramate tab 100 mg</i>	tier 1	
<i>topiramate tab 200 mg</i>	tier 1	
<i>topiramate tab 25 mg</i>	tier 1	
<i>topiramate tab 50 mg</i>	tier 1	
<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv)(VALPROIC ACID)	tier 1	
<i>valproic acid cap 250 mg</i>	tier 1	
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide cap 250 mg</i>	tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	tier 1	
GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam suspension 2.5 mg/ml</i>	tier 2	ST, QLC (16 ml/day)
<i>clobazam tab 10 mg</i>	tier 2	ST, QLC (4 tabs/day)
<i>clobazam tab 20 mg</i>	tier 2	ST, QLC (2 tabs/day)
DIAZEPAM (<i>diazepam (anticonvulsant)</i>) 2.5 MG GEL	tier 1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 10 mg</i>	tier 1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 20 mg</i>	tier 1	QLC (1 kit [2 doses]/fill)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>gabapentin cap 100 mg</i>	tier 1	
<i>gabapentin cap 300 mg</i>	tier 1	
<i>gabapentin cap 400 mg</i>	tier 1	
<i>gabapentin oral soln 250 mg/5ml</i>	tier 1	
<i>gabapentin tab 600 mg</i>	tier 1	
<i>gabapentin tab 800 mg</i>	tier 1	
<i>phenobarbital elixir 20 mg/5ml</i>	tier 1	
<i>phenobarbital tab 100 mg</i>	tier 1	
<i>phenobarbital tab 15 mg</i>	tier 1	
<i>phenobarbital tab 16.2 mg</i>	tier 1	
<i>phenobarbital tab 30 mg</i>	tier 1	
<i>phenobarbital tab 32.4 mg</i>	tier 1	
<i>phenobarbital tab 60 mg</i>	tier 1	
<i>phenobarbital tab 64.8 mg</i>	tier 1	
<i>phenobarbital tab 97.2 mg</i>	tier 1	
PRIMIDONE 125 MG TAB	tier 1	
<i>primidone tab 250 mg</i>	tier 1	
<i>primidone tab 50 mg</i>	tier 1	
SODIUM CHANNEL AGENTS		
CARBAMAZEPINE 200 MG CHEW TAB	tier 2	PA
<i>carbamazepine cap er 12hr 100 mg</i> (CARBAMAZEPINE ER)	tier 1	
<i>carbamazepine cap er 12hr 200 mg</i> (CARBAMAZEPINE ER)	tier 1	
<i>carbamazepine cap er 12hr 300 mg</i> (CARBAMAZEPINE ER)	tier 1	
<i>carbamazepine chew tab 100 mg</i>	tier 1	
<i>carbamazepine susp 100 mg/5ml</i>	tier 1	
<i>carbamazepine tab 200 mg</i>	tier 1	
carbamazepine tab 200 mg (Epiol)	tier 1	
<i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER)	tier 1	

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PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER)	tier 1	
<i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER)	tier 1	
DILANTIN (<i>phenytoin sodium extended</i>) 30 MG CAP, 100 MG CAP	tier 2	
DILANTIN (<i>phenytoin</i>) 125 MG/5ML SUSPENSION	tier 2	
DILANTIN INFATABS (<i>phenytoin</i>) 50 MG CHEW	tier 2	
DILANTIN-125 (<i>phenytoin</i>) -MG/5ML SUSPENSION	tier 2	
<i>lacosamide oral solution 10 mg/ml</i>	tier 1	QLC (40 ml/day)
<i>lacosamide tab 100 mg</i>	tier 1	QLC (2 tabs/day)
<i>lacosamide tab 150 mg</i>	tier 1	QLC (2 tabs/day)
<i>lacosamide tab 200 mg</i>	tier 1	QLC (2 tabs/day)
<i>lacosamide tab 50 mg</i>	tier 1	QLC (2 tabs/day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	tier 2	QLC (40 ml/day)
<i>oxcarbazepine tab 150 mg</i>	tier 1	QLC (16 tabs/day)
<i>oxcarbazepine tab 300 mg</i>	tier 1	QLC (8 tabs/day)
<i>oxcarbazepine tab 600 mg</i>	tier 1	QLC (4 tabs/day)
<i>phenytoin chew tab 50 mg</i>	tier 1	
<i>phenytoin chew tab 50 mg</i> (PHENYTOIN INFATABS)	tier 1	
<i>phenytoin sodium extended cap 100 mg</i>	tier 1	
<i>phenytoin sodium extended cap 200 mg</i>	tier 1	
phenytoin sodium extended cap 200 mg (Phenytek)	tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	tier 1	
phenytoin sodium extended cap 300 mg (Phenytek)	tier 1	
<i>phenytoin susp 125 mg/5ml</i>	tier 1	
<i>zonisamide cap 100 mg</i>	tier 1	
<i>zonisamide cap 25 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>zonisamide cap 50 mg</i>	tier 1	
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ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	tier 3	
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CHOLINESTERASE INHIBITORS

<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> (DONEPEZIL HCL)	tier 1	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> (DONEPEZIL HCL)	tier 1	
<i>donepezil hydrochloride tab 10 mg</i> (DONEPEZIL HCL)	tier 1	
<i>donepezil hydrochloride tab 23 mg</i> (DONEPEZIL HCL)	tier 1	ST, QLC (1 tab/day)
<i>donepezil hydrochloride tab 5 mg</i> (DONEPEZIL HCL)	tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER)	tier 2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i> (GALANTAMINE HYDROBROMIDE ER) <i>hr</i>	tier 2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i> (GALANTAMINE HYDROBROMIDE ER)	tier 2	
<i>galantamine hydrobromide tab 12 mg</i>	tier 2	
<i>galantamine hydrobromide tab 4 mg</i>	tier 2	
<i>galantamine hydrobromide tab 8 mg</i>	tier 2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	tier 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	tier 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	tier 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	tier 3	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	tier 3	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	tier 3	QLC (1 patch/day)

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

<i>memantine hcl oral solution 2 mg/ml</i>	tier 1	
<i>memantine hcl tab 10 mg</i>	tier 1	QLC (2 tabs/day)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	tier 1	
<i>memantine hcl tab 5 mg</i>	tier 1	QLC (2 tabs/day)

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

<i>bupropion hcl tab 100 mg</i>	tier 1	QLC (4 tabs/day)
<i>bupropion hcl tab 75 mg</i>	tier 1	QLC (6 tabs/day)
<i>bupropion hcl tab er 12hr 100 mg</i> (BUPROPION HCL ER (SR))	tier 1	QLC (4 tabs/day)
<i>bupropion hcl tab er 12hr 150 mg</i> (BUPROPION HCL ER (SR))	tier 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 12hr 200 mg</i> (BUPROPION HCL ER (SR))	tier 1	QLC (2 tabs/day)
<i>bupropion hcl tab er 24hr 150 mg</i> (BUPROPION HCL ER (XL))	tier 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 24hr 300 mg</i> (BUPROPION HCL ER (XL))	tier 1	QLC (1 tab/day)
MAPROTILINE HCL 25 MG TAB, 50 MG TAB, 75 MG TAB	tier 1	
<i>mirtazapine orally disintegrating tab 15 mg</i>	tier 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	tier 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	tier 1	
<i>mirtazapine tab 15 mg</i>	tier 1	
<i>mirtazapine tab 30 mg</i>	tier 1	
<i>mirtazapine tab 45 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mirtazapine tab 7.5 mg</i>	tier 1	
PERPHENAZINE-AMITRIPTYLINE -2-10 MG TAB, -2-25 MG TAB, -4-10 MG TAB, -4-25 MG TAB, -4-50 MG TAB	tier 1	
ZURZUVAE (<i>zuranolone</i>) 20 MG CAP, 25 MG CAP	tier 4	PA, QLC (2 caps/day; max 28 caps/365 days)
ZURZUVAE (<i>zuranolone</i>) 30 MG CAP	tier 4	PA, QLC (1 cap/day; max 14 caps/365 days)

MONOAMINE OXIDASE INHIBITORS

PHENELZINE SULFATE 15 MG TAB	tier 1	
<i>phenelzine sulfate tab 15 mg</i>	tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	tier 2	

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	tier 1	QLC (40 mg/day)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	tier 1	QLC (4 tabs/day)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	tier 1	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	tier 2	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	tier 2	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	tier 2	QLC (1 tab/day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>	tier 2	QLC (24 ml/day)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	tier 1	QLC (4 tabs/day)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	tier 1	QLC (8 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB	tier 1	QLC (1 tab/day)
FLUOXETINE HCL 90 MG CAP DR	tier 1	QLC (4 caps/month)
<i>fluoxetine hcl cap 10 mg</i>	tier 1	
<i>fluoxetine hcl cap 20 mg</i>	tier 1	
<i>fluoxetine hcl cap 40 mg</i>	tier 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	tier 1	
<i>fluoxetine hcl tab 10 mg</i>	tier 2	
<i>fluoxetine hcl tab 20 mg</i>	tier 2	
<i>fluvoxamine maleate tab 100 mg</i>	tier 1	QLC (3 tabs/day)
<i>fluvoxamine maleate tab 25 mg</i>	tier 1	QLC (12 tabs/day)
<i>fluvoxamine maleate tab 50 mg</i>	tier 1	QLC (6 tabs/day)
NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB	tier 1	
<i>paroxetine hcl tab 10 mg</i>	tier 1	
<i>paroxetine hcl tab 20 mg</i>	tier 1	
<i>paroxetine hcl tab 30 mg</i>	tier 1	
<i>paroxetine hcl tab 40 mg</i>	tier 1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	tier 1	
<i>sertraline hcl tab 100 mg</i>	tier 1	
<i>sertraline hcl tab 25 mg</i>	tier 1	
<i>sertraline hcl tab 50 mg</i>	tier 1	
<i>trazodone hcl tab 100 mg</i>	tier 1	
<i>trazodone hcl tab 150 mg</i>	tier 1	
<i>trazodone hcl tab 300 mg</i>	tier 1	
<i>trazodone hcl tab 50 mg</i>	tier 1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	tier 1	QLC (2 caps/day)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	tier 1	QLC (2 caps/day)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	tier 1	QLC (3 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	tier 1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	tier 1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	tier 1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	tier 1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	tier 1	
TRICYCLICS		
<i>amitriptyline hcl tab 10 mg</i>	tier 1	
<i>amitriptyline hcl tab 100 mg</i>	tier 1	
<i>amitriptyline hcl tab 150 mg</i>	tier 1	
<i>amitriptyline hcl tab 25 mg</i>	tier 1	
<i>amitriptyline hcl tab 50 mg</i>	tier 1	
<i>amitriptyline hcl tab 75 mg</i>	tier 1	
<i>amoxapine tab 100 mg</i>	tier 1	
<i>amoxapine tab 150 mg</i>	tier 1	
<i>amoxapine tab 25 mg</i>	tier 1	
<i>amoxapine tab 50 mg</i>	tier 1	
<i>clomipramine hcl cap 25 mg</i>	tier 3	
<i>clomipramine hcl cap 50 mg</i>	tier 3	
<i>clomipramine hcl cap 75 mg</i>	tier 3	
<i>desipramine hcl tab 10 mg</i>	tier 2	
<i>desipramine hcl tab 100 mg</i>	tier 2	
<i>desipramine hcl tab 150 mg</i>	tier 2	
<i>desipramine hcl tab 25 mg</i>	tier 2	
<i>desipramine hcl tab 50 mg</i>	tier 2	
<i>desipramine hcl tab 75 mg</i>	tier 2	
<i>doxepin hcl cap 10 mg</i>	tier 1	
<i>doxepin hcl cap 100 mg</i>	tier 1	
<i>doxepin hcl cap 150 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxepin hcl cap 25 mg</i>	tier 1	
<i>doxepin hcl cap 50 mg</i>	tier 1	
<i>doxepin hcl cap 75 mg</i>	tier 1	
<i>doxepin hcl conc 10 mg/ml</i>	tier 1	
<i>imipramine hcl tab 10 mg</i>	tier 1	
<i>imipramine hcl tab 25 mg</i>	tier 1	
<i>imipramine hcl tab 50 mg</i>	tier 1	
<i>nortriptyline hcl cap 10 mg</i>	tier 1	
<i>nortriptyline hcl cap 25 mg</i>	tier 1	
<i>nortriptyline hcl cap 50 mg</i>	tier 1	
<i>nortriptyline hcl cap 75 mg</i>	tier 1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	tier 2	
<i>protriptyline hcl tab 10 mg</i>	tier 2	
<i>protriptyline hcl tab 5 mg</i>	tier 2	
<i>trimipramine maleate cap 100 mg</i>	tier 3	
<i>trimipramine maleate cap 25 mg</i>	tier 3	
<i>trimipramine maleate cap 50 mg</i>	tier 3	

ANTIEMETICS (Drugs for Nausea and Vomiting)

ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml</i>	tier 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	tier 1	
<i>perphenazine tab 16 mg</i>	tier 1	
<i>perphenazine tab 2 mg</i>	tier 1	
<i>perphenazine tab 4 mg</i>	tier 1	
<i>perphenazine tab 8 mg</i>	tier 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	tier 1	
<i>prochlorperazine suppos 25 mg</i>	tier 2	
prochlorperazine suppos 25 mg (Compro)	tier 2	
<i>promethazine hcl suppos 12.5 mg</i>	tier 2	
promethazine hcl suppos 12.5 mg (Promethegan)	tier 2	
<i>promethazine hcl suppos 25 mg</i>	tier 2	
promethazine hcl suppos 25 mg (Promethegan)	tier 2	
<i>promethazine hcl tab 12.5 mg</i>	tier 1	
<i>promethazine hcl tab 25 mg</i>	tier 1	
<i>promethazine hcl tab 50 mg</i>	tier 1	
PROMETHEGAN (<i>promethazine hcl</i>) 50 MG SUPPOS	tier 2	QLC (1 suppository/day)
<i>scopolamine td patch 72hr 1 mg/3days</i>	tier 1	
<i>trimethobenzamide hcl cap 300 mg</i>	tier 1	

EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)

<i>aprepitant capsule 125 mg</i>	tier 2	QLC (4 caps/28 days)
<i>aprepitant capsule 40 mg</i>	tier 2	QLC (1 cap/month)
<i>aprepitant capsule 80 mg</i>	tier 2	QLC (8 caps/28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	tier 2	QLC (12 caps/28 days)
<i>granisetron hcl tab 1 mg</i>	tier 1	QLC (12 tabs/30 days)
ONDANSETRON HCL 24 MG TAB	tier 1	QLC (1 tab/30 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	tier 1	QLC (1 bottle (50 ml)/ 30 days)
<i>ondansetron hcl tab 4 mg</i>	tier 1	QLC (6 tabs/day)
<i>ondansetron hcl tab 8 mg</i>	tier 1	QLC (3 tabs/day)
<i>ondansetron orally disintegrating tab 4 mg</i>	tier 1	QLC (6 tabs/day)
<i>ondansetron orally disintegrating tab 8 mg</i>	tier 1	QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTIFUNGALS (Drugs for Fungal Infections)

<i>clotrimazole troche 10 mg</i>	tier 1	
<i>econazole nitrate cream 1%</i>	tier 1	
<i>fluconazole for susp 10 mg/ml</i>	tier 1	
<i>fluconazole for susp 40 mg/ml</i>	tier 1	
<i>fluconazole tab 100 mg</i>	tier 1	
<i>fluconazole tab 150 mg</i>	tier 1	
<i>fluconazole tab 200 mg</i>	tier 1	
<i>fluconazole tab 50 mg</i>	tier 1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	tier 2	
<i>itraconazole cap 100 mg</i>	tier 2	QLC (4 caps/day)
<i>ketoconazole cream 2%</i>	tier 1	
<i>ketoconazole shampoo 2%</i>	tier 1	
<i>ketoconazole tab 200 mg</i>	tier 1	
MICONAZOLE 3 (<i>miconazole nitrate vaginal</i>) 200 MG SUPPOS	tier 1	
<i>nystatin cream 100000 unit/gm</i>	tier 1	
<i>nystatin oint 100000 unit/gm</i>	tier 1	
<i>nystatin susp 100000 unit/ml</i>	tier 1	
<i>nystatin tab 500000 unit</i>	tier 1	
<i>nystatin topical powder 100000 unit/gm</i>	tier 1	
nystatin topical powder 100000 unit/gm (Klayesta)	tier 1	
nystatin topical powder 100000 unit/gm (Nyamyc)	tier 1	
nystatin topical powder 100000 unit/gm (Nystop)	tier 1	
<i>terbinafine hcl tab 250 mg</i>	tier 1	QLC (30 tabs/month)
<i>terconazole vaginal cream 0.4%</i>	tier 1	
<i>terconazole vaginal cream 0.8%</i>	tier 1	
<i>voriconazole for susp 40 mg/ml</i>	tier 2	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>voriconazole tab 200 mg</i>	tier 2	PA
<i>voriconazole tab 50 mg</i>	tier 2	PA

ANTIGOUT AGENTS (Drugs for Gout)

<i>allopurinol tab 100 mg</i>	tier 1	
<i>allopurinol tab 300 mg</i>	tier 1	
<i>colchicine cap 0.6 mg</i>	tier 2	QLC (2 caps/day)
<i>colchicine tab 0.6 mg</i>	tier 1	QLC (4 tabs/day)
<i>colchicine w/ probenecid tab 0.5-500 mg</i> (COLCHICINE-PROBENECID)	tier 1	
<i>probenecid tab 500 mg</i>	tier 1	

ANTIMIGRAINE AGENTS (Drugs for Migraine)

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 140 MG/ML SOLN -INJ	tier 2	PA, QLC (1 injection/28 days)
AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 70 MG/ML SOLN -INJ	tier 2	PA, QLC (1 injection/28 days)
EMGALITY (<i>galcanezumab-gnlm</i>) 120 MG/ML SOLN PRSYR	tier 2	PA, QLC (1 syringe/30 days)
EMGALITY (<i>galcanezumab-gnlm</i>) EMGLITY 120 MG/ML SOLN -INJ	tier 2	PA, QLC (1 pen injector/30 days)
UBRELVY (<i>ubrogepant</i>) 50 MG TAB, 100 MG TAB	tier 2	PA, QLC (2 tabs/day; max 16 tabs/30 days)

ERGOT ALKALOIDS (Drugs for Acute Migraine)

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	tier 4	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	tier 4	PA, QLC (8 vials/month)
ERGOTAMINE-CAFFEINE (<i>ergotamine w/ caffeine</i>) -1-100 MG TAB	tier 3	QLC (10 tabs/week)

SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)

<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	tier 2	QLC (18 tabs/month)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	tier 2	QLC (18 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>naratriptan hcl tab 1 mg (base equiv)</i>	tier 1	QLC (18 tabs/month)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	tier 1	QLC (18 tabs/month)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	tier 1	QLC (24 tabs/month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	tier 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	tier 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	tier 1	QLC (24 tabs/month)
<i>sumatriptan nasal spray 20 mg/act</i>	tier 2	QLC (18 nasal sprays/month)
<i>sumatriptan nasal spray 5 mg/act</i>	tier 2	QLC (18 nasal sprays/month)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	tier 2	QLC (8 injections/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	tier 2	QLC (8 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	tier 2	QLC (12 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	tier 2	QLC (8 injections/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	tier 2	QLC (12 injections/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	tier 2	QLC (8 injections/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	tier 2	QLC (12 injections/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	tier 2	QLC (8 injections/30 days)
<i>sumatriptan succinate tab 100 mg</i>	tier 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 25 mg</i>	tier 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 50 mg</i>	tier 1	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	tier 2	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	tier 2	QLC (18 tabs/month)
<i>zolmitriptan tab 2.5 mg</i>	tier 2	QLC (18 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zolmitriptan tab 5 mg</i>	tier 2	QLC (18 tabs/month)
ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)		
PARASYMPATHOMIMETICS		
GUANIDINE HCL 125 MG TAB	tier 1	
PYRIDOSTIGMINE BROMIDE 30 MG TAB	tier 1	QLC (6 tabs/day)
<i>pyridostigmine bromide tab 60 mg</i>	tier 1	QLC (25 tabs/day)
ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)		
ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)		
<i>dapsone tab 100 mg</i>	tier 1	
<i>dapsone tab 25 mg</i>	tier 1	
<i>rifabutin cap 150 mg</i>	tier 2	
ANTITUBERCULARS (Drugs for Tuberculosis)		
<i>cycloserine cap 250 mg</i>	tier 3	
<i>ethambutol hcl tab 100 mg</i>	tier 1	
<i>ethambutol hcl tab 400 mg</i>	tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	tier 1	
<i>isoniazid tab 100 mg</i>	tier 1	
<i>isoniazid tab 300 mg</i>	tier 1	
PASER (<i>aminosalicylic acid</i>) 4 GM PACKET	tier 3	
PRIFTIN (<i>rifapentine</i>) 150 MG TAB	tier 2	
<i>pyrazinamide tab 500 mg</i>	tier 1	
<i>rifampin cap 150 mg</i>	tier 1	
<i>rifampin cap 300 mg</i>	tier 1	
TRECTOR (<i>ethionamide</i>) 250 MG TAB	tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTINEOPLASTICS (Drugs for Cancer)

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE 25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB	tier 2	OAC
<i>cyclophosphamide cap 25 mg</i>	tier 2	OAC
<i>cyclophosphamide cap 50 mg</i>	tier 2	OAC
GLEOSTINE (<i>lomustine</i>) 10 MG CAP, 40 MG CAP, 100 MG CAP	tier 4	OAC
LEUKERAN (<i>chlorambucil</i>) 2 MG TAB	tier 4	OAC
MATULANE (<i>procarbazine hcl</i>) 50 MG CAP	tier 4	LA, OAC

ANTIANDROGENS

<i>abiraterone acetate tab 250 mg</i>	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>abiraterone acetate tab 500 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>bicalutamide tab 50 mg</i>	tier 1	OAC
ERLEADA (<i>apalutamide</i>) 240 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ERLEADA (<i>apalutamide</i>) 60 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
FLUTAMIDE 125 MG CAP	tier 1	OAC
XTANDI (<i>enzalutamide</i>) 40 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
XTANDI (<i>enzalutamide</i>) 40 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
XTANDI (<i>enzalutamide</i>) 80 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF

ANTIANGIOGENIC AGENTS

<i>lenalidomide cap 10 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 15 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 20 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lenalidomide cap 25 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 5 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide caps 2.5 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
POMALYST (<i>pomalidomide</i>) 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 2.5 MG CAP, 20 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 5 MG CAP, 10 MG CAP, 15 MG CAP, 25 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
THALOMID (<i>thalidomide</i>) 150 MG CAP, 200 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day), OAC
THALOMID (<i>thalidomide</i>) 50 MG CAP, 100 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
ANTIESTROGENS/MODIFIERS		
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	tier 1	ACA (Preventive Health), OAC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	tier 1	ACA (Preventive Health), OAC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	tier 4	OAC
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	tier 4	S (Specialty Drug), OAC
<i>capecitabine tab 500 mg</i>	tier 4	S (Specialty Drug), OAC
<i>mercaptopurine tab 50 mg</i>	tier 1	OAC
TABLOID (<i>thioguanine</i>) LOID 40 MG	tier 4	OAC
ANTINEOPLASTICS, OTHER (Other Drugs for Cancer)		
<i>hydroxyurea cap 500 mg</i>	tier 1	OAC
<i>leucovorin calcium tab 10 mg</i>	tier 1	OAC
<i>leucovorin calcium tab 15 mg</i>	tier 1	OAC
<i>leucovorin calcium tab 25 mg</i>	tier 1	OAC
<i>leucovorin calcium tab 5 mg</i>	tier 1	OAC
LYSODREN (<i>mitotane</i>) 500 MG TAB	tier 4	OAC, SF

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZOLINZA (<i>vorinostat</i>) 100 MG CAP	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole tab 1 mg</i>	tier 1	ACA (Preventive Health), OAC
<i>exemestane tab 25 mg</i>	tier 2	OAC
<i>letrozole tab 2.5 mg</i>	tier 1	OAC
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	tier 4	OAC
MOLECULAR TARGET INHIBITORS		
ALECENSA (<i>allectinib hcl</i>) 150 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (8 caps/day), OAC, SF
CABOMETYX (<i>cabozantinib s-malate</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
CAPRELSA (<i>vandetanib</i>) 100 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 300 MG TAB	tier 4	PA, LA, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 80 & 20 KIT	tier 4	PA, LA, S (Specialty Drug), QLC (56 caps/28 days), OAC
COMETRIQ (140 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 3 X 20 & 80 KIT	tier 4	PA, LA, S (Specialty Drug), QLC (112 caps/28 days), OAC
COMETRIQ (60 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 20 KIT	tier 4	PA, LA, S (Specialty Drug), QLC (84 caps/28 days), OAC
<i>dasatinib tab 100 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
<i>dasatinib tab 140 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
<i>dasatinib tab 20 mg</i>	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
<i>dasatinib tab 50 mg</i>	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
<i>dasatinib tab 70 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
<i>dasatinib tab 80 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
<i>everolimus tab 10 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>everolimus tab 2.5 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
<i>everolimus tab 5 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
<i>everolimus tab 7.5 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
<i>everolimus tab for oral susp 2 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>everolimus tab for oral susp 3 mg</i>	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>everolimus tab for oral susp 5 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
GILOTRIF (<i>afatinib dimaleate</i>) 20 MG TAB, 30 MG TAB, 40 MG TAB	tier 4	PA, LA, QLC (1 tab/day), OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (8 tabs/day), OAC, SF
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
IMBRUVICA (<i>ibrutinib</i>) 140 MG CAP	tier 4	PA, LA, QLC (3 caps/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB	tier 4	PA, LA, QLC (1 tab/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG CAP	tier 4	PA, LA, QLC (1 cap/day), OAC
JAKAFI (<i>ruxolitinib phosphate</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
KISQALI (200 MG DOSE) (<i>ribociclib succinate</i>) (TAB THPK)	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (400 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (600 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (200 MG DOSE) (<i>ribociclib succinate-letrozole</i>) (& 2.5 TAB THPK)	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (400 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KISQALI FEMARA (600 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	tier 3	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC
LYNPARZA (<i>olaparib</i>) 100 MG TAB, 150 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.05 MG/ML RECON SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (40 ml/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.5 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 2 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
<i>pazopanib hcl tab 200 mg (base equiv)</i>	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
STIVARGA (<i>regorafenib</i>) 40 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (3 caps/day), OAC, SF
<i>sunitinib malate cap 25 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
<i>sunitinib malate cap 50 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
TAFINLAR (<i>dabrafenib mesylate</i>) 10 MG TAB SOL	tier 4	PA, LA, S (Specialty Drug), QLC (30 tabs/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) 50 MG CAP, 75 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC
TAGRISSE (<i>osimertinib mesylate</i>) 40 MG TAB, 80 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
TASIGNA (<i>nilotinib hcl</i>) 50 MG CAP, 150 MG CAP, 200 MG CAP	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
TIBSOVO (<i>ivosidenib</i>) 250 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
VERZENIO (<i>abemaciclib</i>) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XALKORI (<i>crizotinib</i>) 150 MG CAP SPRINK	tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC, SF
XALKORI (<i>crizotinib</i>) 20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
XGEVA (<i>denosumab</i>) 120 MG/1.7ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (1 vial/month)
RETINOIDS		
<i>bexarotene cap 75 mg</i>	tier 4	PA, S (Specialty Drug), QLC (8 caps/day), OAC, SF
PANRETIN (<i>alitretinoin</i>) 0.1 % GEL	tier 4	PA
<i>tretinoin cap 10 mg</i>	tier 4	QLC (9 caps/day), OAC
TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)		
<i>mesna tab 400 mg</i>	tier 2	
MESNEX (<i>mesna</i>) 400 MG TAB	tier 2	OAC
ANTIPARASITICS (Drugs for Parasitic Infections)		
ANTHELMINTHICS		
<i>albendazole tab 200 mg</i>	tier 3	QLC (4 tabs/day)
<i>ivermectin tab 3 mg</i>	tier 1	QLC (8 tabs/30 days; max 2 fills/365 days)
<i>praziquantel tab 600 mg</i>	tier 3	
ANTIPROTOZOALS (Drugs for Protozoal Infection)		
<i>atovaquone susp 750 mg/5ml</i>	tier 3	PA
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	tier 1	QLC (1 tab/day)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	tier 1	QLC (3 tabs/day)
<i>chloroquine phosphate tab 250 mg</i>	tier 1	QLC (25 tabs/30 days)
<i>chloroquine phosphate tab 500 mg</i>	tier 1	QLC (25 tabs/30 days)
COARTEM (<i>artemether-lumefantrine</i>) 20-120 MG TAB	tier 3	QLC (24 tabs/30 days)
<i>hydroxychloroquine sulfate tab 100 mg</i>	tier 1	QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydroxychloroquine sulfate tab 200 mg</i>	tier 1	QLC (3 tabs/day)
<i>hydroxychloroquine sulfate tab 300 mg</i>	tier 1	QLC (2 tabs/day)
<i>hydroxychloroquine sulfate tab 400 mg</i>	tier 1	QLC (1 tab/day)
KRINTAFEL (<i>tafenoquine succinate</i>) 150 MG TAB	tier 3	QLC (2 tabs/28 days)
<i>mefloquine hcl tab 250 mg</i>	tier 1	QLC (5 tabs/30 days)
NITAZOXANIDE 500 MG TAB	tier 3	PA, QLC (6 tabs/fill)
<i>nitazoxanide tab 500 mg</i>	tier 3	PA, QLC (6 tabs/fill)
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	tier 1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	tier 1	
<i>pyrimethamine tab 25 mg</i>	tier 4	PA
<i>quinine sulfate cap 324 mg</i>	tier 1	QLC (6 caps/day)

ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

ANTICHOLINERGICS

<i>benztropine mesylate tab 0.5 mg</i>	tier 1	
<i>benztropine mesylate tab 1 mg</i>	tier 1	
<i>benztropine mesylate tab 2 mg</i>	tier 1	
TRIHENYPHENIDYL HCL 0.4 MG/ML SOLUTION	tier 1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	tier 1	
<i>trihexyphenidyl hcl tab 2 mg</i>	tier 1	
<i>trihexyphenidyl hcl tab 5 mg</i>	tier 1	

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl cap 100 mg</i>	tier 1	
<i>amantadine hcl soln 50 mg/5ml</i>	tier 1	
<i>amantadine hcl tab 100 mg</i>	tier 1	
CARBIDOPA-LEVODOPA-ENTACAPONE --12.5-50-200 MG TAB, -18.75-75-200 MG TAB, --37.5-150-200 MG TAB	tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	tier 2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	tier 2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	tier 2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	tier 2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	tier 2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	tier 2	
<i>entacapone tab 200 mg</i>	tier 2	QLC (8 tabs/day)

DOPAMINE AGONISTS

<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	tier 1	
NEUPRO (<i>rotigotine</i>) 1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR	tier 3	QLC (1 patch/day)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	tier 1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	tier 1	
<i>ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL)</i>	tier 1	
<i>ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL)</i>	tier 1	
<i>ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL)</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ropinirole hydrochloride tab 2 mg</i> (ROPINIROLE HCL)	tier 1	
<i>ropinirole hydrochloride tab 3 mg</i> (ROPINIROLE HCL)	tier 1	
<i>ropinirole hydrochloride tab 4 mg</i> (ROPINIROLE HCL)	tier 1	
<i>ropinirole hydrochloride tab 5 mg</i> (ROPINIROLE HCL)	tier 1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> (ROPINIROLE HCL ER)	tier 1	QLC (2 tabs/day)
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i> (ROPINIROLE HCL ER) <i>4hr</i>	tier 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i> (ROPINIROLE HCL ER) <i>2hr</i>	tier 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i> (ROPINIROLE HCL ER)	tier 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i> (ROPINIROLE HCL ER)	tier 1	QLC (3 tabs/day)

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	tier 1	
<i>carbidopa & levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbidopa & levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	tier 1	
<i>carbidopa tab 25 mg</i>	tier 2	
CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25- 250 MG TAB DISP	tier 1	QLC (8 tabs/day)

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	tier 2	QLC (1 tab/day)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	tier 2	QLC (1 tab/day)
<i>selegiline hcl cap 5 mg</i>	tier 1	
<i>selegiline hcl tab 5 mg</i>	tier 1	

ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl tab 10 mg</i>	tier 2	
<i>chlorpromazine hcl tab 100 mg</i>	tier 2	
<i>chlorpromazine hcl tab 200 mg</i>	tier 2	
<i>chlorpromazine hcl tab 25 mg</i>	tier 2	
<i>chlorpromazine hcl tab 50 mg</i>	tier 2	
<i>fluphenazine hcl tab 1 mg</i>	tier 2	
<i>fluphenazine hcl tab 10 mg</i>	tier 2	
<i>fluphenazine hcl tab 2.5 mg</i>	tier 2	
<i>fluphenazine hcl tab 5 mg</i>	tier 2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	tier 1	
<i>haloperidol tab 0.5 mg</i>	tier 1	
<i>haloperidol tab 1 mg</i>	tier 1	
<i>haloperidol tab 10 mg</i>	tier 1	
<i>haloperidol tab 2 mg</i>	tier 1	
<i>haloperidol tab 20 mg</i>	tier 1	
<i>haloperidol tab 5 mg</i>	tier 1	
<i>loxapine succinate cap 10 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>loxapine succinate cap 25 mg</i>	tier 1	
<i>loxapine succinate cap 5 mg</i>	tier 1	
<i>loxapine succinate cap 50 mg</i>	tier 1	
PIMOZIDE 1 MG TAB, 2 MG TAB	tier 1	
THIORIDAZINE HCL 10 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB	tier 1	
<i>thiothixene cap 1 mg</i>	tier 1	
<i>thiothixene cap 10 mg</i>	tier 1	
<i>thiothixene cap 2 mg</i>	tier 1	
<i>thiothixene cap 5 mg</i>	tier 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	tier 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	tier 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	tier 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	tier 1	
2ND GENERATION/ATYPICAL		
<i>aripiprazole oral solution 1 mg/ml</i>	tier 2	QLC (25 ml/day)
<i>aripiprazole tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>aripiprazole tab 15 mg</i>	tier 1	QLC (1 tab/day)
<i>aripiprazole tab 2 mg</i>	tier 1	QLC (4 tabs/day)
<i>aripiprazole tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>aripiprazole tab 30 mg</i>	tier 1	QLC (1 tab/day)
<i>aripiprazole tab 5 mg</i>	tier 1	QLC (2 tabs/day)
<i>lurasidone hcl tab 120 mg</i>	tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 20 mg</i>	tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 40 mg</i>	tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 60 mg</i>	tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 80 mg</i>	tier 2	QLC (2 tabs/day)
<i>olanzapine orally disintegrating tab 10 mg</i>	tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olanzapine orally disintegrating tab 15 mg</i>	tier 2	
<i>olanzapine orally disintegrating tab 20 mg</i>	tier 2	
<i>olanzapine orally disintegrating tab 5 mg</i>	tier 2	
<i>olanzapine tab 10 mg</i>	tier 1	
<i>olanzapine tab 15 mg</i>	tier 1	
<i>olanzapine tab 2.5 mg</i>	tier 1	
<i>olanzapine tab 20 mg</i>	tier 1	
<i>olanzapine tab 5 mg</i>	tier 1	
<i>olanzapine tab 7.5 mg</i>	tier 1	
QUETIAPINE FUMARATE 150 MG TAB	tier 1	
<i>quetiapine fumarate tab 100 mg</i>	tier 1	
<i>quetiapine fumarate tab 200 mg</i>	tier 1	
<i>quetiapine fumarate tab 25 mg</i>	tier 1	
<i>quetiapine fumarate tab 300 mg</i>	tier 1	
<i>quetiapine fumarate tab 400 mg</i>	tier 1	
<i>quetiapine fumarate tab 50 mg</i>	tier 1	
<i>risperidone soln 1 mg/ml</i>	tier 1	
<i>risperidone tab 0.25 mg</i>	tier 1	
<i>risperidone tab 0.5 mg</i>	tier 1	
<i>risperidone tab 1 mg</i>	tier 1	
<i>risperidone tab 2 mg</i>	tier 1	
<i>risperidone tab 3 mg</i>	tier 1	
<i>risperidone tab 4 mg</i>	tier 1	
<i>ziprasidone hcl cap 20 mg</i>	tier 1	
<i>ziprasidone hcl cap 40 mg</i>	tier 1	
<i>ziprasidone hcl cap 60 mg</i>	tier 1	
<i>ziprasidone hcl cap 80 mg</i>	tier 1	
TREATMENT-RESISTANT		
<i>clozapine tab 100 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clozapine tab 200 mg</i>	tier 1	
<i>clozapine tab 25 mg</i>	tier 1	
<i>clozapine tab 50 mg</i>	tier 1	

ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)

<i>baclofen tab 10 mg</i>	tier 1	QLC (8 tabs/day)
<i>baclofen tab 15 mg</i>	tier 2	QLC (4 tabs/day)
<i>baclofen tab 20 mg</i>	tier 1	QLC (4 tabs/day)
<i>baclofen tab 5 mg</i>	tier 2	QLC (3 tabs/day)
<i>dantrolene sodium cap 100 mg</i>	tier 2	
<i>dantrolene sodium cap 25 mg</i>	tier 2	
<i>dantrolene sodium cap 50 mg</i>	tier 2	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	tier 1	

ANTIVIRALS (Drugs for Viral Infections)

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS (Drugs for CMV Infection)

<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	tier 1	QLC (18 ml/day)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	tier 1	QLC (2 tabs/day)

ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)

<i>adefovir dipivoxil tab 10 mg</i>	tier 4	QLC (1 tab/day)
<i>entecavir tab 0.5 mg</i>	tier 4	QLC (1 tab/day)
<i>entecavir tab 1 mg</i>	tier 4	QLC (1 tab/day)
EPIVIR HBV (<i>lamivudine (hbv)</i>) 5 MG/ML SOLUTION	tier 2	QLC (3 bottles/month)
<i>lamivudine tab 100 mg (hbv)</i>	tier 1	QLC (1 tab/day)

ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)

EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 150-37.5 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (2 packets/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG TAB, 400-100 MG TAB	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 33.75-150 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (2 packets/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG TAB, 90-400 MG TAB	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 100-40 MG TAB	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 50-20 MG PACKET	tier 4	PA, S (Specialty Drug), QLC (6 packets/day)
PEGINTRON (<i>peginterferon alfa-2b</i>) 50 MCG/0.5ML KIT	tier 4	S (Specialty Drug)
RIBAVIRIN (<i>ribavirin (hepatitis c)</i>) 200 MG CAP, 200 MG TAB	tier 1	S (Specialty Drug)
<i>ribavirin cap 200 mg</i>	tier 1	S (Specialty Drug)
<i>ribavirin tab 200 mg</i>	tier 1	S (Specialty Drug)
VOSEVI (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) 400-100-100 MG TAB	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>) 30-120-15 MG TAB, 50-200-25 MG TAB	tier 2	QLC (1 tab/day)
DOVATO (<i>dolutegravir sodium-lamivudine</i>) 50-300 MG TAB	tier 2	QLC (1 tab/day)
GENVOYA (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>) 150-150-200-10 MG	tier 2	QLC (1 tab/day)
ISENTRRESS (<i>raltegravir potassium</i>) 100 MG PACKET	tier 2	QLC (2 packets/day)
ISENTRRESS (<i>raltegravir potassium</i>) 25 MG CHEW TAB, 100 MG CHEW TAB	tier 2	QLC (6 tabs/day)
ISENTRRESS (<i>raltegravir potassium</i>) 400 MG TAB	tier 2	QLC (4 tabs/day)
ISENTRRESS HD (<i>raltegravir potassium</i>) 600 MG TAB	tier 2	QLC (2 tabs/day)
JULUCA (<i>dolutegravir sodium-rilpivirine hcl</i>) 50-25 MG TAB	tier 2	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TIVICAY (<i>dolutegravir sodium</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB	tier 3	QLC (2 tabs/day)
TIVICAY PD (<i>dolutegravir sodium</i>) 5 MG TAB SOL	tier 3	QLC (5 tabs/day)

ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

COMPLERA (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>) 200-25-300 MG	tier 3	QLC (1 tab/day)
EDURANT (<i>rilpivirine hcl</i>) 25 MG TAB	tier 2	QLC (2 tabs/day)
EFAVIRENZ 200 MG CAP	tier 2	QLC (3 caps/day)
EFAVIRENZ 50 MG CAP	tier 2	QLC (6 caps/day)
<i>efavirenz tab 600 mg</i>	tier 2	QLC (1 tab/day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (EFAVIRENZ-EMTRICITAB-TENOFO DF)	tier 2	QLC (1 tab/day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	tier 1	QLC (1 tab/day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	tier 1	QLC (1 tab/day)
<i>etravirine tab 100 mg</i>	tier 2	QLC (4 tabs/day)
<i>etravirine tab 200 mg</i>	tier 2	QLC (2 tabs/day)
INTELENCE (<i>etravirine</i>) 25 MG TAB	tier 2	QLC (12 tabs/day)
NEVIRAPINE 50 MG/5ML SUSPENSION	tier 1	QLC (40 ml/day)
NEVIRAPINE ER 100 MG TAB 24H	tier 1	QLC (3 tabs/day)
<i>nevirapine tab 200 mg</i>	tier 1	QLC (2 tabs/day)
<i>nevirapine tab er 24hr 400 mg</i> (NEVIRAPINE ER)	tier 1	QLC (1 tab/day)
ODEFSEY (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>) 200-25-25 MG	tier 2	QLC (1 tab/day)

ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	tier 1	QLC (30 ml/day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	tier 1	QLC (1 tab/day)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> (ABACAVIR-LAMIVUDINE-ZIDOVUDINE)	tier 1	QLC (2 tabs/day)
CIMDUO (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	tier 2	QLC (1 tab/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 120-15 MG	tier 2	QLC (1 tab/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 200-25 MG	tier 2	ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.)
<i>emtricitabine caps 200 mg</i>	tier 2	QLC (1 cap/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (EMTRICITABINE-TENOFOVIR DF)	tier 2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (EMTRICITABINE-TENOFOVIR DF)	tier 2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (EMTRICITABINE-TENOFOVIR DF)	tier 2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (EMTRICITABINE-TENOFOVIR DF)	tier 1	ACA (Preventive Health), QLC (1 tab/day)
EMTRIVA (<i>emtricitabine</i>) 10 MG/ML SOLUTION	tier 2	QLC (24 ml/day)
<i>lamivudine oral soln 10 mg/ml</i>	tier 1	QLC (30 ml/day)
<i>lamivudine tab 150 mg</i>	tier 1	QLC (2 tabs/day)
<i>lamivudine tab 300 mg</i>	tier 1	QLC (1 tab/day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	tier 1	QLC (2 tabs/day)
STAVUDINE 15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP	tier 1	QLC (2 caps/day)
TEMIXYS (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	tier 2	QLC (1 tab/day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	tier 2	QLC (1 tab/day)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine</i>) 600-50-300 MG TAB	tier 2	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine</i>) 60-5-30 MG TAB SOL	tier 2	QLC (6 tabs/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 150 MG TAB, 200 MG TAB, 250 MG TAB	tier 2	QLC (1 tab/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 40 MG/GM POWDER	tier 2	QLC (3 bottles/month)
<i>zidovudine cap 100 mg</i>	tier 1	QLC (5 caps/day)
<i>zidovudine syrup 10 mg/ml</i>	tier 1	QLC (60 ml/day)
<i>zidovudine tab 300 mg</i>	tier 1	QLC (2 tabs/day)
ANTI-HIV AGENTS, OTHER		
FUZEON (<i>enfuvirtide</i>) 90 MG RECON SOLN	tier 4	S (Specialty Drug), QLC (1 kit/month)
<i>maraviroc tab 150 mg</i>	tier 2	QLC (2 tabs/day)
<i>maraviroc tab 300 mg</i>	tier 2	QLC (4 tabs/day)
SELZENTRY (<i>maraviroc</i>) 20 MG/ML SOLUTION	tier 2	QLC (60 ml/day)
SELZENTRY (<i>maraviroc</i>) 25 MG TAB	tier 2	QLC (8 tabs/day)
SELZENTRY (<i>maraviroc</i>) 75 MG TAB	tier 2	QLC (2 tabs/day)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS (<i>tipranavir</i>) 100 MG/ML SOLUTION	tier 2	QLC (10 ml/day)
APTIVUS (<i>tipranavir</i>) 250 MG CAP	tier 2	QLC (4 caps/day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	tier 2	QLC (2 caps/day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	tier 2	QLC (2 caps/day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	tier 2	QLC (1 cap/day)
CRIXIVAN (<i>indinavir sulfate</i>) 400 MG CAP	tier 2	QLC (6 caps/day)
<i>darunavir tab 600 mg</i>	tier 2	QLC (2 tabs/day)
<i>darunavir tab 800 mg</i>	tier 2	QLC (1 tab/day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	tier 2	QLC (4 tabs/day)
INVIRASE (<i>saquinavir mesylate</i>) 500 MG TAB	tier 2	QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEXIVA (<i>fosamprenavir calcium</i>) 50 MG/ML SUSPENSION	tier 2	QLC (56 ml/day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	tier 2	QLC (10 ml/day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	tier 2	QLC (4 tabs/day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	tier 2	QLC (4 tabs/day)
NORVIR (<i>ritonavir</i>) 100 MG CAP	tier 2	QLC (12 caps/day)
NORVIR (<i>ritonavir</i>) 80 MG/ML SOLUTION	tier 2	QLC (15 ml/day)
PREZCOBIX (<i>darunavir-cobicistat</i>) 800-150 MG TAB	tier 2	QLC (1 tab/day)
PREZISTA (<i>darunavir ethanolate</i>) 100 MG/ML SUSPENSION	tier 2	QLC (12 ml/day)
PREZISTA (<i>darunavir ethanolate</i>) 150 MG TAB	tier 2	QLC (4 tabs/day)
PREZISTA (<i>darunavir ethanolate</i>) 75 MG TAB	tier 2	QLC (2 tabs/day)
REYATAZ (<i>atazanavir sulfate</i>) 50 MG PACKET	tier 2	QLC (5 packs/day)
<i>ritonavir tab 100 mg</i>	tier 2	QLC (12 tabs/day)
SYMTUZA (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>) 800-150-200-10 MG	tier 2	QLC (1 tab/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 250 MG TAB	tier 2	QLC (9 tabs/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 625 MG TAB	tier 2	QLC (4 tabs/day)
ANTI-INFLUENZA AGENTS (Drugs for Flu)		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	tier 2	QLC (40 caps/6 months)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	tier 2	QLC (20 caps/6 months)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	tier 2	QLC (20 caps/6 months)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	tier 2	QLC (6 bottles/6 months)
RELENZA DISKHALER (<i>zanamivir</i>) 5 MG/ACT AER POW BA	tier 2	QLC (2 inhalers/6 months)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RIMANTADINE HCL (<i>rimantadine hydrochloride</i>) 100 MG TAB	tier 1	
XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK	tier 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 2 20 TAB THPK	tier 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)
XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK	tier 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 2 40 TAB THPK	tier 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)

ANTIHERPETIC AGENTS (Drugs for Herpes Infection)

<i>acyclovir cap 200 mg</i>	tier 1	
<i>acyclovir susp 200 mg/5ml</i>	tier 1	
<i>acyclovir tab 400 mg</i>	tier 1	
<i>acyclovir tab 800 mg</i>	tier 1	
<i>famciclovir tab 125 mg</i>	tier 1	
<i>famciclovir tab 250 mg</i>	tier 1	
<i>famciclovir tab 500 mg</i>	tier 1	
<i>valacyclovir hcl tab 1 gm</i>	tier 1	
<i>valacyclovir hcl tab 500 mg</i>	tier 1	

ANTIVIRAL, CORONAVIRUS AGENTS

LAGEVRIO (<i>molnupiravir</i>) 200 MG CAP	tier 2	AL1 (At least 18 yrs old), QLC (40 caps/30 days; COVID treatment covered at \$0), CW
PAXLOVID (150/100) (<i>nirmatrelvir-ritonavir</i>) MG & OMG TAB THPK	tier 2	AL1 (At least 12 yrs old), QLC (20 tabs/30 days; COVID treatment covered at \$0), CW
PAXLOVID (300/100) (<i>nirmatrelvir-ritonavir</i>) 20 150 MG & OMG TAB THPK	tier 2	AL1 (At least 12 yrs old), QLC (30 tabs/30 days; COVID treatment covered at \$0), CW

ANXIOLYTICS (Drugs for Anxiety)

ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

<i>bupirone hcl tab 10 mg</i>	tier 1	
<i>bupirone hcl tab 15 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bupirone hcl tab 30 mg</i>	tier 1	
<i>bupirone hcl tab 5 mg</i>	tier 1	
<i>bupirone hcl tab 7.5 mg</i>	tier 1	
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL 1 MG/ML CONC	tier 1	QLC (4 ml/day)
<i>alprazolam tab 0.25 mg</i>	tier 1	QLC (4 tabs/day)
<i>alprazolam tab 0.5 mg</i>	tier 1	QLC (4 tabs/day)
<i>alprazolam tab 1 mg</i>	tier 1	QLC (4 tabs/day)
<i>alprazolam tab 2 mg</i>	tier 1	QLC (2 tabs/day)
<i>chlordiazepoxide hcl cap 10 mg</i>	tier 1	QLC (30 caps/day)
<i>chlordiazepoxide hcl cap 25 mg</i>	tier 1	QLC (12 caps/day)
<i>chlordiazepoxide hcl cap 5 mg</i>	tier 1	QLC (60 caps/day)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	tier 1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	tier 1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	tier 1	
<i>clonazepam orally disintegrating tab 1 mg</i>	tier 1	
<i>clonazepam orally disintegrating tab 2 mg</i>	tier 1	
<i>clonazepam tab 0.5 mg</i>	tier 1	QLC (40 tabs/day)
<i>clonazepam tab 1 mg</i>	tier 1	QLC (20 tabs/day)
<i>clonazepam tab 2 mg</i>	tier 1	QLC (10 tabs/day)
<i>clorazepate dipotassium tab 15 mg</i>	tier 1	QLC (6 tabs/day)
<i>clorazepate dipotassium tab 3.75 mg</i>	tier 1	QLC (24 tabs/day)
<i>clorazepate dipotassium tab 7.5 mg</i>	tier 1	QLC (12 tabs/day)
<i>diazepam conc 5 mg/ml</i>	tier 1	QLC (12 bottles/month)
<i>diazepam conc 5 mg/ml</i> (DIAZEPAM INTENSOL)	tier 1	QLC (12 bottles/month)
<i>diazepam oral soln 1 mg/ml</i>	tier 1	QLC (60 ml/day)
<i>diazepam tab 10 mg</i>	tier 1	QLC (6 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diazepam tab 2 mg</i>	tier 1	QLC (30 tabs/day)
<i>diazepam tab 5 mg</i>	tier 1	QLC (12 tabs/day)
<i>lorazepam conc 2 mg/ml</i>	tier 1	QLC (150 ml/month)
lorazepam conc 2 mg/ml (Lorazepam Intenso)	tier 1	QLC (150 ml/month)
<i>lorazepam tab 0.5 mg</i>	tier 1	QLC (20 tabs/day)
<i>lorazepam tab 1 mg</i>	tier 1	QLC (10 tabs/day)
<i>lorazepam tab 2 mg</i>	tier 1	QLC (5 tabs/day)
<i>oxazepam cap 10 mg</i>	tier 2	QLC (12 caps/day)
<i>oxazepam cap 15 mg</i>	tier 2	QLC (8 caps/day)
<i>oxazepam cap 30 mg</i>	tier 2	QLC (4 caps/day)

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

LITHIUM CARBONATE 150 MG CAP, 300 MG CAP, 600 MG CAP	tier 1	
<i>lithium carbonate cap 150 mg</i>	tier 1	
<i>lithium carbonate cap 300 mg</i>	tier 1	
<i>lithium carbonate cap 600 mg</i>	tier 1	
<i>lithium carbonate tab 300 mg</i>	tier 1	
<i>lithium carbonate tab er 300 mg</i> (LITHIUM CARBONATE ER)	tier 1	
<i>lithium carbonate tab er 450 mg</i> (LITHIUM CARBONATE ER)	tier 1	
<i>lithium oral solution 8 meq/5ml</i>	tier 1	

BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

<i>acarbose tab 100 mg</i>	tier 1	
<i>acarbose tab 25 mg</i>	tier 1	
<i>acarbose tab 50 mg</i>	tier 1	
<i>glimepiride tab 1 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>glimepiride tab 2 mg</i>	tier 1	
<i>glimepiride tab 4 mg</i>	tier 1	
GLIPIZIDE 2.5 MG TAB	tier 1	QLC (1 tab/day)
<i>glipizide tab 10 mg</i>	tier 1	
<i>glipizide tab 5 mg</i>	tier 1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE ER)	tier 1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE XL)	tier 1	
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE ER)	tier 1	
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE XL)	tier 1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE ER)	tier 1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE XL)	tier 1	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	tier 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	tier 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	tier 1	
GLYBURIDE MICRONIZED 1.5 MG TAB, 3 MG TAB, 6 MG TAB	tier 1	
<i>glyburide tab 1.25 mg</i>	tier 1	
<i>glyburide tab 2.5 mg</i>	tier 1	
<i>glyburide tab 5 mg</i>	tier 1	
<i>glyburide-metformin tab 1.25-250 mg</i>	tier 1	
<i>glyburide-metformin tab 2.5-500 mg</i>	tier 1	
<i>glyburide-metformin tab 5-500 mg</i>	tier 1	
GLYXAMBI (<i>empagliflozin-linagliptin</i>) 10-5 MG TAB, 25-5 MG TAB	tier 2	ST, QLC (1 tab/day)
JANUMET (<i>sitagliptin-metformin hcl</i>) 50-1000 MG TAB, 50-500 MG TAB	tier 2	ST, QLC (2 tabs/day)
JANUMET XR (<i>sitagliptin-metformin hcl</i>) 50-1000 MG TAB ER 24H	tier 2	ST, QLC (2 tabs/day)
JANUMET XR (<i>sitagliptin-metformin hcl</i>) 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H	tier 2	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JANUVIA (<i>sitagliptin phosphate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	tier 2	ST, QLC (1 tab/day)
<i>metformin hcl tab 1000 mg</i>	tier 1	
<i>metformin hcl tab 500 mg</i>	tier 1	
<i>metformin hcl tab 850 mg</i>	tier 1	
<i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER)	tier 1	
<i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER)	tier 1	
MOUNJARO (<i>tirzepatide</i>) MOUNJRO 2.5 MG/0.5ML SOLN -INJ, MOUNJRO 5 MG/0.5ML SOLN -INJ, MOUNJRO 7.5 MG/0.5ML SOLN -INJ, MOUNJRO 10 MG/0.5ML SOLN -INJ, MOUNJRO 12.5 MG/0.5ML SOLN -INJ, MOUNJRO 15 MG/0.5ML SOLN -INJ	tier 2	PA, QLC (4 pens (2 ml))/28 days)
<i>nateglinide tab 120 mg</i>	tier 1	
<i>nateglinide tab 60 mg</i>	tier 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/1.5ML SOLN PEN)	tier 2	PA, QLC (1 pen/28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/3ML SOLN PEN)	tier 2	PA, QLC (3 ml/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 2 MG/1.5ML SOLN PEN	tier 2	PA, QLC (2 pens/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 4 MG/3ML SOLN PEN	tier 2	PA, QLC (3 ml/ 28 days)
OZEMPIC (2 MG/DOSE) (<i>semaglutide</i>) 8 MG/3ML SOLN PEN	tier 2	PA, QLC (1 pen (3ml))/28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	tier 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	tier 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	tier 1	QLC (3 tabs/day)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	tier 1	QLC (3 tabs/day)
<i>repaglinide tab 0.5 mg</i>	tier 1	
<i>repaglinide tab 1 mg</i>	tier 1	
<i>repaglinide tab 2 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RYBELSUS (<i>semaglutide</i>) 3 MG TAB, 7 MG TAB, 14 MG TAB	tier 2	PA, QLC (1 tab/day)
SYNJARDY (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB	tier 2	ST, QLC (2 tabs/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 25-1000 MG TAB ER 24H	tier 2	ST, QLC (1 tab/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	tier 2	ST, QLC (2 tabs/day)
TRULICITY (<i>dulaglutide</i>) 0.75 MG/0.5ML SOLN -INJ, 1.5 MG/0.5ML SOLN -INJ, 3 MG/0.5ML SOLN -INJ, 4.5 MG/0.5ML SOLN -INJ	tier 2	PA, QLC (4 pens (2 ml)/28 days)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) 10-1000 MG TAB ER 24H	tier 2	ST, QLC (1 tab/day)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) 5-1000 MG TAB ER 24H	tier 2	ST, QLC (2 tabs/day)
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	tier 2	ST, QLC (2 tabs/day)
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H	tier 2	ST, QLC (1 tab/day)
GLYCEMIC AGENTS (Drugs for Low Blood Sugar)		
BAQSIMI ONE PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	tier 3	QLC (2 sprayers/30 days)
BAQSIMI TWO PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	tier 3	QLC (2 sprayers/30 days)
GLUCAGEN HYPOKIT (<i>glucagon hcl (rdna)</i>) 1 MG RECON SOLN	tier 2	QLC (2 injections/fill)
GLUCAGON EMERGENCY (<i>glucagon (rdna)</i>) 1 MG KIT	tier 2	QLC (2 kits/fill)
GLUCAGON EMERGENCY (<i>glucagon hcl</i>) 1 MG/ML RECON SOLN	tier 2	QLC (2 kits/fill)
INSULINS		
HUMALOG (<i>insulin lispro</i>) 100 UNIT/ML SOLN CART	tier 2	
HUMALOG JUNIOR KWIKPEN (<i>insulin lispro</i>) KWIK100 UNIT/ML SOLN	tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMALOG KWIKPEN (<i>insulin lispro</i>) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	tier 2	
HUMALOG MIX 50/50 (<i>insulin lispro protamine & lispro</i>) (50-50) 100 UNIT/ML SUSPENSION	tier 2	
HUMALOG MIX 50/50 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(50-50) 100 UNIT/ML SUSP	tier 2	
HUMALOG MIX 75/25 (<i>insulin lispro protamine & lispro</i>) (75-25) 100 UNIT/ML SUSPENSION	tier 2	
HUMALOG MIX 75/25 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(75-25) 100 UNIT/ML SUSP	tier 2	
HUMULIN R U-500 (CONCENTRATED) (<i>insulin regular (human)</i>) HMLIN - (CONCENTATED) NIT/ML SOLTION	tier 2	
INSULIN GLARGINE 100 UNIT/ML SOLUTION	tier 2	QLC (40 ml (4 vials)/ month)
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	tier 2	QLC (45 ml (15 pens)/ month)
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	tier 1	
INSULIN LISPRO 100 UNIT/ML SOLUTION	tier 1	
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	tier 1	
LANTUS (<i>insulin glargine</i>) 100 UNIT/ML SOLUTION	tier 2	QLC (40 ml (4 vials)/ month)
LANTUS SOLOSTAR (<i>insulin glargine</i>) 100 UNIT/ML SOLN PEN	tier 2	QLC (45 ml (15 pens)/ month)
LYUMJEV (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLUTION	tier 2	
LYUMJEV KWIKPEN (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	tier 2	
TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	tier 2	QLC (6 pens/month)
TOUJEO SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	tier 2	QLC (12 pens/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRESIBA (<i>insulin degludec</i>) 100 UNIT/ML SOLUTION	tier 2	QLC (3 vials/30 days)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 100 UNIT/ML SOLN PEN	tier 2	QLC (10 pens/month)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 200 UNIT/ML SOLN PEN	tier 2	QLC (9 pens/month)

BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)

ANTICOAGULANTS (Blood Thinners)

ELIQUIS (<i>apixaban</i>) 2.5 MG TAB, 5 MG TAB	tier 2	QLC (2 tabs/day)
ELIQUIS DVT/PE STARTER PACK (<i>apixaban</i>) 5 MG TAB THPK	tier 2	QLC (74 tabs/180 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	tier 4	QLC (2 ml/day)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	tier 4	QLC (2 syringes/day)
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	tier 1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	tier 1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	tier 1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	tier 1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	tier 1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	tier 1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	tier 1	
<i>warfarin sodium tab 1 mg</i>	tier 1	
warfarin sodium tab 1 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 10 mg</i>	tier 1	
warfarin sodium tab 10 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 2 mg</i>	tier 1	
warfarin sodium tab 2 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 2.5 mg</i>	tier 1	
warfarin sodium tab 2.5 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 3 mg</i>	tier 1	
warfarin sodium tab 3 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 4 mg</i>	tier 1	
warfarin sodium tab 4 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 5 mg</i>	tier 1	
warfarin sodium tab 5 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 6 mg</i>	tier 1	
warfarin sodium tab 6 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 7.5 mg</i>	tier 1	
warfarin sodium tab 7.5 mg (Jantoven)	tier 1	
XARELTO (<i>rivaroxaban</i>) 1 MG/ML RECON SUSP	tier 2	QLC (20 ml/day)
XARELTO (<i>rivaroxaban</i>) 10 MG TAB, 15 MG TAB, 20 MG TAB	tier 2	QLC (1 tab/day)
XARELTO (<i>rivaroxaban</i>) 2.5 MG TAB	tier 2	QLC (2 tabs/day)
XARELTO STARTER PACK (<i>rivaroxaban</i>) 15 & 20 MG TAB THPK	tier 2	QLC (1 starter pack/6 months)

BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)

<i>anagrelide hcl cap 0.5 mg</i>	tier 2	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>anagrelide hcl cap 1 mg</i>	tier 2	
NIVESTYM (<i>filgrastim-aafi</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	tier 4	PA, S (Specialty Drug)
NYVEPRIA (<i>pegfilgrastim-apgf</i>) 6 MG/0.6ML SOLN PRSYR	tier 4	PA, S (Specialty Drug)
RETACRIT (<i>epoetin alfa-epbx</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	tier 4	PA, S (Specialty Drug)
UDENYCA (<i>pegfilgrastim-cbqv</i>) 6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR	tier 4	PA, S (Specialty Drug)
ZARXIO (<i>filgrastim-sndz</i>) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	tier 4	PA, S (Specialty Drug)

HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

<i>tranexamic acid tab 650 mg</i>	tier 1	QLC (6 tabs/day; max 5 days of therapy/28 days)
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PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	tier 2	
BRILINTA (<i>ticagrelor</i>) 60 MG TAB, 90 MG TAB	tier 2	QLC (2 tabs/day)
CABLIVI (<i>caplacizumab-yhdp</i>) 11 MG KIT	tier 4	PA, LA, QLC (1 kit/day)
<i>cilostazol tab 100 mg</i>	tier 1	
<i>cilostazol tab 50 mg</i>	tier 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	tier 1	QLC (1 tab/day)
<i>dipyridamole tab 25 mg</i>	tier 1	
<i>dipyridamole tab 50 mg</i>	tier 1	
<i>dipyridamole tab 75 mg</i>	tier 1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	tier 1	QLC (1 tab/day)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	tier 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

ALPHA-ADRENERGIC AGONISTS

<i>clonidine hcl tab 0.1 mg</i>	tier 1	
<i>clonidine hcl tab 0.2 mg</i>	tier 1	
<i>clonidine hcl tab 0.3 mg</i>	tier 1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	tier 2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	tier 2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	tier 2	
<i>guanfacine hcl tab 1 mg</i>	tier 1	
<i>guanfacine hcl tab 2 mg</i>	tier 1	
METHYLDOPA 250 MG TAB, 500 MG TAB	tier 1	
<i>methyldopa tab 250 mg</i>	tier 1	
<i>methyldopa tab 500 mg</i>	tier 1	
<i>midodrine hcl tab 10 mg</i>	tier 1	
<i>midodrine hcl tab 2.5 mg</i>	tier 1	
<i>midodrine hcl tab 5 mg</i>	tier 1	

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate tab 1 mg</i>	tier 1	
<i>doxazosin mesylate tab 2 mg</i>	tier 1	
<i>doxazosin mesylate tab 4 mg</i>	tier 1	
<i>doxazosin mesylate tab 8 mg</i>	tier 1	
<i>phenoxybenzamine hcl cap 10 mg</i>	tier 4	PA
<i>prazosin hcl cap 1 mg</i>	tier 1	
<i>prazosin hcl cap 2 mg</i>	tier 1	
<i>prazosin hcl cap 5 mg</i>	tier 1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	tier 1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	tier 1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>terazosin hcl cap 5 mg (base equivalent)</i>	tier 1	
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 16 mg</i>	tier 1	ST, QLC (2 tabs/day)
<i>candesartan cilexetil tab 32 mg</i>	tier 1	ST, QLC (1 tab/day)
<i>candesartan cilexetil tab 4 mg</i>	tier 1	ST, QLC (8 tabs/day)
<i>candesartan cilexetil tab 8 mg</i>	tier 1	ST, QLC (4 tabs/day)
<i>irbesartan tab 150 mg</i>	tier 1	QLC (1 tab/day)
<i>irbesartan tab 300 mg</i>	tier 1	QLC (1 tab/day)
<i>irbesartan tab 75 mg</i>	tier 1	QLC (1 tab/day)
<i>losartan potassium tab 100 mg</i>	tier 1	QLC (1 tab/day)
<i>losartan potassium tab 25 mg</i>	tier 1	QLC (4 tabs/day)
<i>losartan potassium tab 50 mg</i>	tier 1	QLC (2 tabs/day)
<i>olmesartan medoxomil tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 40 mg</i>	tier 1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 5 mg</i>	tier 1	QLC (3 tabs/day)
<i>telmisartan tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>telmisartan tab 40 mg</i>	tier 1	QLC (1 tab/day)
<i>telmisartan tab 80 mg</i>	tier 1	QLC (2 tabs/day)
<i>valsartan tab 160 mg</i>	tier 1	QLC (2 tabs/day)
<i>valsartan tab 320 mg</i>	tier 1	QLC (1 tab/day)
<i>valsartan tab 40 mg</i>	tier 1	QLC (2 tabs/day)
<i>valsartan tab 80 mg</i>	tier 1	QLC (2 tabs/day)

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

<i>benazepril hcl tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>benazepril hcl tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>benazepril hcl tab 40 mg</i>	tier 1	QLC (2 tabs/day)
<i>benazepril hcl tab 5 mg</i>	tier 1	QLC (1 tab/day)
<i>captopril tab 100 mg</i>	tier 1	
<i>captopril tab 12.5 mg</i>	tier 1	
<i>captopril tab 25 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>captopril tab 50 mg</i>	tier 1	
<i>enalapril maleate tab 10 mg</i>	tier 1	
<i>enalapril maleate tab 2.5 mg</i>	tier 1	
<i>enalapril maleate tab 20 mg</i>	tier 1	
<i>enalapril maleate tab 5 mg</i>	tier 1	
<i>fosinopril sodium tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>fosinopril sodium tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>fosinopril sodium tab 40 mg</i>	tier 1	QLC (2 tabs/day)
<i>lisinopril tab 10 mg</i>	tier 1	
<i>lisinopril tab 2.5 mg</i>	tier 1	
<i>lisinopril tab 20 mg</i>	tier 1	
<i>lisinopril tab 30 mg</i>	tier 1	
<i>lisinopril tab 40 mg</i>	tier 1	
<i>lisinopril tab 5 mg</i>	tier 1	
PERINDOPRIL ERBUMINE 2 MG TAB	tier 1	QLC (1 tab/day)
PERINDOPRIL ERBUMINE 8 MG TAB	tier 1	QLC (2 tabs/day)
<i>perindopril erbumine tab 2 mg</i>	tier 1	QLC (1 tab/day)
<i>perindopril erbumine tab 4 mg</i>	tier 1	QLC (1 tab/day)
<i>perindopril erbumine tab 8 mg</i>	tier 1	QLC (2 tabs/day)
<i>quinapril hcl tab 10 mg</i>	tier 1	
<i>quinapril hcl tab 20 mg</i>	tier 1	
<i>quinapril hcl tab 40 mg</i>	tier 1	
<i>quinapril hcl tab 5 mg</i>	tier 1	
<i>ramipril cap 1.25 mg</i>	tier 1	
<i>ramipril cap 10 mg</i>	tier 1	
<i>ramipril cap 2.5 mg</i>	tier 1	
<i>ramipril cap 5 mg</i>	tier 1	
<i>trandolapril tab 1 mg</i>	tier 1	
<i>trandolapril tab 2 mg</i>	tier 1	
<i>trandolapril tab 4 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)

