



Plus Drug Formulary

March 2025

Blue Shield of California Life & Health Insurance Company

This formulary corresponds with the following plans:

Active Choice® 500 80/50, Active Choice® 500 80/50 1500 Deductible, Active Choice® 750 70/50, Active Choice® 750 70/50 1000 Deductible, Active Choice® 750 80/60

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 *Plus Drug Formulary*, visit blueshieldca.com/pharmacy.

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

Table of Contents

Informational Section	II
Definitions	II
How do I find a drug on this list?	III
How do I know if the drug listed is a brand or generic drug?	IV
What are drug tiers?	IV
How to read the formulary	V
How often will the formulary change?	VI
What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?	VII
What are preventive health drugs?	VII
What drugs have their cost waived?	VIII
What is a contraceptive drug or device?	VIII
What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?	VIII
What if my drug requires a prior authorization or step therapy?	VIII
How do I request a prior authorization or step therapy exception?	IX
What if my drug is non-formulary or not listed?	IX
Participating retail pharmacies	X
What are specialty drugs?	X
Home delivery pharmacy	X
Categorical List of Prescription Drugs	1
Index of Prescription Drugs	323

Informational Section

The *Blue Shield Plus 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
<p>“Brand-name drug” means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.</p>
<p>“Coinsurance” means a percentage of the cost of a covered health benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.</p>
<p>“Copayment” means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.</p>
<p>“Deductible” means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you meet your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.</p>
<p>“Drug tier” means a group of prescription drugs that correspond to a specified cost-sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.</p>
<p>“Exception request” means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.</p>
<p>“Exigent circumstances” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.</p>
<p>“Formulary” or “prescription drug list” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.</p>

Term
<p>“Generic drug” means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in <i>italicized lowercase</i> letters.</p>
<p>“Medically necessary” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.</p>
<p>“Non-formulary drug” means a prescription drug that is not listed on this formulary.</p>
<p>“Out-of-pocket costs” means your expenses for health care benefits that are not reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.</p>
<p>“Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.</p>
<p>“Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.</p>
<p>“Prescription drug” means a drug that by law requires a prescription.</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>
<p>“Prior authorization” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.</p>
<p>“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. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.</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, including any applicable maximum cost-share, in the *Summary of Benefits* of your Blue Shield *Certificate of Insurance* (COI).

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

Drug Tier [†]	Tier name	Description
1	Formulary generic	Formulary generic drugs
2	Formulary brand	Formulary brand drugs

3	Non-formulary brand	Non-formulary brand drugs
4	Specialty or home self-injectable	Specialty drugs or self-administered injectables*

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

* See your Evidence of Coverage for further details about coverage of specialty or self-administered injectables in 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 *Certificate of Insurance*. For additional information about specific plans, call the customer service number on your Blue Shield member ID card.

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.
CW	Cost waived	This drug may be available with no out of pocket cost. Certain benefit limitations may apply. Please see your Certificate of Insurance (COI) 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 Summary of Benefits 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 Certificate of Insurance (COI) 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 a 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. Health & Saf. C. § 1367.22 and CIC § 10123.201(c)(2)(B)7.

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 Plus 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 *Certificate of Insurance* 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 insured. 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 Certificate of Insurance.

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 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 Certificate of Insurance (COI) 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 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 exception to the step therapy requirement.

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

To request a 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 insured, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the COI.

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 insured, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the *Certificate of Insurance*.

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 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.

Categorical List of Prescription Drugs

ANALGESICS (Drugs for Pain)	2
ANESTHETICS (Drugs for Numbing)	19
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)	20
ANTIBACTERIALS (Drugs for Bacterial Infections)	22
ANTICONVULSANTS (Drugs for Seizures)	34
ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)	44
ANTIDEPRESSANTS (Drugs for Depression)	47
ANTIEMETICS (Drugs for Nausea and Vomiting)	55
ANTIFUNGALS (Drugs for Fungal Infections)	57
ANTIGOUT AGENTS (Drugs for Gout)	60
ANTIMIGRAINE AGENTS (Drugs for Migraine)	61
ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)	64
ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)	65
ANTINEOPLASTICS (Drugs for Cancer)	66
ANTIPARASITICS (Drugs for Parasitic Infections)	81
ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)	83
ANTIPSYCHOTICS (Drugs for Mental Health)	88
ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)	94
ANTIVIRALS (Drugs for Viral Infections)	95
ANXIOLYTICS (Drugs for Anxiety)	104
BIPOLAR AGENTS (Drugs for Bipolar Disorder)	107
BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)	108
BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)	119
CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)	126
CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)	160
DENTAL AND ORAL AGENTS (Drugs for the Mouth)	177
DERMATOLOGICAL AGENTS (Drugs for the Skin)	178
ELECTROLYTES/MINERALS/METALS/VITAMINS	198
GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)	213
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic or Enzyme Disorders)	222
GENITOURINARY AGENTS (Drugs for the Genital, Bladder, and Kidney)	227
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)	232
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)	236
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Drugs for Replacing/Stimulating Prostaglandin)	238
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)	239
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for	

Replacing/Stimulating Thyroid Gland Hormones).....	261
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland).....	265
HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland).....	267
IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System).....	267
INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease).....	282
METABOLIC BONE DISEASE AGENTS (Drugs for the Bone).....	283
MISCELLANEOUS THERAPEUTIC AGENTS.....	286
OPHTHALMIC AGENTS (Drugs for the Eyes).....	293
OTIC AGENTS (Drugs for the Ears).....	302
RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs).....	303
SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness).....	319
SLEEP DISORDER AGENTS (Drugs for Sleep Problems).....	320
Uncategorized.....	323
WEIGHT LOSS AGENTS.....	323

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS (Drugs for Pain)		
ANALGESICS, OTHER		
JOURNAVX (<i>suzetrigine</i>) 50 MG TAB	Tier 3	PA, QLC (29 tabs/14 days)
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)		
ARTHROTEC (<i>diclofenac w/ misoprostol</i>) 50-0.2 MG TAB DR, 75-0.2 MG TAB DR	Tier 3	
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)
CAMBIA (<i>diclofenac potassium (migraine)</i>) 50 MG PACKET	Tier 3	PA, QLC (9 packets/month)
CELEBREX (<i>celecoxib</i>) 400 MG CAP	Tier 3	QLC (1 cap/day)
CELEBREX (<i>celecoxib</i>) 50 MG CAP, 100 MG CAP, 200 MG CAP	Tier 3	QLC (2 caps/day)
<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)
DAYPRO (<i>oxaprozin</i>) 600 MG TAB	Tier 3	
DICLOFENAC EPOLAMINE 1.3 % PATCH	Tier 1	PA, QLC (2 patches/day; max 30 patches/30 days)
<i>diclofenac potassium (migraine) packet 50 mg</i> (DICLOFENAC POTASSIUM(MIGRAINE))	Tier 1	PA, QLC (9 packets/month)
<i>diclofenac potassium cap 25 mg</i>	Tier 1	PA, QLC (4 caps/day)
<i>diclofenac potassium tab 25 mg</i>	Tier 1	PA, QLC (4 tabs/day)
<i>diclofenac potassium tab 50 mg</i>	Tier 1	
diclofenac potassium tab 50 mg (Cataflam)	Tier 1	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Tier 1	PA, QLC (1 tube/month; max 3 tubes/year)
<i>diclofenac sodium soln 1.5%</i>	Tier 1	QLC (1 bottle/month)

AL1 - Age 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>diclofenac sodium soln 2%</i>	Tier 1	PA, 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>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (DICLOFENAC-MISOPROSTOL)	Tier 1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (DICLOFENAC-MISOPROSTOL)	Tier 1	
<i>diflunisal tab 500 mg</i>	Tier 1	
DUEXIS (<i>ibuprofen-famotidine</i>) 800-26.6 MG TAB	Tier 3	PA, QLC (3 tabs/day)
ELYXYB (<i>celecoxib (migraine)</i>) 120 MG/4.8ML SOLUTION	Tier 3	PA, QLC (4.8 ml/day)
<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	
FELDENE (<i>piroxicam</i>) 10 MG CAP, 20 MG CAP	Tier 3	
<i>fenoprofen calcium cap 400 mg</i>	Tier 1	PA, QLC (8 caps/day)
<i>fenoprofen calcium tab 600 mg</i>	Tier 1	PA, QLC (4 tabs/day)
FENOPRON (<i>fenoprofen calcium</i>) 300 MG CAP	Tier 1	PA, QLC (4 caps/day)
FLECTOR (<i>diclofenac epolamine</i>) 1.3 % PATCH	Tier 3	PA, QLC (2 patches/day; max 30 patches/30 days)

AL1 - Age 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
FLURBIPROFEN 50 MG TAB	Tier 1	
<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>ibuprofen-famotidine tab 800-26.6 mg</i>	Tier 1	PA, QLC (3 tabs/day)
INDOCIN (<i>indomethacin</i>) 25 MG/5ML SUSPENSION	Tier 3	PA
<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>indomethacin suppos 50 mg</i>	Tier 1	PA, QLC (4 suppositories/day)
indomethacin suppos 50 mg (Indocin)	Tier 1	PA, QLC (4 suppositories/day)
<i>indomethacin susp 25 mg/5ml</i>	Tier 1	PA
KETOPROFEN 25 MG CAP, 75 MG CAP	Tier 1	PA, QLC (4 caps/day)
KETOPROFEN 50 MG CAP	Tier 1	PA, QLC (6 caps/day)
KETOPROFEN ER 200 MG CAP 24H	Tier 1	PA
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	Tier 3	PA, LA, QLC (5 bottles/month)
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QLC (20 tabs/30 days)
KIPROFEN (<i>ketoprofen</i>) 25 MG CAP	Tier 1	PA, QLC (4 caps/day)
LICART (<i>diclofenac epolamine</i>) 1.3 % PATCH 24HR	Tier 3	PA, QLC (1 patch/day; max 15 patches/30 days)
LODINE (<i>etodolac</i>) 400 MG TAB	Tier 3	
MECLOFENAMATE SODIUM 50 MG CAP, 100 MG CAP	Tier 1	PA
<i>mefenamic acid cap 250 mg</i>	Tier 1	PA
<i>meloxicam cap 10 mg</i>	Tier 1	PA, QLC (1 cap/day)
<i>meloxicam cap 5 mg</i>	Tier 1	PA, QLC (1 cap/day)
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>meloxicam tab 7.5 mg</i>	Tier 1	
MOBIC (<i>meloxicam</i>) 7.5 MG TAB, 15 MG TAB	Tier 3	

AL1 - Age 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>nabumetone tab 500 mg</i>	Tier 1	
nabumetone tab 500 mg (Relafen)	Tier 3	
<i>nabumetone tab 750 mg</i>	Tier 1	
nabumetone tab 750 mg (Relafen)	Tier 3	
NALFON (<i>fenoprofen calcium</i>) 400 MG CAP	Tier 3	PA, QLC (8 caps/day)
NALFON (<i>fenoprofen calcium</i>) 600 MG TAB	Tier 3	PA, QLC (4 tabs/day)
NAPRELAN (<i>naproxen sodium</i>) 375 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
NAPRELAN (<i>naproxen sodium</i>) 500 MG TAB ER 24H, 750 MG TAB ER 24H	Tier 3	PA, QLC (2 tabs/day)
NAPROSYN (<i>naproxen</i>) 125 MG/5ML SUSPENSION	Tier 3	PA
<i>naproxen sodium tab 275 mg</i>	Tier 1	
<i>naproxen sodium tab 550 mg</i>	Tier 1	
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i> (NAPROXEN SODIUM ER)	Tier 1	PA, QLC (1 tab/day)
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i> (NAPROXEN SODIUM ER)	Tier 1	PA, QLC (2 tabs/day)
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i> (NAPROXEN SODIUM ER)	Tier 1	PA, QLC (2 tabs/day)
<i>naproxen susp 125 mg/5ml</i>	Tier 1	PA
<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>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (NAPROXEN-ESOMEPRAZOLE MG)	Tier 1	PA, QLC (2 tabs/day)

AL1 - Age 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>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (NAPROXEN-ESOMEPRAZOLE MG)	Tier 1	PA, QLC (2 tabs/day)
<i>oxaprozin tab 600 mg</i>	Tier 1	
PENNSAID (<i>diclofenac sodium (topical)</i>) 2 % SOLUTION	Tier 3	PA, QLC (1 bottle/month)
<i>piroxicam cap 10 mg</i>	Tier 1	
<i>piroxicam cap 20 mg</i>	Tier 1	
QMIIZ ODT (<i>meloxicam</i>) ODT 7.5 MG TAB DISP, ODT 15 MG TAB DISP	Tier 3	PA, QLC (1 tab/day)
RELAFEN DS (<i>nabumetone</i>) 1000 MG TAB	Tier 3	PA, QLC (2 tabs/day)
<i>salsalate tab 500 mg</i>	Tier 1	
<i>salsalate tab 750 mg</i>	Tier 1	
SPRIX (<i>ketorolac tromethamine</i>) 15.75 MG/SPRAY SOLUTION	Tier 3	PA, QLC (5 bottles/month)
<i>sulindac tab 150 mg</i>	Tier 1	
<i>sulindac tab 200 mg</i>	Tier 1	
TOLECTIN 600 (<i>tolmetin sodium</i>) MG TAB	Tier 1	PA
TOLMETIN SODIUM 400 MG CAP, 600 MG TAB	Tier 1	PA
VIMOVO (<i>naproxen-esomeprazole magnesium</i>) 375-20 MG TAB DR	Tier 3	PA, QLC (2 tabs/day)
VIMOVO (<i>naproxen-esomeprazole magnesium</i>) 500-20 MG TAB DR	Tier 3	PA, QLC (2 tabs/day)
VIVLODEX (<i>meloxicam</i>) 5 MG CAP, 10 MG CAP	Tier 3	PA, QLC (1 cap/day)
ZIPSOR (<i>diclofenac potassium</i>) 25 MG CAP	Tier 3	PA, QLC (4 caps/day)
ZORVOLEX (<i>diclofenac</i>) 18 MG CAP	Tier 3	PA, QLC (3 caps/day)
ZORVOLEX (<i>diclofenac</i>) 35 MG CAP	Tier 3	PA, QLC (3 caps/day)
OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)		
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	PA, QLC (4 patches/28 days)

AL1 - Age 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>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	PA, QLC (4 patches/28 days)
BUTRANS (<i>buprenorphine</i>) 5 MCG/HR PATCH WK, 7.5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK, 20 MCG/HR PATCH WK	Tier 3	PA, QLC (4 patches/28 days)
CONZIP (<i>tramadol hcl</i>) 100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H	Tier 3	PA, QLC (1 cap/day)
DURAGESIC-100 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	Tier 3	PA, QLC (20 patches/month)
DURAGESIC-12 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	Tier 3	PA, QLC (20 patches/month)
DURAGESIC-25 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	Tier 3	PA, QLC (20 patches/month)
DURAGESIC-50 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	Tier 3	PA, QLC (20 patches/month)
DURAGESIC-75 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	Tier 3	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Tier 4	PA, QLC (10 patches/month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Tier 4	PA, QLC (10 patches/month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Tier 4	PA, QLC (10 patches/month)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 1	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 1	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 1	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 1	PA, QLC (2 caps/day)

AL1 - Age 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>hydrocodone bitartrate cap er 12hr 50 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 1	PA, QLC (2 caps/day)
HYDROCODONE BITARTRATE ER ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H	Tier 1	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 1	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 1	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 1	PA, QLC (1 cap/day)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 1	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 1	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 1	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 1	PA, QLC (1 tab/day)
<i>hydromorphone hcl tab er 24hr 12 mg</i> (HYDROMORPHONE HCL ER)	Tier 1	PA, QLC (2 tabs/day)
<i>hydromorphone hcl tab er 24hr 16 mg</i> (HYDROMORPHONE HCL ER)	Tier 1	PA, QLC (1 tab/day)
<i>hydromorphone hcl tab er 24hr 32 mg</i> (HYDROMORPHONE HCL ER)	Tier 1	PA, QLC (1 tab/day)
<i>hydromorphone hcl tab er 24hr 8 mg</i> (HYDROMORPHONE HCL ER)	Tier 1	PA, QLC (1 tab/day)
HYSINGLA ER (<i>hydrocodone bitartrate</i>) 20 MG TB24 DET	Tier 3	PA, QLC (1 cap/day)
HYSINGLA ER (<i>hydrocodone bitartrate</i>) ER 30 MG TB24 DETER, ER 40 MG TB24 DETER, ER 60 MG TB24 DETER	Tier 3	PA, QLC (1 tab/day)

AL1 - Age 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
HYSINGLA ER (<i>hydrocodone bitartrate</i>) ER 80 MG TB24 DETER, ER 100 MG TB24 DETER, ER 120 MG TB24 DETER	Tier 4	PA, QLC (1 tab/day)
<i>levorphanol tartrate tab 2 mg</i>	Tier 1	PA, QLC (9 tabs/day)
<i>levorphanol tartrate tab 3 mg</i>	Tier 1	PA, QLC (4 tabs/day)
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 Intenso)	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 1	PA, QLC (5 tabs/day)
methadone hcl tab for oral susp 40 mg (Methadose)	Tier 1	PA, QLC (5 tabs/day)
METHADOSE (<i>methadone hcl</i>) 10 MG/ML CONC	Tier 3	PA, QLC (18 ml/day)
METHADOSE SUGAR-FREE (<i>methadone hcl</i>) -10 MG/ML CONC	Tier 3	PA, QLC (18 ml/day)
<i>morphine sulfate cap er 24hr 10 mg</i> (MORPHINE SULFATE ER)	Tier 1	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 100 mg</i> (MORPHINE SULFATE ER)	Tier 1	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 20 mg</i> (MORPHINE SULFATE ER)	Tier 1	PA, QLC (4 caps/day)
<i>morphine sulfate cap er 24hr 30 mg</i> (MORPHINE SULFATE ER)	Tier 1	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 50 mg</i> (MORPHINE SULFATE ER)	Tier 1	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 60 mg</i> (MORPHINE SULFATE ER)	Tier 1	PA, QLC (3 caps/day)
<i>morphine sulfate cap er 24hr 80 mg</i> (MORPHINE SULFATE ER)	Tier 1	PA, QLC (3 caps/day)

AL1 - Age 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
MORPHINE SULFATE ER 20 MG CAP 24H	Tier 1	PA, QLC (4 caps/day)
MORPHINE SULFATE ER 40 MG CAP 24H	Tier 1	PA, QLC (2 caps/day)
MORPHINE SULFATE ER BEADS (<i>morphine sulfate beads</i>) ER BEADS 30 MG CAP ER 24H, ER BEADS 45 MG CAP ER 24H, ER BEADS 60 MG CAP ER 24H, ER BEADS 75 MG CAP ER 24H, ER BEADS 90 MG CAP ER 24H, ER BEADS 120 MG CAP ER 24H	Tier 1	PA, QLC (1 cap/day)
MORPHINE SULFATE ER ER 10 MG CAP ER 24H, ER 30 MG CAP ER 24H, ER 50 MG CAP ER 24H, ER 100 MG CAP ER 24H	Tier 1	PA, QLC (2 caps/day)
MORPHINE SULFATE ER ER 60 MG CAP ER 24H, ER 80 MG CAP ER 24H	Tier 1	PA, QLC (3 caps/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)
MS CONTIN (<i>morphine sulfate</i>) 100 MG TAB ER, 200 MG TAB ER	Tier 3	QLC (3 tabs/day)
MS CONTIN (<i>morphine sulfate</i>) 15 MG TAB ER, 30 MG TAB ER	Tier 3	QLC (6 tabs/day)
MS CONTIN (<i>morphine sulfate</i>) 60 MG TAB ER	Tier 3	QLC (5 tabs/day)
NUCYNTA ER (<i>tapentadol hcl</i>) ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H	Tier 3	PA, QLC (2 tabs/day)
OXYCODONE HCL ER ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER, ER 40 MG TB12 DETER, ER 60 MG TB12 DETER, ER 80 MG TB12 DETER	Tier 1	PA, QLC (2 tabs/day)

AL1 - Age 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
OXYCONTIN (<i>oxycodone hcl</i>) 10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER	Tier 3	PA, QLC (2 tabs/day)
OXYMORPHONE HCL ER 40 MG TAB 12H	Tier 1	PA, QLC (4 tabs/day)
OXYMORPHONE HCL ER ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H	Tier 1	PA, QLC (2 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)
TRAMADOL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H	Tier 1	PA, QLC (1 cap/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)
<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)
XTAMPZA ER (<i>oxycodone</i>) ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER, ER 27 MG CP12 DETER, ER 36 MG CP12 DETER	Tier 3	PA, QLC (2 caps/day)
ZOHYDRO ER (<i>hydrocodone bitartrate</i>) ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H	Tier 3	PA, QLC (2 caps/day)

AL1 - Age 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
------------------------	-----------	----------------------------------

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)
ACTIQ (<i>fentanyl citrate</i>) 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 3	PA, QLC (4 lozenges/day; max 56 lozenges/month)
APADAZ (<i>benzhydrocodone hcl-acetaminophen</i>) 4.08-325 MG TAB, 6.12-325 MG TAB	Tier 3	PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days)
APADAZ (<i>benzhydrocodone hcl-acetaminophen</i>) 8.16-325 MG TAB	Tier 3	PA, QLC (9 tabs/day; not to exceed 135 tabs/30 days)
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)
APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) -- 325-30-16 MG TAB	Tier 1	PA, QLC (10 caps/day; max 150 caps/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (<i>benzhydrocodone hcl-acetaminophen</i>) -4.08-325 MG TAB, -6.12-325 MG TAB	Tier 1	PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (<i>benzhydrocodone hcl-acetaminophen</i>) -8.16-325 MG TAB	Tier 1	PA, QLC (9 tabs/day; not to exceed 135 tabs/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD)	Tier 1	PA, QLC (6 caps/day; max 90 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)

AL1 - Age 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
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)
CARISOPRODOL-ASPIRIN-CODEINE (<i>carisoprodol w/ aspirin & codeine</i>) -- 200-325-16 MG TAB	Tier 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)
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)
DILAUDID (<i>hydromorphone hcl</i>) 1 MG/ML LIQUID	Tier 3	QLC (4 ml/day; max 60 ml/month)
DILAUDID (<i>hydromorphone hcl</i>) 2 MG TAB	Tier 3	QLC (11 tabs/day; max 165 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 4 MG TAB	Tier 3	QLC (6 tabs/day; max 90 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 8 MG TAB	Tier 3	QLC (3 tabs/day; max 45 tabs/month)
FENTANYL CITRATE 100 MCG TAB	Tier 3	PA, QLC (4 tabs/day; max 56 tabs/month)
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 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
FENTANYL CITRATE 200 MCG TAB	Tier 3	PA, QLC (3 tabs/day; max 42 tabs/month)
FENTANYL CITRATE 400 MCG TAB	Tier 3	PA, QLC (2 tabs/day; max 28 tabs/month)
FENTANYL CITRATE 600 MCG TAB	Tier 3	PA, QLC (1 tab/day; max 14 tabs/month)
FENTANYL CITRATE 800 MCG TAB	Tier 3	PA, QLC (1 tab/day; max 14 tabs/month)

AL1 - Age 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 citrate lozenge on a handle 1200 mcg fentnyl citrte hndle</i>	Tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle</i>	Tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 200 mcg fentnyl citrte hndle</i>	Tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 400 mcg fentnyl citrte hndle</i>	Tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 600 mcg fentnyl citrte hndle</i>	Tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 800 mcg fentnyl citrte hndle</i>	Tier 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
FENTORA (<i>fentanyl citrate</i>) 100 MCG TAB	Tier 3	PA, QLC (4 tabs/day; max 56 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 200 MCG TAB	Tier 3	PA, QLC (3 tabs/day; max 42 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 400 MCG TAB	Tier 3	PA, QLC (2 tabs/day; max 28 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 600 MCG TAB	Tier 3	PA, QLC (1 tab/day; max 14 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 800 MCG TAB	Tier 3	PA, QLC (1 tab/day; max 14 tabs/month)
FIORICET/CODEINE (<i>butalbital-acetaminophen-caffeine w/ codeine</i>) 50-300-40-30 MG CAP	Tier 3	PA, QLC (6 caps/day; max 90 caps/30 days)
HYDROCODONE-ACETAMINOPHEN - 10-325 MG/15ML SOLUTION	Tier 1	PA, QLC (90 ml/day; max 1350 ml/month)
HYDROCODONE-ACETAMINOPHEN - 2.5-325 MG TAB	Tier 1	QLC (8 tabs/day, max 120 tabs/30 days)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	Tier 1	PA, QLC (90 ml/day; max 1350 ml/month)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QLC (90 ml/day; max 1350 ml/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Tier 1	PA, QLC (6 tabs/day; max 90 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 5-300 mg</i>	Tier 1	PA, QLC (8 tabs/day; max 120 tabs/30 days)

AL1 - Age 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>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Tier 1	PA, QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
HYDROCODONE-IBUPROFEN -10-200 MG TAB	Tier 1	QLC (5 tabs/day; max 75 tabs/month)
HYDROCODONE-IBUPROFEN -5-200 MG TAB	Tier 1	QLC (8 tabs/day; max 120 tabs/month)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 1	QLC (5 tabs/day; max 75 tabs/month)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Tier 1	QLC (8 tabs/day; max 120 tabs/month)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QLC (5 tabs/day; max 75 tabs/month)
HYDROMORPHONE HCL 3 MG SUPPOS	Tier 1	QLC (8 suppositories/day; max 120 suppositories/month)
<i>hydromorphone hcl liqd 1 mg/ml</i>	Tier 1	QLC (4 ml/day; max 60 ml/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)
LAZANDA (<i>fentanyl citrate</i>) 100 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION	Tier 3	PA, QLC (14 bottles/month)
LORTAB (<i>hydrocodone-acetaminophen</i>) 10-300 MG/15ML ELIXIR	Tier 3	QLC (70 ml/day; max 1050 ml/month)
MEPERIDINE HCL 50 MG/5ML SOLUTION	Tier 1	AL1 (Up to 64 yrs old), QLC (90 ml/day; max 1350 ml/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 (CONCENTRATE) 100 MG/5ML SOLUTION	Tier 1	QLC (5ml/day; max 75 ml/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)

AL1 - Age 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
MORPHINE SULFATE 15 MG TAB	Tier 1	QLC (6 tabs/day; max 90 tabs/month)
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 100 mg/5ml (20 mg/ml) (MORPHINE SULFATE (CONCENTRATE))</i>	Tier 1	QLC (5ml/day; max 75 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)
NALOCET (<i>oxycodone w/ acetaminophen</i>) 2.5-300 MG TAB	Tier 1	PA, QLC (12 tabs/day; not to exceed 180 tabs/month)
NUCYNTA (<i>tapentadol hcl</i>) 50 MG TAB	Tier 3	PA, QLC (5 tabs/day; max 75 tabs/month)
NUCYNTA (<i>tapentadol hcl</i>) 75 MG TAB, 100 MG TAB	Tier 3	PA, QLC (4 tabs/day; max 60 tabs/month)
OXAYDO (<i>oxycodone hcl</i>) 5 MG TAB	Tier 3	PA, QLC (12 tabs/day; max 180 tabs/month)
OXAYDO (<i>oxycodone hcl</i>) 7.5 MG TAB	Tier 3	PA, QLC (8 tabs/day; max 120 tabs/month)
<i>oxycodone hcl cap 5 mg</i>	Tier 1	QLC (12 caps/day; max 180 caps/month)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 1	QLC (3 ml/day; max 45 ml/month)
<i>oxycodone hcl soln 5 mg/5ml mg/ml</i>	Tier 1	QLC (60 ml/day; max 900 ml/month)
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QLC (84 tabs/month)

AL1 - Age 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>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 1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	Tier 1	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 1	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	Tier 1	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 1	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	Tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -10-300 MG TAB	Tier 1	PA, QLC (6 tabs/day; max 90 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -10-300 MG/5ML SOLUTION	Tier 3	PA, QLC (30 ml/day; max 450 ml/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -2.5-300 MG TAB, -5-300 MG TAB	Tier 1	PA, QLC (12 tabs/day; not to exceed 180 tabs/month)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -5-325 MG/5ML SOLUTION	Tier 1	QLC (840 ml/month)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -7.5-300 MG TAB	Tier 1	PA, QLC (8 tabs/day; max 120 tabs/30 days)

AL1 - Age 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
OXYCODONE-ASPIRIN -4.8355-325 MG TAB	Tier 1	QLC (12 tabs/day; max 180 tabs/month)
<i>oxymorphone hcl tab 10 mg</i>	Tier 1	PA, QLC (4 tabs/day; max 60 tabs/month)
<i>oxymorphone hcl tab 5 mg</i>	Tier 1	PA, QLC (6 tabs/day; max 90 tabs/month)
<i>pentazocine w/ naloxone tab 50-0.5 mg</i> (PENTAZOCINE-NALOXONE HCL)	Tier 1	AL1 (Up to 64 yrs old), QLC (12 tabs/day)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 10-325 MG TAB	Tier 3	QLC (6 tabs/day; max 90 tabs/30 days)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 2.5-325 MG TAB, 5-325 MG TAB	Tier 3	QLC (12 tabs/day; not to exceed 180 tabs/month)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 7.5-325 MG TAB	Tier 3	QLC (8 tabs/day; max 120 tabs/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 10-300 MG TAB	Tier 1	PA, QLC (6 tabs/day; max 90 tabs/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 10-300 MG/5ML SOLUTION	Tier 3	PA, QLC (30 ml/day; max 450 ml/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 5-300 MG TAB	Tier 1	PA, QLC (12 tabs/day; not to exceed 180 tabs/month)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 7.5-300 MG TAB	Tier 1	PA, QLC (8 tabs/day; max 120 tabs/30 days)
QDOLO (<i>tramadol hcl</i>) 5 MG/ML SOLUTION	Tier 3	PA, QLC (80 ml/day)
ROXICODONE (<i>oxycodone hcl</i>) 15 MG TAB	Tier 3	QLC (4 tabs/day; max 60 tabs/month)
ROXICODONE (<i>oxycodone hcl</i>) 30 MG TAB	Tier 3	QLC (2 tabs/day; max 30 tabs/month)
ROXICODONE (<i>oxycodone hcl</i>) 5 MG TAB	Tier 3	QLC (12 tabs/day; max 180 tabs/month)
ROXYBOND (<i>oxycodone hcl</i>) 10 MG TAB DETER	Tier 3	PA, QLC (6 tabs/day; max 90 tabs/30 days)
ROXYBOND (<i>oxycodone hcl</i>) 15 MG TAB DETER	Tier 3	PA, QLC (4 tabs/day; max 60 tabs/month)
ROXYBOND (<i>oxycodone hcl</i>) 30 MG TAB DETER	Tier 3	PA, QLC (28 tabs/month, not to exceed 2 tabs/day)
ROXYBOND (<i>oxycodone hcl</i>) 5 MG TAB DETER	Tier 3	PA, QLC (12 tabs/day; max 180 tabs/30 days)

AL1 - Age 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
SEGLENTIS (<i>celecoxib-tramadol hcl</i>) 56-44 MG TAB	Tier 3	PA, QLC (4 tabs/day; max 56 tabs/30 days)
SUBSYS (<i>fentanyl</i>) 100 MCG LIQUID, 1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID	Tier 3	PA, QLC (4 doses/day; max 56 doses/month)
SUBSYS (<i>fentanyl</i>) 200 MCG LIQUID	Tier 3	PA, QLC (3 doses/day; max 42 doses/month)
SUBSYS (<i>fentanyl</i>) 400 MCG LIQUID, 600 MCG LIQUID, 800 MCG LIQUID	Tier 3	PA, QLC (1 dose/day; max 14 doses/month)
TRAMADOL HCL 25 MG TAB, 75 MG TAB	Tier 1	PA, QLC (4 tabs/day)
TRAMADOL HCL 5 MG/ML SOLUTION	Tier 3	PA, QLC (80 ml/day)
<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)
TREZIX (<i>acetaminophen-caff-dihydrocod</i>) 320.5-30-16 MG CAP	Tier 3	PA, QLC (10 caps/day; max 140 caps/30 days)
ULTRACET (<i>tramadol-acetaminophen</i>) 37.5-325 MG TAB	Tier 3	QLC (8 tabs/day; max 112 tabs/30 days)
ULTRAM (<i>tramadol hcl</i>) 50 MG TAB	Tier 3	QLC (8 tabs/day)

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 1	QLC (50 gm/month)
<i>lidocaine oint 5%</i> (PREMIUM LIDOCAINE)	Tier 1	QLC (50 gm/month)
<i>lidocaine patch 5%</i>	Tier 1	QLC (90 patches/month)

AL1 - Age 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>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 li)	Tier 1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine lii)	Tier 1	QLC (90 patches/month)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QLC (30 gm/month)
LIDODERM (<i>lidocaine</i>) 5 % PATCH	Tier 3	QLC (90 patches/month)
SYNERA (<i>lidocaine-tetracaine</i>) 70-70 MG PATCH	Tier 3	PA, QLC (1 patch/month)
ZTLIDO (<i>lidocaine</i>) 1.8 % PATCH	Tier 3	PA, QLC (3 patches/day)

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 1	
<i>disulfiram tab 250 mg</i>	Tier 1	
<i>disulfiram tab 500 mg</i>	Tier 1	

OPIOID DEPENDENCE (Drugs for Opioid Dependence)

BELBUCA (<i>buprenorphine hcl</i>) 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM	Tier 3	PA, QLC (2 films/day)
BUNAVAIL (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 2.1-0.3 MG FILM	Tier 3	QLC (1 film/day)
BUNAVAIL (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 4.2-0.7 MG FILM, 6.3-1 MG FILM	Tier 3	QLC (2 films/day)
<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)

AL1 - Age 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>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)
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	Tier 1	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)
LUCEMYRA (<i>lofexidine hcl</i>) 0.18 MG TAB	Tier 3	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)
SUBOXONE (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 12-3 MG FILM	Tier 3	QLC (2 films/day)
SUBOXONE (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 2-0.5 MG FILM, 4-1 MG FILM	Tier 3	QLC (5 films/day)
SUBOXONE (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 8-2 MG FILM	Tier 3	QLC (3 films/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB	Tier 3	QLC (3 tabs/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB	Tier 3	QLC (1 tab/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 8.6-2.1 MG SL TAB	Tier 3	QLC (2 tabs/day)
OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)		
KLOXXADO (<i>naloxone hcl</i>) 8 MG/0.1ML LIQUID	Tier 3	PA, QLC (2 nasal sprays/30 days)
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 1	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	
NARCAN (<i>naloxone hcl</i>) 4 MG/0.1ML LIQUID	Tier 3	QLC (2 doses/month)

AL1 - Age 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
ZIMHI (<i>naloxone hcl</i>) 5 MG/0.5ML SOLN PRSYR	Tier 3	PA, QLC (2 syringes/30 days)
SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)		
APO-VARENICLINE (<i>varenicline tartrate</i>) -0.5 MG TAB, -1 MG TAB	Tier 2	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)
CHANTIX (<i>varenicline tartrate</i>) 0.5 MG TAB, 1 MG TAB	Tier 3	ACA (Preventive Health), QLC (2 tabs/day)
CHANTIX CONTINUING MONTH PAK (<i>varenicline tartrate</i>) 1 MG TAB	Tier 3	ACA (Preventive Health), QLC (2 tabs/day)
CHANTIX STARTING MONTH PAK (<i>varenicline tartrate</i>) 0.5 MG 11 & 1 MG 42 TAB THPK	Tier 3	ACA (Preventive Health), QLC (1 starting month box/28 days)
NICOTROL (<i>nicotine</i>) 10 MG INHALER	Tier 2	ACA (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS (<i>nicotine</i>) 10 MG/ML SOLUTION	Tier 2	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

ARIKAYCE (<i>amikacin sulfate liposome</i>) 590 MG/8.4ML SUSPENSION	Tier 4	PA, LA, QLC (1 vial/day)
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	
HUMATIN (<i>paromomycin sulfate</i>) 250 MG CAP	Tier 3	PA
<i>neomycin sulfate tab 500 mg</i>	Tier 1	

AL1 - Age 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>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)
CLEOCIN (<i>clindamycin hcl</i>) 75 MG CAP, 150 MG CAP, 300 MG CAP	Tier 3	
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>) 75 MG/5ML RECON SOLN	Tier 3	
CLEOCIN (<i>clindamycin phosphate vaginal</i>) 100 MG SUPPOS	Tier 2	QLC (3 suppositories/30 days)
CLEOCIN (<i>clindamycin phosphate vaginal</i>) 2 % CREAM	Tier 3	
<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	
CLINDESSE (<i>clindamycin phosphate (one dose)</i>) 2 % CREAM	Tier 2	
FIRVANQ (<i>vancomycin hcl</i>) 25 MG/ML RECON SOLN	Tier 3	PA, QLC (300 ml/month)
FIRVANQ (<i>vancomycin hcl</i>) 50 MG/ML RECON SOLN	Tier 3	PA, QLC (450 ml/30 days)
FLAGYL (<i>metronidazole</i>) 375 MG CAP, 500 MG TAB	Tier 3	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	QLC (1 packet/30 days)
HIPREX (<i>methenamine hippurate</i>) 1 GM TAB	Tier 3	
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	PA
<i>linezolid tab 600 mg</i>	Tier 1	PA
MACROBID (<i>nitrofurantoin monohyd macro</i>) 100 MG CAP	Tier 3	
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>) 25 MG CAP, 50 MG CAP, 100 MG CAP	Tier 3	

AL1 - Age 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>methenamine hippurate tab 1 gm</i>	Tier 1	
METROCREAM (<i>metronidazole (topical)</i>) METRO0.75 %	Tier 3	
METROGEL (<i>metronidazole (topical)</i>) 1 %	Tier 3	
METROLOTION (<i>metronidazole (topical)</i>) 0.75 %	Tier 3	
METRONIDAZOLE 125 MG TAB	Tier 1	PA, QLC (4 tabs/day)
<i>metronidazole cap 375 mg</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	
MONUROL (<i>fosfomycin tromethamine</i>) 3 GM PACKET	Tier 3	QLC (1 packet/30 days)
NEOMYCIN-POLYMYXIN B GU (<i>neomycin/polymyxin b gu</i>) -40- 200000 SOLUTION	Tier 1	PA, QLC (1 ml/day)
NITROFURANTOIN 50 MG/5ML SUSPENSION	Tier 3	PA, QLC (180 ml/30 days)
<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	
NORITATE (<i>metronidazole (topical)</i>) 1 % CREAM	Tier 3	PA

AL1 - Age 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
NUVESSA (<i>metronidazole vaginal</i>) 1.3 % GEL	Tier 3	QLC (2 tubes/month)
PRIMSOL (<i>trimethoprim hcl</i>) 50 MG/5ML SOLUTION	Tier 3	
SIVEXTRO (<i>tedizolid phosphate</i>) 200 MG TAB	Tier 3	PA, QLC (6 tabs/month)
SOLOSEC (<i>secnidazole</i>) 2 GM PACKET	Tier 3	PA, QLC (1 pack/month)
<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	
VANCOGIN (<i>vancomycin hcl</i>) 125 MG CAP, 250 MG CAP	Tier 3	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	Tier 1	PA, QLC (300 ml/month)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	Tier 1	PA, QLC (450 ml/30 days)
VANDAZOLE (<i>metronidazole vaginal</i>) 0.75 % GEL	Tier 3	
XACIATO (<i>clindamycin phosphate vaginal</i>) 2 % GEL	Tier 3	QLC (1 tube (8gm)/ 30 days)
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)
ZYVOX (<i>linezolid</i>) 100 MG/5ML RECON SUSP, 600 MG TAB	Tier 3	PA

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 1	
CEFACTOR ER (<i>cefaclor monohydrate</i>) 500 MG TAB 12H	Tier 1	
CEFADROXIL 1 GM TAB	Tier 1	

AL1 - Age 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>cefadroxil cap 500 mg</i>	Tier 1	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	
<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>cefixime cap 400 mg</i>	Tier 1	
<i>cefixime for susp 100 mg/5ml</i>	Tier 1	
<i>cefixime for susp 200 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	
<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	
<i>cephalexin tab 250 mg</i>	Tier 1	
<i>cephalexin tab 500 mg</i>	Tier 1	
SUPRAX (<i>cefixime</i>) 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	Tier 3	

AL1 - Age 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
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 1	
AMOXICILLIN-POT CLAVULANATE ER (<i>amoxicillin & pot clavulanate</i>) -1000-62.5 MG TAB 12H	Tier 1	

AL1 - Age 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>ampicillin cap 500 mg</i>	Tier 1	
AUGMENTIN (<i>amoxicillin & pot clavulanate</i>) 125-31.25 MG/5ML RECON SUSP	Tier 2	
AUGMENTIN (<i>amoxicillin & pot clavulanate</i>) 500-125 MG TAB	Tier 3	
AUGMENTIN ES-600 (<i>amoxicillin & pot clavulanate</i>) --42.9 MG/5ML RECON SUSP	Tier 3	
<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)
DIFICID (<i>fidaxomicin</i>) 200 MG TAB	Tier 3	PA, QLC (20 tabs/month)
DIFICID (<i>fidaxomicin</i>) 40 MG/ML RECON SUSP	Tier 3	PA, QLC (136 ml/30 days)
E.E.S. GRANULES (<i>erythromycin ethylsuccinate</i>) 200 MG/5ML RECON SUSP	Tier 3	PA
ERYPED 200 (<i>erythromycin ethylsuccinate</i>) MG/5ML RECON SUSP	Tier 3	PA

AL1 - Age 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
ERYPED 400 (<i>erythromycin ethylsuccinate</i>) MG/5ML RECON SUSP	Tier 3	PA
ERYTHROCIN STEARATE (<i>erythromycin stearate</i>) 250 MG TAB	Tier 2	PA
ERYTHROMYCIN BASE 250 MG CP DR PART	Tier 3	PA
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 1	PA
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 1	PA
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 2	PA
erythromycin ethylsuccinate tab 400 mg (E.e.s. 400)	Tier 2	PA
<i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)	Tier 1	
<i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)	Tier 1	
<i>erythromycin tab delayed release 250 mg</i>	Tier 1	
erythromycin tab delayed release 250 mg (Ery-Tab)	Tier 1	
<i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)	Tier 1	
<i>erythromycin tab delayed release 333 mg</i>	Tier 1	
erythromycin tab delayed release 333 mg (Ery-Tab)	Tier 1	
<i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE)	Tier 1	
<i>erythromycin tab delayed release 500 mg</i>	Tier 1	
erythromycin tab delayed release 500 mg (Ery-Tab)	Tier 1	
<i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE)	Tier 1	
ZITHROMAX (<i>azithromycin</i>) 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 500 MG TAB	Tier 3	

AL1 - Age 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
ZITHROMAX (<i>azithromycin</i>) 250 MG TAB	Tier 3	QLC (12 tabs/30 days)
ZITHROMAX TRI-PAK (<i>azithromycin</i>) - 500 MG TAB	Tier 3	
ZITHROMAX Z-PAK (<i>azithromycin</i>) -250 MG TAB	Tier 3	QLC (2 packs(12 tabs)/30 days)
QUINOLONES		
BAXDELA (<i>delafloxacin meglumine</i>) 450 MG TAB	Tier 3	PA, QLC (28 tabs/month)
BESIVANCE (<i>besifloxacin hcl</i>) 0.6 % SUSPENSION	Tier 3	QLC (5 ml/month)
CILOXAN (<i>ciprofloxacin hcl (ophth)</i>) 0.3 % OINTMENT	Tier 2	
CILOXAN (<i>ciprofloxacin hcl (ophth)</i>) 0.3 % SOLUTION	Tier 3	
CIPRO (<i>ciprofloxacin hcl</i>) 250 MG TAB, 500 MG TAB	Tier 3	QLC (2 tabs/day)
CIPRO (<i>ciprofloxacin</i>) 250 MG/5ML (5%) RECON SUSP	Tier 3	QLC (2 bottles/fill)
CIPRO (<i>ciprofloxacin</i>) 500 MG/5ML (10%) RECON SUSP	Tier 3	QLC (3 bottles/fill)
<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 1	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)

AL1 - Age 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
OFLOXACIN 300 MG TAB	Tier 1	
<i>ofloxacin tab 400 mg</i>	Tier 1	
SULFONAMIDES		
BACTRIM (<i>sulfamethoxazole-trimethoprim</i>) 400-80 MG TAB	Tier 3	
BACTRIM DS (<i>sulfamethoxazole-trimethoprim</i>) 800-160 MG TAB	Tier 3	
<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	
TETRACYCLINES		
ACTICLATE (<i>doxycycline hyclate</i>) 75 MG TAB, 150 MG TAB	Tier 3	PA, QLC (1 tab/day)
<i>demeclocycline hcl tab 150 mg</i>	Tier 1	
<i>demeclocycline hcl tab 300 mg</i>	Tier 1	
DORYX (<i>doxycycline hyclate</i>) 200 MG TAB DR	Tier 3	PA, QLC (1 tab/day)
DORYX (<i>doxycycline hyclate</i>) 50 MG TAB DR, 80 MG TAB DR	Tier 3	PA, QLC (2 tabs/day)
DORYX MPC (<i>doxycycline hyclate</i>) 60 MG TAB DR, 120 MG TAB DR	Tier 3	PA, QLC (2 tabs/day)
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	Tier 1	PA, QLC (1 cap/day)
DOXYCYCLINE HYCLATE 80 MG TAB DR	Tier 3	PA, QLC (2 tabs/day)
<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 150 mg</i>	Tier 1	PA, QLC (1 tab/day)

AL1 - Age 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>doxycycline hyclate tab 20 mg</i>	Tier 1	QLC (2 tabs/day)
<i>doxycycline hyclate tab 50 mg</i>	Tier 1	PA, QLC (2 tabs/day)
doxycycline hyclate tab 50 mg (Targadox)	Tier 1	PA, QLC (2 tabs/day)
<i>doxycycline hyclate tab 75 mg</i>	Tier 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 100 mg</i>	Tier 1	PA
<i>doxycycline hyclate tab delayed release 150 mg</i>	Tier 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 200 mg</i>	Tier 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 50 mg</i>	Tier 1	PA, QLC (2 tabs/day)
<i>doxycycline hyclate tab delayed release 75 mg</i>	Tier 1	PA
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
doxycycline monohydrate cap 100 mg (Mondoxyne NI)	Tier 1	
<i>doxycycline monohydrate cap 150 mg</i>	Tier 1	PA
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 75 mg</i>	Tier 1	PA
doxycycline monohydrate cap 75 mg (Mondoxyne NI)	Tier 1	PA
<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 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 75 mg</i>	Tier 1	
EMROSI (<i>minocycline hcl micronized (rosacea)</i>) 40 MG CAP ER 24H	Tier 3	PA, QLC (1 cap/day)
<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	

AL1 - Age 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>minocycline hcl tab 100 mg</i>	Tier 1	
<i>minocycline hcl tab 50 mg</i>	Tier 1	
<i>minocycline hcl tab 75 mg</i>	Tier 1	
<i>minocycline hcl tab er 24hr 105 mg</i> (MINOCYCLINE HCL ER)	Tier 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 115 mg</i> (MINOCYCLINE HCL ER)	Tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 135 mg (Coremino)	Tier 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 135 mg</i> (MINOCYCLINE HCL ER)	Tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 45 mg (Coremino)	Tier 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 45 mg</i> (MINOCYCLINE HCL ER)	Tier 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 55 mg</i> (MINOCYCLINE HCL ER)	Tier 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 65 mg</i> (MINOCYCLINE HCL ER)	Tier 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 80 mg</i> (MINOCYCLINE HCL ER)	Tier 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 90 mg (Coremino)	Tier 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 90 mg</i> (MINOCYCLINE HCL ER)	Tier 1	PA, QLC (1 tab/day)
NUZYRA (<i>omadacycline tosylate</i>) 150 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (30 caps/30 days)
ORACEA (<i>doxycycline (rosacea)</i>) 40 MG CAP DR	Tier 3	PA, QLC (1 cap/day)
SEYSARA (<i>sarecycline hcl</i>) 60 MG TAB, 100 MG TAB, 150 MG TAB	Tier 4	PA, QLC (1 tab/day)
SOLODYN (<i>minocycline hcl</i>) 55 MG TAB ER 24H, 65 MG TAB ER 24H, 80 MG TAB ER 24H, 105 MG TAB ER 24H, 115 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
<i>tetracycline hcl cap 250 mg</i>	Tier 1	
<i>tetracycline hcl cap 500 mg</i>	Tier 1	
VIBRAMYCIN (<i>doxycycline</i> (<i>monohydrate</i>)) 25 MG/5ML RECON SUSP	Tier 3	

AL1 - Age 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
VIBRAMYCIN (<i>doxycycline calcium</i>) 50 MG/5ML SYRUP	Tier 2	
VIBRAMYCIN (<i>doxycycline hyclate</i>) 100 MG CAP	Tier 3	
XIMINO (<i>minocycline hcl</i>) 45 MG CAP ER 24H, 90 MG CAP ER 24H, 135 MG CAP ER 24H	Tier 3	PA, QLC (1 cap/day)

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 3	ST, QLC (2 tabs/day)
BRIVIACT (<i>brivaracetam</i>) 10 MG/ML SOLUTION	Tier 3	ST, QLC (20 ml/day)
DEPAKOTE (<i>divalproex sodium</i>) 125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR	Tier 3	
DEPAKOTE ER (<i>divalproex sodium</i>) ER 250 MG TAB ER 24H, ER 500 MG TAB ER 24H	Tier 3	
DEPAKOTE SPRINKLES (<i>divalproex sodium</i>) 125 MG CAP DR	Tier 3	
DIACOMIT (<i>stiripentol</i>) 250 MG CAP	Tier 4	PA, LA, QLC (3 caps/day)
DIACOMIT (<i>stiripentol</i>) 250 MG PACKET	Tier 4	PA, LA, QLC (3 packets/day)
DIACOMIT (<i>stiripentol</i>) 500 MG CAP	Tier 4	PA, LA, QLC (6 caps/day)
DIACOMIT (<i>stiripentol</i>) 500 MG PACKET	Tier 4	PA, LA, QLC (6 packets/day)
<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	

AL1 - Age 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
EPIDIOLEX (<i>cannabidiol</i>) 100 MG/ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug), QLC (4 bottles/28 days)
EPRONTIA (<i>topiramate</i>) 25 MG/ML SOLUTION	Tier 3	PA, QLC (16 ml/day)
<i>felbamate susp 600 mg/5ml</i>	Tier 1	
<i>felbamate tab 400 mg</i>	Tier 1	
<i>felbamate tab 600 mg</i>	Tier 1	
FELBATOL (<i>felbamate</i>) 400 MG TAB, 600 MG TAB, 600 MG/5ML SUSPENSION	Tier 3	
FINTEPLA (<i>fenfluramine hcl (anticonvulsant)</i>) 2.2 MG/ML SOLUTION	Tier 4	PA, LA, QLC (12 ml/day)
FYCOMPA (<i>perampanel</i>) 0.5 MG/ML SUSPENSION	Tier 3	ST, QLC (24 ml/day)
FYCOMPA (<i>perampanel</i>) 2 MG TAB	Tier 3	ST, QLC (3 tabs/day)
FYCOMPA (<i>perampanel</i>) 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	Tier 3	ST, QLC (1 tab/day)
KEPPRA (<i>levetiracetam</i>) 100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB	Tier 3	
KEPPRA XR (<i>levetiracetam</i>) 500 MG TAB ER 24H	Tier 3	QLC (6 tabs/day)
KEPPRA XR (<i>levetiracetam</i>) 750 MG TAB ER 24H	Tier 3	QLC (4 tabs/day)
LAMICTAL (<i>lamotrigine</i>) 5 MG CHEW TAB, 25 MG CHEW TAB, 25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	Tier 3	
LAMICTAL ODT (<i>lamotrigine</i>) ODT 21 25 MG 7 50 MG KIT, ODT 25 50 100 MG KIT, ODT 42 50 MG 14100 MG KIT	Tier 3	PA, QLC (1 starter kit/month)
LAMICTAL ODT (<i>lamotrigine</i>) ODT 25 MG TAB DISP, ODT 50 MG TAB DISP, ODT 100 MG TAB DISP, ODT 200 MG TAB DISP	Tier 3	PA
LAMICTAL STARTER (<i>lamotrigine</i>) 35 25 MG KIT, 42 25 MG & 7 100 MG KIT, 84 25 MG & 14100 MG KIT	Tier 3	
LAMICTAL XR (<i>lamotrigine</i>) 200 MG TAB ER 24H	Tier 3	ST, QLC (3 tabs/day)

AL1 - Age 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
LAMICTAL XR (<i>lamotrigine</i>) 21 X 25 MG 7 X 50 MG KIT, 25 50 100 MG KIT, 50 100 200 MG KIT	Tier 3	ST, QLC (1 kit/month)
LAMICTAL XR (<i>lamotrigine</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H	Tier 3	ST, QLC (1 tab/day)
LAMICTAL XR (<i>lamotrigine</i>) 250 MG TAB ER 24H, 300 MG TAB ER 24H	Tier 3	ST, QLC (2 tabs/day)
<i>lamotrigine orally disintegrating tab 100 mg</i>	Tier 1	PA
<i>lamotrigine orally disintegrating tab 200 mg</i>	Tier 1	PA
<i>lamotrigine orally disintegrating tab 25 mg</i>	Tier 1	PA
<i>lamotrigine orally disintegrating tab 50 mg</i>	Tier 1	PA
<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	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (LAMOTRIGINE STARTER KIT-ORANGE)	Tier 1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Subvenite Starter Kit-Orange)	Tier 1	
lamotrigine tab 25 mg (Subvenite)	Tier 1	
<i>lamotrigine tab 35 x 25 mg starter kit</i> (LAMOTRIGINE STARTER KIT-BLUE)	Tier 1	
lamotrigine tab 35 x 25 mg starter kit (Subvenite Starter Kit-Blue)	Tier 1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (LAMOTRIGINE STARTER KIT-GREEN)	Tier 1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Subvenite Starter Kit-Green)	Tier 1	

AL1 - Age 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>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	Tier 1	PA, QLC (1 starter pack/month)
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	Tier 1	PA, QLC (1 starter pack/month)
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	Tier 1	PA, QLC (1 starter pack/month)
<i>lamotrigine tab er 24hr 100 mg</i> (LAMOTRIGINE ER)	Tier 1	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 200 mg</i> (LAMOTRIGINE ER)	Tier 1	ST, QLC (3 tabs/day)
<i>lamotrigine tab er 24hr 25 mg</i> (LAMOTRIGINE ER)	Tier 1	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 250 mg</i> (LAMOTRIGINE ER)	Tier 1	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 300 mg</i> (LAMOTRIGINE ER)	Tier 1	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 50 mg</i> (LAMOTRIGINE ER)	Tier 1	ST, QLC (1 tab/day)
LEVETIRACETAM 250 MG TAB	Tier 3	PA, QLC (2 tabs/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)
MOTPOLY XR (<i>lacosamide</i>) 100 MG CAP ER 24H	Tier 3	PA, QLC (1 cap/day)
MOTPOLY XR (<i>lacosamide</i>) 150 MG CAP ER 24H, 200 MG CAP ER 24H	Tier 3	PA, QLC (2 caps/day)

AL1 - Age 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
QUDEXY XR (<i>topiramate</i>) 150 MG CP24 SPRNK, 200 MG CP24 SPRNK	Tier 3	PA, QLC (2 caps/day)
QUDEXY XR (<i>topiramate</i>) 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK	Tier 3	PA, QLC (1 cap/day)
SPRITAM (<i>levetiracetam</i>) 1000 MG TAB	Tier 3	PA, QLC (3 tabs/day)
SPRITAM (<i>levetiracetam</i>) 250 MG TAB	Tier 3	PA, QLC (2 tabs/day)
SPRITAM (<i>levetiracetam</i>) 500 MG TAB	Tier 3	PA, QLC (2 tabs/day)
SPRITAM (<i>levetiracetam</i>) 750 MG TAB	Tier 3	PA, QLC (4 tabs/day)
TOPAMAX (<i>topiramate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB	Tier 3	
TOPAMAX SPRINKLE (<i>topiramate</i>) 15 MG CAP SPRINK, 25 MG CAP SPRINK	Tier 3	
TOPIRAMATE 50 MG CAP SPRINK	Tier 1	PA
<i>topiramate cap er 24hr 100 mg</i> (TOPIRAMATE ER)	Tier 1	PA, QLC (3 caps/day)
<i>topiramate cap er 24hr 200 mg</i> (TOPIRAMATE ER)	Tier 1	PA, QLC (2 caps/day)
<i>topiramate cap er 24hr 25 mg</i> (TOPIRAMATE ER)	Tier 1	PA, QLC (3 caps/day)
<i>topiramate cap er 24hr 50 mg</i> (TOPIRAMATE ER)	Tier 1	PA, QLC (7 caps/day)
<i>topiramate cap er 24hr sprinkle 100 mg</i> (TOPIRAMATE ER)	Tier 1	PA, QLC (1 cap/day)
<i>topiramate cap er 24hr sprinkle 150 mg</i> (TOPIRAMATE ER)	Tier 1	PA, QLC (2 caps/day)
<i>topiramate cap er 24hr sprinkle 200 mg</i> (TOPIRAMATE ER)	Tier 1	PA, QLC (2 caps/day)
<i>topiramate cap er 24hr sprinkle 25 mg</i> (TOPIRAMATE ER)	Tier 1	PA, QLC (1 cap/day)
<i>topiramate cap er 24hr sprinkle 50 mg</i> (TOPIRAMATE ER)	Tier 1	PA, QLC (1 cap/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	

AL1 - Age 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>topiramate tab 50 mg</i>	Tier 1	
TROKENDI XR (<i>topiramate</i>) 200 MG CAP ER 24H	Tier 3	PA, QLC (2 caps/day)
TROKENDI XR (<i>topiramate</i>) 25 MG CAP ER 24H, 100 MG CAP ER 24H	Tier 3	PA, QLC (3 caps/day)
TROKENDI XR (<i>topiramate</i>) 50 MG CAP ER 24H	Tier 3	PA, QLC (7 caps/day)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> (VALPROIC ACID)	Tier 1	
<i>valproic acid cap 250 mg</i>	Tier 1	
XCOPRI (<i>cenobamate</i>) 150 MG TAB, 200 MG TAB	Tier 3	PA, QLC (2 tabs/day)
XCOPRI (<i>cenobamate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 3	PA, QLC (1 tab/day)

CALCIUM CHANNEL MODIFYING AGENTS

CELONTIN (<i>methsuximide</i>) 300 MG CAP	Tier 3	
<i>ethosuximide cap 250 mg</i>	Tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	
<i>methsuximide cap 300 mg</i>	Tier 1	
ZARONTIN (<i>ethosuximide</i>) 250 MG CAP, 250 MG/5ML SOLUTION	Tier 3	

GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam suspension 2.5 mg/ml</i>	Tier 1	ST, QLC (16 ml/day)
<i>clobazam tab 10 mg</i>	Tier 1	ST, QLC (4 tabs/day)
<i>clobazam tab 20 mg</i>	Tier 1	ST, QLC (2 tabs/day)
DIASTAT ACUDIAL (<i>diazepam (anticonvulsant)</i>) 10 MG GEL, 20 MG GEL	Tier 3	QLC (1 kit [2 doses]/fill)
DIASTAT PEDIATRIC (<i>diazepam (anticonvulsant)</i>) 2.5 MG GEL	Tier 3	QLC (1 kit [2 doses]/fill)
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)

AL1 - Age 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>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	
GABARONE (<i>gabapentin</i>) 100 MG TAB	Tier 1	PA, QLC (6 tabs/day)
GABARONE (<i>gabapentin</i>) 400 MG TAB	Tier 1	PA, QLC (9 tabs/day)
GABITRIL (<i>tiagabine hcl</i>) 2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB	Tier 3	
LIBERVANT (<i>diazepam (anticonvulsant)</i>) 5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM	Tier 3	PA, QLC (5 fills/30 days)
MYSOLINE (<i>primidone</i>) 50 MG TAB, 250 MG TAB	Tier 3	
NAYZILAM (<i>midazolam (anticonvulsant)</i>) 5 MG/0.1ML SOLUTION	Tier 3	PA, QLC (5 fills/30 days)
NEURONTIN (<i>gabapentin</i>) 100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB	Tier 3	
ONFI (<i>clobazam</i>) 10 MG TAB	Tier 3	ST, QLC (4 tabs/day)
ONFI (<i>clobazam</i>) 2.5 MG/ML SUSPENSION	Tier 3	ST, QLC (16 ml/day)
ONFI (<i>clobazam</i>) 20 MG TAB	Tier 3	ST, QLC (2 tabs/day)
<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	

AL1 - Age 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>primidone tab 250 mg</i>	Tier 1	
<i>primidone tab 50 mg</i>	Tier 1	
SABRIL (<i>vigabatrin</i>) 500 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (6 packs/day)
SABRIL (<i>vigabatrin</i>) 500 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day)
SYMPAZAN (<i>clobazam</i>) 5 MG FILM, 10 MG FILM, 20 MG FILM	Tier 3	PA, QLC (2 films/day)
<i>tiagabine hcl tab 12 mg</i>	Tier 1	
<i>tiagabine hcl tab 16 mg</i>	Tier 1	
<i>tiagabine hcl tab 2 mg</i>	Tier 1	
<i>tiagabine hcl tab 4 mg</i>	Tier 1	
VALTOCO 10 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	Tier 3	PA, QLC (10 sprays/30 days)
VALTOCO 15 MG DOSE (<i>diazepam (anticonvulsant)</i>) 2 X 7.5 /0.1ML LIQD THPK	Tier 3	PA, QLC (10 sprays/30 days)
VALTOCO 20 MG DOSE (<i>diazepam (anticonvulsant)</i>) 0 X 10 /0.1ML LIQD THPK	Tier 3	PA, QLC (10 sprays/30 days)
VALTOCO 5 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	Tier 3	PA, QLC (10 sprays/30 days)
<i>vigabatrin powd pack 500 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (6 packs/day)
vigabatrin powd pack 500 mg (Vigadrone)	Tier 4	PA, LA, QLC (6 packs/day)
vigabatrin powd pack 500 mg (Vigpoder)	Tier 4	PA, LA, S (Specialty Drug), QLC (6 packs/day)
<i>vigabatrin tab 500 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day)
vigabatrin tab 500 mg (Vigadrone)	Tier 4	PA, LA, QLC (6 tabs/day)
VIGAFYDE (<i>vigabatrin</i>) 100 MG/ML SOLUTION	Tier 4	PA, LA, QLC (750 ml/30 days)
ZTALMY (<i>ganaxolone</i>) 50 MG/ML SUSPENSION	Tier 4	PA, LA, QLC (36 ml/day)
SODIUM CHANNEL AGENTS		
APTIOM (<i>eslicarbazepine acetate</i>) 200 MG TAB, 400 MG TAB	Tier 3	ST, QLC (1 tab/day)

AL1 - Age 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
APTIOM (<i>eslicarbazepine acetate</i>) 600 MG TAB, 800 MG TAB	Tier 3	ST, QLC (2 tabs/day)
BANZEL (<i>rufinamide</i>) 200 MG TAB	Tier 3	ST, QLC (16 tabs/day)
BANZEL (<i>rufinamide</i>) 40 MG/ML SUSPENSION	Tier 3	ST, QLC (80 ml/day)
BANZEL (<i>rufinamide</i>) 400 MG TAB	Tier 3	ST, QLC (8 tabs/day)
CARBAMAZEPINE 200 MG CHEW TAB	Tier 1	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 (Eitol)	Tier 1	
<i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER)	Tier 1	
<i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER)	Tier 1	
<i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER)	Tier 1	
CARBATROL (<i>carbamazepine</i>) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	Tier 3	
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)

AL1 - Age 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>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 1	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>oxcarbazepine tab er 24hr 150 mg</i> (OXCARBAZEPINE ER)	Tier 1	ST, QLC (1 tab/day)
<i>oxcarbazepine tab er 24hr 300 mg</i> (OXCARBAZEPINE ER)	Tier 1	ST, QLC (1 tab/day)
<i>oxcarbazepine tab er 24hr 600 mg</i> (OXCARBAZEPINE ER)	Tier 1	ST, QLC (4 tabs/day)
OXTELLAR XR (<i>oxcarbazepine</i>) 150 MG TAB ER 24H, 300 MG TAB ER 24H	Tier 3	ST, QLC (1 tab/day)
OXTELLAR XR (<i>oxcarbazepine</i>) 600 MG TAB ER 24H	Tier 3	ST, 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>rufinamide susp 40 mg/ml</i>	Tier 1	ST, QLC (80 ml/day)
<i>rufinamide tab 200 mg</i>	Tier 1	ST, QLC (16 tabs/day)
<i>rufinamide tab 400 mg</i>	Tier 1	ST, QLC (8 tabs/day)
TEGRETOL (<i>carbamazepine</i>) 100 MG/5ML SUSPENSION, 200 MG TAB	Tier 3	
TEGRETOL-XR (<i>carbamazepine</i>) -100 MG TAB ER 12H, -200 MG TAB ER 12H, - 400 MG TAB ER 12H	Tier 3	

AL1 - Age 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
TRILEPTAL (<i>oxcarbazepine</i>) 150 MG TAB	Tier 3	QLC (16 tabs/day)
TRILEPTAL (<i>oxcarbazepine</i>) 300 MG TAB	Tier 3	QLC (8 tabs/day)
TRILEPTAL (<i>oxcarbazepine</i>) 300 MG/5ML SUSPENSION	Tier 3	QLC (40 ml/day)
TRILEPTAL (<i>oxcarbazepine</i>) 600 MG TAB	Tier 3	QLC (4 tabs/day)
VIMPAT (<i>lacosamide</i>) 10 MG/ML SOLUTION	Tier 3	QLC (40 ml/day)
VIMPAT (<i>lacosamide</i>) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	Tier 3	QLC (2 tabs/day)
XCOPRI (250 MG DAILY DOSE) (<i>cenobamate</i>) MG 50 200 MG TAB THPK, MG 100 150 MG TAB THPK	Tier 3	PA, QLC (2 tabs/day)
XCOPRI (350 MG DAILY DOSE) (<i>cenobamate</i>) 150 & 200 TAB THPK	Tier 3	PA, QLC (2 tabs/day)
XCOPRI (<i>cenobamate</i>) COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	Tier 3	PA, QLC (28 tabs/84 days)
ZONEGRAN (<i>zonisamide</i>) 25 MG CAP, 100 MG CAP	Tier 3	
ZONISADE (<i>zonisamide</i>) 100 MG/5ML SUSPENSION	Tier 3	PA, QLC (30 ml/day)
<i>zonisamide cap 100 mg</i>	Tier 1	
<i>zonisamide cap 25 mg</i>	Tier 1	
<i>zonisamide cap 50 mg</i>	Tier 1	

ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	Tier 1	
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	Tier 1	QLC (1 cap/day)
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	Tier 1	QLC (1 cap/day)
NAMZARIC (<i>memantine hcl-donepezil hcl</i>) 14-10 MG CAP ER 24H, 28-10 MG CAP ER 24H	Tier 2	QLC (1 cap/day)
NAMZARIC (<i>memantine hcl-donepezil hcl</i>) 7 & 14 & 21 & 28 -10 MG CP24 THPK	Tier 2	QLC (1 dose-pack/6 months)

AL1 - Age 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
NAMZARIC (<i>memantine hcl-donepezil hcl</i>) 7-10 MG CAP ER 24H, 21-10 MG CAP ER 24H	Tier 2	QLC (1 cap/day)
CHOLINESTERASE INHIBITORS		
ADLARITY (<i>donepezil hydrochloride</i>) 5 MG/DAY PATCH WK, 10 MG/DAY PATCH WK	Tier 3	PA, QLC (4 patches/28 days)
ARICEPT (<i>donepezil hydrochloride</i>) 23 MG TAB	Tier 3	ST, QLC (1 tab/day)
ARICEPT (<i>donepezil hydrochloride</i>) 5 MG TAB, 10 MG TAB	Tier 3	
<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	
EXELON (<i>rivastigmine</i>) 4.6 MG/24HR PATCH 24HR, 9.5 MG/24HR PATCH 24HR, 13.3 MG/24HR PATCH 24HR	Tier 3	QLC (1 patch/day)
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	Tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER)	Tier 1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i> (GALANTAMINE HYDROBROMIDE ER) <i>hr</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i> (GALANTAMINE HYDROBROMIDE ER)	Tier 1	
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	

AL1 - Age 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
RAZADYNE ER (<i>galantamine hydrobromide</i>) ER 8 MG CAP ER 24H, ER 16 MG CAP ER 24H, ER 24 MG CAP ER 24H	Tier 3	
<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	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	QLC (1 patch/day)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl cap er 24hr 14 mg</i> (MEMANTINE HCL ER)	Tier 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 21 mg</i> (MEMANTINE HCL ER)	Tier 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 28 mg</i> (MEMANTINE HCL ER)	Tier 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 7 mg</i> (MEMANTINE HCL ER)	Tier 1	QLC (1 cap/day)
<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)
NAMENDA (<i>memantine hcl</i>) 5 MG TAB, 10 MG TAB	Tier 3	QLC (2 tabs/day)
NAMENDA TITRATION PAK (<i>memantine hcl</i>) 28 X 5 MG & 21 X 10 MG TAB	Tier 3	
NAMENDA XR (<i>memantine hcl</i>) 7 MG CAP ER 24H, 14 MG CAP ER 24H, 21 MG CAP ER 24H, 28 MG CAP ER 24H	Tier 3	QLC (1 cap/day)
NAMENDA XR TITRATION PACK (<i>memantine hcl</i>) 7 & 14 & 21 & 28 MG CAP ER 24H	Tier 2	QLC (1 pack (28 caps)/28 days; 2 fills/year)