<i>amiodarone hcl tab 100 mg</i>	tier 1	
<i>amiodarone hcl tab 200 mg</i>	tier 1	
amiodarone hcl tab 200 mg (Pacerone)	tier 1	
<i>amiodarone hcl tab 400 mg</i>	tier 1	
DIGOXIN 0.05 MG/ML SOLUTION	tier 1	QLC (5 ml/day)
<i>digoxin oral soln 0.05 mg/ml</i>	tier 1	QLC (5 ml/day)
<i>digoxin tab 125 mcg (0.125 mg) (0.</i>	tier 1	QLC (1 tab/day)
digoxin tab 125 mcg (0.125 mg) (Digitek) (0.	tier 1	QLC (1 tab/day)
<i>digoxin tab 250 mcg (0.25 mg)</i>	tier 1	QLC (1 tab/day)
digoxin tab 250 mcg (0.25 mg) (Digitek)	tier 1	QLC (1 tab/day)
<i>disopyramide phosphate cap 100 mg</i>	tier 1	
<i>disopyramide phosphate cap 150 mg</i>	tier 1	
<i>dofetilide cap 125 mcg (0.125 mg) (0.</i>	tier 3	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	tier 3	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	tier 3	
<i>flecainide acetate tab 100 mg</i>	tier 1	
<i>flecainide acetate tab 150 mg</i>	tier 1	
<i>flecainide acetate tab 50 mg</i>	tier 1	
<i>mexiletine hcl cap 150 mg</i>	tier 1	
<i>mexiletine hcl cap 200 mg</i>	tier 1	
<i>mexiletine hcl cap 250 mg</i>	tier 1	
MULTAQ (<i>dronedarone hcl</i>) 400 MG TAB	tier 3	QLC (2 tabs/day)
<i>propafenone hcl cap er 12hr 225 mg</i> (PROPAFENONE HCL ER)	tier 3	
<i>propafenone hcl cap er 12hr 325 mg</i> (PROPAFENONE HCL ER)	tier 3	
<i>propafenone hcl cap er 12hr 425 mg</i> (PROPAFENONE HCL ER)	tier 3	
<i>propafenone hcl tab 150 mg</i>	tier 1	
<i>propafenone hcl tab 225 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propafenone hcl tab 300 mg</i>	tier 1	
<i>quinidine gluconate tab er 324 mg</i> (QUINIDINE GLUCONATE ER)	tier 1	
QUINIDINE SULFATE 200 MG TAB, 300 MG TAB	tier 1	
<i>quinidine sulfate tab 200 mg</i>	tier 1	
<i>quinidine sulfate tab 300 mg</i>	tier 1	
sotalol hcl (afib/af) tab 120 mg (Sotalol Hcl (af))	tier 1	
sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (af))	tier 1	
sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (af))	tier 1	
<i>sotalol hcl tab 120 mg</i>	tier 1	
sotalol hcl tab 120 mg (Sorine)	tier 1	
<i>sotalol hcl tab 160 mg</i>	tier 1	
sotalol hcl tab 160 mg (Sorine)	tier 1	
<i>sotalol hcl tab 240 mg</i>	tier 1	
sotalol hcl tab 240 mg (Sorine)	tier 1	
<i>sotalol hcl tab 80 mg</i>	tier 1	
sotalol hcl tab 80 mg (Sorine)	tier 1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl cap 200 mg</i>	tier 1	
<i>acebutolol hcl cap 400 mg</i>	tier 1	
<i>atenolol tab 100 mg</i>	tier 1	
<i>atenolol tab 25 mg</i>	tier 1	
<i>atenolol tab 50 mg</i>	tier 1	
<i>betaxolol hcl tab 10 mg</i>	tier 2	
<i>betaxolol hcl tab 20 mg</i>	tier 2	
<i>bisoprolol fumarate tab 10 mg</i>	tier 1	
<i>bisoprolol fumarate tab 5 mg</i>	tier 1	
<i>carvedilol tab 12.5 mg</i>	tier 1	
<i>carvedilol tab 25 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carvedilol tab 3.125 mg</i>	tier 1	
<i>carvedilol tab 6.25 mg</i>	tier 1	
<i>labetalol hcl tab 100 mg</i>	tier 1	
<i>labetalol hcl tab 200 mg</i>	tier 1	
<i>labetalol hcl tab 300 mg</i>	tier 1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	tier 1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	tier 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	tier 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	tier 1	
<i>metoprolol tartrate tab 100 mg</i>	tier 1	
<i>metoprolol tartrate tab 25 mg</i>	tier 1	
<i>metoprolol tartrate tab 37.5 mg</i>	tier 1	
<i>metoprolol tartrate tab 50 mg</i>	tier 1	
<i>metoprolol tartrate tab 75 mg</i>	tier 1	
<i>nadolol tab 20 mg</i>	tier 1	
<i>nadolol tab 40 mg</i>	tier 1	
<i>nadolol tab 80 mg</i>	tier 1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	tier 2	QLC (1 tab/day)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	tier 2	QLC (1 tab/day)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	tier 2	QLC (2 tabs/day)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	tier 2	QLC (1 tab/day)
PROPRANOLOL HCL 20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION	tier 1	
<i>propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER)</i>	tier 1	
<i>propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER)</i>	tier 1	

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SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propranolol hcl cap er 24hr 60 mg</i> (PROPRANOLOL HCL ER)	tier 1	
<i>propranolol hcl cap er 24hr 80 mg</i> (PROPRANOLOL HCL ER)	tier 1	
<i>propranolol hcl tab 10 mg</i>	tier 1	
<i>propranolol hcl tab 20 mg</i>	tier 1	
<i>propranolol hcl tab 40 mg</i>	tier 1	
<i>propranolol hcl tab 60 mg</i>	tier 1	
<i>propranolol hcl tab 80 mg</i>	tier 1	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

<i>amlodipine besylate tab 10 mg (base equivalent)</i>	tier 1	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	tier 1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	tier 1	
<i>felodipine tab er 24hr 10 mg</i> (FELODIPINE ER)	tier 1	
<i>felodipine tab er 24hr 2.5 mg</i> (FELODIPINE ER)	tier 1	
<i>felodipine tab er 24hr 5 mg</i> (FELODIPINE ER)	tier 1	
<i>nicardipine hcl cap 20 mg</i>	tier 1	
<i>nicardipine hcl cap 30 mg</i>	tier 1	
<i>nifedipine cap 10 mg</i>	tier 1	
<i>nifedipine cap 20 mg</i>	tier 1	
<i>nifedipine tab er 24hr 30 mg</i> (NIFEDIPINE ER)	tier 1	
<i>nifedipine tab er 24hr 60 mg</i> (NIFEDIPINE ER)	tier 1	
<i>nifedipine tab er 24hr 90 mg</i> (NIFEDIPINE ER)	tier 1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	tier 1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nifedipine tab er 24hr osmotic release 90 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	tier 1	
<i>nimodipine cap 30 mg</i>	tier 3	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>diltiazem hcl cap er 12hr 120 mg</i> (DILTIAZEM HCL ER)	tier 2	
<i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER)	tier 2	
<i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER)	tier 2	
diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)	tier 1	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)	tier 1	
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl cap er 24hr 240 mg (Dilt-Xr)	tier 1	
<i>diltiazem hcl cap er 24hr 240 mg</i> (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)	tier 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER COATED BEADS)	tier 1	
diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	tier 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER COATED BEADS)	tier 1	
diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)	tier 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER COATED BEADS)	tier 1	
diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)	tier 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER COATED BEADS)	tier 1	

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SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER COATED BEADS)	tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER BEADS)	tier 1	
diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)	tier 1	
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er)	tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER BEADS)	tier 1	
diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)	tier 1	
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er)	tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER BEADS)	tier 1	
diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt)	tier 1	
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiadylt Er)	tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER BEADS)	tier 1	
diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)	tier 1	
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylt Er)	tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER BEADS)	tier 1	
diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)	tier 1	
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt Er)	tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (DILTIAZEM HCL ER BEADS)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadylt Er)	tier 1	
<i>diltiazem hcl tab 120 mg</i>	tier 1	
<i>diltiazem hcl tab 30 mg</i>	tier 1	
<i>diltiazem hcl tab 60 mg</i>	tier 1	
<i>diltiazem hcl tab 90 mg</i>	tier 1	
<i>diltiazem hcl tab er 24hr 120 mg</i> (DILTIAZEM HCL ER)	tier 1	
<i>diltiazem hcl tab er 24hr 180 mg</i> (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl tab er 24hr 180 mg (Matzim La)	tier 1	
<i>diltiazem hcl tab er 24hr 240 mg</i> (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl tab er 24hr 240 mg (Matzim La)	tier 1	
<i>diltiazem hcl tab er 24hr 300 mg</i> (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl tab er 24hr 300 mg (Matzim La)	tier 1	
<i>diltiazem hcl tab er 24hr 360 mg</i> (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl tab er 24hr 360 mg (Matzim La)	tier 1	
<i>diltiazem hcl tab er 24hr 420 mg</i> (DILTIAZEM HCL ER)	tier 1	
diltiazem hcl tab er 24hr 420 mg (Matzim La)	tier 1	
<i>verapamil hcl cap er 24hr 120 mg</i> (VERAPAMIL HCL ER)	tier 1	
<i>verapamil hcl cap er 24hr 180 mg</i> (VERAPAMIL HCL ER)	tier 1	
<i>verapamil hcl cap er 24hr 240 mg</i> (VERAPAMIL HCL ER)	tier 1	
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>verapamil hcl tab 120 mg</i>	tier 1	
<i>verapamil hcl tab 40 mg</i>	tier 1	
<i>verapamil hcl tab 80 mg</i>	tier 1	
<i>verapamil hcl tab er 120 mg</i> (VERAPAMIL HCL ER)	tier 1	
<i>verapamil hcl tab er 180 mg</i> (VERAPAMIL HCL ER)	tier 1	
<i>verapamil hcl tab er 240 mg</i> (VERAPAMIL HCL ER)	tier 1	

CARDIOVASCULAR AGENTS, OTHER (Other Drugs for Heart and Circulation Conditions)

<i>acetazolamide tab 125 mg</i>	tier 1	
<i>acetazolamide tab 250 mg</i>	tier 1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i> (AMILORIDE-HYDROCHLOROTHIAZIDE)	tier 1	
AMILORIDE-HYDROCHLOROTHIAZIDE (<i>amiloride & hydrochlorothiazide</i>) -5-50 MG TAB	tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	QLC (1 cap/day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	QLC (1 cap/day)
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	QLC (2 caps/day)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (AMLODIPINE-OLMESARTAN)	tier 1	QLC (1 tab/day)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (AMLODIPINE-OLMESARTAN)	tier 1	QLC (1 tab/day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (AMLODIPINE-OLMESARTAN)	tier 1	QLC (1 tab/day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (AMLODIPINE-OLMESARTAN)	tier 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	tier 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	tier 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	tier 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	tier 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	tier 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	tier 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	tier 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	tier 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	tier 1	QLC (1 tab/day)
<i>atenolol & chlorthalidone tab 100-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	tier 1	
<i>atenolol & chlorthalidone tab 50-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	tier 1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	tier 2	ST, QLC (2 tabs/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	tier 2	ST, QLC (1 tab/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	tier 2	ST, QLC (1 tab/day)
CAPTOPRIL-HYDROCHLOROTHIAZIDE (<i>captopril & hydrochlorothiazide</i>) -25-15 MG TAB, -25-25 MG TAB, -50-15 MG TAB, -50-25 MG TAB	tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
ENTRESTO (<i>sacubitril-valsartan</i>) 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	tier 2	QLC (2 tabs/day)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	tier 1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	tier 1	QLC (2 tabs/day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	tier 1	QLC (1 tab/day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	tier 1	QLC (1 tab/day)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (LOSARTAN POTASSIUM-HCTZ)	tier 1	QLC (1 tab/day)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	tier 1	QLC (2 tabs/day)
METHYLDOPA- HYDROCHLOROTHIAZIDE (<i>methyldopa & hydrochlorothiazide</i>) -250-15 MG TAB, -250-25 MG TAB	tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	tier 1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	tier 1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	tier 1	QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	ST, QLC (1 tab/day)
<i>pentoxifylline tab er 400 mg</i> (PENTOXIFYLLINE ER)	tier 1	
PROPRANOLOL-HCTZ (<i>propranolol & hydrochlorothiazide</i>) -40-25 MG TAB, -80-25 MG TAB	tier 1	
QUINAPRIL-HYDROCHLOROTHIAZIDE -20-25 MG TAB	tier 1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	tier 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	tier 1	
<i>ranolazine tab er 12hr 1000 mg</i> (RANOLAZINE ER)	tier 1	QLC (2 tabs/day)
<i>ranolazine tab er 12hr 500 mg</i> (RANOLAZINE ER)	tier 1	QLC (2 tabs/day)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ)	tier 1	
TELMISARTAN-AMLODIPINE -40-10 MG TAB, -40-5 MG TAB, -80-10 MG TAB, -80-5 MG TAB	tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	tier 2	ST, QLC (1 tab/day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (TELMISARTAN-HCTZ)	tier 2	ST, QLC (3 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (TELMISARTAN-HCTZ)	tier 2	ST, QLC (2 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (TELMISARTAN-HCTZ)	tier 2	ST, QLC (2 tabs/day)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (TRIAMTERENE-HCTZ)	tier 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	tier 1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	tier 1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	tier 1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	tier 1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	tier 1	QLC (2 tabs/day)
DIURETICS, LOOP		
<i>bumetanide tab 0.5 mg</i>	tier 1	
<i>bumetanide tab 1 mg</i>	tier 1	
<i>bumetanide tab 2 mg</i>	tier 1	
<i>ethacrynic acid tab 25 mg</i>	tier 4	PA, QLC (8 tabs/day)
FUROSEMIDE 8 MG/ML SOLUTION	tier 1	
<i>furosemide oral soln 10 mg/ml</i>	tier 1	
<i>furosemide tab 20 mg</i>	tier 1	
<i>furosemide tab 40 mg</i>	tier 1	
<i>furosemide tab 80 mg</i>	tier 1	
<i>torseamide tab 10 mg</i>	tier 1	
<i>torseamide tab 100 mg</i>	tier 1	
<i>torseamide tab 20 mg</i>	tier 1	
<i>torseamide tab 5 mg</i>	tier 1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl tab 5 mg</i>	tier 1	
<i>eplerenone tab 25 mg</i>	tier 2	
<i>eplerenone tab 50 mg</i>	tier 2	
DIURETICS, THIAZIDE		
<i>chlorthalidone tab 25 mg</i>	tier 1	
<i>chlorthalidone tab 50 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrochlorothiazide cap 12.5 mg</i>	tier 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	tier 1	
<i>hydrochlorothiazide tab 25 mg</i>	tier 1	
<i>hydrochlorothiazide tab 50 mg</i>	tier 1	
<i>indapamide tab 1.25 mg</i>	tier 1	
<i>indapamide tab 2.5 mg</i>	tier 1	
<i>metolazone tab 10 mg</i>	tier 1	
<i>metolazone tab 2.5 mg</i>	tier 1	
<i>metolazone tab 5 mg</i>	tier 1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)		
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	tier 1	QLC (1 cap/day)
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	tier 1	QLC (1 cap/day)
<i>fenofibrate micronized cap 134 mg</i>	tier 1	QLC (1 cap/day)
<i>fenofibrate micronized cap 200 mg</i>	tier 1	QLC (1 cap/day)
<i>fenofibrate micronized cap 67 mg</i>	tier 1	QLC (1 cap/day)
<i>fenofibrate tab 145 mg</i>	tier 1	QLC (1 tab/day)
<i>fenofibrate tab 48 mg</i>	tier 1	QLC (2 tabs/day)
<i>fenofibrate tab 54 mg</i>	tier 1	QLC (2 tabs/day)
<i>gemfibrozil tab 600 mg</i>	tier 1	QLC (2.5 tabs/day)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol)		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	tier 1	QLC (1 tab/day)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	tier 1	QLC (1 tab/day)
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	tier 2	QLC (1 cap/day)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	tier 2	QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lovastatin tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>lovastatin tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>lovastatin tab 40 mg</i>	tier 1	QLC (2 tabs/day)
<i>pravastatin sodium tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>pravastatin sodium tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>pravastatin sodium tab 40 mg</i>	tier 1	QLC (1 tab/day)
<i>pravastatin sodium tab 80 mg</i>	tier 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 40 mg</i>	tier 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 5 mg</i>	tier 1	QLC (1 tab/day)
<i>simvastatin tab 10 mg</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 20 mg</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 40 mg</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 5 mg</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 80 mg</i>	tier 1	QLC (1 tab/day)
DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)		
<i>cholestyramine light powder 4 gm/dose</i>	tier 1	
cholestyramine light powder 4 gm/dose (Prevalite)	tier 1	
<i>cholestyramine light powder packets 4 gm</i>	tier 1	
cholestyramine light powder packets 4 gm (Prevalite)	tier 1	
<i>cholestyramine powder 4 gm/dose</i>	tier 1	
<i>cholestyramine powder packets 4 gm</i>	tier 1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	tier 2	
<i>colesevelam hcl tab 625 mg</i>	tier 2	
<i>colestipol hcl granule packets 5 gm</i>	tier 1	
<i>colestipol hcl granules 5 gm</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>colestipol hcl tab 1 gm</i>	tier 1	
<i>ezetimibe tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	tier 2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	tier 2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	tier 2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	tier 2	QLC (1 tab/day)
<i>icosapent ethyl cap 0.5 gm</i>	tier 3	PA, QLC (2 caps/day)
<i>icosapent ethyl cap 1 gm</i>	tier 3	PA, QLC (4 caps/day)
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	tier 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	tier 1	QLC (2 tabs/day)
<i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	tier 1	QLC (4 tabs/day)
<i>niacin tab er 750 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	tier 1	QLC (2 tabs/day)
NIACOR (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	tier 1	
<i>omega-3-acid ethyl esters cap 1 gm</i>	tier 1	QLC (4 caps/day)
REPATHA (<i>evolocumab</i>) 140 MG/ML SOLN PRSYR	tier 2	PA, QLC (2 syringes/month)
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>) 420 MG/3.5ML SOLN CART	tier 2	PA, QLC (1 injector/month)
REPATHA SURECLICK (<i>evolocumab</i>) REPTH140 MG/ML SOLN -INJ	tier 2	PA, QLC (2 pens/month)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
<i>spironolactone tab 100 mg</i>	tier 1	
<i>spironolactone tab 25 mg</i>	tier 1	
<i>spironolactone tab 50 mg</i>	tier 1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
FARXIGA (<i>dapagliflozin propanediol</i>) 5 MG TAB, 10 MG TAB	tier 2	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JARDIANCE (<i>empagliflozin</i>) 10 MG TAB, 25 MG TAB	tier 2	ST, QLC (1 tab/day)
VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)		
<i>hydralazine hcl tab 10 mg</i>	tier 1	
<i>hydralazine hcl tab 100 mg</i>	tier 1	
<i>hydralazine hcl tab 25 mg</i>	tier 1	
<i>hydralazine hcl tab 50 mg</i>	tier 1	
<i>minoxidil tab 10 mg</i>	tier 1	
<i>minoxidil tab 2.5 mg</i>	tier 1	
VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)/VENOUS (Drugs for Relaxing Arteries and Veins)		
<i>isosorbide dinitrate tab 10 mg</i>	tier 1	
<i>isosorbide dinitrate tab 20 mg</i>	tier 1	
<i>isosorbide dinitrate tab 30 mg</i>	tier 1	
<i>isosorbide dinitrate tab 40 mg</i>	tier 1	
<i>isosorbide dinitrate tab 5 mg</i>	tier 1	
<i>isosorbide mononitrate tab 10 mg</i>	tier 1	
<i>isosorbide mononitrate tab 20 mg</i>	tier 1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER)	tier 1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER)	tier 1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER)	tier 1	
NITRO-BID (<i>nitroglycerin</i>) -2 % OINTMENT	tier 3	
NITRO-TIME (<i>nitroglycerin</i>) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP ER	tier 1	
<i>nitroglycerin sl tab 0.3 mg</i>	tier 1	
<i>nitroglycerin sl tab 0.4 mg</i>	tier 1	
<i>nitroglycerin sl tab 0.6 mg</i>	tier 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	tier 1	
nitroglycerin td patch 24hr 0.1 mg/hr (Minitran)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	tier 1	
nitroglycerin td patch 24hr 0.2 mg/hr (Minitran)	tier 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	tier 1	
nitroglycerin td patch 24hr 0.4 mg/hr (Minitran)	tier 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	tier 1	
nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)	tier 1	

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

<i>riluzole tab 50 mg</i>	tier 1	
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ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine tab 10 mg -dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 12.5 mg -dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
<i>amphetamine-dextroamphetamine tab 15 mg -dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amphetamine-dextroamphetamine tab 20 mg -dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>amphetamine-dextroamphetamine tab 30 mg -dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>amphetamine-dextroamphetamine tab 5 mg -dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 7.5 mg -dextro</i>	tier 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	tier 2	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	tier 2	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	tier 2	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate tab 10 mg</i>	tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 10 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate tab 15 mg</i>	tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 15 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 2.5 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulfate tab 20 mg</i>	tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 20 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 30 mg</i>	tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 30 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulfate tab 5 mg</i>	tier 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
dextroamphetamine sulfate tab 5 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dextroamphetamine sulfate tab 7.5 mg</i>	tier 1	ST, QLC (4 tabs/day)
dextroamphetamine sulfate tab 7.5 mg (Zenedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>lisdexamfetamine dimesylate cap 10 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
VYVANSE (<i>lisdexamfetamine dimesylate</i>) 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	tier 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	tier 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	tier 2	QLC (1 cap/day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	tier 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	tier 2	QLC (4 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	tier 2	QLC (2 caps/day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	tier 2	QLC (1 cap/day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	tier 2	QLC (1 cap/day)
<i>clonidine hcl tab er 12hr 0.1 mg</i> (CLONIDINE HCL ER)	tier 1	QLC (4 tabs/day)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl tab 10 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (GUANFACINE HCL ER)	tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (GUANFACINE HCL ER) 4hr	tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (GUANFACINE HCL ER)	tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (GUANFACINE HCL ER) 2hr	tier 1	QLC (1 tab/day)
<i>methylphenidate hcl cap er 10 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 20 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)

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SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 30 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 40 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 50 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 60 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl chew tab 10 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 2.5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
METHYLPHENIDATE HCL ER 36 MG TAB 24H	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)

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PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METHYLPHENIDATE HCL ER ER 18 MG TAB ER 24H, ER 27 MG TAB ER 24H, ER 54 MG TAB ER 24H	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl soln 10 mg/5ml</i>	tier 3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
<i>methylphenidate hcl soln 5 mg/5ml mg/ml</i>	tier 3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
<i>methylphenidate hcl tab 10 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab 20 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab 5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
<i>methylphenidate hcl tab er 10 mg</i> (METHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab er 20 mg</i> (METHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER (OSM))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER)	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER (OSM))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER)	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER (OSM))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER)	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER (OSM))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER)	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i> (METHYLPHENIDATE HCL ER (OSM))	tier 2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
CENTRAL NERVOUS SYSTEM, OTHER		
ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG CA	tier 1	PA, QLC (1 cap/day), BL
BENZPHETAMINE HCL 25 MG TAB	tier 1	PA, QLC (3 tabs/day), BL
<i>benzphetamine hcl tab 50 mg</i>	tier 1	PA, QLC (3 tabs/day), BL
<i>butalbital-acetaminophen tab 50-325 mg</i>	tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BAC)	tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
DIETHYLPROPION HCL ER 75 MG TAB 24H	tier 1	PA, QLC (1 tab/day), BL
<i>diethylpropion hcl tab 25 mg</i>	tier 1	PA, QLC (3 tabs/day), BL
LOMAIRA (<i>phentermine hcl</i>) 8 MG TAB	tier 1	PA, QLC (3 tabs/day), BL
<i>phendimetrazine tartrate tab 35 mg</i>	tier 1	PA, QLC (6 tabs/day), BL
<i>phentermine hcl cap 15 mg</i>	tier 1	PA, QLC (1 cap/day), BL
<i>phentermine hcl cap 30 mg</i>	tier 1	PA, QLC (1 cap/day), BL
<i>phentermine hcl cap 37.5 mg</i>	tier 1	PA, QLC (1 cap/day), BL
<i>phentermine hcl tab 37.5 mg</i>	tier 1	PA, QLC (1 tab/day), BL
QSYMIA (<i>phentermine hcl-topiramate</i>) 3.75-23 MG CAP ER 24H, 7.5-46 MG CAP ER 24H, 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H	tier 2	PA, QLC (1 cap/day), BL
RUZURGI (<i>amifampridine</i>) 10 MG TAB	tier 4	PA, LA, QLC (10 tabs/day)
FIBROMYALGIA AGENTS		
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	tier 1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	tier 1	QLC (3 caps/day)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	tier 1	QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	tier 1	QLC (2 caps/day)
<i>pregabalin cap 100 mg</i>	tier 2	QLC (3 caps/day)
<i>pregabalin cap 150 mg</i>	tier 2	QLC (3 caps/day)
<i>pregabalin cap 200 mg</i>	tier 2	QLC (3 caps/day)
<i>pregabalin cap 225 mg</i>	tier 2	QLC (2 caps/day)
<i>pregabalin cap 25 mg</i>	tier 2	QLC (3 caps/day)
<i>pregabalin cap 300 mg</i>	tier 2	QLC (2 caps/day)
<i>pregabalin cap 50 mg</i>	tier 2	QLC (3 caps/day)
<i>pregabalin cap 75 mg</i>	tier 2	QLC (3 caps/day)
<i>pregabalin soln 20 mg/ml</i>	tier 2	QLC (30 ml/day)

MULTIPLE SCLEROSIS AGENTS

AVONEX PEN (<i>interferon beta-1a</i>) 30 MCG/0.5ML AUT-IJ KIT	tier 3	PA, S (Specialty Drug), QLC (4 injections/month)
AVONEX PREFILLED (<i>interferon beta-1a</i>) ILLED 30 MCG/0.5ML SY KT	tier 3	PA, S (Specialty Drug), QLC (4 injections/month)
<i>dalfampridine tab er 12hr 10 mg</i> (DALFAMPRIDINE ER)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	tier 1	S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	tier 1	S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	tier 1	S (Specialty Drug), QLC (2 tabs/day)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	tier 4	S (Specialty Drug), QLC (1 cap/day)
GILENYA (<i>fingolimod hcl</i>) 0.25 MG CAP	tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	tier 4	S (Specialty Drug), QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	tier 4	S (Specialty Drug), QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	tier 4	S (Specialty Drug), QLC (12 syringes/month)
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	tier 4	S (Specialty Drug), QLC (12 syringes/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>teriflunomide tab 14 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>teriflunomide tab 7 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
ZEPOSIA (<i>ozanimod hcl</i>) 0.92 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
ZEPOSIA 7-DAY STARTER PACK (<i>ozanimod hcl</i>) -4 X 0.23MG & 3 X 0.46MG CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (7 caps/28 days; max 2 fills/year)
ZEPOSIA STARTER KIT (<i>ozanimod hcl</i>) 0.23MG & 0.46MG & 0.92MG CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/37 days; max 2 fills/year)
ZEPOSIA STARTER KIT (<i>ozanimod hcl</i>) 0.23MG & 0.46MG 0.92MG(21) CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (28 caps/28 days; max 2 fills/year)

DENTAL AND ORAL AGENTS (Drugs for the Mouth)

<i>cevimeline hcl cap 30 mg</i>	tier 1	
<i>pilocarpine hcl tab 5 mg</i>	tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i>	tier 1	
triamcinolone acetonide dental paste 0.1% (Kourzeq)	tier 1	
triamcinolone acetonide dental paste 0.1% (Oralene)	tier 1	

DERMATOLOGICAL AGENTS (Drugs for the Skin)

ACNE AND ROSACEA AGENTS

<i>acitretin cap 10 mg</i>	tier 3	QLC (4 caps/day)
<i>acitretin cap 17.5 mg</i>	tier 3	QLC (2 caps/day)
<i>acitretin cap 25 mg</i>	tier 3	QLC (2 caps/day)
<i>adapalene cream 0.1%</i>	tier 1	ST, AL1 (Up to 39 yrs old)
<i>adapalene gel 0.3%</i>	tier 1	ST, AL1 (Up to 39 yrs old)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	tier 3	ST, AL1 (Up to 39 yrs old)
<i>azelaic acid gel 15%</i>	tier 1	ST, QLC (1 tube/month)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	tier 1	ST

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	tier 1	ST
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	tier 1	ST
<i>isotretinoin cap 10 mg</i>	tier 1	
isotretinoin cap 10 mg (Accutane)	tier 1	
isotretinoin cap 10 mg (Amnesteem)	tier 1	
isotretinoin cap 10 mg (Claravis)	tier 1	
isotretinoin cap 10 mg (Myorisan)	tier 1	
isotretinoin cap 10 mg (Zenatane)	tier 1	
<i>isotretinoin cap 20 mg</i>	tier 1	
isotretinoin cap 20 mg (Accutane)	tier 1	
isotretinoin cap 20 mg (Amnesteem)	tier 1	
isotretinoin cap 20 mg (Claravis)	tier 1	
isotretinoin cap 20 mg (Myorisan)	tier 1	
isotretinoin cap 20 mg (Zenatane)	tier 1	
<i>isotretinoin cap 30 mg</i>	tier 1	
isotretinoin cap 30 mg (Accutane)	tier 1	
isotretinoin cap 30 mg (Claravis)	tier 1	
isotretinoin cap 30 mg (Myorisan)	tier 1	
isotretinoin cap 30 mg (Zenatane)	tier 1	
<i>isotretinoin cap 40 mg</i>	tier 1	
isotretinoin cap 40 mg (Accutane)	tier 1	
isotretinoin cap 40 mg (Amnesteem)	tier 1	
isotretinoin cap 40 mg (Claravis)	tier 1	
isotretinoin cap 40 mg (Myorisan)	tier 1	
isotretinoin cap 40 mg (Zenatane)	tier 1	
<i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE))	tier 1	
<i>tazarotene cream 0.05%</i>	tier 1	
<i>tazarotene cream 0.1%</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tazarotene gel 0.05%</i>	tier 1	
<i>tazarotene gel 0.1%</i>	tier 1	
<i>tretinoin cream 0.025%</i>	tier 1	ST, AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.05%</i>	tier 1	ST, AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.1%</i>	tier 1	ST, AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.01%</i>	tier 2	ST, AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.025%</i>	tier 1	ST, AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.05%</i>	tier 2	PA, ST

DERMATITIS AND PRURITUS AGENTS (Drugs for Skin Inflammation and Itch)

ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	tier 1	
<i>alclometasone dipropionate cream 0.05%</i>	tier 1	
<i>alclometasone dipropionate oint 0.05%</i>	tier 1	
ANUSOL-HC (<i>hydrocortisone (rectal)</i>) - 2.5 % CREAM	tier 1	
BETAMETHASONE DIPROPIONATE AUG (<i>betamethasone dipropionate augmented</i>) 0.05 % GEL	tier 1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	tier 1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	tier 1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	tier 1	
<i>betamethasone dipropionate cream 0.05%</i>	tier 1	
<i>betamethasone dipropionate lotion 0.05%</i>	tier 1	
<i>betamethasone dipropionate oint 0.05%</i>	tier 1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	tier 1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	tier 1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clobetasol propionate cream 0.05%</i>	tier 1	
<i>clobetasol propionate emollient base cream 0.05%</i>	tier 1	
<i>clobetasol propionate emollient base cream 0.05%</i> (CLOBETASOL PROP EMOLLIENT BASE)	tier 1	
<i>clobetasol propionate gel 0.05%</i>	tier 1	
<i>clobetasol propionate oint 0.05%</i>	tier 1	
<i>clobetasol propionate shampoo 0.05%</i>	tier 1	
clobetasol propionate shampoo 0.05% (Clodan)	tier 1	
<i>clobetasol propionate soln 0.05%</i>	tier 1	
DERMA-SMOOTH/FS SCALP (<i>fluocinolone acetonide</i>) -0.01 % OIL	tier 2	
<i>desonide cream 0.05%</i>	tier 1	
<i>desonide oint 0.05%</i>	tier 1	
<i>desoximetasone cream 0.05%</i>	tier 3	ST
<i>desoximetasone cream 0.25%</i>	tier 3	ST
DIFLORASONE DIACETATE 0.05 % CREAM	tier 3	ST
<i>fluocinolone acetonide cream 0.01%</i>	tier 1	
<i>fluocinolone acetonide cream 0.025%</i>	tier 1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i> (FLUOCINOLONE ACETONIDE BODY)	tier 2	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (FLUOCINOLONE ACETONIDE SCALP)	tier 2	
<i>fluocinolone acetonide oint 0.025%</i>	tier 1	
<i>fluocinolone acetonide soln 0.01%</i>	tier 2	
FLUOCINONIDE 0.05 % GEL	tier 1	
<i>fluocinonide cream 0.05%</i>	tier 1	
<i>fluocinonide emulsified base cream 0.05%</i>	tier 1	
<i>fluocinonide gel 0.05%</i>	tier 1	
<i>fluocinonide oint 0.05%</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluocinonide soln 0.05%</i>	tier 1	
<i>fluticasone propionate cream 0.05%</i>	tier 1	
<i>fluticasone propionate oint 0.005%</i>	tier 1	
<i>halobetasol propionate cream 0.05%</i>	tier 1	
<i>halobetasol propionate oint 0.05%</i>	tier 1	
HYDROCORTISONE (<i>hydrocortisone (topical)</i>) 2.5 % LOTION	tier 1	
<i>hydrocortisone acetate suppos 25 mg</i>	tier 1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	tier 1	ST
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT, 0.1 % SOLUTION	tier 1	
<i>hydrocortisone butyrate cream 0.1%</i>	tier 1	ST
<i>hydrocortisone butyrate oint 0.1%</i>	tier 1	
<i>hydrocortisone cream 2.5%</i>	tier 1	
hydrocortisone cream 2.5% (Ala-Cort)	tier 1	
<i>hydrocortisone lotion 2.5%</i>	tier 1	
<i>hydrocortisone oint 2.5%</i>	tier 1	
<i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))	tier 1	
hydrocortisone perianal cream 2.5% (Procto-Med Hc)	tier 1	
hydrocortisone perianal cream 2.5% (Proctosol Hc)	tier 1	
hydrocortisone perianal cream 2.5% (Proctozone-Hc)	tier 1	
<i>hydrocortisone valerate cream 0.2%</i>	tier 1	
<i>hydrocortisone valerate oint 0.2%</i>	tier 1	
<i>mometasone furoate cream 0.1%</i>	tier 1	
<i>mometasone furoate oint 0.1%</i>	tier 1	
<i>mometasone furoate solution 0.1% (lotion)</i>	tier 1	
<i>pimecrolimus cream 1%</i>	tier 2	QLC (100 gm/month)
PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>selenium sulfide lotion 2.5%</i>	tier 1	QLC (1 bottle/month)
<i>tacrolimus oint 0.03%</i>	tier 2	QLC (100 gm/month)
<i>tacrolimus oint 0.1%</i>	tier 2	AL1 (At least 16 yrs old), QLC (100 gm/month)
<i>triamcinolone acetonide cream 0.025%</i>	tier 1	
<i>triamcinolone acetonide cream 0.1%</i>	tier 1	
triamcinolone acetonide cream 0.1% (Triderm)	tier 1	
<i>triamcinolone acetonide cream 0.5%</i>	tier 1	
triamcinolone acetonide cream 0.5% (Triderm)	tier 1	
<i>triamcinolone acetonide lotion 0.025%</i>	tier 1	
<i>triamcinolone acetonide lotion 0.1%</i>	tier 1	
<i>triamcinolone acetonide oint 0.025%</i>	tier 1	
<i>triamcinolone acetonide oint 0.1%</i>	tier 1	
<i>triamcinolone acetonide oint 0.5%</i>	tier 1	
DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)		
CALCIPOTRIENE 0.005 % SOLUTION	tier 1	
<i>calcipotriene cream 0.005%</i>	tier 1	
<i>calcipotriene oint 0.005%</i>	tier 1	
calcipotriene oint 0.005% (Calcitrene)	tier 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	tier 1	
CALCITRIOL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	tier 2	QLC (800 gm/month)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	tier 1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	tier 1	
CLOTRIMAZOLE-BETAMETHASONE (<i>clotrimazole w/ betamethasone</i>) -1-0.05 % LOTION	tier 1	
FLUOROURACIL (<i>fluorouracil (topical)</i>) 2 % SOLUTION	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluorouracil cream 5%</i>	tier 1	
<i>fluorouracil soln 5%</i>	tier 1	
HYDROCORTISONE ACE-PRAMOXINE (<i>hydrocortisone acetate w/ pramoxine</i>) - 1-1 % CREAM	tier 1	
<i>imiquimod cream 5%</i>	tier 1	QLC (24 packs/month, max of 48 packs/6 months)
METHOXSALEN RAPID 10 MG CAP	tier 1	
<i>methoxsalen rapid cap 10 mg</i>	tier 1	
<i>nystatin-triamcinolone cream 100000- 0.1 unit/gm-%</i>	tier 1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	tier 1	
OTEZLA (<i>apremilast</i>) 20 MG TAB, 30 MG TAB	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
PODOFILOX 0.5 % SOLUTION	tier 1	
<i>podofilox soln 0.5%</i>	tier 1	
<i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER)	tier 2	
<i>silver sulfadiazine cream 1%</i>	tier 1	
silver sulfadiazine cream 1% (Ssd)	tier 1	
SODIUM SULFACETAMIDE-BAKUCHIOL (<i>sulfacetamide sodium in bakuchiol vehicle</i>) -10 % LIQUID	tier 1	
SSS 10-5 (<i>sulfacetamide sodium w/ sulfur</i>) --% FOAM	tier 1	
<i>sulfacetamide sodium liquid 10%</i>	tier 1	
<i>sulfacetamide sodium liquid 10%</i> (SODIUM SULFACETAMIDE WASH)	tier 1	
<i>sulfacetamide sodium shampoo 10%</i> (SODIUM SULFACETAMIDE)	tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i> (SULFACETAMIDE SODIUM- SULFUR)	tier 1	
sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser)	tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (SULFACETAMIDE SODIUM- SULFUR)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5)	tier 1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4)	tier 1	
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (SULFACETAMIDE SOD-SULFUR WASH)	tier 1	
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
SULFACETAMIDE SODIUM-SULFUR (<i>sulfacetamide sodium w/ sulfur</i>) -10-2 % CREAM	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice)

LINDANE 1 % SHAMPOO	tier 1	
<i>malathion lotion 0.5%</i>	tier 2	
<i>permethrin cream 5%</i>	tier 1	
SPINOSAD 0.9 % SUSPENSION	tier 1	QLC (1 bottle/fill)

TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)

<i>acyclovir oint 5%</i>	tier 1	QLC (30gm/30 days, max 180gm/year)
<i>ciclopirox gel 0.77%</i>	tier 1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	tier 1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	tier 1	
<i>ciclopirox shampoo 1%</i>	tier 1	
<i>ciclopirox solution 8%</i>	tier 1	
ciclopirox solution 8% (Ciclodan)	tier 1	
<i>clindamycin phosphate gel 1%</i>	tier 1	ST
<i>clindamycin phosphate lotion 1%</i>	tier 1	ST
<i>clindamycin phosphate soln 1%</i>	tier 1	ST
<i>clindamycin phosphate swab 1%</i>	tier 1	ST
clindamycin phosphate swab 1% (Clindacin Etz)	tier 1	ST
clindamycin phosphate swab 1% (Clindacin-P)	tier 1	ST
<i>dapsone gel 5%</i>	tier 3	ST, QLC (90 gm/month)
<i>dapsone gel 7.5%</i>	tier 3	ST, QLC (90 gm/month)
ERY (<i>erythromycin (acne aid)</i>) 2 % PAD	tier 1	ST
<i>erythromycin gel 2%</i>	tier 1	ST
<i>erythromycin soln 2%</i>	tier 1	ST
MAFENIDE ACETATE 5 % PACKET	tier 1	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	tier 1	
<i>mupirocin oint 2%</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VITAMIN/FLUORIDE/IRON)	tier 1	ACA (Preventive Health)
ATABEX OB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) AEX 29-1 MG	tier 1	
C-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG AP	tier 1	
CO-NATAL FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	tier 1	
COMPLETENATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG CHEW TAB	tier 1	
CONCEPT DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG CAP	tier 1	
CONCEPT OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 130-92.4-1 MG CAP	tier 1	
ELITE-OB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -50-1.25 MG TAB	tier 1	
FOLIVANE-OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) -85-1 MG CAP	tier 1	
M-NATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 G TAB	tier 1	
MULTI-VIT-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VIT-FLOR (<i>pediatric multivitamins w/fl</i>) --0.5 MG CHEW TAB, --1 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	tier 1	ACA (Preventive Health)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/f</i>) 0.5 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/f</i>) 1 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/f</i>) 0.25 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/f</i>) 0.5 MG CHEW TAB, 1 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
NAFRINSE DROPS (<i>sodium fluoride</i>) 0.275 (0.125 F) MG/DROP SOLUTION	tier 1	ACA (Preventive Health)
NEONATAL COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
NEONATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
NIVA-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	tier 1	
ONE VITE WOMENS PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
PNV TABS 29-1 (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 5 --MG	tier 1	
PNV-DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	tier 1	
PNV-OMEGA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	tier 1	
PNV-SELECT (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -27-0.6-0.4 MG TAB	tier 2	
potassium bicarbonate effer tab 25 meq (Effer-K)	tier 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-PRIME)	tier 1	
potassium bicarbonate effer tab 25 meq (Klor-Con/ef)	tier 1	
<i>potassium chloride cap er 10 meq</i> (POTASSIUM CHLORIDE ER)	tier 1	
<i>potassium chloride cap er 8 meq</i> (POTASSIUM CHLORIDE ER)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
POTASSIUM CHLORIDE ER ER 8 TAB ER, ER 15 TAB ER	tier 1	
potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10)	tier 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (POTASSIUM CHLORIDE CRY ER)	tier 1	
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	tier 1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (POTASSIUM CHLORIDE CRY ER)	tier 1	
potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20)	tier 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (POTASSIUM CHLORIDE CRY ER)	tier 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	tier 2	PA
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	tier 2	PA
<i>potassium chloride powder packet 20 meq</i>	tier 1	
potassium chloride powder packet 20 meq (Klor-Con)	tier 1	
potassium chloride tab er 10 meq (Klor-Con 10)	tier 1	
<i>potassium chloride tab er 10 meq</i> (POTASSIUM CHLORIDE ER)	tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i> (POTASSIUM CHLORIDE ER)	tier 1	
potassium chloride tab er 8 meq (600 mg) (Klor-Con)	tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i> (POTASSIUM CHLORIDE ER)	tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i> (POTASSIUM CITRATE ER)	tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i> (POTASSIUM CITRATE ER)	tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i> (POTASSIUM CITRATE ER) (40	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENAISSANCE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) 29-1.25-325 MG CAP	tier 1	
PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
PRENATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) 9 29-MG TAB	tier 1	
PRENATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 19 CHEW TAB, 19 29-1 MG CHEW TAB	tier 1	
PRENATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
PRENATAL PLUS IRON (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB	tier 1	
PRENATAL PLUS VITAMIN/MINERAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
PRENATAL VITAMIN PLUS LOW IRON (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
PRENATAL-U (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) -106.5-1 MG CAP	tier 1	
PREPLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
PRETAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) PRE29-1 MG	tier 1	
PROVIDA OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 20-20-1.25 MG CAP	tier 1	
RELNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	tier 2	
SE-NATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) -9 29-MG TAB	tier 1	
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) luoride</i>	tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) luoride</i>	tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)(NAFRINSE) luoride</i>	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) luoride</i>	tier 1	ACA (Preventive Health)
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) luoride	tier 1	ACA (Preventive Health)
TARON-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) - 35-1 MG AP	tier 1	
THRIVITE RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB	tier 1	
TRICARE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	tier 1	
TRINATAL RX 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-MG TAB	tier 1	
TRINATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	tier 1	
VINATE II (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) 29-1 MG TAB	tier 1	
VINATE ONE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-1 MG TAB	tier 1	
VIRT-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) -53.5-38-1 MG AP	tier 1	
VIRT-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG CAP	tier 1	
VIRT-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	tier 1	
VIRT-PN PLUS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	tier 1	
VITATHELY WITH GINGER (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
VIVA DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	tier 1	
WESCAP-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) WESAP-53.5-38-1 MG AP	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WESCAP-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) WES-27-0.6-0.4-300 MG	tier 1	
WESNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	tier 1	
WESTAB PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) WES27-1 MG	tier 1	
ZATEAN-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	tier 1	
ZATEAN-PN PLUS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	tier 1	

ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)

CHEMET (<i>succimer</i>) 100 MG CAP	tier 2	
<i>deferasirox tab for oral susp 125 mg</i>	tier 4	S (Specialty Drug), SF
<i>deferasirox tab for oral susp 250 mg</i>	tier 4	S (Specialty Drug), SF
<i>deferasirox tab for oral susp 500 mg</i>	tier 4	S (Specialty Drug), SF
<i>penicillamine tab 250 mg</i>	tier 4	PA, S (Specialty Drug), QLC (16 tabs/day)

PHOSPHATE BINDERS (Drugs to Lower Phosphate)

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER))	tier 1	
<i>sevelamer carbonate packet 0.8 gm</i>	tier 2	PA
<i>sevelamer carbonate packet 2.4 gm</i>	tier 2	PA
<i>sevelamer carbonate tab 800 mg</i>	tier 1	

POTASSIUM BINDERS (Drugs to Lower Potassium)

<i>*sodium polystyrene sulfonate powder**</i>	tier 1	
LOKELMA (<i>sodium zirconium cyclosilicate</i>) 10 GM PACKET	tier 3	QLC (1 pack/day)
LOKELMA (<i>sodium zirconium cyclosilicate</i>) 5 GM PACKET	tier 3	QLC (3 packs/day)
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf))	tier 1	
SPS (SODIUM POLYSTYRENE SULF) (<i>sodium polystyrene sulfonate</i>) 30 GM/120ML SUSPENSION	tier 1	
VITAMINS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	tier 1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	tier 1	
cyanocobalamin inj 1000 mcg/ml (Dodex)	tier 1	
<i>folic acid tab 1 mg</i>	tier 1	
<i>levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF) gm/0ml (0%)</i>	tier 1	
<i>levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)</i>	tier 1	
<i>levocarnitine tab 330 mg</i>	tier 1	
TRI-VITE/FLUORIDE (<i>pediatric vitamins acid w/ fluoride</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	tier 1	ACA (Preventive Health)

GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)

ANTI-CONSTIPATION AGENTS (Drugs for Constipation)

lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	tier 1	
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	tier 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (LACTULOSE ENCEPHALOPATHY)	tier 1	
<i>lactulose solution 10 gm/15ml</i>	tier 1	
lactulose solution 10 gm/15ml (Constulose)	tier 1	
LINZESS (<i>linaclotide</i>) 72 MCG CAP, 145 MCG CAP, 290 MCG CAP	tier 2	AL1 (At least 18 yrs old), QLC (1 cap/day)
<i>lubiprostone cap 24 mcg</i>	tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)

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SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lubiprostone cap 8 mcg</i>	tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
MOVANTIK (<i>naloxegol oxalate</i>) 12.5 MG TAB, 25 MG TAB	tier 3	AL1 (At least 18 yrs old), QLC (1 tab/day)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)	tier 1	ACA (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL)	tier 1	ACA (Preventive Health)
PEG-PREP (<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>) --210 MG-GM KIT	tier 1	ACA (Preventive Health)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (NA SULFATE-K SULFATE-MG SULF)	tier 1	ACA (Preventive Health)

ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	tier 4	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	tier 4	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (DIPHENOXYLATE-ATROPINE)	tier 1	
DIPHENOXYLATE-ATROPINE (<i>diphenoxylate w/ atropine</i>) -2.5-0.025 MG/5ML LIQUID	tier 2	

ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)

<i>dicyclomine hcl cap 10 mg</i>	tier 1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	tier 1	
<i>dicyclomine hcl tab 20 mg</i>	tier 1	
<i>glycopyrrolate tab 1 mg</i>	tier 1	
<i>glycopyrrolate tab 2 mg</i>	tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	tier 1	
hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne)	tier 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	tier 1	
hyoscyamine sulfate sl tab 0.125 mg (Oscimin)	tier 1	
hyoscyamine sulfate sl tab 0.125 mg (Symax-SI)	tier 1	

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PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	tier 1	
hyoscyamine sulfate soln 0.125 mg/ml (Hyosyne)	tier 1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	tier 1	
hyoscyamine sulfate tab 0.125 mg (Oscimin)	tier 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	tier 1	
hyoscyamine sulfate tab disint 0.125 mg (Ed-Spaz)	tier 1	
hyoscyamine sulfate tab disint 0.125 mg (Nulev)	tier 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg (HYOSCYAMINE SULFATE ER)</i>	tier 1	
hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)	tier 1	
hyoscyamine sulfate tab er 12hr 0.375 mg (Symax-Sr)	tier 1	
GASTROINTESTINAL AGENTS, OTHER (Other Drugs for the Bowel and Stomach)		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	tier 2	
GAVILYTE-C (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) -240 GM REON SOLN	tier 1	ACA (Preventive Health)
OMNITROPE (<i>somatropin</i>) 10 MG/1.5ML SOLN CART	tier 4	PA, S (Specialty Drug)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G) ---cl-	tier 1	ACA (Preventive Health)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/ELECTROLYTES) ---cl-</i>	tier 1	ACA (Preventive Health)
<i>ursodiol cap 300 mg</i>	tier 1	
<i>ursodiol tab 250 mg</i>	tier 1	
<i>ursodiol tab 500 mg</i>	tier 1	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)		
<i>cimetidine tab 300 mg</i>	tier 1	
<i>cimetidine tab 400 mg</i>	tier 1	
<i>cimetidine tab 800 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>famotidine for susp 40 mg/5ml</i>	tier 2	
<i>famotidine tab 40 mg</i>	tier 1	
NIZATIDINE 300 MG CAP	tier 2	
<i>nizatidine cap 150 mg</i>	tier 2	
PROTECTANTS (Drugs for Acid Reflux and Ulcers)		
<i>sucralfate susp 1 gm/10ml gm/0ml</i>	tier 3	
<i>sucralfate tab 1 gm</i>	tier 1	
PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)		
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	tier 2	ST, QLC (2 caps/day)
<i>lansoprazole cap delayed release 30 mg</i>	tier 1	QLC (2 caps/day)
<i>omeprazole cap delayed release 10 mg</i>	tier 1	QLC (8 caps/day)
<i>omeprazole cap delayed release 20 mg</i>	tier 1	QLC (4 caps/day)
<i>omeprazole cap delayed release 40 mg</i>	tier 1	QLC (2 caps/day)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	tier 1	QLC (4 tabs/day)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>rabeprazole sodium ec tab 20 mg</i>	tier 2	QLC (3 tabs/day)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic or Enzyme Disorders)		
<i>carglumic acid soluble tab 200 mg</i>	tier 4	PA, LA, QLC (35 tabs/day)
CERDELGA (<i>eliglustat tartrate</i>) 84 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
CREON (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART	tier 2	
CYSTAGON (<i>cysteamine bitartrate</i>) 150 MG CAP	tier 3	LA, S (Specialty Drug), QLC (26 caps/day)
CYSTAGON (<i>cysteamine bitartrate</i>) 50 MG CAP	tier 3	LA, S (Specialty Drug), QLC (4 caps/day)
DROXIA (<i>hydroxyurea (sickle cell disease)</i>) 200 MG CAP, 300 MG CAP, 400 MG CAP	tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MYALEPT (<i>metreleptin</i>) 11.3 MG RECON SOLN	tier 4	PA, LA, QLC (1 vial/day)
<i>nitisinone cap 10 mg</i>	tier 4	PA, S (Specialty Drug), QLC (14 caps/day)
<i>nitisinone cap 2 mg</i>	tier 4	PA, S (Specialty Drug), QLC (10 caps/day)
<i>nitisinone cap 20 mg</i>	tier 4	PA, S (Specialty Drug), QLC (8 caps/day)
<i>nitisinone cap 5 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 caps/day)
ZENPEP (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART	tier 2	

GENITOURINARY AGENTS (Drugs for the Genital, Bladder, and Kidney)

ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)

<i>fesoterodine fumarate tab er 24hr 4 mg</i> (FESOTERODINE FUMARATE ER) <i>2hr</i>	tier 2	QLC (1 tab/day)
<i>fesoterodine fumarate tab er 24hr 8 mg</i> (FESOTERODINE FUMARATE ER)	tier 2	QLC (1 tab/day)
<i>flavoxate hcl tab 100 mg</i>	tier 1	
<i>oxybutynin chloride solution 5 mg/5ml mg/ml</i>	tier 1	QLC (20 ml/day)
<i>oxybutynin chloride tab 5 mg</i>	tier 1	
<i>oxybutynin chloride tab er 24hr 10 mg</i> (OXYBUTYNIN CHLORIDE ER)	tier 1	QLC (3 tabs/day)
<i>oxybutynin chloride tab er 24hr 15 mg</i> (OXYBUTYNIN CHLORIDE ER)	tier 1	QLC (2 tabs/day)
<i>oxybutynin chloride tab er 24hr 5 mg</i> (OXYBUTYNIN CHLORIDE ER)	tier 1	QLC (1 tab/day)
<i>solifenacin succinate tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>solifenacin succinate tab 5 mg</i>	tier 1	QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 2 mg</i> (TOLTERODINE TARTRATE ER) <i>4hr</i>	tier 2	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tolterodine tartrate cap er 24hr 4 mg</i> (TOLTERODINE TARTRATE ER) <i>2hr</i>	tier 2	QLC (1 tab/day)
<i>tolterodine tartrate tab 1 mg</i>	tier 2	QLC (2 tabs/day)
<i>tolterodine tartrate tab 2 mg</i>	tier 2	QLC (2 tabs/day)
<i>tropium chloride cap er 24hr 60 mg</i> (TROSPIMUM CHLORIDE ER)	tier 2	QLC (1 cap/day)
<i>tropium chloride tab 20 mg</i>	tier 1	QLC (2 tabs/day)

BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

<i>alfuzosin hcl tab er 24hr 10 mg</i> (ALFUZOSIN HCL ER)	tier 1	
<i>dutasteride cap 0.5 mg</i>	tier 1	QLC (1 cap/day)
<i>finasteride tab 5 mg</i>	tier 1	
<i>silodosin cap 4 mg</i>	tier 1	QLC (1 cap/day)
<i>silodosin cap 8 mg</i>	tier 1	QLC (1 cap/day)
<i>tadalafil tab 10 mg</i>	tier 1	RO (Retail Only), QLC (8 tabs/month)
<i>tadalafil tab 2.5 mg</i>	tier 1	RO (Retail Only), QLC (1 tab/day)
<i>tadalafil tab 20 mg</i>	tier 1	RO (Retail Only), QLC (8 tabs/month)
<i>tadalafil tab 5 mg</i>	tier 1	RO (Retail Only), QLC (1 tab/day)
<i>tamsulosin hcl cap 0.4 mg</i>	tier 1	

GENITOURINARY AGENTS, OTHER (Other Drugs for the Genital, Bladder, and Kidney)

<i>bethanechol chloride tab 10 mg</i>	tier 1	
<i>bethanechol chloride tab 25 mg</i>	tier 1	
<i>bethanechol chloride tab 5 mg</i>	tier 1	
<i>bethanechol chloride tab 50 mg</i>	tier 1	
CYTRA K CRYSTALS (<i>potassium citrate-citric acid</i>) 3300-1002 MG PACET	tier 1	
ELMIRON (<i>pentosan polysulfate sodium</i>) 100 MG CAP	tier 3	
<i>phenazopyridine hcl tab 100 mg</i>	tier 1	
<i>phenazopyridine hcl tab 200 mg</i>	tier 1	
PHEXXI (<i>lactic acid-citric acid-potassium bitartrate</i>) 1.8-1-0.4 % GEL	tier 3	ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days)

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PA - Prior Authorization;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral) ic	tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral) ic	tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phosphorous) ic	tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral) ic	tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Wes-Phos 250 Neutral) ic	tier 1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i> (POTASSIUM CITRATE-CITRIC ACID)	tier 1	
potassium phosphate monobasic tab 500 mg (Phospho-Trin K500)	tier 1	
<i>sildenafil citrate tab 100 mg</i>	tier 1	RO (Retail Only), QLC (8 tabs/month)
<i>sildenafil citrate tab 25 mg</i>	tier 1	RO (Retail Only), QLC (8 tabs/month)
<i>sildenafil citrate tab 50 mg</i>	tier 1	RO (Retail Only), QLC (8 tabs/month)
<i>tiopronin tab 100 mg</i>	tier 4	PA, S (Specialty Drug)
<i>tiopronin tab delayed release 100 mg</i>	tier 4	PA, LA
<i>tiopronin tab delayed release 300 mg</i>	tier 4	PA, LA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)

CORTISONE ACETATE 25 MG TAB	tier 1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	tier 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	tier 1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	tier 1	
<i>dexamethasone tab 0.5 mg</i>	tier 1	

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PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dexamethasone tab 0.5 mg (Decadron)	tier 1	
<i>dexamethasone tab 0.75 mg</i>	tier 1	
dexamethasone tab 0.75 mg (Decadron)	tier 1	
<i>dexamethasone tab 1 mg</i>	tier 1	
<i>dexamethasone tab 1.5 mg</i>	tier 1	
<i>dexamethasone tab 2 mg</i>	tier 1	
<i>dexamethasone tab 4 mg</i>	tier 1	
dexamethasone tab 4 mg (Decadron)	tier 1	
<i>dexamethasone tab 6 mg</i>	tier 1	
dexamethasone tab 6 mg (Decadron)	tier 1	
<i>fludrocortisone acetate tab 0.1 mg</i>	tier 1	
<i>methylprednisolone tab 16 mg</i>	tier 1	
<i>methylprednisolone tab 32 mg</i>	tier 1	
<i>methylprednisolone tab 4 mg</i>	tier 1	
<i>methylprednisolone tab 8 mg</i>	tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	tier 1	
MIFEPREX (<i>mifepristone</i>) 200 MG TAB	tier 3	QLC (1 tablet/fill)
<i>mifepristone tab 200 mg</i>	tier 1	QLC (1 tablet/fill)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> (PREDNISOLONE SODIUM PHOSPHATE)	tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	tier 1	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	tier 1	
<i>prednisolone soln 15 mg/5ml</i>	tier 1	
PREDNISON 5 MG/5ML SOLUTION	tier 1	
PREDNISON INTENSOL 5 MG/ML CONC	tier 1	
<i>prednisone tab 1 mg</i>	tier 1	

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PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prednisone tab 10 mg</i>	tier 1	
<i>prednisone tab 2.5 mg</i>	tier 1	
<i>prednisone tab 20 mg</i>	tier 1	
<i>prednisone tab 5 mg</i>	tier 1	
<i>prednisone tab 50 mg</i>	tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	tier 1	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)

<i>desmopressin acetate nasal spray soln 0.01%</i> (DESMOPRESSIN ACETATE SPRAY)	tier 1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> (DESMOPRESSIN ACE SPRAY REFRIG)	tier 1	
<i>desmopressin acetate tab 0.1 mg</i>	tier 1	
<i>desmopressin acetate tab 0.2 mg</i>	tier 1	
GENOTROPIN (<i>somatropin</i>) 5 MG CARTRIDGE, 12 MG CARTRIDGE	tier 4	PA, S (Specialty Drug)
GENOTROPIN MINIQUICK (<i>somatropin</i>) 0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR	tier 4	PA, S (Specialty Drug)
INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION	tier 4	PA, LA
OMNITROPE (<i>somatropin</i>) 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN	tier 4	PA, S (Specialty Drug)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Drugs for Replacing/Stimulating Prostaglandin)

<i>misoprostol tab 100 mcg</i>	tier 1	
<i>misoprostol tab 200 mcg</i>	tier 1	

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PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)

ANABOLIC STEROIDS

OXANDROLONE 10 MG TAB	tier 3	QLC (2 tabs/day)
OXANDROLONE 2.5 MG TAB	tier 3	QLC (8 tabs/day)
<i>oxandrolone tab 10 mg</i>	tier 3	QLC (2 tabs/day)
<i>oxandrolone tab 2.5 mg</i>	tier 3	QLC (8 tabs/day)

ANDROGENS

<i>danazol cap 100 mg</i>	tier 1	
<i>danazol cap 200 mg</i>	tier 1	
<i>danazol cap 50 mg</i>	tier 1	
METHITEST (<i>methyltestosterone</i>) 10 MG TAB	tier 3	PA
TESTOSTERONE 12.5 MG/ACT (1%) GEL, 50 MG/5GM (1%) GEL	tier 1	PA, QLC (300 grams/month)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	tier 1	QLC (10 ml/month)
testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone)	tier 1	QLC (10 ml/month)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	tier 1	QLC (10 ml/month)
testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)	tier 1	QLC (10 ml/month)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	tier 1	QLC (5 ml/month)
<i>testosterone td gel 12.5 mg/act (1%)</i>	tier 1	PA, QLC (300 grams/month)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	tier 1	PA, QLC (1 packet/day)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	tier 1	PA, QLC (2 bottles/month)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	tier 1	PA, QLC (300 grams/month)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	tier 1	PA, QLC (2 packets/day)
<i>testosterone td gel 50 mg/5gm (1%)</i>	tier 1	PA, QLC (300 grams/month)

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 PA - Prior Authorization;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ESTROGENS (Contraceptives and Drugs for Menopause)

ANNOVERA (<i>segesterone acetate-ethinyl estradiol</i>) 0.013-0.15 MG/24HR RING	tier 3	ACA (Preventive Health), QLC (1 ring/ 365 days)
CLIMARA PRO (<i>estradiol-levonorgestrel</i>) 0.045-0.015 MG/DAY PATCH WK	tier 3	QLC (4 patches/month)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	tier 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (DESOGESTREL-ETHINYL ESTRADIOL)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	tier 1	ACA (Preventive Health)
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant) desog--0.025/25---	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	tier 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (DESOGESTREL-ETHINYL ESTRADIOL)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	tier 1	ACA (Preventive Health)
DROSPIREN-ETH ESTRAD-LEVOMEFOL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) --3-0.03-0.451 MG TAB	tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy) ---0.0-	tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)	tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)	tier 1	ACA (Preventive Health)
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs)	tier 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST HS)</i>	tier 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST)</i>	tier 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Estratest H.s.)	tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx)	tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt)	tier 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST DS)</i>	tier 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST)</i>	tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.)	tier 1	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	tier 3	QLC (1 bottle/month)
<i>estradiol tab 0.5 mg</i>	tier 1	
<i>estradiol tab 1 mg</i>	tier 1	
<i>estradiol tab 2 mg</i>	tier 1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	tier 3	QLC (1 pack/day)
<i>estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm</i>	tier 3	QLC (1 pack/day)
<i>estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm</i>	tier 3	QLC (1 pack/day)
<i>estradiol td gel 1 mg/gm (0.1%) (0.%)</i>	tier 3	QLC (1 pack/day)
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	tier 3	QLC (1 pack/day)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	tier 1	QLC (16 patches/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol td patch twice weekly 0.025 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
<i>estradiol td patch weekly 0.025 mg/24hr</i>	tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.05 mg/24hr</i>	tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.06 mg/24hr</i>	tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	tier 1	QLC (8 patches/28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	tier 2	
<i>estradiol vaginal tab 10 mcg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol vaginal tab 10 mcg (Yuvafem)	tier 1	
<i>estradiol valerate im in oil 10 mg/ml</i>	tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	tier 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	tier 1	
ESTRING (<i>estradiol vaginal</i>) 2 MG RING, 7.5 MCG/24HR RING	tier 3	QLC (1 ring/90 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28))	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28))	tier 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Valtya 1/50)	tier 1	ACA (Preventive Health)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Eluryng)	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	tier 2	ACA (Preventive Health)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	tier 2	ACA (Preventive Health)
FEMLYV (<i>norethindrone acet & eth estro</i>) 1-0.02 MG TAB DISP	tier 3	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim)	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (LEVONORGEST-ETH EST & ETH EST)	tier 1	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Amethia Lo)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo)	tier 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess)	tier 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)	tier 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin)	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)	tier 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienva)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)	tier 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28))	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)	tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)	tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	tier 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONORG-ETH ESTRAD TRIPHASIC)	tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28))	tier 1	ACA (Preventive Health)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale)	tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux)	tier 3	ACA (Preventive Health)
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> (LEVONORGEST-ETH ESTRADIOL-IRON)	tier 3	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya)	tier 3	ACA (Preventive Health)
LO LOESTRIN FE (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>) ESTRIN 1 MG-10 MCG 10 MCG TAB	tier 2	ACA (Preventive Health)
NATAZIA (<i>estradiol valerate-dienogest</i>) 3/2-2/2-3/1 MG TAB	tier 3	ACA (Preventive Health)
NEXTSTELLIS (<i>drospirenone-estetrol</i>) 3-14.2 MG TAB	tier 3	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (NORELGESTROMIN-ETH ESTRADIOL)	tier 1	ACA (Preventive Health)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	tier 1	ACA (Preventive Health)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	tier 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (BRIELLYN)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28))	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21))	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28))	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)	tier 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe)	tier 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	tier 1	ACA (Preventive Health)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (NORETHINDRON-ETHINYL ESTRAD-FE) ---20/-30/--	tier 1	ACA (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe) ---20/-30/--	tier 1	ACA (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-Legest Fe) --20/-30/--	tier 1	ACA (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Xarah Fe) ---20/-30/--	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20 (21))	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20)	tier 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (NORETHINDRONE ACET-ETHINYL EST)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30 (21))	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30)	tier 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (NORETHINDRONE ACET-ETHINYL EST)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Feirza 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Hailey Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe 1/20)	tier 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Feirza 1.5/30)	tier 1	ACA (Preventive Health)

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SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Hailey Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Microgestin Fe 1.5/30)	tier 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE)	tier 1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Charlotte 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala)	tier 1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe)	tier 1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Gemmy)	tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)	tier 3	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy)	tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv)	tier 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	tier 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv)	tier 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	tier 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	tier 1	QLC (1 tab/day)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7) ---/1--	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7) ---/1--	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7) ---/1--	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7) ---/1--	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7) -- -/1--	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7) ---/1--	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle) --/1-- -	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena) --/1---	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-Linyah)	tier 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (NORGESTIMATE-ETH ESTRADIOL)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Nymyo)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra)	tier 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC) --/0.215-/0.--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Estarylla) --/0.215-/0.--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Marzia) --/0.215-/0.--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Mili) --/0.215-/0.--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Sprintec) --/0.215-/0.--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Vylibra Lo) --/0.215-/0.--	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC) --/0.215-/0.25--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri Femynor) --/0.215-/0.25--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Estarylla) --/0.215-/0.25--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Linyah) --/0.215-/0.25--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Mili) - -/0.215-/0.25--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Nymyo) --/0.215-/0.25--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Previfem) --/0.215-/0.25--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Sprintec) --/0.215-/0.25--	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Vylibra) --/0.215-/0.25--	tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel)	tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz)	tier 1	ACA (Preventive Health)
PREMARIN (<i>estrogens, conjugated vaginal</i>) 0.625 MG/GM CREAM	tier 3	
PREMARIN (<i>estrogens, conjugated</i>) 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREMPRO (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB	tier 3	QLC (28 tabs/month)
TYBLUME (<i>levonorgestrel & eth estradiol</i>) 0.1-20 MG-MCG CHEW TAB	tier 3	ACA (Preventive Health)
VELIVET (<i>desogestrel-ethinyl estradiol (triphasic)</i>) 0.1/0.125/0.15 -0.025 MG TAB	tier 1	ACA (Preventive Health)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER

estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz)	tier 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	tier 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz)	tier 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	tier 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	tier 1	QLC (1 tab/day)