AL1 - Age 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
------------------------	-----------	----------------------------------

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

APLENZIN (<i>bupropion hydrobromide</i>) 174 MG TAB ER 24H, 522 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
APLENZIN (<i>bupropion hydrobromide</i>) 348 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
AUVELITY (<i>dextromethorphan hydrobromide-bupropion hydrochloride</i>) 45-105 MG TAB ER	Tier 3	PA, QLC (2 tabs/day)
BUPROPION HCL ER (XL) 450 MG TAB 24H	Tier 1	PA, QLC (1 tab/day)
<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)
CHLORDIAZEPOXIDE-AMITRIPTYLINE - 5-12.5 MG TAB, -10-25 MG TAB	Tier 1	
FORFIVO XL (<i>bupropion hcl</i>) 450 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
LYBALVI (<i>olanzapine-samidorphane l-malate</i>) 5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB	Tier 3	PA, 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	

AL1 - Age 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>mirtazapine tab 15 mg</i>	Tier 1	
<i>mirtazapine tab 30 mg</i>	Tier 1	
<i>mirtazapine tab 45 mg</i>	Tier 1	
<i>mirtazapine tab 7.5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 6-50 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	
REMERON (<i>mirtazapine</i>) 15 MG TAB, 30 MG TAB	Tier 3	
REMERON SOLTAB (<i>mirtazapine</i>) 15 MG TAB DISP, 30 MG TAB DISP, 45 MG TAB DISP	Tier 3	
SYMBYAX (<i>olanzapine-fluoxetine hcl</i>) 3-25 MG CAP, 6-25 MG CAP, 6-50 MG CAP, 12-50 MG CAP	Tier 3	
WELLBUTRIN SR (<i>bupropion hcl</i>) 100 MG TAB ER 12H	Tier 3	QLC (4 tabs/day)
WELLBUTRIN SR (<i>bupropion hcl</i>) 150 MG TAB ER 12H	Tier 3	QLC (3 tabs/day)
WELLBUTRIN SR (<i>bupropion hcl</i>) 200 MG TAB ER 12H	Tier 3	QLC (2 tabs/day)
WELLBUTRIN XL (<i>bupropion hcl</i>) 150 MG TAB ER 24H	Tier 3	QLC (3 tabs/day)
WELLBUTRIN XL (<i>bupropion hcl</i>) 300 MG TAB ER 24H	Tier 3	QLC (1 tab/day)
ZURZUVAE (<i>zuranolone</i>) 20 MG CAP, 25 MG CAP	Tier 3	PA, QLC (2 caps/day; max 28 caps/365 days)
ZURZUVAE (<i>zuranolone</i>) 30 MG CAP	Tier 3	PA, QLC (1 cap/day; max 14 caps/365 days)

AL1 - Age 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
------------------------	-----------	----------------------------------

MONOAMINE OXIDASE INHIBITORS

EMSAM (<i>selegiline</i>) 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR	Tier 3	
MARPLAN (<i>isocarboxazid</i>) 10 MG TAB	Tier 3	
NARDIL (<i>phenelzine sulfate</i>) 15 MG TAB	Tier 3	
PARNATE (<i>tranylcypromine sulfate</i>) 10 MG TAB	Tier 3	
PHENELZINE SULFATE 15 MG TAB	Tier 1	
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1	

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

BRISDELLE (<i>paroxetine mesylate (vasomotor)</i>) 7.5 MG CAP	Tier 3	QLC (1 cap/day)
CELEXA (<i>citalopram hydrobromide</i>) 10 MG TAB	Tier 3	QLC (4 tabs/day)
CELEXA (<i>citalopram hydrobromide</i>) 20 MG TAB	Tier 3	QLC (2 tabs/day)
CELEXA (<i>citalopram hydrobromide</i>) 40 MG TAB	Tier 3	QLC (1 tab/day)
CITALOPRAM HYDROBROMIDE 30 MG CAP	Tier 3	ST, QLC (1 cap/day)
<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)
DESVENLAFAXINE ER ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	Tier 1	QLC (1 tab/day)

AL1 - Age 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>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	Tier 1	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	Tier 1	QLC (1 tab/day)
EFFEXOR XR (<i>venlafaxine hcl</i>) 37.5 MG CAP ER 24H, 150 MG CAP ER 24H	Tier 3	QLC (2 caps/day)
EFFEXOR XR (<i>venlafaxine hcl</i>) 75 MG CAP ER 24H	Tier 3	QLC (3 caps/day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>	Tier 1	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)
FETZIMA (<i>levomilnacipran hcl</i>) 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H	Tier 3	PA, QLC (1 cap/day)
FETZIMA TITRATION (<i>levomilnacipran hcl</i>) 20 & 40 MG CP24 THPK	Tier 3	PA, QLC (1 cap/day)
FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB	Tier 1	QLC (1 tab/day)
FLUOXETINE HCL 60 MG TAB	Tier 3	
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 1	
<i>fluoxetine hcl tab 20 mg</i>	Tier 1	
<i>fluoxetine hcl tab 60 mg</i>	Tier 3	
<i>fluvoxamine maleate cap er 24hr 100 mg</i> (FLUVOXAMINE MALEATE ER)	Tier 1	ST, QLC (3 caps/day)
<i>fluvoxamine maleate cap er 24hr 150 mg</i> (FLUVOXAMINE MALEATE ER)	Tier 1	ST, QLC (2 caps/day)

AL1 - Age 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>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)
LEXAPRO (<i>escitalopram oxalate</i>) 10 MG TAB	Tier 3	QLC (4 tabs/day)
LEXAPRO (<i>escitalopram oxalate</i>) 20 MG TAB	Tier 3	QLC (2 tabs/day)
LEXAPRO (<i>escitalopram oxalate</i>) 5 MG TAB	Tier 3	QLC (8 tabs/day)
NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB	Tier 1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	Tier 1	QLC (30 ml/day)
<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>paroxetine hcl tab er 24hr 12.5 mg (PAROXETINE HCL ER)</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 25 mg (PAROXETINE HCL ER)</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 37.5 mg (PAROXETINE HCL ER)</i>	Tier 1	
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	Tier 1	QLC (1 cap/day)
PAXIL (<i>paroxetine hcl</i>) 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB	Tier 3	
PAXIL (<i>paroxetine hcl</i>) 10 MG/5ML SUSPENSION	Tier 3	QLC (30 ml/day)
PAXIL CR (<i>paroxetine hcl</i>) 12.5 MG TAB ER 24H, 25 MG TAB ER 24H, 37.5 MG TAB ER 24H	Tier 3	
PEXEVA (<i>paroxetine mesylate</i>) 10 MG TAB, 20 MG TAB, 40 MG TAB	Tier 3	PA, QLC (1 tab/day)
PEXEVA (<i>paroxetine mesylate</i>) 30 MG TAB	Tier 3	PA, QLC (2 tabs/day)

AL1 - Age 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
PRISTIQ (<i>desvenlafaxine succinate</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H	Tier 3	QLC (1 tab/day)
PROZAC (<i>fluoxetine hcl</i>) 10 MG CAP, 20 MG CAP, 40 MG CAP	Tier 3	
SERTRALINE HCL 150 MG CAP, 200 MG CAP	Tier 3	QLC (1 cap/day)
<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	
TRINTELLIX (<i>vortioxetine hbr</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB	Tier 3	ST, QLC (1 tab/day)
VENLAFAXINE BESYLATE ER 112.5 MG TAB 24H	Tier 3	QLC (1 tab/day)
<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)
<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	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	Tier 1	QLC (1 tab/day)

AL1 - Age 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>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	Tier 3	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	Tier 1	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	Tier 1	QLC (1 tab/day)
VIIBRYD (<i>vilazodone hcl</i>) 10 MG TAB, 20 MG TAB, 40 MG TAB	Tier 3	ST, QLC (1 tab/day)
VIIBRYD STARTER PACK (<i>vilazodone hcl</i>) 10 & 20 MG KIT	Tier 3	ST, QLC (1 pack (30 tabs)/30 days; 2 fills/year)
<i>vilazodone hcl tab 10 mg</i>	Tier 1	ST, QLC (1 tab/day)
<i>vilazodone hcl tab 20 mg</i>	Tier 1	ST, QLC (1 tab/day)
<i>vilazodone hcl tab 40 mg</i>	Tier 1	ST, QLC (1 tab/day)
ZOLOFT (<i>sertraline hcl</i>) 20 MG/ML CONC, 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 3	

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	
ANAFRANIL (<i>clomipramine hcl</i>) 25 MG CAP, 50 MG CAP, 75 MG CAP	Tier 3	
<i>clomipramine hcl cap 25 mg</i>	Tier 1	
<i>clomipramine hcl cap 50 mg</i>	Tier 1	
<i>clomipramine hcl cap 75 mg</i>	Tier 1	
<i>desipramine hcl tab 10 mg</i>	Tier 1	
<i>desipramine hcl tab 100 mg</i>	Tier 1	

AL1 - Age 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>desipramine hcl tab 150 mg</i>	Tier 1	
<i>desipramine hcl tab 25 mg</i>	Tier 1	
<i>desipramine hcl tab 50 mg</i>	Tier 1	
<i>desipramine hcl tab 75 mg</i>	Tier 1	
<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	
<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>imipramine pamoate cap 100 mg</i>	Tier 1	
<i>imipramine pamoate cap 125 mg</i>	Tier 1	
<i>imipramine pamoate cap 150 mg</i>	Tier 1	
<i>imipramine pamoate cap 75 mg</i>	Tier 1	
NORPRAMIN (<i>desipramine hcl</i>) 10 MG TAB, 25 MG TAB	Tier 3	
<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 1	
PAMELOR (<i>nortriptyline hcl</i>) 10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP	Tier 3	
<i>protriptyline hcl tab 10 mg</i>	Tier 1	
<i>protriptyline hcl tab 5 mg</i>	Tier 1	
<i>trimipramine maleate cap 100 mg</i>	Tier 1	
<i>trimipramine maleate cap 25 mg</i>	Tier 1	
<i>trimipramine maleate cap 50 mg</i>	Tier 1	

AL1 - Age 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
------------------------	-----------	----------------------------------

ANTIEMETICS (Drugs for Nausea and Vomiting)

ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

BONJESTA (<i>doxylamine-pyridoxine</i>) 20-20 MG TAB ER	Tier 3	PA, QLC (2 tabs/day)
DICLEGIS (<i>doxylamine-pyridoxine</i>) 10-10 MG TAB DR	Tier 3	QLC (4 tabs/day)
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Tier 1	QLC (4 tabs/day)
GIMOTI (<i>metoclopramide hcl</i>) 15 MG/ACT SOLUTION	Tier 3	PA, QLC (19.6 ml (2 bottles)/ 84 days)
METOCLOPRAMIDE HCL 5 MG TAB DISP, 10 MG TAB DISP	Tier 1	PA, QLC (4 tabs/day)
<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	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine suppos 25 mg</i>	Tier 1	
prochlorperazine suppos 25 mg (Compro)	Tier 1	
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	
promethazine hcl suppos 12.5 mg (Promethegan)	Tier 1	
<i>promethazine hcl suppos 25 mg</i>	Tier 1	
promethazine hcl suppos 25 mg (Promethegan)	Tier 1	

AL1 - Age 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>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 1	QLC (1 suppository/day)
REGLAN (<i>metoclopramide hcl</i>) 5 MG TAB, 10 MG TAB	Tier 3	
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	
TIGAN (<i>trimethobenzamide hcl</i>) 300 MG CAP	Tier 3	
TRANSDERM SCOP (1.5 MG) (<i>scopolamine</i>) (.5 MG/3DAYS PATCH 72HR	Tier 3	
TRANSDERM-SCOP (<i>scopolamine</i>) -1 MG/3DAYS PATCH 72HR	Tier 3	
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	
EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)		
AKYNZEO (<i>netupitant-palonosetron</i>) 300-0.5 MG CAP	Tier 3	QLC (4 caps/28 days)
ANZEMET (<i>dolasetron mesylate</i>) 100 MG TAB	Tier 2	QLC (1 tab/fill)
ANZEMET (<i>dolasetron mesylate</i>) 50 MG TAB	Tier 2	QLC (2 tabs/fill)
<i>aprepitant capsule 125 mg</i>	Tier 1	QLC (4 caps/28 days)
<i>aprepitant capsule 40 mg</i>	Tier 1	QLC (1 cap/month)
<i>aprepitant capsule 80 mg</i>	Tier 1	QLC (8 caps/28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	QLC (12 caps/28 days)
<i>dronabinol cap 10 mg</i>	Tier 1	QLC (6 caps/day)
<i>dronabinol cap 2.5 mg</i>	Tier 1	QLC (6 caps/day)
<i>dronabinol cap 5 mg</i>	Tier 1	QLC (6 caps/day)
EMEND (<i>aprepitant</i>) 125 MG/5ML RECON SUSP	Tier 3	PA, QLC (12 packets/28 days)
EMEND (<i>aprepitant</i>) 80 MG CAP	Tier 3	QLC (8 caps/28 days)
EMEND TRI-PACK (<i>aprepitant</i>) -80 & 125 MG CAP	Tier 3	QLC (12 caps/28 days)

AL1 - Age 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>granisetron hcl tab 1 mg</i>	Tier 1	QLC (12 tabs/30 days)
MARINOL (<i>dronabinol</i>) 2.5 MG CAP, 5 MG CAP, 10 MG CAP	Tier 3	QLC (6 caps/day)
ONDANSETRON 16 MG TAB DISP	Tier 1	PA, QLC (1 tab/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)
SANCUSO (<i>granisetron</i>) 3.1 MG/24HR PATCH	Tier 3	PA, QLC (2 patches/28 days)
SYNDROS (<i>dronabinol</i>) 5 MG/ML SOLUTION	Tier 4	PA, QLC (4 bottles/month)
VARUBI (180 MG DOSE) (<i>rolapitant hcl</i>) 2 X 90 TAB THPK	Tier 3	LA, QLC (2 tabs/14 days)
ZOFRAN (<i>ondansetron hcl</i>) 4 MG TAB	Tier 3	QLC (6 tabs/day)

ANTIFUNGALS (Drugs for Fungal Infections)

ANCOBON (<i>flucytosine</i>) 250 MG CAP, 500 MG CAP	Tier 3	
<i>clotrimazole troche 10 mg</i>	Tier 1	
CRESEMBA (<i>isavuconazonium sulfate</i>) 186 MG CAP	Tier 4	PA, QLC (2 caps/day)
CRESEMBA (<i>isavuconazonium sulfate</i>) 74.5 MG CAP	Tier 4	PA, QLC (5 caps/day)
DIFLUCAN (<i>fluconazole</i>) 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	Tier 3	
<i>econazole nitrate cream 1%</i>	Tier 1	
ERTACZO (<i>sertaconazole nitrate</i>) 2 % CREAM	Tier 3	ST, QLC (1 tube/fill)
EXELDERM (<i>sulconazole nitrate</i>) 1 % CREAM, 1 % SOLUTION	Tier 3	

AL1 - Age 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
EXTINA (<i>ketoconazole (topical)</i>) 2 % FOAM	Tier 3	ST
<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>flucytosine cap 250 mg</i>	Tier 1	
<i>flucytosine cap 500 mg</i>	Tier 1	
FULVICIN P/G 165 (<i>griseofulvin ultramicrosize</i>) MG TAB	Tier 1	PA, QLC (2 tabs/day)
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize tab 500 mg</i>	Tier 1	
GRISEOFULVIN ULTRAMICROSIZED 165 MG TAB	Tier 1	PA, QLC (2 tabs/day)
<i>griseofulvin ultramicrosize tab 125 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	Tier 1	
GYNAZOLE-1 (<i>butoconazole nitrate (one dose)</i>) -2 % CREAM	Tier 1	
<i>itraconazole cap 100 mg</i>	Tier 1	QLC (4 caps/day)
<i>itraconazole oral soln 10 mg/ml</i>	Tier 1	PA
JUBLIA (<i>efinaconazole</i>) 10 % SOLUTION	Tier 3	PA, QLC (1 bottle (4ml)/month)
KERYDIN (<i>tavaborole</i>) 5 % SOLUTION	Tier 3	PA, QLC (10 ml/30 days)
<i>ketoconazole cream 2%</i>	Tier 1	
<i>ketoconazole foam 2%</i>	Tier 1	ST
ketoconazole foam 2% (Ketodan)	Tier 1	ST
<i>ketoconazole shampoo 2%</i>	Tier 1	
<i>ketoconazole tab 200 mg</i>	Tier 1	
LULICONAZOLE 1 % CREAM	Tier 1	ST, QLC (1 bottle/month)
LUZU (<i>luliconazole</i>) 1 % CREAM	Tier 3	ST, QLC (1 bottle/month)
MICONAZOLE 3 (<i>miconazole nitrate vaginal</i>) 200 MG SUPPOS	Tier 1	

AL1 - Age 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
MICONAZOLE-ZINC OXIDE-PETROLAT (<i>miconazole-zinc oxide-white petrolatum</i>) --0.25-15-81.35 % OINTMENT	Tier 1	ST
NAFTIFINE HCL 1 % CREAM	Tier 1	ST
<i>naftifine hcl cream 2%</i>	Tier 1	ST
<i>naftifine hcl gel 1%</i>	Tier 1	ST
<i>naftifine hcl gel 2%</i>	Tier 1	ST
NAFTIN (<i>naftifine hcl</i>) 1 % GEL, 2 % GEL	Tier 3	ST
NOXAFIL (<i>posaconazole</i>) 100 MG TAB DR	Tier 3	PA, QLC (3 tabs/day)
NOXAFIL (<i>posaconazole</i>) 300 MG PACKET	Tier 3	PA, QLC (1 packet/day)
NOXAFIL (<i>posaconazole</i>) 40 MG/ML SUSPENSION	Tier 3	PA
<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>oxiconazole nitrate cream 1%</i>	Tier 1	ST
OXISTAT (<i>oxiconazole nitrate</i>) 1 % CREAM, 1 % LOTION	Tier 3	ST
<i>posaconazole susp 40 mg/ml</i>	Tier 1	PA
<i>posaconazole tab delayed release 100 mg</i>	Tier 1	PA, QLC (3 tabs/day)
SPORANOX (<i>itraconazole</i>) 10 MG/ML SOLUTION	Tier 3	PA
SPORANOX (<i>itraconazole</i>) 100 MG CAP	Tier 3	QLC (4 caps/day)

AL1 - Age 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
SPORANOX PULSEPAK (<i>itraconazole</i>) 100 MG CAP	Tier 3	QLC (4 caps/day)
<i>tavaborole soln 5%</i>	Tier 1	PA, QLC (10 ml/30 days)
<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>terconazole vaginal suppos 80 mg</i>	Tier 1	
TOLSURA (<i>itraconazole</i>) 65 MG CAP	Tier 4	PA, QLC (4 caps/day)
VFEND (<i>voriconazole</i>) 40 MG/ML RECON SUSP, 50 MG TAB, 200 MG TAB	Tier 3	PA
VIVJOA (<i>oteseconazole</i>) 150 MG CAP THPK	Tier 3	PA, QLC (18 caps/84 days)
<i>voriconazole for susp 40 mg/ml</i>	Tier 1	PA
<i>voriconazole tab 200 mg</i>	Tier 1	PA
<i>voriconazole tab 50 mg</i>	Tier 1	PA
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>) 0.25-15-81.35 % OINTMENT	Tier 3	ST
XOLEGEL (<i>ketoconazole (topical)</i>) 2 %	Tier 3	ST

ANTIGOUT AGENTS (Drugs for Gout)

<i>allopurinol tab 100 mg</i>	Tier 1	
<i>allopurinol tab 200 mg</i>	Tier 1	PA, QLC (4 tabs/day)
<i>allopurinol tab 300 mg</i>	Tier 1	
<i>colchicine cap 0.6 mg</i>	Tier 1	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	
COLCRYS (<i>colchicine</i>) 0.6 MG TAB	Tier 3	QLC (4 tabs/day)
<i>febuxostat tab 40 mg</i>	Tier 1	ST, QLC (1 tab/day)
<i>febuxostat tab 80 mg</i>	Tier 1	ST, QLC (1 tab/day)
GLOPERBA (<i>colchicine</i>) 0.6 MG/5ML SOLUTION	Tier 3	PA, QLC (10 ml/day)
MITIGARE (<i>colchicine</i>) 0.6 MG CAP	Tier 3	QLC (2 caps/day)
<i>probenecid tab 500 mg</i>	Tier 1	

AL1 - Age 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
ULORIC (<i>febuxostat</i>) 40 MG TAB, 80 MG TAB	Tier 3	ST, QLC (1 tab/day)
ZYLOPRIM (<i>allopurinol</i>) 100 MG TAB, 300 MG TAB	Tier 3	

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)
AJOVY (<i>fremanezumab-vfrm</i>) 225 MG/1.5ML SOLN PRSYR	Tier 3	PA, QLC (3 syringes/84 days)
AJOVY (<i>fremanezumab-vfrm</i>) JOVY 225 MG/1.5ML SOLN -INJ	Tier 3	PA, QLC (3 autoinjectors/84 days)
EMGALITY (300 MG DOSE) (<i>galcanezumab-gnlm</i>) 100 /ML SOLN PRSYR	Tier 3	PA, QLC (3 syringes/30 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)
NURTEC (<i>rimegepant sulfate</i>) 75 MG TAB DISP	Tier 2	PA, QLC (16 tabs/30 days)
QULIPTA (<i>atogepant</i>) 10 MG TAB, 30 MG TAB, 60 MG TAB	Tier 3	PA, QLC (1 tab/day)
UBRELVY (<i>ubrogepant</i>) 50 MG TAB, 100 MG TAB	Tier 2	PA, QLC (2 tabs/day; max 16 tabs/30 days)
ZAVZPRET (<i>zavegepant hcl</i>) 10 MG/ACT SOLUTION	Tier 3	PA, QLC (6 sprayers/30 days)

ERGOT ALKALOIDS (Drugs for Acute Migraine)

CAFERGOT (<i>ergotamine w/ caffeine</i>) 1-100 MG TAB	Tier 3	QLC (10 tabs/week)
D.H.E. 45 (<i>dihydroergotamine mesylate</i>) 1 MG/ML SOLUTION	Tier 3	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 1	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	Tier 1	PA, QLC (8 vials/month)

AL1 - Age 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
ERGOMAR (<i>ergotamine tartrate</i>) 2 MG SL TAB	Tier 3	QLC (20 tabs/28 days)
ERGOTAMINE-CAFFEINE (<i>ergotamine w/ caffeine</i>) -1-100 MG TAB	Tier 1	QLC (10 tabs/week)
MIGERGOT (<i>ergotamine w/ caffeine</i>) 2-100 MG SUPPOS	Tier 1	QLC (5 suppositories/week)
MIGRANAL (<i>dihydroergotamine mesylate</i>) 4 MG/ML SOLUTION	Tier 3	PA, QLC (8 vials/month)
TRUDHESA (<i>dihydroergotamine mesylate hfa</i>) 0.725 MG/ACT AERO SOLN	Tier 3	PA, QLC (12 ml/28 days)

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

<i>almotriptan malate tab 12.5 mg</i>	Tier 1	ST, QLC (24 tabs/month)
<i>almotriptan malate tab 6.25 mg</i>	Tier 1	ST, QLC (24 tabs/month)
AMERGE (<i>naratriptan hcl</i>) 1 MG TAB, 2.5 MG TAB	Tier 3	QLC (18 tabs/month)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	QLC (18 tabs/month)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	QLC (18 tabs/month)
FROVA (<i>frovatriptan succinate</i>) 2.5 MG TAB	Tier 3	ST, QLC (27 tabs/month)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 1	ST, QLC (27 tabs/month)
IMITREX (<i>sumatriptan succinate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 3	QLC (18 tabs/month)
IMITREX (<i>sumatriptan succinate</i>) 6 MG/0.5ML SOLUTION	Tier 3	QLC (8 injections/30 days)
IMITREX (<i>sumatriptan</i>) 5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION	Tier 3	QLC (18 doses/month)
IMITREX STATDOSE REFILL (<i>sumatriptan succinate</i>) 4 MG/0.5ML SOLN CART	Tier 3	QLC (12 injections/30 days)
IMITREX STATDOSE REFILL (<i>sumatriptan succinate</i>) 6 MG/0.5ML SOLN CART	Tier 3	QLC (8 injections/30 days)
IMITREX STATDOSE SYSTEM (<i>sumatriptan succinate</i>) STTDOSE 4 MG/0.5ML SOLN -INJ	Tier 3	QLC (12 injections/30 days)

AL1 - Age 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
IMITREX STATDOSE SYSTEM (<i>sumatriptan succinate</i>) STTDOSE 6 MG/0.5ML SOLN -INJ	Tier 3	QLC (8 injections/30 days)
MAXALT (<i>rizatriptan benzoate</i>) 10 MG TAB	Tier 3	QLC (24 tabs/month)
MAXALT-MLT (<i>rizatriptan benzoate</i>) -10 MG TAB DISP	Tier 3	QLC (24 tabs/month)
<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)
ONZETRA XSAIL (<i>sumatriptan succinate</i>) 11 MG/NOSEPC EXHP	Tier 3	PA, QLC (1 box/month)
RELPAK (<i>eletriptan hydrobromide</i>) 20 MG TAB, 40 MG TAB	Tier 3	ST, QLC (18 tabs/month)
REYVOW (<i>lasmiditan succinate</i>) 50 MG TAB, 100 MG TAB	Tier 3	PA, QLC (8 tabs/30 days)
<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 1	QLC (18 nasal sprays/month)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 1	QLC (18 nasal sprays/month)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	Tier 1	QLC (8 injections/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QLC (8 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	Tier 1	QLC (12 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	Tier 1	QLC (8 injections/30 days)
<i>sumatriptan succinate solution auto- injector 4 mg/0.5ml</i>	Tier 1	QLC (12 injections/30 days)
<i>sumatriptan succinate solution auto- injector 6 mg/0.5ml</i>	Tier 1	QLC (8 injections/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	Tier 1	QLC (12 injections/30 days)

AL1 - Age 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>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	Tier 1	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>sumatriptan-naproxen sodium tab 85-500 mg</i>	Tier 1	PA, QLC (9 tabs/month)
TOSYMRA (<i>sumatriptan</i>) 10 MG/ACT SOLUTION	Tier 3	PA, QLC (12 bottles/30 days)
TREXIMET (<i>sumatriptan-naproxen sodium</i>) 85-500 MG TAB	Tier 3	PA, QLC (9 tabs/month)
ZEMBRACE SYMTOUCH (<i>sumatriptan succinate</i>) ZEMBRACE 3 MG/0.5ML SOLN -INJ	Tier 3	ST, QLC (16 injections/30 days)
ZOLMITRIPTAN 2.5 MG SOLUTION	Tier 3	ST, QLC (18 doses/month)
<i>zolmitriptan nasal spray 5 mg/spray unit mg/</i>	Tier 1	ST, QLC (18 doses/month)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QLC (18 tabs/month)
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QLC (18 tabs/month)
zolmitriptan tab 2.5 mg (Zomig)	Tier 3	QLC (18 tabs/month)
<i>zolmitriptan tab 5 mg</i>	Tier 1	QLC (18 tabs/month)
zolmitriptan tab 5 mg (Zomig)	Tier 3	QLC (18 tabs/month)
ZOMIG (<i>zolmitriptan</i>) 2.5 MG SOLUTION, 5 MG SOLUTION	Tier 3	ST, QLC (18 doses/month)
ZOMIG (<i>zolmitriptan</i>) 2.5 MG TAB, 5 MG TAB	Tier 3	QLC (18 tabs/month)
ZOMIG ZMT (<i>zolmitriptan</i>) 2.5 MG TAB DISP, 5 MG TAB DISP	Tier 3	QLC (18 tabs/month)

ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

PARASYMPATHOMIMETICS

GUANIDINE HCL 125 MG TAB	Tier 1
--------------------------	--------

AL1 - Age 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
MESTINON (<i>pyridostigmine bromide</i>) 180 MG TAB ER	Tier 3	QLC (6 tabs/day)
MESTINON (<i>pyridostigmine bromide</i>) 60 MG TAB	Tier 3	QLC (25 tabs/day)
MESTINON (<i>pyridostigmine bromide</i>) 60 MG/5ML SOLUTION	Tier 3	QLC (50 ml/day)
PYRIDOSTIGMINE BROMIDE 30 MG TAB	Tier 1	QLC (6 tabs/day)
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Tier 1	QLC (50 ml/day)
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QLC (25 tabs/day)
<i>pyridostigmine bromide tab er 180 mg</i> (PYRIDOSTIGMINE BROMIDE ER)	Tier 1	QLC (6 tabs/day)
ZILBRYSQ (<i>zilucoplan sodium</i>) 16.6 MG/0.416ML SOLN PRSYR, 23 MG/0.574ML SOLN PRSYR, 32.4 MG/0.81ML SOLN PRSYR	Tier 4	PA, LA, QLC (one syringe/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	
MYCOBUTIN (<i>rifabutin</i>) 150 MG CAP	Tier 3	
<i>rifabutin cap 150 mg</i>	Tier 1	

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	
MYAMBUTOL (<i>ethambutol hcl</i>) 400 MG TAB	Tier 3	
PASER (<i>aminosalicylic acid</i>) 4 GM PACKET	Tier 3	

AL1 - Age 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
PRETOMANID 200 MG TAB	Tier 3	QLC (1 tab/day)
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	
SIRTURO (<i>bedaquiline fumarate</i>) 100 MG TAB	Tier 4	PA, LA, QLC (24 tabs/28 days, max 188 tabs/168 days)
SIRTURO (<i>bedaquiline fumarate</i>) 20 MG TAB	Tier 4	PA, LA, QLC (120 tabs/28 days, max 940 tabs/168 days)
TRECTOR (<i>ethionamide</i>) 250 MG TAB	Tier 3	

ANTINEOPLASTICS (Drugs for Cancer)

ALKYLATING AGENTS

ALKERAN (<i>melphalan</i>) 2 MG TAB	Tier 3	OAC
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 2	OAC
MATULANE (<i>procarbazine hcl</i>) 50 MG CAP	Tier 2	LA, OAC
MELPHALAN 2 MG TAB	Tier 1	OAC
MYLERAN (<i>busulfan</i>) 2 MG TAB	Tier 2	OAC
TEMODAR (<i>temozolomide</i>) 100 MG CAP, 140 MG CAP, 180 MG CAP, 250 MG CAP	Tier 4	S (Specialty Drug), OAC
<i>temozolomide cap 100 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>temozolomide cap 140 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>temozolomide cap 180 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>temozolomide cap 20 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>temozolomide cap 250 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>temozolomide cap 5 mg</i>	Tier 4	S (Specialty Drug), OAC

AL1 - Age 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
------------------------	-----------	----------------------------------

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
CASODEX (<i>bicalutamide</i>) 50 MG TAB	Tier 3	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
EULEXIN (<i>flutamide</i>) 125 MG CAP	Tier 4	OAC
FLUTAMIDE 125 MG CAP	Tier 1	OAC
NILANDRON (<i>nilutamide</i>) 150 MG TAB	Tier 4	QLC (1 tab/day), OAC
<i>nilutamide tab 150 mg</i>	Tier 4	QLC (1 tab/day), OAC
NUBEQA (<i>darolutamide</i>) 300 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
ORSERDU (<i>elacestrant hydrochloride</i>) 345 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC, SF
ORSERDU (<i>elacestrant hydrochloride</i>) 86 MG TAB	Tier 4	PA, LA, QLC (3 tabs/day), OAC, SF
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
YONSA (<i>abiraterone acetate</i>) 125 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
ZYTIGA (<i>abiraterone acetate</i>) 250 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
ZYTIGA (<i>abiraterone acetate</i>) 500 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
-------------------------------	--------	--

AL1 - Age 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>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
<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		
EMCYT (<i>estramustine phosphate sodium</i>) 140 MG CAP	Tier 2	OAC
FARESTON (<i>toremifene citrate</i>) 60 MG TAB	Tier 3	OAC
SOLTAMOX (<i>tamoxifen citrate</i>) 10 MG/5ML SOLUTION	Tier 3	OAC
<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 1	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

AL1 - Age 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
ONUREG (<i>azacitidine</i>) 200 MG TAB, 300 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (14 tabs/28 days), OAC
PURIXAN (<i>mercaptopurine</i>) 2000 MG/100ML SUSPENSION	Tier 4	LA, AL1 (Up to 10 yrs old), S (Specialty Drug), QLC (1 bottle/month), OAC
TABLOID (<i>thioguanine</i>) LOID 40 MG	Tier 2	OAC
XELODA (<i>capecitabine</i>) 150 MG TAB, 500 MG TAB	Tier 4	S (Specialty Drug), OAC
ANTINEOPLASTICS, OTHER (Other Drugs for Cancer)		
AKEEGA (<i>niraparib tosylate-abiraterone acetate</i>) 50-500 MG TAB, 100-500 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
AUGTYRO (<i>repotrectinib</i>) 160 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day), OAC
AUGTYRO (<i>repotrectinib</i>) 40 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (8 caps/day), OAC, SF
FRUZAQLA (<i>fruquintinib</i>) 1 MG CAP	Tier 4	PA, LA, QLC (84 caps/28 days), OAC
FRUZAQLA (<i>fruquintinib</i>) 5 MG CAP	Tier 4	PA, LA, QLC (21 caps/28 days), OAC
HYDREA (<i>hydroxyurea</i>) 500 MG CAP	Tier 3	OAC
<i>hydroxyurea cap 500 mg</i>	Tier 1	OAC
INQOVI (<i>decitabine-cedazuridine</i>) 35-100 MG	Tier 4	PA, LA, S (Specialty Drug), QLC (5 tabs/28 days), OAC
IWILFIN (<i>eflornithine hydrochloride</i>) 192 MG TAB	Tier 4	PA, LA, QLC (8 tabs/day), 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
LONSURF (<i>trifluridine-tipiracil</i>) 15-6.14 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (100 tabs/28 days), OAC
LONSURF (<i>trifluridine-tipiracil</i>) 20-8.19 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (80 tabs/28 days), OAC
LYSODREN (<i>mitotane</i>) 500 MG TAB	Tier 2	OAC, SF
OJJAARA (<i>momelotinib dihydrochloride</i>) 100 MG TAB, 150 MG TAB, 200 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
QINLOCK (<i>ripretinib</i>) 50 MG TAB	Tier 4	PA, LA, QLC (3 tabs/day), OAC
WELIREG (<i>belzutifan</i>) 40 MG TAB	Tier 4	PA, LA, QLC (3 tabs/day), OAC, SF

AL1 - Age 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
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
ARIMIDEX (<i>anastrozole</i>) 1 MG TAB	Tier 3	OAC
AROMASIN (<i>exemestane</i>) 25 MG TAB	Tier 3	OAC
<i>exemestane tab 25 mg</i>	Tier 1	OAC
FEMARA (<i>letrozole</i>) 2.5 MG TAB	Tier 3	OAC
<i>letrozole tab 2.5 mg</i>	Tier 1	OAC
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	Tier 4	OAC
HYCAMTIN (<i>topotecan hcl</i>) 0.25 MG CAP, 1 MG CAP	Tier 4	S (Specialty Drug), OAC
LAZCLUZE (<i>lazertinib mesylate</i>) 240 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC, SF
LAZCLUZE (<i>lazertinib mesylate</i>) 80 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
OJEMDA (<i>tovorafenib</i>) 100 MG TAB	Tier 4	PA, LA, QLC (24 tabs/28 days), OAC
OJEMDA (<i>tovorafenib</i>) 25 MG/ML RECON SUSP	Tier 4	PA, LA, QLC (96 ml/28 days), OAC
TRUQAP (<i>capivasertib</i>) 160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK	Tier 4	PA, LA, QLC (64 tabs/28 days), OAC
MOLECULAR TARGET INHIBITORS		
AFINITOR (<i>everolimus</i>) 2.5 MG TAB, 5 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
AFINITOR (<i>everolimus</i>) 7.5 MG TAB, 10 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
AFINITOR DISPERZ (<i>everolimus</i>) 2 MG TAB SOL	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
AFINITOR DISPERZ (<i>everolimus</i>) 3 MG TAB SOL	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
AFINITOR DISPERZ (<i>everolimus</i>) 5 MG TAB SOL	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
ALECENSA (<i>alectinib hcl</i>) 150 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (8 caps/day), OAC, SF

AL1 - Age 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
ALUNBRIG (<i>brigatinib</i>) 30 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
ALUNBRIG (<i>brigatinib</i>) 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC, SF
AYVAKIT (<i>avapritinib</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC, SF
BALVERSA (<i>erdafitinib</i>) 3 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
BALVERSA (<i>erdafitinib</i>) 4 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
BALVERSA (<i>erdafitinib</i>) 5 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
BOSULIF (<i>bosutinib</i>) 100 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (6 caps/day), OAC
BOSULIF (<i>bosutinib</i>) 100 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
BOSULIF (<i>bosutinib</i>) 400 MG TAB, 500 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
BOSULIF (<i>bosutinib</i>) 50 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
BRAFTOVI (<i>encorafenib</i>) 75 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC
BRUKINSA (<i>zanubrutinib</i>) 80 MG CAP	Tier 4	PA, LA, QLC (4 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
CALQUENCE (<i>acalabrutinib maleate</i>) 100 MG TAB	Tier 4	PA, LA, QLC (2 caps/day), OAC, SF
CALQUENCE (<i>acalabrutinib</i>) 100 MG CAP	Tier 4	PA, LA, QLC (2 caps/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
COPIKTRA (<i>duvelisib</i>) 15 MG CAP, 25 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (56 caps/28 days), OAC

AL1 - Age 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
COTELLIC (<i>cobimetinib fumarate</i>) 20 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (63 tabs/28 days), OAC
DANZITEN (<i>nilotinib tartrate</i>) 71 MG TAB, 95 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day), 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
DAURISMO (<i>glasdegib maleate</i>) 100 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
DAURISMO (<i>glasdegib maleate</i>) 25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
ERIVEDGE (<i>vismodegib</i>) 150 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/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
<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
everolimus tab 10 mg (Torpenz)	Tier 4	PA, LA, QLC (2 tabs/day), OAC
<i>everolimus tab 2.5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
everolimus tab 2.5 mg (Torpenz)	Tier 4	PA, LA, QLC (1 tab/day), OAC, SF
<i>everolimus tab 5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
everolimus tab 5 mg (Torpenz)	Tier 4	PA, LA, 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

AL1 - Age 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
everolimus tab 7.5 mg (Torpenz)	Tier 4	PA, LA, 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
EXKIVITY (<i>mobocertinib succinate</i>) 40 MG CAP	Tier 4	PA, LA, QLC (4 caps/day), OAC, SF
FARYDAK (<i>panobinostat lactate</i>) 10 MG CAP, 15 MG CAP, 20 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/21 days), OAC
FOTIVDA (<i>tivozanib hcl</i>) 0.89 MG CAP, 1.34 MG CAP	Tier 4	PA, LA, QLC (21 caps/28 days), OAC
GAVRETO (<i>pralsetinib</i>) 100 MG CAP	Tier 4	PA, LA, QLC (4 caps/day), OAC
<i>gefitinib tab 250 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
GILOTRIF (<i>afatinib dimaleate</i>) 20 MG TAB, 30 MG TAB, 40 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
GLEEVEC (<i>imatinib mesylate</i>) 100 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (8 tabs/day), OAC, SF
GLEEVEC (<i>imatinib mesylate</i>) 400 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
IBRANCE (<i>palbociclib</i>) 100 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (21 tabs/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG CAP, 100 MG CAP, 125 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (21 caps/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG TAB, 125 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (21 tabs/28 days), OAC
ICLUSIG (<i>ponatinib hcl</i>) 10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
IDHIFA (<i>enasidenib mesylate</i>) 50 MG TAB, 100 MG TAB	Tier 4	PA, LA, S (Specialty Drug), 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

AL1 - Age 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
IMBRUVICA (<i>ibrutinib</i>) 70 MG CAP	Tier 4	PA, LA, QLC (1 cap/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG/ML SUSPENSION	Tier 4	PA, LA, QLC (6 ml/day), OAC
IMKELDI (<i>imatinib mesylate</i>) 80 MG/ML SOLUTION	Tier 4	PA, LA, QLC (10 ml/day), OAC
INLYTA (<i>axitinib</i>) 1 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC, SF
INLYTA (<i>axitinib</i>) 5 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
INREBIC (<i>fedratinib hcl</i>) 100 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
IRESSA (<i>gefitinib</i>) 250 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
ITOVEBI (<i>inavolisib</i>) 3 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
ITOVEBI (<i>inavolisib</i>) 9 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/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
JAYPIRCA (<i>pirtobrutinib</i>) 100 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
JAYPIRCA (<i>pirtobrutinib</i>) 50 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/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
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
KOSELUGO (<i>selumetinib sulfate</i>) 10 MG CAP	Tier 4	PA, LA, QLC (8 caps/day), OAC

AL1 - Age 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
KOSELUGO (<i>selumetinib sulfate</i>) 25 MG CAP	Tier 4	PA, LA, QLC (4 caps/day), OAC
KRAZATI (<i>adagrasib</i>) 200 MG TAB	Tier 4	PA, LA, QLC (6 tabs/day), OAC, SF
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC
LENVIMA (10 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (30 caps/month), OAC
LENVIMA (12 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 3 X 4 CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC
LENVIMA (14 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (110 & CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LENVIMA (18 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 10 & 2 X 4 CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (90 caps/month), OAC
LENVIMA (20 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (0 X 10 CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LENVIMA (24 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (X 10 & CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (90 caps/month), OAC
LENVIMA (4 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
LENVIMA (8 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 2 X 4 CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LORBRENA (<i>lorlatinib</i>) 100 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
LORBRENA (<i>lorlatinib</i>) 25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
LUMAKRAS (<i>sotorasib</i>) 120 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day), OAC, SF
LUMAKRAS (<i>sotorasib</i>) 240 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
LUMAKRAS (<i>sotorasib</i>) 320 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
LYNPARZA (<i>olaparib</i>) 100 MG TAB, 150 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
LYTGOBI (12 MG DAILY DOSE) (<i>futibatinib</i>) 4 TAB THPK	Tier 4	PA, LA, QLC (84 tabs/28 days), OAC
LYTGOBI (16 MG DAILY DOSE) (<i>futibatinib</i>) 4 TAB THPK	Tier 4	PA, LA, QLC (112 tabs/28 days), OAC
LYTGOBI (20 MG DAILY DOSE) (<i>futibatinib</i>) 4 TAB THPK	Tier 4	PA, LA, QLC (140 tabs/28 days), OAC

AL1 - Age 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
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
MEKTOVI (<i>binimetinib</i>) 15 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC
NERLYNX (<i>neratinib maleate</i>) 40 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC, SF
NEXAVAR (<i>sorafenib tosylate</i>) 200 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
NINLARO (<i>ixazomib citrate</i>) 2.3 MG CAP, 3 MG CAP, 4 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/21 days), OAC
ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
OGSIVEO (<i>nirogacestat hydrobromide</i>) 100 MG TAB, 150 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
OGSIVEO (<i>nirogacestat hydrobromide</i>) 50 MG TAB	Tier 4	PA, LA, QLC (6 tabs/day), OAC, SF
<i>pazopanib hcl tab 200 mg (base equiv)</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
PEMAZYRE (<i>pemigatinib</i>) 4.5 MG TAB, 9 MG TAB, 13.5 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
PIQRAY (200 MG DAILY DOSE) (<i>apellisib</i>) (TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
PIQRAY (250 MG DAILY DOSE) (<i>apellisib</i>) 200 & TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
PIQRAY (300 MG DAILY DOSE) (<i>apellisib</i>) 2 X 150 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
RETEVMO (<i>selpercatinib</i>) 40 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC, SF
RETEVMO (<i>selpercatinib</i>) 40 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
RETEVMO (<i>selpercatinib</i>) 80 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
RETEVMO (<i>selpercatinib</i>) 80 MG TAB, 120 MG TAB, 160 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
REVUFORJ (<i>revumenib citrate</i>) 110 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day), OAC, SF

AL1 - Age 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
REVUFORJ (<i>revumenib citrate</i>) 160 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
REZLIDHIA (<i>olutasidenib</i>) 150 MG CAP	Tier 4	PA, LA, QLC (2 caps/day), OAC, SF
ROZLYTREK (<i>entrectinib</i>) 100 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (5 caps/day), OAC, SF
ROZLYTREK (<i>entrectinib</i>) 200 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF
ROZLYTREK (<i>entrectinib</i>) 50 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (10 packs/day), OAC, SF
RUBRACA (<i>rucaparib camsylate</i>) 200 MG TAB, 250 MG TAB, 300 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
RYDAPT (<i>midostaurin</i>) 25 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (56 caps/21 days [#56 package size] or 224 caps/28 days), OAC
SCEMBLIX (<i>asciminib hcl</i>) 100 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day), OAC
SCEMBLIX (<i>asciminib hcl</i>) 20 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
SCEMBLIX (<i>asciminib hcl</i>) 40 MG TAB	Tier 4	PA, LA, QLC (8 tabs/day), OAC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
SPRYCEL (<i>dasatinib</i>) 100 MG TAB, 140 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
SPRYCEL (<i>dasatinib</i>) 20 MG TAB, 50 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
SPRYCEL (<i>dasatinib</i>) 70 MG TAB, 80 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
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
SUTENT (<i>sunitinib malate</i>) 12.5 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF
SUTENT (<i>sunitinib malate</i>) 25 MG CAP, 37.5 MG CAP, 50 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF

AL1 - Age 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
SYNRIBO (<i>omacetaxine mepesuccinate</i>) 3.5 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (2 vials/day)
TABRECTA (<i>capmatinib hcl</i>) 150 MG TAB, 200 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
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
TALZENNA (<i>talazoparib tosylate</i>) 0.1 MG CAP, 0.5 MG CAP, 0.75 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
TALZENNA (<i>talazoparib tosylate</i>) 0.25 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF
TALZENNA (<i>talazoparib tosylate</i>) 0.35 MG CAP	Tier 4	LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
TALZENNA (<i>talazoparib tosylate</i>) 1 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
TARCEVA (<i>erlotinib hcl</i>) 100 MG TAB, 150 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
TARCEVA (<i>erlotinib hcl</i>) 25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/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
TAZVERIK (<i>tazemetostat hbr</i>) 200 MG TAB	Tier 4	PA, LA, QLC (8 tabs/day), OAC, SF
TEPMETKO (<i>tepotinib hcl</i>) 225 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
TIBSOVO (<i>ivosidenib</i>) 250 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
TRUSELTIQ (100MG DAILY DOSE) (<i>infigratinib phosphate</i>) (CAP THPK)	Tier 4	PA, LA, S (Specialty Drug), QLC (21 caps/28 days), OAC
TRUSELTIQ (125MG DAILY DOSE) (<i>infigratinib phosphate</i>) (1100 & CAP THPK)	Tier 4	PA, LA, S (Specialty Drug), QLC (42 caps/28 days), OAC
TRUSELTIQ (50MG DAILY DOSE) (<i>infigratinib phosphate</i>) 25 CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (42 caps/28 days), OAC
TRUSELTIQ (75MG DAILY DOSE) (<i>infigratinib phosphate</i>) (7525 CAP THPK)	Tier 4	PA, LA, S (Specialty Drug), QLC (63 caps/28 days), OAC
TUKYSA (<i>tucatinib</i>) 50 MG TAB, 150 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day), OAC

AL1 - Age 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
TURALIO (<i>pexidartinib hcl</i>) 125 MG CAP, 200 MG CAP	Tier 4	PA, LA, QLC (4 caps/day), OAC
TYKERB (<i>lapatinib ditosylate</i>) 250 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC
UKONIQ (<i>umbralisib tosylate</i>) 200 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day), OAC
VANFLYTA (<i>quizartinib dihydrochloride</i>) 17.7 MG TAB	Tier 4	PA, LA, QLC (28 tabs/28 days), OAC
VANFLYTA (<i>quizartinib dihydrochloride</i>) 26.5 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 10 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 100 MG TAB	Tier 4	PA, LA, QLC (6 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 50 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
VENCLEXTA STARTING PACK (<i>venetoclax</i>) 10 & 50 & 100 MG TAB THPK	Tier 4	PA, LA, QLC (1 starter pack/year), OAC
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
VIJOICE (<i>alpelisib (pros agents)</i>) 200 & 50 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
VIJOICE (<i>alpelisib (pros agents)</i>) 50 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/day)
VIJOICE (<i>alpelisib (pros agents)</i>) 50 MG TAB THPK, 125 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
VITRAKVI (<i>larotrectinib sulfate</i>) 100 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day), OAC, SF
VITRAKVI (<i>larotrectinib sulfate</i>) 20 MG/ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug), QLC (10 ml/day), OAC, SF
VITRAKVI (<i>larotrectinib sulfate</i>) 25 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC, SF
VIZIMPRO (<i>dacomitinib</i>) 15 MG TAB, 30 MG TAB, 45 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
VORANIGO (<i>vorasidenib</i>) 10 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
VORANIGO (<i>vorasidenib</i>) 40 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
VOTRIENT (<i>pazopanib hcl</i>) 200 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
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

AL1 - Age 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
XOSPATA (<i>gilteritinib fumarate</i>) 40 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
XPOVIO (100 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (5 tabs/7 days), OAC
XPOVIO (100 MG ONCE WEEKLY) (<i>selinexor</i>) 50 TAB THPK	Tier 4	PA, LA, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (<i>selinexor</i>) TAB THPK	Tier 4	PA, LA, QLC (4 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (16 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (<i>selinexor</i>) TAB THPK	Tier 4	PA, LA, QLC (8 tabs/28 days), OAC
XPOVIO (60 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (3 tabs/7 days), OAC
XPOVIO (60 MG ONCE WEEKLY) (<i>selinexor</i>) TAB THPK	Tier 4	PA, LA, QLC (4 tabs/28 days), OAC
XPOVIO (60 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (24 tabs/28 days), OAC
XPOVIO (80 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (4 tabs/7 days), OAC
XPOVIO (80 MG ONCE WEEKLY) (<i>selinexor</i>) 40 TAB THPK	Tier 4	PA, LA, QLC (8 tabs/28 days), OAC
XPOVIO (80 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (8 tabs/7 days), OAC
ZEJULA (<i>niraparib tosylate</i>) 100 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF
ZEJULA (<i>niraparib tosylate</i>) 100 MG TAB, 200 MG TAB, 300 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ZELBORAF (<i>vemurafenib</i>) 240 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day), OAC
ZYDELIG (<i>idelalisib</i>) 100 MG TAB, 150 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
ZYKADIA (<i>ceritinib</i>) 150 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/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)
--	--------	--

AL1 - Age 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
------------------------	-----------	----------------------------------

RETINOIDS

<i>bexarotene cap 75 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (8 caps/day), OAC, SF
<i>bexarotene gel 1%</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tube/month)
PANRETIN (<i>alitretinoin</i>) 0.1% GEL	Tier 3	PA
TARGRETIN (<i>bexarotene (topical)</i>) 1% GEL	Tier 4	PA, S (Specialty Drug), QLC (1 tube/month)
TARGRETIN (<i>bexarotene</i>) 75 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (8 caps/day), OAC, SF
<i>tretinoin cap 10 mg</i>	Tier 1	QLC (9 caps/day), OAC

TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

HEMADY (<i>dexamethasone</i>) 20 MG TAB	Tier 3	PA, QLC (24 tabs/28 days)
<i>mesna tab 400 mg</i>	Tier 1	
MESNEX (<i>mesna</i>) 400 MG TAB	Tier 2	OAC
VONJO (<i>pacritinib citrate</i>) 100 MG CAP	Tier 4	PA, LA, QLC (4 caps/day), OAC

ANTIPARASITICS (Drugs for Parasitic Infections)

ANTHELMINTHICS

<i>albendazole tab 200 mg</i>	Tier 1	QLC (4 tabs/day)
ALBENZA (<i>albendazole</i>) 200 MG TAB	Tier 3	QLC (4 tabs/day)
BILTRICIDE (<i>praziquantel</i>) 600 MG TAB	Tier 3	
EMVERM (<i>mebendazole</i>) 100 MG CHEW TAB	Tier 3	PA, QLC (2 tabs/month)
<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 1	
STROMEKTOL (<i>ivermectin</i>) 3 MG TAB	Tier 3	QLC (8 tabs/30 days; max 2 fills/365 days)

ANTIPROTOZOALS (Drugs for Protozoal Infection)

<i>atovaquone susp 750 mg/5ml</i>	Tier 1	PA
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QLC (1 tab/day)

AL1 - Age 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>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QLC (3 tabs/day)
BENZNIDAZOLE 100 MG TAB	Tier 3	QLC (4 tabs/day; not to exceed 240 tabs/year)
BENZNIDAZOLE 12.5 MG TAB	Tier 3	QLC (12 tabs/day; not to exceed 720 tabs/year)
<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 2	QLC (24 tabs/30 days)
DARAPRIM (<i>pyrimethamine</i>) 25 MG TAB	Tier 4	PA
<i>hydroxychloroquine sulfate tab 100 mg</i>	Tier 1	QLC (2 tabs/day)
<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)
IMPAVIDO (<i>miltefosine</i>) 50 MG CAP	Tier 4	PA, LA, QLC (84 tabs/28 days)
KRINTAFEL (<i>tafenoquine succinate</i>) 150 MG TAB	Tier 3	QLC (2 tabs/28 days)
LAMPIT (<i>nifurtimox</i>) 120 MG TAB	Tier 3	QLC (7 & 1/2 tabs/day; max 450 tabs/365 days)
LAMPIT (<i>nifurtimox</i>) 30 MG TAB	Tier 3	QLC (12 tabs/day; max 720 tabs/365 days)
MALARONE (<i>atovaquone-proguanil hcl</i>) 250-100 MG TAB	Tier 3	QLC (1 tab/day)
MALARONE (<i>atovaquone-proguanil hcl</i>) 62.5-25 MG TAB	Tier 3	QLC (3 tabs/day)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QLC (5 tabs/30 days)
MEPRON (<i>atovaquone</i>) 750 MG/5ML SUSPENSION	Tier 3	PA
NITAZOXANIDE 500 MG TAB	Tier 1	PA, QLC (6 tabs/fill)
<i>nitazoxanide tab 500 mg</i>	Tier 1	PA, QLC (6 tabs/fill)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>) 200 MG TAB	Tier 3	QLC (3 tabs/day)
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	Tier 1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	

AL1 - Age 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>pyrimethamine tab 25 mg</i>	Tier 4	PA
QUALAQUIN (<i>quinine sulfate</i>) 324 MG CAP	Tier 3	QLC (6 caps/day)
<i>quinine sulfate cap 324 mg</i>	Tier 1	QLC (6 caps/day)
SOVUNA (<i>hydroxychloroquine sulfate</i>) 200 MG TAB, 300 MG TAB	Tier 3	PA, QLC (2 tabs/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 1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	

AL1 - Age 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>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
COMTAN (<i>entacapone</i>) 200 MG TAB	Tier 3	QLC (8 tabs/day)
<i>entacapone tab 200 mg</i>	Tier 1	QLC (8 tabs/day)
GOCOVRI (<i>amantadine hcl</i>) 137 MG CAP ER 24H	Tier 4	PA, QLC (2 caps/day)
GOCOVRI (<i>amantadine hcl</i>) 68.5 MG CAP ER 24H	Tier 4	PA, QLC (1 cap/day)
NOURIANZ (<i>istradefylline</i>) 20 MG TAB, 40 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ONGENTYS (<i>opicapone</i>) 25 MG CAP, 50 MG CAP	Tier 3	ST, QLC (1 cap/day)
OSMOLEX ER (<i>amantadine hcl</i>) ER 129 & 193 MG TB24 THPK, ER 129 MG TAB ER 24H	Tier 3	PA, QLC (2 tabs/day)
OSMOLEX ER (<i>amantadine hcl</i>) ER 193 MG TAB ER 24H, ER 258 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>) 25--200 MG TAB	Tier 3	
STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>) 31.25--200 MG TAB	Tier 3	
STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>) 37.5--200 MG TAB	Tier 3	
STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>) 50--MG TAB	Tier 3	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>) 12.5--200 MG TAB	Tier 3	
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>) 18.--200 MG TAB	Tier 3	
TASMAR (<i>tolcapone</i>) 100 MG TAB	Tier 3	ST, QLC (6 tabs/day)
<i>tolcapone tab 100 mg</i>	Tier 1	ST, QLC (6 tabs/day)
DOPAMINE AGONISTS		
APOKYN (<i>apomorphine hydrochloride</i>) 30 MG/3ML SOLN CART	Tier 4	PA, LA, S (Specialty Drug), QLC (2 ml/day (20 cartridges/30 days))
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (2 ml/day (20 cartridges/30 days))
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	

AL1 - Age 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>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
KYNMOBI (<i>apomorphine hydrochloride</i>) 10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM	Tier 3	PA, QLC (5 films/day)
MIRAPEX (<i>pramipexole dihydrochloride</i>) 0.125 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB	Tier 3	
MIRAPEX ER (<i>pramipexole dihydrochloride</i>) ER 0.375 MG TAB ER 24H, ER 0.75 MG TAB ER 24H, ER 1.5 MG TAB ER 24H, ER 2.25 MG TAB ER 24H, ER 3 MG TAB ER 24H, ER 3.75 MG TAB ER 24H, ER 4.5 MG TAB ER 24H	Tier 3	QLC (1 tab/day)
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)
PARLODEL (<i>bromocriptine mesylate</i>) 2.5 MG TAB, 5 MG CAP	Tier 3	
<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>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 1	QLC (1 tab/day)

AL1 - Age 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>pramipexole dihydrochloride tab er 24hr 3 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab 0.25 mg</i> (ROPINIROLE HCL)	Tier 1	
<i>ropinirole hydrochloride tab 0.5 mg</i> (ROPINIROLE HCL)	Tier 1	
<i>ropinirole hydrochloride tab 1 mg</i> (ROPINIROLE HCL)	Tier 1	
<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) 4hr	Tier 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i> (ROPINIROLE HCL ER) 2hr	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)
--	--------	------------------

AL1 - Age 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>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	
<i>carbidopa & levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	Tier 1	
<i>carbidopa tab 25 mg</i>	Tier 1	
CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP	Tier 1	QLC (8 tabs/day)
CREXONT (<i>carbidopa-levodopa</i>) 35-140 MG CAP ER	Tier 3	PA, QLC (15 caps/day)
CREXONT (<i>carbidopa-levodopa</i>) 52.5-210 MG CAP ER	Tier 3	PA, QLC (10 caps/day)
CREXONT (<i>carbidopa-levodopa</i>) 70-280 MG CAP ER	Tier 3	PA, QLC (7 caps/day)
CREXONT (<i>carbidopa-levodopa</i>) 87.5-350 MG CAP ER	Tier 3	PA, QLC (6 caps/day)
DHIVY (<i>carbidopa-levodopa</i>) 25-100 MG TAB	Tier 3	
INBRIJA (<i>levodopa</i>) 42 MG CAP	Tier 4	PA, LA, QLC (10 caps/day)
LODOSYN (<i>carbidopa</i>) 25 MG TAB	Tier 3	
RYTARY (<i>carbidopa-levodopa</i>) 23.75-95 MG CAP ER	Tier 3	ST, QLC (25 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 36.25-145 MG CAP ER	Tier 3	ST, QLC (16 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 48.75-195 MG CAP ER	Tier 3	ST, QLC (12 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 61.25-245 MG CAP ER	Tier 3	ST, QLC (10 caps/day)

AL1 - Age 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
SINEMET (<i>carbidopa-levodopa</i>) 10-100 MG TAB, 25-100 MG TAB	Tier 3	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
AZILECT (<i>rasagiline mesylate</i>) 0.5 MG TAB, 1 MG TAB	Tier 3	QLC (1 tab/day)
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1	QLC (1 tab/day)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1	QLC (1 tab/day)
<i>selegiline hcl cap 5 mg</i>	Tier 1	
<i>selegiline hcl tab 5 mg</i>	Tier 1	
XADAGO (<i>safinamide mesylate</i>) 50 MG TAB, 100 MG TAB	Tier 3	ST, QLC (1 tab/day)
ZELAPAR (<i>selegiline hcl</i>) 1.25 MG TAB DISP	Tier 3	

ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	Tier 1	PA
<i>chlorpromazine hcl tab 10 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 100 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 200 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 25 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 50 mg</i>	Tier 1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, 5 MG/ML CONC	Tier 1	
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	
<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	

AL1 - Age 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>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	
<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	
MOLINDONE HCL 10 MG TAB	Tier 1	QLC (8 tabs/day)
MOLINDONE HCL 25 MG TAB	Tier 1	QLC (9 tabs/day)
MOLINDONE HCL 5 MG TAB	Tier 1	QLC (12 tabs/day)
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		
ABILIFY (<i>aripiprazole</i>) 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB	Tier 3	QLC (1 tab/day)
ABILIFY (<i>aripiprazole</i>) 2 MG TAB	Tier 3	QLC (4 tabs/day)
ABILIFY (<i>aripiprazole</i>) 5 MG TAB	Tier 3	QLC (2 tabs/day)
ABILIFY MYCITE (<i>aripiprazole</i>) 2 MG TAB	Tier 4	PA, LA, QLC (1 tab/day)
ABILIFY MYCITE (<i>aripiprazole</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB	Tier 4	PA, LA, QLC (1 tab/day)

AL1 - Age 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
ABILIFY MYCITE MAINTENANCE KIT (<i>aripiprazole with sensor, strips, & pod</i>) KIT 2 MG TAB THPK, KIT 5 MG TAB THPK, KIT 10 MG TAB THPK, KIT 15 MG TAB THPK, KIT 20 MG TAB THPK, KIT 30 MG TAB THPK	Tier 4	PA, LA, QLC (1 tab/day)
ABILIFY MYCITE STARTER KIT (<i>aripiprazole with sensor, strips, & pod</i>) KIT 2 MG TAB THPK, KIT 5 MG TAB THPK, KIT 10 MG TAB THPK, KIT 15 MG TAB THPK, KIT 20 MG TAB THPK, KIT 30 MG TAB THPK	Tier 4	PA, LA, QLC (1 tab/day)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	QLC (25 ml/day)
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 1	QLC (2 tabs/day)
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 1	QLC (2 tabs/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>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
CAPLYTA (<i>lumateperone tosylate</i>) 10.5 MG CAP, 21 MG CAP, 42 MG CAP	Tier 3	PA, QLC (1 cap/day)
FANAPT (<i>iloperidone</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	Tier 3	ST, QLC (2 tabs/day)
FANAPT TITRATION PACK (<i>iloperidone</i>) 1 & 2 & 4 & 6 MG TAB	Tier 3	ST, QLC (8 tabs/30 days; 2 fills/year)
GEODON (<i>ziprasidone hcl</i>) 20 MG CAP, 40 MG CAP, 60 MG CAP, 80 MG CAP	Tier 3	
INVEGA (<i>paliperidone</i>) 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)

AL1 - Age 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
INVEGA (<i>paliperidone</i>) 6 MG TAB 24H	Tier 3	PA, QLC (2 tabs/day)
LATUDA (<i>lurasidone hcl</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	Tier 3	QLC (1 tab/day)
LATUDA (<i>lurasidone hcl</i>) 80 MG TAB	Tier 3	QLC (2 tabs/day)
<i>lurasidone hcl tab 120 mg</i>	Tier 1	QLC (1 tab/day)
<i>lurasidone hcl tab 20 mg</i>	Tier 1	QLC (1 tab/day)
<i>lurasidone hcl tab 40 mg</i>	Tier 1	QLC (1 tab/day)
<i>lurasidone hcl tab 60 mg</i>	Tier 1	QLC (1 tab/day)
<i>lurasidone hcl tab 80 mg</i>	Tier 1	QLC (2 tabs/day)
NUPLAZID (<i>pimavanserin tartrate</i>) 10 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF
NUPLAZID (<i>pimavanserin tartrate</i>) 34 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 1	
<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	
<i>paliperidone tab er 24hr 1.5 mg</i> (PALIPERIDONE ER)	Tier 1	PA, QLC (1 tab/day)
<i>paliperidone tab er 24hr 3 mg</i> (PALIPERIDONE ER)	Tier 1	PA, QLC (1 tab/day)
<i>paliperidone tab er 24hr 6 mg</i> (PALIPERIDONE ER)	Tier 1	PA, QLC (2 tabs/day)
<i>paliperidone tab er 24hr 9 mg</i> (PALIPERIDONE ER)	Tier 1	PA, QLC (1 tab/day)
QUETIAPINE FUMARATE 150 MG TAB	Tier 1	

AL1 - Age 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>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>quetiapine fumarate tab er 24hr 150 mg</i> (QUETIAPINE FUMARATE ER)	Tier 1	ST
<i>quetiapine fumarate tab er 24hr 200 mg</i> (QUETIAPINE FUMARATE ER)	Tier 1	ST
<i>quetiapine fumarate tab er 24hr 300 mg</i> (QUETIAPINE FUMARATE ER)	Tier 1	ST
<i>quetiapine fumarate tab er 24hr 400 mg</i> (QUETIAPINE FUMARATE ER)	Tier 1	ST
<i>quetiapine fumarate tab er 24hr 50 mg</i> (QUETIAPINE FUMARATE ER)	Tier 1	ST
REXULTI (<i>brexipiprazole</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB	Tier 4	PA, QLC (1 tab/day)
RISPERDAL (<i>risperidone</i>) 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB, 3 MG TAB, 4 MG TAB	Tier 3	
RISPERIDONE 0.25 MG TAB DISP	Tier 1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 4 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	

AL1 - Age 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>risperidone tab 2 mg</i>	Tier 1	
<i>risperidone tab 3 mg</i>	Tier 1	
<i>risperidone tab 4 mg</i>	Tier 1	
SAPHRIS (<i>asenapine maleate</i>) 2.5 MG SL TAB, 5 MG SL TAB, 10 MG SL TAB	Tier 3	ST, QLC (2 tabs/day)
SECUADO (<i>asenapine</i>) 3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR	Tier 3	PA, QLC (1 patch/day)
SEROQUEL (<i>quetiapine fumarate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB	Tier 3	
SEROQUEL XR (<i>quetiapine fumarate</i>) 50 MG TAB ER 24H, 150 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H, 400 MG TAB ER 24H	Tier 3	ST
VRAYLAR (<i>cariprazine hcl</i>) 1.5 & 3 MG CAP THPK	Tier 3	PA, QLC (1 pack/month)
VRAYLAR (<i>cariprazine hcl</i>) 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	Tier 3	PA, QLC (1 cap/day)
<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	
ZYPREXA (<i>olanzapine</i>) 2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	Tier 3	
ZYPREXA ZYDIS (<i>olanzapine</i>) 5 MG TAB DISP, 10 MG TAB DISP, 15 MG TAB DISP, 20 MG TAB DISP	Tier 3	
ANTIPSYCHOTICS, OTHER		
COBENFY (<i>xanomeline tartrate-trospium chloride</i>) 50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP	Tier 3	PA, QLC (2 caps/day)
COBENFY STARTER PACK (<i>xanomeline tartrate-trospium chloride</i>) 50-20 & 100-20 MG CAP THPK	Tier 3	PA, QLC (112 caps (2 packs)/365 days)
TREATMENT-RESISTANT		
CLOZAPINE 12.5 MG TAB DISP, 150 MG TAB DISP	Tier 1	

AL1 - Age 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>clozapine orally disintegrating tab 100 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 150 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 200 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 25 mg</i>	Tier 1	
<i>clozapine tab 100 mg</i>	Tier 1	
<i>clozapine tab 200 mg</i>	Tier 1	
<i>clozapine tab 25 mg</i>	Tier 1	
<i>clozapine tab 50 mg</i>	Tier 1	
CLOZARIL (<i>clozapine</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB	Tier 3	
VERSACLOZ (<i>clozapine</i>) 50 MG/ML SUSPENSION	Tier 3	ST, QLC (18 ml/day)

ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)

BACLOFEN 10 MG/5ML SOLUTION	Tier 3	PA, QLC (40 ml/day)
BACLOFEN 5 MG/5ML SOLUTION	Tier 1	PA, QLC (80 ml/day)
<i>baclofen oral soln 5 mg/5ml mg/ml</i>	Tier 1	PA, QLC (80 ml/day)
<i>baclofen susp 25 mg/5ml</i>	Tier 1	PA, QLC (16 ml/day)
<i>baclofen tab 10 mg</i>	Tier 1	QLC (8 tabs/day)
<i>baclofen tab 15 mg</i>	Tier 1	QLC (4 tabs/day)
<i>baclofen tab 20 mg</i>	Tier 1	QLC (4 tabs/day)
<i>baclofen tab 5 mg</i>	Tier 1	QLC (3 tabs/day)
DANTRIUM (<i>dantrolene sodium</i>) 25 MG CAP, 50 MG CAP	Tier 3	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
FLEQSUVY (<i>baclofen</i>) 25 MG/5ML SUSPENSION	Tier 3	PA, QLC (16 ml/day)
LYVISPAH (<i>baclofen</i>) 20 MG PACKET	Tier 3	PA, QLC (4 packets/day)

AL1 - Age 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
LYVISPAH (<i>baclofen</i>) 5 MG PACKET, 10 MG PACKET	Tier 3	PA, QLC (3 packets/day)
OZOBAX (<i>baclofen</i>) 5 MG/5ML SOLUTION	Tier 3	PA, QLC (80 ml/day)
OZOBAX DS (<i>baclofen</i>) 10 MG/5ML SOLUTION	Tier 3	PA, QLC (40 ml/day)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	
ZANAFLEX (<i>tizanidine hcl</i>) 2 MG CAP, 4 MG CAP, 4 MG TAB, 6 MG CAP	Tier 3	

ANTIVIRALS (Drugs for Viral Infections)

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

LIVTENCITY (<i>maribavir</i>) 200 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day)
PREVYMIS (<i>letermovir</i>) 20 MG PACKET, 120 MG PACKET	Tier 3	PA, QLC (4 packets/day)
PREVYMIS (<i>letermovir</i>) 240 MG TAB, 480 MG TAB	Tier 3	PA, QLC (1 tab/day)
VALCYTE (<i>valganciclovir hcl</i>) 450 MG TAB	Tier 3	QLC (2 tabs/day)
VALCYTE (<i>valganciclovir hcl</i>) 50 MG/ML RECON SOLN	Tier 3	QLC (18 ml/day)
<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 1	QLC (1 tab/day)
BARACLUDE (<i>entecavir</i>) 0.05 MG/ML SOLUTION	Tier 2	QLC (3 bottles/month)
BARACLUDE (<i>entecavir</i>) 0.5 MG TAB, 1 MG TAB	Tier 3	QLC (1 tab/day)
<i>entecavir tab 0.5 mg</i>	Tier 1	QLC (1 tab/day)

AL1 - Age 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>entecavir tab 1 mg</i>	Tier 1	QLC (1 tab/day)
EPIVIR HBV (<i>lamivudine (hbv)</i>) 100 MG TAB	Tier 3	QLC (1 tab/day)
EPIVIR HBV (<i>lamivudine (hbv)</i>) 5 MG/ML SOLUTION	Tier 2	QLC (3 bottles/month)
HEPSERA (<i>adefovir dipivoxil</i>) 10 MG TAB	Tier 3	QLC (1 tab/day)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QLC (1 tab/day)
VEMLIDY (<i>tenofovir alafenamide fumarate</i>) 25 MG TAB	Tier 3	PA, 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)
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)
LEDIPASVIR-SOFOSBUVIR -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)
SOFOSBUVIR-VELPATASVIR -400-100 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
SOVALDI (<i>sofosbuvir</i>) 150 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (1 packet/day)

AL1 - Age 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
SOVALDI (<i>sofosbuvir</i>) 200 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (2 packets/day)
SOVALDI (<i>sofosbuvir</i>) 200 MG TAB, 400 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
VIEKIRA PAK (<i>ombitasvir-paritaprevir-ritonavir-dasabuvir</i>) 12.5-75-50 & 250 MG TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
VOSEVI (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) 400-100-100 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
ZEPATIER (<i>elbasvir-grazoprevir</i>) 50-100 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)
ISENTRESS (<i>raltegravir potassium</i>) 100 MG PACKET	Tier 2	QLC (2 packets/day)
ISENTRESS (<i>raltegravir potassium</i>) 25 MG CHEW TAB, 100 MG CHEW TAB	Tier 2	QLC (6 tabs/day)
ISENTRESS (<i>raltegravir potassium</i>) 400 MG TAB	Tier 2	QLC (4 tabs/day)
ISENTRESS 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)
STRIBILD (<i>elvitegravir-cobicistat-emtricitabine-tenofovir dfj</i>) 150-150-200-300 MG	Tier 2	QLC (1 tab/day)
TIVICAY (<i>dolutegravir sodium</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB	Tier 2	QLC (2 tabs/day)
TIVICAY PD (<i>dolutegravir sodium</i>) 5 MG TAB SOL	Tier 2	QLC (5 tabs/day)

AL1 - Age 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
------------------------	-----------	----------------------------------

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

COMPLERA (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>) 200-25-300 MG	Tier 2	QLC (1 tab/day)
DELSTRIGO (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>) 100-300-300 MG TAB	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 1	QLC (3 caps/day)
EFAVIRENZ 50 MG CAP	Tier 1	QLC (6 caps/day)
<i>efavirenz tab 600 mg</i>	Tier 1	QLC (1 tab/day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (EFAVIRENZ-EMTRICITAB-TENOFO DF)	Tier 1	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 1	QLC (4 tabs/day)
<i>etravirine tab 200 mg</i>	Tier 1	QLC (2 tabs/day)
INTELENCE (<i>etravirine</i>) 100 MG TAB	Tier 3	QLC (4 tabs/day)
INTELENCE (<i>etravirine</i>) 200 MG TAB	Tier 3	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)
PIFELTRO (<i>doravirine</i>) 100 MG TAB	Tier 3	QLC (2 tabs/day)
SUSTIVA (<i>efavirenz</i>) 200 MG CAP	Tier 3	QLC (3 caps/day)
SUSTIVA (<i>efavirenz</i>) 50 MG CAP	Tier 3	QLC (6 caps/day)
SUSTIVA (<i>efavirenz</i>) 600 MG TAB	Tier 3	QLC (1 tab/day)

AL1 - Age 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
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) 600-300-300 MG TAB	Tier 3	QLC (1 tab/day)
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) 400-300-300 MG TAB	Tier 3	QLC (1 tab/day)
VIRAMUNE (<i>nevirapine</i>) 50 MG/5ML SUSPENSION	Tier 3	QLC (40 ml/day)
VIRAMUNE XR (<i>nevirapine</i>) 400 MG TAB ER 24H	Tier 3	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)
<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-ZIDOVDINE)	Tier 1	QLC (2 tabs/day)
CIMDUO (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	Tier 2	QLC (1 tab/day)
COMBIVIR (<i>lamivudine-zidovudine</i>) 150-300 MG TAB	Tier 3	QLC (2 tabs/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 1	QLC (1 cap/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (EMTRICITABINE-TENOFOVIR DF)	Tier 1	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (EMTRICITABINE-TENOFOVIR DF)	Tier 1	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (EMTRICITABINE-TENOFOVIR DF)	Tier 1	QLC (1 tab/day)

AL1 - Age 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>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)
EMTRIVA (<i>emtricitabine</i>) 200 MG CAP	Tier 3	QLC (1 cap/day)
EPIVIR (<i>lamivudine</i>) 10 MG/ML SOLUTION	Tier 3	QLC (30 ml/day)
EPIVIR (<i>lamivudine</i>) 150 MG TAB	Tier 3	QLC (2 tabs/day)
EPIVIR (<i>lamivudine</i>) 300 MG TAB	Tier 3	QLC (1 tab/day)
EPZICOM (<i>abacavir sulfate-lamivudine</i>) 600-300 MG TAB	Tier 3	QLC (1 tab/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)
RETROVIR (<i>zidovudine</i>) 100 MG CAP	Tier 3	QLC (5 caps/day)
RETROVIR (<i>zidovudine</i>) 50 MG/5ML SYRUP	Tier 3	QLC (60 ml/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 1	QLC (1 tab/day)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine</i>) 600-50-300 MG TAB	Tier 2	QLC (1 tab/day)
TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine</i>) 60-5-30 MG TAB SOL	Tier 2	QLC (6 tabs/day)
TRIZIVIR (<i>abacavir sulfate-lamivudine-zidovudine</i>) 300-150-300 MG TAB	Tier 3	QLC (2 tabs/day)
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>) 100-150 MG TAB, 133-200 MG TAB, 167-250 MG TAB, 200-300 MG TAB	Tier 3	QLC (1 tab/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>) 300 MG TAB	Tier 3	QLC (1 tab/day)

AL1 - Age 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
VIREAD (<i>tenofovir disoproxil fumarate</i>) 40 MG/GM POWDER	Tier 2	QLC (3 bottles/month)
ZIAGEN (<i>abacavir sulfate</i>) 20 MG/ML SOLUTION	Tier 3	QLC (30 ml/day)
ZIAGEN (<i>abacavir sulfate</i>) 300 MG TAB	Tier 3	QLC (2 tabs/day)
<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 1	QLC (2 tabs/day)
<i>maraviroc tab 300 mg</i>	Tier 1	QLC (4 tabs/day)
RUKOBIA (<i>fostemsavir tromethamine</i>) 600 MG TAB ER 12H	Tier 3	PA, QLC (2 tabs/day)
SELZENTRY (<i>maraviroc</i>) 150 MG TAB	Tier 3	QLC (2 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>) 300 MG TAB	Tier 3	QLC (4 tabs/day)
SELZENTRY (<i>maraviroc</i>) 75 MG TAB	Tier 2	QLC (2 tabs/day)
SUNLENCA (<i>lenacapavir sodium</i>) 4 X 300 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/180 days)
SUNLENCA (<i>lenacapavir sodium</i>) 5 X 300 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (5 tabs/180 days)
TYBOST (<i>cobicistat</i>) 150 MG TAB	Tier 3	QLC (1 tab/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 1	QLC (2 caps/day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QLC (2 caps/day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QLC (1 cap/day)

AL1 - Age 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
CRIXIVAN (<i>indinavir sulfate</i>) 400 MG CAP	Tier 2	QLC (6 caps/day)
<i>darunavir tab 600 mg</i>	Tier 1	QLC (2 tabs/day)
<i>darunavir tab 800 mg</i>	Tier 1	QLC (1 tab/day)
EVOTAZ (<i>atazanavir sulfate-cobicistat</i>) 300-150 MG TAB	Tier 3	QLC (1 tab/day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 1	QLC (4 tabs/day)
INVIRASE (<i>saquinavir mesylate</i>) 500 MG TAB	Tier 2	QLC (4 tabs/day)
KALETRA (<i>lopinavir-ritonavir</i>) 100-25 MG TAB, 200-50 MG TAB	Tier 3	QLC (4 tabs/day)
KALETRA (<i>lopinavir-ritonavir</i>) 400-100 MG/5ML SOLUTION	Tier 3	QLC (10 ml/day)
LEXIVA (<i>fosamprenavir calcium</i>) 50 MG/ML SUSPENSION	Tier 2	QLC (56 ml/day)
LEXIVA (<i>fosamprenavir calcium</i>) 700 MG TAB	Tier 3	QLC (4 tabs/day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	QLC (10 ml/day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	QLC (4 tabs/day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	QLC (4 tabs/day)
NORVIR (<i>ritonavir</i>) 100 MG CAP	Tier 2	QLC (12 caps/day)
NORVIR (<i>ritonavir</i>) 100 MG PACKET	Tier 2	QLC (12 packets/day)
NORVIR (<i>ritonavir</i>) 100 MG TAB	Tier 3	QLC (12 tabs/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)
PREZISTA (<i>darunavir</i>) 600 MG TAB	Tier 3	QLC (2 tabs/day)
PREZISTA (<i>darunavir</i>) 800 MG TAB	Tier 3	QLC (1 tab/day)

AL1 - Age 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
REYATAZ (<i>atazanavir sulfate</i>) 150 MG CAP, 200 MG CAP	Tier 3	QLC (2 caps/day)
REYATAZ (<i>atazanavir sulfate</i>) 300 MG CAP	Tier 3	QLC (1 cap/day)
REYATAZ (<i>atazanavir sulfate</i>) 50 MG PACKET	Tier 2	QLC (5 packs/day)
<i>ritonavir tab 100 mg</i>	Tier 1	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 1	QLC (40 caps/6 months)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QLC (20 caps/6 months)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QLC (20 caps/6 months)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QLC (6 bottles/6 months)
RELENZA DISKHALER (<i>zanamivir</i>) 5 MG/ACT AER POW BA	Tier 2	QLC (2 inhalers/6 months)
RIMANTADINE HCL (<i>rimantadine hydrochloride</i>) 100 MG TAB	Tier 1	
TAMIFLU (<i>oseltamivir phosphate</i>) 30 MG CAP	Tier 3	QLC (40 caps/6 months)
TAMIFLU (<i>oseltamivir phosphate</i>) 45 MG CAP, 75 MG CAP	Tier 3	QLC (20 caps/6 months)
TAMIFLU (<i>oseltamivir phosphate</i>) 6 MG/ML RECON SUSP	Tier 3	QLC (6 bottles/6 months)
XENLETA (<i>lefamulin acetate</i>) 600 MG TAB	Tier 3	PA, QLC (10 tabs/month)
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)

AL1 - Age 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
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	
VALTREX (<i>valacyclovir hcl</i>) 1 GM TAB, 500 MG TAB	Tier 3	
ZOVIRAX (<i>acyclovir</i>) 200 MG/5ML SUSPENSION	Tier 3	

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 & 0MG 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 & 0MG 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	
<i>bupirone hcl tab 30 mg</i>	Tier 1	

AL1 - Age 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>bupirone hcl tab 5 mg</i>	Tier 1	
<i>bupirone hcl tab 7.5 mg</i>	Tier 1	
<i>meprobamate tab 200 mg</i>	Tier 1	AL1 (Up to 64 yrs old)
<i>meprobamate tab 400 mg</i>	Tier 1	AL1 (Up to 64 yrs old)
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL 1 MG/ML CONC	Tier 1	QLC (4 ml/day)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	Tier 1	QLC (4 tabs/day)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	Tier 1	QLC (4 tabs/day)
<i>alprazolam orally disintegrating tab 1 mg</i>	Tier 1	QLC (4 tabs/day)
<i>alprazolam orally disintegrating tab 2 mg</i>	Tier 1	QLC (2 tabs/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>alprazolam tab er 24hr 0.5 mg</i> (ALPRAZOLAM ER)	Tier 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 0.5 mg</i> (ALPRAZOLAM XR)	Tier 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 1 mg</i> (ALPRAZOLAM ER)	Tier 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 1 mg</i> (ALPRAZOLAM XR)	Tier 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 2 mg</i> (ALPRAZOLAM ER) 4hr	Tier 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 2 mg</i> (ALPRAZOLAM XR) 4hr	Tier 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 3 mg</i> (ALPRAZOLAM ER)	Tier 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 3 mg</i> (ALPRAZOLAM XR)	Tier 1	QLC (1 tab/day)
ATIVAN (<i>lorazepam</i>) 0.5 MG TAB	Tier 3	QLC (20 tabs/day)

AL1 - Age 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
ATIVAN (<i>lorazepam</i>) 1 MG TAB	Tier 3	QLC (10 tabs/day)
ATIVAN (<i>lorazepam</i>) 2 MG TAB	Tier 3	QLC (5 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)
<i>diazepam tab 2 mg</i>	Tier 1	QLC (30 tabs/day)
<i>diazepam tab 5 mg</i>	Tier 1	QLC (12 tabs/day)
KLONOPIN (<i>clonazepam</i>) 0.5 MG TAB	Tier 3	QLC (40 tabs/day)
KLONOPIN (<i>clonazepam</i>) 1 MG TAB	Tier 3	QLC (20 tabs/day)
KLONOPIN (<i>clonazepam</i>) 2 MG TAB	Tier 3	QLC (10 tabs/day)
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QLC (150 ml/month)
lorazepam conc 2 mg/ml (Lorazepam Intensol)	Tier 1	QLC (150 ml/month)

AL1 - Age 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>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)
LOREEV XR (<i>lorazepam</i>) 1 MG CP24 SPRNK	Tier 3	PA, QLC (3 caps/day)
LOREEV XR (<i>lorazepam</i>) 1.5 MG CP24 SPRNK	Tier 3	PA, QLC (6 caps/day)
LOREEV XR (<i>lorazepam</i>) 2 MG CP24 SPRNK	Tier 3	PA, QLC (5 caps/day)
LOREEV XR (<i>lorazepam</i>) 3 MG CP24 SPRNK	Tier 3	PA, QLC (3 caps/day)
<i>oxazepam cap 10 mg</i>	Tier 1	QLC (12 caps/day)
<i>oxazepam cap 15 mg</i>	Tier 1	QLC (8 caps/day)
<i>oxazepam cap 30 mg</i>	Tier 1	QLC (4 caps/day)
TRANXENE-T (<i>clorazepate dipotassium</i>) RANXENE-7.5 MG AB	Tier 3	QLC (12 tabs/day)
VALIUM (<i>diazepam</i>) 10 MG TAB	Tier 3	QLC (6 tabs/day)
VALIUM (<i>diazepam</i>) 2 MG TAB	Tier 3	QLC (30 tabs/day)
VALIUM (<i>diazepam</i>) 5 MG TAB	Tier 3	QLC (12 tabs/day)
XANAX (<i>alprazolam</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB	Tier 3	QLC (4 tabs/day)
XANAX (<i>alprazolam</i>) 2 MG TAB	Tier 3	QLC (2 tabs/day)
XANAX XR (<i>alprazolam</i>) 0.5 MG TAB ER 24H, 1 MG TAB ER 24H, 3 MG TAB ER 24H	Tier 3	QLC (1 tab/day)
XANAX XR (<i>alprazolam</i>) 2 MG TAB ER 24H	Tier 3	QLC (2 tabs/day)

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

EQUETRO (<i>carbamazepine</i>) (<i>antipsychotic</i>) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	Tier 2	
LITHIUM CARBONATE 150 MG CAP, 300 MG CAP, 600 MG CAP	Tier 1	
<i>lithium carbonate cap 150 mg</i>	Tier 1	

AL1 - Age 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>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	
LITHOBID (<i>lithium carbonate</i>) 300 MG TAB ER	Tier 3	

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	
ACTOPLUS MET (<i>pioglitazone hcl-metformin hcl</i>) 15-500 MG TAB, 15-850 MG TAB	Tier 3	QLC (3 tabs/day)
ACTOS (<i>pioglitazone hcl</i>) 15 MG TAB, 30 MG TAB, 45 MG TAB	Tier 3	
ADLYXIN (<i>lixisenatide</i>) 20 MCG/0.2ML SOLN PEN	Tier 3	PA, QLC (1 pack/month)
ADLYXIN STARTER PACK (<i>lixisenatide</i>) 10 & 20 MCG/0.2ML PEN KIT	Tier 3	PA, QLC (1 pack/month)
ALOGLIPTIN BENZOATE 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	Tier 3	ST, QLC (1 tab/day)
ALOGLIPTIN-METFORMIN HCL -12.5-1000 MG TAB, -12.5-500 MG TAB	Tier 3	ST, QLC (2 tabs/day)
ALOGLIPTIN-PIOGLITAZONE -12.5-15 MG TAB, -12.5-30 MG TAB, -12.5-45 MG TAB, -25-15 MG TAB, -25-30 MG TAB, -25-45 MG TAB	Tier 3	ST, QLC (1 tab/day)
AMARYL (<i>glimepiride</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB	Tier 3	
BYDUREON (<i>exenatide</i>) 2 MG PEN	Tier 3	PA, QLC (4 pens/month)
BYDUREON BCISE (<i>exenatide</i>) 2 MG/0.85ML -INJ	Tier 3	PA, QLC (4 injectors/28 days)

AL1 - Age 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
BYETTA 10 MCG PEN (<i>exenatide</i>) /0.04ML SOLN	Tier 3	PA, QLC (1 pen/month)
BYETTA 5 MCG PEN (<i>exenatide</i>) /0.02ML SOLN	Tier 3	PA, QLC (1 pen/month)
CYCLOSET (<i>bromocriptine mesylate (diabetes)</i>) 0.8 MG TAB	Tier 3	PA, QLC (6 tabs/day)
DAPAGLIFLOZIN PRO-METFORMIN ER (<i>dapagliflozin propanediol-metformin hcl</i>) -10-1000 MG TAB 24H	Tier 3	PA, QLC (1 tab/day)
DAPAGLIFLOZIN PRO-METFORMIN ER (<i>dapagliflozin propanediol-metformin hcl</i>) -5-1000 MG TAB 24H	Tier 3	PA, QLC (2 tabs/day)
DUETACT (<i>pioglitazone hcl-glimepiride</i>) 30-2 MG TAB, 30-4 MG TAB	Tier 3	ST, QLC (1 tab/day)
FORTAMET (<i>metformin hcl</i>) 500 MG TAB ER 24H, 1000 MG TAB ER 24H	Tier 3	PA
GLIMEPIRIDE 3 MG TAB	Tier 1	PA, QLC (2 tabs/day)
<i>glimepiride tab 1 mg</i>	Tier 1	
<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	

AL1 - Age 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
GLUCOTROL (<i>glipizide</i>) 10 MG TAB	Tier 3	
GLUCOTROL XL (<i>glipizide</i>) 2.5 MG TAB ER 24H, 5 MG TAB ER 24H, 10 MG TAB ER 24H	Tier 3	
GLUMETZA (<i>metformin hcl</i>) 1000 MG TAB ER 24H	Tier 3	PA, QLC (2 tabs/day)
GLUMETZA (<i>metformin hcl</i>) 500 MG TAB ER 24H	Tier 3	PA
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	
GLYNASE (<i>glyburide micronized</i>) 1.5 MG TAB, 3 MG TAB, 6 MG TAB	Tier 3	
GLYXAMBI (<i>empagliflozin-linagliptin</i>) 10-5 MG TAB, 25-5 MG TAB	Tier 2	ST, QLC (1 tab/day)
INVOKAMET (<i>canagliflozin-metformin hcl</i>) 50-1000 MG TAB, 150-1000 MG TAB, 150-500 MG TAB	Tier 3	ST, QLC (2 tabs/day)
INVOKAMET (<i>canagliflozin-metformin hcl</i>) 50-500 MG TAB	Tier 3	ST, QLC (4 tabs/day)
INVOKAMET XR (<i>canagliflozin-metformin hcl</i>) 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 150-1000 MG TAB ER 24H, 150-500 MG TAB ER 24H	Tier 3	ST, QLC (2 tabs/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)
JANUVIA (<i>sitagliptin phosphate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 2	ST, QLC (1 tab/day)

AL1 - Age 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
JENTADUETO (<i>linagliptin-metformin hcl</i>) 2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB	Tier 3	ST, QLC (2 tabs/day)
JENTADUETO XR (<i>linagliptin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	Tier 3	ST, QLC (2 tabs/day)
JENTADUETO XR (<i>linagliptin-metformin hcl</i>) 5-1000 MG TAB ER 24H	Tier 3	ST, QLC (1 tab/day)
KAZANO (<i>alogliptin-metformin hcl</i>) 12.5-1000 MG TAB, 12.5-500 MG TAB	Tier 3	ST, QLC (2 tabs/day)
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	Tier 3	ST, QLC (2 tabs/day)
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>) 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H	Tier 3	ST, QLC (1 tab/day)
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	Tier 1	PA, QLC (3 pens/30 days)
METFORMIN HCL 625 MG TAB	Tier 1	PA, QLC (4 tabs/day)
METFORMIN HCL 750 MG TAB	Tier 1	PA, QLC (3 tabs/day)
<i>metformin hcl oral soln 500 mg/5ml</i>	Tier 3	PA, QLC (25.5 ml/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	
<i>metformin hcl tab er 24hr modified release 1000 mg</i> (METFORMIN HCL ER (MOD))	Tier 1	PA, QLC (2 tabs/day)
<i>metformin hcl tab er 24hr modified release 500 mg</i> (METFORMIN HCL ER (MOD))	Tier 1	PA, QLC (3 tabs/day)
<i>metformin hcl tab er 24hr osmotic 1000 mg</i> (METFORMIN HCL ER (OSM))	Tier 1	PA
<i>metformin hcl tab er 24hr osmotic 500 mg</i> (METFORMIN HCL ER (OSM))	Tier 1	PA
MIGLITOL 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 1	QLC (3 tabs/day)

AL1 - Age 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>migliitol tab 100 mg</i>	Tier 1	QLC (3 tabs/day)
<i>migliitol tab 25 mg</i>	Tier 1	QLC (3 tabs/day)
<i>migliitol tab 50 mg</i>	Tier 1	QLC (3 tabs/day)
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	
NESINA (<i>alogliptin benzoate</i>) 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	Tier 3	ST, QLC (1 tab/day)
ONGLYZA (<i>saxagliptin hcl</i>) 2.5 MG TAB, 5 MG TAB	Tier 3	ST, QLC (1 tab/day)
OSENI (<i>alogliptin-pioglitazone</i>) 12.5-15 MG TAB, 12.5-30 MG TAB, 12.5-45 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB	Tier 3	ST, QLC (1 tab/day)
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-glimepiride tab 30-2 mg</i>	Tier 1	ST, QLC (1 tab/day)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Tier 1	ST, QLC (1 tab/day)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	QLC (3 tabs/day)

AL1 - Age 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>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	QLC (3 tabs/day)
PRECOSE (<i>acarbose</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 3	
QTERN (<i>dapagliflozin-saxagliptin</i>) 5-5 MG TAB, 10-5 MG TAB	Tier 3	PA, QLC (1 tab/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	
RIOMET (<i>metformin hcl</i>) 500 MG/5ML SOLUTION	Tier 3	PA, QLC (25.5 ml/day)
RYBELSUS (<i>semaglutide</i>) 3 MG TAB, 7 MG TAB, 14 MG TAB	Tier 2	PA, QLC (1 tab/day)
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	Tier 1	ST, QLC (1 tab/day)
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	Tier 1	ST, QLC (1 tab/day)
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i> (SAXAGLIPTIN-METFORMIN ER)	Tier 1	ST, QLC (2 tabs/day)
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i> (SAXAGLIPTIN-METFORMIN ER)	Tier 1	ST, QLC (1 tab/day)
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i> (SAXAGLIPTIN-METFORMIN ER)	Tier 1	ST, QLC (1 tab/day)
SEGLUROMET (<i>ertugliflozin-metformin hcl</i>) 2.5-1000 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB	Tier 3	ST, QLC (2 tabs/day)
SEGLUROMET (<i>ertugliflozin-metformin hcl</i>) 2.5-500 MG TAB	Tier 3	ST, QLC (4 tabs/day)
SITAGLIPTIN 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 3	PA, QLC (1 tab/day)
SITAGLIPTIN BASE-METFORMIN HCL (<i>sitagliptin free base-metformin hcl</i>) - 50-1000 MG TAB, -50-500 MG TAB	Tier 3	PA, QLC (2 tabs/day)
SOLIQUA (<i>insulin glargine-lixisenatide</i>) 100-33 UNT-MCG/ML SOLN PEN	Tier 3	PA, QLC (6 pens/month)
STARLIX (<i>nateglinide</i>) 120 MG TAB	Tier 3	
STEGLUJAN (<i>ertugliflozin-sitagliptin</i>) 5-100 MG TAB, 15-100 MG TAB	Tier 3	PA, QLC (1 tab/day)

AL1 - Age 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
SYMLINPEN 120 (<i>pramlintide acetate</i>) SYMLIN2700 MCG/2.7ML SOLN	Tier 3	PA
SYMLINPEN 60 (<i>pramlintide acetate</i>) SYMLIN1500 MCG/1.5ML SOLN	Tier 3	PA
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)
TOLBUTAMIDE 500 MG TAB	Tier 1	
TRADJENTA (<i>linagliptin</i>) 5 MG TAB	Tier 3	ST, QLC (1 tab/day)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>) 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>) 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	Tier 3	PA, 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)
VICTOZA (<i>liraglutide</i>) 18 MG/3ML SOLN PEN	Tier 3	PA, QLC (2 pens/month (2 pack size); 3 pens/month (3 pack size))
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)
XULTOPHY (<i>insulin degludec-liraglutide</i>) 100-3.6 UNIT-MG/ML SOLN PEN	Tier 3	PA, QLC (5 pens/month)
ZITUVIMET (<i>sitagliptin free base-metformin hcl</i>) 50-1000 MG TAB, 50-500 MG TAB	Tier 3	PA, QLC (2 tabs/day)

AL1 - Age 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
ZITUVIMET XR (<i>sitagliptin free base-metformin hcl</i>) 50-1000 MG TAB ER 24H	Tier 3	PA, QLC (2 tabs/day)
ZITUVIMET XR (<i>sitagliptin free base-metformin hcl</i>) 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
ZITUVIO (<i>sitagliptin</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 3	PA, 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)
<i>diazoxide susp 50 mg/ml</i>	Tier 1	
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 3	QLC (2 kits/fill)
GLUCAGON EMERGENCY (<i>glucagon hcl</i>) 1 MG/ML RECON SOLN	Tier 2	QLC (2 kits/fill)
GVOKE HYPOPEN 1-PACK (<i>glucagon</i>) 1-PCK 0.5 MG/0.1ML SOLN -INJ, 1-PCK 1 MG/0.2ML SOLN -INJ	Tier 3	QLC (2 injectors/30 days)
GVOKE HYPOPEN 2-PACK (<i>glucagon</i>) 2-PCK 0.5 MG/0.1ML SOLN -INJ, 2-PCK 1 MG/0.2ML SOLN -INJ	Tier 3	QLC (2 injectors/30 days)
GVOKE KIT (<i>glucagon</i>) 1 MG/0.2ML SOLUTION	Tier 3	QLC (2 kits/30 days)
GVOKE PFS (<i>glucagon</i>) 0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR	Tier 3	QLC (2 syringes/30 days)
PROGLYCEM (<i>diazoxide</i>) 50 MG/ML SUSPENSION	Tier 3	
ZEGALOGUE (<i>dasiglucagon hcl</i>) 0.6 MG/0.6ML SOLN A-INJ, 0.6 MG/0.6ML SOLN PRSYR	Tier 3	PA, QLC (2 syringes/30 days)
INSULINS		
ADMELOG (<i>insulin lispro</i>) 100 UNIT/ML SOLUTION	Tier 3	PA
ADMELOG SOLOSTAR (<i>insulin lispro</i>) 100 UNIT/ML SOLN PEN	Tier 3	PA

AL1 - Age 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
AFREZZA (<i>insulin regular (human)</i>) 4 POWDER, 8 POWDER, 12 POWDER	Tier 3	PA, QLC (3 boxes/month)
AFREZZA (<i>insulin regular (human)</i>) 60X4 60X8 60X12 POWDER, 90 X 4 90X8 POWDER, 90 X 8 90X12 POWDER	Tier 3	PA, QLC (1 box/month)
APIDRA (<i>insulin glulisine</i>) 100 UNIT/ML SOLUTION	Tier 3	PA
APIDRA SOLOSTAR (<i>insulin glulisine</i>) 100 UNIT/ML SOLN PEN	Tier 3	PA
BASAGLAR KWIKPEN (<i>insulin glargine</i>) KWIK100 UNIT/ML SOLN	Tier 3	PA, QLC (45 ml (15 pens)/ month)
BASAGLAR TEMPO PEN (<i>insulin glargine</i>) 100 UNIT/ML SOLN	Tier 3	PA, QLC (45 ml (15 pens)/ month)
FIASP (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLUTION	Tier 3	PA
FIASP FLEXTOUCH (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN PEN	Tier 3	PA
FIASP PENFILL (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN CART	Tier 3	PA
FIASP PUMPCART (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN	Tier 3	PA
HUMALOG (<i>insulin lispro</i>) 100 UNIT/ML SOLN CART	Tier 2	
HUMALOG (<i>insulin lispro</i>) 100 UNIT/ML SOLUTION	Tier 3	PA
HUMALOG JUNIOR KWIKPEN (<i>insulin lispro</i>) KWIK100 UNIT/ML SOLN	Tier 2	
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	

AL1 - Age 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
HUMALOG MIX 75/25 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(75-25) 100 UNIT/ML SUSP	Tier 2	
HUMALOG TEMPO PEN (<i>insulin lispro</i>) 100 UNIT/ML SOLN	Tier 3	PA
HUMULIN R U-500 (CONCENTRATED) (<i>insulin regular (human)</i>) HMLIN - (CONCENTATED) NIT/ML SOLTION	Tier 2	
HUMULIN R U-500 KWIKPEN (<i>insulin regular (human)</i>) HMLIN -KWIKNIT/ML SOLN	Tier 3	
INSULIN ASP PROT & ASP FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	Tier 3	PA
INSULIN ASPART 100 UNIT/ML SOLUTION	Tier 3	PA
INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN	Tier 3	PA
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	Tier 3	PA
INSULIN ASPART PROT & ASPART (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	Tier 3	PA
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	Tier 3	PA, QLC (3 vials/30 days)
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN	Tier 3	PA, QLC (10 pens/month)
INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN	Tier 3	PA, QLC (9 pens/month)
INSULIN GLARGINE 100 UNIT/ML SOLUTION	Tier 2	QLC (40 ml (4 vials)/ month)
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	Tier 3	PA, QLC (6 pens/month)
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	Tier 2	QLC (45 ml (15 pens)/ month)
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	Tier 3	PA, QLC (12 pens/month)
INSULIN GLARGINE-YFGN -100 UNIT/ML SOLN PEN	Tier 3	PA, QLC (45 ml/30 days)

AL1 - Age 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
INSULIN GLARGINE-YFGN -100 UNIT/ML SOLUTION	Tier 3	PA, QLC (40 ml/30 days)
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	
INSULIN LISPRO PROT & LISPRO (<i>insulin lispro protamine & lispro</i>) (75-25) 100 UNIT/ML SUSP PEN	Tier 3	
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)
LEVEMIR (<i>insulin detemir</i>) 100 UNIT/ML SOLUTION	Tier 3	PA, QLC (40 ml/month)
LEVEMIR FLEXPEN (<i>insulin detemir</i>) FLEX100 UNIT/ML SOLN	Tier 3	PA, QLC (45 ml/month)
LEVEMIR FLEXTOUCH (<i>insulin detemir</i>) 100 UNIT/ML SOLN PEN	Tier 3	PA, QLC (45 ml/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	
LYUMJEV TEMPO PEN (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLN	Tier 3	PA
NOVOLOG (<i>insulin aspart</i>) 100 UNIT/ML SOLUTION	Tier 3	PA
NOVOLOG 70/30 FLEXPEN RELION (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	Tier 3	PA
NOVOLOG FLEXPEN (<i>insulin aspart</i>) FLEX100 UNIT/ML SOLN	Tier 3	PA
NOVOLOG FLEXPEN RELION (<i>insulin aspart</i>) FLEX100 UNIT/ML SOLN	Tier 3	PA
NOVOLOG MIX 70/30 (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	Tier 3	PA

AL1 - Age 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
NOVOLOG MIX 70/30 FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	Tier 3	PA
NOVOLOG MIX 70/30 RELION (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	Tier 3	PA
NOVOLOG PENFILL (<i>insulin aspart</i>) 100 UNIT/ML SOLN CART	Tier 3	PA
NOVOLOG RELION (<i>insulin aspart</i>) 100 UNIT/ML SOLUTION	Tier 3	PA
REZVOGLAR KWIKPEN (<i>insulin glargine-agl</i>) KWIK100 UNIT/ML SOLN	Tier 3	PA, QLC (45 ml/ 30 days)
SEMGLEE (<i>insulin glargine</i>) 100 UNIT/ML SOLN PEN	Tier 3	PA, QLC (45 ml (15 pens)/ month)
SEMGLEE (<i>insulin glargine</i>) 100 UNIT/ML SOLUTION	Tier 3	PA, QLC (40 ml (4 vials)/ month)
SEMGLEE (YFGN) (<i>insulin glargine-yfgn</i>) 100 UNIT/ML SOLN PEN	Tier 3	PA, QLC (45 ml/30 days)
SEMGLEE (YFGN) (<i>insulin glargine-yfgn</i>) 100 UNIT/ML SOLUTION	Tier 3	PA, QLC (40 ml/30 days)
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)
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)

ARIXTRA (<i>fondaparinux sodium</i>) 2.5 MG/0.5ML SOLUTION, 5 MG/0.4ML SOLUTION, 7.5 MG/0.6ML SOLUTION, 10 MG/0.8ML SOLUTION	Tier 4	QLC (1 syringe/day)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	Tier 1	PA, QLC (2 caps/day)

AL1 - Age 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>dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (</i>	Tier 1	PA, QLC (2 caps/day)
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (</i>	Tier 1	PA, QLC (2 caps/day)
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)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 4	QLC (1 syringe/day)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 4	QLC (1 syringe/day)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 4	QLC (1 syringe/day)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) 10000 UNIT/4ML SOLUTION	Tier 4	QLC (2 vials/day)
FRAGMIN (<i>dalteparin sodium</i>) 10000 UNIT/ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR	Tier 4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) 12500 UNIT/0.5ML SOLN PRSYR	Tier 4	QLC (1 syringe/day)

AL1 - Age 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
FRAGMIN (<i>dalteparin sodium</i>) 2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR	Tier 4	QLC (2 syringes/day)
FRAGMIN (<i>dalteparin sodium</i>) 95000 UNIT/3.8ML SOLUTION	Tier 4	QLC (0.8 ml/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	
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	
LOVENOX (<i>enoxaparin sodium</i>) 30 MG/0.3ML SOLN PRSYR, 80 MG/0.8ML SOLN PRSYR, 120 MG/0.8ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	Tier 4	QLC (2 syringes/day)
LOVENOX (<i>enoxaparin sodium</i>) 300 MG/3ML SOLUTION	Tier 4	QLC (2 ml/day)
LOVENOX (<i>enoxaparin sodium</i>) 40 MG/0.4ML SOLN PRSYR, 60 MG/0.6ML SOLN PRSYR, 100 MG/ML SOLN PRSYR	Tier 4	QLC (2 syringes/day)
PRADAXA (<i>dabigatran etexilate mesylate</i>) 110 MG CAP	Tier 3	PA, QLC (2 caps/day)
PRADAXA (<i>dabigatran etexilate mesylate</i>) 20 MG PACKET, 150 MG PACKET	Tier 3	PA, QLC (2 packs/day)
PRADAXA (<i>dabigatran etexilate mesylate</i>) 30 MG PACKET, 40 MG PACKET, 50 MG PACKET, 110 MG PACKET	Tier 3	PA, QLC (4 packs/day)
PRADAXA (<i>dabigatran etexilate mesylate</i>) 75 MG CAP, 150 MG CAP	Tier 3	PA, QLC (2 caps/day)

AL1 - Age 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
SAVAYSA (<i>edoxaban tosylate</i>) 15 MG TAB, 30 MG TAB, 60 MG TAB	Tier 3	PA, QLC (1 tab/day)
<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)
ZONTIVITY (<i>vorapaxar sulfite</i>) 2.08 MG TAB	Tier 3	QLC (1 tab/day)
BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)		
AGRYLIN (<i>anagrelide hcl</i>) 0.5 MG CAP	Tier 3	
ALVAIZ (<i>eltrombopag choline</i>) 36 MG TAB, 54 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)

AL1 - Age 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
ALVAIZ (<i>eltrombopag choline</i>) 9 MG TAB, 18 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	
<i>anagrelide hcl cap 1 mg</i>	Tier 1	
ARANESP (ALBUMIN FREE) (<i>darbepoetin alfa</i>) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe or vial/week)
EPOGEN (<i>epoetin alfa</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	Tier 4	PA, S (Specialty Drug)
FABHALTA (<i>iptacopan hcl</i>) 200 MG CAP	Tier 4	PA, LA, QLC (2 caps/day)
FULPHILA (<i>pegfilgrastim-jmdb</i>) 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
FYLNETRA (<i>pegfilgrastim-pbbk</i>) 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
GRANIX (<i>tbo-filgrastim</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)
LEUKINE (<i>sargramostim</i>) 250 MCG RECON SOLN	Tier 4	PA, S (Specialty Drug)
MOZOBIL (<i>plerixafor</i>) 24 MG/1.2ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug)
MULPLETA (<i>lusutrombopag</i>) 3 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day, not to exceed 7 tabs/120 days)
NEULASTA (<i>pegfilgrastim</i>) 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
NEUPOGEN (<i>filgrastim</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)

AL1 - Age 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
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)
NYPOZI (<i>filgrastim-txia</i>) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
NYVEPRIA (<i>pegfilgrastim-apgf</i>) 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
PROCRIT (<i>epoetin alfa</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)
PROMACTA (<i>eltrombopag olamine</i>) 12.5 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/day)
PROMACTA (<i>eltrombopag olamine</i>) 12.5 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
PROMACTA (<i>eltrombopag olamine</i>) 25 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (6 packets/day)
PROMACTA (<i>eltrombopag olamine</i>) 25 MG TAB, 50 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
PROMACTA (<i>eltrombopag olamine</i>) 75 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
PYRUKYND TAPER PACK (<i>mitapivat sulfate</i>) 5 MG TAB THPK	Tier 4	PA, LA, QLC (7 tabs/28 days)
PYRUKYND TAPER PACK (<i>mitapivat sulfate</i>) PACK 7 20 MG 7 5 MG TAB THPK, PACK 7 50 MG 7 20 MG TAB THPK	Tier 4	PA, LA, QLC (14 tabs/28 days)
RELEUKO (<i>filgrastim-ayow</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, LA, 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)

AL1 - Age 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
ROLVEDON (<i>eflapegrastim-xnst</i>) 13.2 MG/0.6ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug)
STIMUFEND (<i>pegfilgrastim-fpgk</i>) 6 MG/0.6ML SOLN PRSYR	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)
ZIEXTENZO (<i>pegfilgrastim-bmez</i>) 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, LA

HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

<i>aminocaproic acid oral soln 0.25 gm/ml</i>	Tier 1	
<i>aminocaproic acid tab 1000 mg</i>	Tier 1	
<i>aminocaproic acid tab 500 mg</i>	Tier 1	
LYSTEDA (<i>tranexamic acid</i>) 650 MG TAB	Tier 3	QLC (6 tabs/day; max 5 days of therapy/28 days)
MEPHYTON (<i>phytonadione</i>) 5 MG TAB	Tier 3	QLC (5 tabs/week)
<i>phytonadione tab 5 mg</i>	Tier 1	QLC (5 tabs/week)
<i>tranexamic acid tab 650 mg</i>	Tier 1	QLC (6 tabs/day; max 5 days of therapy/28 days)

PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	Tier 1	
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	

AL1 - Age 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
DOPTELET (<i>avatrombopag maleate</i>) 20 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
EFFIENT (<i>prasugrel hcl</i>) 5 MG TAB, 10 MG TAB	Tier 3	QLC (1 tab/day)
PLAVIX (<i>clopidogrel bisulfate</i>) 75 MG TAB	Tier 3	QLC (1 tab/day)
<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)
TAVALISSE (<i>fostamatinib disodium</i>) 100 MG TAB, 150 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day)

CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

ALPHA-ADRENERGIC AGONISTS

CATAPRES-TTS-1 (<i>clonidine</i>) -- 0.MG/24HR PATCH WK	Tier 3	
CATAPRES-TTS-2 (<i>clonidine</i>) -- 0.MG/4HR PATCH WK	Tier 3	
CATAPRES-TTS-3 (<i>clonidine</i>) -- 0.MG/24HR PATCH WK	Tier 3	
CLONIDINE ER 0.17 MG TAB 24H	Tier 3	PA, QLC (3 tabs/day)
<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 1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 1	
<i>droxidopa cap 100 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (18 caps/day)
<i>droxidopa cap 200 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (9 caps/day)
<i>droxidopa cap 300 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (6 caps/day)
<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	

AL1 - Age 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>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	
NEXICLON XR (<i>clonidine hcl</i>) 0.17 MG TAB ER 24H	Tier 3	PA, QLC (3 tabs/day)
NORTHERA (<i>droxidopa</i>) 100 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (18 caps/day)
NORTHERA (<i>droxidopa</i>) 200 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (9 caps/day)
NORTHERA (<i>droxidopa</i>) 300 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day)

ALPHA-ADRENERGIC BLOCKING AGENTS

CARDURA (<i>doxazosin mesylate</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB, 8 MG TAB	Tier 3	
DIBENZYLIN (<i>phenoxybenzamine hcl</i>) 10 MG CAP	Tier 4	PA
<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	
MINIPRESS (<i>prazosin hcl</i>) 1 MG CAP, 2 MG CAP, 5 MG CAP	Tier 3	
<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	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	

AL1 - Age 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
------------------------	-----------	----------------------------------

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND (<i>candesartan cilexetil</i>) 16 MG TAB	Tier 3	ST, QLC (2 tabs/day)
ATACAND (<i>candesartan cilexetil</i>) 32 MG TAB	Tier 3	ST, QLC (1 tab/day)
ATACAND (<i>candesartan cilexetil</i>) 4 MG TAB	Tier 3	ST, QLC (8 tabs/day)
ATACAND (<i>candesartan cilexetil</i>) 8 MG TAB	Tier 3	ST, QLC (4 tabs/day)
AVAPRO (<i>irbesartan</i>) 75 MG TAB, 150 MG TAB, 300 MG TAB	Tier 3	QLC (1 tab/day)
BENICAR (<i>olmesartan medoxomil</i>) 20 MG TAB, 40 MG TAB	Tier 3	QLC (1 tab/day)
BENICAR (<i>olmesartan medoxomil</i>) 5 MG TAB	Tier 3	QLC (3 tabs/day)
<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)
COZAAR (<i>losartan potassium</i>) 100 MG TAB	Tier 3	QLC (1 tab/day)
COZAAR (<i>losartan potassium</i>) 25 MG TAB	Tier 3	QLC (4 tabs/day)
COZAAR (<i>losartan potassium</i>) 50 MG TAB	Tier 3	QLC (2 tabs/day)
DIOVAN (<i>valsartan</i>) 320 MG TAB	Tier 3	QLC (1 tab/day)
DIOVAN (<i>valsartan</i>) 40 MG TAB, 80 MG TAB, 160 MG TAB	Tier 3	QLC (2 tabs/day)
EDARBI (<i>azilsartan medoxomil</i>) 40 MG TAB, 80 MG TAB	Tier 3	ST, QLC (1 tab/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)

AL1 - Age 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
MICARDIS (<i>telmisartan</i>) 20 MG TAB, 40 MG TAB	Tier 3	QLC (1 tab/day)
MICARDIS (<i>telmisartan</i>) 80 MG TAB	Tier 3	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)
VALSARTAN 4 MG/ML SOLUTION	Tier 1	PA, QLC (80 ml/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

ACCUPRIL (<i>quinapril hcl</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB	Tier 3	
ALTACE (<i>ramipril</i>) 1.25 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP	Tier 3	
<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	
<i>captopril tab 50 mg</i>	Tier 1	
<i>enalapril maleate oral soln 1 mg/ml</i>	Tier 1	QLC (40 ml/day)
<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	

AL1 - Age 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
EPANED (<i>enalapril maleate</i>) 1 MG/ML SOLUTION	Tier 3	QLC (40 ml/day)
<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	
LOTENSIN (<i>benazepril hcl</i>) 10 MG TAB	Tier 3	QLC (1 tab/day)
LOTENSIN (<i>benazepril hcl</i>) 20 MG TAB	Tier 3	QLC (1 tab/day)
LOTENSIN (<i>benazepril hcl</i>) 40 MG TAB	Tier 3	QLC (2 tabs/day)
<i>moexipril hcl tab 15 mg</i>	Tier 1	
<i>moexipril hcl tab 7.5 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)
PRINIVIL (<i>lisinopril</i>) 20 MG TAB	Tier 3	
QBRELIS (<i>lisinopril</i>) 1 MG/ML SOLUTION	Tier 3	PA, QLC (80 ml/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	

AL1 - Age 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>trandolapril tab 1 mg</i>	Tier 1	
<i>trandolapril tab 2 mg</i>	Tier 1	
<i>trandolapril tab 4 mg</i>	Tier 1	
VASOTEC (<i>enalapril maleate</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB	Tier 3	
ZESTRIL (<i>lisinopril</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB	Tier 3	

ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)

<i>amiodarone hcl tab 100 mg</i>	Tier 1	
amiodarone hcl tab 100 mg (Pacerone)	Tier 3	
<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	
amiodarone hcl tab 400 mg (Pacerone)	Tier 3	
BETAPACE (<i>sotalol hcl</i>) 80 MG TAB, 120 MG TAB, 160 MG TAB	Tier 3	
BETAPACE AF (<i>sotalol hcl (afib/afl)</i>) 80 MG TAB, 120 MG TAB, 160 MG TAB	Tier 3	
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>digoxin tab 62.5 mcg (0.0625 mg)</i>	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 1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1	
<i>flecainide acetate tab 100 mg</i>	Tier 1	

AL1 - Age 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>flecainide acetate tab 150 mg</i>	Tier 1	
<i>flecainide acetate tab 50 mg</i>	Tier 1	
LANOXIN (<i>digoxin</i>) 62.5 MCG TAB, 125 MCG TAB, 250 MCG TAB	Tier 3	QLC (1 tab/day)
<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 2	QLC (2 tabs/day)
NORPACE (<i>disopyramide phosphate</i>) 100 MG CAP, 150 MG CAP	Tier 3	
NORPACE CR (<i>disopyramide phosphate</i>) 100 MG CAP ER 12H	Tier 2	QLC (8 caps/day)
NORPACE CR (<i>disopyramide phosphate</i>) 150 MG CAP ER 12H	Tier 2	QLC (5 caps/day)
<i>propafenone hcl cap er 12hr 225 mg</i> (PROPAFENONE HCL ER)	Tier 1	
<i>propafenone hcl cap er 12hr 325 mg</i> (PROPAFENONE HCL ER)	Tier 1	
<i>propafenone hcl cap er 12hr 425 mg</i> (PROPAFENONE HCL ER)	Tier 1	
<i>propafenone hcl tab 150 mg</i>	Tier 1	
<i>propafenone hcl tab 225 mg</i>	Tier 1	
<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	
RYTHMOL SR (<i>propafenone hcl</i>) 225 MG CAP ER 12H, 325 MG CAP ER 12H, 425 MG CAP ER 12H	Tier 3	
sotalol hcl (afib/af) tab 120 mg (Sotalol Hcl (af))	Tier 1	
sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (af))	Tier 1	

AL1 - Age 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
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	
SOTYLIZE (<i>sotalol hcl</i>) 5 MG/ML SOLUTION	Tier 3	PA, QLC (64 ml/day)
TIKOSYN (<i>dofetilide</i>) 125 MCG CAP, 250 MCG CAP, 500 MCG CAP	Tier 3	
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 1	
<i>betaxolol hcl tab 20 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	
BYSTOLIC (<i>nebivolol hcl</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	Tier 3	QLC (1 tab/day)
BYSTOLIC (<i>nebivolol hcl</i>) 20 MG TAB	Tier 3	QLC (2 tabs/day)
<i>carvedilol phosphate cap er 24hr 10 mg</i> (CARVEDILOL PHOSPHATE ER)	Tier 1	ST
<i>carvedilol phosphate cap er 24hr 20 mg</i> (CARVEDILOL PHOSPHATE ER)	Tier 1	ST
<i>carvedilol phosphate cap er 24hr 40 mg</i> (CARVEDILOL PHOSPHATE ER)	Tier 1	ST
<i>carvedilol phosphate cap er 24hr 80 mg</i> (CARVEDILOL PHOSPHATE ER)	Tier 1	ST

AL1 - Age 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>carvedilol tab 12.5 mg</i>	Tier 1	
<i>carvedilol tab 25 mg</i>	Tier 1	
<i>carvedilol tab 3.125 mg</i>	Tier 1	
<i>carvedilol tab 6.25 mg</i>	Tier 1	
COREG (<i>carvedilol</i>) 3.125 MG TAB, 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	Tier 3	
COREG CR (<i>carvedilol phosphate</i>) 10 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H	Tier 3	ST
CORGARD (<i>nadolol</i>) 20 MG TAB, 40 MG TAB, 80 MG TAB	Tier 3	
HEMANGEOL (<i>propranolol hcl</i>) 4.28 MG/ML SOLUTION	Tier 3	PA, LA, QLC (2 bottles/month)
INDERAL LA (<i>propranolol hcl</i>) 60 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H, 160 MG CAP ER 24H	Tier 3	
INDERAL XL (<i>propranolol hcl sustained-release beads</i>) 80 MG CAP ER 24H, 120 MG CAP ER 24H	Tier 3	PA
INNOPRAN XL (<i>propranolol hcl sustained-release beads</i>) 80 MG CAP ER 24H, 120 MG CAP ER 24H	Tier 3	PA
KAPSPARGO SPRINKLE (<i>metoprolol succinate</i>) 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK, 200 MG CP24 SPRNK	Tier 3	QLC (1 cap/day)
LABETALOL HCL 400 MG TAB	Tier 1	QLC (6 tabs/day)
<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	
LOPRESSOR (<i>metoprolol tartrate</i>) 50 MG TAB, 100 MG TAB	Tier 3	
<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	

AL1 - Age 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>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 1	QLC (1 tab/day)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 1	QLC (1 tab/day)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 1	QLC (2 tabs/day)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 1	QLC (1 tab/day)
<i>pindolol tab 10 mg</i>	Tier 1	
<i>pindolol tab 5 mg</i>	Tier 1	
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	
<i>propranolol hcl cap er 24hr 60 mg (PROPRANOLOL HCL ER)</i>	Tier 1	
<i>propranolol hcl cap er 24hr 80 mg (PROPRANOLOL HCL ER)</i>	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	
TENORMIN (<i>atenolol</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 3	

AL1 - Age 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>timolol maleate tab 10 mg</i>	Tier 1	
<i>timolol maleate tab 20 mg</i>	Tier 1	
<i>timolol maleate tab 5 mg</i>	Tier 1	
TOPROL XL (<i>metoprolol succinate</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H	Tier 3	
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	
CONJUPRI (<i>levamlodipine maleate</i>) 2.5 MG TAB, 5 MG TAB	Tier 3	PA, QLC (1 tab/day)
<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>isradipine cap 2.5 mg</i>	Tier 1	
<i>isradipine cap 5 mg</i>	Tier 1	
KATERZIA (<i>amlodipine benzoate</i>) 1 MG/ML SUSPENSION	Tier 3	PA, QLC (10 ml/day)
LEVAMLODIPINE MALEATE 2.5 MG TAB, 5 MG TAB	Tier 3	PA, QLC (1 tab/day)
<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	

AL1 - Age 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>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	
<i>nifedipine tab er 24hr osmotic release 90 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	Tier 1	
NIMODIPINE 60 MG/20ML SOLUTION	Tier 1	PA, QLC (120 ml/day)
<i>nimodipine cap 30 mg</i>	Tier 1	
NISOLDIPINE ER ER 20 MG TAB ER 24H, ER 25.5 MG TAB ER 24H, ER 30 MG TAB ER 24H, ER 40 MG TAB ER 24H	Tier 1	
<i>nisoldipine tab er 24hr 17 mg</i> (NISOLDIPINE ER)	Tier 1	
<i>nisoldipine tab er 24hr 34 mg</i> (NISOLDIPINE ER)	Tier 1	
<i>nisoldipine tab er 24hr 8.5 mg</i> (NISOLDIPINE ER)	Tier 1	
NORLIQVA (<i>amlodipine besylate</i>) 1 MG/ML SOLUTION	Tier 3	PA, QLC (10 ml/day)
NORVASC (<i>amlodipine besylate</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	Tier 3	
NYMALIZE (<i>nimodipine</i>) 6 MG/ML SOLUTION	Tier 3	PA, QLC (60 ml/day)
PROCARDIA (<i>nifedipine</i>) 10 MG CAP	Tier 3	
PROCARDIA XL (<i>nifedipine</i>) 30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H	Tier 3	
SULAR (<i>nisoldipine</i>) 8.5 MG TAB ER 24H, 17 MG TAB ER 24H, 34 MG TAB ER 24H	Tier 3	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CALAN SR (<i>verapamil hcl</i>) 120 MG TAB ER, 180 MG TAB ER, 240 MG TAB ER	Tier 3	
CARDIZEM (<i>diltiazem hcl</i>) 30 MG TAB, 60 MG TAB, 120 MG TAB	Tier 3	

AL1 - Age 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
CARDIZEM CD (<i>diltiazem hcl coated beads</i>) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H	Tier 3	
CARDIZEM LA (<i>diltiazem hcl</i>) 120 MG TAB ER 24H, 180 MG TAB ER 24H, 240 MG TAB ER 24H, 300 MG TAB ER 24H, 360 MG TAB ER 24H, 420 MG TAB ER 24H	Tier 3	
<i>diltiazem hcl cap er 12hr 120 mg</i> (DILTIAZEM HCL ER)	Tier 1	
<i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER)	Tier 1	
<i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER)	Tier 1	
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	

AL1 - Age 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>diltiazem hcl coated beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER COATED BEADS)	Tier 1	
<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	

AL1 - Age 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>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (DILTIAZEM HCL ER BEADS)	Tier 1	
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	
TIAZAC (<i>diltiazem hcl extended release beads</i>) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H, 420 MG CAP ER 24H	Tier 3	
<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	

AL1 - Age 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>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	
<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	
VERELAN (<i>verapamil hcl</i>) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 360 MG CAP ER 24H	Tier 3	
VERELAN PM (<i>verapamil hcl</i>) 100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H	Tier 3	

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

ACCURETIC (<i>quinapril-hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	Tier 3	
<i>acetazolamide tab 125 mg</i>	Tier 1	
<i>acetazolamide tab 250 mg</i>	Tier 1	
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>) 25-25 MG TAB, 50-50 MG TAB	Tier 3	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 1	ST, QLC (1 tab/day)
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 1	ST, QLC (1 tab/day)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i> (AMILORIDE-HYDROCHLOROTHIAZIDE)	Tier 1	
AMILORIDE-HYDROCHLOROTHIAZIDE (<i>amiloride & hydrochlorothiazide</i>) -5-50 MG TAB	Tier 1	

AL1 - Age 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>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)
<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	

AL1 - Age 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>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)
<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)
ASPRUZYO SPRINKLE (<i>ranolazine</i>) 500 MG PACKET, 1000 MG PACKET	Tier 3	PA, QLC (2 packets/day)

AL1 - Age 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
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>) 16-12.5 MG TAB	Tier 3	ST, QLC (2 tabs/day)
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>) 32-12.5 MG TAB, 32-25 MG TAB	Tier 3	ST, 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	
ATTRUBY (<i>acoramidis hcl</i>) 356 MG TAB THPK	Tier 4	PA, LA, QLC (4 tabs/day)
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>) 150-12.5 MG TAB	Tier 3	QLC (2 tabs/day)
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>) 300-12.5 MG TAB	Tier 3	QLC (1 tab/day)
AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>) 5-20 MG TAB, 5-40 MG TAB, 10-20 MG TAB, 10-40 MG TAB	Tier 3	QLC (1 tab/day)
<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	
BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>) 20-12.5 MG TAB, 40-12.5 MG TAB, 40-25 MG TAB	Tier 3	QLC (1 tab/day)
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>) 20-37.5 MG TAB	Tier 3	QLC (6 tabs/day)
<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	

AL1 - Age 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>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	Tier 1	
CADUET (<i>amlodipine besylate-atorvastatin calcium</i>) 5-10 MG TAB, 5-20 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	Tier 3	PA, QLC (1 tab/day)
CAMZYOS (<i>mavacamten</i>) 2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	Tier 1	ST, QLC (2 tabs/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	Tier 1	ST, QLC (1 tab/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	Tier 1	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	
CORLANOR (<i>ivabradine hcl</i>) 5 MG TAB, 7.5 MG TAB	Tier 3	PA, QLC (2 tabs/day)
CORLANOR (<i>ivabradine hcl</i>) 5 MG/5ML SOLUTION	Tier 3	PA, QLC (20 ml/day)
DEMSEER (<i>metirosine</i>) 250 MG CAP	Tier 3	S (Specialty Drug), QLC (16 caps/day)
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>) 320-12.5 MG TAB, 320-25 MG TAB	Tier 3	QLC (1 tab/day)
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>) 80-12.5 MG TAB, 160-12.5 MG TAB, 160-25 MG TAB	Tier 3	QLC (2 tabs/day)
DUTOPROL (<i>metoprolol & hydrochlorothiazide</i>) 100-12.5 MG TAB ER 24H	Tier 3	PA, QLC (2 tabs/day)
DUTOPROL (<i>metoprolol & hydrochlorothiazide</i>) 25-12.5 MG TAB ER 24H, 50-12.5 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
EDARBYCLOR (<i>azilsartan medoxomil-chlorthalidone</i>) 40-12.5 MG TAB, 40-25 MG TAB	Tier 3	ST, QLC (1 tab/day)

AL1 - Age 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>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)
ENTRESTO (<i>sacubitril-valsartan</i>) 6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK	Tier 3	PA, QLC (8 caps/day)
EXFORGE (<i>amlodipine besylate-valsartan</i>) 5-160 MG TAB, 5-320 MG TAB, 10-160 MG TAB, 10-320 MG TAB	Tier 3	QLC (1 tab/day)
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>) 5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB	Tier 3	QLC (1 tab/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	
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>) 100-12.5 MG TAB, 100-25 MG TAB	Tier 3	QLC (1 tab/day)
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>) 50-12.5 MG TAB	Tier 3	QLC (2 tabs/day)
<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>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (ISOSORB DINITRATE-HYDRALAZINE)	Tier 1	QLC (6 tabs/day)
<i>ivabradine hcl tab 5 mg (base equiv)</i>	Tier 1	PA, QLC (2 tabs/day)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	Tier 1	PA, QLC (2 tabs/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	

AL1 - Age 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>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	Tier 1	
LODOCO (<i>colchicine (cardiovascular)</i>) 0.5 MG TAB	Tier 3	PA, QLC (1 tab/day)
<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)
LOTENSIN HCT (<i>benazepril & hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	Tier 3	
LOTREL (<i>amlodipine besylate-benazepril hcl</i>) 10-20 MG CAP, 10-40 MG CAP	Tier 3	QLC (1 cap/day)
LOTREL (<i>amlodipine besylate-benazepril hcl</i>) 5-10 MG CAP, 5-20 MG CAP	Tier 3	
MAXZIDE (<i>triamterene & hydrochlorothiazide</i>) 75-50 MG TAB	Tier 3	
MAXZIDE-25 (<i>triamterene & hydrochlorothiazide</i>) -37.5-MG TAB	Tier 3	
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>metirosine cap 250 mg</i>	Tier 1	S (Specialty Drug), QLC (16 caps/day)

AL1 - Age 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
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>) 40-12.5 MG TAB	Tier 3	ST, QLC (3 tabs/day)
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>) 80-12.5 MG TAB, 80-25 MG TAB	Tier 3	ST, QLC (2 tabs/day)
NEXLETOL (<i>bempedoic acid</i>) 180 MG TAB	Tier 3	PA, QLC (1 tab/day)
<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)
<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	
PRESTALIA (<i>perindopril arginine-amlodipine besylate</i>) 3.5-2.5 MG TAB, 7-5 MG TAB, 14-10 MG TAB	Tier 3	ST, QLC (1 tab/day)
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	

AL1 - Age 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>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
RANEXA (<i>ranolazine</i>) 500 MG TAB ER 12H, 1000 MG TAB ER 12H	Tier 3	QLC (2 tabs/day)
<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	
TARKA (<i>trandolapril-verapamil hcl</i>) 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER	Tier 3	
TEKTURNA (<i>aliskiren fumarate</i>) 150 MG TAB, 300 MG TAB	Tier 3	ST, QLC (1 tab/day)
TEKTURNA HCT (<i>aliskiren-hydrochlorothiazide</i>) 150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB	Tier 3	ST, QLC (1 tab/day)
TELMISARTAN-AMLODIPINE -40-10 MG TAB, -40-5 MG TAB, -80-10 MG TAB, -80-5 MG TAB	Tier 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	ST, QLC (1 tab/day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (TELMISARTAN-HCTZ)	Tier 1	ST, QLC (3 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (TELMISARTAN-HCTZ)	Tier 1	ST, QLC (2 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (TELMISARTAN-HCTZ)	Tier 1	ST, QLC (2 tabs/day)
TENORETIC 100 (<i>atenolol & chlorthalidone</i>) -25 MG TAB	Tier 3	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>) -25 MG TAB	Tier 3	

AL1 - Age 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
TRANDOLAPRIL-VERAPAMIL HCL ER - ER 1-240 MG TAB ER, -ER 2-180 MG TAB ER, -ER 2-240 MG TAB ER, -ER 4-240 MG TAB ER	Tier 1	
<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	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (TRIAMTERENE-HCTZ)	Tier 1	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>) 20-5-12.5 MG TAB, 40-10-12.5 MG TAB, 40-10-25 MG TAB, 40-5-12.5 MG TAB, 40-5-25 MG TAB	Tier 3	ST, QLC (1 tab/day)
TRYNGOLZA (<i>olezarsen sodium</i>) TRYNGOLZ80 MG/0.8ML SOLN -INJ	Tier 4	PA, LA, QLC (1 pen/28 days)
TRYVIO (<i>aprocitentan</i>) 12.5 MG TAB	Tier 3	PA, QLC (1 tab/day)
TWYNSTA (<i>telmisartan-amlodipine</i>) 40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB	Tier 3	ST, QLC (1 tab/day)
<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)
VASERETIC (<i>enalapril maleate & hydrochlorothiazide</i>) 10-25 MG TAB	Tier 3	
VECAMYL (<i>mecamylamine hcl</i>) 2.5 MG TAB	Tier 1	
VERQUVO (<i>vericiguat</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	Tier 3	PA, QLC (1 tab/day)
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	Tier 3	

AL1 - Age 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
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>) 2.5-6.25 MG TAB, 5-6.25 MG TAB, 10-6.25 MG TAB	Tier 3	
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	
BUMEX (<i>bumetanide</i>) 0.5 MG TAB	Tier 3	
EDECIN (<i>ethacrynic acid</i>) 25 MG TAB	Tier 3	PA, QLC (8 tabs/day)
<i>ethacrynic acid tab 25 mg</i>	Tier 1	PA, QLC (8 tabs/day)
FUROSCIX (<i>furosemide</i>) 80 MG/10ML CART KIT	Tier 4	PA, LA, QLC (1 kit/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	
LASIX (<i>furosemide</i>) 20 MG TAB, 40 MG TAB, 80 MG TAB	Tier 3	
SOAANZ (<i>torseamide</i>) 20 MG TAB	Tier 3	PA, QLC (1 tab/day)
SOAANZ (<i>torseamide</i>) 40 MG TAB	Tier 3	PA, QLC (5 tabs/day)
SOAANZ (<i>torseamide</i>) 60 MG TAB	Tier 3	PA, QLC (3 tabs/day)
<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	
DYRENIUM (<i>triamterene</i>) 50 MG CAP, 100 MG CAP	Tier 3	ST
<i>eplerenone tab 25 mg</i>	Tier 1	
<i>eplerenone tab 50 mg</i>	Tier 1	
INSPRA (<i>eplerenone</i>) 25 MG TAB, 50 MG TAB	Tier 3	

AL1 - Age 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>triamterene cap 100 mg</i>	Tier 1	ST
<i>triamterene cap 50 mg</i>	Tier 1	ST
DIURETICS, THIAZIDE		
<i>chlorthalidone tab 25 mg</i>	Tier 1	
<i>chlorthalidone tab 50 mg</i>	Tier 1	
DIURIL (<i>chlorothiazide</i>) 250 MG/5ML SUSPENSION	Tier 3	
<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	
THALITONE (<i>chlorthalidone</i>) 15 MG TAB	Tier 3	PA, QLC (4 tabs/day)
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)		
ANTARA (<i>fenofibrate micronized</i>) 30 MG CAP	Tier 3	ST, QLC (2 caps/day)
ANTARA (<i>fenofibrate micronized</i>) 90 MG CAP	Tier 3	ST, QLC (1 cap/day)
<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)
FENOFIBRATE 150 MG CAP	Tier 3	ST, QLC (1 cap/day)
FENOFIBRATE 50 MG CAP	Tier 3	ST, QLC (2 caps/day)
FENOFIBRATE MICRONIZED 30 MG CAP	Tier 3	ST, QLC (2 caps/day)
FENOFIBRATE MICRONIZED 90 MG CAP	Tier 3	ST, QLC (1 cap/day)
<i>fenofibrate micronized cap 130 mg</i>	Tier 1	ST, QLC (1 cap/day)

AL1 - Age 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>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 43 mg</i>	Tier 1	ST, QLC (2 caps/day)
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	QLC (1 cap/day)
<i>fenofibrate tab 120 mg</i>	Tier 1	ST, QLC (1 tab/day)
<i>fenofibrate tab 145 mg</i>	Tier 1	QLC (1 tab/day)
<i>fenofibrate tab 40 mg</i>	Tier 1	ST, QLC (2 tabs/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)
FENOFIBRIC ACID 105 MG TAB	Tier 3	QLC (1 tab/day)
FENOFIBRIC ACID 35 MG TAB	Tier 3	QLC (2 tabs/day)
FENOGLIDE (<i>fenofibrate</i>) 120 MG TAB	Tier 3	ST, QLC (1 tab/day)
FENOGLIDE (<i>fenofibrate</i>) 40 MG TAB	Tier 3	ST, QLC (2 tabs/day)
FIBRICOR (<i>fenofibric acid</i>) 105 MG TAB	Tier 3	QLC (1 tab/day)
FIBRICOR (<i>fenofibric acid</i>) 35 MG TAB	Tier 3	QLC (2 tabs/day)
<i>gemfibrozil tab 600 mg</i>	Tier 1	QLC (2.5 tabs/day)
LIPOFEN (<i>fenofibrate</i>) 150 MG CAP	Tier 3	ST, QLC (1 cap/day)
LIPOFEN (<i>fenofibrate</i>) 50 MG CAP	Tier 3	ST, QLC (2 caps/day)
LOPID (<i>gemfibrozil</i>) 600 MG TAB	Tier 3	QLC (2.5 tabs/day)
TRICOR (<i>fenofibrate</i>) 145 MG TAB	Tier 3	QLC (1 tab/day)
TRICOR (<i>fenofibrate</i>) 48 MG TAB	Tier 3	QLC (2 tabs/day)
TRILIPIX (<i>choline fenofibrate</i>) 45 MG CAP DR, 135 MG CAP DR	Tier 3	QLC (1 cap/day)