PROGESTINS

ELLA (<i>ulipristal acetate</i>) 30 MG TAB	tier 3	ACA (Preventive Health), QLC (1 tab/fill)
ENDOMETRIN (<i>progesterone (vaginal)</i>) 100 MG INSERT	tier 3	PA
<i>medroxyprogesterone acetate tab 10 mg</i>	tier 1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	tier 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	tier 1	
<i>megestrol acetate susp 40 mg/ml</i>	tier 1	OAC
<i>megestrol acetate tab 20 mg</i>	tier 1	OAC
<i>megestrol acetate tab 40 mg</i>	tier 1	OAC
<i>norethindrone acetate tab 5 mg</i>	tier 1	
norethindrone acetate tab 5 mg (Gallifrey)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone tab 0.35 mg</i>	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Camila)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Deblitane)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Emzahh)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Errin)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Heather)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Incassia)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Jencycla)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyleq)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyza)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Nora-Be)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyda)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyroc)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Sharobel)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Tulana)	tier 1	ACA (Preventive Health)
<i>progesterone cap 100 mg</i>	tier 1	
<i>progesterone cap 200 mg</i>	tier 1	
SLYND (<i>drospirenone</i>) 4 MG TAB	tier 3	ACA (Preventive Health)
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
CLOMIPHENE CITRATE 50 MG TAB	tier 1	
<i>clomiphene citrate tab 50 mg</i>	tier 1	
clomiphene citrate tab 50 mg (Clomid)	tier 1	
<i>raloxifene hcl tab 60 mg</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland Hormones)		
ARMOUR THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB	tier 3	
<i>levothyroxine sodium tab 100 mcg</i>	tier 1	
levothyroxine sodium tab 100 mcg (Euthyrox)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 100 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 112 mcg</i>	tier 1	
levothyroxine sodium tab 112 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 112 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 125 mcg</i>	tier 1	
levothyroxine sodium tab 125 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 125 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 137 mcg</i>	tier 1	
levothyroxine sodium tab 137 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 137 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 150 mcg</i>	tier 1	
levothyroxine sodium tab 150 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 150 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 175 mcg</i>	tier 1	
levothyroxine sodium tab 175 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 175 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 200 mcg</i>	tier 1	
levothyroxine sodium tab 200 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 200 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 25 mcg</i>	tier 1	
levothyroxine sodium tab 25 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 25 mcg (Levoxyl)	tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levothyroxine sodium tab 300 mcg</i>	tier 1	
<i>levothyroxine sodium tab 50 mcg</i>	tier 1	
levothyroxine sodium tab 50 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 50 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 75 mcg</i>	tier 1	
levothyroxine sodium tab 75 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 75 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 88 mcg</i>	tier 1	
levothyroxine sodium tab 88 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 88 mcg (Levoxyl)	tier 3	
<i>liothyronine sodium tab 25 mcg</i>	tier 1	
<i>liothyronine sodium tab 5 mcg</i>	tier 1	
<i>liothyronine sodium tab 50 mcg</i>	tier 1	
NP THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	tier 3	
SYNTHROID (<i>levothyroxine sodium</i>) 25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB	tier 2	
THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	tier 3	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland)

<i>cabergoline tab 0.5 mg</i>	tier 1	QLC (16 tabs/month)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	tier 4	PA, S (Specialty Drug)
<i>leuprolide acetate inj kit 5 mg/ml</i>	tier 4	PA, S (Specialty Drug)
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	tier 4	PA, S (Specialty Drug)
SYNAREL (<i>nafarelin acetate</i>) 2 MG/ML SOLUTION	tier 4	PA, QLC (16 ml/30 days)

HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland)

ANTITHYROID AGENTS (Drugs to Suppress Thyroid Hormone)

<i>methimazole tab 10 mg</i>	tier 1	
<i>methimazole tab 5 mg</i>	tier 1	
<i>propylthiouracil tab 50 mg</i>	tier 1	

IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)

ANGIOEDEMA AGENTS

<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	tier 4	PA, S (Specialty Drug), QLC (3 syringes/month)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	tier 4	PA, LA, QLC (3 syringes/month)

IMMUNOLOGICAL AGENTS, OTHER (Other Drugs that Stimulate or Suppress the Immune System)

ARCALYST (<i>rilonacept</i>) 220 MG RECON SOLN	tier 4	PA, LA, S (Specialty Drug)
COSENTYX (300 MG DOSE) (<i>secukinumab</i>) 150 /ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
COSENTYX (<i>secukinumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
COSENTYX SENSOREADY (300 MG) (<i>secukinumab</i>) SENSOREADY 150 MG/ML SOLN -INJ	tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COSENTYX SENSOREADY PEN (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
COSENTYX UNOREADY (<i>secukinumab</i>) 300 MG/2ML SOLN -INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 auto-injector/28 days)
DUPIXENT (<i>dupilumab</i>) 100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A- INJ, 300 MG/2ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 200 MG/1.14ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN -INJ	tier 4	PA, S (Specialty Drug), QLC (2 pens (4 ml)/ 28 days)
KEVZARA (<i>sarilumab</i>) 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
KEVZARA (<i>sarilumab</i>) KEVZR150 MG/1.14ML SOLN -INJ, KEVZR200 MG/1.14ML SOLN -INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/14 days)
OLUMIANT (<i>baricitinib</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORENCIA (<i>abatacept</i>) 50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
ORENCIA CLICKJECT (<i>abatacept</i>) ORENCI125 MG/ML SOLN -INJ	tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
OTEZLA (<i>apremilast</i>) 10 & 20 & 30 MG TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/month)
OTEZLA (<i>apremilast</i>) 4 X 10 & 51 X20 MG TAB THPK	tier 4	PA, S (Specialty Drug), QLC (55 tabs/28 days, max 2 fills/year)
RIDAURA (<i>auranofin</i>) 3 MG CAP	tier 2	
RINVOQ (<i>upadacitinib</i>) 15 MG TAB ER 24H, 30 MG TAB ER 24H	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
RINVOQ (<i>upadacitinib</i>) 45 MG TAB ER 24H	tier 4	PA, S (Specialty Drug), QLC (1 tab/day; max 84 tabs/365 days)
RINVOQ LQ (<i>upadacitinib</i>) 1 MG/ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (12 ml/day)
SKYRIZI (150 MG DOSE) (<i>risankizumab- rzaa</i>) 75 /0.83ML PEF SY KT	tier 4	PA, S (Specialty Drug), QLC (1 kit/84 days)
SKYRIZI (<i>risankizumab-rzaa (crohn's)</i>) 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART	tier 4	PA, S (Specialty Drug), QLC (1 syringe/56 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SKYRIZI (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
SKYRIZI PEN (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN -INJ	tier 4	PA, S (Specialty Drug), QLC (1 auto-injector/ 84 days)
SOTYKTU (<i>deucravacitinib</i>) 6 MG TAB	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (1 vial/84 days)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN -INJ	tier 4	PA, S (Specialty Drug), QLC (1 injection/8 weeks)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/8 weeks)
TREMFYA (<i>guselkumab</i>) 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 ml/28 days)
TYENNE (<i>tocilizumab-aazg</i>) 162 MG/0.9ML SOLN -INJ	tier 4	PA, S (Specialty Drug), QLC (4 pens/28 days)
TYENNE (<i>tocilizumab-aazg</i>) 162 MG/0.9ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
XELJANZ (<i>tofacitinib citrate</i>) 1 MG/ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (10 ml/day)
XELJANZ (<i>tofacitinib citrate</i>) 5 MG TAB, 10 MG TAB	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
XELJANZ XR (<i>tofacitinib citrate</i>) 11 MG TAB ER 24H, 22 MG TAB ER 24H	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)

IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)

ACTIMMUNE (<i>interferon gamma-1b</i>) 2000000 UNIT/0.5ML SOLUTION	tier 4	PA, LA, S (Specialty Drug)
INTRON A (<i>interferon alfa-2b</i>) 6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN	tier 4	LA, S (Specialty Drug)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/0.5ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 pen/week)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (1 vial/week)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

ADALIMUMAB-AACF (2 PEN) -40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 pens (1 carton))/28 days)
ADALIMUMAB-AACF (2 SYRINGE) - RINGE) 40 MG/0.8ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syr (1 box))/28 days)
ADALIMUMAB-AACF(CD/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (6 kits/year)
ADALIMUMAB-AACF(PS/UV STARTER) - 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (4 kits/year)
<i>azathioprine tab 50 mg</i>	tier 1	
CIMZIA (2 SYRINGE) (<i>certolizumab pegol</i>) RINGE) 200 MG/ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)
CIMZIA-STARTER (<i>certolizumab pegol</i>) - 200 MG/ML PREF SY KT	tier 4	PA, S (Specialty Drug), QLC (3 set (1 kit = 3 sets of 2 syringes))/180 days)
<i>cyclosporine cap 100 mg</i>	tier 1	
<i>cyclosporine cap 25 mg</i>	tier 1	
<i>cyclosporine modified cap 100 mg</i>	tier 1	
cyclosporine modified cap 100 mg (Gengraf)	tier 1	
<i>cyclosporine modified cap 25 mg</i>	tier 1	
cyclosporine modified cap 25 mg (Gengraf)	tier 1	
<i>cyclosporine modified cap 50 mg</i>	tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	tier 1	
cyclosporine modified oral soln 100 mg/ml (Gengraf)	tier 1	
ENBREL (<i>etanercept</i>) 25 MG RECON SOLN	tier 4	PA, S (Specialty Drug), QLC (8 vials/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (4 ml/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL MINI (<i>etanercept</i>) 50 MG/ML SOLN CART	tier 4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML SOLN -INJ	tier 4	PA, S (Specialty Drug), QLC (4 ml/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>leflunomide tab 10 mg</i>	tier 1	
<i>leflunomide tab 20 mg</i>	tier 1	
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION, 1000 MG/40ML SOLUTION	tier 1	QLC (8 ml/month)
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	tier 1	QLC (8 ml/month)
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	tier 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	tier 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	tier 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	tier 1	QLC (8 ml/month)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	tier 1	OAC
<i>mycophenolate mofetil cap 250 mg</i>	tier 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	tier 1	
<i>mycophenolate mofetil tab 500 mg</i>	tier 1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	tier 3	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	tier 3	
SIMPONI (<i>golimumab</i>) 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
<i>sirolimus oral soln 1 mg/ml</i>	tier 2	
<i>sirolimus tab 0.5 mg</i>	tier 2	
<i>sirolimus tab 1 mg</i>	tier 2	
<i>sirolimus tab 2 mg</i>	tier 2	
<i>tacrolimus cap 0.5 mg</i>	tier 1	
<i>tacrolimus cap 1 mg</i>	tier 1	
<i>tacrolimus cap 5 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

AMINOSALICYLATES

<i>balsalazide disodium cap 750 mg</i>	tier 1	QLC (9 caps/day)
<i>mesalamine cap er 24hr 0.375 gm</i> (MESALAMINE ER)	tier 2	QLC (4 caps/day)
<i>mesalamine enema 4 gm</i>	tier 1	
<i>mesalamine suppos 1000 mg</i>	tier 2	QLC (1 suppository/day)
<i>mesalamine tab delayed release 1.2 gm</i>	tier 2	QLC (4 tabs/day)
<i>sulfasalazine tab 500 mg</i>	tier 1	
<i>sulfasalazine tab delayed release 500 mg</i>	tier 1	

GLUCOCORTICOIDS

<i>budesonide delayed release particles cap 3 mg</i>	tier 1	PA, QLC (3 caps/day)
<i>hydrocortisone enema 100 mg/60ml</i>	tier 1	
<i>hydrocortisone tab 10 mg</i>	tier 1	
<i>hydrocortisone tab 20 mg</i>	tier 1	
<i>hydrocortisone tab 5 mg</i>	tier 1	

METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

ALENDRONATE SODIUM 5 MG TAB	tier 1	
<i>alendronate sodium oral soln 70 mg/75ml</i>	tier 2	QLC (4 bottles/month)
<i>alendronate sodium tab 10 mg</i>	tier 1	
<i>alendronate sodium tab 35 mg</i>	tier 1	QLC (4 tabs/month)
<i>alendronate sodium tab 70 mg</i>	tier 1	QLC (4 tabs/month)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	tier 1	QLC (1 bottle/month)
<i>calcitriol cap 0.25 mcg</i>	tier 1	
<i>calcitriol cap 0.5 mcg</i>	tier 1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	tier 4	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	tier 4	PA
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	tier 1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (VITAMIN D (ERGOCALCIFEROL))	tier 1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	tier 1	QLC (1 tab/month)
<i>risedronate sodium tab 150 mg</i>	tier 2	QLC (1 tab/month)
<i>risedronate sodium tab 30 mg</i>	tier 1	PA
<i>risedronate sodium tab 35 mg</i>	tier 2	QLC (4 tabs/month)
<i>risedronate sodium tab 5 mg</i>	tier 2	QLC (1 tab/day)
<i>risedronate sodium tab delayed release 35 mg</i>	tier 2	QLC (4 tabs/month)
TYMLOS (<i>abaloparatide</i>) 3120 MCG/1.56ML SOLN PEN	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/month)

MISCELLANEOUS THERAPEUTIC AGENTS

AEROCHAMBER HOLDING CHAMBER DEVICE	tier 2	
AEROCHAMBER MINI CHAMBER DEVICE	tier 2	
AEROCHAMBER MV MISC	tier 2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	tier 2	
AEROCHAMBER PLUS FLO-VU - MISC	tier 2	
AEROCHAMBER PLUS FLO-VU INTERM - DEVICE	tier 2	
AEROCHAMBER PLUS FLO-VU LARGE - DEVICE, - MISC	tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM - DEVICE, - MISC	tier 2	
AEROCHAMBER PLUS FLO-VU SMALL - DEVICE, - MISC	tier 2	
AEROCHAMBER PLUS FLO-VU W/MASK - MISC	tier 2	
AEROCHAMBER PLUS FLOW VU MISC	tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AEROCHAMBER W/FLOWSIGNAL MISC	tier 2	
AEROCHAMBER Z-STAT PLUS - MISC	tier 2	
AEROCHAMBER Z-STAT PLUS CHAMBR - MISC	tier 2	
AEROCHAMBER Z-STAT PLUS/LARGE - MISC	tier 2	
AEROCHAMBER Z-STAT PLUS/MEDIUM - MISC	tier 2	
AEROCHAMBER Z-STAT PLUS/SMALL - MISC	tier 2	
AEROVENT PLUS DEVICE	tier 2	
AQ INSULIN SYRINGE 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	tier 2	
AQINJECT PEN NEEDLE PEN 31G 5 MISC, PEN 32G 4 MISC	tier 2	
ASSURE ID INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	tier 2	
BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC	tier 2	
BD MICROTAINER LANCETS MISC	tier 2	QLC (200 lancets/month)
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	tier 2	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	tier 2	
BREATHE EASE LARGE DEVICE	tier 2	
BREATHE EASE MEDIUM DEVICE	tier 2	
BREATHE EASE SMALL DEVICE	tier 2	
BREATHERITE VALVED MDI CHAMBER DEVICE	tier 2	
CAYA (<i>diaphragm arc-spring</i>)	tier 2	ACA (Preventive Health)
CLEVER CHOICE HOLDING CHAMBER DEVICE	tier 2	
COMPACT SPACE CHAMBER DEVICE	tier 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	tier 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMPACT SPACE CHAMBER/SM MASK DEVICE	tier 2	
DEXCOM G5 MOB/G4 PLAT SENSOR MISC	tier 2	PA, QLC (1 box/month)
DEXCOM G5 MOBILE RECEIVER DEVICE	tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G5 MOBILE TRANSMITTER MISC	tier 2	PA, QLC (1 transmitter/90 days)
DEXCOM G5 RECEIVER KIT DEVICE	tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G6 RECEIVER DEVICE	tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G6 SENSOR MISC	tier 2	PA, QLC (1 box/month)
DEXCOM G6 TRANSMITTER MISC	tier 2	PA, QLC (1 transmitter/90 days)
DEXCOM G7 RECEIVER DEVICE	tier 2	PA, QLC (One reader/receiver per year)
DEXCOM G7 SENSOR MISC	tier 2	PA, QLC (3 sensors/month)
DROPSAFE SAFETY SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	tier 2	
EASIVENT MASK LARGE MISC	tier 2	
EASIVENT MASK MEDIUM MISC	tier 2	
EASIVENT MASK SMALL MISC	tier 2	
EASIVENT MISC	tier 2	
EQ SPACE CHAMBER ANTI-STATIC - DEVICE	tier 2	
EQ SPACE CHAMBER ANTI-STATIC L - DEVICE	tier 2	
EQ SPACE CHAMBER ANTI-STATIC M - DEVICE	tier 2	
EQ SPACE CHAMBER ANTI-STATIC S - TATIC DEVICE	tier 2	
FEMCAP (<i>cervical caps</i>) 22 DEVICE, 26 DEVICE, 30 DEVICE	tier 2	ACA (Preventive Health)
FLEXICHAMBER ADULT MASK/SMALL MISC	tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLEXICHAMBER CHILD MASK/LARGE MISC	tier 2	
FLEXICHAMBER CHILD MASK/SMALL MISC	tier 2	
FLEXICHAMBER DEVICE	tier 2	
INSPIRACHAMBER/LARGE DEVICE	tier 2	
INSPIRACHAMBER/MEDIUM DEVICE	tier 2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	tier 2	
INSPIRACHAMBER/SMALL DEVICE	tier 2	
INSPIREASE MISC	tier 2	
INSULIN SYRINGE-NEEDLE U-100 -- 100 27G 1/2" 0.5 ML MISC, --100 27G 1/2" 1 ML MISC, --100 28G 1/2" 0.5 ML MISC, -100 28G 1/2" 1 ML MISC, --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, -100 30G 1/2" 1 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC	tier 2	
MAGELLAN INSULIN SAFETY SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	tier 2	
MARATHON MEDICAL PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	tier 2	
<i>methylergonovine maleate tab 0.2 mg</i>	tier 1	QLC (28 tabs/30 days)
methylergonovine maleate tab 0.2 mg (Methergine)	tier 1	QLC (28 tabs/30 days)
MICROCHAMBER DEVICE, MISC	tier 2	
MICROSPACER MISC	tier 2	
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, U-100 1 ML MISC	tier 2	
MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC	tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	tier 2	ACA (Preventive Health)
OPTICHAMBER DIAMOND DEVICE, MISC	tier 2	
OPTICHAMBER DIAMOND-LG MASK - DEVICE	tier 2	
OPTICHAMBER DIAMOND-MD MASK - MISC	tier 2	
OPTICHAMBER DIAMOND-SM MASK - MISC	tier 2	
PEN NEEDLES PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	tier 2	
PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	tier 2	
POCKET CHAMBER DEVICE	tier 2	
POCKET SPACER DEVICE	tier 2	
PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC	tier 2	
PROCHAMBER VHC DEVICE	tier 2	
RITEFLO DEVICE	tier 2	
SURE COMFORT PEN NEEDLES PEN 31G 6 MISC, PEN 32G 4 MISC	tier 2	
ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	tier 2	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	tier 2	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	tier 2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	tier 2	
VORTEX VALVE CHAMBER-PEDI MASK - DEVICE	tier 2	
VORTEX VALVED HOLDING CHAMBER DEVICE	tier 2	
WIDE-SEAL DIAPHRAGM 60 (<i>diaphragm wide seal</i>)	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 65 (<i>diaphragm wide seal</i>)	tier 2	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WIDE-SEAL DIAPHRAGM 70 (<i>diaphragm wide seal</i>)	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 75 (<i>diaphragm wide seal</i>)	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 80 (<i>diaphragm wide seal</i>)	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 85 (<i>diaphragm wide seal</i>)	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 90 (<i>diaphragm wide seal</i>)	tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 95 (<i>diaphragm wide seal</i>)	tier 2	ACA (Preventive Health)

OPHTHALMIC AGENTS (Drugs for the Eyes)

OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

ATROPINE SULFATE (<i>atropine sulfate ophthalmic</i>) 1% SOLUTION	tier 1	
<i>atropine sulfate ophth soln 1%</i>	tier 1	
bacitracin-polymyxin b ophth oint (Ak-Poly-Bac) acitracin	tier 1	
bacitracin-polymyxin b ophth oint (Polycin) acitracin	tier 1	
<i>bacitracin-polymyxin b ophth oint acitracin</i>	tier 1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (BACITRA-NEOMYCIN-POLYMYXIN-HC)	tier 1	
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)	tier 1	
<i>cyclopentolate hcl ophth soln 0.5%</i>	tier 1	
<i>cyclopentolate hcl ophth soln 1%</i>	tier 1	
<i>cyclopentolate hcl ophth soln 2%</i>	tier 1	
DORZOLAMIDE HCL-TIMOLOL MAL (<i>dorzolamide hcl-timolol maleate</i>) -22.3-6.8 MG/ML SOLUTION	tier 1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	tier 2	QLC (2 droperettes/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	tier 1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	tier 2	QLC (2 droperettes/day)
HOMATROPAIRE (<i>homatropine hbr</i>) 5 % SOLUTION	tier 1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-Polycin)	tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEOMYCIN-BACITRACIN ZN-POLYMYX)	tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	tier 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN --1.75-10000-.025 SOLUTION	tier 1	
NEOMYCIN-POLYMYXIN-HC (<i>neomycin-polymyxin-hc (ophth)</i>) --3.5-10000-1 SUSPENSION	tier 1	
<i>phenylephrine hcl ophth soln 10%</i>	tier 1	
phenylephrine hcl ophth soln 10% (Altafrin)	tier 1	
<i>phenylephrine hcl ophth soln 2.5%</i>	tier 1	
phenylephrine hcl ophth soln 2.5% (Altafrin)	tier 1	
<i>proparacaine hcl ophth soln 0.5%</i>	tier 1	
RESTASIS (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	tier 1	QLC (2 vials/day)
RESTASIS MULTIDOSE (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	tier 2	QLC (One 5.5 ml bottle/month)
SULFACETAMIDE-PREDNISOLONE (<i>sulfacetamide sod-prednisolone</i>) -10-0.23 % SOLUTION	tier 1	
TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1 % OINTMENT	tier 3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tropicamide ophth soln 0.5%</i>	tier 1	
<i>tropicamide ophth soln 1%</i>	tier 1	
OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)		
<i>azelastine hcl ophth soln 0.05%</i>	tier 1	
CROMOLYN SODIUM (<i>cromolyn sodium (ophth)</i>) 4 % SOLUTION	tier 1	
<i>cromolyn sodium ophth soln 4%</i>	tier 1	
<i>epinastine hcl ophth soln 0.05%</i>	tier 1	
OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)		
BACITRACIN (<i>bacitracin (ophthalmic)</i>) 500 UNIT/GM OINTMENT	tier 1	
ERYTHROMYCIN (<i>erythromycin (ophth)</i>) 5 MG/GM OINTMENT	tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	tier 1	QLC (one 2.5 ml bottle/month)
GENTAK (<i>gentamicin sulfate (ophth)</i>) 0.3 % OINTMENT	tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	tier 1	
LEVOFLOXACIN (<i>levofloxacin (ophth)</i>) 0.5 % SOLUTION, 1.5 % SOLUTION	tier 1	
<i>levofloxacin ophth soln 0.5%</i>	tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	tier 1	
<i>ofloxacin ophth soln 0.3%</i>	tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	tier 1	
SULFACETAMIDE SODIUM (<i>sulfacetamide sodium (ophth)</i>) 10 % OINTMENT	tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	tier 1	
<i>tobramycin ophth soln 0.3%</i>	tier 1	
TRIFLURIDINE 1 % SOLUTION	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)

DEXAMETHASONE SODIUM PHOSPHATE (<i>dexamethasone sodium phosphate (ophth)</i>) 0.1 % SOLUTION	tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	tier 1	
<i>fluorometholone ophth susp 0.1%</i>	tier 1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	tier 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	tier 1	
<i>loteprednol etabonate ophth susp 0.2%</i>	tier 2	
<i>loteprednol etabonate ophth susp 0.5%</i>	tier 2	
<i>prednisolone acetate ophth susp 1%</i>	tier 1	
PREDNISOLONE ACETATE P-F (<i>prednisolone acetate (ophth)</i>) REDNISOLONE -1 % SUSPENSION	tier 1	
PREDNISOLONE SODIUM PHOSPHATE (<i>prednisolone sodium phosphate (ophth)</i>) 1 % SOLUTION	tier 1	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)

BETAXOLOL HCL (<i>betaxolol hcl (ophth)</i>) 0.5 % SOLUTION	tier 1	
<i>betaxolol hcl ophth soln 0.5%</i>	tier 1	
CARTEOLOL HCL (<i>carteolol hcl (ophth)</i>) 1 % SOLUTION	tier 1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	tier 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	tier 2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	tier 2	
<i>timolol maleate ophth soln 0.25%</i>	tier 1	
<i>timolol maleate ophth soln 0.5%</i>	tier 1	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)

<i>acetazolamide cap er 12hr 500 mg</i> (ACETAZOLAMIDE ER)	tier 1	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
APRACLONIDINE HCL 0.5 % SOLUTION	tier 1	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	tier 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	tier 3	
<i>brimonidine tartrate ophth soln 0.2%</i>	tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	tier 1	
<i>methazolamide tab 25 mg</i>	tier 2	
<i>methazolamide tab 50 mg</i>	tier 2	
PHOSPHOLINE IODIDE (<i>echothiophate iodide</i>) 0.125 % RECON SOLN	tier 3	PA, QLC (5 ml/30 days)
<i>pilocarpine hcl ophth soln 1%</i>	tier 1	
<i>pilocarpine hcl ophth soln 2%</i>	tier 1	
<i>pilocarpine hcl ophth soln 4%</i>	tier 1	
SIMBRINZA (<i>brinzolamide-brimonidine tartrate</i>) 1-0.2 % SUSPENSION	tier 3	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

LATANOPROST 0.005 % SOLUTION	tier 1	QLC (5 ml/ month)
<i>latanoprost ophth soln 0.005%</i>	tier 1	QLC (5 ml/ month)
LUMIGAN (<i>bimatoprost</i>) 0.01 % SOLUTION	tier 2	ST, QLC (5 ml/month)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE))</i>	tier 3	ST, QLC (5 ml/month)

OTIC AGENTS (Drugs for the Ears)

<i>acetic acid otic soln 2%</i>	tier 1	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	tier 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	tier 3	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>) 0.01 % OIL	tier 2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (HYDROCORTISONE-ACETIC ACID)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>neomycin-polymyxin-hc otic soln 1%</i>	tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	tier 1	
<i>ofloxacin otic soln 0.3%</i>	tier 1	

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS (Drugs for Asthma and COPD Symptoms)

ARNUITY ELLIPTA (<i>fluticasone furoate (inhalation)</i>) 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
ASMANEX (120 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
ASMANEX (14 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
ASMANEX (30 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
ASMANEX (60 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
ASMANEX (7 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 110 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
ASMANEX HFA (<i>mometasone furoate (inhalation)</i>) 50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL	tier 2	QLC (1 inhaler/month)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	tier 1	QLC (4 ml/day)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	tier 1	QLC (4 ml/day)
<i>budesonide inhalation susp 1 mg/2ml</i>	tier 1	QLC (2 ml/day)
QVAR REDIHALER (<i>beclomethasone dipropionate hfa</i>) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA	tier 2	QLC (2 inhalers/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTI-HISTAMINES (Drugs for Allergies)

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)</i>	tier 1	QLC (1 bottle/25 days)
<i>carbinoxamine maleate tab 4 mg</i>	tier 1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	tier 1	
<i>cyproheptadine hcl tab 4 mg</i>	tier 1	
<i>desloratadine tab 5 mg</i>	tier 1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	tier 1	
<i>hydroxyzine hcl tab 10 mg</i>	tier 1	
<i>hydroxyzine hcl tab 25 mg</i>	tier 1	
<i>hydroxyzine hcl tab 50 mg</i>	tier 1	
HYDROXYZINE PAMOATE 100 MG CAP	tier 1	
<i>hydroxyzine pamoate cap 25 mg</i>	tier 1	
<i>hydroxyzine pamoate cap 50 mg</i>	tier 1	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	tier 1	

ANTILEUKOTRIENES (Drugs for Asthma)

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	tier 1	QLC (1 tab/day)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	tier 1	QLC (1 tab/day)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	tier 1	QLC (1 pack/day)
<i>montelukast sodium tab 10 mg (base equiv)</i>	tier 1	QLC (1 tab/day)
<i>zafirlukast tab 10 mg</i>	tier 2	
<i>zafirlukast tab 20 mg</i>	tier 2	

BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)

ATROVENT HFA (<i>ipratropium bromide hfa</i>) 17 MCG/ACT AERO SOLN	tier 3	QLC (2 inhalers/month)
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>) 62.5 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
<i>ipratropium bromide inhal soln 0.02%</i>	tier 1	QLC (120 doses/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	tier 1	QLC (1 bottle/month)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	tier 1	QLC (3 bottles/month)
SPIRIVA HANDIHALER (<i>tiotropium bromide monohydrate</i>) 18 MCG CAP	tier 2	QLC (30 caps/month)
SPIRIVA RESPIMAT (<i>tiotropium bromide monohydrate</i>) 1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN	tier 2	QLC (1 inhaler/month)

BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)

<i>albuterol hfa (generic proair hfa)</i>	tier 1	QLC (2 inhalers/month)
<i>albuterol hfa (generic proventil hfa)</i>	tier 1	QLC (2 inhalers/month)
<i>albuterol hfa (generic ventolin hfa)</i>	tier 1	QLC (2 inhalers/month)
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	tier 1	QLC (4 bottles/month)
ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN	tier 1	QLC (5 boxes (150 ml)/ month)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> (ALBUTEROL SULFATE HFA)	tier 1	QLC (2 inhalers/month)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	tier 1	QLC (375 ml/month)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	tier 1	QLC (4 bottles/month)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	tier 1	QLC (5 boxes (375 ml)/month)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	tier 1	QLC (5 boxes (375 ml)/month)
<i>albuterol sulfate syrup 2 mg/5ml</i>	tier 1	
EPINEPHRINE (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.15ML SOLN - INJ, 0.3 MG/0.3ML SOLN -INJ	tier 1	QLC (4 injections/30 days; max 6 fills per year)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	tier 1	QLC (4 injections/30 days; max 6 fills per year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	tier 1	QLC (4 injections/30 days; max 6 fills per year)
EPIPEN 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.3 MG/0.3ML SOLN -INJ	tier 2	QLC (4 injections/30 days; max 6 fills per year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPIPEN JR 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.15 MG/0.3ML SOLN -INJ	tier 2	QLC (4 injections/30 days; max 6 fills per year)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	tier 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	tier 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	tier 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	tier 1	QLC (90 vials/month)
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	tier 1	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>) 2.5 MCG/ACT AERO SOLN	tier 2	QLC (1 inhaler/month)

CYSTIC FIBROSIS AGENTS

KALYDECO (<i>ivacaftor</i>) 150 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
KALYDECO (<i>ivacaftor</i>) 5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET	tier 4	PA, LA, S (Specialty Drug), QLC (2 packets/day)
KALYDECO (<i>ivacaftor</i>) 50 MG PACKET, 75 MG PACKET	tier 4	PA, LA, S (Specialty Drug), QLC (2 packs/day)
SYMDEKO (<i>tezacaftor-ivacaftor</i>) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
<i>tobramycin nebu soln 300 mg/5ml</i>	tier 3	PA, S (Specialty Drug), QLC (1 box/2 months)

MAST CELL STABILIZERS (Drugs to Block Mast Cells)

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	tier 3	QLC (2 boxes/month)
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	tier 1	
<i>roflumilast tab 250 mcg</i>	tier 2	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
<i>roflumilast tab 500 mcg</i>	tier 2	PA, QLC (1 tab/day)
<i>theophylline elixir 80 mg/15ml</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
theophylline elixir 80 mg/15ml (Elixophyllin)	tier 1	
THEOPHYLLINE ER ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H	tier 1	
<i>theophylline soln 80 mg/15ml</i>	tier 1	
<i>theophylline tab er 12hr 300 mg</i> (THEOPHYLLINE ER)	tier 1	
<i>theophylline tab er 12hr 450 mg</i> (THEOPHYLLINE ER)	tier 1	
<i>theophylline tab er 24hr 400 mg</i> (THEOPHYLLINE ER)	tier 1	
<i>theophylline tab er 24hr 600 mg</i> (THEOPHYLLINE ER)	tier 1	

PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)

<i>ambrisentan tab 10 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>ambrisentan tab 5 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>bosentan tab 125 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>bosentan tab 62.5 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
OPSUMIT (<i>macitentan</i>) 10 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORENITRAM (<i>treprostinil diolamine</i>) 0.125 MG TAB ER, 0.25 MG TAB ER	tier 4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 1 MG TAB ER	tier 4	PA, LA, S (Specialty Drug), QLC (42 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 2.5 MG TAB ER	tier 4	PA, LA, S (Specialty Drug), QLC (16 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 5 MG TAB ER	tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day)
ORENITRAM MONTH 1 (<i>treprostinil diolamine</i>) 0.25 & 0.25 MG TBER THPK	tier 4	PA, LA, S (Specialty Drug), QLC (168 tabs/28 days)
ORENITRAM MONTH 2 (<i>treprostinil diolamine</i>) 0.15 & 0.5 MG TBER THPK	tier 4	PA, LA, S (Specialty Drug), QLC (336 tabs/28 days)
ORENITRAM MONTH 3 (<i>treprostinil diolamine</i>) 0.125 & 0.25 & 1 MG TBER THPK	tier 4	PA, LA, S (Specialty Drug), QLC (252 tabs/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sildenafil citrate tab 20 mg</i>	tier 1	PA, S (Specialty Drug), QLC (12 tabs/day)
tadalafil tab 20 mg (pah) (Alyq)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
TRACLEER (<i>bosentan</i>) 32 MG TAB SOL	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)

PULMONARY FIBROSIS AGENTS

PIRFENIDONE 534 MG TAB	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
<i>pirfenidone cap 267 mg</i>	tier 4	PA, S (Specialty Drug), QLC (9 caps/day)
<i>pirfenidone tab 267 mg</i>	tier 4	PA, S (Specialty Drug), QLC (9 tabs/day)
<i>pirfenidone tab 801 mg</i>	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)

RESPIRATORY TRACT AGENTS, OTHER (Drugs for Allergies, Cough, Cold, and Other Conditions)