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol)

ALTOPREV (<i>lovastatin</i>) 20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
ATORVALIQ (<i>atorvastatin calcium</i>) 20 MG/5ML SUSPENSION	Tier 3	PA, QLC (20 ml/day)
<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)

AL1 - Age 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>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)
CRESTOR (<i>rosuvastatin calcium</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB	Tier 3	QLC (1 tab/day)
EZALLOR SPRINKLE (<i>rosuvastatin calcium</i>) 5 MG CAP SPRINK, 10 MG CAP SPRINK, 20 MG CAP SPRINK, 40 MG CAP SPRINK	Tier 3	QLC (1 cap/day)
FLOLIPID (<i>simvastatin</i>) 20 MG/5ML SUSPENSION	Tier 3	PA, QLC (5 ml/day)
FLOLIPID (<i>simvastatin</i>) 40 MG/5ML SUSPENSION	Tier 3	PA, QLC (10 ml/day)
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 1	QLC (1 cap/day)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 1	QLC (2 caps/day)
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> (FLUVASTATIN SODIUM ER)	Tier 1	PA, QLC (1 tab/day)
LESCOL XL (<i>fluvastatin sodium</i>) 80 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
LIPITOR (<i>atorvastatin calcium</i>) 10 MG TAB	Tier 3	QLC (1 tab/day)
LIPITOR (<i>atorvastatin calcium</i>) 20 MG TAB, 40 MG TAB, 80 MG TAB	Tier 3	QLC (1 tab/day)
LIVALO (<i>pitavastatin calcium</i>) 1 MG TAB	Tier 3	ST, QLC (1 tab/day)
LIVALO (<i>pitavastatin calcium</i>) 2 MG TAB, 4 MG TAB	Tier 3	ST, QLC (1 tab/day)
<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>pitavastatin calcium tab 1 mg</i>	Tier 1	ST, QLC (1 tab/day)
<i>pitavastatin calcium tab 2 mg</i>	Tier 1	ST, QLC (1 tab/day)
<i>pitavastatin calcium tab 4 mg</i>	Tier 1	ST, QLC (1 tab/day)
PRAVACHOL (<i>pravastatin sodium</i>) 20 MG TAB, 40 MG TAB	Tier 3	QLC (1 tab/day)

AL1 - Age 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>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)
ZOCOR (<i>simvastatin</i>) 10 MG TAB, 20 MG TAB, 40 MG TAB, 80 MG TAB	Tier 3	QLC (1 tab/day)
ZYPITAMAG (<i>pitavastatin magnesium</i>) 2 MG TAB, 4 MG TAB	Tier 3	ST, 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 1	
<i>colesevelam hcl tab 625 mg</i>	Tier 1	
COLESTID (<i>colestipol hcl</i>) 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	Tier 3	

AL1 - Age 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
COLESTID FLAVORED (<i>colestipol hcl</i>) 5 GM GRANULES, 5 GM PACKET	Tier 3	
<i>colestipol hcl granule packets 5 gm</i>	Tier 1	
<i>colestipol hcl granules 5 gm</i>	Tier 1	
<i>colestipol hcl tab 1 gm</i>	Tier 1	
<i>ezetimibe tab 10 mg</i>	Tier 1	QLC (1 tab/day)
EZETIMIBE-ROSUVASTATIN (<i>ezetimibe-rosuvastatin calcium</i>) -10-10 MG TAB, -10-20 MG TAB, -10-40 MG TAB, -10-5 MG TAB	Tier 3	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	QLC (1 tab/day)
<i>icosapent ethyl cap 0.5 gm</i>	Tier 1	PA, QLC (2 caps/day)
<i>icosapent ethyl cap 1 gm</i>	Tier 1	PA, QLC (4 caps/day)
JUXTAPID (<i>lomitapide mesylate</i>) 20 MG CAP, 30 MG CAP	Tier 4	PA, LA, QLC (2 caps/day)
JUXTAPID (<i>lomitapide mesylate</i>) 5 MG CAP, 10 MG CAP	Tier 4	PA, LA, QLC (1 cap/day)
LOVAZA (<i>omega-3-acid ethyl esters</i>) 1 GM CAP	Tier 3	QLC (4 caps/day)
NEXLIZET (<i>bempedoic acid-ezetimibe</i>) 180-10 MG TAB	Tier 3	PA, QLC (1 tab/day)
NIACIN (ANTIHYPERSLIPIDEMIC) 500 MG TAB	Tier 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERSLIPIDEMIC))	Tier 1	QLC (2 tabs/day)
<i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERSLIPIDEMIC))	Tier 1	QLC (4 tabs/day)
<i>niacin tab er 750 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERSLIPIDEMIC))	Tier 1	QLC (2 tabs/day)
NIACOR (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	Tier 1	
NIASPAN (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	Tier 3	QLC (4 tabs/day)

AL1 - Age 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
NIASPAN (<i>niacin (antihyperlipidemic)</i>) 750 MG TAB ER, 1000 MG TAB ER	Tier 3	QLC (2 tabs/day)
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	QLC (4 caps/day)
PRALUENT (<i>alirocumab</i>) PRLUENT 75 MG/ML SOLN -INJ, PRLUENT 150 MG/ML SOLN -INJ	Tier 4	PA, QLC (2 pens/month)
PRALUENT 150 MG/ML PEN (NDC 72733)	Tier 3	PA, QLC (2 pens/month)
PRALUENT 75 MG/ML PEN (NDC 72733)	Tier 3	PA, QLC (2 pens/month)
QUESTRAN (<i>cholestyramine</i>) 4 GM PACKET, 4 GM/DOSE POWDER	Tier 3	
QUESTRAN LIGHT (<i>cholestyramine light</i>) 4 GM/DOSE POWDER	Tier 3	
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)
ROSZET (<i>ezetimibe-rosuvastatin calcium</i>) 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-5 MG TAB	Tier 3	QLC (1 tab/day)
VASCEPA (<i>icosapent ethyl</i>) 0.5 GM CAP	Tier 3	PA, QLC (2 caps/day)
VASCEPA (<i>icosapent ethyl</i>) 1 GM CAP	Tier 3	PA, QLC (4 caps/day)
VYTORIN (<i>ezetimibe-simvastatin</i>) 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	Tier 3	QLC (1 tab/day)
WELCHOL (<i>colesevelam hcl</i>) 3.75 GM PACKET, 625 MG TAB	Tier 3	
ZETIA (<i>ezetimibe</i>) 10 MG TAB	Tier 3	QLC (1 tab/day)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
ALDACTONE (<i>spironolactone</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 3	
CAROSPIR (<i>spironolactone</i>) 25 MG/5ML SUSPENSION	Tier 3	PA, QLC (20 ml/day)
KERENDIA (<i>finerenone</i>) 10 MG TAB, 20 MG TAB	Tier 3	PA, QLC (1 tab/day)

AL1 - Age 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>spironolactone susp 25 mg/5ml</i>	Tier 1	PA, QLC (20 ml/day)
<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)		
DAPAGLIFLOZIN PROPANEDIOL 5 MG TAB, 10 MG TAB	Tier 3	PA, QLC (1 tab/day)
FARXIGA (<i>dapagliflozin propanediol</i>) 5 MG TAB, 10 MG TAB	Tier 2	ST, QLC (1 tab/day)
INPEFA (<i>sotagliflozin</i>) 200 MG TAB	Tier 3	PA, QLC (1 tab/day)
INPEFA (<i>sotagliflozin</i>) 400 MG TAB	Tier 3	PA, QLC (1 tab /day)
INVOKANA (<i>canagliflozin</i>) 100 MG TAB, 300 MG TAB	Tier 3	ST, QLC (1 tab/day)
JARDIANCE (<i>empagliflozin</i>) 10 MG TAB, 25 MG TAB	Tier 2	ST, QLC (1 tab/day)
STEGLATRO (<i>ertugliflozin l-pyroglutamic acid</i>) 15 MG TAB	Tier 3	ST, QLC (1 tab/day)
STEGLATRO (<i>ertugliflozin l-pyroglutamic acid</i>) 5 MG TAB	Tier 3	ST, QLC (2 tabs/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)		
DILATRATE-SR (<i>isosorbide dinitrate</i>) -40 MG CAP ER	Tier 3	
GONITRO (<i>nitroglycerin</i>) 400 MCG PACKET	Tier 3	QLC (36 packs/month)
ISORDIL TITRADOSE (<i>isosorbide dinitrate</i>) 5 MG TAB, 40 MG TAB	Tier 3	

AL1 - Age 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>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 2	
NITRO-DUR (<i>nitroglycerin</i>) -0.1 MG/HR PATCH 24HR, -0.2 MG/HR PATCH 24HR, -0.4 MG/HR PATCH 24HR, -0.6 MG/HR PATCH 24HR	Tier 3	
NITRO-DUR (<i>nitroglycerin</i>) -0.3 MG/HR PATCH 24HR, -0.8 MG/HR PATCH 24HR	Tier 2	
NITRO-TIME (<i>nitroglycerin</i>) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP ER	Tier 1	
<i>nitroglycerin oint 0.4%</i>	Tier 1	PA, QLC (30 gm/30 days)
<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	
<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	

AL1 - Age 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>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	
nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)	Tier 1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Tier 1	
NITROLINGUAL (<i>nitroglycerin</i>) 0.4 MG/SPRAY SOLUTION	Tier 3	
NITROSTAT (<i>nitroglycerin</i>) 0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB	Tier 3	
RECTIV (<i>nitroglycerin (intra-anal)</i>) 0.4 % OINTMENT	Tier 3	PA, QLC (30 gm/30 days)

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

EXSERVAN (<i>riluzole</i>) 50 MG FILM	Tier 4	PA, LA, QLC (2 films/day)
RADICAVA ORS (<i>edaravone</i>) 105 MG/5ML SUSPENSION	Tier 4	PA, LA, S (Specialty Drug), QLC (50 ml/28 days)
RADICAVA ORS STARTER KIT (<i>edaravone</i>) 105 MG/5ML SUSPENSION	Tier 4	PA, LA, S (Specialty Drug), QLC (70 ml/28 days; max 2 fills per year)
RELYVRIO (<i>sodium phenylbutyrate-taurursodiol</i>) 3-1 GM PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (2 packets/day)
RILUTEK (<i>riluzole</i>) 50 MG TAB	Tier 3	
<i>riluzole tab 50 mg</i>	Tier 1	
TEGLUTIK (<i>riluzole</i>) 50 MG/10ML SUSPENSION	Tier 4	PA, LA, QLC (20 ml/day)
TIGLUTIK (<i>riluzole</i>) 50 MG/10ML SUSPENSION	Tier 4	PA, LA, QLC (20 ml/day)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

ADDERALL (<i>amphetamine-dextroamphetamine</i>) 12.5 MG TAB	Tier 3	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 20 MG TAB	Tier 3	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 30 MG TAB	Tier 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	Tier 3	AL1 (Up to 17 yrs old), QLC (4 tabs/day)

AL1 - Age 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
ADDERALL XR (<i>amphetamine-dextroamphetamine</i>) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H	Tier 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)
ADZENYS ER (<i>amphetamine</i>) 1.25 MG/ML SUSP	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (15 ml/day)
ADZENYS XR-ODT (<i>amphetamine</i>) - ODT 3.1 MG TAB ER DISP, -ODT 6.3 MG TAB ER DISP, -ODT 9.4 MG TAB ER DISP, -ODT 12.5 MG TAB ER DISP, -ODT 15.7 MG TAB ER DISP, -ODT 18.8 MG TAB ER DISP	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
AMPHETAMINE ER 1.25 MG/ML SUSP	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (15 ml/day)
<i>amphetamine sulfate tab 10 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>amphetamine sulfate tab 5 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (AMPHET-DEXTROAMPHET 3-BEAD ER) - <i>dextro-</i>	Tier 1	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i> (AMPHET-DEXTROAMPHET 3-BEAD ER) - <i>dextro-</i>	Tier 1	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> (AMPHET-DEXTROAMPHET 3-BEAD ER) - <i>dextro-7.5</i>	Tier 1	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i> (AMPHET-DEXTROAMPHET 3-BEAD ER) - <i>dextro-</i>	Tier 1	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<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)

AL1 - Age 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>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)
<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)
AZSTARYS (<i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i>) 26.1-5.2 MG CAP, 39.2-7.8 MG CAP, 52.3-10.4 MG CAP	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
DESOXYN (<i>methamphetamine hcl</i>) 5 MG TAB	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
DEXEDRINE (<i>dextroamphetamine sulfate</i>) 10 MG CAP ER 24H	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
DEXEDRINE (<i>dextroamphetamine sulfate</i>) 15 MG CAP ER 24H	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
DEXEDRINE (<i>dextroamphetamine sulfate</i>) 5 MG CAP ER 24H	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)

AL1 - Age 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
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra) mg/ml	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (40 ml/day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml mg/ml</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (40 ml/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 (Zenedi)	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 (Zenedi)	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 (Zenedi)	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 (Zenedi)	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 (Zenedi)	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 (Zenedi)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 7.5 mg (Zenedi)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
DYANAVEL XR (<i>amphetamine</i>) 2.5 MG/ML SUSP	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (8 ml/day)
DYANAVEL XR (<i>amphetamine</i>) 5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
EVEKEO (<i>amphetamine sulfate</i>) 10 MG TAB	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)

AL1 - Age 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
EVEKEO (<i>amphetamine sulfate</i>) 5 MG TAB	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
EVEKEO ODT (<i>amphetamine sulfate</i>) ODT 5 MG TAB DISP, ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 20 MG TAB DISP	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>lisdexamfetamine dimesylate cap 10 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHAMPHETAMINE HCL 5 MG TAB	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
<i>methamphetamine hcl tab 5 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
MYDAYIS (<i>amphetamine-dextroamphetamine</i>) 12.5 MG CAP ER 24H, 25 MG CAP ER 24H, 37.5 MG CAP ER 24H, 50 MG CAP ER 24H	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)

AL1 - Age 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
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)
VYVANSE (<i>lisdexamfetamine dimesylate</i>) 10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB	Tier 3	AL1 (Up to 17 yrs old), QLC (1 tab/day)
XELSTRYM (<i>dextroamphetamine</i>) 4.5 MG/9HR PATCH, 9 MG/9HR PATCH, 13.5 MG/9HR PATCH, 18 MG/9HR PATCH	Tier 3	PA, QLC (1 patch/day)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

APTENSIO XR (<i>methylphenidate hcl</i>) 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H	Tier 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	QLC (4 caps/day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	QLC (1 cap/day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	QLC (4 caps/day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	QLC (4 caps/day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	QLC (2 caps/day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	QLC (1 cap/day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	QLC (1 cap/day)
<i>clonidine hcl tab er 12hr 0.1 mg</i> (CLONIDINE HCL ER)	Tier 1	QLC (4 tabs/day)
CONCERTA (<i>methylphenidate hcl</i>) 18 MG TAB ER, 27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER	Tier 3	AL1 (Up to 17 yrs old), QLC (1 tab/day)
COTEMPLA XR-ODT (<i>methylphenidate</i>) -8.6 MG TAB ER DISP	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (5 tabs/day)
COTEMPLA XR-ODT (<i>methylphenidate</i>) -ODT 17.3 MG TAB ER DISP, -ODT 25.9 MG TAB ER DISP	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
DAYTRANA (<i>methylphenidate</i>) 10 MG/9HR PATCH, 15 MG/9HR PATCH, 20 MG/9HR PATCH, 30 MG/9HR PATCH	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/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)

AL1 - Age 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>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)
FOCALIN (<i>dexmethylphenidate hcl</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	Tier 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
FOCALIN XR (<i>dexmethylphenidate hcl</i>) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	Tier 3	AL1 (Up to 17 yrs old), QLC (1 cap/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)
INTUNIV (<i>guanfacine hcl (adhd)</i>) 1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H, 4 MG TAB ER 24H	Tier 3	QLC (1 tab/day)

AL1 - Age 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
JORNAY PM (<i>methylphenidate hcl</i>) 20 MG CAP ER 24H, 40 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
KAPVAY (<i>clonidine hcl (adhd)</i>) 0.1 MG TAB ER 12H	Tier 3	QLC (4 tabs/day)
METADATE CD (<i>methylphenidate hcl</i>) 10 MG CAP ER, 20 MG CAP ER, 30 MG CAP ER	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (2 caps/day)
METADATE CD (<i>methylphenidate hcl</i>) 40 MG CAP ER, 50 MG CAP ER, 60 MG CAP ER	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
METHYLIN (<i>methylphenidate hcl</i>) 10 MG/5ML SOLUTION	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
METHYLIN (<i>methylphenidate hcl</i>) 5 MG/5ML SOLUTION	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/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)
<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 1	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 1	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 1	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 1	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 1	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 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)

AL1 - Age 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>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 1	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 (OSM) ER 45 MG TAB ER, ER 63 MG TAB ER	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER 36 MG TAB 24H	Tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
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 1	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
<i>methylphenidate hcl soln 5 mg/5ml mg/ml</i>	Tier 1	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)

AL1 - Age 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>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER (OSM))	Tier 1	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 1	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 1	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 1	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 1	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 1	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 1	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 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i> (METHYLPHENIDATE HCL ER (OSM))	Tier 1	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate td patch 10 mg/9hr</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>methylphenidate td patch 15 mg/9hr</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>methylphenidate td patch 20 mg/9hr</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>methylphenidate td patch 30 mg/9hr</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
ONYDA XR (<i>clonidine hcl (adhd)</i>) 0.1 MG/ML SUSP	Tier 3	PA, QLC (4 ml/day)
QELBREE (<i>viloxazine hcl (adhd)</i>) 100 MG CAP ER 24H	Tier 3	PA, QLC (1 cap/day)
QELBREE (<i>viloxazine hcl (adhd)</i>) 150 MG CAP ER 24H	Tier 3	PA, QLC (2 caps/day)

AL1 - Age 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
QELBREE (<i>viloxazine hcl (adhd)</i>) 200 MG CAP ER 24H	Tier 3	PA, QLC (3 caps/day)
QUILLICHEW ER (<i>methylphenidate hcl</i>) 30 MG CH	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
QUILLICHEW ER (<i>methylphenidate hcl</i>) ER 20 MG, ER 40 MG	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
QUILLIVANT XR (<i>methylphenidate hcl</i>) 25 MG/5ML SRER	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (12 ml/day)
RELEXXII (<i>methylphenidate hcl</i>) 18 MG TAB ER, 27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
RELEXXII (<i>methylphenidate hcl</i>) 45 MG TAB ER, 63 MG TAB ER	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
RELEXXII (<i>methylphenidate hcl</i>) 72 MG TAB ER	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
RITALIN (<i>methylphenidate hcl</i>) 10 MG TAB	Tier 3	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
RITALIN (<i>methylphenidate hcl</i>) 20 MG TAB	Tier 3	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
RITALIN (<i>methylphenidate hcl</i>) 5 MG TAB	Tier 3	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
RITALIN LA (<i>methylphenidate hcl</i>) 10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H	Tier 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)
RITALIN LA (<i>methylphenidate hcl</i>) 40 MG CAP ER 24H	Tier 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
STRATTERA (<i>atomoxetine hcl</i>) 10 MG CAP, 18 MG CAP, 25 MG CAP	Tier 3	QLC (4 caps/day)
STRATTERA (<i>atomoxetine hcl</i>) 40 MG CAP	Tier 3	QLC (2 caps/day)
STRATTERA (<i>atomoxetine hcl</i>) 60 MG CAP, 80 MG CAP, 100 MG CAP	Tier 3	QLC (1 cap/day)
CENTRAL NERVOUS SYSTEM, OTHER		
ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG CA	Tier 1	PA, QLC (1 cap/day)
ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG TAB	Tier 3	PA, QLC (1 tab/day)
ALLZITAL (<i>butalbital-acetaminophen</i>) 25-325 MG TAB	Tier 1	PA, QLC (12 tabs/day; max 96 tabs/30 days)

AL1 - Age 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
AUSTEDO (<i>deutetrabenazine</i>) 6 MG TAB, 9 MG TAB, 12 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
AUSTEDO XR (<i>deutetrabenazine</i>) 24 MG TAB ER 24H	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
AUSTEDO XR (<i>deutetrabenazine</i>) 6 MG TAB ER 24H, 12 MG TAB ER 24H, 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
AUSTEDO XR PATIENT TITRATION (<i>deutetrabenazine</i>) 12 & 18 & 24 & 30 MG TBER THPK	Tier 4	PA, S (Specialty Drug), QLC (28 tabs/28 day; max 2 fills/365 days)
AUSTEDO XR PATIENT TITRATION (<i>deutetrabenazine</i>) 6 & 12 & 24 MG TBER THPK	Tier 4	PA, S (Specialty Drug), QLC (42 tabs/28 days; max 2 fills/year)
BENZPHETAMINE HCL 25 MG TAB	Tier 1	PA, QLC (3 tabs/day)
<i>benzphetamine hcl tab 50 mg</i>	Tier 1	PA, QLC (3 tabs/day)
<i>butalbital-acetaminophen cap 50-300 mg</i>	Tier 1	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen tab 50-300 mg</i>	Tier 1	PA, QLC (6 tabs/day; max 48 tabs/30 days)
butalbital-acetaminophen tab 50-300 mg (Bupap)	Tier 1	PA, QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	Tier 1	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	Tier 1	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg (Esgic)	Tier 3	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg (Zebutal)	Tier 3	PA, QLC (6 caps/day; max 48 caps/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)

AL1 - Age 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>diethylpropion hcl tab 25 mg</i>	Tier 1	PA, QLC (3 tabs/day)
ESGIC (<i>butalbital-acetaminophen-caffeine</i>) 50-325-40 MG TAB	Tier 3	QLC (6 tabs/day; max 48 tabs/30 days)
FIORICET (<i>butalbital-acetaminophen-caffeine</i>) 50-300-40 MG CAP	Tier 1	PA, QLC (6 caps/day; max 48 caps/30 days)
FIRDAPSE (<i>amifampridine phosphate</i>) 10 MG TAB	Tier 4	PA, LA, QLC (10 tabs/day)
<i>gabapentin (once-daily) tab 300 mg</i>	Tier 1	PA, QLC (1 tab/day)
<i>gabapentin (once-daily) tab 600 mg</i>	Tier 1	PA, QLC (3 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) 300 MG TAB	Tier 3	PA, QLC (1 tab/day)
GRALISE (<i>gabapentin (once-daily)</i>) 450 MG TAB	Tier 3	PA, QLC (3 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) 600 MG TAB	Tier 3	PA, QLC (3 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) 750 MG TAB, 900 MG TAB	Tier 3	PA, QLC (2 tabs/day)
HORIZANT (<i>gabapentin enacarbil</i>) 300 MG TAB ER, 600 MG TAB ER	Tier 3	PA, QLC (2 tabs/day)
INGREZZA (<i>valbenazine tosylate</i>) 40 & 80 MG CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/6 months)
INGREZZA (<i>valbenazine tosylate</i>) 40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
LOMAIRA (<i>phentermine hcl</i>) 8 MG TAB	Tier 1	PA, QLC (3 tabs/day)
NUDEXTA (<i>dextromethorphan hbr-quinidine sulfate</i>) 20-10 MG CAP	Tier 2	PA, QLC (2 caps/day)
PHENDIMETRAZINE TARTRATE ER 105 MG CAP 24H	Tier 3	PA, QLC (1 cap/day)
<i>phendimetrazine tartrate tab 35 mg</i>	Tier 1	PA, QLC (6 tabs/day)
<i>phentermine hcl cap 15 mg</i>	Tier 1	PA, QLC (1 cap/day)
<i>phentermine hcl cap 30 mg</i>	Tier 1	PA, QLC (1 cap/day)
<i>phentermine hcl cap 37.5 mg</i>	Tier 1	PA, QLC (1 cap/day)
<i>phentermine hcl tab 37.5 mg</i>	Tier 1	PA, QLC (1 tab/day)

AL1 - Age 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
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 3	PA, QLC (1 cap/day)
RUZURGI (<i>amifampridine</i>) 10 MG TAB	Tier 4	PA, LA, QLC (10 tabs/day)
TENCON (<i>butalbital-acetaminophen</i>) 50-325 MG TAB	Tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (8 tabs/day)
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
VEOZAH (<i>fezolinetant</i>) 45 MG TAB	Tier 3	PA, QLC (1 tab/day)
VTOL LQ (<i>butalbital-acetaminophen- caffeine</i>) 50-325-40 MG/15ML SOLUTION	Tier 1	PA, QLC (90 ml/day; max 720 ml/30 days)
VYLEESI (<i>bremelanotide acetate</i>) 1.75 MG/0.3ML SOLN -INJ	Tier 4	PA, LA, QLC (8 doses/30 days)
XENAZINE (<i>tetrabenazine</i>) 12.5 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day)
XENAZINE (<i>tetrabenazine</i>) 25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)

FIBROMYALGIA AGENTS

CYMBALTA (<i>duloxetine hcl</i>) 20 MG CP DR PART, 60 MG CP DR PART	Tier 3	QLC (2 caps/day)
CYMBALTA (<i>duloxetine hcl</i>) 30 MG CP DR PART	Tier 3	QLC (3 caps/day)
DRIZALMA SPRINKLE (<i>duloxetine hcl</i>) 20 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR	Tier 3	PA, QLC (2 caps/day)
DRIZALMA SPRINKLE (<i>duloxetine hcl</i>) 30 MG CAP	Tier 3	PA, QLC (3 caps/day)
<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)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QLC (2 caps/day)

AL1 - Age 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
LYRICA (<i>pregabalin</i>) 20 MG/ML SOLUTION	Tier 3	QLC (30 ml/day)
LYRICA (<i>pregabalin</i>) 225 MG CAP, 300 MG CAP	Tier 3	QLC (2 caps/day)
LYRICA (<i>pregabalin</i>) 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP	Tier 3	QLC (3 caps/day)
LYRICA CR (<i>pregabalin (once-daily)</i>) 330 MG TAB ER 24H	Tier 3	PA, QLC (2 tabs/day)
LYRICA CR (<i>pregabalin (once-daily)</i>) 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	Tier 3	PA, QLC (3 tabs/day)
<i>pregabalin cap 100 mg</i>	Tier 1	QLC (3 caps/day)
<i>pregabalin cap 150 mg</i>	Tier 1	QLC (3 caps/day)
<i>pregabalin cap 200 mg</i>	Tier 1	QLC (3 caps/day)
<i>pregabalin cap 225 mg</i>	Tier 1	QLC (2 caps/day)
<i>pregabalin cap 25 mg</i>	Tier 1	QLC (3 caps/day)
<i>pregabalin cap 300 mg</i>	Tier 1	QLC (2 caps/day)
<i>pregabalin cap 50 mg</i>	Tier 1	QLC (3 caps/day)
<i>pregabalin cap 75 mg</i>	Tier 1	QLC (3 caps/day)
<i>pregabalin soln 20 mg/ml</i>	Tier 1	QLC (30 ml/day)
<i>pregabalin tab er 24hr 165 mg</i> (PREGABALIN ER)	Tier 1	PA, QLC (3 tabs/day)
<i>pregabalin tab er 24hr 330 mg</i> (PREGABALIN ER)	Tier 1	PA, QLC (2 tabs/day)
<i>pregabalin tab er 24hr 82.5 mg</i> (PREGABALIN ER)	Tier 1	PA, QLC (3 tabs/day)
SAVELLA (<i>milnacipran hcl</i>) 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 3	ST, QLC (2 tabs/day)
SAVELLA TITRATION PACK (<i>milnacipran hcl</i>) 12.5 & 25 & 50 MG MISC	Tier 3	ST, QLC (55 tabs/28 days)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA (<i>dalfampridine</i>) 10 MG TAB ER 12H	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
AUBAGIO (<i>teriflunomide</i>) 14 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
AUBAGIO (<i>teriflunomide</i>) 7 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)

AL1 - Age 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
AVONEX PEN (<i>interferon beta-1a</i>) 30 MCG/0.5ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (4 injections/month)
AVONEX PREFILLED (<i>interferon beta-1a</i>) ILLED 30 MCG/0.5ML SY KT	Tier 4	PA, S (Specialty Drug), QLC (4 injections/month)
BAFIERTAM (<i>monomethyl fumarate</i>) 95 MG CAP DR	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day)
BETASERON (<i>interferon beta-1b</i>) 0.3 MG KIT	Tier 4	PA, S (Specialty Drug), QLC (15 injections/month)
COPAXONE (<i>glatiramer acetate</i>) 20 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/day)
COPAXONE (<i>glatiramer acetate</i>) 40 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (12 syringes/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	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)
EXTAVIA (<i>interferon beta-1b</i>) 0.3 MG KIT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/month)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 1	S (Specialty Drug), QLC (1 cap/day)
GILENYA (<i>fingolimod hcl</i>) 0.25 MG CAP, 0.5 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Tier 2	S (Specialty Drug), QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	Tier 2	S (Specialty Drug), QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 2	S (Specialty Drug), QLC (12 syringes/month)
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	Tier 2	S (Specialty Drug), QLC (12 syringes/month)
KESIMPTA (<i>ofatumumab (ms)</i>) 20 MG/0.4ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
MAVENCLAD (10 TABS) (<i>cladribine (multiple sclerosis)</i>) S) MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (4 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)

AL1 - Age 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
MAVENCLAD (5 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (6 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (7 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (8 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (9 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAYZENT (<i>siponimod fumarate</i>) 0.25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
MAYZENT (<i>siponimod fumarate</i>) 1 MG TAB, 2 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 0.25 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (7 tabs/28 days; max 2 fills/year)
MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 12 X 0.25 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (12 tabs/28 days; max 2 fills/year)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
PLEGRIDY STARTER PACK (<i>peginterferon beta-1a</i>) PACK 63 94 MCG/0.5ML SOLN A-INJ, PACK 63 94 MCG/0.5ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 starter pack/12 months)
PONVORY (<i>ponesimod</i>) 20 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
PONVORY STARTER PACK (<i>ponesimod</i>) 2-3-4-5-6-7-8-9 & 10 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (14 tabs/30 days; max 2 fills/year)
REBIF (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (12 injections/month)
REBIF REBIDOSE (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN -INJ, 44 MCG/0.5ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (12 injections/month)
REBIF REBIDOSE TITRATION PACK (<i>interferon beta-1a</i>) TITRATION PCK 6X8.8 & 6X22 MCG SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/year)
REBIF TITRATION PACK (<i>interferon beta-1a</i>) 6X8.8 & 6X22 MCG SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/year)

AL1 - Age 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
TASCENSO ODT (<i> fingolimod lauryl sulfate</i>) ODT 0.25 MG TAB DISP, ODT 0.5 MG TAB DISP	Tier 4	PA, LA, QLC (1 tab/day)
TECFIDERA (<i> dimethyl fumarate</i>) 120 & 240 MG CPDR THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
TECFIDERA (<i> dimethyl fumarate</i>) 120 MG CAP DR, 240 MG CAP DR	Tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
<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)
VUMERITY (<i> dirximel fumarate</i>) 231 MG CAP DR	Tier 4	PA, S (Specialty Drug), QLC (4 caps/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	
EVOXAC (<i> cevimeline hcl</i>) 30 MG CAP	Tier 3	
<i> pilocarpine hcl tab 5 mg</i>	Tier 1	
<i> pilocarpine hcl tab 7.5 mg</i>	Tier 1	
SALAGEN (<i> pilocarpine hcl (oral)</i>) 5 MG TAB, 7.5 MG TAB	Tier 3	
<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% (Oralone)	Tier 1	

AL1 - Age 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
------------------------	-----------	----------------------------------

DERMATOLOGICAL AGENTS (Drugs for the Skin)

ACNE AND ROSACEA AGENTS

ABSORICA (<i>isotretinoin</i>) 10 MG CAP, 20 MG CAP, 25 MG CAP, 30 MG CAP, 35 MG CAP, 40 MG CAP	Tier 3	
ABSORICA LD (<i>isotretinoin micronized</i>) 8 MG CAP, 16 MG CAP, 24 MG CAP, 32 MG CAP	Tier 3	PA
ACANYA (<i>clindamycin phosphate-benzoyl peroxide</i>) 1.2-2.5 % GEL	Tier 3	ST
<i>acitretin cap 10 mg</i>	Tier 1	QLC (4 caps/day)
<i>acitretin cap 17.5 mg</i>	Tier 1	QLC (2 caps/day)
<i>acitretin cap 25 mg</i>	Tier 1	QLC (2 caps/day)
ADAPALENE 0.1 % PAD, 0.1 % SOLUTION	Tier 1	PA
<i>adapalene cream 0.1%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>adapalene gel 0.3%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 1	ST, AL1 (Up to 39 yrs old)
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Tier 1	ST, AL1 (Up to 39 yrs old)
AKLIEF (<i>trifarotene</i>) 0.005 % CREAM	Tier 3	PA, QLC (45 gm/30 days)
ALTRENO (<i>tretinoin</i>) 0.05 % LOTION	Tier 3	AL1 (Up to 39 yrs old)
AMZEEQ (<i>minocycline hcl micronized (acne)</i>) 4 % FOAM	Tier 3	PA, QLC (1 bottle/month)
ARAZLO (<i>tazarotene (acne)</i>) 0.045 % LOTION	Tier 3	PA, QLC (1 bottle(45 gm)/30 days)
ATRALIN (<i>tretinoin</i>) 0.05 % GEL	Tier 3	PA
<i>azelaic acid gel 15%</i>	Tier 1	QLC (1 tube/month)
AZELEX (<i>azelaic acid (acne)</i>) 20 % CREAM	Tier 3	
BENZAACLIN (<i>clindamycin phosphate-benzoyl peroxide</i>) 1-5 % GEL	Tier 3	
BENZAACLIN WITH PUMP (<i>clindamycin phosphate-benzoyl peroxide</i>) 1-5 % GEL	Tier 3	

AL1 - Age 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
BENZAMYCIN (<i>benzoyl peroxide-erythromycin</i>) 5-3 % GEL	Tier 3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	Tier 3	PA, QLC (1 tube/month)
CABTREO (<i>adapalene-benzoyl peroxide-clindamycin phosphate</i>) 0.15-3.1-1.2 % GEL	Tier 3	PA, QLC (one 50 gm/bottle/30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	Tier 1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Neuac)	Tier 3	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	Tier 1	ST
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	Tier 1	ST, QLC (1 bottle/month)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (CLINDAMYCIN-TRETINOIN)	Tier 1	ST
DIFFERIN (<i>adapalene</i>) 0.1 % CREAM, 0.1 % LOTION, 0.3 % GEL	Tier 3	AL1 (Up to 39 yrs old)
EPIDUO (<i>adapalene-benzoyl peroxide</i>) 0.1-2.5 % GEL	Tier 3	ST, AL1 (Up to 39 yrs old)
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>) 0.3-2.5 % GEL	Tier 3	ST, AL1 (Up to 39 yrs old)
EPSOLAY (<i>benzoyl peroxide</i>) 5 % CREAM	Tier 3	PA, QLC (30 gm/30 days)
FABIOR (<i>tazarotene (acne)</i>) 0.1 % FOAM	Tier 3	PA, QLC (100 gm/month)
FINACEA (<i>azelaic acid</i>) 15 % FOAM	Tier 3	QLC (1 bottle/month)
FINACEA (<i>azelaic acid</i>) 15 % GEL	Tier 3	QLC (1 tube/month)
<i>isotretinoin cap 10 mg</i>	Tier 1	
isotretinoin cap 10 mg (Accutane)	Tier 1	
isotretinoin cap 10 mg (Amnesteem)	Tier 1	

AL1 - Age 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
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 25 mg</i>	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 35 mg</i>	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	
KLARON (<i>sulfacetamide sodium (acne)</i>) 10 % LOTION	Tier 3	
MIRVASO (<i>brimonidine tartrate (topical)</i>) 0.33 % GEL	Tier 3	QLC (1 tube/month)
ONEXTON (<i>clindamycin phosphate-benzoyl peroxide</i>) 1.2-3.75 % GEL	Tier 3	ST, QLC (1 bottle/month)
RETIN-A (<i>tretinoin</i>) -0.01 % GEL, -0.025 % CREM, -0.025 % GEL, -0.05 % CREM, -0.1 % CREM	Tier 3	AL1 (Up to 39 yrs old)
RETIN-A MICRO (<i>tretinoin microsphere</i>) -0.04 % GEL, -0.1 % GEL	Tier 3	ST, AL1 (Up to 39 yrs old)

AL1 - Age 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
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) -0.06 % GEL	Tier 3	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) -0.08 % GEL	Tier 3	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) -PUMP 0.04 % GEL, - PUMP 0.1 % GEL	Tier 3	ST, AL1 (Up to 39 yrs old)
RHOFADE (<i>oxymetazoline hcl (topical)</i>) 1 % CREAM	Tier 3	PA, QLC (one 30 gm tube/month)
<i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE))	Tier 1	
TAZAROTENE (<i>tazarotene (acne)</i>) 0.1 % FOAM	Tier 3	PA, QLC (100 gm/month)
<i>tazarotene cream 0.05%</i>	Tier 1	
<i>tazarotene cream 0.1%</i>	Tier 1	
<i>tazarotene gel 0.05%</i>	Tier 1	
<i>tazarotene gel 0.1%</i>	Tier 1	
TAZORAC (<i>tazarotene</i>) 0.05 % CREAM, 0.05 % GEL, 0.1 % CREAM, 0.1 % GEL	Tier 3	
<i>tretinoin cream 0.025%</i>	Tier 1	AL1 (Up to 39 yrs old)
tretinoin cream 0.025% (Avita)	Tier 3	AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.05%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.1%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.01%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.025%</i>	Tier 1	AL1 (Up to 39 yrs old)
tretinoin gel 0.025% (Avita)	Tier 3	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.05%</i>	Tier 1	PA
<i>tretinoin microsphere gel 0.04%</i>	Tier 3	ST, AL1 (Up to 39 yrs old)
<i>tretinoin microsphere gel 0.04%</i> (TRETINOIN MICROSPHERE PUMP)	Tier 3	ST, AL1 (Up to 39 yrs old)
<i>tretinoin microsphere gel 0.08%</i>	Tier 1	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
<i>tretinoin microsphere gel 0.08%</i> (TRETINOIN MICROSPHERE PUMP)	Tier 1	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
<i>tretinoin microsphere gel 0.1%</i>	Tier 3	ST, AL1 (Up to 39 yrs old)
<i>tretinoin microsphere gel 0.1%</i> (TRETINOIN MICROSPHERE PUMP)	Tier 3	ST, AL1 (Up to 39 yrs old)

AL1 - Age 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
VELTIN (<i>clindamycin phosphate-tretinoin</i>) 1.2-0.025 % GEL	Tier 3	ST
WINLEVI (<i>clascoterone</i>) 1 % CREAM	Tier 3	PA, QLC (60 gm/30 days)
ZIANA (<i>clindamycin phosphate-tretinoin</i>) 1.2-0.025 % GEL	Tier 3	ST
ZILXI (<i>minocycline hcl micronized (rosacea)</i>) 1.5 % FOAM	Tier 3	PA, QLC (1 bottle/30 days)

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

ADBRY (<i>tralokinumab-ldrm</i>) 150 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADBRY (<i>tralokinumab-ldrm</i>) DBRY 300 MG/2ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ALA SCALP (<i>hydrocortisone (topical)</i>) 2 % LOTION	Tier 3	ST
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	
AMCINONIDE 0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT	Tier 1	ST
<i>amcinonide oint 0.1%</i>	Tier 1	ST
ANUSOL-HC (<i>hydrocortisone (rectal)</i>) - 2.5 % CREAM	Tier 1	
APEXICON E (<i>diflorasone diacetate emollient base</i>) APXICON 0.05 % CREAM	Tier 1	ST
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	

AL1 - Age 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>betamethasone dipropionate oint 0.05%</i>	Tier 1	
<i>betamethasone valerate aerosol foam 0.12%</i>	Tier 1	ST
<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	
BRYHALI (<i>halobetasol propionate</i>) 0.01 % LOTION	Tier 3	PA, QLC (200 gm/28 days)
BYLVAY (<i>odevixibat</i>) 1200 MCG CAP	Tier 4	PA, LA, QLC (5 caps/day)
BYLVAY (<i>odevixibat</i>) 400 MCG CAP	Tier 4	PA, LA, QLC (15 caps/day)
BYLVAY (PELLETS) (<i>odevixibat</i>) 200 MCG CAP SPRINK	Tier 4	PA, LA, QLC (30 caps/day)
BYLVAY (PELLETS) (<i>odevixibat</i>) 600 MCG CAP SPRINK	Tier 4	PA, LA, QLC (10 caps/day)
CAPEX (<i>fluocinolone acetonide</i>) 0.01 % SHAMPOO	Tier 3	PA
<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 emulsion foam 0.05%</i>	Tier 1	PA
clobetasol propionate emulsion foam 0.05% (Tovet)	Tier 1	PA
<i>clobetasol propionate foam 0.05%</i>	Tier 1	PA
<i>clobetasol propionate gel 0.05%</i>	Tier 1	
<i>clobetasol propionate lotion 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	

AL1 - Age 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>clobetasol propionate spray 0.05%</i>	Tier 1	PA, QLC (125 ml/month)
CLOBEX (<i>clobetasol propionate</i>) 0.05 % LOTION, 0.05 % SHAMPOO	Tier 3	
CLOBEX SPRAY (<i>clobetasol propionate</i>) 0.05 % LIQUID	Tier 3	PA, QLC (125 ml/month)
<i>clocortolone pivalate cream 0.1%</i>	Tier 1	ST
CORDRAN (<i>flurandrenolide</i>) 0.025 % CREAM, 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT, 4 MCG/SQCM TAPE	Tier 3	PA
CUTIVATE (<i>fluticasone propionate</i>) 0.05 % LOTION	Tier 3	ST
DERMA-SMOOTHIE/FS BODY (<i>fluocinolone acetonide</i>) -0.01 % OIL	Tier 3	
DERMA-SMOOTHIE/FS SCALP (<i>fluocinolone acetonide</i>) -0.01 % OIL	Tier 2	
DESONATE (<i>desonide</i>) 0.05 % GEL	Tier 3	PA
DESONIDE 0.05 % GEL	Tier 1	PA
<i>desonide cream 0.05%</i>	Tier 1	
<i>desonide gel 0.05%</i>	Tier 1	PA
desonide gel 0.05% (Desrx)	Tier 1	PA
<i>desonide lotion 0.05%</i>	Tier 1	ST
<i>desonide oint 0.05%</i>	Tier 1	
DESOWEN (<i>desonide</i>) 0.05 % CREAM	Tier 3	
<i>desoximetasone cream 0.05%</i>	Tier 1	ST
<i>desoximetasone cream 0.25%</i>	Tier 1	ST
<i>desoximetasone gel 0.05%</i>	Tier 1	ST
<i>desoximetasone oint 0.05%</i>	Tier 1	ST
<i>desoximetasone oint 0.25%</i>	Tier 1	ST
<i>desoximetasone spray 0.25%</i>	Tier 1	ST, QLC (1 bottle/month)
DIFLORASONE DIACETATE 0.05 % CREAM	Tier 1	ST
<i>diflorasone diacetate oint 0.05%</i>	Tier 1	ST
DIPROLENE (<i>betamethasone dipropionate augmented</i>) 0.05 % OINTMENT	Tier 3	

AL1 - Age 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
DIPROLENE AF (<i>betamethasone dipropionate augmented</i>) 0.05 % CREAM	Tier 3	
<i>doxepin hcl cream 5%</i>	Tier 1	PA
EBGLYSS (<i>lebrikizumab-lbkz</i>) 250 MG/2ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (2 ml/28 days)
EBGLYSS (<i>lebrikizumab-lbkz</i>) 250 MG/2ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (2ml/28 days)
ELIDEL (<i>pimecrolimus</i>) 1 % CREAM	Tier 3	QLC (100 gm/month)
EUCRISA (<i>crisaborole</i>) 2 % OINTMENT	Tier 3	PA, QLC (100 gm/month)
<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 1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (FLUOCINOLONE ACETONIDE SCALP)	Tier 1	
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	
FLUOCINONIDE 0.05 % GEL	Tier 1	
<i>fluocinonide cream 0.05%</i>	Tier 1	
<i>fluocinonide cream 0.1%</i>	Tier 1	PA
<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	
<i>fluocinonide soln 0.05%</i>	Tier 1	
FLURANDRENOLIDE 0.05 % CREAM	Tier 3	PA
FLURANDRENOLIDE 0.05 % LOTION	Tier 1	PA
<i>flurandrenolide cream 0.05%</i>	Tier 3	PA
flurandrenolide cream 0.05% (Nolix)	Tier 3	PA
<i>flurandrenolide lotion 0.05%</i>	Tier 1	PA
flurandrenolide lotion 0.05% (Nolix)	Tier 1	PA
<i>flurandrenolide oint 0.05%</i>	Tier 1	PA

AL1 - Age 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
FLUTICASONE PROPIONATE 0.05 % LOTION	Tier 1	ST
<i>fluticasone propionate cream 0.05%</i>	Tier 1	
<i>fluticasone propionate lotion 0.05%</i>	Tier 1	ST
fluticasone propionate lotion 0.05% (Beser)	Tier 1	ST
<i>fluticasone propionate oint 0.005%</i>	Tier 1	
HALCINONIDE 0.1 % SOLUTION	Tier 3	PA
<i>halcinonide cream 0.1%</i>	Tier 1	PA
<i>halobetasol propionate cream 0.05%</i>	Tier 1	
<i>halobetasol propionate foam 0.05%</i>	Tier 1	PA, QLC (200 gm/28 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 1	
HALOG (<i>halcinonide</i>) 0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION	Tier 3	PA
HYDROCORTISONE (<i>hydrocortisone topical</i>) 2 % LOTION	Tier 3	ST
HYDROCORTISONE (<i>hydrocortisone topical</i>) 2.5 % LOTION	Tier 1	
HYDROCORTISONE (<i>hydrocortisone topical</i>) 2.5 % SOLUTION	Tier 1	PA, QLC (30 ml bottle/30 days)
<i>hydrocortisone acetate suppos 25 mg</i>	Tier 1	
hydrocortisone acetate suppos 25 mg (Anucort-Hc)	Tier 1	
hydrocortisone acetate suppos 25 mg (Anusol-Hc)	Tier 1	PA
hydrocortisone acetate suppos 25 mg (Hemmorex-Hc)	Tier 3	
HYDROCORTISONE BUTYR LIPO BASE (<i>hydrocortisone butyrate hydrophilic lipo base</i>) 0.1 % CREAM	Tier 1	ST
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

AL1 - Age 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>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> (HYDROCORTISONE BUTYR LIPO BASE)	Tier 1	ST
<i>hydrocortisone butyrate lotion 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	
IMPEKLO (<i>clobetasol propionate</i>) 0.15 MG/ACT (0.05%) LOTION	Tier 3	PA, QLC (272 gm (4 bottles)/28 days)
KENALOG (<i>triamcinolone acetonide (topical)</i>) 0.147 MG/GM AERO SOLN	Tier 3	ST
LEXETTE (<i>halobetasol propionate</i>) 0.05 % FOAM	Tier 3	PA, QLC (200 gm/28 days)
LOCOID (<i>hydrocortisone butyrate</i>) 0.1 % LOTION	Tier 3	ST
LOCOID LIPOCREAM (<i>hydrocortisone butyrate hydrophilic lipo base</i>) LIPO0.1 %	Tier 3	ST
LUXIQ (<i>betamethasone valerate</i>) 0.12 % FOAM	Tier 3	ST
<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	
OLUX (<i>clobetasol propionate</i>) 0.05 % FOAM	Tier 3	PA

AL1 - Age 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
OLUX-E (<i>clobetasol propionate emulsion</i>) -0.05 % FOAM	Tier 3	PA
PANDEL (<i>hydrocortisone probutate</i>) 0.1 % CREAM	Tier 3	PA
<i>pimecrolimus cream 1%</i>	Tier 1	QLC (100 gm/month)
PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT	Tier 1	
PROTOPIC (<i>tacrolimus (topical)</i>) 0.03 % OINTMENT	Tier 3	QLC (100 gm/month)
PROTOPIC (<i>tacrolimus (topical)</i>) 0.1 % OINTMENT	Tier 3	AL1 (At least 16 yrs old), QLC (100 gm/month)
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>) 5 % CREAM	Tier 3	PA
<i>selenium sulfide lotion 2.5%</i>	Tier 1	QLC (1 bottle/month)
SERNIVO (<i>betamethasone dipropionate (topical)</i>) 0.05 % EMULSION	Tier 3	PA, QLC (1 bottle/month)
SYNALAR (<i>fluocinolone acetonide</i>) 0.01 % SOLUTION, 0.025 % CREAM, 0.025 % OINTMENT	Tier 3	
<i>tacrolimus oint 0.03%</i>	Tier 1	QLC (100 gm/month)
<i>tacrolimus oint 0.1%</i>	Tier 1	AL1 (At least 16 yrs old), QLC (100 gm/month)
TEMOVATE (<i>clobetasol propionate</i>) 0.05 % CREAM, 0.05 % OINTMENT	Tier 3	
TEXACORT (<i>hydrocortisone (topical)</i>) 2.5 % SOLUTION	Tier 3	QLC (30 ml bottle/30 days)
TOPICORT (<i>desoximetasone</i>) 0.05 % CREAM, 0.05 % GEL, 0.05 % OINTMENT, 0.25 % CREAM, 0.25 % OINTMENT	Tier 3	ST
TOPICORT SPRAY (<i>desoximetasone</i>) 0.25 % LIQUID	Tier 3	ST, QLC (1 bottle/month)
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	Tier 1	ST
<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	

AL1 - Age 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
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 0.05%</i>	Tier 1	ST
<i>triamcinolone acetonide oint 0.05%</i> (TRIAMCINOLONE IN ABSORBASE)	Tier 1	ST
triamcinolone acetonide oint 0.05% (Trianex)	Tier 1	ST
triamcinolone acetonide oint 0.05% (Tritocin)	Tier 1	ST
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	
ULTRAVATE (<i>halobetasol propionate</i>) 0.05 % LOTION	Tier 3	ST, QLC (1 bottle (60ml) /month)
VANOS (<i>fluocinonide</i>) 0.1 % CREAM	Tier 3	PA
VERDESO (<i>desonide</i>) 0.05 % FOAM	Tier 3	PA
VTAMA (<i>tapinarof</i>) 1 % CREAM	Tier 3	PA, QLC (60 gm/30 days)
ZONALON (<i>doxepin hcl (antipruritic)</i>) 5 % CREAM	Tier 3	PA
DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)		
ALDARA (<i>imiquimod</i>) 5 % CREAM	Tier 3	QLC (24 packs/month, max of 48 packs/6 months)
ANALPRAM-HC (<i>hydrocortisone acetate w/ pramoxine</i>) -1-1 % CREAM	Tier 3	
ANALPRAM-HC (<i>hydrocortisone acetate w/ pramoxine</i>) -2.5-1 % LOTION	Tier 2	
AVAR LS CLEANSER (<i>sulfacetamide sodium w/ sulfur</i>) 10-2 % LIQUID	Tier 3	
AVAR-E LS (<i>sulfacetamide sodium w/ sulfur</i>) -10-2 % CREAM	Tier 3	
CALCIPOTRIENE 0.005 % FOAM	Tier 3	PA
CALCIPOTRIENE 0.005 % SOLUTION	Tier 1	
<i>calcipotriene cream 0.005%</i>	Tier 1	

AL1 - Age 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>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	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> (CALCIPOTRIENE-BETAMETH DIPROP)	Tier 1	PA, QLC (400 gm/month)
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> (CALCIPOTRIENE-BETAMETH DIPROP)	Tier 1	PA, QLC (400 gm/month)
CALCITRIOL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	Tier 2	QLC (800 gm/month)
CARAC (<i>fluorouracil (topical)</i>) 0.5 % CREAM	Tier 3	PA, QLC (1 tube/30 days)
CIBINQO (<i>abrocitinib</i>) 50 MG TAB, 100 MG TAB, 200 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<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	
CONDYLOX (<i>podofilox</i>) 0.5 % GEL	Tier 3	ST
DOVONEX (<i>calcipotriene</i>) 0.005 % CREAM	Tier 3	
DUOBRII (<i>halobetasol propionate-tazarotene</i>) 0.01-0.045 % LOTION	Tier 3	PA, QLC (200 gm/28 days)
EFUDEX (<i>fluorouracil (topical)</i>) 5 % CREAM	Tier 3	
ENSTILAR (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % FOAM	Tier 3	PA, QLC (420gm/30 days)
EPIFOAM (<i>pramoxine-hc</i>) 1	Tier 2	
FLUOROPLEX (<i>fluorouracil (topical)</i>) 1 % CREAM	Tier 3	PA, QLC (1 tube/month)
FLUOROURACIL (<i>fluorouracil (topical)</i>) 0.5 % CREAM	Tier 1	PA, QLC (1 tube/30 days)

AL1 - Age 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
FLUOROURACIL (<i>fluorouracil (topical)</i>) 2 % SOLUTION	Tier 1	
<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	
HYFTOR (<i>sirolimus (topical)</i>) 0.2 % GEL	Tier 4	PA, LA, QLC (10 gm/30 days)
<i>imiquimod cream 3.75%</i>	Tier 1	ST, QLC (28 packets/month; max 56 packets/ 6 months)
<i>imiquimod cream 3.75%</i> (IMIQUIMOD PUMP)	Tier 1	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
<i>imiquimod cream 5%</i>	Tier 1	QLC (24 packs/month, max of 48 packs/6 months)
KLISYRI (250 MG) (<i>tirbanibulin</i>) 1 % OINTMENT	Tier 3	PA, QLC (5 packets/30 days)
KLISYRI (350 MG) (<i>tirbanibulin</i>) 1 % OINTMENT	Tier 3	PA, QLC (5 packets/30 days)
LITFULO (<i>ritlecitinib tosylate</i>) 50 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
METHOXSALEN RAPID 10 MG CAP	Tier 1	
<i>methoxsalen rapid cap 10 mg</i>	Tier 1	
NEO-SYNALAR (<i>neomycin sulfate-fluocinolone acetonide</i>) -0.5-0.025 % CREAM	Tier 3	PA, QLC (1 tube/month)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	
OPZELURA (<i>ruxolitinib phosphate (topical)</i>) 1.5 % CREAM	Tier 3	PA, QLC (240 gm/30 days)
OTEZLA (<i>apremilast</i>) 20 MG TAB, 30 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
OVACE PLUS (<i>sulfacetamide sodium</i>) 10 % CREAM, 10 % SHAMPOO	Tier 3	
OVACE PLUS (<i>sulfacetamide sodium</i>) 9.8 % LOTION	Tier 3	QLC (1 bottle (57gm)/month)
OVACE PLUS WASH (<i>sulfacetamide sodium</i>) 10 % GEL	Tier 3	ST, QLC (1 bottle/month)

AL1 - Age 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
OVACE PLUS WASH (<i>sulfacetamide sodium</i>) 10 % LIQUID	Tier 3	
OVACE WASH (<i>sulfacetamide sodium</i>) 10 % LIQUID	Tier 3	
OXSORALEN ULTRA (<i>methoxsalen rapid</i>) 10 MG CAP	Tier 3	
PICATO (<i>ingenol mebutate</i>) 0.015 % GEL	Tier 3	QLC (3 doses/month)
PICATO (<i>ingenol mebutate</i>) 0.05 % GEL	Tier 3	QLC (2 doses/month)
PLEXION (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % CREAM, 9.8-4.8 % LOTION	Tier 3	ST, QLC (1 bottle/month)
PLEXION CLEANSER (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % LIQUID	Tier 3	ST, QLC (1 bottle/month)
PLEXION CLEANSING CLOTH (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % PAD	Tier 3	ST, QLC (1 box/month)
PODOFILOX 0.5 % SOLUTION	Tier 1	
<i>podofilox gel 0.5%</i>	Tier 1	ST
<i>podofilox soln 0.5%</i>	Tier 1	
PRAMOSONE (<i>pramoxine-hc</i>) 1-1 % CREAM	Tier 3	
PRAMOSONE (<i>pramoxine-hc</i>) 1-1 % LOTION, 1-2.5 % LOTION	Tier 2	
PROCTOFOAM HC (<i>hydrocortisone acetate w/ pramoxine</i>) PROCTO1	Tier 2	
REGRANEX (<i>becaplermin</i>) 0.01 % GEL	Tier 2	PA, QLC (15 gm/30 days)
SALEX (<i>salicylic acid</i>) 6 % SHAMPOO	Tier 3	
SALICYLIC ACID 26 % SOLUTION	Tier 1	
<i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER)	Tier 1	
<i>salicylic acid foam 6%</i>	Tier 1	
<i>salicylic acid shampoo 6%</i>	Tier 1	
salicylic acid shampoo 6% (Keralyt)	Tier 1	
SALVAX (<i>salicylic acid</i>) 6 % FOAM	Tier 3	
SANTYL (<i>collagenase</i>) 250 UNIT/GM OINTMENT	Tier 2	QLC (180 grams/month)

AL1 - Age 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
SILVADENE (<i>silver sulfadiazine</i>) 1% CREAM	Tier 3	
<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	
SORILUX (<i>calcipotriene</i>) 0.005 % FOAM	Tier 3	PA
SSS 10-5 (<i>sulfacetamide sodium w/ sulfur</i>) --% FOAM	Tier 1	
<i>sulfacetamide sodium cleansing gel 10%</i>	Tier 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium cleansing gel 10%</i> (SULFACETAMIDE SODIUM (CLEANS))	Tier 1	ST, QLC (1 bottle/month)
<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	
<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% (Avar-E Emollient)	Tier 1	

AL1 - Age 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
sulfacetamide sodium w/ sulfur cream 10-5% (Avar-E Green)	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)
sulfacetamide sodium w/ sulfur emulsion 10-1% (Bp 10-1)	Tier 1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i> (SULFAMEZ WASH)	Tier 1	
<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 SODIUM-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	
SULFACETAMIDE SODIUM-SULFUR (<i>sulfacetamide sodium w/ sulfur</i>) -9.8-4.8 % PAD	Tier 3	ST, QLC (1 box/month)
SUMAXIN (<i>sulfacetamide sodium w/ sulfur</i>) 10-4 % PAD	Tier 3	

AL1 - Age 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
SUMAXIN WASH (<i>sulfacetamide sodium w/ sulfur</i>) 9-4 % LIQUID	Tier 3	
TACLONEX (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % OINTMENT, 0.005-0.064 % SUSPENSION	Tier 3	PA, QLC (400 gm/month)
TOLAK (<i>fluorouracil (topical)</i>) 4 % CREAM	Tier 2	QLC (1 tube/month)
TWYNEO (<i>tretinoin-benzoyl peroxide</i>) 0.1-3 % CREAM	Tier 3	PA, QLC (30 gm/30 days)
VALCHLOR (<i>mechlorethamine hcl (topical)</i>) 0.016 % GEL	Tier 4	PA, LA, QLC (1 tube/month)
VECTICAL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	Tier 3	QLC (800 gm/month)
VEREGEN (<i>sinecatechins</i>) 15 % OINTMENT	Tier 3	ST, QLC (1 tube/month, not to exceed 4 tubes/6 months)
VIRASAL (<i>salicylic acid</i>) 27.5 % LIQUID	Tier 3	
XERESE (<i>acyclovir-hydrocortisone</i>) 5-1 % CREAM	Tier 3	PA, QLC (5 gm/30 days, max 30 gm/year)
ZORYVE (<i>roflumilast (antiseborrheic)</i>) 0.3 % FOAM	Tier 3	PA, QLC (60 gm/30 days)
ZORYVE (<i>roflumilast (dermatologic)</i>) 0.15 % CREAM	Tier 3	PA, QLC (60g/30 days)
ZORYVE (<i>roflumilast (topical)</i>) 0.3 % CREAM	Tier 3	PA, QLC (60 gm/30 days)
ZYCLARA (<i>imiquimod</i>) 3.75 % CREAM	Tier 3	ST, QLC (28 packets/month, max of 56 packets/6 months)
ZYCLARA PUMP (<i>imiquimod</i>) 2.5 % CREAM	Tier 3	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
ZYCLARA PUMP (<i>imiquimod</i>) 3.75 % CREAM	Tier 3	ST, QLC (1 bottle/month, max of 2 bottles/6 months)

PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice)

CROTAN (<i>crotamiton</i>) 10 % LOTION	Tier 1	PA, QLC (237 gm/30 days)
ELIMITE (<i>permethrin</i>) 5 % CREAM	Tier 3	
<i>ivermectin cream 1%</i>	Tier 1	PA, QLC (1 bottle (45gm)/month)
LINDANE 1 % SHAMPOO	Tier 1	
<i>malathion lotion 0.5%</i>	Tier 1	

AL1 - Age 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
NATROBA (<i>spinosad</i>) 0.9 % SUSPENSION	Tier 3	QLC (1 bottle/fill)
OVIDE (<i>malathion</i>) 0.5 % LOTION	Tier 3	
<i>permethrin cream 5%</i>	Tier 1	
SOOLANTRA (<i>ivermectin (rosacea)</i>) 1 % CREAM	Tier 3	PA, QLC (1 bottle (45gm)/month)
SPINOSAD 0.9 % SUSPENSION	Tier 1	QLC (1 bottle/fill)

TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)

<i>acyclovir cream 5%</i>	Tier 1	PA, QLC (5 gm/30 days, max 30gm/year)
<i>acyclovir oint 5%</i>	Tier 1	QLC (30gm/30 days, max 180gm/year)
ACZONE (<i>dapsone (topical)</i>) 5 % GEL, 7.5 % GEL	Tier 3	ST, QLC (90 gm/month)
ALTABAX (<i>retapamulin</i>) 1 % OINTMENT	Tier 3	ST, QLC (30 gm/60 days)
CENTANY (<i>mupirocin</i>) 2 % OINTMENT	Tier 3	
<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	
CLEOCIN-T (<i>clindamycin phosphate (topical)</i>) -1 % LOION	Tier 3	
CLINDAGEL (<i>clindamycin phosphate (topical)</i>) 1 %	Tier 3	
<i>clindamycin phosphate foam 1%</i>	Tier 1	PA, QLC (1 can/month)
clindamycin phosphate foam 1% (Clindacin)	Tier 1	PA, QLC (1 can/month)
<i>clindamycin phosphate gel 1%</i>	Tier 1	
<i>clindamycin phosphate lotion 1%</i>	Tier 1	
<i>clindamycin phosphate soln 1%</i>	Tier 1	
<i>clindamycin phosphate swab 1%</i>	Tier 1	

AL1 - Age 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
clindamycin phosphate swab 1% (Clindacin Etz)	Tier 1	
clindamycin phosphate swab 1% (Clindacin-P)	Tier 1	
<i>dapsone gel 5%</i>	Tier 1	ST, QLC (90 gm/month)
<i>dapsone gel 7.5%</i>	Tier 1	ST, QLC (90 gm/month)
DENAVIR (<i>penciclovir</i>) 1 % CREAM	Tier 3	PA, QLC (5gm/30 days, max 30gm/year)
ERY (<i>erythromycin (acne aid)</i>) 2 % PAD	Tier 1	
ERYGEL (<i>erythromycin (acne aid)</i>) 2 %	Tier 3	
<i>erythromycin gel 2%</i>	Tier 1	
<i>erythromycin soln 2%</i>	Tier 1	
EVOCLIN (<i>clindamycin phosphate (topical)</i>) 1 % FOAM	Tier 3	PA, QLC (1 can/month)
LOPROX (<i>ciclopirox olamine</i>) 0.77 % CREAM, 0.77 % SUSPENSION	Tier 3	
LOPROX (<i>ciclopirox</i>) 1 % SHAMPOO	Tier 3	
MAFENIDE ACETATE 5 % PACKET	Tier 1	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	Tier 1	
<i>mupirocin calcium cream 2%</i>	Tier 1	PA
<i>mupirocin oint 2%</i>	Tier 1	
<i>penciclovir cream 1%</i>	Tier 1	PA, QLC (5gm/30 days, max 30gm/year)
SULFAMYLON (<i>mafenide acetate</i>) 5 % PACKET, 85 MG/GM CREAM	Tier 3	
XEPI (<i>ozenoxacin</i>) 1 % CREAM	Tier 3	ST, QLC (1 tube/60 days)
ZOVIRAX (<i>acyclovir topical</i>) 5 % CREAM	Tier 3	PA, QLC (5 gm/30 days, max 30gm/year)
ZOVIRAX (<i>acyclovir topical</i>) 5 % OINTMENT	Tier 3	PA, QLC (30gm/30 days, max 180gm/year)

AL1 - Age 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
------------------------	-----------	----------------------------------

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 EC (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) AEX 29-1 MG DR	Tier 3	
ATABEX OB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) AEX 29-1 MG	Tier 1	
AZESCHEW PRENATAL/POSTNATAL (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) 13-1 MG TAB	Tier 3	PA, QLC (60 tabs/30 days)
AZESCO (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 13-1 MG TAB	Tier 3	PA
C-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG AP	Tier 1	
CITRANATAL HARMONY (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</i>) 27-1-260 MG CAP	Tier 3	PA
CITRANATAL MEDLEY (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha</i>) 27-1-200 MG CAP	Tier 3	
CITRANATAL RX (<i>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</i>) 27-1 MG TAB	Tier 3	PA
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	
DERMACINRX PRETRATE (<i>prenatal multivit-min w/fe-fa</i>) 1 MG TAB	Tier 3	PA, QLC (1 tab/day)

AL1 - Age 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
EFFER-K (<i>potassium bicarbonate-citric acid</i>) EFFER-10 EFFER TAB, EFFER-20 EFFER TAB	Tier 3	
ELITE-OB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -50-1.25 MG TAB	Tier 1	
FLORIVA (<i>pediatric multiple vitamins & minerals w/ fluoride</i>) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	Tier 3	ACA (Preventive Health)
FLORIVA (<i>sodium fluoride-vitamin d</i>) 0.25-400 MG-UNIT/ML LIQUID	Tier 3	ACA (Preventive Health)
FLORIVA PLUS (<i>pediatric multivitamins w/f</i>) 0.25 MG/ML SOLUTION	Tier 3	ACA (Preventive Health)
FOLIVANE-OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) -85-1 MG CAP	Tier 1	
GALZIN (<i>zinc acetate (oral)</i>) 25 MG CAP, 50 MG CAP	Tier 3	
INATAL GT (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) TAB	Tier 3	
JENLIVA PRENATAL/POSTNATAL (<i>prenatal multivit-min w/fe-fa</i>) 1 MG CAP	Tier 3	PA
K-TAB (<i>potassium chloride</i>) -TAB 8 TAB ER, -TAB 10 TAB ER, -TAB 20 TAB ER	Tier 3	
KOSHER PRENATAL PLUS IRON (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 30-1 MG TAB	Tier 3	
M-NATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 G TAB	Tier 1	
MATERNACEL (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) 20-1 MG TAB	Tier 3	PA, QLC (1 tab/day)
MULTI-MAC (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -15-0.75-1 MG TAB	Tier 3	PA
MULTI-VIT-FLOR (<i>pediatric multivitamins w/f</i>) --0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VIT-FLOR (<i>pediatric multivitamins w/f</i>) --0.5 MG CHEW TAB, --1 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)

AL1 - Age 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
MULTI-VITAMIN/FLUORIDE (<i>pediatric multivitamins w/fi</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	Tier 1	ACA (Preventive Health)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fi</i>) 0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fi</i>) 0.5 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fi</i>) 1 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/fi</i>) 0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/fi</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)
NATACHEW (<i>prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid</i>) NATA28-1 MG TAB	Tier 3	QLC (1 tab/day)
NATAL PNV (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 6-0.5 MG TAB	Tier 3	
NATALVIT (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	Tier 3	
NEEVO DHA (<i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>) 27-1.13 MG CAP	Tier 3	
NEO-VITAL RX (<i>prenatal multivit-min w/fe-fa</i>) -1 MG TAB	Tier 3	QLC (1 tab/day)
NEONATAL COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	Tier 1	
NEONATAL COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG TAB	Tier 3	
NEONATAL FE (<i>prenatal multivitamins w/ iron-folic acid</i>) 90-1 MG TAB	Tier 3	
NEONATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	Tier 1	
NESTABS (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>) NESS 32-1 MG	Tier 2	QLC (1 tab/day)

AL1 - Age 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
NESTABS ONE (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha</i>) 38-1-225 MG CAP	Tier 3	
NIVA-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	Tier 1	
OB COMPLETE (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 50-1.25 MG TAB	Tier 3	
OB COMPLETE ONE (<i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil</i>) 50-1-476 MG CAP	Tier 3	
OB COMPLETE PETITE (<i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3</i>) 35-5-1-200 MG CAP	Tier 3	
OB COMPLETE PREMIER (<i>prenatal vit w/ iron carbonyl-fe aspart glycinate-fa</i>) 30-20-1 MG TAB	Tier 3	
OB COMPLETE/DHA (<i>prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid</i>) 30-10-1-200 MG CAP	Tier 3	
OBSTETRIX EC (WITH DOCUSATE) (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) 29-1 MG TAB	Tier 3	
OBSTETRIX ONE (WITH DOCUSATE) (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha</i>) 38-1-225 MG CAP	Tier 3	PA
ONE VITE WOMENS PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	Tier 1	
PNV TABS 20-1 (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) S --MG	Tier 3	PA, QLC (1 tab/day)
PNV TABS 29-1 (<i>prenatal vit w/ iron carbonyl-folic acid</i>) S --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-DHA+DOCUSATE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -27-1.25-300 MG CAP	Tier 3	PA
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	

AL1 - Age 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
PNV-SELECT (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -27-0.6-0.4 MG TAB	Tier 2	
POLY-VI-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG CHEW TAB	Tier 3	ACA (Preventive Health), QLC (1 tab/day)
POLY-VI-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG/ML SUSPENSION	Tier 3	ACA (Preventive Health)
POLY-VI-FLOR (<i>pediatric multivitamins w/fl</i>) --0.5 MG CHEW TAB, --1 MG CHEW TAB	Tier 3	ACA (Preventive Health), QLC (1 tab/day)
POLY-VI-FLOR/IRON (<i>ped multivitamins w/fl & iron</i>) --0.25-7 MG/ML SUSPENSION, --0.5-10 MG CHEW TAB	Tier 3	ACA (Preventive Health)
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	
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 CRYSTALS 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 CRYSTALS 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 CRYSTALS ER)	Tier 1	

AL1 - Age 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>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	PA
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	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 (POTASSIUM CHLORIDE ER)</i>	Tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)(POTASSIUM CHLORIDE ER)</i>	Tier 1	
potassium chloride tab er 8 meq (600 mg) (Klor-Con)	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)(POTASSIUM CHLORIDE ER)</i>	Tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)(POTASSIUM CITRATE ER)</i>	Tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)(POTASSIUM CITRATE ER)</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg) (POTASSIUM CITRATE ER) (40</i>	Tier 1	
PREGEN DHA (<i>prenatal mv & min w/fe carbonyl-fa-dha</i>) 28-1-35 MG CAP	Tier 3	PA, QLC (1 cap/day)
PREGENNA (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) 20-1 MG TAB	Tier 3	PA, QLC (1 tab/day)
PRENA1 PEARL (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>) 30-1.4-200 MG CAP	Tier 2	
PRENAISSANCE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) 29-1.25-325 MG CAP	Tier 1	
PRENAISSANCE PLUS (<i>prenatal w/o vit a w/ fe carbonyl-dss-fa-dha</i>) 28-1-250 MG CAP	Tier 3	
PRENARA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 15-1 MG CAP	Tier 3	PA, QLC (1 cap/day)

AL1 - Age 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
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	
PRENATE DHA (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>) 18-0.6-0.4-300 MG CAP	Tier 3	
PRENATE ELITE (<i>prenatal w/ fe asparto glycinate-l methylfolate-folic acid</i>) 20-0.6-0.4 MG TAB	Tier 3	
PRENATE ENHANCE (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 28-0.6-0.4-400 MG CAP	Tier 2	
PRENATE ESSENTIAL (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>) 18-0.6-0.4-300 MG CAP	Tier 3	
PRENATE MINI (<i>prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha</i>) 18-0.6-0.4-350 MG CAP	Tier 3	
PRENATE PIXIE (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>) 10-0.6-0.4-200 MG CAP	Tier 3	
PRENATE RESTORE (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 27-0.6-0.4-400 MG CAP	Tier 3	
PRENATOL-M (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1.2 G TAB	Tier 3	PA

AL1 - Age 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
PRENATRIX (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	Tier 3	PA, QLC (1 tab/day)
PRENATRYL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	Tier 3	PA, QLC (1 tab/day)
PRENATVITE COMPLETE (<i>prenatal multivit-min w/fe-fa</i>) 1 MG TAB	Tier 3	QLC (1 tab/day)
PRENATVITE PLUS (<i>prenatal multivit-min w/fe-fa</i>) 1 MG TAB	Tier 2	QLC (1 tab/day)
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	
PRIMACARE (<i>prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3</i>) 30-1-470 MG CAP	Tier 3	
PROVIDA OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 20-20-1.25 MG CAP	Tier 1	
QUFLORA FE PEDIATRIC (<i>ped multivitamins w/fl & iron</i>) 0.25-9.5 MG/ML LIQUID	Tier 3	ACA (Preventive Health)
QUFLORA GUMMIES (<i>pediatric multivitamins w/fl</i>) 0.125 MG CHEW TAB	Tier 3	ACA (Preventive Health)
QUFLORA PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB	Tier 3	ACA (Preventive Health), QLC (1 tab/day)
QUFLORA PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION	Tier 3	ACA (Preventive Health)
QUFLORA PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.5 MG CHEW TAB, 1 MG CHEW TAB	Tier 3	ACA (Preventive Health), QLC (1 tab/day)
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	
SE-NATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -9 29-MG CHEW TAB	Tier 1	
SELECT-OB (<i>prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa</i>) -29-0.6-0.4 MG CHEW TAB	Tier 3	QLC (1 tab/day)

AL1 - Age 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
SELECT-OB (<i>prenatal vit w/ iron polysaccharide complex-folic acid</i>) -29-1 MG CHEW TAB	Tier 1	QLC (1 tab/day)
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	Tier 1	ACA (Preventive Health)
SODIUM FLUORIDE 2.2 (1 F) MG TAB	Tier 3	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)
<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 fumarate-polysacch complex -fa-omega 3</i>) -35-1 MG AP	Tier 1	
TARON-PREX (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -30-1.2-265 MG CAP	Tier 3	
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	
TRICARE PRENATAL DHA ONE (<i>prenatal w/fe fumarate-fa-dss-fish oil</i>) 27-1-500 MG CAP	Tier 3	
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	
TRINAZ (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 12-1 MG TAB	Tier 3	PA, QLC (2 tabs/day)
TRISTART DHA (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 31-0.6-0.4-200 MG CAP	Tier 3	
TRISTART FREE (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 33-1 MG CAP	Tier 3	QLC (1 cap/day)

AL1 - Age 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
TRISTART ONE (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 35-1-215 MG CAP	Tier 3	
UROCIT-K 10 (<i>potassium citrate (alkalinizer)</i>) -MEQ (80 MG) TAB	Tier 3	
UROCIT-K 15 (<i>potassium citrate (alkalinizer)</i>) -MEQ (1620 MG) TAB	Tier 3	
UROCIT-K 5 (<i>potassium citrate (alkalinizer)</i>) -MEQ (40 MG) TAB	Tier 3	
VINATE DHA RF (<i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>) 27-1.13 MG CAP	Tier 3	
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	
VITAFOL FE+ (<i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i>) 90-0.6-0.4-200 MG CAP	Tier 3	
VITAFOL ULTRA (<i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i>) 29-0.6-0.4-200 MG CAP	Tier 3	
VITAFOL-NANO (<i>prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid</i>) -18-0.6-0.4 MG TAB	Tier 3	
VITAFOL-OB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	Tier 3	
VITAFOL-ONE (<i>prenatal mv & min w/fe polysaccharide complex-fa-dha</i>) -29-1-200 MG CAP	Tier 3	

AL1 - Age 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
VITALARA (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) 20-1 MG TAB	Tier 3	PA, QLC (1 tab/day)
VITAMEDMD ONE RX/QUATREFOLIC (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 30-0.6-0.4-200 MG CAP	Tier 3	
VITAPEARL (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>) 30-1.4-200 MG CAP	Tier 3	
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	
VP-PNV-DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) --28-1-215.8 MG CAP	Tier 1	
WESCAP-C DHA (<i>prenatal vit w/ fe iron polysacch complex -fa-omega 3</i>) WESAP-53.5-38-1 MG AP	Tier 1	
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	
WESTGEL DHA (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 31-0.6-0.4-200 MG CAP	Tier 3	
WILZIN (<i>zinc acetate (oral)</i>) 25 MG CAP	Tier 3	
ZALVIT (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 13-1 MG TAB	Tier 3	PA
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	

AL1 - Age 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
ZIPHEX (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 13-1 MG TAB	Tier 3	PA
ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)		
CHEMET (<i>succimer</i>) 100 MG CAP	Tier 2	
CUPRIMINE (<i>penicillamine</i>) 250 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (16 caps/day)
CUVRIOR (<i>trientine tetrahydrochloride</i>) 300 MG TAB	Tier 4	PA, LA, QLC (10 tabs/day)
<i>deferasirox granules packet 180 mg</i>	Tier 4	PA, S (Specialty Drug), SF
<i>deferasirox granules packet 360 mg</i>	Tier 4	PA, S (Specialty Drug), SF
<i>deferasirox granules packet 90 mg</i>	Tier 4	PA, S (Specialty Drug), SF
<i>deferasirox tab 180 mg</i>	Tier 4	S (Specialty Drug), SF
<i>deferasirox tab 360 mg</i>	Tier 4	S (Specialty Drug), SF
<i>deferasirox tab 90 mg</i>	Tier 4	S (Specialty Drug), SF
<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>deferiprone tab 1000 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)
<i>deferiprone tab 500 mg</i>	Tier 4	PA, LA, QLC (18 tabs/day)
DEPEN TITRATABS (<i>penicillamine</i>) 250 MG	Tier 4	PA, S (Specialty Drug), QLC (16 tabs/day)
EXJADE (<i>deferasirox</i>) 125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL	Tier 4	LA, S (Specialty Drug), SF
FERRIPROX (<i>deferiprone</i>) 100 MG/ML SOLUTION	Tier 4	PA, LA, QLC (90 ml/day)
FERRIPROX (<i>deferiprone</i>) 1000 MG TAB	Tier 4	PA, LA, QLC (9 tabs/day)
FERRIPROX (<i>deferiprone</i>) 500 MG TAB	Tier 4	PA, LA, QLC (18 tabs/day)
FERRIPROX TWICE-A-DAY (<i>deferiprone</i>) --DY 1000 MG TB	Tier 4	PA, LA, QLC (9 tabs/day)
JADENU (<i>deferasirox</i>) 90 MG TAB, 180 MG TAB, 360 MG TAB	Tier 4	LA, S (Specialty Drug), SF
JADENU SPRINKLE (<i>deferasirox</i>) 90 MG PACKET, 180 MG PACKET, 360 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), SF

AL1 - Age 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
JYNARQUE (<i>tolvaptan</i>) 15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK	Tier 4	PA, LA, QLC (2 tabs/day)
JYNARQUE (<i>tolvaptan</i>) 15 MG TAB, 30 MG TAB	Tier 4	PA, LA, QLC (1 tab/day)
<i>penicillamine cap 250 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (16 caps/day)
<i>penicillamine tab 250 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (16 tabs/day)
SAMSCA (<i>tolvaptan</i>) 15 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
SAMSCA (<i>tolvaptan</i>) 30 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
SYPRINE (<i>trientine hcl</i>) 250 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (8 caps/day)
TOLVAPTAN 15 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>tolvaptan tab 15 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>tolvaptan tab 30 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
TRIENTINE HCL 500 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day)
<i>trientine hcl cap 250 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (8 caps/day)
trientine hcl cap 250 mg (Clovique)	Tier 4	PA, S (Specialty Drug), QLC (8 caps/day)
PHOSPHATE BINDERS (Drugs to Lower Phosphate)		
AURYXIA (<i>ferric citrate</i>) 1 GM 210 MG(FE) TAB	Tier 3	PA, QLC (12 tabs/day)
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER))	Tier 1	
FOSRENOL (<i>lanthanum carbonate</i>) 500 MG CHEW TAB, 750 MG CHEW TAB, 750 MG PACKET, 1000 MG CHEW TAB, 1000 MG PACKET	Tier 3	PA
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 1	PA

AL1 - Age 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>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 1	PA
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 1	PA
PHOSLYRA (<i>calcium acetate (phosphate binder)</i>) 667 MG/5ML SOLUTION	Tier 3	
RENAGEL (<i>sevelamer hcl</i>) 800 MG TAB	Tier 3	
RENVELA (<i>sevelamer carbonate</i>) 0.8 GM PACKET, 2.4 GM PACKET	Tier 3	PA
RENVELA (<i>sevelamer carbonate</i>) 800 MG TAB	Tier 3	
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 1	PA
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 1	PA
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	
<i>sevelamer hcl tab 400 mg</i>	Tier 1	
<i>sevelamer hcl tab 800 mg</i>	Tier 1	
VELPHORO (<i>sucroferric oxyhydroxide</i>) 500 MG CHEW TAB	Tier 3	PA
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	
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	
VELTASSA (<i>patiromer sorbitex calcium</i>) 1 GM PACKET	Tier 4	PA, LA, QLC (4 packets/day)
VELTASSA (<i>patiromer sorbitex calcium</i>) 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	Tier 4	PA, QLC (1 packet/day)

AL1 - Age 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
VITAMINS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	
CARNITOR (<i>levocarnitine (metabolic modifiers)</i>) 1 GM/10ML SOLUTION, 330 MG TAB	Tier 3	
CARNITOR SF (<i>levocarnitine (metabolic modifiers)</i>) 1 GM/10ML SOLUTION	Tier 3	
<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 1	
cyanocobalamin inj 1000 mcg/ml (Dodex)	Tier 1	
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	Tier 1	QLC (1 bottle/week)
DOJOLVI (<i>trihexanoin</i>) 100 % LIQUID	Tier 4	PA, LA, S (Specialty Drug), QLC (105 ml/day)
ENBRACE HR (<i>prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids</i>) CAP	Tier 3	
<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	
NASCOBAL (<i>cyanocobalamin</i>) 500 MCG/0.1ML SOLUTION	Tier 3	QLC (1 bottle/week)
NEONATAL 19 (<i>prenatal vitamin-folic acid</i>) 9 MG TAB	Tier 3	
PREMESISRX (<i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i>) MG TAB	Tier 3	
PRENA1 (<i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i>) 1.4 MG CHEW TAB	Tier 3	
PRENATE (<i>prenatal multivitamins & minerals w/ l-methylfolate-fa</i>) 0.6-0.4 MG CHEW TAB	Tier 3	
PRENATE AM (<i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i>) MG TAB	Tier 3	

AL1 - Age 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
QUFLORA FE (<i>multiple vitamins w/minerals & fluoride-iron-folic acid</i>) 0.25 MG CHEW TAB	Tier 3	ACA (Preventive Health), QLC (1 tab/day)
TRI-VI-FLOR (<i>pediatric vitamins acd & l-methylfolate w/ fluoride</i>) --0.25 MG/ML SUSPENSION, --0.5 MG/ML SUSPENSION	Tier 3	ACA (Preventive Health)
TRI-VI-FLORO (<i>pediatric vitamins acd & l-methylfolate w/ fluoride</i>) --0.25 MG/ML SUSPENSION, --0.5 MG/ML SUSPENSION	Tier 3	ACA (Preventive Health)
TRI-VITE/FLUORIDE (<i>pediatric vitamins acd w/ fluoride</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	Tier 1	ACA (Preventive Health)
VITAFOL GUMMIES (<i>prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids</i>) 3.33-0.333-34.8 MG CHEW TAB	Tier 3	
VITAFOL STRIPS (<i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i>) MG FILM	Tier 1	
VITAMEDMD REDICHEW RX (<i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i>) 1.4 MG TAB	Tier 3	

GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)

ANTI-CONSTIPATION AGENTS (Drugs for Constipation)

AMITIZA (<i>lubiprostone</i>) 24 MCG CAP	Tier 3	AL1 (At least 18 yrs old), QLC (2 caps/day)
AMITIZA (<i>lubiprostone</i>) 8 MCG CAP	Tier 3	AL1 (At least 18 yrs old), QLC (2 caps/day)
CLENPIQ (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>) 10-3.5-12 MG-GM -GM/160ML SOLUTION, 10-3.5-12 MG-GM -GM/175ML SOLUTION	Tier 3	PA
IBSRELA (<i>tenapanor hcl</i>) 50 MG TAB	Tier 3	PA, QLC (2 tabs/day)
KRISTALOSE (<i>lactulose</i>) 10 GM PACKET	Tier 3	PA, QLC (1 pack/day)
KRISTALOSE (<i>lactulose</i>) 20 GM PACKET	Tier 3	PA, QLC (2 packs/day)
lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	Tier 1	
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	Tier 1	

AL1 - Age 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>lactulose (encephalopathy) solution 10 gm/15ml</i> (LACTULOSE ENCEPHALOPATHY)	Tier 1	
LACTULOSE 10 GM PACKET	Tier 1	PA, QLC (1 pack/day)
LACTULOSE 20 GM PACKET	Tier 1	PA, QLC (2 packs/day)
<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)
<i>lubiprostone cap 8 mcg</i>	Tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
MOTEGRITY (<i>prucalopride succinate</i>) 1 MG TAB, 2 MG TAB	Tier 3	PA, QLC (1 tab/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)
MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>) 100 GM RECON SOLN	Tier 3	PA
NULYTELY LEMON-LIME (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) -420 GM RECON SOLN	Tier 3	
NULYTELY WITH FLAVOR PACKS (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) 420 GM RECON SOLN	Tier 3	
OSMOPREP (<i>sodium phosphate monobasic-sodium phosphate dibasic</i>) 1.102-0.398 GM TAB	Tier 3	PA, ACA (Preventive Health)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> (PEG-3350/ELECTROLYTES/ASCORBAT) - <i>kl-l--asorbate-</i>	Tier 1	PA, ACA (Preventive Health)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> (PEG-KCL-NACL-NASULF-NA ASC-C) - <i>kl-l--asorbate-</i>	Tier 1	PA, ACA (Preventive Health)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)	Tier 1	ACA (Preventive Health)

AL1 - Age 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>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NAACL)	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)
PLENVU (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>) 140 GM RECON SOLN	Tier 3	PA
<i>prucalopride succinate tab 1 mg (base equivalent)</i>	Tier 1	PA, QLC (1 tab/day)
<i>prucalopride succinate tab 2 mg (base equivalent)</i>	Tier 1	PA, QLC (1 tab/day)
RELISTOR (<i>methylnaltrexone bromide</i>) 150 MG TAB	Tier 4	PA, QLC (3 tabs/day)
RELISTOR (<i>methylnaltrexone bromide</i>) 8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION	Tier 4	PA
<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)
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>) SU17.5-3.13-1.6 GM/177ML SOLUTION	Tier 3	
SUTAB (<i>sodium sulfate-magnesium sulfate-potassium chloride</i>) SU1479-225-188 MG	Tier 3	PA
SYMPROIC (<i>naldemedine tosylate</i>) 0.2 MG TAB	Tier 3	PA, QLC (1 tab/day)
TRULANCE (<i>plecanatide</i>) 3 MG TAB	Tier 3	PA, QLC (1 tab/day)
ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)		
AEMCOLO (<i>rifamycin sodium</i>) 194 MG TAB DR	Tier 3	PA, QLC (12 tabs/30 days)
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 1	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 1	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 1	

AL1 - Age 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
LOMOTIL (<i>diphenoxylate w/ atropine</i>) 2.5-0.025 MG TAB	Tier 3	
LOTRONEX (<i>alosetron hcl</i>) 0.5 MG TAB, 1 MG TAB	Tier 3	PA
MOTOFEN (<i>difenoxin w/ atropine</i>) 1-0.025 MG TAB	Tier 3	
MYTESI (<i>crofelemer</i>) 125 MG TAB DR	Tier 4	PA, QLC (2 tabs/day)
VIBERZI (<i>eluxadoline</i>) 75 MG TAB, 100 MG TAB	Tier 4	PA, QLC (2 tabs/day)
XERMELO (<i>telotristat etiprate</i>) 250 MG TAB	Tier 4	PA, LA, QLC (3 tabs/day)

ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)

ANASPAZ (<i>hyoscyamine sulfate</i>) 0.125 MG TAB DISP	Tier 3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> (CHLORDIAZEPOXIDE-CLIDINIUM)	Tier 1	QLC (8 caps/day)
CUVPOSA (<i>glycopyrrolate</i>) 1 MG/5ML SOLUTION	Tier 3	PA, QLC (45 ml/day)
DARTISLA ODT (<i>glycopyrrolate</i>) 1.7 MG TAB DISP	Tier 3	PA, QLC (4 tabs/day)
<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	
DONNATAL (<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>) 16.2 MG TAB	Tier 3	
DONNATAL (<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>) 16.2 MG/5ML ELIXIR	Tier 3	QLC (40 ml/day)
GLYCATE (<i>glycopyrrolate</i>) 1.5 MG TAB	Tier 1	PA, QLC (3 tabs/day)
GLYCOPYRROLATE 1.5 MG TAB	Tier 1	PA, QLC (3 tabs/day)
<i>glycopyrrolate oral soln 1 mg/5ml</i>	Tier 1	PA, QLC (45 ml/day)
<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	

AL1 - Age 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>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	
<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	
LEVBID (<i>hyoscyamine sulfate</i>) 0.375 MG TAB ER 12H	Tier 3	
LEVSIN (<i>hyoscyamine sulfate</i>) 0.125 MG TAB	Tier 3	
LEVSIN/SL (<i>hyoscyamine sulfate</i>) 0.125 MG TAB	Tier 3	
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>) 5-2.5 MG CAP	Tier 3	QLC (8 caps/day)
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 1	
<i>methscopolamine bromide tab 5 mg</i>	Tier 1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PB-HYOSCY-ATROPINE-SCOPOLAMINE)</i>	Tier 1	QLC (40 ml/day)
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PHENOBARBITAL-BELLADONNA ALK)</i>	Tier 1	QLC (40 ml/day)

AL1 - Age 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
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (Phenohtro)	Tier 1	QLC (40 ml/day)
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> (PB-HYOSCY-ATROPINE-SCOPOLAMINE)	Tier 1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> (PHENOBARBITAL-BELLADONNA ALK)	Tier 1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (Phenohtro)	Tier 1	
ROBINUL (<i>glycopyrrolate</i>) 1 MG TAB	Tier 3	
ROBINUL-FORTE (<i>glycopyrrolate</i>) -2 MG TAB	Tier 3	
SYMAX DUOTAB (<i>hyoscyamine sulfate</i>) DUO0.375 MG ER	Tier 3	

GASTROINTESTINAL AGENTS, OTHER (Other Drugs for the Bowel and Stomach)

<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i> (AMOXICILL-CLARITHRO-LANSOPRAZ) &	Tier 1	QLC (one 14-day course/month)
AMOXICILL-CLARITHRO-LANSOPRAZ (<i>amoxicillin-clarithromycin w/ lansoprazole</i>) --500 & 500 & 30 MG THER PACK	Tier 1	QLC (one 14-day course/month)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (BIS SUBCIT-METRONID-TETRACYC)	Tier 1	QLC (120 caps/month)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (BISMUTH/METRONIDAZ/TETRACYCLIN)	Tier 1	QLC (120 caps/month)
CHENODAL (<i>chenodiol</i>) 250 MG TAB	Tier 4	PA, LA, QLC (6 tabs/day)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 1	
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>) 100 MG/5ML CONC	Tier 3	
GATTEX (<i>teduglutide (rdna)</i>) 5 MG KIT	Tier 4	PA, LA, S (Specialty Drug), QLC (1 kit/30 days)
GAVILYTE-C (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) -240 GM REON SOLN	Tier 1	ACA (Preventive Health)
GOLYTELY (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) 236 GM RECON SOLN	Tier 3	

AL1 - Age 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
HELIDAC THERAPY (<i>metronidazole-tetracycline w/ bismuth subsalicylate</i>) MISC	Tier 3	QLC (224 tabs/30 days)
HUMATROPE (<i>somatropin</i>) 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE	Tier 4	PA, S (Specialty Drug)
IMCIVREE (<i>setmelanotide acetate</i>) 10 MG/ML SOLUTION	Tier 4	PA, LA, QLC (9 ml (9 vials)/30 days)
LIVMARLI (<i>maralixibat chloride</i>) 19 MG/ML SOLUTION	Tier 4	PA, LA, QLC (2 ml/day)
LIVMARLI (<i>maralixibat chloride</i>) 9.5 MG/ML SOLUTION	Tier 4	PA, LA, QLC (3 ml/day)
OCALIVA (<i>obeticholic acid</i>) 5 MG TAB, 10 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF
OMECLAMOX-PAK (<i>amoxicillin-clarithromycin w/ omeprazole</i>) -500-500-20 MG MISC	Tier 3	QLC (1 pack/month)
OMNITROPE (<i>somatropin</i>) 10 MG/1.5ML SOLN CART	Tier 4	PA, S (Specialty Drug)
OMVOH (<i>mirikizumab-mrkz</i>) 100 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 auto-injector pens/28 days)
OMVOH (<i>mirikizumab-mrkz</i>) 100 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 ml/28 days)
ORLISTAT 120 MG CAP	Tier 3	PA, QLC (3 caps/day)
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</i> (PEG-3350/ELECTROLYTES) ---cl-	Tier 1	ACA (Preventive Health)
PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>) 140-125-125 MG CAP	Tier 3	QLC (120 caps/month)
RELTONE (<i>ursodiol</i>) 200 MG CAP, 400 MG CAP	Tier 3	PA, QLC (2 caps/day)
SUFLAVE (<i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i>) 178.7 GM RECON SOLN	Tier 3	PA
TALICIA (<i>amoxicillin-rifabutin-omeprazole</i>) 250-12.5-10 MG CAP DR	Tier 3	QLC (168 caps/28 days)
URSO 250 (<i>ursodiol</i>) MG TAB	Tier 3	

AL1 - Age 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
URSO FORTE (<i>ursodiol</i>) 500 MG TAB	Tier 3	
URSODIOL 200 MG CAP, 400 MG CAP	Tier 3	PA, QLC (2 caps/day)
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	
VOQUEZNA (<i>vonoprazan fumarate</i>) 10 MG TAB	Tier 3	PA, QLC (1 tab/day; max 180 tabs/365 days)
VOQUEZNA (<i>vonoprazan fumarate</i>) 20 MG TAB	Tier 3	PA, QLC (1 tab/day; max 56 tabs/365 days)
VOQUEZNA DUAL PAK (<i>amoxicillin (trihydrate)-vonoprazan fumarate</i>) 500-20 MG THER PACK	Tier 3	PA, QLC (112 tabs/30 days)
VOQUEZNA TRIPLE PAK (<i>amoxicillin (trihydrate)-clarithromycin-vonoprazan fumarate</i>) 500-500-20 MG THER PACK	Tier 3	PA, QLC (112 tabs/30 days)
XENICAL (<i>orlistat</i>) 120 MG CAP	Tier 3	PA, QLC (3 caps/day)
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)		
CIMETIDINE HCL 300 MG/5ML SOLUTION	Tier 1	
<i>cimetidine hcl soln 300 mg/5ml</i>	Tier 1	
<i>cimetidine tab 300 mg</i>	Tier 1	
<i>cimetidine tab 400 mg</i>	Tier 1	
<i>cimetidine tab 800 mg</i>	Tier 1	
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	
<i>famotidine tab 40 mg</i>	Tier 1	
NIZATIDINE 15 MG/ML SOLUTION, 300 MG CAP	Tier 1	
<i>nizatidine cap 150 mg</i>	Tier 1	
PEPCID (<i>famotidine</i>) 40 MG TAB	Tier 3	
PROTECTANTS (Drugs for Acid Reflux and Ulcers)		
CARAFATE (<i>sucralfate</i>) 1 GM TAB, 1 GM/10ML SUSPENSION	Tier 3	
<i>sucralfate susp 1 gm/10ml gm/0ml</i>	Tier 1	
<i>sucralfate tab 1 gm</i>	Tier 1	

AL1 - Age 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
------------------------	-----------	----------------------------------

PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)

ACIPHEX (<i>rabeprazole sodium</i>) 20 MG TAB DR	Tier 3	QLC (3 tabs/day)
DEXILANT (<i>dexlansoprazole</i>) 30 MG CAP DR, 60 MG CAP DR	Tier 3	PA, QLC (1 cap/day)
<i>dexlansoprazole cap delayed release 30 mg</i>	Tier 1	PA, QLC (1 cap/day)
<i>dexlansoprazole cap delayed release 60 mg</i>	Tier 1	PA, QLC (1 cap/day)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Tier 1	ST, QLC (2 caps/day)
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	Tier 1	PA, QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Tier 1	ST, QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	Tier 1	ST, QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	Tier 1	ST, QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	Tier 1	PA, QLC (1 packet/day)
KONVOMEF (<i>omeprazole-sodium bicarbonate</i>) 2-84 MG/ML RECON SUSP	Tier 3	PA, QLC (20 ml/day)
<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	QLC (2 caps/day)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	Tier 1	ST, QLC (2 tabs/day)
NEXIUM (<i>esomeprazole magnesium</i>) 10 MG PACKET, 20 MG PACKET, 40 MG PACKET	Tier 3	ST, QLC (1 packet/day)
NEXIUM (<i>esomeprazole magnesium</i>) 2.5 MG PACKET	Tier 3	PA, QLC (1 packet/day)
NEXIUM (<i>esomeprazole magnesium</i>) 40 MG CAP DR	Tier 3	PA, QLC (2 caps/day)
NEXIUM (<i>esomeprazole magnesium</i>) 5 MG PACKET	Tier 3	PA, QLC (1 packet/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)

AL1 - Age 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>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	Tier 1	PA, QLC (1 cap/day)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Tier 1	PA, QLC (1 packet/day)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Tier 1	PA, QLC (1 packet/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>pantoprazole sodium for delayed release susp packet 40 mg</i>	Tier 1	QLC (2 packets/day)
PREVACID (<i>lansoprazole</i>) 30 MG CAP DR	Tier 3	QLC (2 caps/day)
PREVACID SOLUTAB (<i>lansoprazole</i>) SOLU30 MG DR DISP	Tier 3	ST, QLC (2 tabs/day)
PRILOSEC (<i>omeprazole magnesium</i>) 10 MG PACKET	Tier 3	PA, QLC (2 packs/day)
PRILOSEC (<i>omeprazole magnesium</i>) 2.5 MG PACKET	Tier 3	PA, QLC (3 packs/day)
PROTONIX (<i>pantoprazole sodium</i>) 20 MG TAB DR	Tier 3	QLC (4 tabs/day)
PROTONIX (<i>pantoprazole sodium</i>) 40 MG PACKET	Tier 3	QLC (2 packets/day)
PROTONIX (<i>pantoprazole sodium</i>) 40 MG TAB DR	Tier 3	QLC (2 tabs/day)
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	Tier 3	ST, QLC (1 cap/day)
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	QLC (3 tabs/day)
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 20-1680 MG PACKET, 40-1680 MG PACKET	Tier 3	PA, QLC (1 packet/day)
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 40-1100 MG CAP	Tier 3	PA, QLC (1 cap/day)

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic or Enzyme Disorders)

<i>*betaine powder for oral solution***</i>	Tier 4	LA
---	--------	----

AL1 - Age 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
AGAMREE (<i>vamorolone</i>) 40 MG/ML SUSPENSION	Tier 4	PA, LA, QLC (7.5 ml/day)
AQNEURSA (<i>levacetylleucine</i>) 1 GM PACKET	Tier 4	PA, LA, QLC (4 packets/day)
BUPHENYL (<i>sodium phenylbutyrate</i>) 3 GM/TSP POWDER	Tier 4	PA, LA, S (Specialty Drug), QLC (20 gm/day)
BUPHENYL (<i>sodium phenylbutyrate</i>) 500 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (40 tabs/day)
CARBAGLU (<i>carglumic acid</i>) 200 MG TAB SOL	Tier 4	PA, LA, QLC (35 tabs/day)
<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)
CHOLBAM (<i>cholic acid</i>) 250 MG CAP	Tier 4	PA, LA, QLC (5 caps/day)
CHOLBAM (<i>cholic acid</i>) 50 MG CAP	Tier 4	PA, LA, QLC (4 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	
CYSTADANE (<i>betaine</i>) POWDER	Tier 4	LA
CYSTADROPS (<i>cysteamine hcl</i>) 0.37 % SOLUTION	Tier 4	PA, LA, QLC (20 ml(4 bottles)/28 days)
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)
CYSTARAN (<i>cysteamine hcl</i>) 0.44 % SOLUTION	Tier 4	PA, LA, QLC (4 bottles/28 days)
DAYBUE (<i>trofinetide</i>) 200 MG/ML SOLUTION	Tier 4	PA, LA, QLC (120 ml/day)
<i>dichlorphenamide tab 50 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
dichlorphenamide tab 50 mg (Ormalvi)	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
DROXIA (<i>hydroxyurea (sickle cell disease)</i>) 200 MG CAP, 300 MG CAP, 400 MG CAP	Tier 2	
DUVYZAT (<i>givinostat hcl</i>) 8.86 MG/ML SUSPENSION	Tier 4	PA, LA, QLC (12 ml/day)

AL1 - Age 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
ENDARI (<i>glutamine (sickle cell)</i>) 5 GM PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (6 packets/day)
EVRYSDI (<i>risdiplam</i>) 0.75 MG/ML RECON SOLN	Tier 4	PA, LA, QLC (6.67 ml/day)
GALAFOLD (<i>migalastat hcl</i>) 123 MG CAP	Tier 4	PA, LA, QLC (14 caps/28 days)
<i>glutamine (sickle cell) powd pack 5 gm</i> (L-GLUTAMINE)	Tier 4	PA, S (Specialty Drug), QLC (6 packets/day)
JOENJA (<i>leniolisib phosphate</i>) 70 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
KEVEYIS (<i>dichlorphenamide</i>) 50 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 100 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (14 packs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 100 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (14 tabs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 500 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (3 packs/day)
<i>miglustat cap 100 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (3 caps/day)
miglustat cap 100 mg (Yargesa)	Tier 4	PA, LA, QLC (3 caps/day)
MIPLYFFA (<i>arimoclomol citrate</i>) 47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP	Tier 4	PA, LA, QLC (3 caps/day)
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)
NITYR (<i>nitisinone</i>) 10 MG TAB	Tier 4	PA, LA, QLC (14 tabs/day)
NITYR (<i>nitisinone</i>) 2 MG TAB	Tier 4	PA, LA, QLC (70 tabs/day)
NITYR (<i>nitisinone</i>) 5 MG TAB	Tier 4	PA, LA, QLC (28 tabs/day)
OLPRUVA (2 GM DOSE) (<i>sodium phenylbutyrate</i>) (THER PACK)	Tier 4	PA, LA, QLC (180 packets/30 days)
OLPRUVA (3 GM DOSE) (<i>sodium phenylbutyrate</i>) (THER PACK)	Tier 4	PA, LA, QLC (180 packets/30 days)

AL1 - Age 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
OLPRUVA (4 GM DOSE) (<i>sodium phenylbutyrate</i>) 2 & 2 THER PACK	Tier 4	PA, LA, QLC (270 packets/30 days)
OLPRUVA (5 GM DOSE) (<i>sodium phenylbutyrate</i>) 2 & 3 THER PACK	Tier 4	PA, LA, QLC (270 packets/30 days)
OLPRUVA (6 GM DOSE) (<i>sodium phenylbutyrate</i>) 3 & 3 THER PACK	Tier 4	PA, LA, QLC (270 packets/30 days)
OLPRUVA (6.67 GM DOSE) (<i>sodium phenylbutyrate</i>) 3 & 3.67 THER PACK	Tier 4	PA, LA, QLC (270 packets/30 days)
OPFOLDA (<i>miglustat (gaa deficiency)</i>) 65 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (8 caps/28 days)
ORFADIN (<i>nitisinone</i>) 10 MG CAP	Tier 4	PA, LA, QLC (14 caps/day)
ORFADIN (<i>nitisinone</i>) 2 MG CAP	Tier 4	PA, LA, QLC (10 caps/day)
ORFADIN (<i>nitisinone</i>) 20 MG CAP	Tier 4	PA, LA, QLC (8 caps/day)
ORFADIN (<i>nitisinone</i>) 4 MG/ML SUSPENSION	Tier 4	PA, LA, QLC (35 ml/day)
ORFADIN (<i>nitisinone</i>) 5 MG CAP	Tier 4	PA, LA, QLC (2 caps/day)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 10 MG/0.5ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/day)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 2.5 MG/0.5ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (4 syringes/28 days)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 20 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (3 syringes/day)
PANCREAZE (<i>pancrelipase (lipase-protease-amylase)</i>) 2600-8800 CP DR PART, 4200-14200 CP DR PART, 10500-35500 CP DR PART, 16800-56800 CP DR PART, 21000-54700 CP DR PART, 37000-97300 CP DR PART	Tier 3	
PERTZYE (<i>pancrelipase (lipase-protease-amylase)</i>) 4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART	Tier 3	
PHEBURANE (<i>sodium phenylbutyrate</i>) 483 MG/GM PELLETT	Tier 4	PA, LA, S (Specialty Drug), QLC (42 gm/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 25 MG CAP DR	Tier 4	PA, LA, QLC (4 caps/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 300 MG PACKET	Tier 4	PA, LA, QLC (6 packets/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 75 MG CAP DR	Tier 4	PA, LA, QLC (26 caps/day)

AL1 - Age 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
PROCYSBI (<i>cysteamine bitartrate</i>) 75 MG PACKET	Tier 4	PA, LA, QLC (4 packets/day)
PYRUKYND (<i>mitapivat sulfate</i>) 5 MG TAB, 20 MG TAB, 50 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day)
RAVICTI (<i>glycerol phenylbutyrate</i>) 1.1 GM/ML LIQUID	Tier 4	PA, LA, S (Specialty Drug), QLC (17.5 ml/day)
RIVFLOZA (<i>nedosiran sodium</i>) 128 MG/0.8ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (0.8 ml/30 days)
RIVFLOZA (<i>nedosiran sodium</i>) 160 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/30 days)
RIVFLOZA (<i>nedosiran sodium</i>) 80 MG/0.5ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug), QLC (0.5 ml/30 days)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (14 packs/day)
sapropterin dihydrochloride powder packet 100 mg (Javygtor)	Tier 4	PA, LA, QLC (14 packs/day)
<i>sapropterin dihydrochloride powder packet 500 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (3 packs/day)
sapropterin dihydrochloride powder packet 500 mg (Javygtor)	Tier 4	PA, LA, QLC (3 packs/day)
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (14 tabs/day)
sapropterin dihydrochloride tab 100 mg (Javygtor)	Tier 4	PA, QLC (14 tabs/day)
SIKLOS (<i>hydroxyurea (sickle cell anemia)</i>) 100 MG TAB, 1000 MG TAB	Tier 3	PA
SKYCLARYS (<i>omaveloxolone</i>) 50 MG CAP	Tier 4	PA, LA, QLC (3 caps/day)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	Tier 4	PA, S (Specialty Drug), QLC (20 gm/day)
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (40 tabs/day)
SOHONOS (<i>palovarotene</i>) 1 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day)
SOHONOS (<i>palovarotene</i>) 1.5 MG CAP, 10 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
SOHONOS (<i>palovarotene</i>) 2.5 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (5 caps/day)
SOHONOS (<i>palovarotene</i>) 5 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day)

AL1 - Age 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
STRENSIQ (<i>asfotase alfa</i>) 18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION	Tier 4	PA, LA, QLC (24 vials/28 days)
SUCRAID (<i>sacrosidase</i>) 8500 UNIT/ML SOLUTION	Tier 4	PA, LA, QLC (12 ml/day)
TEGSEDI (<i>inotersen sodium</i>) 284 MG/1.5ML SOLN PRSYR	Tier 4	PA, LA, QLC (1 syringe/week)
VIOKACE (<i>pancrelipase (lipase-protease-amylase)</i>) 10440-39150 TAB, 20880 TAB, 20880-78300 TAB	Tier 3	
VOXZOGO (<i>vosoritide</i>) 0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 vial/day)
VYNDAMAX (<i>tafamidis</i>) 61 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
VYNDAQEL (<i>tafamidis meglumine (cardiac)</i>) 20 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day)
XOLREMDI (<i>mavoxifafo</i>) 100 MG CAP	Tier 4	PA, LA, QLC (4 caps/day)
XURIDEN (<i>uridine triacetate</i>) 2 GM PACKET	Tier 4	PA, LA, QLC (4 packets/day)
ZAVESCA (<i>miglustat</i>) 100 MG CAP	Tier 4	PA, LA, QLC (3 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	
ZOKINVY (<i>lonafarnib</i>) 50 MG CAP, 75 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day)

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

ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)

<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i> (DARIFENACIN HYDROBROMIDE ER)	Tier 1	ST, QLC (1 tab/day)
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> (DARIFENACIN HYDROBROMIDE ER)	Tier 1	ST, QLC (2 tabs/day)

AL1 - Age 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
DETROL (<i>tolterodine tartrate</i>) 1 MG TAB, 2 MG TAB	Tier 3	ST, QLC (2 tabs/day)
DETROL LA (<i>tolterodine tartrate</i>) 2 MG CAP ER 24H, 4 MG CAP ER 24H	Tier 3	ST, QLC (1 tab/day)
DITROPAN XL (<i>oxybutynin chloride</i>) 10 MG TAB ER 24H	Tier 3	QLC (3 tabs/day)
DITROPAN XL (<i>oxybutynin chloride</i>) 5 MG TAB ER 24H	Tier 3	QLC (1 tab/day)
ENABLEX (<i>darifenacin hydrobromide</i>) 7.5 MG TAB ER 24H	Tier 3	ST, QLC (2 tabs/day)
<i>fesoterodine fumarate tab er 24hr 4 mg</i> (FESOTERODINE FUMARATE ER) <i>2hr</i>	Tier 1	QLC (1 tab/day)
<i>fesoterodine fumarate tab er 24hr 8 mg</i> (FESOTERODINE FUMARATE ER)	Tier 1	QLC (1 tab/day)
<i>flavoxate hcl tab 100 mg</i>	Tier 1	
GELNIQUE (<i>oxybutynin chloride</i>) 10 %	Tier 3	ST, QLC (1 pack/day)
GEMTESA (<i>vibegron</i>) 75 MG TAB	Tier 3	ST, QLC (1 tab/day)
<i>mirabegron tab er 24 hr 25 mg</i> (MIRABEGRON ER)	Tier 3	PA, ST, QLC (1 tab/day)
<i>mirabegron tab er 24 hr 50 mg</i> (MIRABEGRON ER)	Tier 3	PA, ST, QLC (1 tab/day)
MYRBETRIQ (<i>mirabegron</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H	Tier 2	ST, QLC (1 tab/day)
MYRBETRIQ (<i>mirabegron</i>) 8 MG/ML SRER	Tier 3	PA, QLC (10 ml/day)
OXYBUTYNIN CHLORIDE 2.5 MG TAB	Tier 1	PA, QLC (4 tabs/day)
<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)
OXYTROL (<i>oxybutynin</i>) 3.9 MG/24HR PATCH TW	Tier 3	ST, QLC (8 patches/month)
<i>solifenacin succinate tab 10 mg</i>	Tier 1	QLC (1 tab/day)

AL1 - Age 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>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 1	QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 4 mg</i> (TOLTERODINE TARTRATE ER) <i>2hr</i>	Tier 1	QLC (1 tab/day)
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	QLC (2 tabs/day)
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	QLC (2 tabs/day)
TOVIAZ (<i>fesoterodine fumarate</i>) 4 MG TAB ER 24H, 8 MG TAB ER 24H	Tier 3	QLC (1 tab/day)
<i>tropium chloride cap er 24hr 60 mg</i> (TROSPIMUM CHLORIDE ER)	Tier 1	QLC (1 cap/day)
<i>tropium chloride tab 20 mg</i>	Tier 1	QLC (2 tabs/day)
VESICARE (<i>solifenacin succinate</i>) 5 MG TAB, 10 MG TAB	Tier 3	QLC (1 tab/day)
VESICARE LS (<i>solifenacin succinate</i>) 5 MG/5ML SUSPENSION	Tier 3	PA, QLC (10 ml/day)

BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

<i>alfuzosin hcl tab er 24hr 10 mg</i> (ALFUZOSIN HCL ER)	Tier 1	
AVODART (<i>dutasteride</i>) 0.5 MG CAP	Tier 3	QLC (1 cap/day)
CARDURA XL (<i>doxazosin mesylate (bph)</i>) 4 MG TAB ER 24H, 8 MG TAB ER 24H	Tier 3	PA, QLC (1 tab/day)
CIALIS (<i>tadalafil</i>) 10 MG TAB, 20 MG TAB	Tier 3	PA, RO (Retail Only), QLC (8 tabs/month)
CIALIS (<i>tadalafil</i>) 2.5 MG TAB, 5 MG TAB	Tier 3	PA, RO (Retail Only), QLC (1 tab/day)
<i>dutasteride cap 0.5 mg</i>	Tier 1	QLC (1 cap/day)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	PA, QLC (1 cap/day)
ENTADFI (<i>finasteride-tadalafil</i>) 5-5 MG CAP	Tier 3	PA, QLC (1 cap/day; max 182 caps/year)
<i>finasteride tab 5 mg</i>	Tier 1	
FLOMAX (<i>tamsulosin hcl</i>) 0.4 MG CAP	Tier 3	
JALYN (<i>dutasteride-tamsulosin hcl</i>) 0.5- 0.4 MG CAP	Tier 3	PA, QLC (1 cap/day)
PROSCAR (<i>finasteride</i>) 5 MG TAB	Tier 3	
RAPAFLO (<i>silodosin</i>) 4 MG CAP, 8 MG CAP	Tier 3	QLC (1 cap/day)

AL1 - Age 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>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	
UROXATRAL (<i>alfuzosin hcl</i>) 10 MG TAB ER 24H	Tier 3	

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

<i>avanafil tab 100 mg</i>	Tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>avanafil tab 200 mg</i>	Tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>avanafil tab 50 mg</i>	Tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
<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 2	
FILSPARI (<i>sparsentan</i>) 200 MG TAB, 400 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
INTRAROSA (<i>prasterone vaginal</i>) 6.5 MG INSERT	Tier 3	PA, QLC (1 insert/day)
K-PHOS (<i>potassium phosphate monobasic</i>) -500 MG TAB	Tier 3	
K-PHOS NO 2 (<i>potassium & sodium acid phosphates</i>) -305-700 MG TAB	Tier 3	

AL1 - Age 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
K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) --155-852-130 MG TAB	Tier 3	
LEVITRA (<i>vardeafil hcl</i>) 10 MG TAB, 20 MG TAB	Tier 3	PA, RO (Retail Only), QLC (8 tabs/month)
LITHOSTAT (<i>acetohydroxamic acid</i>) 250 MG TAB	Tier 3	
ORACIT (<i>sodium citrate & citric acid</i>) 490-640 MG/5ML SOLUTION	Tier 3	
ORAL CITRATE (<i>sodium citrate & citric acid</i>) 490-640 MG/5ML SOLUTION	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)
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i> (POT & SOD CIT-CIT AC)	Tier 1	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (Tricitrates)	Tier 1	
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	
PYRIDIUM (<i>phenazopyridine hcl</i>) 100 MG TAB, 200 MG TAB	Tier 3	

AL1 - Age 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
RENACIDIN (<i>citric acid-gluconolactone-magnesium carbonate</i>) SOLUTION	Tier 3	PA, QLC (180 ml/day)
<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>sodium citrate & citric acid soln 500-334 mg/5ml</i> (SOD CITRATE-CITRIC ACID)	Tier 1	
STAXYN (<i>varденаfil hcl</i>) 10 MG TAB DISP	Tier 3	PA, RO (Retail Only), QLC (8 tabs/month)
THIOLA (<i>tiopronin</i>) 100 MG TAB	Tier 4	PA, LA
THIOLA EC (<i>tiopronin</i>) EC 100 MG TAB DR, EC 300 MG TAB DR	Tier 4	PA, LA
<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
<i>varденаfil hcl orally disintegrating tab 10 mg</i>	Tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>varденаfil hcl tab 10 mg</i>	Tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>varденаfil hcl tab 2.5 mg</i>	Tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>varденаfil hcl tab 20 mg</i>	Tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>varденаfil hcl tab 5 mg</i>	Tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
VIAGRA (<i>sildenafil citrate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 3	PA, RO (Retail Only), QLC (8 tabs/month)

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

ACTHAR (<i>corticotropin</i>) 80 UNIT/ML GEL	Tier 4	PA, LA, S (Specialty Drug)
ACTHAR GEL (<i>corticotropin</i>) CTHR 40 UNIT/0.5ML -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (0.5 ml/day)
ACTHAR GEL (<i>corticotropin</i>) CTHR 80 UNIT/ML -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 ml/day)

AL1 - Age 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
CORTISONE ACETATE 25 MG TAB	Tier 1	
CORTROPHIN (<i>corticotropin</i>) 80 UNIT/ML GEL	Tier 4	PA, LA, S (Specialty Drug)
<i>deflazacort susp 22.75 mg/ml</i>	Tier 4	PA, LA, QLC (6 bottles/month)
<i>deflazacort tab 18 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>deflazacort tab 30 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>deflazacort tab 36 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>deflazacort tab 6 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
DEXABLISS (<i>dexamethasone</i>) 1.5 MG (39) TAB THPK	Tier 3	PA
DEXAMETHASONE 0.5 MG/5ML SOLUTION	Tier 1	
DEXAMETHASONE 1.5 MG (35) TAB THPK, 1.5 MG (51) TAB THPK	Tier 1	PA
<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	
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>dexamethasone tab therapy pack 1.5 mg (21)</i>	Tier 1	PA
dexamethasone tab therapy pack 1.5 mg (21) (Hidex 6-Day)	Tier 1	PA

AL1 - Age 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
dexamethasone tab therapy pack 1.5 mg (21) (Taperdex 6-Day)	Tier 1	PA
DXEVO 11-DAY (<i>dexamethasone</i>) -1.5 MG TAB THPK	Tier 3	PA
EMFLAZA (<i>deflazacort</i>) 18 MG TAB	Tier 4	PA, LA, QLC (1 tab/day)
EMFLAZA (<i>deflazacort</i>) 22.75 MG/ML SUSPENSION	Tier 4	PA, LA, QLC (6 bottles/month)
EMFLAZA (<i>deflazacort</i>) 6 MG TAB, 30 MG TAB, 36 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day)
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	
MEDROL (<i>methylprednisolone</i>) 2 MG TAB	Tier 2	
MEDROL (<i>methylprednisolone</i>) 4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB, 32 MG TAB	Tier 3	
<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)
MILLIPRED (<i>prednisolone</i>) 5 MG TAB	Tier 3	PA
ORAPRED ODT (<i>prednisolone sodium phosphate</i>) ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 30 MG TAB DISP	Tier 3	PA
PEDIAPRED (<i>prednisolone sodium phosphate</i>) 6.7 (5 BASE) MG/5ML SOLUTION	Tier 3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 1	PA
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 1	PA
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 1	PA

AL1 - Age 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>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 10 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 1	
PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP, 15 MG TAB DISP, 30 MG TAB DISP	Tier 1	PA
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	
<i>prednisolone tab 5 mg</i>	Tier 1	PA
prednisolone tab 5 mg (Millipred)	Tier 1	PA
PREDNISON 5 MG/5ML SOLUTION	Tier 1	
PREDNISON INTENSOL 5 MG/ML CONC	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<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	
RAYOS (<i>prednisone</i>) 1 MG TAB DR	Tier 3	PA, QLC (1 tab/day)

AL1 - Age 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
RAYOS (<i>prednisone</i>) 2 MG TAB DR	Tier 3	PA, QLC (2 tabs/day)
RAYOS (<i>prednisone</i>) 5 MG TAB DR	Tier 3	PA, QLC (12 tabs/day)
TAPERDEX 12-DAY (<i>dexamethasone</i>) -1.5 MG (49) TAB THPK	Tier 1	PA
TAPERDEX 7-DAY (<i>dexamethasone</i>) -1.5 MG (2) TAB THPK	Tier 1	PA
TARPEYO (<i>budesonide</i>) 4 MG CAP DR	Tier 4	PA, LA, QLC (4 caps/day)
ZCORT 7-DAY (<i>dexamethasone</i>) -1.5 MG (25) TAB THPK	Tier 3	PA

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

CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	Tier 4	PA, S (Specialty Drug)
DDAVP (<i>desmopressin acetate</i>) 0.1 MG TAB, 0.2 MG TAB	Tier 3	
DDAVP RHINAL TUBE (<i>desmopressin acetate refrigerated</i>) 0.01 % SOLUTION	Tier 3	PA
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	Tier 4	LA, QLC (2.5 ml/month)
<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	
EGRIFTA SV (<i>tesamorelin acetate</i>) 2 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 vial/day)
FOLLISTIM AQ (<i>follitropin beta</i>) 300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION	Tier 4	PA, S (Specialty Drug)
GENOTROPIN (<i>somatropin</i>) 5 MG CARTRIDGE, 12 MG CARTRIDGE	Tier 4	PA, S (Specialty Drug)

AL1 - Age 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
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)
GONAL-F (<i>follitropin alfa</i>) -F 450 RECON SOLN, -F 1050 RECON SOLN	Tier 4	PA, S (Specialty Drug)
GONAL-F RFF (<i>follitropin alfa</i>) -75 UNIT RECON SOLN	Tier 4	PA, S (Specialty Drug)
GONAL-F RFF REDIJECT (<i>follitropin alfa</i>) -F 300 UNIT/0.5ML SOLN PEN, -F 450 UNT/0.75ML SOLN PEN, -F 900 UNIT/1.5ML SOLN PEN	Tier 4	PA, S (Specialty Drug)
INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION	Tier 4	PA, LA
ISTURISA (<i>osilodrostat phosphate</i>) 1 MG TAB	Tier 4	PA, LA, QLC (8 tabs/day)
ISTURISA (<i>osilodrostat phosphate</i>) 10 MG TAB	Tier 4	PA, LA, QLC (6 tabs/day)
ISTURISA (<i>osilodrostat phosphate</i>) 5 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day)
MENOPUR (<i>menotropins</i>) 75 UNIT RECON SOLN	Tier 4	PA, S (Specialty Drug)
MYFEMBREE (<i>relugolix-estradiol- norethindrone acetate</i>) 40-1-0.5 MG TAB	Tier 3	PA, QLC (1 tab/day)
NGENLA (<i>somatrogon-ghla</i>) 24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN	Tier 4	PA, LA, S (Specialty Drug)
NOCDURNA (<i>desmopressin acetate</i>) 27.7 MCG SL TAB	Tier 3	PA, QLC (1 tab/day)
NOCDURNA (<i>desmopressin acetate</i>) 55.3 MCG SL TAB	Tier 3	PA, QLC (1 tab/day)
NORDITROPIN FLEXPLO (<i>somatropin</i>) 5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN	Tier 4	PA, S (Specialty Drug)
NOVAREL (<i>chorionic gonadotropin</i>) 5000 RECON SOLN, 10000 RECON SOLN	Tier 4	PA, S (Specialty Drug)
NUTROPIN AQ NUSPIN 10 (<i>somatropin</i>) MG/2ML SOLN PEN	Tier 4	PA, LA, S (Specialty Drug)

AL1 - Age 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
NUTROPIN AQ NUSPIN 20 (<i>somatropin</i>) MG/2ML SOLN PEN	Tier 4	PA, LA, S (Specialty Drug)
NUTROPIN AQ NUSPIN 5 (<i>somatropin</i>) MG/2ML SOLN PEN	Tier 4	PA, LA, S (Specialty Drug)
OMNITROPE (<i>somatropin</i>) 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN	Tier 4	PA, S (Specialty Drug)
OVIDREL (<i>choriogonadotropin alfa</i>) 250 MCG/0.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
PREGNYL (<i>chorionic gonadotropin</i>) 10000 UNIT RECON SOLN	Tier 4	PA, S (Specialty Drug)
SAIZEN (<i>somatropin (non-refrigerated)</i>) 5 MG RECON SOLN, 8.8 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug)
SAIZENPREP (<i>somatropin (non- refrigerated)</i>) 8.8 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug)
SEROSTIM (<i>somatropin (non- refrigerated)</i>) 4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug)
SKYTROFA (<i>lonapegsomatropin-tcgd</i>) 3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE	Tier 4	PA, S (Specialty Drug)
SOGROYA (<i>somapacitan-beco</i>) 5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN	Tier 4	PA, LA, S (Specialty Drug)
STIMATE (<i>desmopressin acetate</i>) 1.5 MG/ML SOLUTION	Tier 4	S (Specialty Drug), QLC (2.5 ml/month)
ZOMACTON (FOR ZOMA-JET 10) (<i>somatropin</i>) CTON -MG RECON SOLN	Tier 4	PA, S (Specialty Drug)
ZOMACTON (<i>somatropin</i>) 5 MG RECON SOLN, 10 MG RECON SOLN	Tier 4	PA, S (Specialty Drug)
ZORBTIVE (<i>somatropin (non- refrigerated)</i>) 8.8 MG RECON SOLN	Tier 4	PA, S (Specialty Drug)

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

CAVERJECT (<i>alprostadil (vasodilator)</i>) 20 MCG RECON SOLN, 40 MCG RECON SOLN	Tier 3	PA, QLC (6 injections/month)
---	--------	------------------------------

AL1 - Age 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
CAVERJECT IMPULSE (<i>alprostadil (vasodilator)</i>) 10 MCG KIT, 20 MCG KIT	Tier 3	PA, QLC (6 injections/month)
CYTOTEC (<i>misoprostol</i>) 100 MCG TAB, 200 MCG TAB	Tier 3	
EDEX (<i>alprostadil (vasodilator)</i>) 10 MCG KIT, 20 MCG KIT, 40 MCG KIT	Tier 3	PA, QLC (6 injections/month)
<i>misoprostol tab 100 mcg</i>	Tier 1	
<i>misoprostol tab 200 mcg</i>	Tier 1	
MUSE (<i>alprostadil (vasodilator)</i>) 125 MCG PELLETT, 250 MCG PELLETT, 500 MCG PELLETT, 1000 MCG PELLETT	Tier 3	PA, QLC (6 suppositories/month)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)

ANABOLIC STEROIDS

OXANDROLONE 10 MG TAB	Tier 1	QLC (2 tabs/day)
OXANDROLONE 2.5 MG TAB	Tier 1	QLC (8 tabs/day)
<i>oxandrolone tab 10 mg</i>	Tier 1	QLC (2 tabs/day)
<i>oxandrolone tab 2.5 mg</i>	Tier 1	QLC (8 tabs/day)

ANDROGENS

ANDRODERM (<i>testosterone</i>) 2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR	Tier 3	PA, QLC (1 patch/day)
ANDROGEL (<i>testosterone</i>) 20.25 MG/1.25GM (1.62%)	Tier 3	PA, QLC (1 packet/day)
ANDROGEL (<i>testosterone</i>) 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL	Tier 3	PA, QLC (300 grams/month)
ANDROGEL (<i>testosterone</i>) 40.5 MG/2.5GM (1.62%)	Tier 3	PA, QLC (2 packets/day)
ANDROGEL PUMP (<i>testosterone</i>) 20.25 MG/ACT (1.62%)	Tier 3	PA, QLC (2 bottles/month)
<i>danazol cap 100 mg</i>	Tier 1	
<i>danazol cap 200 mg</i>	Tier 1	
<i>danazol cap 50 mg</i>	Tier 1	
FORTESTA (<i>testosterone</i>) 10 MG/ACT (2%) GEL	Tier 3	PA, QLC (2 bottles/month)

AL1 - Age 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
JATENZO (<i>testosterone undecanoate</i>) 158 MG CAP, 198 MG CAP	Tier 3	PA, QLC (4 caps/day)
JATENZO (<i>testosterone undecanoate</i>) 237 MG CAP	Tier 3	PA, QLC (2 caps/day)
METHITEST (<i>methyltestosterone</i>) 10 MG TAB	Tier 1	PA
<i>methyltestosterone cap 10 mg</i>	Tier 1	PA
NATESTO (<i>testosterone</i>) 5.5 MG/ACT GEL	Tier 3	PA, QLC (3 bottles/month)
TESTIM (<i>testosterone</i>) 50 MG/5GM (1%) GEL	Tier 3	PA, QLC (300 grams/month)
TESTOSTERONE 10 MG/ACT (2%) GEL	Tier 1	PA, QLC (2 bottles/month)
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 10mg/act (2%)</i>	Tier 1	PA, QLC (2 bottles/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)
<i>testosterone td soln 30 mg/act</i>	Tier 1	PA, QLC (2 bottles/month)
TLANDO (<i>testosterone undecanoate</i>) 112.5 MG CAP	Tier 3	PA, QLC (4 caps/day)
UNDECATREX (<i>testosterone undecanoate</i>) 200 MG CAP	Tier 3	PA, QLC (4 caps/day)

AL1 - Age 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
VOGELXO (<i>testosterone</i>) 50 MG/5GM (1%)	Tier 3	PA, QLC (300 grams/month)
VOGELXO PUMP (<i>testosterone</i>) 12.5 MG/ACT (1%)	Tier 3	PA, QLC (300 grams/month)
XYOSTED (<i>testosterone enanthate</i>) 50 MG/0.5ML SOLN -INJ, 75 MG/0.5ML SOLN -INJ, 100 MG/0.5ML SOLN -INJ	Tier 3	PA, QLC (1 injection/week)
ESTROGENS (Contraceptives and Drugs for Menopause)		
ALORA (<i>estradiol</i>) 0.025 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW	Tier 3	QLC (16 patches/28 days)
ANGELIQ (<i>drospirenone-estradiol</i>) 0.25-0.5 MG TAB, 0.5-1 MG TAB	Tier 3	QLC (1 tab/day)
ANNOVERA (<i>segesterone acetate-ethinyl estradiol</i>) 0.013-0.15 MG/24HR RING	Tier 3	ACA (Preventive Health), QLC (1 ring/ 365 days)
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>) 0.1-20 MG-MCG(21) TAB	Tier 3	
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) 3-0.02-0.451 MG TAB	Tier 3	
BIJUVA (<i>estradiol-progesterone</i>) 0.5-100 MG CAP	Tier 3	QLC (1 cap/day)
CLIMARA (<i>estradiol</i>) 0.025 MG/24HR PATCH WK, 0.0375 MG/24HR PATCH WK, 0.05 MG/24HR PATCH WK, 0.06 MG/24HR PATCH WK, 0.075 MG/24HR PATCH WK, 0.1 MG/24HR PATCH WK	Tier 3	QLC (8 patches/28 days)
CLIMARA PRO (<i>estradiol-levonorgestrel</i>) 0.045-0.015 MG/DAY PATCH WK	Tier 2	QLC (4 patches/month)
DELESTROGEN (<i>estradiol valerate</i>) 10 MG/ML OIL, 20 MG/ML OIL, 40 MG/ML OIL	Tier 3	
DEPO-ESTRADIOL (<i>estradiol cypionate</i>) -5 MG/ML OIL	Tier 3	
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)

AL1 - Age 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
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)
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)
DIVIGEL (<i>estradiol</i>) 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL	Tier 3	QLC (1 pack/day)
DIVIGEL (<i>estradiol</i>) 0.75 MG/0.75GM	Tier 3	QLC (1 pack/day)

AL1 - Age 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
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)
ELESTRIN (<i>estradiol</i>) 0.52 MG/0.87 GM (0.06%) GEL	Tier 3	QLC (1 bottle/month)
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs)	Tier 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs)	Tier 1	

AL1 - Age 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>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST HS)	Tier 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST)	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</i> (EST ESTROGENS-METHYLTEST DS)	Tier 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST)	Tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.)	Tier 1	
ESTRACE (<i>estradiol vaginal</i>) 0.1 MG/GM CREAM	Tier 3	
ESTRACE (<i>estradiol</i>) 0.5 MG TAB, 1 MG TAB, 2 MG TAB	Tier 3	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	Tier 1	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 1	QLC (1 pack/day)
<i>estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm</i>	Tier 1	QLC (1 pack/day)
<i>estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm</i>	Tier 1	QLC (1 pack/day)
<i>estradiol td gel 1 mg/gm (0.1%) (0.%)</i>	Tier 1	QLC (1 pack/day)
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	Tier 1	QLC (1 pack/day)

AL1 - Age 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>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	QLC (16 patches/28 days)
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 1	

AL1 - Age 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>estradiol vaginal tab 10 mcg</i>	Tier 1	
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 2	QLC (1 ring/90 days)
ESTROGEL (<i>estradiol</i>) 0.75 MG/1.25 GM (0.06%)	Tier 3	QLC (1 bottle/month)
ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>) 1-20/1-30/1-35 MG-MCG TAB	Tier 3	
<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 1	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Eluryng)	Tier 1	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	Tier 1	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	Tier 1	ACA (Preventive Health)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 1	ACA (Preventive Health)

AL1 - Age 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
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	Tier 1	ACA (Preventive Health)
EVAMIST (<i>estradiol</i>) 1.53 MG/SPRAY SOLUTION	Tier 3	QLC (2 bottles/month)
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>) 0.5-2.5 MG-MCG TAB	Tier 3	QLC (1 tab/day)
FEMLYV (<i>norethindrone acet & eth estro</i>) 1-0.02 MG TAB DISP	Tier 3	ACA (Preventive Health)
FEMRING (<i>estradiol acetate vaginal</i>) 0.05 MG/24HR RING, 0.1 MG/24HR RING	Tier 3	QLC (1 ring/3 months)
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>) 0.8-25 MG-MCG CHEW TAB	Tier 3	
IMVEXXY MAINTENANCE PACK (<i>estradiol vaginal</i>) 10 MCG INSERT	Tier 3	PA, QLC (8 inserts/28 days)
IMVEXXY MAINTENANCE PACK (<i>estradiol vaginal</i>) 4 MCG INSERT	Tier 3	PA, QLC (8 inserts/28 days)
IMVEXXY STARTER PACK (<i>estradiol vaginal</i>) 10 MCG INSERT	Tier 3	PA, QLC (18 inserts/28 days; 2 fills/year)
IMVEXXY STARTER PACK (<i>estradiol vaginal</i>) 4 MCG INSERT	Tier 3	PA, QLC (18 inserts/28 days; 2 fills/year)
levonor-eth est tab 0.15- 0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim)	Tier 1	ACA (Preventive Health)
<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)

AL1 - Age 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
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)
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)

AL1 - Age 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>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 (Vienna)	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)
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)

AL1 - Age 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
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 1	ACA (Preventive Health)
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> (LEVONORGEST-ETH ESTRADIOL-IRON)	Tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya)	Tier 1	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)
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) 0.1-0.02 & 0.01 MG TAB	Tier 3	
MENEST (<i>esterified estrogens</i>) 0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB	Tier 3	
MENOSTAR (<i>estradiol</i>) 14 MCG/24HR PATCH WK	Tier 3	QLC (4 patches/28 days)
MINASTRIN 24 FE (<i>norethin acet & estrad-fe</i>) 1-20 MG-MCG() CHEW TAB	Tier 3	
MINIVELLE (<i>estradiol</i>) 0.025 MG/24HR PATCH TW, 0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW	Tier 3	QLC (16 patches/28 days)
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>) 0.15-0.02/0.01 MG (21/5) TAB	Tier 3	
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)

AL1 - Age 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>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)

AL1 - Age 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
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)

AL1 - Age 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
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)

AL1 - Age 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
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) (Gemmily)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)	Tier 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 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) (Taysofy)	Tier 1	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)

AL1 - Age 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
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)

AL1 - Age 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
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)

AL1 - Age 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>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)
NUVARING (<i>etonogestrel-ethinyl estradiol</i>) NUVA0.12-0.015 MG/24HR	Tier 3	
PREMARIN (<i>estrogens, conjugated vaginal</i>) 0.625 MG/GM CREAM	Tier 2	

AL1 - Age 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
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	
PREMPHASE (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.625-5 MG TAB	Tier 2	QLC (28 tabs/month)
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 2	QLC (28 tabs/month)
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) 42-21-21-7 DAYS TAB	Tier 3	
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) 3-0.03-0.451 MG TAB	Tier 3	
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) 0.15-0.03 & 0.01 MG TAB	Tier 3	
TAYTULLA (<i>norethin acet & estrad-fe</i>) 1-20 MG-MCG(24) CAP	Tier 3	
TYBLUME (<i>levonorgestrel & eth estradiol</i>) 0.1-20 MG-MCG CHEW TAB	Tier 3	ACA (Preventive Health)
VAGIFEM (<i>estradiol vaginal</i>) 10 MCG TAB	Tier 3	
VELIVET (<i>desogestrel-ethinyl estradiol (triphasic)</i>) 0.1/0.125/0.15 -0.025 MG TAB	Tier 1	ACA (Preventive Health)
VIVELLE-DOT (<i>estradiol</i>) -0.025 MG/24HR PATCH TW, -0.0375 MG/24HR PATCH TW, -0.05 MG/24HR PATCH TW, -0.075 MG/24HR PATCH TW, -0.1 MG/24HR PATCH TW	Tier 3	QLC (16 patches/28 days)
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>) 3-0.03 MG TAB	Tier 3	
YAZ (<i>drospirenone-ethinyl estradiol</i>) 3-0.02 MG TAB	Tier 3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
ACTIVELLA (<i>estradiol & norethindrone acetate</i>) 1-0.5 MG TAB	Tier 3	QLC (1 tab/day)
BIJUVA (<i>estradiol-progesterone</i>) 1-100 MG CAP	Tier 3	QLC (1 cap/day)