<i>acetylcysteine inhal soln 10%</i>	tier 3	
<i>acetylcysteine inhal soln 20%</i>	tier 3	
ADVAIR HFA (<i>fluticasone-salmeterol</i>) 45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL	tier 2	QLC (1 inhaler/month)
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>) 62.5-25 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
BENZONATATE 150 MG CAP	tier 1	
<i>benzonatate cap 100 mg</i>	tier 1	
<i>benzonatate cap 150 mg</i>	tier 1	
<i>benzonatate cap 200 mg</i>	tier 1	
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/month)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) 50-25 MCG/INH AER POW BA	tier 2	QLC (1 inhaler (60 blisters)/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	tier 2	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd)	tier 2	QLC (1 inhaler/month)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	tier 2	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd)	tier 2	QLC (1 inhaler/month)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>) 20-100 MCG/ACT AERO SOLN	tier 3	QLC (1 inhaler/month)
<i>flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)</i>	tier 1	QLC (2 bottles/month)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	tier 1	QLC (1 bottle/month)
FLUTICASONE-SALMETEROL -55-14 MCG/ACT AER POW BA, -113-14 MCG/ACT AER POW BA, -232-14 MCG/ACT AER POW BA	tier 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	tier 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	tier 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub) -2-	tier 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act -2-</i>	tier 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	tier 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	tier 1	QLC (1 inhaler/month)
HYDROCOD POLI-CHLORPHE POLI ER (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>) -10-8 MG/5ML SUSP	tier 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> (HYDROCOD POLI-CHLORPHE POLI ER)	tier 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> (HYDROCODONE BIT-HOMATROP MBR) --1.mg/ml	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet) --1.mg/ml	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> (HYDROCODONE BIT-HOMATROP MBR)	tier 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	tier 1	QLC (6 boxes [30 doses/box]/month)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE-PHENYLEPHRINE) -mg/ml	tier 1	
PROMETHAZINE VC (<i>promethazine & phenylephrine</i>) 6.25-5 MG/5ML SYRUP	tier 1	
PROMETHAZINE VC/CODEINE (<i>promethazine-phenylephrine-codeine</i>) 6.25-5-10 MG/5ML SYRUP	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> (PROMETHAZINE-CODEINE)	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	tier 1	
PROMETHAZINE-PHENYLEPHRINE (<i>promethazine & phenylephrine</i>) -6.25-5 MG/5ML SYRUP	tier 1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE-PHENYLEPH-CODEINE) ----mg/ml	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)	tier 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (BROMPHEN-PSEUDOEPH-DM)	tier 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (PSEUDOEPH-BROMPHEN-DM)	tier 1	
<i>sodium chloride soln nebu 0.9%</i>	tier 1	
<i>sodium chloride soln nebu 10%</i>	tier 1	
<i>sodium chloride soln nebu 3%</i>	tier 1	
sodium chloride soln nebu 3% (Nebusal)	tier 1	
<i>sodium chloride soln nebu 7%</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sodium chloride soln nebu 7% (Pulmosal)	tier 1	
TRELEGY ELLIPTA (<i>fluticasone-umeclidinium-vilanterol</i>) 100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA	tier 2	QLC (60 blister packs/30 days)

SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)

<i>carisoprodol tab 350 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
carisoprodol tab 350 mg (Vanadom)	tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>cyclobenzaprine hcl tab 10 mg</i>	tier 1	AL1 (Up to 64 yrs old)
<i>cyclobenzaprine hcl tab 5 mg</i>	tier 1	AL1 (Up to 64 yrs old)
<i>methocarbamol tab 500 mg</i>	tier 1	AL1 (Up to 64 yrs old)
<i>methocarbamol tab 750 mg</i>	tier 1	AL1 (Up to 64 yrs old)

SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

SLEEP PROMOTING AGENTS (Drugs for Insomnia)

<i>estazolam tab 1 mg</i>	tier 1	QLC (2 tabs/day)
<i>estazolam tab 2 mg</i>	tier 1	QLC (1 tab/day)
<i>eszopiclone tab 1 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 2 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 3 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>ramelteon tab 8 mg</i>	tier 2	ST, QLC (1 tab/day)
<i>temazepam cap 15 mg</i>	tier 1	QLC (2 caps/day)
<i>temazepam cap 22.5 mg</i>	tier 3	QLC (1 cap/day)
<i>temazepam cap 30 mg</i>	tier 1	QLC (1 cap/day)
<i>temazepam cap 7.5 mg</i>	tier 3	QLC (4 caps/day)
<i>zaleplon cap 10 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
<i>zaleplon cap 5 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (4 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zolpidem tartrate tab 10 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab 5 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
<i>zolpidem tartrate tab er 12.5 mg</i> (ZOLPIDEM TARTRATE ER)	tier 2	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab er 6.25 mg</i> (ZOLPIDEM TARTRATE ER)	tier 2	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)		
<i>modafinil tab 100 mg</i>	tier 1	QLC (3 tabs/day)
<i>modafinil tab 200 mg</i>	tier 1	QLC (2 tabs/day)

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azithromycin for susp 200 mg/5ml	14	benzoyl peroxide-erythromycin gel 5-3%	89
azithromycin tab 250 mg	14	Benzphetamine HCl	87
azithromycin tab 500 mg	14	benzphetamine hcl tab 50 mg	87
azithromycin tab 600 mg	14	benztropine mesylate tab 0.5 mg	38
B		benztropine mesylate tab 1 mg	38
Bacitracin (bacitracin (ophthalmic))	146	benztropine mesylate tab 2 mg	38
bacitracin-polymyxin b ophth oint	144	Betamethasone Dipropionate Aug (betamethasone dipropionate augmented)	91
bacitracin-polymyxin b ophth oint (Ak-Poly-Bac)	144	betamethasone dipropionate augmented cream 0.05%	91
bacitracin-polymyxin b ophth oint (Polycin)	144	betamethasone dipropionate augmented lotion 0.05%	91
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Bacitra-Neomycin-Polymyxin-HC)	144	betamethasone dipropionate augmented oint 0.05%	91
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)	144	betamethasone dipropionate cream 0.05%	91
baclofen tab 10 mg	44	betamethasone dipropionate lotion 0.05%	91
baclofen tab 15 mg	44	betamethasone dipropionate oint 0.05%	91
baclofen tab 20 mg	44	betamethasone valerate cream 0.1% (base equivalent)	91
baclofen tab 5 mg	44	betamethasone valerate lotion 0.1% (base equivalent)	91
balsalazide disodium cap 750 mg	138		
Baqsimi One Pack (glucagon)	55		
Baqsimi Two Pack (glucagon)	55		
BD Insulin Syringe U-500	140		

betamethasone valerate oint 0.1% (base equivalent)	91	budesonide inhalation susp 1 mg/2ml	149
Betaxolol HCl (betaxolol hcl (ophth))	147	budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	155
betaxolol hcl ophth soln 0.5%	147	budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Brey-na)	155
betaxolol hcl tab 10 mg	64	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	155
betaxolol hcl tab 20 mg	64	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Brey-na)	155
bethanechol chloride tab 10 mg	109	bumetanide tab 0.5 mg	76
bethanechol chloride tab 25 mg	109	bumetanide tab 1 mg	76
bethanechol chloride tab 5 mg	109	bumetanide tab 2 mg	76
bethanechol chloride tab 50 mg	109	buprenorphine hcl sl tab 2 mg (base equiv)	9
bexarotene cap 75 mg	37	buprenorphine hcl sl tab 8 mg (base equiv)	9
bicalutamide tab 50 mg	32	buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	9
Biktarvy (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	45	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	9
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Bisoprolol-Hydrochlorothiazide)	72	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	9
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Bisoprolol-hydroCHLOROthiazide)	72	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	9
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Bisoprolol-Hydrochlorothiazide)	73	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	9
bisoprolol fumarate tab 10 mg	64	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	9
bisoprolol fumarate tab 5 mg	64	bupropion hcl (smoking deterrent) tab er 12hr 150 mg (BuPROPion HCl ER (Smoking Det))	10
bosentan tab 125 mg	153	bupropion hcl tab 100 mg	22
bosentan tab 62.5 mg	153	bupropion hcl tab 75 mg	22
Breathe Ease Large	140	bupropion hcl tab er 12hr 100 mg (buPROPion HCl ER (SR))	22
Breathe Ease Medium	140	bupropion hcl tab er 12hr 150 mg (buPROPion HCl ER (SR))	22
Breathe Ease Small	140	bupropion hcl tab er 12hr 200 mg (buPROPion HCl ER (SR))	22
BreatheRite Valved MDI Chamber	140	bupropion hcl tab er 24hr 150 mg (buPROPion HCl ER (XL))	22
Breo Ellipta (fluticasone furoate-vilanterol)	154	bupropion hcl tab er 24hr 300 mg (buPROPion HCl ER (XL))	22
Brilinta (ticagrelor)	59	bupirone hcl tab 10 mg	50
brimonidine tartrate ophth soln 0.15%	148		
brimonidine tartrate ophth soln 0.2%	148		
Briviact (brivaracetam)	16		
bromocriptine mesylate cap 5 mg (base equivalent)	39		
bromocriptine mesylate tab 2.5 mg (base equivalent)	39		
budesonide delayed release particles cap 3 mg	138		
budesonide inhalation susp 0.25 mg/2ml	149		
budesonide inhalation susp 0.5 mg/2ml	149		

buspirone hcl tab 15 mg	50	candesartan cilexetil tab 8 mg	61
buspirone hcl tab 30 mg	51	candesartan cilexetil-hydrochlorothiazide tab	
buspirone hcl tab 5 mg	51	16-12.5 mg (Candesartan Cilexetil-HCTZ)	73
buspirone hcl tab 7.5 mg	51	candesartan cilexetil-hydrochlorothiazide tab	
butalbital-acetaminophen tab 50-325 mg	87	32-12.5 mg (Candesartan Cilexetil-HCTZ)	73
butalbital-acetaminophen-caff w/ cod cap 50-		candesartan cilexetil-hydrochlorothiazide tab	
325-40-30 mg (Butalbital-APAP-Caff-Cod)	5	32-25 mg (Candesartan Cilexetil-HCTZ)	73
butalbital-acetaminophen-caffeine tab 50-		capecitabine tab 150 mg	33
325-40 mg (Bac)	87	capecitabine tab 500 mg	33
butalbital-acetaminophen-caffeine tab 50-		Caprelsa (vandetanib)	34
325-40 mg (Butalbital-APAP-Caffeine)	87	captopril tab 100 mg	61
butalbital-aspirin-caff w/ codeine cap 50-325-		captopril tab 12.5 mg	61
40-30 mg (Ascomp-Codeine)	5	captopril tab 25 mg	61
butalbital-aspirin-caff w/ codeine cap 50-325-		captopril tab 50 mg	62
40-30 mg (Butalbital-ASA-Caff-Codeine)	5	Captopril-hydroCHLOROthiazide (captopril &	
Butalbital-Aspirin-Caffeine	2	hydrochlorothiazide)	73
butalbital-aspirin-caffeine cap 50-325-40 mg .	2	carBAMazepine	19
butorphanol tartrate nasal soln 10 mg/ml	5	carbamazepine cap er 12hr 100 mg	
		(CarBAMazepine ER)	19
		carbamazepine cap er 12hr 200 mg	
		(carBAMazepine ER)	19
		carbamazepine cap er 12hr 300 mg	
		(CarBAMazepine ER)	19
		carbamazepine chew tab 100 mg	19
		carbamazepine susp 100 mg/5ml	19
		carbamazepine tab 200 mg	19
		carbamazepine tab 200 mg (Epitol)	19
		carbamazepine tab er 12hr 100 mg	
		(carBAMazepine ER)	19
		carbamazepine tab er 12hr 200 mg	
		(carBAMazepine ER)	20
		carbamazepine tab er 12hr 400 mg	
		(carBAMazepine ER)	20
		carbidopa & levodopa orally disintegrating tab	
		10-100 mg (Carbidopa-Levodopa)	40
		carbidopa & levodopa orally disintegrating tab	
		25-100 mg (Carbidopa-Levodopa)	40
		carbidopa & levodopa orally disintegrating tab	
		25-250 mg (Carbidopa-Levodopa)	40
		carbidopa & levodopa tab 10-100 mg	
		(Carbidopa-Levodopa)	40

C

C-Nate DHA (prenatal vit w/ ferrous fumarate-	
fa-omega 3 fatty acids)	98
cabergoline tab 0.5 mg	132
Cablivi (caplacizumab-yhdp)	59
Cabometyx (cabozantinib s-malate)	34
caffeine citrate oral soln 60 mg/3ml (10 mg/ml	
base equiv)	104,152
Calcipotriene	94
calcipotriene cream 0.005%	94
calcipotriene oint 0.005%	94
calcipotriene oint 0.005% (Calcitrene)	94
calcipotriene soln 0.005% (50 mcg/ml)	94
calcitonin (salmon) nasal soln 200 unit/act. .	138
Calcitriol (calcitriol (topical))	94
calcitriol cap 0.25 mcg	138
calcitriol cap 0.5 mcg	138
calcium acetate (phosphate binder) cap 667 mg	
(169 mg ca) (Calcium Acetate (Phos Binder)).	103
candesartan cilexetil tab 16 mg	61
candesartan cilexetil tab 32 mg	61
candesartan cilexetil tab 4 mg	61

carbidopa & levodopa tab 25-100 mg (Carbidopa-Levodopa).....	40	cefdinir for susp 125 mg/5ml.....	12
carbidopa & levodopa tab 25-250 mg (Carbidopa-Levodopa).....	40	cefdinir for susp 250 mg/5ml.....	12
carbidopa & levodopa tab er 25-100 mg (Carbidopa-Levodopa ER).....	40	cefpodoxime proxetil for susp 100 mg/5ml....	12
carbidopa & levodopa tab er 50-200 mg (Carbidopa-Levodopa ER).....	41	cefpodoxime proxetil for susp 50 mg/5ml....	12
carbidopa tab 25 mg.....	41	cefpodoxime proxetil tab 100 mg.....	12
Carbidopa-Levodopa.....	41	cefpodoxime proxetil tab 200 mg.....	12
Carbidopa-Levodopa-Entacapone.....	38	cefprozil for susp 125 mg/5ml.....	12
carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg.....	39	cefprozil for susp 250 mg/5ml.....	12
carbidopa-levodopa-entacapone tabs 18.75- 75-200 mg.....	39	cefprozil tab 250 mg.....	12
carbidopa-levodopa-entacapone tabs 25-100- 200 mg.....	39	cefprozil tab 500 mg.....	12
carbidopa-levodopa-entacapone tabs 31.25- 125-200 mg.....	39	cefuroxime axetil tab 250 mg.....	12
carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg.....	39	cefuroxime axetil tab 500 mg.....	12
carbidopa-levodopa-entacapone tabs 50-200- 200 mg.....	39	celecoxib cap 100 mg.....	2
carbinoxamine maleate tab 4 mg.....	150	celecoxib cap 200 mg.....	2
carglumic acid soluble tab 200 mg.....	107	celecoxib cap 400 mg.....	2
carisoprodol tab 350 mg.....	157	celecoxib cap 50 mg.....	2
carisoprodol tab 350 mg (Vanadom).....	157	cephalexin cap 250 mg.....	12
Carteolol HCl (carteolol hcl (ophth)).....	147	cephalexin cap 500 mg.....	12
carvedilol tab 12.5 mg.....	64	cephalexin cap 750 mg.....	12
carvedilol tab 25 mg.....	64	cephalexin for susp 125 mg/5ml.....	12
carvedilol tab 3.125 mg.....	65	cephalexin for susp 250 mg/5ml.....	12
carvedilol tab 6.25 mg.....	65	Cerdelga (eliglustat tartrate).....	107
Caya (diaphragm arc-spring).....	140	cevimeline hcl cap 30 mg.....	89
Cayston (aztreonam lysine).....	10	Chemet (succimer).....	103
Cefaclor.....	12	chlordiazepoxide hcl cap 10 mg.....	51
Cefaclor ER (cefaclor monohydrate).....	12	chlordiazepoxide hcl cap 25 mg.....	51
Cefadroxil.....	12	chlordiazepoxide hcl cap 5 mg.....	51
cefadroxil cap 500 mg.....	12	chloroquine phosphate tab 250 mg.....	37
cefadroxil for susp 250 mg/5ml.....	12	chloroquine phosphate tab 500 mg.....	37
cefadroxil for susp 500 mg/5ml.....	12	chlorpromazine hcl tab 10 mg.....	41
cefdinir cap 300 mg.....	12	chlorpromazine hcl tab 100 mg.....	41
		chlorpromazine hcl tab 200 mg.....	41
		chlorpromazine hcl tab 25 mg.....	41
		chlorpromazine hcl tab 50 mg.....	41
		chlorthalidone tab 25 mg.....	76
		chlorthalidone tab 50 mg.....	76
		cholestyramine light powder 4 gm/dose.....	78
		cholestyramine light powder 4 gm/dose (Prevalite).....	78
		cholestyramine light powder packets 4 gm...	78

cholestyramine light powder packets 4 gm (Prevalite).....	78	citalopram hydrobromide oral soln 10 mg/5ml.....	23
cholestyramine powder 4 gm/dose.....	78	citalopram hydrobromide tab 10 mg (base equiv).....	23
cholestyramine powder packets 4 gm.....	78	citalopram hydrobromide tab 20 mg (base equiv).....	23
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	77	citalopram hydrobromide tab 40 mg (base equiv).....	23
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	77	Clarithromycin.....	14
ciclopirox gel 0.77%.....	97	clarithromycin tab 250 mg.....	14
ciclopirox olamine cream 0.77% (base equiv).....	97	clarithromycin tab 500 mg.....	14
ciclopirox olamine susp 0.77% (base equiv).....	97	clarithromycin tab er 24hr 500 mg (Clarithromycin ER).....	14
ciclopirox shampoo 1%.....	97	Clever Choice Holding Chamber.....	140
ciclopirox solution 8%.....	97	Climara Pro (estradiol-levonorgestrel).....	114
ciclopirox solution 8% (Ciclodan).....	97	clindamycin hcl cap 150 mg.....	10
cilostazol tab 100 mg.....	59	clindamycin hcl cap 300 mg.....	10
cilostazol tab 50 mg.....	59	clindamycin hcl cap 75 mg.....	10
Cimduo (lamivudine-tenofovir disoproxil fumarate).....	47	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	10
cimetidine tab 300 mg.....	106	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Clindamycin Phos-Benzoyl Perox).....	90
cimetidine tab 400 mg.....	106	clindamycin phosphate gel 1%.....	97
cimetidine tab 800 mg.....	106	clindamycin phosphate lotion 1%.....	97
Cimzia (2 Syringe) (certolizumab pegol).....	136	clindamycin phosphate soln 1%.....	97
Cimzia-Starter (certolizumab pegol).....	136	clindamycin phosphate swab 1%.....	97
cinacalcet hcl tab 30 mg (base equiv).....	138	clindamycin phosphate swab 1% (Clindacin Etz).....	97
cinacalcet hcl tab 60 mg (base equiv).....	139	clindamycin phosphate swab 1% (Clindacin-P).....	97
cinacalcet hcl tab 90 mg (base equiv).....	139	clindamycin phosphate vaginal cream 2%.....	10
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml).....	15	clindamycin phosphate-benzoyl peroxide gel 1-5% (Clindamycin Phos-Benzoyl Perox).....	90
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml).....	15	clobazam suspension 2.5 mg/ml.....	18
Ciprofloxacin HCl.....	15	clobazam tab 10 mg.....	18
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	15	clobazam tab 20 mg.....	18
ciprofloxacin hcl otic soln 0.2% (base equivalent).....	148	clobetasol propionate cream 0.05%.....	92
ciprofloxacin hcl tab 250 mg (base equiv).....	15	clobetasol propionate emollient base cream 0.05%.....	92
ciprofloxacin hcl tab 500 mg (base equiv).....	15	clobetasol propionate emollient base cream 0.05% (Clobetasol Prop Emollient Base).....	92
ciprofloxacin hcl tab 750 mg (base equiv).....	15		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	148		

clobetasol propionate gel 0.05%	92	clozapine tab 25 mg	44
clobetasol propionate oint 0.05%	92	clozapine tab 50 mg	44
clobetasol propionate shampoo 0.05%	92	Co-Natal FA (prenatal vit w/ ferrous fumarate- folic acid)	98
clobetasol propionate shampoo 0.05% (Clodan)	92	Coartem (artemether-lumefantrine)	37
clobetasol propionate soln 0.05%	92	Codeine Sulfate	5
ClomiPHENE Citrate	130	codeine sulfate tab 30 mg	5
clomiphene citrate tab 50 mg	130	colchicine cap 0.6 mg	29
clomiphene citrate tab 50 mg (Clomid)	130	colchicine tab 0.6 mg	29
clomipramine hcl cap 25 mg	25	colchicine w/ probenecid tab 0.5-500 mg (Colchicine-Probenecid)	29
clomipramine hcl cap 50 mg	25	colesevelam hcl packet for susp 3.75 gm	78
clomipramine hcl cap 75 mg	25	colesevelam hcl tab 625 mg	78
clonazepam orally disintegrating tab 0.125 mg	51	colestipol hcl granule packets 5 gm	78
clonazepam orally disintegrating tab 0.25 mg	51	colestipol hcl granules 5 gm	78
clonazepam orally disintegrating tab 0.5 mg	51	colestipol hcl tab 1 gm	79
clonazepam orally disintegrating tab 1 mg	51	Combivent Respimat (ipratropium-albuterol)	155
clonazepam orally disintegrating tab 2 mg	51	Cometriq (100 mg Daily Dose) (cabozantinib s- malate)	34
clonazepam tab 0.5 mg	51	Cometriq (140 mg Daily Dose) (cabozantinib s- malate)	34
clonazepam tab 1 mg	51	Cometriq (60 mg Daily Dose) (cabozantinib s- malate)	34
clonazepam tab 2 mg	51	Compact Space Chamber	140
clonidine hcl tab 0.1 mg	60	Compact Space Chamber/Lg Mask	140
clonidine hcl tab 0.2 mg	60	Compact Space Chamber/Med Mask	140
clonidine hcl tab 0.3 mg	60	Compact Space Chamber/Sm Mask	141
clonidine hcl tab er 12hr 0.1 mg (CloNIDine HCl ER)	84	Complera (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	46
clonidine td patch weekly 0.1 mg/24hr	60	CompleteNate (prenatal vit w/ ferrous fumarate-folic acid)	98
clonidine td patch weekly 0.2 mg/24hr	60	Concept DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	98
clonidine td patch weekly 0.3 mg/24hr	60	Concept OB (prenatal without a vit w/ fe fum- iron polysacch complex -fa)	98
clopidogrel bisulfate tab 75 mg (base equiv)	59	Cortisone Acetate	110
clorazepate dipotassium tab 15 mg	51	Cosentyx (300 MG Dose) (secukinumab)	133
clorazepate dipotassium tab 3.75 mg	51	Cosentyx (secukinumab)	133
clorazepate dipotassium tab 7.5 mg	51	Cosentyx Sensoready (300 MG) (secukinumab)	133
clotrimazole troche 10 mg	28	Cosentyx Sensoready Pen (secukinumab)	134
clotrimazole w/ betamethasone cream 1-0.05% (Clotrimazole-Betamethasone)	94		
clotrimazole w/ betamethasone lotion 1-0.05% (Clotrimazole-Betamethasone)	94		
Clotrimazole-Betamethasone (clotrimazole w/ betamethasone)	94		
clozapine tab 100 mg	43		
clozapine tab 200 mg	44		

Cosentyx UnoReady (secukinumab)	134	dantrolene sodium cap 100 mg	44
Creon (pancrelipase (lipase-protease- amylase))	107	dantrolene sodium cap 25 mg	44
Crixivan (indinavir sulfate)	48	dantrolene sodium cap 50 mg	44
Cromolyn Sodium (cromolyn sodium (ophth))	146	dapsone gel 5%	97
cromolyn sodium ophth soln 4%	146	dapsone gel 7.5%	97
cromolyn sodium oral conc 100 mg/5ml	106	dapsone tab 100 mg	31
cromolyn sodium soln nebu 20 mg/2ml	152	dapsone tab 25 mg	31
cyanocobalamin inj 1000 mcg/ml	104	darunavir tab 600 mg	48
cyanocobalamin inj 1000 mcg/ml (Dodex)	104	darunavir tab 800 mg	48
cyclobenzaprine hcl tab 10 mg	157	dasatinib tab 100 mg	34
cyclobenzaprine hcl tab 5 mg	157	dasatinib tab 140 mg	34
cyclopentolate hcl ophth soln 0.5%	144	dasatinib tab 20 mg	34
cyclopentolate hcl ophth soln 1%	144	dasatinib tab 50 mg	34
cyclopentolate hcl ophth soln 2%	144	dasatinib tab 70 mg	34
Cyclophosphamide	32	dasatinib tab 80 mg	34
cyclophosphamide cap 25 mg	32	deferasirox tab for oral susp 125 mg	103
cyclophosphamide cap 50 mg	32	deferasirox tab for oral susp 250 mg	103
cycloserine cap 250 mg	31	deferasirox tab for oral susp 500 mg	103
cyclosporine cap 100 mg	136	demeclocycline hcl tab 150 mg	16
cyclosporine cap 25 mg	136	demeclocycline hcl tab 300 mg	16
cyclosporine modified cap 100 mg	136	Derma-Smoothe/FS Scalp (fluocinolone acetonide)	92
cyclosporine modified cap 100 mg (Gengraf)	136	DermOtic (fluocinolone acetonide (otic))	148
cyclosporine modified cap 25 mg	136	Descovy (emtricitabine-tenofovir alafenamide fumarate)	47
cyclosporine modified cap 25 mg (Gengraf)	136	desipramine hcl tab 10 mg	25
cyclosporine modified cap 50 mg	136	desipramine hcl tab 100 mg	25
cyclosporine modified oral soln 100 mg/ml	136	desipramine hcl tab 150 mg	25
cyclosporine modified oral soln 100 mg/ml (Gengraf)	136	desipramine hcl tab 25 mg	25
cyproheptadine hcl syrup 2 mg/5ml	150	desipramine hcl tab 50 mg	25
cyproheptadine hcl tab 4 mg	150	desipramine hcl tab 75 mg	25
Cystagon (cysteamine bitartrate)	107	desloratadine tab 5 mg	150
Cytra K Crystals (potassium citrate-citric acid)	109	desmopressin acetate nasal spray soln 0.01% (Desmopressin Acetate Spray)	112
D		desmopressin acetate nasal spray soln 0.01% (refrigerated) (Desmopressin Ace Spray Refrig)	112
dalfampridine tab er 12hr 10 mg (Dalfampridine ER)	88	desmopressin acetate tab 0.1 mg	112
danazol cap 100 mg	113	desmopressin acetate tab 0.2 mg	112
danazol cap 200 mg	113	desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (Azurette)	114
danazol cap 50 mg	113		

desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Desogestrel-Ethinyl Estradiol)	114	desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Desvenlafaxine Succinate ER)	23
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	114	desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Desvenlafaxine Succinate ER)	23
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)	114	Dexamethasone	110
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	114	dexamethasone elixir 0.5 mg/5ml	110
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	114	Dexamethasone Intensol	110
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	114	Dexamethasone Sodium Phosphate (dexamethasone sodium phosphate (ophth))	147
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant)	114	dexamethasone tab 0.5 mg	110
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	114	dexamethasone tab 0.5 mg (Decadron)	111
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	114	dexamethasone tab 0.75 mg	111
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	114	dexamethasone tab 0.75 mg (Decadron)	111
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogestrel-Ethinyl Estradiol)	114	dexamethasone tab 1 mg	111
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	114	dexamethasone tab 1.5 mg	111
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	114	dexamethasone tab 2 mg	111
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	114	dexamethasone tab 4 mg	111
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	115	dexamethasone tab 4 mg (Decadron)	111
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	115	dexamethasone tab 6 mg	111
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	115	dexamethasone tab 6 mg (Decadron)	111
desonide cream 0.05%	92	Dexcom G5 Mob/G4 Plat Sensor	141
desonide oint 0.05%	92	Dexcom G5 Mobile Receiver	141
desoximetasone cream 0.05%	92	Dexcom G5 Mobile Transmitter	141
desoximetasone cream 0.25%	92	Dexcom G5 Receiver Kit	141
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Desvenlafaxine Succinate ER)	23	Dexcom G6 Receiver	141
		Dexcom G6 Sensor	141
		Dexcom G6 Transmitter	141
		Dexcom G7 Receiver	141
		Dexcom G7 Sensor	141
		dexmethylphenidate hcl cap er 24 hr 10 mg (Dexmethylphenidate HCl ER)	84
		dexmethylphenidate hcl cap er 24 hr 15 mg (Dexmethylphenidate HCl ER)	84
		dexmethylphenidate hcl cap er 24 hr 20 mg (Dexmethylphenidate HCl ER)	84
		dexmethylphenidate hcl cap er 24 hr 25 mg (Dexmethylphenidate HCl ER)	84
		dexmethylphenidate hcl cap er 24 hr 30 mg (Dexmethylphenidate HCl ER)	84
		dexmethylphenidate hcl cap er 24 hr 35 mg (Dexmethylphenidate HCl ER)	84

dexmethylphenidate hcl cap er 24 hr 40 mg (Dexmethylphenidate HCl ER)	84	diazepam tab 2 mg	52
dexmethylphenidate hcl cap er 24 hr 5 mg (Dexmethylphenidate HCl ER)	84	diazepam tab 5 mg	52
dexmethylphenidate hcl tab 10 mg	84	diclofenac potassium tab 50 mg	2
dexmethylphenidate hcl tab 2.5 mg	84	diclofenac potassium tab 50 mg (Cataflam)	2
dexmethylphenidate hcl tab 5 mg	84	diclofenac sodium ophth soln 0.1%	147
dextroamphetamine sulfate cap er 24hr 10 mg (Dextroamphetamine Sulfate ER)	82	diclofenac sodium soln 1.5%	2
dextroamphetamine sulfate cap er 24hr 15 mg (Dextroamphetamine Sulfate ER)	82	diclofenac sodium tab delayed release 25 mg	2
dextroamphetamine sulfate cap er 24hr 5 mg (Dextroamphetamine Sulfate ER)	82	diclofenac sodium tab delayed release 50 mg	2
dextroamphetamine sulfate tab 10 mg	82	diclofenac sodium tab delayed release 75 mg	2
dextroamphetamine sulfate tab 10 mg (Zenedi)	82	diclofenac sodium tab er 24hr 100 mg (Diclofenac Sodium ER)	2
dextroamphetamine sulfate tab 15 mg	82	dicloxacillin sodium cap 250 mg	14
dextroamphetamine sulfate tab 15 mg (Zenedi)	82	dicloxacillin sodium cap 500 mg	14
dextroamphetamine sulfate tab 2.5 mg	82	dicyclomine hcl cap 10 mg	105
dextroamphetamine sulfate tab 2.5 mg (Zenedi)	82	dicyclomine hcl oral soln 10 mg/5ml	105
dextroamphetamine sulfate tab 20 mg	82	dicyclomine hcl tab 20 mg	105
dextroamphetamine sulfate tab 20 mg (Zenedi)	82	Diethylpropion HCl ER	87
dextroamphetamine sulfate tab 30 mg	82	diethylpropion hcl tab 25 mg	87
dextroamphetamine sulfate tab 30 mg (Zenedi)	82	Diflorasone Diacetate	92
dextroamphetamine sulfate tab 5 mg	82	Digoxin	63
dextroamphetamine sulfate tab 5 mg (Zenedi)	82	digoxin oral soln 0.05 mg/ml	63
dextroamphetamine sulfate tab 7.5 mg	83	digoxin tab 125 mcg (0.125 mg)	63
dextroamphetamine sulfate tab 7.5 mg (Zenedi)	83	digoxin tab 125 mcg (0.125 mg) (Digitek)	63
DiazePAM (diazepam (anticonvulsant))	18	digoxin tab 250 mcg (0.25 mg)	63
diazepam conc 5 mg/ml	51	digoxin tab 250 mcg (0.25 mg) (Digitek)	63
diazepam conc 5 mg/ml (DiazePAM Intensol)	51	dihydroergotamine mesylate inj 1 mg/ml	29
diazepam oral soln 1 mg/ml	51	dihydroergotamine mesylate nasal spray 4 mg/ml	29
diazepam rectal gel delivery system 10 mg	18	Dilantin (phenytoin sodium extended)	20
diazepam rectal gel delivery system 20 mg	18	Dilantin (phenytoin)	20
diazepam tab 10 mg	51	Dilantin Infatabs (phenytoin)	20
		Dilantin-125 (phenytoin)	20
		diltiazem hcl cap er 12hr 120 mg (dilTIAZem HCl ER)	67
		diltiazem hcl cap er 12hr 60 mg (DilTIAZem HCl ER)	67
		diltiazem hcl cap er 12hr 90 mg (DilTIAZem HCl ER)	67
		diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)	67
		diltiazem hcl cap er 24hr 120 mg (dilTIAZem HCl ER)	67

diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)	67	diltiazem hcl extended release beads cap er	
diltiazem hcl cap er 24hr 180 mg (dilTIAZem HCl ER)	67	24hr 240 mg (Tiadylt Er)	68
diltiazem hcl cap er 24hr 240 mg (Dilt-Xr)	67	diltiazem hcl extended release beads cap er	
diltiazem hcl cap er 24hr 240 mg (dilTIAZem HCl ER)	67	24hr 300 mg (DilTIAZem HCl ER Beads)	68
diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)	67	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 120 mg (DilTIAZem HCl ER Coated Beads)	67	24hr 300 mg (Taztia Xt)	68
diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	67	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 180 mg (dilTIAZem HCl ER Coated Beads)	67	24hr 300 mg (Tiadylt Er)	68
diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)	67	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 240 mg (dilTIAZem HCl ER Coated Beads)	67	24hr 360 mg (DilTIAZem HCl ER Beads)	68
diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)	67	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 300 mg (dilTIAZem HCl ER Coated Beads)	67	24hr 360 mg (Taztia Xt)	68
diltiazem hcl coated beads cap er 24hr 360 mg (DilTIAZem HCl ER Coated Beads)	68	diltiazem hcl extended release beads cap er	
diltiazem hcl extended release beads cap er 24hr 120 mg (DilTIAZem HCl ER Beads)	68	24hr 360 mg (Tiadylt Er)	68
diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)	68	diltiazem hcl extended release beads cap er	
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er)	68	24hr 420 mg (DilTIAZem HCl ER Beads)	68
diltiazem hcl extended release beads cap er 24hr 180 mg (DilTIAZem HCl ER Beads)	68	diltiazem hcl extended release beads cap er	
diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)	68	24hr 420 mg (Tiadylt Er)	69
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er)	68	diltiazem hcl tab 120 mg	69
diltiazem hcl extended release beads cap er 24hr 240 mg (DilTIAZem HCl ER Beads)	68	diltiazem hcl tab 30 mg	69
diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt)	68	diltiazem hcl tab 60 mg	69
		diltiazem hcl tab 90 mg	69
		diltiazem hcl tab er 24hr 120 mg (dilTIAZem HCl ER)	69
		diltiazem hcl tab er 24hr 180 mg (dilTIAZem HCl ER)	69
		diltiazem hcl tab er 24hr 180 mg (Matzim La)	69
		diltiazem hcl tab er 24hr 240 mg (dilTIAZem HCl ER)	69
		diltiazem hcl tab er 24hr 240 mg (Matzim La)	69
		diltiazem hcl tab er 24hr 300 mg (dilTIAZem HCl ER)	69
		diltiazem hcl tab er 24hr 300 mg (Matzim La)	69
		diltiazem hcl tab er 24hr 360 mg (dilTIAZem HCl ER)	69
		diltiazem hcl tab er 24hr 360 mg (Matzim La)	69
		diltiazem hcl tab er 24hr 420 mg (dilTIAZem HCl ER)	69
		diltiazem hcl tab er 24hr 420 mg (Matzim La)	69
		dimethyl fumarate capsule delayed release 120 mg	88

dimethyl fumarate capsule delayed release 240 mg.....	88	Dorzolamide HCl-Timolol Mal (dorzolamide hcl-timolol maleate).....	144
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Dimethyl Fumarate Starter Pack).....	88	dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Dorzolamide HCl-Timolol Mal PF).....	144
diphenoxylate w/ atropine tab 2.5-0.025 mg (Diphenoxylate-Atropine).....	105	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml.....	145
Diphenoxylate-Atropine (diphenoxylate w/ atropine).....	105	dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Dorzolamide HCl-Timolol Mal PF)...	145
dipyridamole tab 25 mg.....	59	Dovato (dolutegravir sodium-lamivudine)...	45
dipyridamole tab 50 mg.....	59	doxazosin mesylate tab 1 mg.....	60
dipyridamole tab 75 mg.....	59	doxazosin mesylate tab 2 mg.....	60
disopyramide phosphate cap 100 mg.....	63	doxazosin mesylate tab 4 mg.....	60
disopyramide phosphate cap 150 mg.....	63	doxazosin mesylate tab 8 mg.....	60
disulfiram tab 250 mg.....	9	doxepin hcl cap 10 mg.....	25
disulfiram tab 500 mg.....	9	doxepin hcl cap 100 mg.....	25
divalproex sodium cap delayed release sprinkle 125 mg.....	17	doxepin hcl cap 150 mg.....	25
divalproex sodium tab delayed release 125 mg 17	17	doxepin hcl cap 25 mg.....	26
divalproex sodium tab delayed release 250 mg.....	17	doxepin hcl cap 50 mg.....	26
divalproex sodium tab delayed release 500 mg.....	17	doxepin hcl cap 75 mg.....	26
divalproex sodium tab er 24 hr 250 mg (Divalproex Sodium ER).....	17	doxepin hcl conc 10 mg/ml.....	26
divalproex sodium tab er 24 hr 500 mg (Divalproex Sodium ER).....	17	doxycycline hyclate cap 100 mg.....	16
dofetilide cap 125 mcg (0.125 mg).....	63	doxycycline hyclate cap 100 mg (Morgidox)...	16
dofetilide cap 250 mcg (0.25 mg).....	63	doxycycline hyclate cap 50 mg.....	16
dofetilide cap 500 mcg (0.5 mg).....	63	doxycycline hyclate tab 100 mg.....	16
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donepezil hydrochloride orally disintegrating tab 5 mg (Donepezil HCl).....	21	doxycycline monohydrate cap 100 mg.....	16
donepezil hydrochloride tab 10 mg (Donepezil HCl).....	21	doxycycline monohydrate cap 100 mg (Mondoxylene NI).....	16
donepezil hydrochloride tab 23 mg (Donepezil HCl).....	21	doxycycline monohydrate cap 50 mg.....	16
donepezil hydrochloride tab 5 mg (Donepezil HCl).....	21	doxycycline monohydrate for susp 25 mg/5ml	16
doxolamide hcl ophth soln 2%.....	148	doxycycline monohydrate tab 100 mg.....	16
		doxycycline monohydrate tab 100 mg (Avidoxy).....	16
		doxycycline monohydrate tab 150 mg.....	16
		doxycycline monohydrate tab 50 mg.....	16
		doxycycline monohydrate tab 75 mg.....	16
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		Drospiren-Eth Estrad-Levomefol (drospirenone-ethinyl estradiol-levomefolate calcium).....	115

drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Drospiren-Eth Estrad-Levomefol)	115	EasiVent Mask Small	141
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	115	econazole nitrate cream 1%	28
drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)	115	Edurant (rilpivirine hcl)	46
drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	115	Efavirenz	46
drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	115	efavirenz tab 600 mg	46
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	115	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Efavirenz-Emtricitab-Tenofo DF)	46
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	115	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	46
drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)	115	efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	46
drospirenone-ethinyl estradiol tab 3-0.03 mg	115	eletriptan hydrobromide tab 20 mg (base equivalent)	29
drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	115	eletriptan hydrobromide tab 40 mg (base equivalent)	29
drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	115	Eliquis (apixaban)	57
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)	115	Eliquis DVT/PE Starter Pack (apixaban)	57
Droxia (hydroxyurea (sickle cell disease))	107	Elite-OB (prenatal vit w/ iron carbonyl-folic acid)	98
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	87	Ella (ulipristal acetate)	129
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	87	Elmiron (pentosan polysulfate sodium)	109
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	87	Emgality (galcanezumab-gnlm)	29
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	88	emtricitabine caps 200 mg	47
Dupixent (dupilumab)	134	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Emtricitabine-Tenofovir DF)	47
dutasteride cap 0.5 mg	109	emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Emtricitabine-Tenofovir DF)	47
		emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Emtricitabine-Tenofovir DF)	47
E		emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Emtricitabine-Tenofovir DF)	47
EasiVent	141	Emtriva (emtricitabine)	47
EasiVent Mask Large	141	enalapril maleate & hydrochlorothiazide tab 10-25 mg (Enalapril-Hydrochlorothiazide)	73
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		enalapril maleate tab 10 mg	62
		enalapril maleate tab 2.5 mg	62
		enalapril maleate tab 20 mg	62
		enalapril maleate tab 5 mg	62

Enbrel (etanercept)	136	Ergoloid Mesylates	21
Enbrel Mini (etanercept)	136	Ergotamine-Caffeine (ergotamine w/ caffeine)	29
Enbrel SureClick (etanercept)	136	Erleada (apalutamide)	32
Endometrin (progesterone (vaginal))	129	erlotinib hcl tab 100 mg (base equivalent)	34
enoxaparin sodium inj 300 mg/3ml	57	erlotinib hcl tab 150 mg (base equivalent)	34
enoxaparin sodium inj soln pref syr 100 mg/ml	57	erlotinib hcl tab 25 mg (base equivalent)	35
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	57	Ery (erythromycin (acne aid))	97
enoxaparin sodium inj soln pref syr 150 mg/ml	57	Erythromycin (erythromycin (ophth))	146
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	57	erythromycin gel 2%	97
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	57	erythromycin ophth oint 5 mg/gm	146
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	57	erythromycin soln 2%	97
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	57	erythromycin tab 250 mg (Erythromycin Base)	14
entacapone tab 200 mg	39	erythromycin tab 500 mg (Erythromycin Base)	14
entecavir tab 0.5 mg	44	erythromycin tab delayed release 250 mg	14
entecavir tab 1 mg	44	erythromycin tab delayed release 250 mg (Ery- Tab)	14
Entresto (sacubitril-valsartan)	73	erythromycin tab delayed release 250 mg (Erythromycin Base)	14
Epclusa (sofosbuvir-velpatasvir)	44,45	erythromycin tab delayed release 333 mg	14
epinastine hcl ophth soln 0.05%	146	erythromycin tab delayed release 333 mg (Ery- Tab)	14
EPINEPHrine (epinephrine (anaphylaxis))	151	erythromycin tab delayed release 333 mg (Erythromycin Base)	15
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	151	erythromycin tab delayed release 500 mg	15
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	151	erythromycin tab delayed release 500 mg (Ery- Tab)	15
EpiPen 2-Pak (epinephrine (anaphylaxis))	151	erythromycin tab delayed release 500 mg (Erythromycin Base)	15
EpiPen Jr 2-Pak (epinephrine (anaphylaxis))	152	escitalopram oxalate soln 5 mg/5ml (base equiv)	23
Epivir HBV (lamivudine (hbv))	44	escitalopram oxalate tab 10 mg (base equiv)	23
eplerenone tab 25 mg	76	escitalopram oxalate tab 20 mg (base equiv)	23
eplerenone tab 50 mg	76	escitalopram oxalate tab 5 mg (base equiv)	23
EQ Space Chamber Anti-Static	141	esomeprazole magnesium cap delayed release 40 mg (base eq)	107
EQ Space Chamber Anti-Static L	141	estazolam tab 1 mg	157
EQ Space Chamber Anti-Static M	141	estazolam tab 2 mg	157
EQ Space Chamber Anti-Static S	141	esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs)	115
ergocalciferol cap 1.25 mg (50000 unit)	139		
ergocalciferol cap 1.25 mg (50000 unit) (Vitamin D (Ergocalciferol))	139		

esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs)	116	estradiol td patch twice weekly 0.025 mg/24hr (Dotti)	117
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Est Estrogens-Methyltest HS).	116	estradiol td patch twice weekly 0.025 mg/24hr (Lyllana)	117
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Est Estrogens-Methyltest)	116	estradiol td patch twice weekly 0.0375 mg/24hr	117
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Estratest H.s.)	116	estradiol td patch twice weekly 0.0375 mg/24hr (Dotti)	117
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx)	116	estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana)	117
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt)	116	estradiol td patch twice weekly 0.05 mg/24hr 117	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Est Estrogens-Methyltest DS)	116	estradiol td patch twice weekly 0.05 mg/24hr (Dotti)	117
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Est Estrogens-Methyltest)	116	estradiol td patch twice weekly 0.05 mg/24hr (Lyllana)	117
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.)	116	estradiol td patch twice weekly 0.075 mg/24hr	117
estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz)	129	estradiol td patch twice weekly 0.075 mg/24hr (Dotti)	117
estradiol & norethindrone acetate tab 0.5-0.1 mg (Estradiol-Norethindrone Acet)	129	estradiol td patch twice weekly 0.075 mg/24hr (Lyllana)	117
estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz)	129	estradiol td patch twice weekly 0.1 mg/24hr	117
estradiol & norethindrone acetate tab 1-0.5 mg (Estradiol-Norethindrone Acet)	129	estradiol td patch twice weekly 0.1 mg/24hr (Dotti)	117
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	129	estradiol td patch twice weekly 0.1 mg/24hr (Lyllana)	117
estradiol gel 0.06% (0.75 mg/1.25 gm metered- dose pump)	116	estradiol td patch weekly 0.025 mg/24hr	117
estradiol tab 0.5 mg	116	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	117
estradiol tab 1 mg	116	estradiol td patch weekly 0.05 mg/24hr	117
estradiol tab 2 mg	116	estradiol td patch weekly 0.06 mg/24hr	117
estradiol td gel 0.25 mg/0.25gm (0.1%)	116	estradiol td patch weekly 0.075 mg/24hr	117
estradiol td gel 0.5 mg/0.5gm (0.1%)	116	estradiol td patch weekly 0.1 mg/24hr	117
estradiol td gel 0.75 mg/0.75gm (0.1%)	116	estradiol vaginal cream 0.1 mg/gm	117
estradiol td gel 1 mg/gm (0.1%)	116	estradiol vaginal tab 10 mcg	117
estradiol td gel 1.25 mg/1.25gm (0.1%)	116	estradiol vaginal tab 10 mcg (Yuvafem)	118
estradiol td patch twice weekly 0.025 mg/24hr	116	estradiol valerate im in oil 10 mg/ml	118
		estradiol valerate im in oil 20 mg/ml	118
		estradiol valerate im in oil 40 mg/ml	118
		Estring (estradiol vaginal)	118
		eszopiclone tab 1 mg	157

eszopiclone tab 2 mg	157	etravirine tab 100 mg	46
eszopiclone tab 3 mg	157	etravirine tab 200 mg	46
ethacrynic acid tab 25 mg	76	everolimus tab 10 mg	35
ethambutol hcl tab 100 mg	31	everolimus tab 2.5 mg	35
ethambutol hcl tab 400 mg	31	everolimus tab 5 mg	35
ethosuximide cap 250 mg	18	everolimus tab 7.5 mg	35
ethosuximide soln 250 mg/5ml	18	everolimus tab for oral susp 2 mg	35
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Ethinodiol Diac-Eth Estradiol)	118	everolimus tab for oral susp 3 mg	35
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	118	everolimus tab for oral susp 5 mg	35
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28))	118	exemestane tab 25 mg	34
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28))	118	ezetimibe tab 10 mg	79
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Ethinodiol Diac-Eth Estradiol)	118	ezetimibe-simvastatin tab 10-10 mg	79
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	118	ezetimibe-simvastatin tab 10-20 mg	79
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Valtya 1/50)	118	ezetimibe-simvastatin tab 10-40 mg	79
etodolac cap 200 mg	2	ezetimibe-simvastatin tab 10-80 mg	79
etodolac cap 300 mg	2		
etodolac tab 400 mg	2	F	
etodolac tab 500 mg	2	famciclovir tab 125 mg	50
etodolac tab er 24hr 400 mg (Etodolac ER)	2	famciclovir tab 250 mg	50
etodolac tab er 24hr 500 mg (Etodolac ER)	2	famciclovir tab 500 mg	50
etodolac tab er 24hr 600 mg (Etodolac ER)	2	famotidine for susp 40 mg/5ml	107
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	118	famotidine tab 40 mg	107
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Eluryng)	118	Farxiga (dapagliflozin propanediol)	79
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	118	felbamate tab 400 mg	17
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	118	felbamate tab 600 mg	17
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	118	felodipine tab er 24hr 10 mg (Felodipine ER)	66
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	118	felodipine tab er 24hr 2.5 mg (Felodipine ER)	66
Etoposide	34	felodipine tab er 24hr 5 mg (Felodipine ER)	66
		FemCap (cervical caps)	141
		Femlyv (norethindrone acet & eth estra)	118
		fenofibrate micronized cap 134 mg	77
		fenofibrate micronized cap 200 mg	77
		fenofibrate micronized cap 67 mg	77
		fenofibrate tab 145 mg	77
		fenofibrate tab 48 mg	77
		fenofibrate tab 54 mg	77
		FentaNYL Citrate	6
		fentanyl citrate lozenge on a handle 1200 mcg	6
		fentanyl citrate lozenge on a handle 1600 mcg	6
		fentanyl citrate lozenge on a handle 200 mcg	6
		fentanyl citrate lozenge on a handle 400 mcg	6

fentanyl citrate lozenge on a handle 600 mcg . 6	fluocinonide oint 0.05% 92
fentanyl citrate lozenge on a handle 800 mcg . 6	fluocinonide soln 0.05% 93
fentanyl td patch 72hr 100 mcg/hr 3	fluorometholone ophth susp 0.1% 147
fentanyl td patch 72hr 12 mcg/hr 3	Fluorouracil (fluorouracil (topical)) 94
fentanyl td patch 72hr 25 mcg/hr 4	fluorouracil cream 5% 95
fentanyl td patch 72hr 50 mcg/hr 4	fluorouracil soln 5% 95
fentanyl td patch 72hr 75 mcg/hr 4	FLUoxetine HCl 24
fesoterodine fumarate tab er 24hr 4 mg (Fesoterodine Fumarate ER) 108	FLUoxetine HCl (PMDD) 24
fesoterodine fumarate tab er 24hr 8 mg (Fesoterodine Fumarate ER) 108	fluoxetine hcl cap 10 mg 24
finasteride tab 5 mg 109	fluoxetine hcl cap 20 mg 24
fingolimod hcl cap 0.5 mg (base equiv) 88	fluoxetine hcl cap 40 mg 24
flavoxate hcl tab 100 mg 108	fluoxetine hcl solution 20 mg/5ml 24
flecainide acetate tab 100 mg 63	fluoxetine hcl tab 10 mg 24
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levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina).....	120	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	121
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Levonorgestrel-Ethinyl Estrad).....	120	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst).....	121
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera).....	120	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale).....	121
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia).....	120	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg- 20 mcg (21) (Joyeaux).....	121
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx).....	120	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg- 20 mcg (21) (Levonorgest-Eth Estradiol-Iron).....	121
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienna).....	120	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg- 20 mcg (21) (Minzoya).....	121
levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg (Altavera).....	120	levothyroxine sodium tab 100 mcg.....	130
levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg (Ayuna).....	120	levothyroxine sodium tab 100 mcg (Euthyrox).....	130
		levothyroxine sodium tab 100 mcg (Levoxyl).....	131

levothyroxine sodium tab 112 mcg	131	lidocaine oint 5% (Premium Lidocaine)	8
levothyroxine sodium tab 112 mcg (Euthyrox) .	131	lidocaine patch 5%	8
levothyroxine sodium tab 112 mcg (Levoxyl) . .	131	lidocaine patch 5% (Lidocan)	8
levothyroxine sodium tab 125 mcg	131	lidocaine patch 5% (Tridacaine li)	8
levothyroxine sodium tab 125 mcg (Euthyrox) .	131	lidocaine patch 5% (Tridacaine lii)	8
levothyroxine sodium tab 125 mcg (Levoxyl) . .	131	lidocaine-prilocaine cream 2.5-2.5%	9
levothyroxine sodium tab 137 mcg	131	Lindane	97
levothyroxine sodium tab 137 mcg (Euthyrox) .	131	linezolid for susp 100 mg/5ml	11
levothyroxine sodium tab 137 mcg (Levoxyl) . .	131	linezolid tab 600 mg	11
levothyroxine sodium tab 150 mcg	131	Linzess (linaclotide)	104
levothyroxine sodium tab 150 mcg (Euthyrox) .	131	liothyronine sodium tab 25 mcg	132
levothyroxine sodium tab 150 mcg (Levoxyl) . .	131	liothyronine sodium tab 5 mcg	132
levothyroxine sodium tab 175 mcg	131	liothyronine sodium tab 50 mcg	132
levothyroxine sodium tab 175 mcg (Euthyrox) .	131	lisdexamfetamine dimesylate cap 10 mg	83
levothyroxine sodium tab 175 mcg (Levoxyl) . .	131	lisdexamfetamine dimesylate cap 20 mg	83
levothyroxine sodium tab 200 mcg	131	lisdexamfetamine dimesylate cap 30 mg	83
levothyroxine sodium tab 200 mcg (Euthyrox)	131	lisdexamfetamine dimesylate cap 40 mg	83
levothyroxine sodium tab 200 mcg (Levoxyl) .	131	lisdexamfetamine dimesylate cap 50 mg	83
levothyroxine sodium tab 25 mcg	131	lisdexamfetamine dimesylate cap 60 mg	83
levothyroxine sodium tab 25 mcg (Euthyrox) .	131	lisdexamfetamine dimesylate cap 70 mg	83
levothyroxine sodium tab 25 mcg (Levoxyl) . .	131	lisdexamfetamine dimesylate chew tab 10	
levothyroxine sodium tab 300 mcg	132	mg	83
levothyroxine sodium tab 50 mcg	132	lisdexamfetamine dimesylate chew tab 20	
levothyroxine sodium tab 50 mcg (Euthyrox) .	132	mg	83
levothyroxine sodium tab 50 mcg (Levoxyl) . .	132	lisdexamfetamine dimesylate chew tab 30	
levothyroxine sodium tab 75 mcg	132	mg	83
levothyroxine sodium tab 75 mcg (Euthyrox) .	132	lisdexamfetamine dimesylate chew tab 40	
levothyroxine sodium tab 75 mcg (Levoxyl) . .	132	mg	83
levothyroxine sodium tab 88 mcg	132	lisdexamfetamine dimesylate chew tab 50	
levothyroxine sodium tab 88 mcg (Euthyrox) .	132	mg	83
levothyroxine sodium tab 88 mcg (Levoxyl) . .	132	lisdexamfetamine dimesylate chew tab 60	
Lexiva (fosamprenavir calcium)	49	mg	83
lidocaine hcl soln 4%	8	lisinopril & hydrochlorothiazide tab 10-12.5 mg	
Lidocaine HCl Urethral/Mucosal	8	(Lisinopril-hydroCHLOROthiazide)	73
lidocaine hcl urethral/mucosal gel prefilled		lisinopril & hydrochlorothiazide tab 20-12.5 mg	
syringe 2%	8	(Lisinopril-Hydrochlorothiazide)	73
lidocaine hcl urethral/mucosal gel prefilled		lisinopril & hydrochlorothiazide tab 20-25 mg	
syringe 2% (Glydo)	8	(Lisinopril-hydroCHLOROthiazide)	73
lidocaine hcl viscous soln 2% (Lidocaine Viscous		lisinopril tab 10 mg	62
HCl)	8	lisinopril tab 2.5 mg	62
lidocaine oint 5%	8	lisinopril tab 20 mg	62

lisinopril tab 30 mg	62	loxapine succinate cap 10 mg	41
lisinopril tab 40 mg	62	loxapine succinate cap 25 mg	42
lisinopril tab 5 mg	62	loxapine succinate cap 5 mg	42
Lithium Carbonate	52	loxapine succinate cap 50 mg	42
lithium carbonate cap 150 mg	52	lubiprostone cap 24 mcg	104
lithium carbonate cap 300 mg	52	lubiprostone cap 8 mcg	105
lithium carbonate cap 600 mg	52	Lumigan (bimatoprost)	148
lithium carbonate tab 300 mg	52	lurasidone hcl tab 120 mg	42
lithium carbonate tab er 300 mg (Lithium Carbonate ER)	52	lurasidone hcl tab 20 mg	42
lithium carbonate tab er 450 mg (Lithium Carbonate ER)	52	lurasidone hcl tab 40 mg	42
lithium oral solution 8 meq/5ml	52	lurasidone hcl tab 60 mg	42
Lo Loestrin Fe (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	121	lurasidone hcl tab 80 mg	42
Lokelma (sodium zirconium cyclosilicate)	103	Lynparza (olaparib)	36
Lomaira (phentermine hcl)	87	Lysodren (mitotane)	33
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	49	Lyumjev (insulin lispro-aabc)	56
lopinavir-ritonavir tab 100-25 mg	49	Lyumjev KwikPen (insulin lispro-aabc)	56
lopinavir-ritonavir tab 200-50 mg	49		
lorazepam conc 2 mg/ml	52	M	
lorazepam conc 2 mg/ml (Lorazepam Intensol)	52	M-Natal Plus (prenatal vit w/ ferrous fumarate-folic acid)	98
lorazepam tab 0.5 mg	52	Mafenide Acetate	97
lorazepam tab 1 mg	52	mafenide acetate packet for topical soln 5% (50 gm)	97
lorazepam tab 2 mg	52	Magellan Insulin Safety Syr	142
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Losartan Potassium-HCTZ)	74	malathion lotion 0.5%	97
losartan potassium & hydrochlorothiazide tab 100-25 mg (Losartan Potassium-HCTZ)	74	Maprotiline HCl	22
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Losartan Potassium-HCTZ)	74	Marathon Medical Pentips	142
losartan potassium tab 100 mg	61	maraviroc tab 150 mg	48
losartan potassium tab 25 mg	61	maraviroc tab 300 mg	48
losartan potassium tab 50 mg	61	Matulane (procarbazine hcl)	32
loteprednol etabonate ophth susp 0.2%	147	Mavyret (glecaprevir-pibrentasvir)	45
loteprednol etabonate ophth susp 0.5%	147	medroxyprogesterone acetate tab 10 mg	129
lovastatin tab 10 mg	78	medroxyprogesterone acetate tab 2.5 mg	129
lovastatin tab 20 mg	78	medroxyprogesterone acetate tab 5 mg	129
lovastatin tab 40 mg	78	mefloquine hcl tab 250 mg	38
		megestrol acetate susp 40 mg/ml	129
		megestrol acetate tab 20 mg	129
		megestrol acetate tab 40 mg	129
		Mekinist (trametinib dimethyl sulfoxide)	36
		meloxicam tab 15 mg	3
		meloxicam tab 7.5 mg	3

memantine hcl oral solution 2 mg/ml	22	Methotrexate Sodium (PF)	137
memantine hcl tab 10 mg	22	methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (Methotrexate Sodium (PF))	137
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	22	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) (Methotrexate Sodium (PF))	137
memantine hcl tab 5 mg	22	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) (Methotrexate Sodium (PF))	137
meperidine hcl tab 50 mg	6	methotrexate sodium tab 2.5 mg (base equiv)	137
mercaptapurine tab 50 mg	33	Methoxsalen Rapid	95
mesalamine cap er 24hr 0.375 gm (Mesalamine ER)	138	methoxsalen rapid cap 10 mg	95
mesalamine enema 4 gm	138	Methyldopa	60
mesalamine suppos 1000 mg	138	methyldopa tab 250 mg	60
mesalamine tab delayed release 1.2 gm	138	methyldopa tab 500 mg	60
mesna tab 400 mg	37	Methyldopa-Hydrochlorothiazide (methyldopa & hydrochlorothiazide)	74
Mesnex (mesna)	37	methylergonovine maleate tab 0.2 mg	142
metformin hcl tab 1000 mg	54	methylergonovine maleate tab 0.2 mg (Methergine)	142
metformin hcl tab 500 mg	54	methylphenidate hcl cap er 10 mg (cd) (Methylphenidate HCl ER (CD))	84
metformin hcl tab 850 mg	54	methylphenidate hcl cap er 20 mg (cd) (Methylphenidate HCl ER (CD))	84
metformin hcl tab er 24hr 500 mg (MetFORMIN HCl ER)	54	methylphenidate hcl cap er 24hr 10 mg (la) (Methylphenidate HCl ER (LA))	85
metformin hcl tab er 24hr 750 mg (metFORMIN HCl ER)	54	methylphenidate hcl cap er 24hr 10 mg (xr) (Methylphenidate HCl ER (XR))	85
Methadone HCl	4	methylphenidate hcl cap er 24hr 15 mg (xr) (Methylphenidate HCl ER (XR))	85
methadone hcl conc 10 mg/ml	4	methylphenidate hcl cap er 24hr 20 mg (la) (Methylphenidate HCl ER (LA))	85
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	4	methylphenidate hcl cap er 24hr 20 mg (xr) (Methylphenidate HCl ER (XR))	85
methadone hcl soln 10 mg/5ml	4	methylphenidate hcl cap er 24hr 30 mg (la) (Methylphenidate HCl ER (LA))	85
methadone hcl soln 5 mg/5ml	4	methylphenidate hcl cap er 24hr 30 mg (xr) (Methylphenidate HCl ER (XR))	85
methadone hcl tab 10 mg	4	methylphenidate hcl cap er 24hr 40 mg (la) (Methylphenidate HCl ER (LA))	85
methadone hcl tab 5 mg	4	methylphenidate hcl cap er 24hr 40 mg (xr) (Methylphenidate HCl ER (XR))	85
methadone hcl tab for oral susp 40 mg	4		
methadone hcl tab for oral susp 40 mg (Methadose)	4		
methazolamide tab 25 mg	148		
methazolamide tab 50 mg	148		
methenamine hippurate tab 1 gm	11		
methimazole tab 10 mg	133		
methimazole tab 5 mg	133		
Methitest (methyltestosterone)	113		
methocarbamol tab 500 mg	157		
methocarbamol tab 750 mg	157		
Methotrexate Sodium	137		

methylphenidate hcl cap er 24hr 50 mg (xr) (Methylphenidate HCl ER (XR)).....	85	methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER).....	86
methylphenidate hcl cap er 24hr 60 mg (la) (Methylphenidate HCl ER (LA)).....	85	methylphenidate hcl tab er osmotic release (osm) 72 mg (Methylphenidate HCl ER (OSM))..	87
methylphenidate hcl cap er 24hr 60 mg (xr) (Methylphenidate HCl ER (XR)).....	85	methylprednisolone tab 16 mg.....	111
methylphenidate hcl cap er 30 mg (cd) (Methylphenidate HCl ER (CD)).....	85	methylprednisolone tab 32 mg.....	111
methylphenidate hcl cap er 40 mg (cd) (Methylphenidate HCl ER (CD)).....	85	methylprednisolone tab 4 mg.....	111
methylphenidate hcl cap er 50 mg (cd) (Methylphenidate HCl ER (CD)).....	85	methylprednisolone tab 8 mg.....	111
methylphenidate hcl cap er 60 mg (cd) (Methylphenidate HCl ER (CD)).....	85	methylprednisolone tab therapy pack 4 mg (21).....	111
methylphenidate hcl chew tab 10 mg.....	85	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	26
methylphenidate hcl chew tab 2.5 mg.....	85	metoclopramide hcl tab 10 mg (base equivalent).....	26
methylphenidate hcl chew tab 5 mg.....	85	metoclopramide hcl tab 5 mg (base equivalent).....	26
Methylphenidate HCl ER.....	85,86	metolazone tab 10 mg.....	77
methylphenidate hcl soln 10 mg/5ml.....	86	metolazone tab 2.5 mg.....	77
methylphenidate hcl soln 5 mg/5ml.....	86	metolazone tab 5 mg.....	77
methylphenidate hcl tab 10 mg.....	86	metoprolol & hydrochlorothiazide tab 100-25 mg (Metoprolol-Hydrochlorothiazide).....	74
methylphenidate hcl tab 20 mg.....	86	metoprolol & hydrochlorothiazide tab 100-50 mg (Metoprolol-Hydrochlorothiazide).....	74
methylphenidate hcl tab 5 mg.....	86	metoprolol & hydrochlorothiazide tab 50-25 mg (Metoprolol-Hydrochlorothiazide).....	74
methylphenidate hcl tab er 10 mg (Methylphenidate HCl ER).....	86	metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Metoprolol Succinate ER)....	65
methylphenidate hcl tab er 20 mg (Methylphenidate HCl ER).....	86	metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Metoprolol Succinate ER)....	65
methylphenidate hcl tab er osmotic release (osm) 18 mg (Methylphenidate HCl ER (OSM))..	86	metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Metoprolol Succinate ER)....	65
methylphenidate hcl tab er osmotic release (osm) 18 mg (Methylphenidate HCl ER).....	86	metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Metoprolol Succinate ER)....	65
methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER (OSM))..	86	metoprolol tartrate tab 100 mg.....	65
methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER).....	86	metoprolol tartrate tab 25 mg.....	65
methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER (OSM))..	86	metoprolol tartrate tab 37.5 mg.....	65
methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER).....	86	metoprolol tartrate tab 50 mg.....	65
methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER (OSM))..	86	metoprolol tartrate tab 75 mg.....	65
		metronidazole cream 0.75%.....	11
		metronidazole cream 0.75% (Rosadan).....	11
		metronidazole gel 0.75%.....	11

metronidazole gel 0.75% (Rosadan).....	11	montelukast sodium chew tab 5 mg (base equiv).....	150
metronidazole gel 1%.....	11	montelukast sodium oral granules packet 4 mg (base equiv).....	150
metronidazole lotion 0.75%.....	11	montelukast sodium tab 10 mg (base equiv) .	150
metronidazole tab 250 mg.....	11	Morphine Sulfate.....	6,7
metronidazole tab 500 mg.....	11	morphine sulfate oral soln 10 mg/5ml.....	7
metronidazole vaginal gel 0.75%.....	11	morphine sulfate oral soln 20 mg/5ml.....	7
mexiletine hcl cap 150 mg.....	63	morphine sulfate tab 15 mg.....	7
mexiletine hcl cap 200 mg.....	63	morphine sulfate tab 30 mg.....	7
mexiletine hcl cap 250 mg.....	63	morphine sulfate tab er 100 mg (Morphine Sulfate ER).....	4
Miconazole 3 (miconazole nitrate vaginal) . . .	28	morphine sulfate tab er 15 mg (Morphine Sulfate ER).....	4
Microchamber.....	142	morphine sulfate tab er 200 mg (Morphine Sulfate ER).....	4
Microspacer.....	142	morphine sulfate tab er 30 mg (Morphine Sulfate ER).....	4
midodrine hcl tab 10 mg.....	60	morphine sulfate tab er 60 mg (Morphine Sulfate ER).....	4
midodrine hcl tab 2.5 mg.....	60	Mounjaro (tirzepatide).....	54
midodrine hcl tab 5 mg.....	60	Movantik (naloxegol oxalate).....	105
Mifeprex (mifepristone).....	111	moxifloxacin hcl ophth soln 0.5% (base equiv).....	146
mifepristone tab 200 mg.....	111	moxifloxacin hcl tab 400 mg (base equiv).....	15
minocycline hcl cap 100 mg.....	16	Multaq (dronedarone hcl).....	63
minocycline hcl cap 50 mg.....	16	Multi-Vit-Flor (pediatric multivitamins w/fl) . .	98
minocycline hcl cap 75 mg.....	16	Multi-Vitamin/Fluoride (pediatric multivitamins w/fl).....	98
minoxidil tab 10 mg.....	80	Multivitamin w/Fluoride (pediatric multivitamins w/fl).....	98,99
minoxidil tab 2.5 mg.....	80	Multivitamin/Fluoride (pediatric multivitamins w/fl).....	99
mirtazapine orally disintegrating tab 15 mg . .	22	mupirocin oint 2%.....	97
mirtazapine orally disintegrating tab 30 mg . .	22	Myalept (metreleptin).....	108
mirtazapine orally disintegrating tab 45 mg . .	22	mycophenolate mofetil cap 250 mg.....	137
mirtazapine tab 15 mg.....	22	mycophenolate mofetil for oral susp 200 mg/ml.....	137
mirtazapine tab 30 mg.....	22	mycophenolate mofetil tab 500 mg.....	137
mirtazapine tab 45 mg.....	22	mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv).....	137
mirtazapine tab 7.5 mg.....	23		
misoprostol tab 100 mcg.....	112		
misoprostol tab 200 mcg.....	112		
modafinil tab 100 mg.....	158		
modafinil tab 200 mg.....	158		
mometasone furoate cream 0.1%.....	93		
mometasone furoate oint 0.1%.....	93		
mometasone furoate solution 0.1% (lotion) . .	93		
Monoject Insulin Syringe.....	142		
Monoject Ultra Comfort Syringe.....	142		
montelukast sodium chew tab 4 mg (base equiv).....	150		

mycophenolate sodium tab dr 360 mg
(mycophenolic acid equiv)..... 137

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nabumetone tab 500 mg..... 3
nabumetone tab 750 mg..... 3
nadolol tab 20 mg..... 65
nadolol tab 40 mg..... 65
nadolol tab 80 mg..... 65
NaFrinse Drops (sodium fluoride)..... 99
Naloxone HCl..... 9
naloxone hcl inj 0.4 mg/ml..... 9
naloxone hcl inj 4 mg/10ml..... 9
naloxone hcl nasal spray 4 mg/0.1ml..... 9
naloxone hcl soln prefilled syringe 2 mg/2ml... 9
naltrexone hcl tab 50 mg..... 9
naproxen tab 250 mg..... 3
naproxen tab 375 mg..... 3
naproxen tab 500 mg..... 3
naproxen tab ec 375 mg..... 3
naproxen tab ec 375 mg (EC-Naproxen)..... 3
naproxen tab ec 500 mg..... 3
naproxen tab ec 500 mg (EC-Naproxen)..... 3
naproxen tab ec 500 mg (Naproxen DR)..... 3
naratriptan hcl tab 1 mg (base equiv)..... 30
naratriptan hcl tab 2.5 mg (base equiv)..... 30
Natazia (estradiol valerate-dienogest)..... 121
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nateglinide tab 60 mg..... 54
nebivolol hcl tab 10 mg (base equivalent)..... 65
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nebivolol hcl tab 20 mg (base equivalent).... 65
nebivolol hcl tab 5 mg (base equivalent)..... 65
Nefazodone HCl..... 24
neomycin sulfate tab 500 mg..... 10
neomycin-bacitrac zn-polymyx 5(3.5)mg-
400unt-10000unt op oin (Neo-Polycin)..... 145
neomycin-bacitrac zn-polymyx 5(3.5)mg-
400unt-10000unt op oin (Neomycin-Bacitracin
Zn-Polymyx)..... 145