AL1 - Age 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
COMBIPATCH (<i>estradiol & norethindrone acetate</i>) 0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW	Tier 3	QLC (8 patches/month)
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)
PREFEST (<i>estradiol-norgestimate</i>) 1/1-0.09 MG (15/15) TAB	Tier 3	QLC (1 tab/day)
PROGESTINS		
AYGESTIN (<i>norethindrone acetate</i>) 5 MG TAB	Tier 3	
CRINONE (<i>progesterone (vaginal)</i>) 4 % GEL, 8 % GEL	Tier 3	PA
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 2	PA
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 4	PA, S (Specialty Drug), QLC (5 ml/month)
MAKENA (<i>hydroxyprogesterone caproate</i>) 250 MG/ML OIL	Tier 4	PA, LA, S (Specialty Drug), QLC (5 ml/month)
MAKENA (<i>hydroxyprogesterone caproate</i>) MKEN275 MG/1.1ML SOLN - INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 injection/week)
<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	

AL1 - Age 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
MEGESTROL ACETATE (<i>megestrol acetate (appetite)</i>) 625 MG/5ML SUSPENSION	Tier 1	OAC
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	OAC
<i>megestrol acetate susp 625 mg/5ml</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	
<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)
ORTHO MICRONOR (<i>norethindrone (contraceptive)</i>) 0.35 MG TAB	Tier 3	
<i>progesterone cap 100 mg</i>	Tier 1	
<i>progesterone cap 200 mg</i>	Tier 1	
<i>progesterone im in oil 50 mg/ml</i>	Tier 1	
PROMETRIUM (<i>progesterone</i>) 100 MG CAP, 200 MG CAP	Tier 3	
PROVERA (<i>medroxyprogesterone acetate</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	Tier 3	

AL1 - Age 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
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	
DUAVEE (<i>conjugated estrogens-bazedoxifene</i>) 0.45-20 MG TAB	Tier 2	QLC (1 tab/day)
EVISTA (<i>raloxifene hcl</i>) 60 MG TAB	Tier 3	QLC (1 tab/day)
OSPHENA (<i>ospemifene</i>) 60 MG TAB	Tier 3	PA, QLC (1 tab/day)
<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)

ADTHYZA (<i>thyroid</i>) 15 MG TAB, 16.25 MG TAB, 30 MG TAB, 32.5 MG TAB, 60 MG TAB, 65 MG TAB, 90 MG TAB, 97.5 MG TAB, 120 MG TAB, 130 MG TAB	Tier 2	
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 2	
CYTOMEL (<i>liothyronine sodium</i>) 5 MCG TAB, 25 MCG TAB, 50 MCG TAB	Tier 3	
ERMEZA (<i>levothyroxine sodium</i>) 150 MCG/5ML SOLUTION	Tier 3	PA, QLC (10ml/day)
LEVOTHYROXINE SODIUM 13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP	Tier 3	
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	
levothyroxine sodium tab 100 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 100 mcg (Levo-T)	Tier 3	
levothyroxine sodium tab 100 mcg (Levoxyl)	Tier 3	

AL1 - Age 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
levothyroxine sodium tab 100 mcg (Unithroid)	Tier 3	
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	
levothyroxine sodium tab 112 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 112 mcg (Levo-T)	Tier 3	
levothyroxine sodium tab 112 mcg (Levoxyl)	Tier 3	
levothyroxine sodium tab 112 mcg (Unithroid)	Tier 3	
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	
levothyroxine sodium tab 125 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 125 mcg (Levo-T)	Tier 3	
levothyroxine sodium tab 125 mcg (Levoxyl)	Tier 3	
levothyroxine sodium tab 125 mcg (Unithroid)	Tier 3	
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	
levothyroxine sodium tab 137 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 137 mcg (Levo-T)	Tier 3	
levothyroxine sodium tab 137 mcg (Levoxyl)	Tier 3	
levothyroxine sodium tab 137 mcg (Unithroid)	Tier 3	
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	
levothyroxine sodium tab 150 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 150 mcg (Levo-T)	Tier 3	
levothyroxine sodium tab 150 mcg (Levoxyl)	Tier 3	
levothyroxine sodium tab 150 mcg (Unithroid)	Tier 3	

AL1 - Age 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>levothyroxine sodium tab 175 mcg</i>	Tier 1	
levothyroxine sodium tab 175 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 175 mcg (Levo-T)	Tier 3	
levothyroxine sodium tab 175 mcg (Levoxyl)	Tier 3	
levothyroxine sodium tab 175 mcg (Unithroid)	Tier 3	
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	
levothyroxine sodium tab 200 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 200 mcg (Levo-T)	Tier 3	
levothyroxine sodium tab 200 mcg (Levoxyl)	Tier 3	
levothyroxine sodium tab 200 mcg (Unithroid)	Tier 3	
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	
levothyroxine sodium tab 25 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 25 mcg (Levo-T)	Tier 3	
levothyroxine sodium tab 25 mcg (Levoxyl)	Tier 3	
levothyroxine sodium tab 25 mcg (Unithroid)	Tier 3	
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	
levothyroxine sodium tab 300 mcg (Levo-T)	Tier 3	
levothyroxine sodium tab 300 mcg (Unithroid)	Tier 3	
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1	
levothyroxine sodium tab 50 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 50 mcg (Levo-T)	Tier 3	
levothyroxine sodium tab 50 mcg (Levoxyl)	Tier 3	

AL1 - Age 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
levothyroxine sodium tab 50 mcg (Unithroid)	Tier 3	
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1	
levothyroxine sodium tab 75 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 75 mcg (Levo-T)	Tier 3	
levothyroxine sodium tab 75 mcg (Levoxyl)	Tier 3	
levothyroxine sodium tab 75 mcg (Unithroid)	Tier 3	
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1	
levothyroxine sodium tab 88 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 88 mcg (Levo-T)	Tier 3	
levothyroxine sodium tab 88 mcg (Levoxyl)	Tier 3	
levothyroxine sodium tab 88 mcg (Unithroid)	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	
NIVA THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	Tier 2	
NP THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	Tier 2	
REZDIFFRA (<i>resmetirom</i>) 60 MG TAB, 80 MG TAB, 100 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
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	
THYQUIDITY (<i>levothyroxine sodium</i>) 100 MCG/5ML SOLUTION	Tier 3	QLC (300 ml/30 days)
THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	Tier 2	

AL1 - Age 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
TIROSINT (<i>levothyroxine sodium</i>) 13 MCG CAP, 25 MCG CAP, 37.5 MCG CAP, 44 MCG CAP, 50 MCG CAP, 62.5 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP	Tier 3	
TIROSINT-SOL (<i>levothyroxine sodium</i>) - SOL 13 MCG/ML SOLUTION, -SOL 25 MCG/ML SOLUTION, -SOL 37.5 MCG/ML SOLUTION, -SOL 44 MCG/ML SOLUTION, -SOL 50 MCG/ML SOLUTION, -SOL 62.5 MCG/ML SOLUTION, -SOL 75 MCG/ML SOLUTION, -SOL 88 MCG/ML SOLUTION, -SOL 100 MCG/ML SOLUTION, -SOL 112 MCG/ML SOLUTION, -SOL 125 MCG/ML SOLUTION, -SOL 137 MCG/ML SOLUTION, -SOL 150 MCG/ML SOLUTION, -SOL 175 MCG/ML SOLUTION, -SOL 200 MCG/ML SOLUTION	Tier 3	
YORVIPATH (<i>palopegteriparatide</i>) 168 MCG/0.56ML SOLN PEN	Tier 4	PA, LA, QLC (1.12 ml/28 days)
YORVIPATH (<i>palopegteriparatide</i>) 294 MCG/0.98ML SOLN PEN	Tier 4	PA, LA, QLC (1.96 ml/28 days)
YORVIPATH (<i>palopegteriparatide</i>) 420 MCG/1.4ML SOLN PEN	Tier 4	PA, LA, QLC (2.8 ml/28 days)

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

BYNFEZIA PEN (<i>octreotide acetate</i>) 2500 MCG/ML (2.8 ML) SOLN	Tier 4	PA, S (Specialty Drug)
<i>cabergoline tab 0.5 mg</i>	Tier 1	QLC (16 tabs/month)
<i>cetrotide acetate for inj kit 0.25 mg</i>	Tier 4	PA, S (Specialty Drug)
CETROTIDE (<i>cetrotide acetate</i>) 0.25 MG KIT	Tier 4	PA, S (Specialty Drug)
CRENESSITY (<i>crinicerfont</i>) 50 MG CAP, 100 MG CAP	Tier 4	PA, LA, QLC (2 caps/day)
CRENESSITY (<i>crinicerfont</i>) 50 MG/ML SOLUTION	Tier 4	PA, LA, QLC (4 ml/day)
GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)

AL1 - Age 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>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	Tier 4	PA, S (Specialty Drug)
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel)	Tier 4	PA, S (Specialty Drug)
KORLYM (<i>mifepristone (hyperglycemia)</i>) 300 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day)
<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)
<i>mifepristone tab 300 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
MYCAPSSA (<i>octreotide acetate</i>) MYSSA 20 MG DR	Tier 4	PA, LA, QLC (4 caps/day)
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
<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)
ORGOVYX (<i>relugolix</i>) 120 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
ORIAHNN (<i>elagolix sodium-estradiol-norethindrone acetate</i>) 300-1-0.5 & 300 MG CAP THPK	Tier 3	PA, QLC (2 caps/day)
ORLISSA (<i>elagolix sodium</i>) 150 MG TAB	Tier 3	PA, QLC (1 tab/day)
ORLISSA (<i>elagolix sodium</i>) 200 MG TAB	Tier 3	PA, QLC (2 tabs/day)
RECORLEV (<i>levoketoconazole</i>) 150 MG TAB	Tier 4	PA, LA, QLC (8 tabs/day)
SANDOSTATIN (<i>octreotide acetate</i>) 50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION	Tier 4	PA, S (Specialty Drug)
SIGNIFOR (<i>pasireotide diaspargate</i>) 0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION	Tier 4	PA, LA, QLC (2 ampules/day)

AL1 - Age 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
SOMAVERT (<i>pegvisomant</i>) 10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 vial/day)
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

FIRAZYR (<i>icatibant acetate</i>) 30 MG/3ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (3 syringes/month)
HAEGARDA (<i>c1 esterase inhibitor (human)</i>) 2000 RECON SOLN, 3000 RECON SOLN	Tier 4	PA, LA, S (Specialty Drug)
<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)
ORLADEYO (<i>berotralstat hcl</i>) 110 MG CAP, 150 MG CAP	Tier 4	PA, LA, QLC (1 cap/day)
TAKHZYRO (<i>lanadelumab-flyo</i>) 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
TAKHZYRO (<i>lanadelumab-flyo</i>) 300 MG/2ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug), QLC (2 vials/28 days)

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

ACTEMRA (<i>tocilizumab</i>) 162 MG/0.9ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/week)
--	--------	--

AL1 - Age 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
ACTEMRA ACTPEN (<i>tocilizumab</i>) CTPEN 162 MG/0.9ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/week)
ARCALYST (<i>rilonacept</i>) 220 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug)
BENLYSTA (<i>belimumab</i>) 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/week)
BIMZELX (<i>bimekizumab-bkzx</i>) 160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
BIMZELX (<i>bimekizumab-bkzx</i>) 320 MG/2ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 pen/56 days)
BIMZELX (<i>bimekizumab-bkzx</i>) 320 MG/2ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/56 days)
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>) SENSOREDY 150 MG/ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
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)
EMPAVELI (<i>pegcetacoplan</i>) 1080 MG/20ML SOLUTION	Tier 4	PA, LA, QLC (40 ml/7 days)
ENSPRYNG (<i>satralizumab-mwge</i>) 120 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
ENTYVIO (<i>vedolizumab</i>) 108 MG/0.68ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (2 pen injectors/28 days)
GRASTEK (<i>timothy grass pollen allergen extract</i>) 2800 BAU SL TAB	Tier 3	PA, QLC (1 tab/day)

AL1 - Age 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
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)
KINERET (<i>anakinra</i>) 100 MG/0.67ML SOLN PRSYR	Tier 4	PA, LA, QLC (28 syringes/28 days)
NEMLUVIO (<i>nemolizumab-ilto</i>) 30 MG - INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ODACTRA (<i>dust mite mixed allergen extract</i>) 12 SQ-HDM SL TAB	Tier 3	PA, QLC (1 tab/day)
OLUMIANT (<i>baricitinib</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORALAIR (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	Tier 3	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORALAIR ADULT STARTER PACK (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	Tier 3	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)
PALFORZIA (12 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X & O CSPK	Tier 4	PA, LA, QLC (45 caps/14 days)
PALFORZIA (120 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) & 100 CSPK	Tier 4	PA, LA, QLC (30 caps/14 days)
PALFORZIA (160 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 3 X 20 & 100 CSPK	Tier 4	PA, LA, QLC (60 caps/14 days)
PALFORZIA (20 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) CSPK	Tier 4	PA, LA, QLC (15 caps/14 days)

AL1 - Age 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
PALFORZIA (200 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (00 X 100 CSPK)	Tier 4	PA, LA, QLC (30 caps/14 days)
PALFORZIA (240 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (40 X 0 & X 100 CSPK)	Tier 4	PA, LA, QLC (60 caps/14 days)
PALFORZIA (3 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X 1 CSPK)	Tier 4	PA, LA, QLC (45 caps/14 days)
PALFORZIA (300 MG MAINTENANCE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (PACKET)	Tier 4	PA, LA, QLC (1 packet/day)
PALFORZIA (300 MG TITRATION) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (PACKET)	Tier 4	PA, LA, QLC (1 packet/day)
PALFORZIA (40 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 2 X 20 CSPK	Tier 4	PA, LA, QLC (30 caps/14 days)
PALFORZIA (6 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X 1 CSPK)	Tier 4	PA, LA, QLC (90 caps/14 days)
PALFORZIA (80 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 4 X 20 CSPK	Tier 4	PA, LA, QLC (60 caps/14 days)
RAGWITEK (<i>short ragweed pollen allergen extract</i>) RGWITEK 12 MB 1-SL TB	Tier 3	PA, QLC (1 tab/day)
REZUROCK (<i>belumosudil mesylate</i>) 200 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
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)
SILIQ (<i>brodalumab</i>) 210 MG/1.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>) 75 /0.83ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/84 days)

AL1 - Age 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
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)
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)
TALTZ (<i>ixekizumab</i>) 20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR, 80 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
TALTZ (<i>ixekizumab</i>) TLTZ 80 MG/ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
TAVNEOS (<i>avacopan</i>) 10 MG CAP	Tier 4	PA, LA, QLC (6 caps/day)
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)
VELSIPITY (<i>etrasimod arginine</i>) 2 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
VOYDEYA (<i>danicopan</i>) 50 & 100 MG TAB THPK, 100 MG TAB	Tier 4	PA, LA, QLC (6 tabs/day)
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)

AL1 - Age 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
XOLAIR (<i>omalizumab</i>) 300 MG/2ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
XOLAIR (<i>omalizumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
XOLAIR (<i>omalizumab</i>) XOLIR 300 MG/2ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (4 pens/28 days)
XOLAIR (<i>omalizumab</i>) XOLIR 75 MG/0.5ML SOLN -INJ, XOLIR 150 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
YESINTEK (<i>ustekinumab-kfce</i>) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
YESINTEK (<i>ustekinumab-kfce</i>) 45 MG/0.5ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (1 vial/84 days)

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)
BESREMI (<i>ropeginterferon alfa-2b-njft</i>) 500 MCG/ML SOLN PRSYR	Tier 4	PA, LA, QLC (2 syringes (2 ml)/28 days)
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)

IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

ABRILADA (1 PEN) (<i>adalimumab-afzb</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (2 pens/28 days)
ABRILADA (2 PEN) (<i>adalimumab-afzb</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (2 pens/28 days)
ABRILADA (2 SYRINGE) (<i>adalimumab-afzb</i>) 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	Tier 4	PA, LA, QLC (2 syringes/28 days)
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)

AL1 - Age 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
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)
ADALIMUMAB-AATY (1 PEN) -40 MG/0.4ML -KIT, -80 MG/0.8ML -KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-AATY (2 PEN) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 20 MG/0.2ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-ADAZ -20 MG/0.2ML SOLN PRSYR, -40 MG/0.4ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-ADAZ DLIMUMB-DZ 40 MG/0.4ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-ADAZ DLIMUMB-DZ 80 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days))
ADALIMUMAB-ADBM (2 PEN) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, LA, QLC (2 pens/28 days)
ADALIMUMAB-ADBM (2 PEN) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
ADALIMUMAB-ADBM (2 SYRINGE) -10 MG/0.2ML PREF SY KT, -20 MG/0.4ML PREF SY KT, -40 MG/0.4ML PREF SY KT, -40 MG/0.8ML PREF SY KT	Tier 4	PA, LA, QLC (2 syringes/28 days)
ADALIMUMAB-ADBM(CD/UC/HS STRT) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, LA, QLC (6 pens/year)
ADALIMUMAB-ADBM(CD/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
ADALIMUMAB-ADBM(PS/UV STARTER) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, LA, QLC (4 pens/year)
ADALIMUMAB-ADBM(PS/UV STARTER) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))

AL1 - Age 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
ADALIMUMAB-FKJP (2 PEN) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 injections/28 days)
ADALIMUMAB-FKJP (2 SYRINGE) -20 MG/0.4ML PREF SY KT, -40 MG/0.8ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-RYVK (2 PEN) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-RYVK (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
AMJEVITA (<i>adalimumab-atto</i>) 10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
AMJEVITA (<i>adalimumab-atto</i>) 20 MG/0.4ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes (0.8 ml)/28 days)
AMJEVITA (<i>adalimumab-atto</i>) 40 MG/0.4ML SOLN -INJ, 80 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
AMJEVITA (<i>adalimumab-atto</i>) 40 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 auto injector pens (1.6 ml)/28 days)
AMJEVITA (<i>adalimumab-atto</i>) 40 MG/0.8ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes (1.6 ml)/28 days)
AMJEVITA-PED 15KG TO <30KG (<i>adalimumab-atto</i>) -20 MG/0.2ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ARAVA (<i>leflunomide</i>) 10 MG TAB, 20 MG TAB	Tier 3	
ASTAGRAF XL (<i>tacrolimus</i>) 0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H	Tier 3	
<i>azathioprine tab 100 mg</i>	Tier 1	
azathioprine tab 100 mg (Azasan)	Tier 1	
<i>azathioprine tab 50 mg</i>	Tier 1	
<i>azathioprine tab 75 mg</i>	Tier 1	
azathioprine tab 75 mg (Azasan)	Tier 1	
CELLCEPT (<i>mycophenolate mofetil</i>) 200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB	Tier 3	
CIMZIA (2 SYRINGE) (<i>certolizumab pegol</i>) RINGE) 200 MG/ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)

AL1 - Age 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
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	
CYLTEZO (2 PEN) (<i>adalimumab-adbm</i>) 40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, LA, QLC (2 pens/28 days)
CYLTEZO (2 SYRINGE) (<i>adalimumab-adbm</i>) RINGE) 40 MG/0.4ML PREF KT	Tier 4	PA, LA, QLC (2 syringes/28 days)
CYLTEZO (<i>adalimumab-adbm</i>) 10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	Tier 4	PA, LA, QLC (2 syringes/28 days)
CYLTEZO (<i>adalimumab-adbm</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
CYLTEZO-CD/UC/HS STARTER (<i>adalimumab-adbm</i>) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, LA, QLC (6 pens/year)
CYLTEZO-CD/UC/HS STARTER (<i>adalimumab-adbm</i>) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
CYLTEZO-PSORIASIS STARTER (<i>adalimumab-adbm</i>) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
CYLTEZO-PSORIASIS/UV STARTER (<i>adalimumab-adbm</i>) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, LA, QLC (4 pens/year)

AL1 - Age 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
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)
ENVARUSUS XR (<i>tacrolimus</i>) 0.75 MG TAB ER 24H	Tier 3	ST, QLC (11 tabs/day)
ENVARUSUS XR (<i>tacrolimus</i>) 1 MG TAB ER 24H	Tier 3	ST, QLC (8 tabs/day)
ENVARUSUS XR (<i>tacrolimus</i>) 4 MG TAB ER 24H	Tier 3	ST, QLC (2 tabs/day)
<i>everolimus tab 0.25 mg</i>	Tier 1	QLC (2 tabs/day)
<i>everolimus tab 0.5 mg</i>	Tier 1	QLC (4 tabs/day)
<i>everolimus tab 0.75 mg</i>	Tier 1	QLC (2 tabs/day)
<i>everolimus tab 1 mg</i>	Tier 1	QLC (2 tabs/day)
HADLIMA (<i>adalimumab-bwwd</i>) 40 MG/0.4ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HADLIMA (<i>adalimumab-bwwd</i>) 40 MG/0.8ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HADLIMA PUSH TOUCH (<i>adalimumab-bwwd</i>) 40 MG/0.4ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
HADLIMA PUSH TOUCH (<i>adalimumab-bwwd</i>) 40 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
HULIO (2 PEN) (<i>adalimumab-fkjp</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 injections/28 days)
HULIO (2 SYRINGE) (<i>adalimumab-fkjp</i>) 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HULIO (<i>adalimumab-fkjp</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 injections/28 days)
HUMIRA (2 PEN) (<i>adalimumab</i>) 40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens [1 kit]/28 days)
HUMIRA (2 PEN) (<i>adalimumab</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton])/ year; Maintenance (2 pens/28 days))

AL1 - Age 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
HUMIRA (2 PEN) (<i>adalimumab</i>) 80 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens [1 kit]/28 days)
HUMIRA (2 SYRINGE) (<i>adalimumab</i>) RINGE) 10 MG/0.1ML PEF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days)
HUMIRA (2 SYRINGE) (<i>adalimumab</i>) RINGE) 20 MG/0.2ML PEF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes (1 kit)/28 days)
HUMIRA (2 SYRINGE) (<i>adalimumab</i>) RINGE) 40 MG/0.4ML PEF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes (1 kit)/28 days)
HUMIRA (2 SYRINGE) (<i>adalimumab</i>) RINGE) 40 MG/0.8ML PEF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HUMIRA (<i>adalimumab</i>) 10 MG/0.1ML PEF SY KT, 20 MG/0.2ML PEF SY KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days)
HUMIRA (<i>adalimumab</i>) 40 MG/0.4ML PEF SY KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes (1 kit)/28 days)
HUMIRA-CD/UC/HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton])/ year; Maintenance (2 pens/28 days))
HUMIRA-CD/UC/HS STARTER (<i>adalimumab</i>) -80 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (1 carton/year)
HUMIRA-PED<40KG CROHNS STARTER (<i>adalimumab</i>) -80 MG/0.8ML & 40MG/0.4ML PEF SY KT	Tier 4	PA, S (Specialty Drug), QLC (2 syr [1 kit]/year)
HUMIRA-PED>/=40KG CROHNS START (<i>adalimumab</i>) -80 MG/0.8ML PEF SY KT	Tier 4	PA, S (Specialty Drug), QLC (3 syr [1 kit]/year)
HUMIRA-PED>/=40KG UC STARTER (<i>adalimumab</i>) -80 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (1 carton/year)
HUMIRA-PS/UV/ADOL HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton])/ year; Maintenance (2 pens/28 days))
HUMIRA-PSORIASIS/UVEIT STARTER (<i>adalimumab</i>) -80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (1 carton/year)
HYRIMOZ (<i>adalimumab-adaz</i>) 10 MG/0.1 ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HYRIMOZ (<i>adalimumab-adaz</i>) 40 MG/0.4ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)

AL1 - Age 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
HYRIMOZ (<i>adalimumab-adaz</i>) 40 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 injections/28 days)
HYRIMOZ (<i>adalimumab-adaz</i>) 40 MG/0.8ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HYRIMOZ (<i>adalimumab-adaz</i>) 80 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days))
HYRIMOZ-CROHNS/UC STARTER (<i>adalimumab-adaz</i>) -STRTER 80 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days))
HYRIMOZ-CROHNS/UC STARTER PACK (<i>adalimumab-adaz</i>) -STRTER PCK 80 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days))
HYRIMOZ-PED CROHNS STARTER (<i>adalimumab-adaz</i>) -80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 kit year)
HYRIMOZ-PED CROHNS STARTER (<i>adalimumab-adaz</i>) -80 MG/0.8ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (3 syringes/year)
HYRIMOZ-PLAQ PSOR/UEVIT START (<i>adalimumab-adaz</i>) -PLQ STRT 80 MG/0.8ML & 40MG/0.4ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 kit/year)
HYRIMOZ-PLAQUE PSORIASIS START (<i>adalimumab-adaz</i>) -PLQUE PSORISIS STRT 80 MG/0.8ML & 40MG/0.4ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 kit/year)
IDACIO (<i>adalimumab-aacj</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 inj (1 box)/28 days)
IDACIO (<i>adalimumab-aacj</i>) 40 MG/0.8ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (2 syr (1 box)/28 days)
IDACIO FOR CROHNS DISEASE/UC (<i>adalimumab-aacj</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (6 inj (3 kits)/365 days)
IDACIO FOR PLAQUE PSORIASIS (<i>adalimumab-aacj</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (4 inj (2 kits)/365 days)
IMURAN (<i>azathioprine</i>) 50 MG TAB	Tier 3	
JYLAMVO (<i>methotrexate</i>) 2 MG/ML SOLUTION	Tier 3	PA, QLC (120 ml/30 days), OAC
<i>leflunomide tab 10 mg</i>	Tier 1	
<i>leflunomide tab 20 mg</i>	Tier 1	

AL1 - Age 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
LUPKYNIS (<i>voclosporin</i>) 7.9 MG CAP	Tier 4	PA, LA, QLC (6 caps/day)
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 1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1	
MYFORTIC (<i>mycophenolate sodium</i>) 180 MG TAB DR, 360 MG TAB DR	Tier 3	
MYHIBBIN (<i>mycophenolate mofetil</i>) 200 MG/ML SUSPENSION	Tier 3	PA, QLC (15 ml/day)
NEORAL (<i>cyclosporine modified (for microemulsion)</i>) 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	Tier 3	
OTREXUP (<i>methotrexate (antirheumatic)</i>) 10 MG/0.4ML SOLN - INJ, 12.5 MG/0.4ML SOLN -INJ, 15 MG/0.4ML SOLN -INJ, 17.5 MG/0.4ML SOLN -INJ, 20 MG/0.4ML SOLN -INJ, 22.5 MG/0.4ML SOLN -INJ, 25 MG/0.4ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)

AL1 - Age 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
PROGRAF (<i>tacrolimus</i>) 0.2 MG PACKET, 1 MG PACKET	Tier 3	PA
PROGRAF (<i>tacrolimus</i>) 0.5 MG CAP, 1 MG CAP, 5 MG CAP	Tier 3	
RAPAMUNE (<i>sirolimus</i>) 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB	Tier 3	
RASUVO (<i>methotrexate (antirheumatic)</i>) RSUVO 7.5 MG/0.15ML SOLN -INJ, RSUVO 10 MG/0.2ML SOLN -INJ, RSUVO 12.5 MG/0.25ML SOLN -INJ, RSUVO 15 MG/0.3ML SOLN -INJ, RSUVO 17.5 MG/0.35ML SOLN -INJ, RSUVO 20 MG/0.4ML SOLN -INJ, RSUVO 22.5 MG/0.45ML SOLN -INJ, RSUVO 25 MG/0.5ML SOLN -INJ, RSUVO 30 MG/0.6ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
REDITREX (<i>methotrexate (antirheumatic)</i>) 7.5 MG/0.3ML SOLN PRSYR, 10 MG/0.4ML SOLN PRSYR, 12.5 MG/0.5ML SOLN PRSYR, 15 MG/0.6ML SOLN PRSYR, 17.5 MG/0.7ML SOLN PRSYR, 20 MG/0.8ML SOLN PRSYR, 22.5 MG/0.9ML SOLN PRSYR, 25 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (4 syringes/28 days)
SANDIMMUNE (<i>cyclosporine</i>) 100 MG/ML SOLUTION	Tier 2	
SANDIMMUNE (<i>cyclosporine</i>) 25 MG CAP, 100 MG CAP	Tier 3	
SIMLANDI (1 PEN) (<i>adalimumab-ryvk</i>) 40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
SIMLANDI (1 SYRINGE) (<i>adalimumab-ryvk</i>) RINGE) 80 MG/0.8ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SIMLANDI (2 PEN) (<i>adalimumab-ryvk</i>) 40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
SIMLANDI (2 SYRINGE) (<i>adalimumab-ryvk</i>) 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SIMPONI (<i>golimumab</i>) 50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 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 1	
<i>sirolimus tab 0.5 mg</i>	Tier 1	

AL1 - Age 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>sirolimus tab 1 mg</i>	Tier 1	
<i>sirolimus tab 2 mg</i>	Tier 1	
SPEVIGO (<i>spesolimab-sbzo</i>) 150 MG/ML SOLN PRSYR	Tier 4	PA, LA, QLC (2 syringes/28 days)
<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	
TREXALL (<i>methotrexate sodium</i>) 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	Tier 3	OAC
XATMEP (<i>methotrexate</i>) 2.5 MG/ML SOLUTION	Tier 4	AL1 (Up to 8 yrs old), QLC (1 bottle/month), OAC
YUFLYMA (1 PEN) (<i>adalimumab-aaty</i>) 40 MG/0.4ML -KIT, 80 MG/0.8ML -KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
YUFLYMA (2 PEN) (<i>adalimumab-aaty</i>) 40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
YUFLYMA (2 SYRINGE) (<i>adalimumab-aaty</i>) RINGE) 20 MG/0.2ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)
YUFLYMA 2-SYRINGE KIT (<i>adalimumab-aaty</i>) -40 MG/0.4ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
YUFLYMA-CD/UC/HS STARTER (<i>adalimumab-aaty</i>) -80 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (3 pens/year)
YUSIMRY (<i>adalimumab-aqvh</i>) 40 MG/0.8ML SOLN -INJ	Tier 4	PA, LA, QLC (2 pens/28 days)
ZORTRESS (<i>everolimus (immunosuppressant)</i>) 0.25 MG TAB, 0.75 MG TAB, 1 MG TAB	Tier 3	QLC (2 tabs/day)
ZORTRESS (<i>everolimus (immunosuppressant)</i>) 0.5 MG TAB	Tier 3	QLC (4 tabs/day)
ZYMFENTRA (1 PEN) (<i>infliximab-dyyb</i>) 120 MG/ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 kits/28 days)
ZYMFENTRA (2 PEN) (<i>infliximab-dyyb</i>) 120 MG/ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)
ZYMFENTRA (2 SYRINGE) (<i>infliximab-dyyb</i>) RINGE) 120 MG/ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)

AL1 - Age 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
------------------------	-----------	----------------------------------

INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

AMINOSALICYLATES

APRISO (<i>mesalamine</i>) 0.375 GM CAP ER 24H	Tier 3	QLC (4 caps/day)
ASACOL HD (<i>mesalamine</i>) 800 MG TAB DR	Tier 3	ST, QLC (6 tabs/day)
AZULFIDINE (<i>sulfasalazine</i>) 500 MG TAB	Tier 3	
AZULFIDINE EN-TABS (<i>sulfasalazine</i>) -S 500 MG DR	Tier 3	
<i>balsalazide disodium cap 750 mg</i>	Tier 1	QLC (9 caps/day)
CANASA (<i>mesalamine</i>) 1000 MG SUPPOS	Tier 3	QLC (1 suppository/day)
COLAZAL (<i>balsalazide disodium</i>) 750 MG CAP	Tier 3	QLC (9 caps/day)
DELZICOL (<i>mesalamine</i>) 400 MG CAP DR	Tier 3	ST, QLC (6 caps/day)
DIPENTUM (<i>olsalazine sodium</i>) 250 MG CAP	Tier 3	ST, QLC (4 caps/day)
LIALDA (<i>mesalamine</i>) 1.2 GM TAB DR	Tier 3	QLC (4 tabs/day)
<i>mesalamine cap dr 400 mg</i>	Tier 1	ST, QLC (6 caps/day)
<i>mesalamine cap er 24hr 0.375 gm</i> (MESALAMINE ER)	Tier 1	QLC (4 caps/day)
<i>mesalamine cap er 500 mg</i> (MESALAMINE ER)	Tier 1	ST, QLC (8 caps/day)
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine suppos 1000 mg</i>	Tier 1	QLC (1 suppository/day)
<i>mesalamine tab delayed release 1.2 gm</i>	Tier 1	QLC (4 tabs/day)
<i>mesalamine tab delayed release 800 mg</i>	Tier 1	ST, QLC (6 tabs/day)
PENTASA (<i>mesalamine</i>) 250 MG CAP ER	Tier 3	ST, QLC (4 caps/day)
PENTASA (<i>mesalamine</i>) 500 MG CAP ER	Tier 3	ST, QLC (8 caps/day)
SFROWASA (<i>mesalamine</i>) 4 GM/60ML ENEMA	Tier 3	
<i>sulfasalazine tab 500 mg</i>	Tier 1	

AL1 - Age 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>sulfasalazine tab delayed release 500 mg</i>	Tier 1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE (<i>hydrocortisone</i>) 0.5 MG CAP SPRINK, 1 MG CAP SPRINK	Tier 3	PA, LA, QLC (100 caps/30 days)
ALKINDI SPRINKLE (<i>hydrocortisone</i>) 2 MG CAP SPRINK, 5 MG CAP SPRINK	Tier 3	PA, LA, QLC (200 caps/30 days)
<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	PA, QLC (3 caps/day)
<i>budesonide rectal foam 2 mg/act</i>	Tier 1	QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months)
<i>budesonide tab er 24hr 9 mg</i> (BUDESONIDE ER)	Tier 1	PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days)
CORTEF (<i>hydrocortisone</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB	Tier 3	
CORTENEMA (<i>hydrocortisone (intrarectal)</i>) CORT100 MG/60ML	Tier 3	
CORTIFOAM (<i>hydrocortisone acetate (intrarectal)</i>) 10 %	Tier 2	
ENTOCORT EC (<i>budesonide</i>) 3 MG CP DR PART	Tier 3	PA, QLC (3 caps/day)
EOHILIA (<i>budesonide</i>) 2 MG/10ML SUSPENSION	Tier 3	PA, QLC (20 ml/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	
ORTIKOS (<i>budesonide</i>) 6 MG CAP ER 24H, 9 MG CAP ER 24H	Tier 3	PA, QLC (1 cap/day)
UCERIS (<i>budesonide (intrarectal)</i>) 2 MG/ACT FOAM	Tier 3	QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months)
UCERIS (<i>budesonide</i>) 9 MG TAB 24H	Tier 3	PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days)

METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

ACTONEL (<i>risedronate sodium</i>) 150 MG TAB	Tier 3	QLC (1 tab/month)
--	--------	-------------------

AL1 - Age 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
ACTONEL (<i>risedronate sodium</i>) 35 MG TAB	Tier 3	QLC (4 tabs/month)
ALENDRONATE SODIUM 5 MG TAB	Tier 1	
<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 1	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)
ATELVIA (<i>risedronate sodium</i>) 35 MG TAB	Tier 3	QLC (4 tabs/month)
BINOSTO (<i>alendronate sodium</i>) 70 MG EFFER TAB	Tier 3	ST, QLC (4 tabs/month)
BONIVA (<i>ibandronate sodium</i>) 150 MG TAB	Tier 3	QLC (1 tab/month)
<i>calcitonin (salmon) inj 200 unit/ml</i>	Tier 1	
<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>calcitriol oral soln 1 mcg/ml</i>	Tier 1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 1	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 1	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 1	PA
DOXERCALCIFEROL 0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP	Tier 1	
<i>doxercalciferol cap 0.5 mcg</i>	Tier 1	
<i>doxercalciferol cap 1 mcg</i>	Tier 1	
<i>doxercalciferol cap 2.5 mcg</i>	Tier 1	
DRISDOL (<i>ergocalciferol</i>) 1.25 MG (50000 UT) CAP	Tier 3	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>ergocalciferol cap 1.25 mg (50000 unit) (VITAMIN D (ERGOCALCIFEROL))</i>	Tier 1	
FORTEO (<i>teriparatide (recombinant)</i>) 600 MCG/2.4ML SOLN PEN	Tier 4	PA, S (Specialty Drug), QLC (1 pen/month)

AL1 - Age 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
FOSAMAX (<i>alendronate sodium</i>) 70 MG TAB	Tier 3	QLC (4 tabs/month)
FOSAMAX PLUS D (<i>alendronate sodium-cholecalciferol</i>) 70-2800 MG-TAB, 70-5600 MG-TAB	Tier 3	QLC (4 tabs/month)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QLC (1 tab/month)
MIACALCIN (<i>calcitonin (salmon)</i>) 200 UNIT/ML SOLUTION	Tier 4	
NATPARA (<i>parathyroid hormone (recombinant)</i>) 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE	Tier 4	PA, LA, S (Specialty Drug), QLC (2 cartridges/month)
<i>paricalcitol cap 1 mcg</i>	Tier 1	
<i>paricalcitol cap 2 mcg</i>	Tier 1	
<i>paricalcitol cap 4 mcg</i>	Tier 1	
RAYALDEE (<i>calcifediol</i>) 30 MCG CAP ER	Tier 3	PA
<i>risedronate sodium tab 150 mg</i>	Tier 1	QLC (1 tab/month)
<i>risedronate sodium tab 30 mg</i>	Tier 1	PA
<i>risedronate sodium tab 35 mg</i>	Tier 1	QLC (4 tabs/month)
<i>risedronate sodium tab 5 mg</i>	Tier 1	QLC (1 tab/day)
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 1	QLC (4 tabs/month)
ROCALTROL (<i>calcitriol</i>) 0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION	Tier 3	
SENSIPAR (<i>cinacalcet hcl</i>) 30 MG TAB, 60 MG TAB, 90 MG TAB	Tier 3	PA
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	Tier 4	PA, S (Specialty Drug), QLC (1 pen/month)
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	Tier 4	PA, S (Specialty Drug), QLC (1 pen/month)
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	Tier 4	PA, S (Specialty Drug), QLC (1 pen/month)
TYMLOS (<i>abaloparatide</i>) 3120 MCG/1.56ML SOLN PEN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/month)
ZEMPLAR (<i>paricalcitol</i>) 1 MCG CAP, 2 MCG CAP	Tier 3	

AL1 - Age 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
-------------------------------	------------------	---

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	
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	

AL1 - Age 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
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	
BD SYRINGE LUER-LOK -3 ML MISC	Tier 3	QLC (100 syringes/30 days)
BREATHE EASE LARGE DEVICE	Tier 2	
BREATHE EASE MEDIUM DEVICE	Tier 2	
BREATHE EASE SMALL DEVICE	Tier 2	
BREATHRITE VALVED MDI CHAMBER DEVICE	Tier 2	
CAYA (<i>diaphragm arc-spring</i>)	Tier 2	ACA (Preventive Health)
CEQR SIMPLICITY 2U DEVICE	Tier 3	PA, QLC (10 patches/30 days)
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	
COMPACT SPACE CHAMBER/SM MASK DEVICE	Tier 2	
D-CARE BLOOD GLUCOSE (<i>glucose blood</i>) -BLOO STRIP	Tier 3	PA, QLC (200 units/month)
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)

AL1 - Age 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
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)
FILSUVEZ (<i>birch triterpenes</i>) 10 % GEL	Tier 4	PA, LA, QLC (23.4gm/day)
FLEXICHAMBER ADULT MASK/SMALL MISC	Tier 2	
FLEXICHAMBER CHILD MASK/LARGE MISC	Tier 2	
FLEXICHAMBER CHILD MASK/SMALL MISC	Tier 2	
FLEXICHAMBER DEVICE	Tier 2	
FREESTYLE LIBRE 14 DAY READER DEVICE	Tier 3	PA, QLC (One receiver/reader per year)
FREESTYLE LIBRE 14 DAY SENSOR MISC	Tier 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE 2 PLUS SENSOR MISC	Tier 3	PA, QLC (2 sensors/month)

AL1 - Age 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
FREESTYLE LIBRE 2 READER DEVICE	Tier 3	PA, QLC (One receiver/reader per year)
FREESTYLE LIBRE 2 SENSOR MISC	Tier 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE 3 PLUS SENSOR MISC	Tier 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE 3 READER DEVICE	Tier 3	PA, QLC (one receiver/reader per year)
FREESTYLE LIBRE 3 SENSOR MISC	Tier 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE READER DEVICE	Tier 3	PA, QLC (One receiver/reader per year)
GUARDIAN 4 GLUCOSE SENSOR MISC	Tier 3	PA, QLC (5 sensors/month)
GUARDIAN 4 TRANSMITTER MISC	Tier 3	PA, QLC (1 transmitter/year)
GUARDIAN CONNECT TRANSMITTER MISC	Tier 3	PA, QLC (1 transmitter/year)
GUARDIAN REAL-TIME REPLACE PED - DEVICE	Tier 3	PA, QLC (One receiver/reader per year)
GUARDIAN SENSOR (3) MISC	Tier 3	PA, QLC (5 sensors/month)
GUARDIAN SENSOR 3 MISC	Tier 3	PA, QLC (5 sensors/month)
INPEN 100-BLUE-LILLY-HUMALOG --- DEVICE	Tier 3	PA, QLC (1 pen/year)
INPEN 100-BLUE-NOVOLOG-FIASP --- DEVICE	Tier 3	PA, QLC (1 pen/year)
INPEN 100-GREY-LILLY-HUMALOG --- DEVICE	Tier 3	PA, QLC (1 pen/year)
INPEN 100-GREY-NOVOLOG-FIASP --- DEVICE	Tier 3	PA, QLC (1 pen/year)
INPEN 100-PINK-LILLY-HUMALOG --- DEVICE	Tier 3	PA, QLC (1 pen/year)
INPEN 100-PINK-NOVOLOG-FIASP --- DEVICE	Tier 3	PA, QLC (1 pen/year)
INSPIRACHAMBER/LARGE DEVICE	Tier 2	
INSPIRACHAMBER/MEDIUM DEVICE	Tier 2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	Tier 2	
INSPIRACHAMBER/SMALL DEVICE	Tier 2	
INSPIREASE MISC	Tier 2	

AL1 - Age 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
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	
IQRVO (<i>elafibranor</i>) 80 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
LIVDELZI (<i>seladelpar lysine</i>) 10 MG CAP	Tier 4	PA, LA, QLC (1 cap/day)
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	
NOVOPEN ECHO DEVICE	Tier 3	PA, QLC (1 pen/year)
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	Tier 2	ACA (Preventive Health)
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	Tier 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 G6 INTRO (GEN 5) KIT	Tier 3	PA, QLC (1 kit/2 years)
OMNIPOD 5 G6 PODS (GEN 5) MISC	Tier 3	PA, QLC (1 pod/2 days)

AL1 - Age 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
OMNIPOD 5 G7 INTRO (GEN 5) KIT	Tier 3	PA, QLC (1 kit/2 years)
OMNIPOD 5 G7 PODS (GEN 5) MISC	Tier 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT	Tier 3	PA, QLC (1 kit/2 years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	Tier 3	PA, QLC (1 pod/2 days)
OMNIPOD CLASSIC PODS (GEN 3) MISC	Tier 3	PA, QLC (1 pod/2 days)
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 3	PA, QLC (1 kit/2 years)
OMNIPOD DASH PODS (GEN 4) MISC	Tier 3	PA, QLC (1 pod/2 days)
OMNIPOD GO 10 UNIT/24HR KIT	Tier 3	PA, QLC (10 kits/month)
OMNIPOD GO 15 UNIT/24HR KIT, 20 UNIT/24HR KIT, 25 UNIT/24HR KIT, 30 UNIT/24HR KIT, 35 UNIT/24HR KIT, 40 UNIT/24HR KIT	Tier 3	PA, QLC (10 kits/month)
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	
OPVEE (<i>nalmefene hcl (antidote)</i>) 2.7 MG/0.1ML SOLUTION	Tier 3	QLC (2 sprayers/30 days)
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	
QBREXZA (<i>glycopyrronium tosylate</i>) 2.4 % PAD	Tier 3	PA, QLC (1 towelette/day)
RITEFLO DEVICE	Tier 2	

AL1 - Age 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
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	
V-GO 20 -UNIT/24HR KIT	Tier 3	PA, QLC (1 device/day)
V-GO 30 -UNIT/24HR KIT	Tier 3	PA, QLC (1 device/day)
V-GO 40 -UNIT/24HR KIT	Tier 3	PA, QLC (1 device/day)
VISTOGARD (<i>uridine triacetate (emergency treatment)</i>) 10 GM PACKET	Tier 4	LA, QLC (20 packets/month)
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	
VOWST (<i>fecal microbiota spores, live-brpk</i>) CAP	Tier 4	PA, LA, QLC (12 caps/30 days)
WAINUA (<i>eplontersen sodium</i>) 45 MG/0.8ML SOLN -INJ	Tier 4	PA, LA, QLC (1 pen/28 days)
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)
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)

AL1 - Age 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
XPHOZAH (<i>tenapanor hcl (ckd)</i>) 20 MG TAB, 30 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day)

OPHTHALMIC AGENTS (Drugs for the Eyes)

OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

ALCAINE (<i>proparacaine hcl</i>) 0.5 % SOLUTION	Tier 3	
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	
BLEPHAMIDE (<i>sulfacetamide sod-prednisolone</i>) 10-0.2 % SUSPENSION	Tier 2	
BLEPHAMIDE S.O.P. (<i>sulfacetamide sod-prednisolone</i>) 10-0.2 % OINTMENT	Tier 3	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 1	
CEQUA (<i>cyclosporine (ophth)</i>) 0.09 % SOLUTION	Tier 3	PA, QLC (60 vials/month)
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>) 0.2-0.5 % SOLUTION	Tier 3	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>) 22.3-6.8 MG/ML SOLUTION	Tier 3	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>) 2-0.5 % SOLUTION	Tier 3	QLC (2 droperettes/day)
CYCLOGYL (<i>cyclopentolate hcl</i>) 0.5 % SOLUTION, 1 % SOLUTION, 2 % SOLUTION	Tier 3	

AL1 - Age 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
CYCLOMYDRIL (<i>cyclopentolate w/ phenylephrine</i>) 0.2-1 % SOLUTION	Tier 3	
<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	
<i>cyclosporine (ophth) emulsion 0.05%</i>	Tier 3	PA, QLC (2 vials/day)
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 1	QLC (2 droperettes/day)
<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 1	QLC (2 droperettes/day)
HOMATROPAIRE (<i>homatropine hbr</i>) 5 % SOLUTION	Tier 1	
ISOPTO ATROPINE (<i>atropine sulfate (ophthalmic)</i>) 1 % SOLUTION	Tier 3	
LACRISERT (<i>artificial tear insert</i>) 5 MG	Tier 3	
MAXITROL (<i>neomycin-polymyx-dexameth</i>) 0.1 % SUSPENSION, 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION	Tier 3	
MIEBO (<i>perfluorohexyloctane</i>) 1.338 GM/ML SOLUTION	Tier 3	PA, QLC (1 bottle (3 ml)/ 30 days)
MYDRIACYL (<i>tropicamide</i>) 1 % SOLUTION	Tier 3	
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	

AL1 - Age 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
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	
OXERVATE (<i>cenegermin-bkbj</i>) 0.002 % SOLUTION	Tier 4	PA, LA, QLC (28 ml/28 days)
PHENYLEPHRINE HCL (<i>phenylephrine hcl (mydriatic)</i>) 2.5 % SOLUTION	Tier 3	
<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	
PRED-G (<i>gentamicin-prednisolone acetate</i>) -0.3-1 % SUSPENSION	Tier 3	
PRED-G S.O.P. (<i>gentamicin-prednisolone acetate</i>) -0.3-0.6 % OINTMENT	Tier 3	
<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)
ROCKLATAN (<i>netarsudil dimesylate-latanoprost</i>) 0.02-0.005 % SOLUTION	Tier 3	PA, QLC (2.5 ml/25 days)
SULFACETAMIDE-PREDNISOLONE (<i>sulfacetamide sod-prednisolone</i>) -10-0.23 % SOLUTION	Tier 1	
TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1 % OINTMENT	Tier 2	
TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1 % SUSPENSION	Tier 3	
TOBRADEX ST (<i>tobramycin-dexamethasone</i>) 0.3-0.05 % SUSPENSION	Tier 3	QLC (1 bottle/fill)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	

AL1 - Age 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>tropicamide ophth soln 0.5%</i>	Tier 1	
<i>tropicamide ophth soln 1%</i>	Tier 1	
TYRVAYA (<i>varenicline tartrate (cholinergic agonist)</i>) 0.03 MG/ACT SOLUTION	Tier 3	PA, QLC (2 bottles (8.4 ml)/30 days)
UPNEEQ (<i>oxymetazoline hcl (blepharoptosis)</i>) 0.1 % SOLUTION	Tier 3	PA, QLC (1 dropperette/day)
VERKAZIA (<i>cyclosporine (ophth)</i>) 0.1 % EMULSION	Tier 3	PA, QLC (4 vials/day)
VEVYE (<i>cyclosporine (ophth)</i>) 0.1 % SOLUTION	Tier 3	PA, QLC (one 2ml bottle/30 days)
XDEMZY (<i>lotilaner</i>) 0.25 % SOLUTION	Tier 3	PA, QLC (10 ml/30 days)
XIIDRA (<i>lifitegrast</i>) 5 % SOLUTION	Tier 2	QLC (60 vials/month)
ZYLET (<i>loteprednol etabonate-tobramycin</i>) 0.5-0.3 % SUSPENSION	Tier 2	
OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)		
ALOCRIAL (<i>nedocromil sodium (ophth)</i>) 2 % SOLUTION	Tier 3	
ALOMIDE (<i>lodoxamide tromethamine</i>) 0.1 % SOLUTION	Tier 3	
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 1	QLC (5 ml/month)
BEPREVE (<i>bepotastine besilate</i>) 1.5 % SOLUTION	Tier 3	QLC (5 ml/month)
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	
ZERVIAE (<i>cetirizine hcl (ophth)</i>) 0.24 % SOLUTION	Tier 3	PA, QLC (2 dropperettes/day)
OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)		
AZASITE (<i>azithromycin (ophth)</i>) 1 % SOLUTION	Tier 3	
BACITRACIN (<i>bacitracin (ophthalmic)</i>) 500 UNIT/GM OINTMENT	Tier 1	
BLEPH-10 (<i>sulfacetamide sodium (ophth)</i>) -% SOLUTION	Tier 3	

AL1 - Age 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
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	
MOXEZA (<i>moxifloxacin hcl (ophth)</i>) 0.5 % SOLUTION	Tier 3	
MOXIFLOXACIN HCL (2X DAY) (<i>moxifloxacin hcl (ophth)</i>) 0.5 % SOLUTION	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	
NATACYN (<i>natamycin</i>) 5 % SUSPENSION	Tier 3	
OCUFLOX (<i>ofloxacin (ophth)</i>) 0.3 % SOLUTION	Tier 3	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
POLYTRIM (<i>polymyxin b-trimethoprim</i>) 10000-0.1 UNIT/ML-% SOLUTION	Tier 3	
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	
TOBREX (<i>tobramycin (ophth)</i>) 0.3 % OINTMENT	Tier 2	
TOBREX (<i>tobramycin (ophth)</i>) 0.3 % SOLUTION	Tier 3	
TRIFLURIDINE 1 % SOLUTION	Tier 1	
VIGAMOX (<i>moxifloxacin hcl (ophth)</i>) 0.5 % SOLUTION	Tier 3	

AL1 - Age 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
ZIRGAN (<i>ganciclovir ophthalmic</i>) 0.15 % GEL	Tier 3	QLC (1 tube/month)
ZYMAXID (<i>gatifloxacin (ophth)</i>) 0.5 % SOLUTION	Tier 3	QLC (one 2.5 ml bottle/month)
OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)		
ACULAR (<i>ketorolac tromethamine (ophth)</i>) 0.5 % SOLUTION	Tier 3	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>) 0.4 % SOLUTION	Tier 3	
ACUVAIL (<i>ketorolac tromethamine (ophth)</i>) 0.45 % SOLUTION	Tier 2	QLC (30 vials/30 days)
ALREX (<i>loteprednol etabonate</i>) 0.2 % SUSPENSION	Tier 3	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	Tier 1	PA, QLC (1 bottle/month)
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	Tier 1	PA, QLC (1 bottle/month)
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> (BROMFENAC SODIUM (ONCE-DAILY))	Tier 1	
BROMSITE (<i>bromfenac sodium (ophth)</i>) 0.075 % SOLUTION	Tier 3	PA, QLC (1 bottle/month)
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>difluprednate ophth emulsion 0.05%</i>	Tier 1	
DUREZOL (<i>difluprednate</i>) 0.05 % EMULSION	Tier 3	
EYSUVIS (<i>loteprednol etabonate</i>) 0.25 % SUSPENSION	Tier 3	PA, QLC (1 bottle (8.3 ml)/30 days)
FLAREX (<i>fluorometholone acetate</i>) 0.1 % SUSPENSION	Tier 3	
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	Tier 1	
FML (<i>fluorometholone (ophth)</i>) 0.1 % OINTMENT	Tier 3	

AL1 - Age 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
FML FORTE (<i>fluorometholone (ophth)</i>) 0.25 % SUSPENSION	Tier 2	
FML LIQUIFILM (<i>fluorometholone (ophth)</i>) 0.1 % SUSPENSION	Tier 3	
ILEVRO (<i>nepafenac</i>) 0.3 % SUSPENSION	Tier 3	PA, QLC (1 bottle/month)
INVELTYS (<i>loteprednol etabonate</i>) 1 % SUSPENSION	Tier 3	PA
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	
LOTEMAX (<i>loteprednol etabonate</i>) 0.5 % GEL, 0.5 % SUSPENSION	Tier 3	
LOTEMAX (<i>loteprednol etabonate</i>) 0.5 % OINTMENT	Tier 3	QLC (1 tube/month)
LOTEMAX SM (<i>loteprednol etabonate</i>) 0.38 % GEL	Tier 3	
<i>loteprednol etabonate ophth gel 0.5%</i>	Tier 1	
<i>loteprednol etabonate ophth susp 0.2%</i>	Tier 1	
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 1	
MAXIDEX (<i>dexamethasone (ophth)</i>) 0.1 % SUSPENSION	Tier 3	
NEVANAC (<i>nepafenac</i>) 0.1 % SUSPENSION	Tier 3	
PRED FORTE (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION	Tier 3	
PRED MILD (<i>prednisolone acetate (ophth)</i>) 0.12 % SUSPENSION	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	
PROLENSA (<i>bromfenac sodium (ophth)</i>) 0.07 % SOLUTION	Tier 3	PA, QLC (1 bottle/month)

AL1 - Age 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
------------------------	-----------	----------------------------------

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	
BETIMOL (<i>timolol</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	Tier 2	
BETOPTIC-S (<i>betaxolol hcl (ophth)</i>) -0.25 % UPENION	Tier 2	
CARTEOLOL HCL (<i>carteolol hcl (ophth)</i>) 1 % SOLUTION	Tier 1	
ISTALOL (<i>timolol maleate (ophth)</i>) 0.5 % SOLUTION	Tier 3	
LEVOBUNOLOL HCL 0.5 % SOLUTION	Tier 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5% (once- daily)</i>	Tier 1	
<i>timolol maleate ophth soln 0.5% (once- daily)</i> (TIMOLOL MALEATE (ONCE- DAILY))	Tier 1	
<i>timolol maleate preservative free ophth soln 0.25%</i> (TIMOLOL MALEATE PF)	Tier 1	ST
<i>timolol maleate preservative free ophth soln 0.5%</i> (TIMOLOL MALEATE OCUDOSE)	Tier 1	ST
<i>timolol maleate preservative free ophth soln 0.5%</i> (TIMOLOL MALEATE PF)	Tier 1	ST
TIMOPTIC (<i>timolol maleate (ophth)</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	Tier 3	
TIMOPTIC OCUDOSE (<i>timolol maleate (ophth)</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	Tier 3	ST
TIMOPTIC-XE (<i>timolol maleate (ophth)</i>) - 0.25 % GEL F SOLN, -0.5 % GEL F SOLN	Tier 3	

AL1 - Age 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
------------------------	-----------	----------------------------------

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

<i>acetazolamide cap er 12hr 500 mg</i> (ACETAZOLAMIDE ER)	Tier 1	
ALPHAGAN P (<i>brimonidine tartrate</i>) ALHAGAN 0.1 % SOLUTION	Tier 2	
ALPHAGAN P (<i>brimonidine tartrate</i>) ALHAGAN 0.15 % SOLUTION	Tier 3	
APRACLONIDINE HCL 0.5 % SOLUTION	Tier 1	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
AZOPT (<i>brinzolamide</i>) 1 % SUSPENSION	Tier 3	ST
<i>brimonidine tartrate ophth soln 0.1%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<i>brinzolamide ophth susp 1%</i>	Tier 1	ST
DORZOLAMIDE HCL 2 % SOLUTION	Tier 3	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
IOPIDINE (<i>apraclonidine hcl</i>) 1 % SOLUTION	Tier 3	
ISOPTO CARPINE (<i>pilocarpine hcl</i>) 1 % SOLUTION, 2 % SOLUTION, 4 % SOLUTION	Tier 3	
<i>methazolamide tab 25 mg</i>	Tier 1	
<i>methazolamide tab 50 mg</i>	Tier 1	
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	
RHOPRESSA (<i>netarsudil dimesylate</i>) 0.02 % SOLUTION	Tier 3	PA, QLC (1 bottle/month)
SIMBRINZA (<i>brinzolamide-brimonidine tartrate</i>) 1-0.2 % SUSPENSION	Tier 2	
TRUSOPT (<i>dorzolamide hcl</i>) 2 % SOLUTION	Tier 3	

AL1 - Age 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
VUITY (<i>pilocarpine hcl</i>) 1.25 % SOLUTION	Tier 3	PA, QLC (5 ml/25 days)
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	ST, QLC (7.5 ml/month)
IYUZEH (<i>latanoprost</i>) 0.005 % SOLUTION	Tier 3	PA, QLC (1 container/day)
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>tafluprost preservative free (pf) ophth soln 0.0015%</i> (TAFLUPROST (PF))	Tier 1	ST, QLC (1 dropperette/day)
TRAVATAN Z (<i>travoprost</i>) 0.004 % SOLUTION	Tier 3	ST, QLC (5 ml/month)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> (TRAVOPROST (BAK FREE))	Tier 1	ST, QLC (5 ml/month)
VYZULTA (<i>latanoprostene bunod</i>) 0.024 % SOLUTION	Tier 3	PA, QLC (1 bottle/month)
XALATAN (<i>latanoprost</i>) 0.005 % SOLUTION	Tier 3	QLC (5 ml/ month)
XELPROS (<i>latanoprost</i>) 0.005 % EMULSION	Tier 3	ST, QLC (1 bottle/month)
ZIOPTAN (<i>tafluprost</i>) 0.0015 % SOLUTION	Tier 3	ST, QLC (1 dropperette/day)

OTIC AGENTS (Drugs for the Ears)

<i>acetic acid otic soln 2%</i>	Tier 1	
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>) 0.2 % SOLUTION	Tier 3	
CIPRO HC (<i>ciprofloxacin-hydrocortisone</i>) 0.2-1 % SUSPENSION	Tier 3	ST
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>) 0.3-0.1 % SUSPENSION	Tier 3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	

AL1 - Age 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
CIPROFLOXACIN-FLUOCINOLONE PF (<i>ciprofloxacin-fluocinolone acetonide</i>) - 0.3-0.025 % SOLUTION	Tier 1	QLC (14 vials/7 days)
CORTISPORIN-TC (<i>neomycin-colistin-hc-thonzonium</i>) -3.3-3-10-0.5 MG/ML SUSPENSION	Tier 3	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>) 0.01 % OIL	Tier 2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
fluocinolone acetonide (otic) oil 0.01% (Flac)	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (HYDROCORTISONE-ACETIC ACID)	Tier 1	
<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	
OTOVEL (<i>ciprofloxacin-fluocinolone acetonide</i>) 0.3-0.025 % SOLUTION	Tier 3	QLC (14 vials/7 days)

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

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

ALVESCO (<i>ciclesonide</i>) 160 MCG/ACT AERO SOLN	Tier 3	ST, QLC (2 inhalers/month)
ALVESCO (<i>ciclesonide</i>) 80 MCG/ACT AERO SOLN	Tier 3	ST, QLC (1 inhaler/month)
ARMONAIR DIGIHALER (<i>fluticasone propionate with sensor (inhalation)</i>) 55 MCG/ACT AER POW BA, 113 MCG/ACT AER POW BA, 232 MCG/ACT AER POW BA	Tier 3	PA, QLC (1 inhaler/month)
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)

AL1 - Age 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
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)
BECONASE AQ (<i>beclomethasone diprop monohyd</i>) 42 MCG/SPRAY SUSPENSION	Tier 3	ST, QLC (1 bottle/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)
FLOVENT DISKUS (<i>fluticasone propionate (inhalation)</i>) 250 MCG/ACT AER POW BA	Tier 3	PA, QLC (4 inhalers/month)
FLOVENT DISKUS (<i>fluticasone propionate (inhalation)</i>) 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA	Tier 3	PA, QLC (1 inhaler/month)
FLOVENT HFA (<i>fluticasone propionate hfa</i>) 44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	Tier 3	PA, QLC (2 inhalers/month)
FLUTICASONE PROPIONATE DISKUS <i>(fluticasone propionate (inhalation))</i> 250 MCG/ACT AER POW BA	Tier 3	PA, QLC (4 inhalers/month)
FLUTICASONE PROPIONATE DISKUS <i>(fluticasone propionate (inhalation))</i> 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA	Tier 3	PA, QLC (1 inhaler/month)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	Tier 3	PA, QLC (2 inhalers/month)

AL1 - Age 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
PULMICORT (<i>budesonide (inhalation)</i>) 0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION	Tier 3	QLC (4 ml/day)
PULMICORT (<i>budesonide (inhalation)</i>) 1 MG/2ML SUSPENSION	Tier 3	QLC (2 ml/day)
PULMICORT FLEXHALER (<i>budesonide (inhalation)</i>) 90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA	Tier 2	QLC (2 inhalers/month)
QNASL (<i>beclomethasone dipropionate (nasal)</i>) 80 MCG/ACT AERO SOLN	Tier 3	ST, QLC (1 bottle (10.6 ml)/month)
QNASL CHILDRENS (<i>beclomethasone dipropionate (nasal)</i>) 40 MCG/ACT AERO SOLN	Tier 3	ST, QLC (1 bottle (6.8 ml)/month)
QVAR REDIHALER (<i>beclomethasone dipropionate hfa</i>) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA	Tier 2	QLC (2 inhalers/month)
XHANCE (<i>fluticasone propionate (nasal)</i>) 93 MCG/ACT EXHU	Tier 3	PA, QLC (2 bottles/month)
ANTIHISTAMINES (Drugs for Allergies)		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/</i>	Tier 1	QLC (1 bottle/25 days)
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	Tier 1	
CARBINOXAMINE MALEATE 6 MG TAB	Tier 1	PA, QLC (4 tabs/day)
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
CLARINEX (<i>desloratadine</i>) 5 MG TAB	Tier 3	
CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP	Tier 1	PA, QLC (60 ml/day)
CLEMASTINE FUMARATE 2.68 MG TAB	Tier 1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	Tier 1	PA, QLC (60 ml/day)
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	
DESLORATADINE 2.5 MG TAB DISP, 5 MG TAB DISP	Tier 1	ST
<i>desloratadine tab 5 mg</i>	Tier 1	
DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SOLUTION	Tier 1	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)

AL1 - Age 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>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>olopatadine hcl nasal soln 0.6%</i>	Tier 1	QLC (1 bottle/month)
PATANASE (<i>olopatadine hcl (nasal)</i>) 0.6 % SOLUTION	Tier 3	QLC (1 bottle/month)
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	Tier 1	
RYCLORA (<i>dexchlorpheniramine maleate</i>) 2 MG/5ML SOLUTION	Tier 1	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)
RYVENT (<i>carbinoxamine maleate</i>) 6 MG TAB	Tier 1	PA, QLC (4 tabs/day)
VISTARIL (<i>hydroxyzine pamoate</i>) 25 MG CAP, 50 MG CAP	Tier 3	
ANTILEUKOTRIENES (Drugs for Asthma)		
ACCOLATE (<i>zafirlukast</i>) 10 MG TAB, 20 MG TAB	Tier 3	
<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)
SINGULAIR (<i>montelukast sodium</i>) 4 MG CHEW TAB, 5 MG CHEW TAB, 10 MG TAB	Tier 3	QLC (1 tab/day)
SINGULAIR (<i>montelukast sodium</i>) 4 MG PACKET	Tier 3	QLC (1 pack/day)
<i>zafirlukast tab 10 mg</i>	Tier 1	
<i>zafirlukast tab 20 mg</i>	Tier 1	
<i>zileuton tab er 12hr 600 mg</i> (ZILEUTON ER)	Tier 1	PA

AL1 - Age 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
------------------------	-----------	----------------------------------

ZYFLO (<i>zileuton</i>) 600 MG TAB	Tier 3	PA
--------------------------------------	--------	----

BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)

ATROVENT HFA (<i>ipratropium bromide hfa</i>) 17 MCG/ACT AERO SOLN	Tier 2	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)
<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)
LONHALA MAGNAIR REFILL KIT (<i>glycopyrrolate (inhalation)</i>) 25 MCG/ML SOLUTION	Tier 4	PA, QLC (2 vials/day)
LONHALA MAGNAIR STARTER KIT (<i>glycopyrrolate (inhalation)</i>) 25 MCG/ML SOLUTION	Tier 4	PA, QLC (2 vials/day)
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)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	Tier 3	PA, QLC (30 caps/month)
TUDORZA PRESSAIR (<i>aclidinium bromide</i>) 400 MCG/ACT AER POW BA	Tier 3	ST, QLC (1 inhaler/month)
YUPELRI (<i>revefenacin</i>) 175 MCG/3ML SOLUTION	Tier 4	PA, QLC (3 ml/day)

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)

AL1 - Age 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
ALBUTEROL SULFATE ER ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H	Tier 1	
<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	
<i>albuterol sulfate tab 2 mg</i>	Tier 1	
<i>albuterol sulfate tab 4 mg</i>	Tier 1	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Tier 1	QLC (120 ml/month)
AUVI-Q (<i>epinephrine (anaphylaxis)</i>) UVI-0.1 MG/0.1ML SOLN -INJ, UVI-0.15 MG/0.15ML SOLN -INJ, UVI-0.3 MG/0.3ML SOLN -INJ	Tier 4	PA, QLC (4 injections/30 days; max 6 fills per year)
BROVANA (<i>arformoterol tartrate</i>) 15 MCG/2ML NEBU SOLN	Tier 3	QLC (120 ml/month)
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)
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>formoterol fumarate soln nebu 20 mcg/2ml</i>	Tier 1	QLC (120 ml/month)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	QLC (90 nebs/month)

AL1 - Age 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>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)
NEFFY (<i>epinephrine (anaphylaxis)</i>) 2 MG/0.1ML SOLUTION	Tier 3	PA, QLC (4 sprayers/30 days; max 6 fills/year)
PERFOROMIST (<i>formoterol fumarate</i>) 20 MCG/2ML NEBU SOLN	Tier 3	QLC (120 ml/month)
PROAIR DIGIHALER (<i>albuterol sulfate with sensor</i>) 108 (90 BASE) MCG/ACT AER POW BA	Tier 3	PA, QLC (2 inhalers/month)
PROAIR HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	Tier 3	QLC (2 inhalers/month)
PROAIR RESPICLICK (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AER POW BA	Tier 3	ST, QLC (2 inhalers/month)
PROVENTIL HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	Tier 3	QLC (2 inhalers/month)
SEREVENT DISKUS (<i>salmeterol xinafoate</i>) 50 MCG/ACT AER POW BA	Tier 2	QLC (1 inhaler/month)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>) 2.5 MCG/ACT AERO SOLN	Tier 2	QLC (1 inhaler/month)
SYMJEPI (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.3ML SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR	Tier 3	PA, QLC (4 injections/30 days; max 6 fills per year)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	
VENTOLIN HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	Tier 3	QLC (2 inhalers/month)
XOPENEX HFA (<i>levalbuterol tartrate</i>) 45 MCG/ACT AEROSOL	Tier 3	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
CYSTIC FIBROSIS AGENTS		
ALYFTREK (<i>vanzacaftor-tezacaftor-deutivacaftor</i>) 10-50-125 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (56 tabs/28 days)
ALYFTREK (<i>vanzacaftor-tezacaftor-deutivacaftor</i>) 4-20-50 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (84 tabs/28 days)