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(neomycin/polymyxin b gu)..... 11
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oint 0.1%..... 145
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susp 0.1%..... 145
Neomycin-Polymyxin-Gramicidin..... 145
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polymyxin-hc (ophth))..... 145
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Neonatal Complete (prenatal vit w/ ferrous
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niacin tab er 500 mg (antihyperlipidemic)
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Nicotrol (nicotine)..... 10
Nicotrol NS (nicotine)..... 10
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nifedipine cap 20 mg..... 66
nifedipine tab er 24hr 30 mg (NIFEdipine ER) .66
nifedipine tab er 24hr 60 mg (NIFEdipine ER) .66
nifedipine tab er 24hr 90 mg (NIFEdipine ER) .66

nifedipine tab er 24hr osmotic release 30 mg (NIFEdipine ER Osmotic Release)	66	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Norelgestromin-Eth Estradiol)	122
nifedipine tab er 24hr osmotic release 60 mg (NIFEdipine ER Osmotic Release)	66	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	122
nifedipine tab er 24hr osmotic release 90 mg (NIFEdipine ER Osmotic Release)	67	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	122
nimodipine cap 30 mg	67	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	122
Nitazoxanide	38	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	122
nitazoxanide tab 500 mg	38	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	122
nitisinone cap 10 mg	108	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)	122
nitisinone cap 2 mg	108	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28))	122
nitisinone cap 20 mg	108	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	122
nitisinone cap 5 mg	108	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	122
Nitro-Bid (nitroglycerin)	80	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	122
Nitro-Time (nitroglycerin)	80	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)	122
nitrofurantoin macrocrystalline cap 100 mg	11	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	122
nitrofurantoin macrocrystalline cap 25 mg	11	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21))	122
nitrofurantoin macrocrystalline cap 50 mg	11	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28))	122
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Nitrofurantoin Monohyd Macro)	11	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35)	122
nitrofurantoin susp 25 mg/5ml	11	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)	122
nitroglycerin sl tab 0.3 mg	80	norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Norethin-Eth Estradiol-Fe)	122
nitroglycerin sl tab 0.4 mg	80	norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)	123
nitroglycerin sl tab 0.6 mg	80	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)	123
nitroglycerin td patch 24hr 0.1 mg/hr	80		
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potassium bicarbonate effer tab 25 meq (Klor-Con/ef)	99	pramipexole dihydrochloride tab 0.125 mg	39
potassium chloride cap er 10 meq (Potassium Chloride ER)	99	pramipexole dihydrochloride tab 0.25 mg	39
potassium chloride cap er 8 meq (Potassium Chloride ER)	99	pramipexole dihydrochloride tab 0.5 mg	39
Potassium Chloride ER	100	pramipexole dihydrochloride tab 0.75 mg	39
potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10)	100	pramipexole dihydrochloride tab 1 mg	39
potassium chloride microencapsulated crys er tab 10 meq (Potassium Chloride Crys ER)	100	pramipexole dihydrochloride tab 1.5 mg	39
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	100	prasugrel hcl tab 10 mg (base equiv)	59
potassium chloride microencapsulated crys er tab 15 meq (Potassium Chloride Crys ER)	100	prasugrel hcl tab 5 mg (base equiv)	59
potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20)	100	pravastatin sodium tab 10 mg	78
potassium chloride microencapsulated crys er tab 20 meq (Potassium Chloride Crys ER)	100	pravastatin sodium tab 20 mg	78
		pravastatin sodium tab 40 mg	78
		pravastatin sodium tab 80 mg	78
		praziquantel tab 600 mg	37
		prazosin hcl cap 1 mg	60

prazosin hcl cap 2 mg	60	Prempro (conjugated estrogens- medroxyprogesterone acetate)	129
prazosin hcl cap 5 mg	60	Prenaissance (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	101
Prednicarbate	93	Prenatal (prenatal vit w/ ferrous fumarate-folic acid)	101
prednisolone acetate ophth susp 1%	147	Prenatal 19 (prenatal vit w/ docusate-fe fumarate-folic acid)	101
PrednisoLONE Acetate P-F (prednisolone acetate (ophth))	147	Prenatal 19 (prenatal vit w/ ferrous fumarate- folic acid)	101
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (PrednisoLONE Sodium Phosphate)	111	Prenatal Plus (prenatal vit w/ ferrous fumarate- folic acid)	101
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (prednisoLONE Sodium Phosphate)	111	Prenatal Plus Iron (prenatal vit w/ iron carbonyl-folic acid)	101
PrednisoLONE Sodium Phosphate	111	Prenatal Plus Vitamin/Mineral (prenatal vit w/ ferrous fumarate-folic acid)	101
PrednisoLONE Sodium Phosphate (prednisolone sodium phosphate (ophth))	147	Prenatal Vitamin Plus Low Iron (prenatal vit w/ ferrous fumarate-folic acid)	101
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	111	Prenatal-U (prenatal without a vit w/ fe fumarate-folic acid)	101
prednisolone soln 15 mg/5ml	111	PrePLUS (prenatal vit w/ ferrous fumarate-folic acid)	101
PredniSONE	111	PreTAB (prenatal vit w/ ferrous fumarate-folic acid)	101
PredniSONE Intensol	111	Prezcobix (darunavir-cobicistat)	49
prednisone tab 1 mg	111	Prezista (darunavir ethanolate)	49
prednisone tab 10 mg	112	Priftin (rifapentine)	31
prednisone tab 2.5 mg	112	Primaquine Phosphate	38
prednisone tab 20 mg	112	primaquine phosphate tab 26.3 mg (15 mg base)	38
prednisone tab 5 mg	112	Primidone	19
prednisone tab 50 mg	112	primidone tab 250 mg	19
prednisone tab therapy pack 10 mg (21)	112	primidone tab 50 mg	19
prednisone tab therapy pack 10 mg (48)	112	Pro Comfort Pen Needles	143
prednisone tab therapy pack 5 mg (21)	112	probenecid tab 500 mg	29
prednisone tab therapy pack 5 mg (48)	112	ProChamber VHC	143
pregabalin cap 100 mg	88	prochlorperazine maleate tab 10 mg (base equivalent)	26
pregabalin cap 150 mg	88	prochlorperazine maleate tab 5 mg (base equivalent)	27
pregabalin cap 200 mg	88	prochlorperazine suppos 25 mg	27
pregabalin cap 225 mg	88		
pregabalin cap 25 mg	88		
pregabalin cap 300 mg	88		
pregabalin cap 50 mg	88		
pregabalin cap 75 mg	88		
pregabalin soln 20 mg/ml	88		
Premarin (estrogens, conjugated vaginal)	128		
Premarin (estrogens, conjugated)	128		

prochlorperazine suppos 25 mg (Compro)	27	propranolol hcl cap er 24hr 160 mg (Propranolol HCl ER)	65
progesterone cap 100 mg	130	propranolol hcl cap er 24hr 60 mg (Propranolol HCl ER)	66
progesterone cap 200 mg	130	propranolol hcl cap er 24hr 80 mg (Propranolol HCl ER)	66
promethazine & phenylephrine syrup 6.25-5 mg/5ml (Promethazine-Phenylephrine)	156	propranolol hcl tab 10 mg	66
promethazine hcl oral soln 6.25 mg/5ml	150	propranolol hcl tab 20 mg	66
promethazine hcl suppos 12.5 mg	27	propranolol hcl tab 40 mg	66
promethazine hcl suppos 12.5 mg (Promethegan)	27	propranolol hcl tab 60 mg	66
promethazine hcl suppos 25 mg	27	propranolol hcl tab 80 mg	66
promethazine hcl suppos 25 mg (Promethegan)	27	Propranolol-HCTZ (propranolol & hydrochlorothiazide)	75
promethazine hcl tab 12.5 mg	27	propylthiouracil tab 50 mg	133
promethazine hcl tab 25 mg	27	protriptyline hcl tab 10 mg	26
promethazine hcl tab 50 mg	27	protriptyline hcl tab 5 mg	26
Promethazine VC (promethazine & phenylephrine)	156	Provida OB (prenatal without a vit w/ fe fumaric iron polysacch complex -fa)	101
Promethazine VC/Codeine (promethazine-phenylephrine-codeine)	156	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)	156
promethazine w/ codeine syrup 6.25-10 mg/5ml (Promethazine-Codeine)	156	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromphen-Pseudoeph-DM)	156
promethazine-dm syrup 6.25-15 mg/5ml	156	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Pseudoeph-Bromphen-DM)	156
Promethazine-Phenylephrine (promethazine & phenylephrine)	156	pyrazinamide tab 500 mg	31
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (Promethazine-Phenyleph-Codeine)	156	Pyridostigmine Bromide	31
Promethegan (promethazine hcl)	27	pyridostigmine bromide tab 60 mg	31
propafenone hcl cap er 12hr 225 mg (Propafenone HCl ER)	63	pyrimethamine tab 25 mg	38
propafenone hcl cap er 12hr 325 mg (Propafenone HCl ER)	63		
propafenone hcl cap er 12hr 425 mg (Propafenone HCl ER)	63	Q	
propafenone hcl tab 150 mg	63	Qsymia (phentermine hcl-topiramate)	87
propafenone hcl tab 225 mg	63	QUetiapine Fumarate	43
propafenone hcl tab 300 mg	64	quetiapine fumarate tab 100 mg	43
proparacaine hcl ophth soln 0.5%	145	quetiapine fumarate tab 200 mg	43
Propranolol HCl	65	quetiapine fumarate tab 25 mg	43
propranolol hcl cap er 24hr 120 mg (Propranolol HCl ER)	65	quetiapine fumarate tab 300 mg	43
		quetiapine fumarate tab 400 mg	43
		quetiapine fumarate tab 50 mg	43
		quinapril hcl tab 10 mg	62
		quinapril hcl tab 20 mg	62
		quinapril hcl tab 40 mg	62

quinapril hcl tab 5 mg	62
Quinapril-hydroCHLOROthiazide	75
quinapril-hydrochlorothiazide tab 10-12.5 mg .75	
quinapril-hydrochlorothiazide tab 20-12.5 mg .75	
quinapril-hydrochlorothiazide tab 20-25 mg .75	
quinidine gluconate tab er 324 mg (QuiNIDine Gluconate ER)	64
quiNIDine Sulfate	64
quinidine sulfate tab 200 mg	64
quinidine sulfate tab 300 mg	64
quinine sulfate cap 324 mg	38
Qvar RediHaler (beclomethasone dipropionate hfa)	149

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rabeprazole sodium ec tab 20 mg	107
raloxifene hcl tab 60 mg	130
ramelteon tab 8 mg	157
ramipril cap 1.25 mg	62
ramipril cap 10 mg	62
ramipril cap 2.5 mg	62
ramipril cap 5 mg	62
ranolazine tab er 12hr 1000 mg (Ranolazine ER)	75
ranolazine tab er 12hr 500 mg (Ranolazine ER)	75
rasagiline mesylate tab 0.5 mg (base equiv)	41
rasagiline mesylate tab 1 mg (base equiv)	41
Relenza Diskhaler (zanamivir)	49
Relnate DHA (prenatal vit w/ ferrous fumarate- fa-omega 3 fatty acids)	101
repaglinide tab 0.5 mg	54
repaglinide tab 1 mg	54
repaglinide tab 2 mg	54
Repatha (evolocumab)	79
Repatha Pushtronex System (evolocumab)	79
Repatha SureClick (evolocumab)	79
Restasis (cyclosporine (ophth))	145
Restasis MultiDose (cyclosporine (ophth))	145
Retacrit (epoetin alfa-epbx)	59
Revlimid (lenalidomide)	33

Reyataz (atazanavir sulfate)	49
Ribavirin (ribavirin (hepatitis c))	45
ribavirin cap 200 mg	45
ribavirin tab 200 mg	45
Ridaura (auranofin)	134
rifabutin cap 150 mg	31
rifampin cap 150 mg	31
rifampin cap 300 mg	31
riluzole tab 50 mg	81
RiMANTAdine HCl (rimantadine hydrochloride)	50
Rinvoq (upadacitinib)	134
Rinvoq LQ (upadacitinib)	134
risedronate sodium tab 150 mg	139
risedronate sodium tab 30 mg	139
risedronate sodium tab 35 mg	139
risedronate sodium tab 5 mg	139
risedronate sodium tab delayed release 35 mg	139
risperidone soln 1 mg/ml	43
risperidone tab 0.25 mg	43
risperidone tab 0.5 mg	43
risperidone tab 1 mg	43
risperidone tab 2 mg	43
risperidone tab 3 mg	43
risperidone tab 4 mg	43
RiteFlo	143
ritonavir tab 100 mg	49
rivastigmine tartrate cap 1.5 mg (base equivalent)	21
rivastigmine tartrate cap 3 mg (base equivalent)	21
rivastigmine tartrate cap 4.5 mg (base equivalent)	21
rivastigmine tartrate cap 6 mg (base equivalent)	21
rivastigmine td patch 24hr 13.3 mg/24hr	22
rivastigmine td patch 24hr 4.6 mg/24hr	22
rivastigmine td patch 24hr 9.5 mg/24hr	22
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	30

rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....	30
rizatriptan benzoate tab 10 mg (base equivalent).....	30
rizatriptan benzoate tab 5 mg (base equivalent).....	30
roflumilast tab 250 mcg.....	152
roflumilast tab 500 mcg.....	152
ropinirole hydrochloride tab 0.25 mg (ROPINIRole HCl).....	39
ropinirole hydrochloride tab 0.5 mg (ROPINIRole HCl).....	39
ropinirole hydrochloride tab 1 mg (ROPINIRole HCl).....	39
ropinirole hydrochloride tab 2 mg (ROPINIRole HCl).....	40
ropinirole hydrochloride tab 3 mg (ROPINIRole HCl).....	40
ropinirole hydrochloride tab 4 mg (ROPINIRole HCl).....	40
ropinirole hydrochloride tab 5 mg (ROPINIRole HCl).....	40
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (ROPINIRole HCl ER).....	40
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIRole HCl ER).....	40
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (ROPINIRole HCl ER).....	40
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIRole HCl ER).....	40
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (ROPINIRole HCl ER).....	40
rosuvastatin calcium tab 10 mg.....	78
rosuvastatin calcium tab 20 mg.....	78
rosuvastatin calcium tab 40 mg.....	78
rosuvastatin calcium tab 5 mg.....	78
Ruzurgi (amifampridine).....	87
Rybelsus (semaglutide).....	55

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salicylic acid film forming liquid 27.5% (Salicylic Acid Wart Remover).....	95
scopolamine td patch 72hr 1 mg/3days.....	27
Se-Natal 19 (prenatal vit w/ docusate-fe fumarate-folic acid).....	101
selegiline hcl cap 5 mg.....	41
selegiline hcl tab 5 mg.....	41
selenium sulfide lotion 2.5%.....	94
Selzentry (maraviroc).....	48
sertraline hcl oral concentrate for solution 20 mg/ml.....	24
sertraline hcl tab 100 mg.....	24
sertraline hcl tab 25 mg.....	24
sertraline hcl tab 50 mg.....	24
sevelamer carbonate packet 0.8 gm.....	103
sevelamer carbonate packet 2.4 gm.....	103
sevelamer carbonate tab 800 mg.....	103
sildenafil citrate tab 100 mg.....	110
sildenafil citrate tab 20 mg.....	154
sildenafil citrate tab 25 mg.....	110
sildenafil citrate tab 50 mg.....	110
silodosin cap 4 mg.....	109
silodosin cap 8 mg.....	109
silver sulfadiazine cream 1%.....	95
silver sulfadiazine cream 1% (Ssd).....	95
Simbrinza (brinzolamide-brimonidine tartrate).....	148
Simponi (golimumab).....	137
simvastatin tab 10 mg.....	78
simvastatin tab 20 mg.....	78
simvastatin tab 40 mg.....	78
simvastatin tab 5 mg.....	78
simvastatin tab 80 mg.....	78
sirolimus oral soln 1 mg/ml.....	137
sirolimus tab 0.5 mg.....	137
sirolimus tab 1 mg.....	137
sirolimus tab 2 mg.....	137
Skyrizi (150 MG Dose) (risankizumab-rzaa).....	134
Skyrizi (risankizumab-rzaa (crohn's)).....	134

Skyrizi (risankizumab-rzaa).....	135	sotalol hcl tab 160 mg (Sorine).....	64
Skyrizi Pen (risankizumab-rzaa).....	135	sotalol hcl tab 240 mg.....	64
Slynd (drospirenone).....	130	sotalol hcl tab 240 mg (Sorine).....	64
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Na Sulfate-K Sulfate-Mg Sulf)....	105	sotalol hcl tab 80 mg.....	64
sodium chloride soln nebu 0.9%.....	156	sotalol hcl tab 80 mg (Sorine).....	64
sodium chloride soln nebu 10%.....	156	Sotyktu (deucravacitinib).....	135
sodium chloride soln nebu 3%.....	156	Spinosaad.....	97
sodium chloride soln nebu 3% (Nebusal).....	156	Spiriva HandiHaler (tiotropium bromide monohydrate).....	151
sodium chloride soln nebu 7%.....	156	Spiriva Respimat (tiotropium bromide monohydrate).....	151
sodium chloride soln nebu 7% (Pulmosal).....	157	spironolactone & hydrochlorothiazide tab 25-25 mg (Spironolactone-HCTZ).....	75
Sodium Fluoride.....	101	spironolactone tab 100 mg.....	79
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf).....	101	spironolactone tab 25 mg.....	79
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf).....	101	spironolactone tab 50 mg.....	79
sodium fluoride chew tab 1 mg f (from 2.2 mg naf).....	102	SPS (Sodium Polystyrene Sulf) (sodium polystyrene sulfonate).....	104
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NaFrinse).....	101	SSS 10-5 (sulfacetamide sodium w/ sulfur)....	95
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab).....	102	Stavudine.....	47
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex).....	103	Stelara (ustekinumab).....	135
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf)).....	104	Stivarga (regorafenib).....	36
Sodium Sulfacetamide-Bakuchiol (sulfacetamide sodium in bakuchiol vehicle)..	95	Striverdi Respimat (olodaterol hcl).....	152
solifenacin succinate tab 10 mg.....	108	sucralfate susp 1 gm/10ml.....	107
solifenacin succinate tab 5 mg.....	108	sucralfate tab 1 gm.....	107
sorafenib tosylate tab 200 mg (base equivalent).....	36	Sulfacetamide Sodium (sulfacetamide sodium (ophth)).....	146
sotalol hcl (afib/af) tab 120 mg (Sotalol Hcl (af)).....	64	sulfacetamide sodium liquid 10%.....	95
sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (af)).....	64	sulfacetamide sodium liquid 10% (Sodium Sulfacetamide Wash).....	95
sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (af)).....	64	sulfacetamide sodium lotion 10% (acne) (Sulfacetamide Sodium (Acne)).....	90
sotalol hcl tab 120 mg.....	64	sulfacetamide sodium ophth soln 10%.....	146
sotalol hcl tab 120 mg (Sorine).....	64	sulfacetamide sodium shampoo 10% (Sodium Sulfacetamide).....	95
sotalol hcl tab 160 mg.....	64	sulfacetamide sodium w/ sulfur cleanser 10-2% (Sulfacetamide Sodium-Sulfur).....	95
		sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser).....	95
		sulfacetamide sodium w/ sulfur cleanser 10-5% (Sulfacetamide Sodium-Sulfur).....	95

sulfacetamide sodium w/ sulfur cleanser 9-4% (Sulfacetamide Sodium-Sulfur).....	96	sulindac tab 150 mg.....	3
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (Sulfacetamide Sodium-Sulfur).....	96	sulindac tab 200 mg.....	3
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (Sulfacetamide Sodium-Sulfur).....	96	sumatriptan nasal spray 20 mg/act.....	30
sulfacetamide sodium w/ sulfur cream 10-2% (Sulfacetamide Sodium-Sulfur).....	96	sumatriptan nasal spray 5 mg/act.....	30
sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5).....	96	SUMAtriptan Succinate.....	30
sulfacetamide sodium w/ sulfur cream 10-5% (Sulfacetamide Sodium-Sulfur).....	96	sumatriptan succinate inj 6 mg/0.5ml.....	30
sulfacetamide sodium w/ sulfur cream 9.8-4.8% (Sulfacetamide Sodium-Sulfur).....	96	SUMAtriptan Succinate Refill.....	30
sulfacetamide sodium w/ sulfur lotion 10-5% (Sulfacetamide Sodium-Sulfur).....	96	sumatriptan succinate solution auto-injector 4 mg/0.5ml.....	30
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (Sulfacetamide Sodium-Sulfur).....	96	sumatriptan succinate solution auto-injector 6 mg/0.5ml.....	30
sulfacetamide sodium w/ sulfur susp 10-5% (Sulfacetamide Sodium-Sulfur).....	96	sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMAtriptan Succinate Refill)....	30
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacetamide Sodium-Sulfur).....	96	sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMAtriptan Succinate Refill)....	30
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4).....	96	sumatriptan succinate tab 100 mg.....	30
sulfacetamide sodium w/ sulfur wash 9-4% (Sulfacetamide Sod-Sulfur Wash).....	96	sumatriptan succinate tab 25 mg.....	30
sulfacetamide sodium w/ sulfur wash 9-4% (Sulfacetamide Sodium-Sulfur).....	96	sumatriptan succinate tab 50 mg.....	30
Sulfacetamide Sodium-Sulfur (sulfacetamide sodium w/ sulfur).....	96	sunitinib malate cap 12.5 mg (base equivalent).....	36
Sulfacetamide-Prednisolone (sulfacetamide sod-prednisolone).....	145	sunitinib malate cap 25 mg (base equivalent).....	36
sulfadiazine tab 500 mg.....	15	sunitinib malate cap 37.5 mg (base equivalent).....	36
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	15	sunitinib malate cap 50 mg (base equivalent).....	36
sulfamethoxazole-trimethoprim tab 400-80 mg.....	15	Sure Comfort Pen Needles.....	143
sulfamethoxazole-trimethoprim tab 800-160 mg.....	15	Symdeko (tezacaftor-ivacaftor).....	152
sulfasalazine tab 500 mg.....	138	Symtuza (darunavir-cobicistat-emtricitabine-tenofovir alafenamide).....	49
sulfasalazine tab delayed release 500 mg...	138	Synarel (nafarelin acetate).....	133
		Synjardy (empagliflozin-metformin hcl).....	55
		Synjardy XR (empagliflozin-metformin hcl)...	55
		Synthroid (levothyroxine sodium).....	132
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		Tabloid (thioguanine).....	33
		tacrolimus cap 0.5 mg.....	137
		tacrolimus cap 1 mg.....	137
		tacrolimus cap 5 mg.....	137
		tacrolimus oint 0.03%.....	94
		tacrolimus oint 0.1%.....	94
		tadalafil tab 10 mg.....	109

tadalafil tab 2.5 mg	109	terazosin hcl cap 2 mg (base equivalent)	60
tadalafil tab 20 mg	109	terazosin hcl cap 5 mg (base equivalent)	61
tadalafil tab 20 mg (pah) (Alyq)	154	terbinafine hcl tab 250 mg	28
tadalafil tab 20 mg (pah) (Tadalafil (PAH))	154	terconazole vaginal cream 0.4%	28
tadalafil tab 5 mg	109	terconazole vaginal cream 0.8%	28
Tafinlar (dabrafenib mesylate)	36	teriflunomide tab 14 mg	89
Tagrisso (osimertinib mesylate)	36	teriflunomide tab 7 mg	89
tamoxifen citrate tab 10 mg (base equivalent)	33	Testosterone	113
tamoxifen citrate tab 20 mg (base equivalent)	33	testosterone cypionate im inj in oil 100 mg/ml	113
tamsulosin hcl cap 0.4 mg	109	testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone)	113
Taron-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	102	testosterone cypionate im inj in oil 200 mg/ml	113
Tasigna (nilotinib hcl)	36	testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)	113
tazarotene cream 0.05%	90	Testosterone Enanthate	113
tazarotene cream 0.1%	90	testosterone td gel 12.5 mg/act (1%)	113
tazarotene gel 0.05%	91	testosterone td gel 20.25 mg/1.25gm (1.62%)	113
tazarotene gel 0.1%	91	testosterone td gel 20.25 mg/act (1.62%)	113
telmisartan tab 20 mg	61	testosterone td gel 25 mg/2.5gm (1%)	113
telmisartan tab 40 mg	61	testosterone td gel 40.5 mg/2.5gm (1.62%)	113
telmisartan tab 80 mg	61	testosterone td gel 50 mg/5gm (1%)	113
Telmisartan-Amlodipine	75	tetracycline hcl cap 250 mg	16
telmisartan-amlodipine tab 40-10 mg	75	tetracycline hcl cap 500 mg	16
telmisartan-amlodipine tab 40-5 mg	75	Thalomid (thalidomide)	33
telmisartan-amlodipine tab 80-10 mg	75	theophylline elixir 80 mg/15ml	152
telmisartan-amlodipine tab 80-5 mg	75	theophylline elixir 80 mg/15ml (Elixophyllin)	153
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Telmisartan-HCTZ)	75	Theophylline ER	153
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Telmisartan-HCTZ)	75	theophylline soln 80 mg/15ml	153
telmisartan-hydrochlorothiazide tab 80-25 mg (Telmisartan-HCTZ)	75	theophylline tab er 12hr 300 mg (Theophylline ER)	153
temazepam cap 15 mg	157	theophylline tab er 12hr 450 mg (Theophylline ER)	153
temazepam cap 22.5 mg	157	theophylline tab er 24hr 400 mg (Theophylline ER)	153
temazepam cap 30 mg	157	theophylline tab er 24hr 600 mg (Theophylline ER)	153
temazepam cap 7.5 mg	157	Thioridazine HCl	42
Temixys (lamivudine-tenofovir disoproxil fumarate)	47	thiothixene cap 1 mg	42
tenofovir disoproxil fumarate tab 300 mg	47	thiothixene cap 10 mg	42
terazosin hcl cap 1 mg (base equivalent)	60		
terazosin hcl cap 10 mg (base equivalent)	60		

thiothixene cap 2 mg	42	toremide tab 20 mg	76
thiothixene cap 5 mg	42	toremide tab 5 mg	76
Thrivite Rx (prenatal vit w/ iron carbonyl-folic acid)	102	Toujeo Max SoloStar (insulin glargine)	56
Thyroid	132	Toujeo SoloStar (insulin glargine)	56
Tibsovo (ivosidenib)	36	Tracleer (bosentan)	154
timolol maleate ophth gel forming soln 0.25%	147	traMADol HCl (ER Biphasic)	4
timolol maleate ophth gel forming soln 0.5%	147	tramadol hcl tab 100 mg	8
timolol maleate ophth soln 0.25%	147	tramadol hcl tab 50 mg	8
timolol maleate ophth soln 0.5%	147	tramadol hcl tab er 24hr 100 mg (TraMADol HCl ER)	4
tinidazole tab 250 mg	11	tramadol hcl tab er 24hr 200 mg (TraMADol HCl ER)	4
tinidazole tab 500 mg	11	tramadol hcl tab er 24hr 300 mg (TraMADol HCl ER)	4
tiopronin tab 100 mg	110	tramadol hcl tab er 24hr biphasic release 100 mg (traMADol HCl (ER Biphasic))	4
tiopronin tab delayed release 100 mg	110	tramadol hcl tab er 24hr biphasic release 200 mg (traMADol HCl (ER Biphasic))	5
tiopronin tab delayed release 300 mg	110	tramadol hcl tab er 24hr biphasic release 300 mg (traMADol HCl (ER Biphasic))	5
Tivicay (dolutegravir sodium)	46	tramadol-acetaminophen tab 37.5-325 mg	8
Tivicay PD (dolutegravir sodium)	46	trandolapril tab 1 mg	62
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NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: blueshieldca.com/notices. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

Grievances

You can file a grievance online, by mail, or by phone. If you need help, call Customer Service at **(800) 393-6130 (TTY: 711)**. blueshieldca.com/grievance.

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en blueshieldca.com/notices. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

Reclamos

Puede hacer un reclamo por Internet, correo postal o por teléfono. Si necesita ayuda, llame a Servicio al Cliente al **(800) 393-6130 (TTY: 711)**. blueshieldca.com/grievance.

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 blueshieldca.com/notices。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。

申訴

線上：您可透過線上、郵遞或電話來提出申訴。如果您需要幫助，請致電客戶服務部，電話：**(800) 393-6130 (TTY: 711)**。blueshieldca.com/grievance。

Blue Shield of California Life & Health Insurance Company

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

Blue Shield of California Life & Health Insurance Company complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California Life & Health Insurance Company does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield Life:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
 - Qualified sign language interpreters
 - Written information in other formats (including large print, audio, accessible electronic formats, and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Blue Shield Life Civil Rights Coordinator.

If you believe that Blue Shield Life has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

**Blue Shield of California Life & Health Insurance
Company Civil Rights Coordinator**
P.O. Box 629007
El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
**Email: BlueShieldCivilRightsCoordinator@
blueshieldca.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You may also contact the California Department of Insurance if you believe that Blue Shield of California Life & Health Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. You can file a grievance with:

California Department of Insurance
Consumer Communications Bureau
300 S. Spring Street, South Tower
Los Angeles, CA 90013

Phone: 1-800-927-HELP (4357) or TDD 1-800-482-4833

Complaint forms are available at

www.insurance.ca.gov/01-consumers/101-help

If you believe that you have not been provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201

(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at

www.hhs.gov/ocr/office/file/index.html.

Notice of the Availability of Language Assistance Services

Blue Shield of California Life & Health Insurance Company

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。 您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

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Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

Անվճար Լեզվական Ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-866-346-7198までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

خدمات مجانی مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 1-866-346-7198 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਬਾਰੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាភាគីតិចថ្លៃ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-346-7198 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول علي مترجم و قراءة الوثائق لك باللغة العربية. للحصول علي المساعدة، اتصل علي الرقم المبين علي بطاقة عضويتك أو علي الرقم 1-866-346-7198. للحصول علي المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا علي الرقم 1-800-927-4357. Arabic

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

บริการทางภาษาอย่างไม่เสียค่าใช้จ่าย คุณสามารถรับบริการจากล่าม รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ ที่หมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมลรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 Thai

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेजों को पढ़वा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फ़ोन करें। अधिक सहायता के लिए कैलीफोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फ़ोन करें। Hindi

Doo bááh ílínígó saad bee yát'i' bee aná'áwo'. Díí shá ata'halne'dooígí hólóq̄doo nínízingo éí bííghah. Naaltsoos naanináhájeehígí shich'í' yíidooltah éí doodagó ía' shich'í' ádoolníí nínízingo bííghah. Shíká a'doowoł nínízingo nihich'í' béesh bee hodiílnih dóo námbóo éí díí ninaaltsoos dootł'ízhígí bee néího'díłzinígí bine'dée' bikáá' éí doodagó éí (866)346-7198jí' hodiílnih. Hózhó shíká anáá'doowoł nínízingo éí díí béeso ách'áah naa'nil bił haz'áají' 1-800-927-4357jí' hodiílnih. Navajo

ບໍລິການແປພາສາໂດຍບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍເອົາຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານຟັງ ແລະ ສົ່ງເອກະສານບາງຢ່າງທີ່ເປັນພາສາຂອງທ່ານ. ສໍາລັບຄວາມຊ່ວຍເຫຼືອ, ໃຫ້ໂທຫາພວກເຮົາຕາມເບີໂທລະສັບທີ່ມີໃນບັດປະຈໍາຕົວຂອງທ່ານ ຫຼື ໂທຫາເບີ1-866-346-7198. ສໍາລັບຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໂທຫາ ພະແນກ ປະກັນໄພຂອງລັດຄາລິຟໍເນຍໄດ້ທີ່ເບີ1-800-927-4357. Laotian

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