AL1 - Age 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
BETHKIS (<i>tobramycin</i>) 300 MG/4ML NEBU SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 box (224 ml)/2 months)
BRONCHITOL (<i>mannitol (cystic fibrosis)</i>) 40 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (20 caps/day)
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)
KITABIS PAK (<i>tobramycin</i>) 300 MG/5ML NEBU SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 100-125 MG PACKET, 150-188 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (2 packs/day)
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 100-125 MG TAB, 200-125 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 75-94 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (2 packets/day)
PULMOZYME (<i>dornase alfa</i>) 2.5 MG/2.5ML SOLUTION	Tier 4	S (Specialty Drug), QLC (5 ml/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)
TOBI (<i>tobramycin</i>) 300 MG/5ML NEBU SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
TOBI PODHALER (<i>tobramycin</i>) 28 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (224 caps/2 months)
<i>tobramycin nebu soln 300 mg/4ml</i>	Tier 4	PA, S (Specialty Drug), QLC (1 box (224 ml)/2 months)
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 4	PA, S (Specialty Drug), QLC (1 box/2 months)
TRIKAFTA (<i>elixacaftor-tezacaftor-ivacaftor</i>) 50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
TRIKAFTA (<i>elixacaftor-tezacaftor-ivacaftor</i>) 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK	Tier 4	PA, LA, S (Specialty Drug), QLC (2 packs/day)
MAST CELL STABILIZERS (Drugs to Block Mast Cells)		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	QLC (2 boxes/month)

AL1 - Age 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
------------------------	-----------	----------------------------------

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	
DALIRESP (<i>roflumilast</i>) 250 MCG TAB	Tier 3	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
DALIRESP (<i>roflumilast</i>) 500 MCG TAB	Tier 3	PA, QLC (1 tab/day)
OHTUVAYRE (<i>ensifentrine</i>) 3 MG/2.5ML SUSPENSION	Tier 4	PA, LA, S (Specialty Drug), QLC (2 ampules (5 ml)/day)
<i>roflumilast tab 250 mcg</i>	Tier 1	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
<i>roflumilast tab 500 mcg</i>	Tier 1	PA, QLC (1 tab/day)
THEO-24 (<i>theophylline</i>) -24 100 MG CAP ER 24H, -24 200 MG CAP ER 24H, -24 300 MG CAP ER 24H, -24 400 MG CAP ER 24H	Tier 2	
<i>theophylline elixir 80 mg/15ml</i>	Tier 1	
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)

ADCIRCA (<i>tadalafil (pulmonary hypertension)</i>) 20 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
ADEMPAS (<i>riociguat</i>) 0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
<i>ambrisentan tab 10 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)

AL1 - Age 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>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)
LETAIRIS (<i>ambrisentan</i>) 5 MG TAB, 10 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
LIQREV (<i>sildenafil citrate (pulmonary hypertension)</i>) 10 MG/ML SUSPENSION	Tier 4	PA, S (Specialty Drug), QLC (6 ml/day)
OPSUMIT (<i>macitentan</i>) 10 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
OPSYNVI (<i>macitentan-tadalafil</i>) 10-20 MG TAB, 10-40 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)
REVATIO (<i>sildenafil citrate (pulmonary hypertension)</i>) 10 MG/ML RECON SUSP	Tier 4	PA, S (Specialty Drug), QLC (12 ml/day)
REVATIO (<i>sildenafil citrate (pulmonary hypertension)</i>) 20 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (12 tabs/day)
<i>sildenafil citrate for suspension 10 mg/ml</i>	Tier 4	PA, S (Specialty Drug), QLC (12 ml/day)
<i>sildenafil citrate tab 20 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (12 tabs/day)
tadalafil tab 20 mg (pah) (Alyq)	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)

AL1 - Age 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>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
TADLIQ (<i>tadalafil (pulmonary hypertension)</i>) 20 MG/5ML SUSPENSION	Tier 4	PA, S (Specialty Drug), QLC (10 ml/day)
TRACLEER (<i>bosentan</i>) 32 MG TAB SOL	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
TRACLEER (<i>bosentan</i>) 62.5 MG TAB, 125 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
TYVASO DPI MAINTENANCE KIT (<i>treprostinil</i>) 112 X 32MCG & 112 X 48MCG POWDER	Tier 4	PA, LA, S (Specialty Drug), QLC (8 cartridges/day)
TYVASO DPI MAINTENANCE KIT (<i>treprostinil</i>) KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER	Tier 4	PA, LA, S (Specialty Drug), QLC (4 cartridges/day)
TYVASO DPI TITRATION KIT (<i>treprostinil</i>) 112 X 16MCG & 84 X 32MCG POWDER	Tier 4	PA, LA, S (Specialty Drug), QLC (1 kit/6 months)
TYVASO DPI TITRATION KIT (<i>treprostinil</i>) 16 & 32 & 48 MCG POWDER	Tier 4	PA, LA, S (Specialty Drug), QLC (1 kit (252 units)/6 months)
UPTRAVI (<i>selexipag</i>) 200 & 800 MCG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (200 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 200 MCG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (pckg size #60= 2 tabs/day; pckg size #140= 140 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
WINREVAIR (<i>sotatercept-csrk</i>) 2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT	Tier 4	PA, LA, S (Specialty Drug), QLC (1 kit/21 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET (<i>pirfenidone</i>) 267 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (9 caps/day)
ESBRIET (<i>pirfenidone</i>) 267 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)
ESBRIET (<i>pirfenidone</i>) 801 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
OFEV (<i>nintedanib esylate</i>) 100 MG CAP, 150 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)

AL1 - Age 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
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 1	
<i>acetylcysteine inhal soln 20%</i>	Tier 1	
ADVAIR DISKUS (<i>fluticasone-salmeterol</i>) 100-50 MCG/ACT AER POW BA, 250-50 MCG/ACT AER POW BA, 500-50 MCG/ACT AER POW BA	Tier 3	QLC (1 inhaler/month)
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)
AIRDUO DIGIHALER (<i>fluticasone-salmeterol with sensor</i>) 55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA	Tier 3	PA, QLC (1 inhaler/month)
AIRDUO RESPICLICK 113/14 (<i>fluticasone-salmeterol</i>) /-MCG/ACT AER POW BA	Tier 3	QLC (1 inhaler/month)
AIRDUO RESPICLICK 232/14 (<i>fluticasone-salmeterol</i>) /-MCG/ACT AER POW BA	Tier 3	QLC (1 inhaler/month)
AIRDUO RESPICLICK 55/14 (<i>fluticasone-salmeterol</i>) /-MCG/ACT AER POW BA	Tier 3	QLC (1 inhaler/month)
AIRSUPRA (<i>albuterol-budesonide</i>) 90- 80 MCG/ACT AEROSOL	Tier 3	PA, QLC (3 inhalers/30 days)
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>) 62.5-25 MCG/ACT AER POW BA	Tier 2	QLC (1 inhaler/month)
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> (AZELASTINE- FLUTICASONE)	Tier 1	QLC (1 bottle/month)
BENZONATATE 150 MG CAP	Tier 1	

AL1 - Age 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>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 150 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
BEVESPI AEROSPHERE (<i>glycopyrrolate-formoterol fumarate</i>) 9-4.8 MCG/ACT AEROSOL	Tier 3	ST, QLC (1 inhaler/month)
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)
BREZTRI AEROSPHERE (<i>budesonide-glycopyrrolate-formoterol fumarate</i>) 160-9-4.8 MCG/ACT AEROSOL	Tier 3	PA, QLC (1 inhaler/30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Tier 1	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd)	Tier 1	QLC (1 inhaler/month)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Tier 1	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd)	Tier 1	QLC (1 inhaler/month)
CLARINEX-D 12 HOUR (<i>desloratadine-pseudoephedrine</i>) -2.5-0 MG TAB ER H	Tier 3	ST
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>) 20-100 MCG/ACT AEROSOLN	Tier 2	QLC (1 inhaler/month)
DUAKLIR PRESSAIR (<i>aclidinium bromide-formoterol fumarate</i>) 400-12 MCG/ACT AER POW BA	Tier 3	ST, QLC (1 inhaler/30 days)
DULERA (<i>mometasone furoate-formoterol fumarate dihydrate</i>) 50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL	Tier 3	PA, QLC (1 inhaler/month)
DYMISTA (<i>azelastine hcl-fluticasone propionate</i>) 137-50 MCG/ACT SUSPENSION	Tier 3	QLC (1 bottle/month)
FASENRA PEN (<i>benralizumab</i>) 30 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 pen/56 days)
<i>flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)</i>	Tier 1	QLC (2 bottles/month)

AL1 - Age 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
FLUTICASONE FUROATE-VILANTEROL -100-25 MCG/ACT AER POW BA, -200-25 MCG/ACT AER POW BA	Tier 3	PA, QLC (1 inhaler/month)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QLC (1 bottle/month)
FLUTICASONE-SALMETEROL -45-21 MCG/ACT AEROSOL, -115-21 MCG/ACT AEROSOL, -230-21 MCG/ACT AEROSOL	Tier 3	PA, QLC (1 inhaler/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)
HYCODAN (<i>hydrocodone bitartrate-homatropine methylbromide</i>) 5-1.5 MG/5ML SOLUTION	Tier 3	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
HYCODAN (<i>hydrocodone w/homatropine</i>) 5-1.5 MG TAB	Tier 3	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/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)

AL1 - Age 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
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)
HYPERSAL (<i>sodium chloride (inhalant)</i>) 3.5 % NEBU SOLN, 7 % NEBU SOLN	Tier 3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QLC (6 boxes [30 doses/box]/month)
NEBUSAL (<i>sodium chloride (inhalant)</i>) 6 % SOLN	Tier 3	
NUCALA (<i>mepolizumab</i>) 100 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (3 syringes/28 days)
NUCALA (<i>mepolizumab</i>) 40 MG/0.4ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
NUCALA (<i>mepolizumab</i>) NUCL100 MG/ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (3 auto-injectors/28 days)
OMNARIS (<i>ciclesonide (nasal)</i>) 50 MCG/ACT SUSPENSION	Tier 3	ST, QLC (1 bottle/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	

AL1 - Age 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>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	
RYALTRIS (<i>olopatadine hcl-mometasone furoate</i>) 665-25 MCG/ACT SUSPENSION	Tier 3	ST, QLC (29 gm/30 days)
<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	
sodium chloride soln nebu 7% (Pulmosal)	Tier 1	
STIOLTO RESPIMAT (<i>tiotropium bromide-olodaterol hcl</i>) 2.5-2.5 MCG/ACT AERO SOLN	Tier 3	ST, QLC (1 inhaler/month)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) 160-4.5 MCG/ACT AEROSOL	Tier 3	QLC (1 inhaler/month)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) 80-4.5 MCG/ACT AEROSOL	Tier 3	QLC (1 inhaler/month)
TESSALON PERLES (<i>benzonatate</i>) 100 MG CAP	Tier 3	
TEZSPIRE (<i>tezepelumab-ekko</i>) 210 MG/1.91ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
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)
TUSSICAPS (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>) TUSSIS 10-8 MG ER 12H	Tier 3	PA, AL1 (At least 18 yrs old), QLC (2 caps/day; max 7 days therapy/month)
TUXARIN ER (<i>chlorpheniramine w/codeine</i>) 54.3-8 MG TAB 12H	Tier 3	AL1 (At least 18 yrs old), QLC (2 tabs/day; max 14 tabs/30 days)
TUZISTRA XR (<i>codeine polistirex-chlorpheniramine polistirex</i>) 14.7-2.8 MG/5ML SUSP	Tier 3	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)

AL1 - Age 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
UTIBRON NEOHALER (<i>indacaterol maleate-glycopyrrolate</i>) 27.5-15.6 MCG CAP	Tier 3	ST, QLC (1 inhaler[60 caps]/month)
ZETONNA (<i>ciclesonide (nasal)</i>) 37 MCG/ACT AERO SOLN	Tier 3	ST, QLC (1 bottle/month)

SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)

AMRIX (<i>cyclobenzaprine hcl</i>) 15 MG CAP ER 24H, 30 MG CAP ER 24H	Tier 3	ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)
<i>carisoprodol tab 250 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<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>chlorzoxazone tab 250 mg</i>	Tier 1	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 375 mg</i>	Tier 1	PA, QLC (4 tabs/day)
chlorzoxazone tab 375 mg (Lorzone)	Tier 3	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 750 mg</i>	Tier 1	PA, QLC (4 tabs/day)
chlorzoxazone tab 750 mg (Lorzone)	Tier 3	PA, QLC (4 tabs/day)
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i> (CYCLOBENZAPRINE HCL ER)	Tier 1	ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i> (CYCLOBENZAPRINE HCL ER)	Tier 1	ST, AL1 (Up to 64 yrs old), QLC (1 CAP/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>cyclobenzaprine hcl tab 7.5 mg</i>	Tier 1	ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day)
cyclobenzaprine hcl tab 7.5 mg (Fexmid)	Tier 1	ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day)
<i>metaxalone tab 400 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>metaxalone tab 800 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
METHOCARBAMOL 1000 MG TAB	Tier 1	PA, QLC (4 tabs/day)

AL1 - Age 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>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)
NORGESIC FORTE (<i>orphenadrine w/ aspirin & caff</i>) 50-770-60 MG TAB	Tier 3	PA, QLC (4 tabs/day)
<i>orphenadrine citrate tab er 12hr 100 mg</i> (ORPHENADRINE CITRATE ER)	Tier 1	AL1 (Up to 64 yrs old)
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg (Norgesic)	Tier 1	PA, QLC (8 tabs/day)
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i> (ORPHENADRINE-ASPIRIN-CAFFEINE)	Tier 1	PA, QLC (8 tabs/day)
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i> (ORPHENADRINE-ASA-CAFFEINE)	Tier 1	PA, QLC (4 tabs/day)
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Orphengesic Forte)	Tier 1	PA, QLC (4 tabs/day)
ROBAXIN-750 (<i>methocarbamol</i>) -MG TAB	Tier 3	AL1 (Up to 64 yrs old)
SKELAXIN (<i>metaxalone</i>) 800 MG TAB	Tier 3	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
SOMA (<i>carisoprodol</i>) 250 MG TAB, 350 MG TAB	Tier 3	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
TANLOR (<i>methocarbamol</i>) 1000 MG TAB	Tier 1	PA, QLC (4 tabs/day)

SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

SLEEP PROMOTING AGENTS (Drugs for Insomnia)

AMBIEN (<i>zolpidem tartrate</i>) 10 MG TAB	Tier 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
AMBIEN (<i>zolpidem tartrate</i>) 5 MG TAB	Tier 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
AMBIEN CR (<i>zolpidem tartrate</i>) 12.5 MG TAB ER	Tier 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
AMBIEN CR (<i>zolpidem tartrate</i>) 6.25 MG TAB ER	Tier 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
BELSOMRA (<i>suvorexant</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	Tier 3	ST, QLC (1 tab/day)
DAYVIGO (<i>lemborexant</i>) 5 MG TAB, 10 MG TAB	Tier 3	ST, QLC (1 tab/day)

AL1 - Age 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>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 1	ST, QLC (1 tab/day)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 1	ST, QLC (1 tab/day)
EDLUAR (<i>zolpidem tartrate</i>) 5 MG SL TAB, 10 MG SL TAB	Tier 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
<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)
FLURAZEPAM HCL 15 MG CAP	Tier 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
FLURAZEPAM HCL 30 MG CAP	Tier 1	AL1 (Up to 64 yrs old), QLC (1 cap/day)
HALCION (<i>triazolam</i>) 0.25 MG TAB	Tier 3	QLC (2 tabs/day)
HETLIOZ (<i>tasimelton</i>) 20 MG CAP	Tier 4	PA, LA, QLC (1 cap/day)
HETLIOZ LQ (<i>tasimelton</i>) 4 MG/ML SUSPENSION	Tier 4	PA, LA, QLC (5.27 ml/day)
LUNESTA (<i>eszopiclone</i>) 1 MG TAB, 2 MG TAB, 3 MG TAB	Tier 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
QUVIVIQ (<i>daridorexant hcl</i>) 25 MG TAB, 50 MG TAB	Tier 3	ST, QLC (1 tab/day)
<i>ramelteon tab 8 mg</i>	Tier 1	ST, QLC (1 tab/day)
RESTORIL (<i>temazepam</i>) 15 MG CAP	Tier 3	QLC (2 caps/day)
RESTORIL (<i>temazepam</i>) 22.5 MG CAP, 30 MG CAP	Tier 3	QLC (1 cap/day)
RESTORIL (<i>temazepam</i>) 7.5 MG CAP	Tier 3	QLC (4 caps/day)
ROZEREM (<i>ramelteon</i>) 8 MG TAB	Tier 3	ST, QLC (1 tab/day)
SILENOR (<i>doxepin hcl (sleep)</i>) 3 MG TAB, 6 MG TAB	Tier 3	ST, QLC (1 tab/day)
<i>tasimelton capsule 20 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
<i>temazepam cap 15 mg</i>	Tier 1	QLC (2 caps/day)
<i>temazepam cap 22.5 mg</i>	Tier 1	QLC (1 cap/day)

AL1 - Age 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>temazepam cap 30 mg</i>	Tier 1	QLC (1 cap/day)
<i>temazepam cap 7.5 mg</i>	Tier 1	QLC (4 caps/day)
<i>triazolam tab 0.125 mg</i>	Tier 1	QLC (4 tabs/day)
<i>triazolam tab 0.25 mg</i>	Tier 1	QLC (2 tabs/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)
ZOLPIDEM TARTRATE 1.75 MG SL TAB, 3.5 MG SL TAB	Tier 1	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
ZOLPIDEM TARTRATE 7.5 MG CAP	Tier 3	AL1 (Up to 64 yrs old), QLC (1 cap/day)
<i>zolpidem tartrate sl tab 1.75 mg</i>	Tier 1	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate sl tab 3.5 mg</i>	Tier 1	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
<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 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab er 6.25 mg</i> (ZOLPIDEM TARTRATE ER)	Tier 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
ZOLPIMIST (<i>zolpidem tartrate</i>) 5 MG/ACT SOLUTION	Tier 3	PA, AL1 (Up to 64 yrs old), QLC (1 bottle/month)

WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)

<i>armodafinil tab 150 mg</i>	Tier 1	PA, QLC (1 tab/day)
<i>armodafinil tab 200 mg</i>	Tier 1	PA, QLC (1 tab/day)
<i>armodafinil tab 250 mg</i>	Tier 1	PA, QLC (1 tab/day)
<i>armodafinil tab 50 mg</i>	Tier 1	PA, QLC (2 tabs/day)
LUMRYZ (<i>sodium oxybate</i>) 4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/day)
LUMRYZ STARTER PACK (<i>sodium oxybate</i>) 4.5 & 6 & 7.5 GM THER	Tier 4	PA, S (Specialty Drug), QLC (56 packets/365 days)
<i>modafinil tab 100 mg</i>	Tier 1	QLC (3 tabs/day)

AL1 - Age 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>modafinil tab 200 mg</i>	Tier 1	QLC (2 tabs/day)
NUVIGIL (<i>armodafinil</i>) 150 MG TAB, 200 MG TAB, 250 MG TAB	Tier 3	PA, QLC (1 tab/day)
NUVIGIL (<i>armodafinil</i>) 50 MG TAB	Tier 3	PA, QLC (2 tabs/day)
PROVIGIL (<i>modafinil</i>) 100 MG TAB	Tier 3	QLC (3 tabs/day)
PROVIGIL (<i>modafinil</i>) 200 MG TAB	Tier 3	QLC (2 tabs/day)
SODIUM OXYBATE 500 MG/ML SOLUTION	Tier 4	PA, LA, QLC (3 bottles/month)
SUNOSI (<i>solriamfetol hcl</i>) 75 MG TAB, 150 MG TAB	Tier 3	PA, QLC (1 tab/day)
WAKIX (<i>pitolisant hcl</i>) 4.45 MG TAB, 17.8 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
XYREM (<i>sodium oxybate</i>) 500 MG/ML SOLUTION	Tier 4	PA, LA, QLC (3 bottles/month)
XYWAV (<i>calcium, magnesium, potassium, & sodium oxybates</i>) 500 MG/ML SOLUTION	Tier 4	PA, LA, QLC (18 ml/day)

Uncategorized

Unclassified

PYZCHIVA (<i>ustekinumab-ttwe</i>) 45 MG/0.5ML SOLN PRSYR	Tier 4	PA, LA, QLC (1 syringe/84 days)
---	--------	---------------------------------

WEIGHT LOSS AGENTS

SAXENDA (<i>liraglutide (weight management)</i>) 18 MG/3ML SOLN PEN	Tier 3	PA, QLC (5 pens/month)
WEGOVY (<i>semaglutide (weight management)</i>) 0.25 MG/0.5ML SOLN - INJ, 0.5 MG/0.5ML SOLN -INJ, 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ	Tier 3	PA, QLC (4 pens/month)
WEGOVY (<i>semaglutide (weight management)</i>) 1 MG/0.5ML SOLN -INJ	Tier 3	PA, QLC (4 pens/28 days)
ZEPBOUND (<i>tirzepatide (weight management)</i>) 2.5 MG/0.5ML SOLN - INJ, 5 MG/0.5ML SOLN -INJ, 7.5 MG/0.5ML SOLN -INJ, 10 MG/0.5ML SOLN -INJ, 12.5 MG/0.5ML SOLN -INJ, 15 MG/0.5ML SOLN -INJ	Tier 3	PA, QLC (4 pens/28 days)

AL1 - Age 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

Alphabetical Index of Prescription Drugs

*

*betaine powder for oral solution*** 222
 *pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (Multi-Vitamin/Fluoride/Iron) . . . 198
 *sodium polystyrene sulfonate powder** 211

A

abacavir sulfate soln 20 mg/ml (base equiv) . . 99
 abacavir sulfate tab 300 mg (base equiv) . . . 99
 abacavir sulfate-lamivudine tab 600-300 mg 99
 abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Abacavir-Lamivudine-Zidovudine) 99
 Abilify (aripiprazole) 89
 Abilify MyCite (aripiprazole) 89
 Abilify MyCite Maintenance Kit (aripiprazole with sensor, strips, & pod) 90
 Abilify MyCite Starter Kit (aripiprazole with sensor, strips, & pod) 90
 abiraterone acetate tab 250 mg 67
 abiraterone acetate tab 500 mg 67
 Abrilada (1 Pen) (adalimumab-afzb) 272
 Abrilada (2 Pen) (adalimumab-afzb) 272
 Abrilada (2 Syringe) (adalimumab-afzb) 272
 Absorica (isotretinoin) 178
 Absorica LD (isotretinoin micronized) 178
 acamprosate calcium tab delayed release 333 mg 20
 Acanya (clindamycin phosphate-benzoyl peroxide) 178
 acarbose tab 100 mg 108
 acarbose tab 25 mg 108
 acarbose tab 50 mg 108
 Accolate (zafirlukast) 306
 Accupril (quinapril hcl) 129
 Accuretic (quinapril-hydrochlorothiazide) 141
 acebutolol hcl cap 200 mg 133
 acebutolol hcl cap 400 mg 133

acetaminophen w/ codeine soln 120-12 mg/5ml (Acetaminophen-Codeine) 12
 acetaminophen w/ codeine tab 300-15 mg (Acetaminophen-Codeine) 12
 acetaminophen w/ codeine tab 300-30 mg (Acetaminophen-Codeine) 12
 acetaminophen w/ codeine tab 300-60 mg (Acetaminophen-Codeine) 12
 Acetaminophen-Codeine (acetaminophen w/ codeine) 12
 acetazolamide cap er 12hr 500 mg (AcetaZOLAMIDE ER) 301
 acetazolamide tab 125 mg 141
 acetazolamide tab 250 mg 141
 acetic acid otic soln 2% 302
 acetylcysteine inhal soln 10% 314
 acetylcysteine inhal soln 20% 314
 Aciphex (rabeprazole sodium) 221
 acitretin cap 10 mg 178
 acitretin cap 17.5 mg 178
 acitretin cap 25 mg 178
 Actemra (tocilizumab) 267
 Actemra ACTPen (tocilizumab) 268
 Acthar (corticotropin) 232
 Acthar Gel (corticotropin) 232
 Acticlate (doxycycline hyclate) 31
 Actimmune (interferon gamma-1b) 272
 Actiq (fentanyl citrate) 12
 Activella (estradiol & norethindrone acetate) 258
 Actonel (risedronate sodium) 283,284
 Actoplus Met (pioglitazone hcl-metformin hcl) 108
 Actos (pioglitazone hcl) 108
 Acular (ketorolac tromethamine (ophth)) 298
 Acular LS (ketorolac tromethamine (ophth)) . 298
 Acuvail (ketorolac tromethamine (ophth)) . . . 298
 acyclovir cap 200 mg 104
 acyclovir cream 5% 196
 acyclovir oint 5% 196
 acyclovir susp 200 mg/5ml 104
 acyclovir tab 400 mg 104

acyclovir tab 800 mg	104	Adzenys XR-ODT (amphetamine)	161
Aczone (dapsona (topical))	196	Aemcolo (rifamycin sodium)	215
Adalimumab-aacf (2 Pen)	272	AeroChamber Holding Chamber	286
Adalimumab-aacf (2 Syringe)	272	AeroChamber Mini Chamber	286
Adalimumab-aacf(CD/UC/HS Strt)	273	AeroChamber MV	286
Adalimumab-aacf(Ps/UV Starter)	273	AeroChamber Pls FloVu Mthpiece	286
Adalimumab-aaty (1 Pen)	273	AeroChamber Plus Flo-Vu	286
Adalimumab-aaty (2 Pen)	273	AeroChamber Plus Flo-Vu Interim	286
Adalimumab-aaty (2 Syringe)	273	AeroChamber Plus Flo-Vu Large	286
Adalimumab-adaz	273	AeroChamber Plus Flo-Vu Medium	286
Adalimumab-adbm (2 Pen)	273	AeroChamber Plus Flo-Vu Small	286
Adalimumab-adbm (2 Syringe)	273	AeroChamber Plus Flo-Vu w/Mask	286
Adalimumab-adbm(CD/UC/HS Strt)	273	AeroChamber Plus Flow VU	286
Adalimumab-adbm(Ps/UV Starter)	273	AeroChamber w/FLOWSIGnal	286
Adalimumab-fkjp (2 Pen)	274	AeroChamber Z-Stat Plus	286
Adalimumab-fkjp (2 Syringe)	274	AeroChamber Z-Stat Plus Chambr	286
Adalimumab-ryvk (2 Pen)	274	AeroChamber Z-Stat Plus/Large	286
Adalimumab-ryvk (2 Syringe)	274	AeroChamber Z-Stat Plus/Medium	286
Adapalene	178	AeroChamber Z-Stat Plus/Small	286
adapalene cream 0.1%	178	AeroVent Plus	286
adapalene gel 0.3%	178	Afinitor (everolimus)	70
adapalene-benzoyl peroxide gel 0.1-2.5%	178	Afinitor Disperz (everolimus)	70
adapalene-benzoyl peroxide gel 0.3-2.5%	178	Afrezza (insulin regular (human))	116
Adbry (tralokinumab-ldrm)	182	Agamree (vamorolone)	223
Adcirca (tadalafil (pulmonary hypertension))	311	Agrylin (anagrelide hcl)	122
Adderall (amphetamine-dextroamphetamine)	160	Aimovig (erenumab-aooe)	61
Adderall XR (amphetamine-dextroamphetamine)	161	AirDuo Digihaler (fluticasone-salmeterol with sensor)	314
adefovir dipivoxil tab 10 mg	95	AirDuo RespiClick 113/14 (fluticasone-salmeterol)	314
Adempas (riociguat)	311	AirDuo RespiClick 232/14 (fluticasone-salmeterol)	314
Adipex-P (phentermine hcl)	170	AirDuo RespiClick 55/14 (fluticasone-salmeterol)	314
Adlarity (donepezil hydrochloride)	45	Airsupra (albuterol-budesonide)	314
Adlyxin (lixisenatide)	108	Ajovy (fremanezumab-vfrm)	61
Adlyxin Starter Pack (lixisenatide)	108	Akeega (niraparib tosylate-abiraterone acetate)	69
Admelog (insulin lispro)	115	Aklief (trifarotene)	178
Admelog SoloStar (insulin lispro)	115	Akynzeo (netupitant-palonosetron)	56
Adthyza (thyroid)	261	Ala Scalp (hydrocortisone (topical))	182
Advair Diskus (fluticasone-salmeterol)	314		
Advair HFA (fluticasone-salmeterol)	314		
Adzenys ER (amphetamine)	161		

albendazole tab 200 mg	81	allopurinol tab 100 mg	60
Albenza (albendazole)	81	allopurinol tab 200 mg	60
albuterol hfa (generic Proair HFA)	307	allopurinol tab 300 mg	60
albuterol hfa (generic proventil hfa)	307	Allzital (butalbital-acetaminophen)	170
albuterol hfa (generic ventolin hfa)	307	almotriptan malate tab 12.5 mg	62
Albuterol Sulfate	307	almotriptan malate tab 6.25 mg	62
Albuterol Sulfate ER	308	Alocril (nedocromil sodium (ophth))	296
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Albuterol Sulfate HFA)	308	Alogliptin Benzoate	108
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	308	Alogliptin-Metformin HCl	108
albuterol sulfate soln nebu 0.5% (5 mg/ml)	308	Alogliptin-Pioglitazone	108
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	308	Alomide (Iodoxamide tromethamine)	296
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	308	Alora (estradiol)	241
albuterol sulfate syrup 2 mg/5ml	308	alosetron hcl tab 0.5 mg (base equiv)	215
albuterol sulfate tab 2 mg	308	alosetron hcl tab 1 mg (base equiv)	215
albuterol sulfate tab 4 mg	308	Alphagan P (brimonidine tartrate)	301
Alcaine (proparacaine hcl)	293	ALPRAZolam Intensol	105
Alclometasone Dipropionate	182	alprazolam orally disintegrating tab 0.25 mg	105
alclometasone dipropionate cream 0.05%	182	alprazolam orally disintegrating tab 0.5 mg	105
alclometasone dipropionate oint 0.05%	182	alprazolam orally disintegrating tab 1 mg	105
Aldactazide (spironolactone & hydrochlorothiazide)	141	alprazolam orally disintegrating tab 2 mg	105
Aldactone (spironolactone)	157	alprazolam tab 0.25 mg	105
Aldara (imiquimod)	189	alprazolam tab 0.5 mg	105
Alecensa (alectinib hcl)	70	alprazolam tab 1 mg	105
Alendronate Sodium	284	alprazolam tab 2 mg	105
alendronate sodium oral soln 70 mg/75ml	284	alprazolam tab er 24hr 0.5 mg (ALPRAZolam ER)	105
alendronate sodium tab 10 mg	284	alprazolam tab er 24hr 0.5 mg (ALPRAZolam XR)	105
alendronate sodium tab 35 mg	284	alprazolam tab er 24hr 1 mg (ALPRAZolam ER)	105
alendronate sodium tab 70 mg	284	alprazolam tab er 24hr 1 mg (ALPRAZolam XR)	105
alfuzosin hcl tab er 24hr 10 mg (Alfuzosin HCl ER)	229	alprazolam tab er 24hr 2 mg (ALPRAZolam ER)	105
aliskiren fumarate tab 150 mg (base equivalent)	141	alprazolam tab er 24hr 2 mg (ALPRAZolam XR)	105
aliskiren fumarate tab 300 mg (base equivalent)	141	alprazolam tab er 24hr 3 mg (ALPRAZolam ER)	105
Alkeran (melphalan)	66	alprazolam tab er 24hr 3 mg (ALPRAZolam XR)	105
Alkindi Sprinkle (hydrocortisone)	283	Alex (loteprednol etabonate)	298

Altabax (retapamulin).....	196	Amjevita (adalimumab-atto).....	274
Altace (ramipril).....	129	Amjevita-Ped 15kg to <30kg (adalimumab-atto).....	274
Altoprev (lovastatin).....	153	amlodipine besylate tab 10 mg (base equivalent).....	136
Altreno (tretinoin).....	178	amlodipine besylate tab 2.5 mg (base equivalent).....	136
Alunbrig (brigatinib).....	71	amlodipine besylate tab 5 mg (base equivalent).....	136
Alvaiz (eltrombopag choline).....	122,123	amlodipine besylate-atorvastatin calcium tab 10-10 mg (Amlodipine-Atorvastatin).....	142
Alvesco (ciclesonide).....	303	amlodipine besylate-atorvastatin calcium tab 10-20 mg (amLODIPine-Atorvastatin).....	142
Alyftrek (vanzacaftor-tezacaftor-deutivacaftor).....	309	amlodipine besylate-atorvastatin calcium tab 10-40 mg (Amlodipine-Atorvastatin).....	142
amantadine hcl cap 100 mg.....	83	amlodipine besylate-atorvastatin calcium tab 10-80 mg (amLODIPine-Atorvastatin).....	142
amantadine hcl soln 50 mg/5ml.....	83	amlodipine besylate-atorvastatin calcium tab 2.5-10 mg (Amlodipine-Atorvastatin).....	142
amantadine hcl tab 100 mg.....	83	amlodipine besylate-atorvastatin calcium tab 2.5-20 mg (amLODIPine-Atorvastatin).....	142
Amaryl (glimepiride).....	108	amlodipine besylate-atorvastatin calcium tab 2.5-40 mg (Amlodipine-Atorvastatin).....	142
Ambien (zolpidem tartrate).....	320	amlodipine besylate-atorvastatin calcium tab 5-10 mg (amLODIPine-Atorvastatin).....	142
Ambien CR (zolpidem tartrate).....	320	amlodipine besylate-atorvastatin calcium tab 5-20 mg (Amlodipine-Atorvastatin).....	142
ambrisentan tab 10 mg.....	311	amlodipine besylate-atorvastatin calcium tab 5-40 mg (amLODIPine-Atorvastatin).....	142
ambrisentan tab 5 mg.....	312	amlodipine besylate-atorvastatin calcium tab 5-80 mg (Amlodipine-Atorvastatin).....	142
Amcinonide.....	182	amlodipine besylate-benazepril hcl cap 10-20 mg (Amlodipine Besy-Benazepril HCl).....	142
amcinonide oint 0.1%.....	182	amlodipine besylate-benazepril hcl cap 10-40 mg (Amlodipine Besy-Benazepril HCl).....	142
Amerge (naratriptan hcl).....	62	amlodipine besylate-benazepril hcl cap 2.5-10 mg (Amlodipine Besy-Benazepril HCl).....	142
amiloride & hydrochlorothiazide tab 5-50 mg (AMILoride-HydroCHLOROthiazide).....	141	amlodipine besylate-benazepril hcl cap 5-10 mg (Amlodipine Besy-Benazepril HCl).....	142
amiloride hcl tab 5 mg.....	151	amlodipine besylate-benazepril hcl cap 5-20 mg (Amlodipine Besy-Benazepril HCl).....	142
AMILoride-HydroCHLOROthiazide (amiloride & hydrochlorothiazide).....	141	amlodipine besylate-benazepril hcl cap 5-40 mg (Amlodipine Besy-Benazepril HCl).....	142
aminocaproic acid oral soln 0.25 gm/ml.....	125	amlodipine besylate-benazepril hcl cap 5-80 mg (Amlodipine Besy-Benazepril HCl).....	142
aminocaproic acid tab 1000 mg.....	125	amlodipine besylate-benazepril hcl cap 5-20 mg (Amlodipine Besy-Benazepril HCl).....	143
aminocaproic acid tab 500 mg.....	125		
amiodarone hcl tab 100 mg.....	131		
amiodarone hcl tab 100 mg (Pacerone).....	131		
amiodarone hcl tab 200 mg.....	131		
amiodarone hcl tab 200 mg (Pacerone).....	131		
amiodarone hcl tab 400 mg.....	131		
amiodarone hcl tab 400 mg (Pacerone).....	131		
Amitiza (lubiprostone).....	213		
amitriptyline hcl tab 10 mg.....	53		
amitriptyline hcl tab 100 mg.....	53		
amitriptyline hcl tab 150 mg.....	53		
amitriptyline hcl tab 25 mg.....	53		
amitriptyline hcl tab 50 mg.....	53		
amitriptyline hcl tab 75 mg.....	53		

amlodipine besylate-benazepril hcl cap 5-40 mg (Amlodipine Besy-Benazepril HCl)	143	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml (Amoxicillin-Pot Clavulanate)	27
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Amlodipine-Olmesartan)	143	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Amoxicillin-Pot Clavulanate)	27
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Amlodipine-Olmesartan)	143	amoxicillin & k clavulanate for susp 400-57 mg/5ml (Amoxicillin-Pot Clavulanate)	27
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Amlodipine-Olmesartan)	143	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Amoxicillin-Pot Clavulanate)	27
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (amLODIPine-Olmesartan)	143	amoxicillin & k clavulanate tab 250-125 mg (Amoxicillin-Pot Clavulanate)	27
amlodipine besylate-valsartan tab 10-160 mg	143	amoxicillin & k clavulanate tab 500-125 mg (Amoxicillin-Pot Clavulanate)	27
amlodipine besylate-valsartan tab 10-320 mg	143	amoxicillin & k clavulanate tab 875-125 mg (Amoxicillin-Pot Clavulanate)	27
amlodipine besylate-valsartan tab 5-160 mg	143	amoxicillin (trihydrate) cap 250 mg	27
amlodipine besylate-valsartan tab 5-320 mg	143	amoxicillin (trihydrate) cap 500 mg	27
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Amlodipine-Valsartan-HCTZ)	143	amoxicillin (trihydrate) for susp 125 mg/5ml	27
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (amLODIPine-Valsartan-HCTZ)	143	amoxicillin (trihydrate) for susp 200 mg/5ml	27
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Amlodipine-Valsartan-HCTZ)	143	amoxicillin (trihydrate) for susp 250 mg/5ml	27
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (amLODIPine-Valsartan-HCTZ)	143	amoxicillin (trihydrate) for susp 400 mg/5ml	27
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Amlodipine-Valsartan-HCTZ)	143	amoxicillin (trihydrate) tab 500 mg	27
amoxapine tab 100 mg	53	amoxicillin (trihydrate) tab 875 mg	27
amoxapine tab 150 mg	53	Amoxicillin-Pot Clavulanate (amoxicillin & pot clavulanate)	27
amoxapine tab 25 mg	53	Amoxicillin-Pot Clavulanate ER (amoxicillin & pot clavulanate)	27
amoxapine tab 50 mg	53	Amphetamine ER	161
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg (Amoxicill-Clarithro-Lansopraz)	218	amphetamine sulfate tab 10 mg	161
Amoxicill-Clarithro-Lansopraz (amoxicillin-clarithromycin w/ lansoprazole)	218	amphetamine sulfate tab 5 mg	161
Amoxicillin	27	amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg (Amphet-Dextroamphet 3-Bead ER)	161
		amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg (Amphet-Dextroamphet 3-Bead ER)	161
		amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg (Amphet-Dextroamphet 3-Bead ER)	161
		amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg (Amphet-Dextroamphet 3-Bead ER)	161

amphetamine-dextroamphetamine cap er 24hr 10 mg (Amphetamine-Dextroamphet ER)	161	Angeliq (drospirenone-estradiol)	241
amphetamine-dextroamphetamine cap er 24hr 15 mg (Amphetamine-Dextroamphet ER)	161	Annovera (segesterone acetate-ethinyl estradiol)	241
amphetamine-dextroamphetamine cap er 24hr 20 mg (Amphetamine-Dextroamphet ER)	161	Anoro Ellipta (umeclidinium-vilanterol)	314
amphetamine-dextroamphetamine cap er 24hr 25 mg (Amphetamine-Dextroamphet ER)	161	Antara (fenofibrate micronized)	152
amphetamine-dextroamphetamine cap er 24hr 30 mg (Amphetamine-Dextroamphet ER)	162	Anusol-HC (hydrocortisone (rectal))	182
amphetamine-dextroamphetamine cap er 24hr 5 mg (Amphetamine-Dextroamphet ER)	162	Anzemet (dolasetron mesylate)	56
amphetamine-dextroamphetamine tab 10 mg	162	Apadaz (benzhydrocodone hcl- acetaminophen)	12
amphetamine-dextroamphetamine tab 12.5 mg	162	APAP-Caff-Dihydrocodeine (acetaminophen- caff-dihydrocod)	12
amphetamine-dextroamphetamine tab 15 mg	162	ApexiCon E (diflorasone diacetate emollient base)	182
amphetamine-dextroamphetamine tab 20 mg	162	Apidra (insulin glulisine)	116
amphetamine-dextroamphetamine tab 30 mg	162	Apidra SoloStar (insulin glulisine)	116
amphetamine-dextroamphetamine tab 5 mg	162	Aplenzin (bupropion hydrobromide)	47
amphetamine-dextroamphetamine tab 7.5 mg	162	APO-Varenicline (varenicline tartrate)	22
ampicillin cap 500 mg	28	Apokyn (apomorphine hydrochloride)	84
Ampyra (dalfampridine)	174	apomorphine hcl soln cartridge 30 mg/3ml	84
Amrix (cyclobenzaprine hcl)	319	Apraclonidine HCl	301
Amzeeq (minocycline hcl micronized (acne))	178	apraclonidine hcl ophth soln 0.5% (base equivalent)	301
Anafranil (clomipramine hcl)	53	aprepitant capsule 125 mg	56
anagrelide hcl cap 0.5 mg	123	aprepitant capsule 40 mg	56
anagrelide hcl cap 1 mg	123	aprepitant capsule 80 mg	56
Analpram-HC (hydrocortisone acetate w/ pramoxine)	189	aprepitant capsule therapy pack 80 & 125 mg	56
Anaspaz (hyoscyamine sulfate)	216	Apriso (mesalamine)	282
anastrozole tab 1 mg	70	Aptensio XR (methylphenidate hcl)	165
Ancobon (flucytosine)	57	Aptiom (eslicarbazepine acetate)	41,42
Androderm (testosterone)	239	Aptivus (tipranavir)	101
AndroGel (testosterone)	239	AQ Insulin Syringe	286
AndroGel Pump (testosterone)	239	AQInject Pen Needle	286
		Aqneursa (levacetylleucine)	223
		Aranesp (Albumin Free) (darbepoetin alfa)	123
		Arava (leflunomide)	274
		Arazlo (tazarotene (acne))	178
		Arcalyst (rilonacept)	268
		arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	308
		Aricept (donepezil hydrochloride)	45
		Arikayce (amikacin sulfate liposome)	22

Arimidex (anastrozole).....	70	Assure ID Insulin Safety Syr.....	287
aripiprazole oral solution 1 mg/ml.....	90	Astagraf XL (tacrolimus).....	274
aripiprazole orally disintegrating tab 10 mg..	90	Atabex EC (prenatal vit w/ docusate-iron	
aripiprazole orally disintegrating tab 15 mg..	90	carbonyl-folic acid).....	198
aripiprazole tab 10 mg.....	90	Atabex OB (prenatal vit w/ fe bisglycinate	
aripiprazole tab 15 mg.....	90	chelate-folic acid).....	198
aripiprazole tab 2 mg.....	90	Atacand (candesartan cilexetil).....	128
aripiprazole tab 20 mg.....	90	Atacand HCT (candesartan cilexetil-	
aripiprazole tab 30 mg.....	90	hydrochlorothiazide).....	144
aripiprazole tab 5 mg.....	90	atazanavir sulfate cap 150 mg (base equiv)..	101
Arixtra (fondaparinux sodium).....	119	atazanavir sulfate cap 200 mg (base equiv)..	101
armodafinil tab 150 mg.....	322	atazanavir sulfate cap 300 mg (base equiv)..	101
armodafinil tab 200 mg.....	322	Atelvia (risedronate sodium).....	284
armodafinil tab 250 mg.....	322	atenolol & chlorthalidone tab 100-25 mg	
armodafinil tab 50 mg.....	322	(Atenolol-Chlorthalidone).....	144
ArmonAir Digihaler (fluticasone propionate with		atenolol & chlorthalidone tab 50-25 mg	
sensor (inhalation)).....	303	(Atenolol-Chlorthalidone).....	144
Armour Thyroid.....	261	atenolol tab 100 mg.....	133
Arnuity Ellipta (fluticasone furoate		atenolol tab 25 mg.....	133
(inhalation)).....	303	atenolol tab 50 mg.....	133
Aromasin (exemestane).....	70	Ativan (lorazepam).....	105,106
Arthrotec (diclofenac w/ misoprostol).....	2	atomoxetine hcl cap 10 mg (base equiv).....	165
Asacol HD (mesalamine).....	282	atomoxetine hcl cap 100 mg (base equiv)....	165
asenapine maleate sl tab 10 mg (base equiv).	90	atomoxetine hcl cap 18 mg (base equiv).....	165
asenapine maleate sl tab 2.5 mg (base equiv)	90	atomoxetine hcl cap 25 mg (base equiv).....	165
asenapine maleate sl tab 5 mg (base equiv)..	90	atomoxetine hcl cap 40 mg (base equiv)....	165
Asmanex (120 Metered Doses) (mometasone		atomoxetine hcl cap 60 mg (base equiv)....	165
furoate (inhalation)).....	303	atomoxetine hcl cap 80 mg (base equiv)....	165
Asmanex (14 Metered Doses) (mometasone		Atorvaliq (atorvastatin calcium).....	153
furoate (inhalation)).....	304	atorvastatin calcium tab 10 mg (base	
Asmanex (30 Metered Doses) (mometasone		equivalent).....	153
furoate (inhalation)).....	304	atorvastatin calcium tab 20 mg (base	
Asmanex (60 Metered Doses) (mometasone		equivalent).....	153
furoate (inhalation)).....	304	atorvastatin calcium tab 40 mg (base	
Asmanex (7 Metered Doses) (mometasone		equivalent).....	154
furoate (inhalation)).....	304	atorvastatin calcium tab 80 mg (base	
Asmanex HFA (mometasone furoate		equivalent).....	154
(inhalation)).....	304	atovaquone susp 750 mg/5ml.....	81
aspirin-dipyridamole cap er 12hr 25-200 mg		atovaquone-proguanil hcl tab 250-100 mg..	81
(Aspirin-Dipyridamole ER).....	125	atovaquone-proguanil hcl tab 62.5-25 mg...	82
Aspruzyo Sprinkle (ranolazine).....	143	Atralin (tretinoin).....	178

Atropine Sulfate (atropine sulfate (ophthalmic))	293	azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Azelastine-Fluticasone)	314
atropine sulfate ophth soln 1%	293	Azelex (azelaic acid (acne))	178
Atrovent HFA (ipratropium bromide hfa)	307	AzesChew Prenatal/Postnatal (prenatal without a vit w/ fe fumarate-folic acid)	198
Attruby (acoramidis hcl)	144	Azesco (prenatal vit w/ ferrous gluconate-folic acid)	198
Aubagio (teriflunomide)	174	Azilect (rasagiline mesylate)	88
Augmentin (amoxicillin & pot clavulanate)	28	Azithromycin	28
Augmentin ES-600 (amoxicillin & pot clavulanate)	28	azithromycin for susp 100 mg/5ml	28
Augtyro (repotrectinib)	69	azithromycin for susp 200 mg/5ml	28
Auryxia (ferric citrate)	210	azithromycin tab 250 mg	28
Austedo (deutetrabenazine)	171	azithromycin tab 500 mg	28
Austedo XR (deutetrabenazine)	171	azithromycin tab 600 mg	28
Austedo XR Patient Titration (deutetrabenazine)	171	Azopt (brinzolamide)	301
Auvelity (dextromethorphan hydrobromide-bupropion hydrochloride)	47	Azor (amlodipine besylate-olmesartan medoxomil)	144
Auvi-Q (epinephrine (anaphylaxis))	308	Azstarys (serdexmethylphenidate chloride-dexmethylphenidate hcl)	162
Avalide (irbesartan-hydrochlorothiazide)	144	Azulfidine (sulfasalazine)	282
avanafil tab 100 mg	230	Azulfidine EN-tabs (sulfasalazine)	282
avanafil tab 200 mg	230		
avanafil tab 50 mg	230	B	
Avapro (irbesartan)	128	Bacitracin (bacitracin (ophthalmic))	296
Avar LS Cleanser (sulfacetamide sodium w/ sulfur)	189	bacitracin-polymyxin b ophth oint	293
Avar-e LS (sulfacetamide sodium w/ sulfur)	189	bacitracin-polymyxin b ophth oint (Ak-Poly-Bac)	293
Avodart (dutasteride)	229	bacitracin-polymyxin b ophth oint (Polycin)	293
Avonex Pen (interferon beta-1a)	175	bacitracin-polymyxin-neomycin-hc ophth oint 1% (Bacitra-Neomycin-Polymyxin-HC)	293
Avonex Prefilled (interferon beta-1a)	175	bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)	293
Aygestin (norethindrone acetate)	259	Baclofen	94
Ayvakit (avapritinib)	71	baclofen oral soln 5 mg/5ml	94
AzaSite (azithromycin (ophth))	296	baclofen susp 25 mg/5ml	94
azathioprine tab 100 mg	274	baclofen tab 10 mg	94
azathioprine tab 100 mg (Azasan)	274	baclofen tab 15 mg	94
azathioprine tab 50 mg	274	baclofen tab 20 mg	94
azathioprine tab 75 mg	274	baclofen tab 5 mg	94
azathioprine tab 75 mg (Azasan)	274	Bactrim (sulfamethoxazole-trimethoprim)	31
azelaic acid gel 15%	178	Bactrim DS (sulfamethoxazole-trimethoprim)	31
azelastine hcl nasal spray 0.1% (137 mcg/spray)	305		
azelastine hcl ophth soln 0.05%	296		

Bafiertam (monomethyl fumarate)	175	Benzamycin (benzoyl peroxide-erythromycin)	179
Balcoltra (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)	241	Benzhydrocodone-Acetaminophen (benzhydrocodone hcl-acetaminophen)	12
balsalazide disodium cap 750 mg	282	Benznidazole	82
Balversa (erdafitinib)	71	Benzonatate	314
Banzel (rufinamide)	42	benzonatate cap 100 mg	315
Baqsimi One Pack (glucagon)	115	benzonatate cap 150 mg	315
Baqsimi Two Pack (glucagon)	115	benzonatate cap 200 mg	315
Baraclude (entecavir)	95	benzoyl peroxide-erythromycin gel 5-3%	179
Basaglar KwikPen (insulin glargine)	116	Benzphetamine HCl	171
Basaglar Tempo Pen (insulin glargine)	116	benzphetamine hcl tab 50 mg	171
Baxdela (delafloxacin meglumine)	30	benztropine mesylate tab 0.5 mg	83
BD Insulin Syringe U-500	287	benztropine mesylate tab 1 mg	83
BD Microtainer Lancets	287	benztropine mesylate tab 2 mg	83
BD Pen Needle Nano U/F	287	bepotastine besilate ophth soln 1.5%	296
BD SafetyGlide Insulin Syringe	287	Bepreve (bepotastine besilate)	296
BD Syringe Luer-Lok	287	Besivance (besifloxacin hcl)	30
Beconase AQ (beclomethasone diprop monohyd)	304	Besremi (ropeginterferon alfa-2b-njft)	272
Belbuca (buprenorphine hcl)	20	Betamethasone Dipropionate Aug (betamethasone dipropionate augmented)	182
Belsomra (suvorexant)	320	betamethasone dipropionate augmented cream 0.05%	182
benazepril & hydrochlorothiazide tab 10-12.5 mg (Benazepril-Hydrochlorothiazide)	144	betamethasone dipropionate augmented lotion 0.05%	182
benazepril & hydrochlorothiazide tab 20-12.5 mg (Benazepril-hydroCHLOROthiazide)	144	betamethasone dipropionate augmented oint 0.05%	182
benazepril & hydrochlorothiazide tab 20-25 mg (Benazepril-Hydrochlorothiazide)	144	betamethasone dipropionate cream 0.05%	182
benazepril & hydrochlorothiazide tab 5-6.25 mg (Benazepril-hydroCHLOROthiazide)	144	betamethasone dipropionate lotion 0.05%	182
benazepril hcl tab 10 mg	129	betamethasone dipropionate oint 0.05%	183
benazepril hcl tab 20 mg	129	betamethasone valerate aerosol foam 0.12%	183
benazepril hcl tab 40 mg	129	betamethasone valerate cream 0.1% (base equivalent)	183
benazepril hcl tab 5 mg	129	betamethasone valerate lotion 0.1% (base equivalent)	183
Benicar (olmesartan medoxomil)	128	betamethasone valerate oint 0.1% (base equivalent)	183
Benicar HCT (olmesartan medoxomil-hydrochlorothiazide)	144	Betapace (sotalol hcl)	131
Benlysta (belimumab)	268	Betapace AF (sotalol hcl (afib/af))	131
BenzaClin (clindamycin phosphate-benzoyl peroxide)	178	Betaseron (interferon beta-1b)	175
BenzaClin with Pump (clindamycin phosphate-benzoyl peroxide)	178	Betaxolol HCl (betaxolol hcl (ophth))	300
		betaxolol hcl ophth soln 0.5%	300

betaxolol hcl tab 10 mg	133	Blephamide S.O.P. (sulfacetamide sod- prednisolone)	293
betaxolol hcl tab 20 mg	133	Boniva (ibandronate sodium)	284
bethanechol chloride tab 10 mg	230	Bonjesta (doxylamine-pyridoxine)	55
bethanechol chloride tab 25 mg	230	bosentan tab 125 mg	312
bethanechol chloride tab 5 mg	230	bosentan tab 62.5 mg	312
bethanechol chloride tab 50 mg	230	Bosulif (bosutinib)	71
Bethkis (tobramycin)	310	Braftovi (encorafenib)	71
Betimol (timolol)	300	Breathe Ease Large	287
Betoptic-S (betaxolol hcl (ophth))	300	Breathe Ease Medium	287
Bevespi Aerosphere (glycopyrrolate-formoterol fumarate)	315	Breathe Ease Small	287
bexarotene cap 75 mg	81	BreatheRite Valved MDI Chamber	287
bexarotene gel 1%	81	Breo Ellipta (fluticasone furoate-vilanterol)	315
Beyaz (drospirenone-ethinyl estradiol- levomefolate calcium)	241	Breztri Aerosphere (budesonide-glycopyrrolate- formoterol fumarate)	315
bicalutamide tab 50 mg	67	Brilinta (ticagrelor)	125
BiDil (isosorbide dinitrate-hydralazine hcl)	144	brimonidine tartrate gel 0.33% (base equivalent)	179
Bijuva (estradiol-progesterone)	241,258	brimonidine tartrate ophth soln 0.1%	301
Biktarvy (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	97	brimonidine tartrate ophth soln 0.15%	301
Biltricide (praziquantel)	81	brimonidine tartrate ophth soln 0.2%	301
bimatoprost ophth soln 0.03%	302	brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	293
Bimzelx (bimekizumab-bkzx)	268	brinzolamide ophth susp 1%	301
Binosto (alendronate sodium)	284	Brisdelle (paroxetine mesylate (vasomotor))	49
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (Bis Subcit-Metronid- Tetracyc)	218	Briviact (brivaracetam)	34
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (Bismuth/Metronidaz/Tetracyclin)	218	bromfenac sodium ophth soln 0.07% (base equivalent)	298
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Bisoprolol-Hydrochlorothiazide)	144	bromfenac sodium ophth soln 0.075% (base equivalent)	298
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Bisoprolol-hydroCHLOROthiazide)	144	bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) (Bromfenac Sodium (Once- Daily))	298
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Bisoprolol-Hydrochlorothiazide)	145	bromocriptine mesylate cap 5 mg (base equivalent)	84
bisoprolol fumarate tab 10 mg	133	bromocriptine mesylate tab 2.5 mg (base equivalent)	85
bisoprolol fumarate tab 5 mg	133	BromSite (bromfenac sodium (ophth))	298
Bleph-10 (sulfacetamide sodium (ophth))	296	Bronchitol (mannitol (cystic fibrosis))	310
Blephamide (sulfacetamide sod- prednisolone)	293	BROVANA (arformoterol tartrate)	308
		Brukinsa (zanubrutinib)	71

Bryhali (halobetasol propionate)	183	buprenorphine td patch weekly 5 mcg/hr	7
budesonide delayed release particles cap 3 mg	283	buprenorphine td patch weekly 7.5 mcg/hr	7
budesonide inhalation susp 0.25 mg/2ml	304	bupropion hcl (smoking deterrent) tab er 12hr 150 mg (buPROPion HCl ER (Smoking Det))	22
budesonide inhalation susp 0.5 mg/2ml	304	buPROPion HCl ER (XL)	47
budesonide inhalation susp 1 mg/2ml	304	bupropion hcl tab 100 mg	47
budesonide rectal foam 2 mg/act	283	bupropion hcl tab 75 mg	47
budesonide tab er 24hr 9 mg (Budesonide ER)	283	bupropion hcl tab er 12hr 100 mg (buPROPion HCl ER (SR))	47
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	315	bupropion hcl tab er 12hr 150 mg (buPROPion HCl ER (SR))	47
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd)	315	bupropion hcl tab er 12hr 200 mg (buPROPion HCl ER (SR))	47
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	315	bupropion hcl tab er 24hr 150 mg (buPROPion HCl ER (XL))	47
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd)	315	bupropion hcl tab er 24hr 300 mg (BuPROPion HCl ER (XL))	47
bumetanide tab 0.5 mg	151	bupirone hcl tab 10 mg	104
bumetanide tab 1 mg	151	bupirone hcl tab 15 mg	104
bumetanide tab 2 mg	151	bupirone hcl tab 30 mg	104
Bumex (bumetanide)	151	bupirone hcl tab 5 mg	105
Bunavail (buprenorphine hcl-naloxone hcl dihydrate)	20	bupirone hcl tab 7.5 mg	105
Buphenyl (sodium phenylbutyrate)	223	butalbital-acetaminophen cap 50-300 mg	171
buprenorphine hcl sl tab 2 mg (base equiv)	20	butalbital-acetaminophen tab 50-300 mg	171
buprenorphine hcl sl tab 8 mg (base equiv)	20	butalbital-acetaminophen tab 50-300 mg (Bupap)	171
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	20	butalbital-acetaminophen tab 50-325 mg	171
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	20	butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (Butalbital-APAP-Caff-Cod)	12
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	20	butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg (Butalbital-APAP-Caff-Cod)	12
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	21	butalbital-acetaminophen-caffeine cap 50-300-40 mg (Butalbital-APAP-Caffeine)	171
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	21	butalbital-acetaminophen-caffeine cap 50-325-40 mg (Butalbital-APAP-Caffeine)	171
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	21	butalbital-acetaminophen-caffeine cap 50-325-40 mg (Esgic)	171
buprenorphine td patch weekly 10 mcg/hr	6	butalbital-acetaminophen-caffeine cap 50-325-40 mg (Zebutal)	171
buprenorphine td patch weekly 15 mcg/hr	6	butalbital-acetaminophen-caffeine tab 50-325-40 mg (Bac)	171
buprenorphine td patch weekly 20 mcg/hr	7		

butalbital-acetaminophen-caffeine tab 50-325-40 mg (Butalbital-APAP-Caffeine)	171
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine)	13
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Butalbital-ASA-Caff-Codeine)	13
Butalbital-Aspirin-Caffeine	2
butalbital-aspirin-caffeine cap 50-325-40 mg . 2	
butorphanol tartrate nasal soln 10 mg/ml	13
Butrans (buprenorphine)	7
Bydureon (exenatide)	108
Bydureon BCise (exenatide)	108
Byetta 10 MCG Pen (exenatide)	109
Byetta 5 MCG Pen (exenatide)	109
Bylvay (odevixibat)	183
Bylvay (Pellets) (odevixibat)	183
Bynfezia Pen (octreotide acetate)	265
Bystolic (nebivolol hcl)	133

C

C-Nate DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	198
cabergoline tab 0.5 mg	265
Cablivi (caplacizumab-yhdp)	125
Cabometyx (cabozantinib s-malate)	71
Cabtreo (adapalene-benzoyl peroxide-clindamycin phosphate)	179
Caduet (amlodipine besylate-atorvastatin calcium)	145
Cafergot (ergotamine w/ caffeine)	61
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	212,311
Calan SR (verapamil hcl)	137
Calcipotriene	189
calcipotriene cream 0.005%	189
calcipotriene oint 0.005%	190
calcipotriene oint 0.005% (Calcitrene)	190
calcipotriene soln 0.005% (50 mcg/ml)	190
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Calcipotriene-Betameth Diprop)	190

calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Calcipotriene-Betameth Diprop)	190
calcitonin (salmon) inj 200 unit/ml	284
calcitonin (salmon) nasal soln 200 unit/act	284
Calcitriol (calcitriol (topical))	190
calcitriol cap 0.25 mcg	284
calcitriol cap 0.5 mcg	284
calcitriol oral soln 1 mcg/ml	284
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Calcium Acetate (Phos Binder))	210
Calquence (acalabrutinib maleate)	71
Calquence (acalabrutinib)	71
Cambia (diclofenac potassium (migraine))	2
Camzyos (mavacamten)	145
Canasa (mesalamine)	282
candesartan cilexetil tab 16 mg	128
candesartan cilexetil tab 32 mg	128
candesartan cilexetil tab 4 mg	128
candesartan cilexetil tab 8 mg	128
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Candesartan Cilexetil-HCTZ)	145
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Candesartan Cilexetil-HCTZ)	145
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Candesartan Cilexetil-HCTZ)	145
capecitabine tab 150 mg	68
capecitabine tab 500 mg	68
Capex (fluocinolone acetonide)	183
Caplyta (lumateperone tosylate)	90
Caprelsa (vandetanib)	71
captopril tab 100 mg	129
captopril tab 12.5 mg	129
captopril tab 25 mg	129
captopril tab 50 mg	129
Captopril-hydroCHLOROthiazide (captopril & hydrochlorothiazide)	145
Carac (fluorouracil (topical))	190
Carafate (sucralfate)	220
Carbaglu (carglumic acid)	223
carBAMazepine	42

carbamazepine cap er 12hr 100 mg (CarBAMazepine ER).....	42	carbidopa-levodopa-entacapone tabs 25-100- 200 mg.....	83
carbamazepine cap er 12hr 200 mg (carBAMazepine ER).....	42	carbidopa-levodopa-entacapone tabs 31.25- 125-200 mg.....	83
carbamazepine cap er 12hr 300 mg (CarBAMazepine ER).....	42	carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg.....	83
carbamazepine chew tab 100 mg.....	42	carbidopa-levodopa-entacapone tabs 50-200- 200 mg.....	84
carbamazepine susp 100 mg/5ml.....	42	Carbinoxamine Maleate.....	305
carbamazepine tab 200 mg.....	42	carbinoxamine maleate tab 4 mg.....	305
carbamazepine tab 200 mg (Eitol).....	42	Cardizem (diltiazem hcl).....	137
carbamazepine tab er 12hr 100 mg (carBAMazepine ER).....	42	Cardizem CD (diltiazem hcl coated beads)...	138
carbamazepine tab er 12hr 200 mg (carBAMazepine ER).....	42	Cardizem LA (diltiazem hcl).....	138
carbamazepine tab er 12hr 400 mg (CarBAMazepine ER).....	42	Cardura (doxazosin mesylate).....	127
Carbatrol (carbamazepine).....	42	Cardura XL (doxazosin mesylate (bph)).....	229
carbidopa & levodopa orally disintegrating tab 10-100 mg (Carbidopa-Levodopa).....	86	carglumic acid soluble tab 200 mg.....	223
carbidopa & levodopa orally disintegrating tab 25-100 mg (Carbidopa-Levodopa).....	87	carisoprodol tab 250 mg.....	319
carbidopa & levodopa orally disintegrating tab 25-250 mg (Carbidopa-Levodopa).....	87	carisoprodol tab 350 mg.....	319
carbidopa & levodopa tab 10-100 mg (Carbidopa-Levodopa).....	87	carisoprodol tab 350 mg (Vanadom).....	319
carbidopa & levodopa tab 25-100 mg (Carbidopa-Levodopa).....	87	Carisoprodol-Aspirin-Codeine (carisoprodol w/ aspirin & codeine).....	13
carbidopa & levodopa tab 25-250 mg (Carbidopa-Levodopa).....	87	Carnitor (levocarnitine (metabolic modifiers))	212
carbidopa & levodopa tab er 25-100 mg (Carbidopa-Levodopa ER).....	87	Carnitor SF (levocarnitine (metabolic modifiers)).....	212
carbidopa & levodopa tab er 50-200 mg (Carbidopa-Levodopa ER).....	87	CaroSpir (spironolactone).....	157
carbidopa tab 25 mg.....	87	Carteolol HCl (carteolol hcl (ophth)).....	300
Carbidopa-Levodopa.....	87	carvedilol phosphate cap er 24hr 10 mg (Carvedilol Phosphate ER).....	133
Carbidopa-Levodopa-Entacapone.....	83	carvedilol phosphate cap er 24hr 20 mg (Carvedilol Phosphate ER).....	133
carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg.....	83	carvedilol phosphate cap er 24hr 40 mg (Carvedilol Phosphate ER).....	133
carbidopa-levodopa-entacapone tabs 18.75- 75-200 mg.....	83	carvedilol phosphate cap er 24hr 80 mg (Carvedilol Phosphate ER).....	133
		carvedilol tab 12.5 mg.....	134
		carvedilol tab 25 mg.....	134
		carvedilol tab 3.125 mg.....	134
		carvedilol tab 6.25 mg.....	134
		Casodex (bicalutamide).....	67
		Catapres-TTS-1 (clonidine).....	126
		Catapres-TTS-2 (clonidine).....	126

Catapres-TTS-3 (clonidine).....	126	cephalexin tab 250 mg.....	26
Caverject (alprostadil (vasodilator)).....	238	cephalexin tab 500 mg.....	26
Caverject Impulse (alprostadil (vasodilator)).....	239	Cequa (cyclosporine (ophth)).....	293
Caya (diaphragm arc-spring).....	287	CeQur Simplicity 2U.....	287
Cayston (aztreonam lysine).....	23	Cerdelga (eliglustat tartrate).....	223
Cefaclor.....	25	Cetraxal (ciprofloxacin hcl (otic)).....	302
Cefaclor ER (cefaclor monohydrate).....	25	cetorelix acetate for inj kit 0.25 mg.....	265
Cefadroxil.....	25	Cetrotide (cetorelix acetate).....	265
cefadroxil cap 500 mg.....	26	cevimeline hcl cap 30 mg.....	177
cefadroxil for susp 250 mg/5ml.....	26	Chantix (varenicline tartrate).....	22
cefadroxil for susp 500 mg/5ml.....	26	Chantix Continuing Month Pak (varenicline tartrate).....	22
cefdinir cap 300 mg.....	26	Chantix Starting Month Pak (varenicline tartrate).....	22
cefdinir for susp 125 mg/5ml.....	26	Chemet (succimer).....	209
cefdinir for susp 250 mg/5ml.....	26	Chenodal (chenodiol).....	218
cefixime cap 400 mg.....	26	chlordiazepoxide hcl cap 10 mg.....	106
cefixime for susp 100 mg/5ml.....	26	chlordiazepoxide hcl cap 25 mg.....	106
cefixime for susp 200 mg/5ml.....	26	chlordiazepoxide hcl cap 5 mg.....	106
cefpodoxime proxetil for susp 100 mg/5ml.....	26	chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (chlordiazePOXIDE-Clidinium).....	216
cefpodoxime proxetil for susp 50 mg/5ml.....	26	Chlordiazepoxide-Amitriptyline.....	47
cefpodoxime proxetil tab 100 mg.....	26	chloroquine phosphate tab 250 mg.....	82
cefpodoxime proxetil tab 200 mg.....	26	chloroquine phosphate tab 500 mg.....	82
cefprozil for susp 125 mg/5ml.....	26	chlorproMAZINE HCl.....	88
cefprozil for susp 250 mg/5ml.....	26	chlorpromazine hcl tab 10 mg.....	88
cefprozil tab 250 mg.....	26	chlorpromazine hcl tab 100 mg.....	88
cefprozil tab 500 mg.....	26	chlorpromazine hcl tab 200 mg.....	88
cefuroxime axetil tab 250 mg.....	26	chlorpromazine hcl tab 25 mg.....	88
cefuroxime axetil tab 500 mg.....	26	chlorpromazine hcl tab 50 mg.....	88
CeleBREX (celecoxib).....	2	chlorthalidone tab 25 mg.....	152
celecoxib cap 100 mg.....	2	chlorthalidone tab 50 mg.....	152
celecoxib cap 200 mg.....	2	chlorzoxazone tab 250 mg.....	319
celecoxib cap 400 mg.....	2	chlorzoxazone tab 375 mg.....	319
celecoxib cap 50 mg.....	2	chlorzoxazone tab 375 mg (Lorzone).....	319
CeleXA (citalopram hydrobromide).....	49	chlorzoxazone tab 500 mg.....	319
CellCept (mycophenolate mofetil).....	274	chlorzoxazone tab 750 mg.....	319
Celontin (methsuximide).....	39	chlorzoxazone tab 750 mg (Lorzone).....	319
Centany (mupirocin).....	196	Cholbam (cholic acid).....	223
cephalexin cap 250 mg.....	26	cholestyramine light powder 4 gm/dose.....	155
cephalexin cap 500 mg.....	26		
cephalexin cap 750 mg.....	26		
cephalexin for susp 125 mg/5ml.....	26		
cephalexin for susp 250 mg/5ml.....	26		

cholestyramine light powder 4 gm/dose (Prevalite).....	155	ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml).....	30
cholestyramine light powder packets 4 gm.....	155	Ciprofloxacin HCl.....	30
cholestyramine light powder packets 4 gm (Prevalite).....	155	ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	30
cholestyramine powder 4 gm/dose.....	155	ciprofloxacin hcl otic soln 0.2% (base equivalent).....	302
cholestyramine powder packets 4 gm.....	155	ciprofloxacin hcl tab 250 mg (base equiv)....	30
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	152	ciprofloxacin hcl tab 500 mg (base equiv)....	30
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	152	ciprofloxacin hcl tab 750 mg (base equiv)....	30
Chorionic Gonadotropin.....	236	ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	302
Cialis (tadalafil).....	229	Ciprofloxacin-Fluocinolone PF (ciprofloxacin-fluocinolone acetonide).....	303
Cibinqo (abrocitinib).....	190	Citalopram Hydrobromide.....	49
ciclopirox gel 0.77%.....	196	citalopram hydrobromide oral soln 10 mg/5ml.....	49
ciclopirox olamine cream 0.77% (base equiv).....	196	citalopram hydrobromide tab 10 mg (base equiv).....	49
ciclopirox olamine susp 0.77% (base equiv).....	196	citalopram hydrobromide tab 20 mg (base equiv).....	49
ciclopirox shampoo 1%.....	196	citalopram hydrobromide tab 40 mg (base equiv).....	49
ciclopirox solution 8%.....	196	CitraNatal Harmony (prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha).....	198
ciclopirox solution 8% (Ciclodan).....	196	CitraNatal Medley (prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha).....	198
cilostazol tab 100 mg.....	125	CitraNatal Rx (prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa).....	198
cilostazol tab 50 mg.....	125	Clarinet (desloratadine).....	305
Ciloxan (ciprofloxacin hcl (ophth)).....	30	Clarinet-D 12 Hour (desloratadine-pseudoephedrine).....	315
Cimduo (lamivudine-tenofovir disoproxil fumarate).....	99	Clarithromycin.....	28
Cimetidine HCl.....	220	clarithromycin tab 250 mg.....	28
cimetidine hcl soln 300 mg/5ml.....	220	clarithromycin tab 500 mg.....	28
cimetidine tab 300 mg.....	220	clarithromycin tab er 24hr 500 mg (Clarithromycin ER).....	28
cimetidine tab 400 mg.....	220	Clemastine Fumarate.....	305
cimetidine tab 800 mg.....	220	clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq).....	305
Cimzia (2 Syringe) (certolizumab pegol).....	274		
Cimzia-Starter (certolizumab pegol).....	275		
cinacalcet hcl tab 30 mg (base equiv).....	284		
cinacalcet hcl tab 60 mg (base equiv).....	284		
cinacalcet hcl tab 90 mg (base equiv).....	284		
Cipro (ciprofloxacin hcl).....	30		
Cipro (ciprofloxacin).....	30		
Cipro HC (ciprofloxacin-hydrocortisone).....	302		
Ciprodex (ciprofloxacin-dexamethasone).....	302		
ciprofloxacin for oral susp 250 mg/5ml (5% (5 gm/100ml)).....	30		

Clenpiq (sodium picosulfate-magnesium oxide-anhydrous citric acid)	213	clobazam tab 10 mg	39
Cleocin (clindamycin hcl)	23	clobazam tab 20 mg	39
Cleocin (clindamycin palmitate hydrochloride) 23		clobetasol propionate cream 0.05%	183
Cleocin (clindamycin phosphate vaginal)	23	clobetasol propionate emollient base cream	
Cleocin-T (clindamycin phosphate (topical))	196	0.05%	183
Clever Choice Holding Chamber	287	clobetasol propionate emollient base cream	
Climara (estradiol)	241	0.05% (Clobetasol Prop Emollient Base)	183
Climara Pro (estradiol-levonorgestrel)	241	clobetasol propionate emulsion foam 0.05%	183
Clindagel (clindamycin phosphate (topical))	196	clobetasol propionate emulsion foam 0.05%	
clindamycin hcl cap 150 mg	23	(Tovet)	183
clindamycin hcl cap 300 mg	23	clobetasol propionate foam 0.05%	183
clindamycin hcl cap 75 mg	23	clobetasol propionate gel 0.05%	183
clindamycin palmitate hcl for soln 75 mg/5ml		clobetasol propionate lotion 0.05%	183
(base equiv)	23	clobetasol propionate oint 0.05%	183
clindamycin phosph-benzoyl peroxide (refrig)		clobetasol propionate shampoo 0.05%	183
gel 1.2 (1)-5% (Clindamycin Phos-Benzoyl		clobetasol propionate shampoo 0.05%	
Perox)	179	(Clodan)	183
clindamycin phosph-benzoyl peroxide (refrig)		clobetasol propionate soln 0.05%	183
gel 1.2 (1)-5% (Neuac)	179	clobetasol propionate spray 0.05%	184
clindamycin phosphate foam 1%	196	Clobex (clobetasol propionate)	184
clindamycin phosphate foam 1% (Clindacin)	196	Clobex Spray (clobetasol propionate)	184
clindamycin phosphate gel 1%	196	clocortolone pivalate cream 0.1%	184
clindamycin phosphate lotion 1%	196	ClomiPHENE Citrate	261
clindamycin phosphate soln 1%	196	clomiphene citrate tab 50 mg	261
clindamycin phosphate swab 1%	196	clomiphene citrate tab 50 mg (Clomid)	261
clindamycin phosphate swab 1% (Clindacin		clomipramine hcl cap 25 mg	53
Etz)	197	clomipramine hcl cap 50 mg	53
clindamycin phosphate swab 1% (Clindacin-		clomipramine hcl cap 75 mg	53
P)	197	clonazepam orally disintegrating tab 0.125	
clindamycin phosphate vaginal cream 2%	23	mg	106
clindamycin phosphate-benzoyl peroxide gel 1-		clonazepam orally disintegrating tab 0.25	
5% (Clindamycin Phos-Benzoyl Perox)	179	mg	106
clindamycin phosphate-benzoyl peroxide gel		clonazepam orally disintegrating tab 0.5 mg	106
1.2-2.5% (Clindamycin Phos-Benzoyl Perox)	179	clonazepam orally disintegrating tab 1 mg	106
clindamycin phosphate-benzoyl peroxide gel		clonazepam orally disintegrating tab 2 mg	106
1.2-3.75% (Clindamycin Phos-Benzoyl Perox)	179	clonazepam tab 0.5 mg	106
clindamycin phosphate-tretinoin gel 1.2-0.025%		clonazepam tab 1 mg	106
(Clindamycin-Tretinoin)	179	clonazepam tab 2 mg	106
Clindesse (clindamycin phosphate (one dose)) 23		cloNIDine ER	126
clobazam suspension 2.5 mg/ml	39	clonidine hcl tab 0.1 mg	126
		clonidine hcl tab 0.2 mg	126

clonidine hcl tab 0.3 mg	126	Colcrys (colchicine)	60
clonidine hcl tab er 12hr 0.1 mg (cloNIDine HCl ER)	165	colesevelam hcl packet for susp 3.75 gm	155
clonidine td patch weekly 0.1 mg/24hr	126	colesevelam hcl tab 625 mg	155
clonidine td patch weekly 0.2 mg/24hr	126	Colestid (colestipol hcl)	155
clonidine td patch weekly 0.3 mg/24hr	126	Colestid Flavored (colestipol hcl)	156
clopidogrel bisulfate tab 75 mg (base equiv)	125	colestipol hcl granule packets 5 gm	156
clorazepate dipotassium tab 15 mg	106	colestipol hcl granules 5 gm	156
clorazepate dipotassium tab 3.75 mg	106	colestipol hcl tab 1 gm	156
clorazepate dipotassium tab 7.5 mg	106	Combigan (brimonidine tartrate-timolol maleate)	293
clotrimazole troche 10 mg	57	CombiPatch (estradiol & norethindrone acetate)	259
clotrimazole w/ betamethasone cream 1-0.05% (Clotrimazole-Betamethasone)	190	Combivent Respimat (ipratropium-albuterol)	315
clotrimazole w/ betamethasone lotion 1-0.05% (Clotrimazole-Betamethasone)	190	Combivir (lamivudine-zidovudine)	99
Clotrimazole-Betamethasone (clotrimazole w/ betamethasone)	190	Cometriq (100 mg Daily Dose) (cabozantinib s-malate)	71
CloZAPine	93	Cometriq (140 mg Daily Dose) (cabozantinib s-malate)	71
clozapine orally disintegrating tab 100 mg	94	Cometriq (60 mg Daily Dose) (cabozantinib s-malate)	71
clozapine orally disintegrating tab 150 mg	94	Compact Space Chamber	287
clozapine orally disintegrating tab 200 mg	94	Compact Space Chamber/Lg Mask	287
clozapine orally disintegrating tab 25 mg	94	Compact Space Chamber/Med Mask	287
clozapine tab 100 mg	94	Compact Space Chamber/Sm Mask	287
clozapine tab 200 mg	94	Complera (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	98
clozapine tab 25 mg	94	CompleteNate (prenatal vit w/ ferrous fumarate-folic acid)	198
clozapine tab 50 mg	94	Comtan (entacapone)	84
Clozaril (clozapine)	94	Concept DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	198
Co-Natal FA (prenatal vit w/ ferrous fumarate-folic acid)	198	Concept OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa)	198
Coartem (artemether-lumefantrine)	82	Concerta (methylphenidate hcl)	165
Cobenfy (xanomeline tartrate-trospium chloride)	93	Condylox (podofilox)	190
Cobenfy Starter Pack (xanomeline tartrate-trospium chloride)	93	Conjupri (levamlodipine maleate)	136
Codeine Sulfate	13	ConZip (tramadol hcl)	7
codeine sulfate tab 30 mg	13	Copaxone (glatiramer acetate)	175
Colazal (balsalazide disodium)	282	Copiktra (duvelisib)	71
colchicine cap 0.6 mg	60	Cordran (flurandrenolide)	184
colchicine tab 0.6 mg	60	Coreg (carvedilol)	134
colchicine w/ probenecid tab 0.5-500 mg (Colchicine-Probenecid)	60		

Coreg CR (carvedilol phosphate).....	134	cyanocobalamin inj 1000 mcg/ml (Dodex)...	212
Corgard (nadolol).....	134	cyanocobalamin nasal spray 500 mcg/0.1ml	212
Corlanor (ivabradine hcl).....	145	cyclobenzaprine hcl cap er 24hr 15 mg	
Cortef (hydrocortisone).....	283	(Cyclobenzaprine HCl ER).....	319
Cortenema (hydrocortisone (intrarectal))....	283	cyclobenzaprine hcl cap er 24hr 30 mg	
Cortifoam (hydrocortisone acetate		(Cyclobenzaprine HCl ER).....	319
(intrarectal)).....	283	cyclobenzaprine hcl tab 10 mg.....	319
Cortisone Acetate.....	233	cyclobenzaprine hcl tab 5 mg.....	319
Cortisporin-TC (neomycin-colistin-hc-		cyclobenzaprine hcl tab 7.5 mg.....	319
thonzonium).....	303	cyclobenzaprine hcl tab 7.5 mg (Fexmid)....	319
Cortrophin (corticotropin).....	233	Cyclogyl (cyclopentolate hcl).....	293
Cosentyx (300 MG Dose) (secukinumab)....	268	Cyclomydril (cyclopentolate w/	
Cosentyx (secukinumab).....	268	phenylephrine).....	294
Cosentyx Sensoready (300 MG)		cyclopentolate hcl ophth soln 0.5%.....	294
(secukinumab).....	268	cyclopentolate hcl ophth soln 1%.....	294
Cosentyx Sensoready Pen (secukinumab)...	268	cyclopentolate hcl ophth soln 2%.....	294
Cosentyx UnoReady (secukinumab).....	268	Cyclophosphamide.....	66
Cosopt (dorzolamide hcl-timolol maleate)...	293	cyclophosphamide cap 25 mg.....	66
Cosopt PF (dorzolamide hcl-timolol		cyclophosphamide cap 50 mg.....	66
maleate).....	293	cycloserine cap 250 mg.....	65
Cotellic (cobimetinib fumarate).....	72	Cycloset (bromocriptine mesylate (diabetes))	109
Cotempla XR-ODT (methylphenidate).....	165	cyclosporine (ophth) emulsion 0.05%.....	294
Cozaar (losartan potassium).....	128	cyclosporine cap 100 mg.....	275
Crenessity (crinicerfont).....	265	cyclosporine cap 25 mg.....	275
Creon (pancrelipase (lipase-protease-		cyclosporine modified cap 100 mg.....	275
amylase)).....	223	cyclosporine modified cap 100 mg (Gengraf)	275
Cresemba (isavuconazonium sulfate).....	57	cyclosporine modified cap 25 mg.....	275
Crestor (rosuvastatin calcium).....	154	cyclosporine modified cap 25 mg (Gengraf)..	275
Crexont (carbidopa-levodopa).....	87	cyclosporine modified cap 50 mg.....	275
Crinone (progesterone (vaginal)).....	259	cyclosporine modified oral soln 100 mg/ml..	275
Crixivan (indinavir sulfate).....	102	cyclosporine modified oral soln 100 mg/ml	
Cromolyn Sodium (cromolyn sodium (ophth))	296	(Gengraf).....	275
cromolyn sodium ophth soln 4%.....	296	Cyltezo (2 Pen) (adalimumab-adbm).....	275
cromolyn sodium oral conc 100 mg/5ml.....	218	Cyltezo (2 Syringe) (adalimumab-adbm)....	275
cromolyn sodium soln nebu 20 mg/2ml.....	310	Cyltezo (adalimumab-adbm).....	275
Crotan (crotamiton).....	195	Cyltezo-CD/UC/HS Starter (adalimumab-	
Cuprimine (penicillamine).....	209	adbm).....	275
Cutivate (fluticasone propionate).....	184	Cyltezo-Psoriasis Starter (adalimumab-	
Cuvposa (glycopyrrolate).....	216	adbm).....	275
Cuvrior (trientine tetrahydrochloride).....	209	Cyltezo-Psoriasis/UV Starter (adalimumab-	
cyanocobalamin inj 1000 mcg/ml.....	212	adbm).....	275

Cymbalta (duloxetine hcl).....	173
ciproheptadine hcl syrup 2 mg/5ml.....	305
ciproheptadine hcl tab 4 mg.....	305
Cystadane (betaine).....	223
Cystadrops (cysteamine hcl).....	223
Cystagon (cysteamine bitartrate).....	223
Cystaran (cysteamine hcl).....	223
Cytomel (liothyronine sodium).....	261
Cytotec (misoprostol).....	239
Cytra K Crystals (potassium citrate-citric acid).....	230

D

D-Care Blood Glucose (glucose blood).....	287
D.H.E. 45 (dihydroergotamine mesylate).....	61
dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....	119
dabigatran etexilate mesylate cap 150 mg (etexilate base eq).....	120
dabigatran etexilate mesylate cap 75 mg (etexilate base eq).....	120
dalfampridine tab er 12hr 10 mg (Dalfampridine ER).....	175
Daliresp (roflumilast).....	311
danazol cap 100 mg.....	239
danazol cap 200 mg.....	239
danazol cap 50 mg.....	239
Dantrium (dantrolene sodium).....	94
dantrolene sodium cap 100 mg.....	94
dantrolene sodium cap 25 mg.....	94
dantrolene sodium cap 50 mg.....	94
Danziten (nilotinib tartrate).....	72
Dapagliflozin Pro-metFORMIN ER (dapagliflozin propanediol-metformin hcl).....	109
Dapagliflozin Propanediol.....	158
dapsone gel 5%.....	197
dapsone gel 7.5%.....	197
dapsone tab 100 mg.....	65
dapsone tab 25 mg.....	65
Daraprim (pyrimethamine).....	82

darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Darifenacin Hydrobromide ER).....	227
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Darifenacin Hydrobromide ER).....	227
Dartisla ODT (glycopyrrolate).....	216
darunavir tab 600 mg.....	102
darunavir tab 800 mg.....	102
dasatinib tab 100 mg.....	72
dasatinib tab 140 mg.....	72
dasatinib tab 20 mg.....	72
dasatinib tab 50 mg.....	72
dasatinib tab 70 mg.....	72
dasatinib tab 80 mg.....	72
Daurismo (glasdegib maleate).....	72
Daybue (trofinetide).....	223
Daypro (oxaprozin).....	2
Daytrana (methylphenidate).....	165
DayVigo (lemborexant).....	320
DDAVP (desmopressin acetate).....	236
DDAVP Rhinal Tube (desmopressin acetate refrigerated).....	236
deferasirox granules packet 180 mg.....	209
deferasirox granules packet 360 mg.....	209
deferasirox granules packet 90 mg.....	209
deferasirox tab 180 mg.....	209
deferasirox tab 360 mg.....	209
deferasirox tab 90 mg.....	209
deferasirox tab for oral susp 125 mg.....	209
deferasirox tab for oral susp 250 mg.....	209
deferasirox tab for oral susp 500 mg.....	209
deferiprone tab 1000 mg.....	209
deferiprone tab 500 mg.....	209
deflazacort susp 22.75 mg/ml.....	233
deflazacort tab 18 mg.....	233
deflazacort tab 30 mg.....	233
deflazacort tab 36 mg.....	233
deflazacort tab 6 mg.....	233
Delestrogen (estradiol valerate).....	241
Delstrigo (doravirine-lamivudine-tenofovir disoproxil fumarate).....	98
Delzicol (mesalamine).....	282

demeclocycline hcl tab 150 mg	31	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtreea)	242
demeclocycline hcl tab 300 mg	31	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	242
Demser (metyrosine)	145	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	242
Denavir (penciclovir)	197	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	242
Depakote (divalproex sodium)	34	desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant)	242
Depakote ER (divalproex sodium)	34	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	242
Depakote Sprinkles (divalproex sodium)	34	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	242
Depen Titratabs (penicillamine)	209	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	242
Depo-Estradiol (estradiol cypionate)	241	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogestrel-Ethinyl Estradiol)	242
Derma-Smoothe/FS Body (fluocinolone acetonide)	184	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	242
Derma-Smoothe/FS Scalp (fluocinolone acetonide)	184	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	242
DermacinRx Pretrate (prenatal multivit-min w/fe-fa)	198	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	242
DermOtic (fluocinolone acetonide (otic))	303	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	242
Descovy (emtricitabine-tenofovir alafenamide fumarate)	99	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	242
desipramine hcl tab 10 mg	53	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	242
desipramine hcl tab 100 mg	53	Desonate (desonide)	184
desipramine hcl tab 150 mg	54	Desonide	184
desipramine hcl tab 25 mg	54	desonide cream 0.05%	184
desipramine hcl tab 50 mg	54	desonide gel 0.05%	184
desipramine hcl tab 75 mg	54	desonide gel 0.05% (Desrx)	184
Desloratadine	305	desonide lotion 0.05%	184
desloratadine tab 5 mg	305	desonide oint 0.05%	184
Desmopressin Acetate	236	DesOwen (desonide)	184
desmopressin acetate nasal spray soln 0.01% (Desmopressin Acetate Spray)	236	desoximetasone cream 0.05%	184
desmopressin acetate nasal spray soln 0.01% (refrigerated) (Desmopressin Ace Spray Refrig)	236	desoximetasone cream 0.25%	184
desmopressin acetate tab 0.1 mg	236	desoximetasone gel 0.05%	184
desmopressin acetate tab 0.2 mg	236		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	241		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Desogestrel-Ethinyl Estradiol)	241		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	242		

desoximetasone oint 0.05%	184	Dexcom G6 Sensor	288
desoximetasone oint 0.25%	184	Dexcom G6 Transmitter	288
desoximetasone spray 0.25%	184	Dexcom G7 Receiver	288
Desoxy (methamphetamine hcl)	162	Dexcom G7 Sensor	288
Desvenlafaxine ER	49	Dexedrine (dextroamphetamine sulfate)	162
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Desvenlafaxine Succinate ER)	49	Dexilant (dexlansoprazole)	221
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Desvenlafaxine Succinate ER)	50	dexlansoprazole cap delayed release 30 mg	221
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Desvenlafaxine Succinate ER)	50	dexlansoprazole cap delayed release 60 mg	221
Detrol (tolterodine tartrate)	228	dexmethylphenidate hcl cap er 24 hr 10 mg (Dexmethylphenidate HCl ER)	165
Detrol LA (tolterodine tartrate)	228	dexmethylphenidate hcl cap er 24 hr 15 mg (Dexmethylphenidate HCl ER)	166
Dexabliss (dexamethasone)	233	dexmethylphenidate hcl cap er 24 hr 20 mg (Dexmethylphenidate HCl ER)	166
Dexamethasone	233	dexmethylphenidate hcl cap er 24 hr 25 mg (Dexmethylphenidate HCl ER)	166
dexamethasone elixir 0.5 mg/5ml	233	dexmethylphenidate hcl cap er 24 hr 30 mg (Dexmethylphenidate HCl ER)	166
Dexamethasone Intensol	233	dexmethylphenidate hcl cap er 24 hr 35 mg (Dexmethylphenidate HCl ER)	166
Dexamethasone Sodium Phosphate (dexamethasone sodium phosphate (ophth))	298	dexmethylphenidate hcl cap er 24 hr 40 mg (Dexmethylphenidate HCl ER)	166
dexamethasone tab 0.5 mg	233	dexmethylphenidate hcl cap er 24 hr 5 mg (Dexmethylphenidate HCl ER)	166
dexamethasone tab 0.5 mg (Decadron)	233	dexmethylphenidate hcl tab 10 mg	166
dexamethasone tab 0.75 mg	233	dexmethylphenidate hcl tab 2.5 mg	166
dexamethasone tab 0.75 mg (Decadron)	233	dexmethylphenidate hcl tab 5 mg	166
dexamethasone tab 1 mg	233	dextroamphetamine sulfate cap er 24hr 10 mg (Dextroamphetamine Sulfate ER)	162
dexamethasone tab 1.5 mg	233	dextroamphetamine sulfate cap er 24hr 15 mg (Dextroamphetamine Sulfate ER)	162
dexamethasone tab 2 mg	233	dextroamphetamine sulfate cap er 24hr 5 mg (Dextroamphetamine Sulfate ER)	162
dexamethasone tab 4 mg	233	dextroamphetamine sulfate oral solution 5 mg/5ml	163
dexamethasone tab 4 mg (Decadron)	233	dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra)	163
dexamethasone tab 6 mg	233	dextroamphetamine sulfate tab 10 mg	163
dexamethasone tab 6 mg (Decadron)	233	dextroamphetamine sulfate tab 10 mg (Zenedi)	163
dexamethasone tab therapy pack 1.5 mg (21) (Hidex 6-Day)	233	dextroamphetamine sulfate tab 15 mg	163
dexamethasone tab therapy pack 1.5 mg (21) (Taperdex 6-Day)	234		
Dexchlorpheniramine Maleate	305		
Dexcom G5 Mob/G4 Plat Sensor	287		
Dexcom G5 Mobile Receiver	287		
Dexcom G5 Mobile Transmitter	287		
Dexcom G5 Receiver Kit	287		
Dexcom G6 Receiver	287		

dextroamphetamine sulfate tab 15 mg (Zenedi).....	163	diclofenac potassium tab 50 mg.....	2
dextroamphetamine sulfate tab 2.5 mg.....	163	diclofenac potassium tab 50 mg (Cataflam)...	2
dextroamphetamine sulfate tab 2.5 mg (Zenedi).....	163	diclofenac sodium (actinic keratoses) gel 3%...	2
dextroamphetamine sulfate tab 20 mg.....	163	diclofenac sodium ophth soln 0.1%.....	298
dextroamphetamine sulfate tab 20 mg (Zenedi).....	163	diclofenac sodium soln 1.5%.....	2
dextroamphetamine sulfate tab 30 mg.....	163	diclofenac sodium soln 2%.....	3
dextroamphetamine sulfate tab 30 mg (Zenedi).....	163	diclofenac sodium tab delayed release 25 mg...	3
dextroamphetamine sulfate tab 5 mg.....	163	diclofenac sodium tab delayed release 50 mg...	3
dextroamphetamine sulfate tab 5 mg (Zenedi).....	163	diclofenac sodium tab delayed release 75 mg...	3
dextroamphetamine sulfate tab 7.5 mg.....	163	diclofenac sodium tab er 24hr 100 mg (Diclofenac Sodium ER).....	3
dextroamphetamine sulfate tab 7.5 mg (Zenedi).....	163	diclofenac w/ misoprostol tab delayed release 50-0.2 mg (Diclofenac-miSOPROStol).....	3
Dhivy (carbidopa-levodopa).....	87	diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Diclofenac-miSOPROStol).....	3
Diacomit (stiripentol).....	34	dicloxacillin sodium cap 250 mg.....	28
Diastat AcuDial (diazepam (anticonvulsant))...	39	dicloxacillin sodium cap 500 mg.....	28
Diastat Pediatric (diazepam (anticonvulsant))	39	dicyclomine hcl cap 10 mg.....	216
DiazePAM (diazepam (anticonvulsant)).....	39	dicyclomine hcl oral soln 10 mg/5ml.....	216
diazepam conc 5 mg/ml.....	106	dicyclomine hcl tab 20 mg.....	216
diazepam conc 5 mg/ml (DiazePAM Intensol).....	106	Diethylpropion HCl ER.....	171
diazepam oral soln 1 mg/ml.....	106	diethylpropion hcl tab 25 mg.....	172
diazepam rectal gel delivery system 10 mg...	39	Differin (adapalene).....	179
diazepam rectal gel delivery system 20 mg...	39	Dificid (fidaxomicin).....	28
diazepam tab 10 mg.....	106	Diflorasone Diacetate.....	184
diazepam tab 2 mg.....	106	diflorasone diacetate oint 0.05%.....	184
diazepam tab 5 mg.....	106	Diflucan (fluconazole).....	57
diazoxide susp 50 mg/ml.....	115	diflunisal tab 500 mg.....	3
Dibenzylamine (phenoxybenzamine hcl).....	127	difluprednate ophth emulsion 0.05%.....	298
dichlorphenamide tab 50 mg.....	223	Digoxin.....	131
dichlorphenamide tab 50 mg (Ormalvi).....	223	digoxin oral soln 0.05 mg/ml.....	131
Diclegis (doxylamine-pyridoxine).....	55	digoxin tab 125 mcg (0.125 mg).....	131
Diclofenac Epolamine.....	2	digoxin tab 125 mcg (0.125 mg) (Digitek).....	131
diclofenac potassium (migraine) packet 50 mg (Diclofenac Potassium(Migraine)).....	2	digoxin tab 250 mcg (0.25 mg).....	131
diclofenac potassium cap 25 mg.....	2	digoxin tab 250 mcg (0.25 mg) (Digitek).....	131
diclofenac potassium tab 25 mg.....	2	digoxin tab 62.5 mcg (0.0625 mg).....	131
		dihydroergotamine mesylate inj 1 mg/ml.....	61
		dihydroergotamine mesylate nasal spray 4 mg/ml.....	61
		Dilantin (phenytoin sodium extended).....	42
		Dilantin (phenytoin).....	42

Dilantin Infatabs (phenytoin)	42	diltiazem hcl extended release beads cap er	
Dilantin-125 (phenytoin)	42	24hr 120 mg (Tiadylt Er)	139
Dilatrate-SR (isosorbide dinitrate)	158	diltiazem hcl extended release beads cap er	
Dilaudid (hydromorphone hcl)	13	24hr 180 mg (DiITIAZem HCl ER Beads)	139
diltiazem hcl cap er 12hr 120 mg (DiITIAZem HCl ER)	138	diltiazem hcl extended release beads cap er	
diltiazem hcl cap er 12hr 60 mg (diITIAZem HCl ER)	138	24hr 180 mg (Taztia Xt)	139
diltiazem hcl cap er 12hr 90 mg (diITIAZem HCl ER)	138	diltiazem hcl extended release beads cap er	
diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)	138	24hr 180 mg (Tiadylt Er)	139
diltiazem hcl cap er 24hr 120 mg (diITIAZem HCl ER)	138	diltiazem hcl extended release beads cap er	
diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)	138	24hr 240 mg (DiITIAZem HCl ER Beads)	139
diltiazem hcl cap er 24hr 180 mg (diITIAZem HCl ER)	138	diltiazem hcl extended release beads cap er	
diltiazem hcl cap er 24hr 240 mg (Dilt-Xr)	138	24hr 240 mg (Taztia Xt)	139
diltiazem hcl cap er 24hr 240 mg (diITIAZem HCl ER)	138	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)	138	24hr 240 mg (Tiadylt Er)	139
diltiazem hcl coated beads cap er 24hr 120 mg (diITIAZem HCl ER Coated Beads)	138	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	138	24hr 300 mg (DiITIAZem HCl ER Beads)	139
diltiazem hcl coated beads cap er 24hr 180 mg (DiITIAZem HCl ER Coated Beads)	138	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)	138	24hr 300 mg (Taztia Xt)	139
diltiazem hcl coated beads cap er 24hr 240 mg (diITIAZem HCl ER Coated Beads)	138	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)	138	24hr 300 mg (Tiadylt Er)	139
diltiazem hcl coated beads cap er 24hr 300 mg (DiITIAZem HCl ER Coated Beads)	139	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 360 mg (DiITIAZem HCl ER Coated Beads)	139	24hr 360 mg (DiITIAZem HCl ER Beads)	139
diltiazem hcl extended release beads cap er 24hr 120 mg (DiITIAZem HCl ER Beads)	139	diltiazem hcl extended release beads cap er	
diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)	139	24hr 360 mg (Taztia Xt)	139
		diltiazem hcl extended release beads cap er	
		24hr 360 mg (Tiadylt Er)	139
		diltiazem hcl extended release beads cap er	
		24hr 420 mg (DiITIAZem HCl ER Beads)	140
		diltiazem hcl extended release beads cap er	
		24hr 420 mg (Tiadylt Er)	140
		diltiazem hcl tab 120 mg	140
		diltiazem hcl tab 30 mg	140
		diltiazem hcl tab 60 mg	140
		diltiazem hcl tab 90 mg	140
		diltiazem hcl tab er 24hr 120 mg (diITIAZem HCl ER)	140
		diltiazem hcl tab er 24hr 180 mg (diITIAZem HCl ER)	140
		diltiazem hcl tab er 24hr 180 mg (Matzim La)	140
		diltiazem hcl tab er 24hr 240 mg (diITIAZem HCl ER)	140

diltiazem hcl tab er 24hr 240 mg (Matzim La)	140	divalproex sodium tab delayed release 125 mg	34
diltiazem hcl tab er 24hr 300 mg (dilTIAZem HCl ER)	140	divalproex sodium tab delayed release 250 mg	34
diltiazem hcl tab er 24hr 300 mg (Matzim La)	140	divalproex sodium tab delayed release 500 mg	34
diltiazem hcl tab er 24hr 360 mg (dilTIAZem HCl ER)	140	divalproex sodium tab er 24 hr 250 mg (Divalproex Sodium ER)	34
diltiazem hcl tab er 24hr 360 mg (Matzim La)	140	divalproex sodium tab er 24 hr 500 mg (Divalproex Sodium ER)	34
diltiazem hcl tab er 24hr 420 mg (dilTIAZem HCl ER)	140	Divigel (estradiol)	242
diltiazem hcl tab er 24hr 420 mg (Matzim La)	140	dofetilide cap 125 mcg (0.125 mg)	131
dimethyl fumarate capsule delayed release 120 mg	175	dofetilide cap 250 mcg (0.25 mg)	131
dimethyl fumarate capsule delayed release 240 mg	175	dofetilide cap 500 mcg (0.5 mg)	131
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Dimethyl Fumarate Starter Pack)	175	Dojolvi (triheptanoin)	212
Diovan (valsartan)	128	donepezil hydrochloride orally disintegrating tab 10 mg (Donepezil HCl)	45
Diovan HCT (valsartan-hydrochlorothiazide)	145	donepezil hydrochloride orally disintegrating tab 5 mg (Donepezil HCl)	45
Dipentum (olsalazine sodium)	282	donepezil hydrochloride tab 10 mg (Donepezil HCl)	45
diphenoxylate w/ atropine tab 2.5-0.025 mg (Diphenoxylate-Atropine)	215	donepezil hydrochloride tab 23 mg (Donepezil HCl)	45
Diphenoxylate-Atropine (diphenoxylate w/ atropine)	215	donepezil hydrochloride tab 5 mg (Donepezil HCl)	45
Diprolene (betamethasone dipropionate augmented)	184	Donnatal (phenobarbital-hyoscyamine-atropine-scopolamine)	216
Diprolene AF (betamethasone dipropionate augmented)	185	Doptelet (avatrombopag maleate)	126
dipyridamole tab 25 mg	125	Doryx (doxycycline hyclate)	31
dipyridamole tab 50 mg	125	Doryx MPC (doxycycline hyclate)	31
dipyridamole tab 75 mg	125	Dorzolamide HCl	301
disopyramide phosphate cap 100 mg	131	dorzolamide hcl ophth soln 2%	301
disopyramide phosphate cap 150 mg	131	Dorzolamide HCl-Timolol Mal (dorzolamide hcl-timolol maleate)	294
disulfiram tab 250 mg	20	dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Dorzolamide HCl-Timolol Mal PF)	294
disulfiram tab 500 mg	20	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	294
Ditropan XL (oxybutynin chloride)	228	dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Dorzolamide HCl-Timolol Mal PF)	294
Diuril (chlorothiazide)	152		
divalproex sodium cap delayed release sprinkle 125 mg	34		

Dovato (dolutegravir sodium-lamivudine)	97	doxycycline hyclate tab delayed release 75 mg	32
Dovonex (calcipotriene)	190	doxycycline monohydrate cap 100 mg	32
doxazosin mesylate tab 1 mg	127	doxycycline monohydrate cap 100 mg (Mondoxylene NI)	32
doxazosin mesylate tab 2 mg	127	doxycycline monohydrate cap 150 mg	32
doxazosin mesylate tab 4 mg	127	doxycycline monohydrate cap 50 mg	32
doxazosin mesylate tab 8 mg	127	doxycycline monohydrate cap 75 mg	32
doxepin hcl (sleep) tab 3 mg (base equiv)	321	doxycycline monohydrate cap 75 mg (Mondoxylene NI)	32
doxepin hcl (sleep) tab 6 mg (base equiv)	321	doxycycline monohydrate for susp 25 mg/5ml	32
doxepin hcl cap 10 mg	54	doxycycline monohydrate tab 100 mg	32
doxepin hcl cap 100 mg	54	doxycycline monohydrate tab 100 mg (Avidoxy)	32
doxepin hcl cap 150 mg	54	doxycycline monohydrate tab 150 mg	32
doxepin hcl cap 25 mg	54	doxycycline monohydrate tab 50 mg	32
doxepin hcl cap 50 mg	54	doxycycline monohydrate tab 75 mg	32
doxepin hcl cap 75 mg	54	doxylamine-pyridoxine tab delayed release 10-10 mg	55
doxepin hcl conc 10 mg/ml	54	Drisdol (ergocalciferol)	284
doxepin hcl cream 5%	185	Drizalma Sprinkle (duloxetine hcl)	173
Doxercalciferol	284	dronabinol cap 10 mg	56
doxercalciferol cap 0.5 mcg	284	dronabinol cap 2.5 mg	56
doxercalciferol cap 1 mcg	284	dronabinol cap 5 mg	56
doxercalciferol cap 2.5 mcg	284	DropSafe Safety Syringe/Needle	288
doxycycline (rosacea) cap delayed release 40 mg	31	Drospiren-Eth Estrad-Levomefol (drospirenone-ethinyl estradiol-levomefolate calcium)	243
Doxycycline Hyclate	31	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Drospiren-Eth Estrad-Levomefol)	243
doxycycline hyclate cap 100 mg	31	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	243
doxycycline hyclate cap 100 mg (Morgidox)	31	drospirenone-ethinyl estradiol tab 3-0.02 mg	243
doxycycline hyclate cap 50 mg	31	drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)	243
doxycycline hyclate tab 100 mg	31	drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	243
doxycycline hyclate tab 150 mg	31	drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	243
doxycycline hyclate tab 20 mg	32		
doxycycline hyclate tab 50 mg	32		
doxycycline hyclate tab 50 mg (Targadox)	32		
doxycycline hyclate tab 75 mg	32		
doxycycline hyclate tab delayed release 100 mg	32		
doxycycline hyclate tab delayed release 150 mg	32		
doxycycline hyclate tab delayed release 200 mg	32		
doxycycline hyclate tab delayed release 50 mg	32		

drospirenone-ethinyl estradiol tab 3-0.02 mg
 (Loryna)..... 243
 drospirenone-ethinyl estradiol tab 3-0.02 mg
 (Nikki)..... 243
 drospirenone-ethinyl estradiol tab 3-0.02 mg
 (Vestura)..... 243
 drospirenone-ethinyl estradiol tab 3-0.03
 mg..... 243
 drospirenone-ethinyl estradiol tab 3-0.03 mg
 (Ocella)..... 243
 drospirenone-ethinyl estradiol tab 3-0.03 mg
 (Syeda)..... 243
 drospirenone-ethinyl estradiol tab 3-0.03 mg
 (Zumandimine)..... 243
 Droxia (hydroxyurea (sickle cell disease)).... 223
 droxidopa cap 100 mg..... 126
 droxidopa cap 200 mg..... 126
 droxidopa cap 300 mg..... 126
 Duaklir Pressair (aclidinium bromide-formoterol
 fumarate)..... 315
 Duavee (conjugated estrogens-
 bazedoxifene)..... 261
 Duetact (pioglitazone hcl-glimepiride)..... 109
 Duexis (ibuprofen-famotidine)..... 3
 Dulera (mometasone furoate-formoterol
 fumarate dihydrate)..... 315
 duloxetine hcl enteric coated pellets cap 20 mg
 (base eq)..... 173
 duloxetine hcl enteric coated pellets cap 30 mg
 (base eq)..... 173
 duloxetine hcl enteric coated pellets cap 40 mg
 (base eq)..... 173
 duloxetine hcl enteric coated pellets cap 60 mg
 (base eq)..... 173
 Duobrii (halobetasol propionate-tazarotene) 190
 Dupixent (dupilumab)..... 268
 Duragesic-100 (fentanyl)..... 7
 Duragesic-12 (fentanyl)..... 7
 Duragesic-25 (fentanyl)..... 7
 Duragesic-50 (fentanyl)..... 7
 Duragesic-75 (fentanyl)..... 7

Durezol (difluprednate)..... 298
 dutasteride cap 0.5 mg..... 229
 dutasteride-tamsulosin hcl cap 0.5-0.4 mg . 229
 Dutoprol (metoprolol & hydrochlorothiazide). 145
 DUVYZAT (givinostat hcl)..... 223
 Dxevo 11-Day (dexamethasone)..... 234
 Dyanavel XR (amphetamine)..... 163
 Dymista (azelastine hcl-fluticasone
 propionate)..... 315
 Dyrenium (triamterene)..... 151

E

E.E.S. Granules (erythromycin ethylsuccinate) .28
 EasiVent..... 288
 EasiVent Mask Large..... 288
 EasiVent Mask Medium..... 288
 EasiVent Mask Small..... 288
 Ebglyss (lebrikizumab-lbkz)..... 185
 econazole nitrate cream 1%..... 57
 Edarbi (azilsartan medoxomil)..... 128
 Edarbyclor (azilsartan medoxomil-
 chlorthalidone)..... 145
 Edecrin (ethacrynic acid)..... 151
 Edex (alprostadil (vasodilator))..... 239
 Edluar (zolpidem tartrate)..... 321
 Edurant (rilpivirine hcl)..... 98
 Efavirenz..... 98
 efavirenz tab 600 mg..... 98
 efavirenz-emtricitabine-tenofovir df tab 600-
 200-300 mg (Efavirenz-Emtricitab-Tenofo
 DF)..... 98
 efavirenz-lamivudine-tenofovir df tab 400-
 300-300 mg..... 98
 efavirenz-lamivudine-tenofovir df tab 600-
 300-300 mg..... 98
 Effer-K (potassium bicarbonate-citric acid) . 199
 Effexor XR (venlafaxine hcl)..... 50
 Effient (prasugrel hcl)..... 126
 Efudex (fluorouracil (topical))..... 190
 Egrifta SV (tesamorelin acetate)..... 236
 Elestrin (estradiol)..... 243

eletriptan hydrobromide tab 20 mg (base equivalent).....	62	enalapril maleate tab 2.5 mg.....	129
eletriptan hydrobromide tab 40 mg (base equivalent).....	62	enalapril maleate tab 20 mg.....	129
Elidel (pimecrolimus).....	185	enalapril maleate tab 5 mg.....	129
Elimite (permethrin).....	195	EnBrace HR (prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids).....	212
Eliquis (apixaban).....	120	Enbrel (etanercept).....	276
Eliquis DVT/PE Starter Pack (apixaban).....	120	Enbrel Mini (etanercept).....	276
Elite-OB (prenatal vit w/ iron carbonyl-folic acid).....	199	Enbrel SureClick (etanercept).....	276
Ella (ulipristal acetate).....	259	Endari (glutamine (sickle cell)).....	224
Elmiron (pentosan polysulfate sodium).....	230	Endometrin (progesterone (vaginal)).....	259
Elyxyb (celecoxib (migraine)).....	3	enoxaparin sodium inj 300 mg/3ml.....	120
Emcyt (estramustine phosphate sodium).....	68	enoxaparin sodium inj soln pref syr 100 mg/ml.....	120
Emend (aprepitant).....	56	enoxaparin sodium inj soln pref syr 120 mg/0.8ml.....	120
Emend Tri-Pack (aprepitant).....	56	enoxaparin sodium inj soln pref syr 150 mg/ml.....	120
Emflaza (deflazacort).....	234	enoxaparin sodium inj soln pref syr 30 mg/0.3ml.....	120
Emgality (300 MG Dose) (galcanezumab-gnlm).....	61	enoxaparin sodium inj soln pref syr 40 mg/0.4ml.....	120
Emgality (galcanezumab-gnlm).....	61	enoxaparin sodium inj soln pref syr 60 mg/0.6ml.....	120
Empaveli (pegcetacoplan).....	268	enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....	120
Emrosi (minocycline hcl micronized (rosacea)).....	32	Enspryng (satralizumab-mwge).....	268
Emsam (selegiline).....	49	Enstilar (calcipotriene-betamethasone dipropionate).....	190
emtricitabine caps 200 mg.....	99	entacapone tab 200 mg.....	84
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Emtricitabine-Tenofovir DF).....	99	Entadfi (finasteride-tadalafil).....	229
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Emtricitabine-Tenofovir DF).....	99	entecavir tab 0.5 mg.....	95
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Emtricitabine-Tenofovir DF).....	99	entecavir tab 1 mg.....	96
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Emtricitabine-Tenofovir DF).....	100	Entocort EC (budesonide).....	283
Emtriva (emtricitabine).....	100	Entresto (sacubitril-valsartan).....	146
Emverm (mebendazole).....	81	Entyvio (vedolizumab).....	268
Enablex (darifenacin hydrobromide).....	228	Envarsus XR (tacrolimus).....	276
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Enalapril-Hydrochlorothiazide).....	146	Eohilia (budesonide).....	283
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg (Enalapril-Hydrochlorothiazide).....	146	Epaned (enalapril maleate).....	130
enalapril maleate oral soln 1 mg/ml.....	129	Epclusa (sofosbuvir-velpatasvir).....	96
enalapril maleate tab 10 mg.....	129	Epidiolex (cannabidiol).....	35
		Epiduo (adapalene-benzoyl peroxide).....	179

Epiduo Forte (adapalene-benzoyl peroxide) .	179	Erythrocin Stearate (erythromycin stearate) .	29
Epifoam (pramoxine-hc)	190	Erythromycin (erythromycin (ophth))	297
epinastine hcl ophth soln 0.05%	296	Erythromycin Base	29
EPINEPHrine (epinephrine (anaphylaxis)) . . .	308	erythromycin ethylsuccinate for susp 200	
epinephrine solution auto-injector 0.15		mg/5ml	29
mg/0.3ml (1:2000)	308	erythromycin ethylsuccinate for susp 400	
epinephrine solution auto-injector 0.3 mg/0.3ml		mg/5ml	29
(1:1000)	308	erythromycin ethylsuccinate tab 400 mg	29
EpiPen 2-Pak (epinephrine (anaphylaxis)) . . .	308	erythromycin ethylsuccinate tab 400 mg (E.e.s.	
EpiPen Jr 2-Pak (epinephrine (anaphylaxis))	308	400)	29
Epivir (lamivudine)	100	erythromycin gel 2%	197
Epivir HBV (lamivudine (hbv))	96	erythromycin ophth oint 5 mg/gm	297
eplerenone tab 25 mg	151	erythromycin soln 2%	197
eplerenone tab 50 mg	151	erythromycin tab 250 mg (Erythromycin	
Epogen (epoetin alfa)	123	Base)	29
Eprontia (topiramate)	35	erythromycin tab 500 mg (Erythromycin	
Epsolay (benzoyl peroxide)	179	Base)	29
Epzicom (abacavir sulfate-lamivudine)	100	erythromycin tab delayed release 250 mg	29
EQ Space Chamber Anti-Static	288	erythromycin tab delayed release 250 mg (Ery-	
EQ Space Chamber Anti-Static L	288	Tab)	29
EQ Space Chamber Anti-Static M	288	erythromycin tab delayed release 250 mg	
EQ Space Chamber Anti-Static S	288	(Erythromycin Base)	29
Equetro (carbamazepine (antipsychotic))	107	erythromycin tab delayed release 333 mg	29
ergocalciferol cap 1.25 mg (50000 unit)	284	erythromycin tab delayed release 333 mg (Ery-	
ergocalciferol cap 1.25 mg (50000 unit) (Vitamin		Tab)	29
D (Ergocalciferol))	284	erythromycin tab delayed release 333 mg	
Ergoloid Mesylates	44	(Erythromycin Base)	29
Ergomar (ergotamine tartrate)	62	erythromycin tab delayed release 500 mg	29
Ergotamine-Caffeine (ergotamine w/		erythromycin tab delayed release 500 mg (Ery-	
caffeine)	62	Tab)	29
Erivedge (vismodegib)	72	erythromycin tab delayed release 500 mg	
Erleada (apalutamide)	67	(Erythromycin Base)	29
erlotinib hcl tab 100 mg (base equivalent)	72	Esbriet (pirfenidone)	313
erlotinib hcl tab 150 mg (base equivalent)	72	escitalopram oxalate soln 5 mg/5ml (base	
erlotinib hcl tab 25 mg (base equivalent)	72	equiv)	50
Ermeza (levothyroxine sodium)	261	escitalopram oxalate tab 10 mg (base equiv) .	50
Ertaczo (sertaconazole nitrate)	57	escitalopram oxalate tab 20 mg (base equiv) .	50
Ery (erythromycin (acne aid))	197	escitalopram oxalate tab 5 mg (base equiv) .	50
Erygel (erythromycin (acne aid))	197	Esgic (butalbital-acetaminophen-caffeine) . .	172
EryPed 200 (erythromycin ethylsuccinate)	28	esomeprazole magnesium cap delayed release	
EryPed 400 (erythromycin ethylsuccinate)	29	40 mg (base eq)	221

esomeprazole magnesium for delayed release susp pack 2.5 mg	221	estradiol & norethindrone acetate tab 1-0.5 mg (Estradiol-Norethindrone Acet)	259
esomeprazole magnesium for delayed release susp packet 10 mg	221	estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	259
esomeprazole magnesium for delayed release susp packet 20 mg	221	estradiol gel 0.06% (0.75 mg/1.25 gm metered- dose pump)	244
esomeprazole magnesium for delayed release susp packet 40 mg	221	estradiol tab 0.5 mg	244
esomeprazole magnesium for delayed release susp packet 5 mg	221	estradiol tab 1 mg	244
estazolam tab 1 mg	321	estradiol tab 2 mg	244
estazolam tab 2 mg	321	estradiol td gel 0.25 mg/0.25gm (0.1%)	244
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs)	243	estradiol td gel 0.5 mg/0.5gm (0.1%)	244
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs)	243	estradiol td gel 0.75 mg/0.75gm (0.1%)	244
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Est Estrogens-Methyltest HS)	244	estradiol td gel 1 mg/gm (0.1%)	244
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Est Estrogens-Methyltest)	244	estradiol td gel 1.25 mg/1.25gm (0.1%)	244
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Estratest H.s.)	244	estradiol td patch twice weekly 0.025 mg/24hr	245
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx)	244	estradiol td patch twice weekly 0.025 mg/24hr (Dotti)	245
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt)	244	estradiol td patch twice weekly 0.025 mg/24hr (Lyllana)	245
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Est Estrogens-Methyltest DS)	244	estradiol td patch twice weekly 0.0375 mg/24hr	245
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Est Estrogens-Methyltest)	244	estradiol td patch twice weekly 0.0375 mg/24hr (Dotti)	245
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.)	244	estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana)	245
Estrace (estradiol vaginal)	244	estradiol td patch twice weekly 0.05 mg/24hr	245
Estrace (estradiol)	244	estradiol td patch twice weekly 0.05 mg/24hr (Dotti)	245
estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz)	259	estradiol td patch twice weekly 0.05 mg/24hr (Lyllana)	245
estradiol & norethindrone acetate tab 0.5-0.1 mg (Estradiol-Norethindrone Acet)	259	estradiol td patch twice weekly 0.075 mg/24hr	245
estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz)	259	estradiol td patch twice weekly 0.075 mg/24hr (Dotti)	245
		estradiol td patch twice weekly 0.075 mg/24hr (Lyllana)	245
		estradiol td patch twice weekly 0.1 mg/24hr (Dotti)	245

estradiol td patch twice weekly 0.1 mg/24hr (Lyllana).....	245	etodolac cap 200 mg.....	3
estradiol td patch weekly 0.025 mg/24hr.....	245	etodolac cap 300 mg.....	3
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	245	etodolac tab 400 mg.....	3
estradiol td patch weekly 0.05 mg/24hr.....	245	etodolac tab 500 mg.....	3
estradiol td patch weekly 0.06 mg/24hr.....	245	etodolac tab er 24hr 400 mg (Etodolac ER).....	3
estradiol td patch weekly 0.075 mg/24hr.....	245	etodolac tab er 24hr 500 mg (Etodolac ER).....	3
estradiol td patch weekly 0.1 mg/24hr.....	245	etodolac tab er 24hr 600 mg (Etodolac ER).....	3
estradiol vaginal cream 0.1 mg/gm.....	245	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	246
estradiol vaginal tab 10 mcg.....	246	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Eluryng).....	246
estradiol vaginal tab 10 mcg (Yuvafem).....	246	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring).....	246
estradiol valerate im in oil 10 mg/ml.....	246	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette).....	246
estradiol valerate im in oil 20 mg/ml.....	246	etonogestrel-ethinyl estradiol va ring 0.120- 0.015 mg/24hr.....	246
estradiol valerate im in oil 40 mg/ml.....	246	etonogestrel-ethinyl estradiol va ring 0.120- 0.015 mg/24hr (Enilloring).....	247
Estring (estradiol vaginal).....	246	Etoposide.....	70
Estrogel (estradiol).....	246	etravirine tab 100 mg.....	98
Estrostep Fe (norethindrone acetate-ethinyl estradiol-fe).....	246	etravirine tab 200 mg.....	98
eszopiclone tab 1 mg.....	321	Eucrisa (crisaborole).....	185
eszopiclone tab 2 mg.....	321	Eulexin (flutamide).....	67
eszopiclone tab 3 mg.....	321	Evamist (estradiol).....	247
ethacrynic acid tab 25 mg.....	151	Evekeo (amphetamine sulfate).....	163,164
ethambutol hcl tab 100 mg.....	65	Evekeo ODT (amphetamine sulfate).....	164
ethambutol hcl tab 400 mg.....	65	everolimus tab 0.25 mg.....	276
ethosuximide cap 250 mg.....	39	everolimus tab 0.5 mg.....	276
ethosuximide soln 250 mg/5ml.....	39	everolimus tab 0.75 mg.....	276
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Ethinodiol Diac-Eth Estradiol).....	246	everolimus tab 1 mg.....	276
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35).....	246	everolimus tab 10 mg.....	72
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28)).....	246	everolimus tab 10 mg (Torpenz).....	72
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28)).....	246	everolimus tab 2.5 mg.....	72
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Ethinodiol Diac-Eth Estradiol).....	246	everolimus tab 2.5 mg (Torpenz).....	72
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50).....	246	everolimus tab 5 mg.....	72
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Valtya 1/50).....	246	everolimus tab 5 mg (Torpenz).....	72
		everolimus tab 7.5 mg.....	72
		everolimus tab 7.5 mg (Torpenz).....	73
		everolimus tab for oral susp 2 mg.....	73
		everolimus tab for oral susp 3 mg.....	73

everolimus tab for oral susp 5 mg	73	febuxostat tab 40 mg	60
Evista (raloxifene hcl)	261	febuxostat tab 80 mg	60
Evoclin (clindamycin phosphate (topical))	197	felbamate susp 600 mg/5ml	35
Evotaz (atazanavir sulfate-cobicistat)	102	felbamate tab 400 mg	35
Evoxac (cevimeline hcl)	177	felbamate tab 600 mg	35
Evrysdi (risdiplam)	224	Felbatol (felbamate)	35
Exelderm (sulconazole nitrate)	57	Feldene (piroxicam)	3
Exelon (rivastigmine)	45	felodipine tab er 24hr 10 mg (Felodipine ER) .	136
exemestane tab 25 mg	70	felodipine tab er 24hr 2.5 mg (Felodipine ER) .	136
Exforge (amlodipine besylate-valsartan)	146	felodipine tab er 24hr 5 mg (Felodipine ER) .	136
Exforge HCT (amlodipine-valsartan- hydrochlorothiazide)	146	Femara (letrozole)	70
Exjade (deferasirox)	209	FemCap (cervical caps)	288
Exkivity (mobocertinib succinate)	73	Femhrt (norethindrone acetate-ethinyl estradiol)	247
Exservan (riluzole)	160	Femlyv (norethindrone acet & eth estra)	247
Extavia (interferon beta-1b)	175	Femring (estradiol acetate vaginal)	247
Extina (ketoconazole (topical))	58	Fenofibrate	152
Eysuvis (loteprednol etabonate)	298	Fenofibrate Micronized	152
Ezallor Sprinkle (rosuvastatin calcium)	154	fenofibrate micronized cap 130 mg	152
ezetimibe tab 10 mg	156	fenofibrate micronized cap 134 mg	153
Ezetimibe-Rosuvastatin (ezetimibe- rosuvastatin calcium)	156	fenofibrate micronized cap 200 mg	153
ezetimibe-simvastatin tab 10-10 mg	156	fenofibrate micronized cap 43 mg	153
ezetimibe-simvastatin tab 10-20 mg	156	fenofibrate micronized cap 67 mg	153
ezetimibe-simvastatin tab 10-40 mg	156	fenofibrate tab 120 mg	153
ezetimibe-simvastatin tab 10-80 mg	156	fenofibrate tab 145 mg	153
		fenofibrate tab 40 mg	153
		fenofibrate tab 48 mg	153
		fenofibrate tab 54 mg	153
		Fenofibric Acid	153
		Fenoglide (fenofibrate)	153
		fenoprofen calcium cap 400 mg	3
		fenoprofen calcium tab 600 mg	3
		Fenopron (fenoprofen calcium)	3
		fentaNYL Citrate	13
		FentaNYL Citrate	13
		fentanyl citrate lozenge on a handle 1200 mcg	14
		fentanyl citrate lozenge on a handle 1600 mcg	14
		fentanyl citrate lozenge on a handle 200 mcg .	14
		fentanyl citrate lozenge on a handle 400 mcg .	14
		fentanyl citrate lozenge on a handle 600 mcg .	14
F			
Fabhalta (iptacopan hcl)	123		
Fabior (tazarotene (acne))	179		
famciclovir tab 125 mg	104		
famciclovir tab 250 mg	104		
famciclovir tab 500 mg	104		
famotidine for susp 40 mg/5ml	220		
famotidine tab 40 mg	220		
Fanapt (iloperidone)	90		
Fanapt Titration Pack (iloperidone)	90		
Fareston (toremifene citrate)	68		
Farxiga (dapagliflozin propanediol)	158		
Farydak (panobinostat lactate)	73		
Fasenra Pen (benralizumab)	315		

fentanyl citrate lozenge on a handle 800 mcg	14	flavoxate hcl tab 100 mg	228
fentanyl td patch 72hr 100 mcg/hr	7	flecainide acetate tab 100 mg	131
fentanyl td patch 72hr 12 mcg/hr	7	flecainide acetate tab 150 mg	132
fentanyl td patch 72hr 25 mcg/hr	7	flecainide acetate tab 50 mg	132
fentanyl td patch 72hr 37.5 mcg/hr	7	Flector (diclofenac epolamine)	3
fentanyl td patch 72hr 50 mcg/hr	7	Fleqsuvy (baclofen)	94
fentanyl td patch 72hr 62.5 mcg/hr	7	Flexichamber	288
fentanyl td patch 72hr 75 mcg/hr	7	Flexichamber Adult Mask/Small	288
fentanyl td patch 72hr 87.5 mcg/hr	7	Flexichamber Child Mask/Large	288
Fentora (fentanyl citrate)	14	Flexichamber Child Mask/Small	288
FENTORA (fentanyl citrate)	14	FloLipid (simvastatin)	154
Ferriprox (deferiprone)	209	Flomax (tamsulosin hcl)	229
Ferriprox Twice-A-Day (deferiprone)	209	Floriva (pediatric multiple vitamins & minerals w/ fluoride)	199
fesoterodine fumarate tab er 24hr 4 mg (Fesoterodine Fumarate ER)	228	Floriva (sodium fluoride-vitamin d)	199
fesoterodine fumarate tab er 24hr 8 mg (Fesoterodine Fumarate ER)	228	Floriva Plus (pediatric multivitamins w/fl)	199
Fetzima (levomilnacipran hcl)	50	Flovent Diskus (fluticasone propionate (inhalation))	304
Fetzima Titration (levomilnacipran hcl)	50	Flovent HFA (fluticasone propionate hfa)	304
Fiasp (insulin aspart (with niacinamide))	116	fluconazole for susp 10 mg/ml	58
Fiasp FlexTouch (insulin aspart (with niacinamide))	116	fluconazole for susp 40 mg/ml	58
Fiasp PenFill (insulin aspart (with niacinamide))	116	fluconazole tab 100 mg	58
Fiasp PumpCart (insulin aspart (with niacinamide))	116	fluconazole tab 150 mg	58
Fibricor (fenofibric acid)	153	fluconazole tab 200 mg	58
Filspari (sparsentan)	230	fluconazole tab 50 mg	58
Filsuvez (birch triterpenes)	288	flucytosine cap 250 mg	58
Finacea (azelaic acid)	179	flucytosine cap 500 mg	58
finasteride tab 5 mg	229	fludrocortisone acetate tab 0.1 mg	234
fingolimod hcl cap 0.5 mg (base equiv)	175	flunisolide nasal soln 25 mcg/act (0.025%)	315
Fintepla (fenfluramine hcl (anticonvulsant))	35	fluocinolone acetonide (otic) oil 0.01%	303
Fioricet (butalbital-acetaminophen-caffeine)	172	fluocinolone acetonide (otic) oil 0.01% (Flac)	303
Fioricet/Codeine (butalbital-acetaminophen-caffeine w/ codeine)	14	fluocinolone acetonide cream 0.01%	185
Firazyr (icatibant acetate)	267	fluocinolone acetonide cream 0.025%	185
Firdapse (amifampridine phosphate)	172	fluocinolone acetonide oil 0.01% (body oil) (Fluocinolone Acetonide Body)	185
Firvanq (vancomycin hcl)	23	fluocinolone acetonide oil 0.01% (scalp oil) (Fluocinolone Acetonide Scalp)	185
Flagyl (metronidazole)	23	fluocinolone acetonide oint 0.025%	185
Flarex (fluorometholone acetate)	298	fluocinolone acetonide soln 0.01%	185
		Fluocinonide	185
		fluocinonide cream 0.05%	185

fluocinonide cream 0.1%	185	fluticasone propionate lotion 0.05%	186
fluocinonide emulsified base cream 0.05%	185	fluticasone propionate lotion 0.05% (Beser)	186
fluocinonide gel 0.05%	185	fluticasone propionate nasal susp 50	
fluocinonide oint 0.05%	185	mcg/act.	316
fluocinonide soln 0.05%	185	fluticasone propionate oint 0.005%	186
fluorometholone ophth susp 0.1%	298	Fluticasone-Salmeterol	316
Fluoroplex (fluorouracil (topical))	190	fluticasone-salmeterol aer powder ba 100-50	
Fluorouracil (fluorouracil (topical))	190,191	mcg/act.	316
fluorouracil cream 5%	191	fluticasone-salmeterol aer powder ba 100-50	
fluorouracil soln 5%	191	mcg/act (Wixela Inhub)	316
FLUoxetine HCl	50	fluticasone-salmeterol aer powder ba 250-50	
FLUoxetine HCl (PMDD)	50	mcg/act.	316
fluoxetine hcl cap 10 mg	50	fluticasone-salmeterol aer powder ba 250-50	
fluoxetine hcl cap 20 mg	50	mcg/act (Wixela Inhub)	316
fluoxetine hcl cap 40 mg	50	fluticasone-salmeterol aer powder ba 500-50	
fluoxetine hcl solution 20 mg/5ml	50	mcg/act.	316
fluoxetine hcl tab 10 mg	50	fluticasone-salmeterol aer powder ba 500-50	
fluoxetine hcl tab 20 mg	50	mcg/act (Wixela Inhub)	316
fluoxetine hcl tab 60 mg	50	fluvastatin sodium cap 20 mg (base	
FluPHENAZine HCl	88	equivalent)	154
fluphenazine hcl tab 1 mg	88	fluvastatin sodium cap 40 mg (base	
fluphenazine hcl tab 10 mg	88	equivalent)	154
fluphenazine hcl tab 2.5 mg	88	fluvastatin sodium tab er 24 hr 80 mg (base	
fluphenazine hcl tab 5 mg	88	equivalent) (Fluvastatin Sodium ER)	154
Flurandrenolide	185	flvoxamine maleate cap er 24hr 100 mg	
flurandrenolide cream 0.05%	185	(fluvoxamine Maleate ER)	50
flurandrenolide cream 0.05% (Nolix)	185	flvoxamine maleate cap er 24hr 150 mg	
flurandrenolide lotion 0.05%	185	(Fluvoxamine Maleate ER)	50
flurandrenolide lotion 0.05% (Nolix)	185	flvoxamine maleate tab 100 mg	51
flurandrenolide oint 0.05%	185	flvoxamine maleate tab 25 mg	51
Flurazepam HCl	321	flvoxamine maleate tab 50 mg	51
Flurbiprofen	4	FML (fluorometholone (ophth))	298
Flurbiprofen Sodium	298	FML Forte (fluorometholone (ophth))	299
flurbiprofen tab 100 mg	4	FML Liquifilm (fluorometholone (ophth))	299
Flutamide	67	Focalin (dexmethylphenidate hcl)	166
Fluticasone Furoate-Vilanterol	316	Focalin XR (dexmethylphenidate hcl)	166
Fluticasone Propionate	186	folic acid tab 1 mg	212
fluticasone propionate cream 0.05%	186	Folivane-OB (prenatal without a vit w/ fe fum-	
Fluticasone Propionate Diskus (fluticasone		iron polysacch complex -fa)	199
propionate (inhalation))	304	Follistim AQ (follitropin beta)	236
Fluticasone Propionate HFA	304		

fondaparinux sodium subcutaneous inj 10 mg/0.8ml	120
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	120
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	120
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	120
Forfivo XL (bupropion hcl)	47
formoterol fumarate soln nebu 20 mcg/2ml	308
Fortamet (metformin hcl)	109
Forteo (teriparatide (recombinant))	284
Fortesta (testosterone)	239
Fosamax (alendronate sodium)	285
Fosamax Plus D (alendronate sodium-cholecalciferol)	285
fosamprenavir calcium tab 700 mg (base equiv)	102
fosfomycin tromethamine powd pack 3 gm (base equivalent)	23
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg (Fosinopril Sodium-HCTZ)	146
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (Fosinopril Sodium-HCTZ)	146
fosinopril sodium tab 10 mg	130
fosinopril sodium tab 20 mg	130
fosinopril sodium tab 40 mg	130
Fosrenol (lanthanum carbonate)	210
Fotivda (tivozanib hcl)	73
Fragmin (dalteparin sodium)	120,121
FreeStyle Libre 14 Day Reader	288
FreeStyle Libre 14 Day Sensor	288
FreeStyle Libre 2 Plus Sensor	288
FreeStyle Libre 2 Reader	289
FreeStyle Libre 2 Sensor	289
FreeStyle Libre 3 Plus Sensor	289
FreeStyle Libre 3 Reader	289
FreeStyle Libre 3 Sensor	289
FreeStyle Libre Reader	289
Frova (frovatriptan succinate)	62

frovatriptan succinate tab 2.5 mg (base equivalent)	62
Fruzaqla (fruquintinib)	69
Fulphila (pegfilgrastim-jmdb)	123
Fulvicin P/G 165 (griseofulvin ultramicrosize)	58
Furoscix (furosemide)	151
Furosemide	151
furosemide oral soln 10 mg/ml	151
furosemide tab 20 mg	151
furosemide tab 40 mg	151
furosemide tab 80 mg	151
Fuzeon (enfuvirtide)	101
Fycompa (perampanel)	35
Fynetra (pegfilgrastim-pbbk)	123

G

gabapentin (once-daily) tab 300 mg	172
gabapentin (once-daily) tab 600 mg	172
gabapentin cap 100 mg	40
gabapentin cap 300 mg	40
gabapentin cap 400 mg	40
gabapentin oral soln 250 mg/5ml	40
gabapentin tab 600 mg	40
gabapentin tab 800 mg	40
Gabarone (gabapentin)	40
Gabitril (tiagabine hcl)	40
Galafold (migalastat hcl)	224
Galantamine Hydrobromide	45
galantamine hydrobromide cap er 24hr 16 mg (Galantamine Hydrobromide ER)	45
galantamine hydrobromide cap er 24hr 24 mg (Galantamine Hydrobromide ER)	45
galantamine hydrobromide cap er 24hr 8 mg (Galantamine Hydrobromide ER)	45
galantamine hydrobromide tab 12 mg	45
galantamine hydrobromide tab 4 mg	45
galantamine hydrobromide tab 8 mg	45
Galzin (zinc acetate (oral))	199
Ganirelix Acetate	265
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	266

ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel).....	266	glipiZIDE.....	109
Gastrocrom (cromolyn sodium (mastocytosis)).....	218	glipizide tab 10 mg.....	109
gatifloxacin ophth soln 0.5%.....	297	glipizide tab 5 mg.....	109
Gattex (teduglutide (rdna)).....	218	glipizide tab er 24hr 10 mg (GlipiZIDE ER)....	109
GaviLyte-C (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate).....	218	glipizide tab er 24hr 10 mg (GlipiZIDE XL)....	109
Gavreto (pralsetinib).....	73	glipizide tab er 24hr 2.5 mg (GlipiZIDE ER)...	109
gefitinib tab 250 mg.....	73	glipizide tab er 24hr 2.5 mg (GlipiZIDE XL)....	109
Gelnique (oxybutynin chloride).....	228	glipizide tab er 24hr 5 mg (GlipiZIDE ER)....	109
gemfibrozil tab 600 mg.....	153	glipizide tab er 24hr 5 mg (GlipiZIDE XL)....	109
Gemtesa (vibegron).....	228	glipizide-metformin hcl tab 2.5-250 mg.....	109
Generess FE (norethindrone & ethinyl estradiol-fe).....	247	glipizide-metformin hcl tab 2.5-500 mg.....	109
Genotropin (somatropin).....	236	glipizide-metformin hcl tab 5-500 mg.....	109
Genotropin MiniQuick (somatropin).....	237	Gloperba (colchicine).....	60
Gentak (gentamicin sulfate (ophth)).....	297	GlucaGen HypoKit (glucagon hcl (rdna)).....	115
gentamicin sulfate cream 0.1%.....	22	Glucagon Emergency (glucagon (rdna)).....	115
gentamicin sulfate oint 0.1%.....	22	Glucagon Emergency (glucagon hcl).....	115
gentamicin sulfate ophth soln 0.3%.....	297	Glucotrol (glipizide).....	110
Genvoya (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide).....	97	Glucotrol XL (glipizide).....	110
Geodon (ziprasidone hcl).....	90	Glumetza (metformin hcl).....	110
Gilenya (fingolimod hcl).....	175	glutamine (sickle cell) powd pack 5 gm (L-Glutamine).....	224
Gilotrif (afatinib dimaleate).....	73	GlyBURIDE Micronized.....	110
Gimoti (metoclopramide hcl).....	55	glyburide tab 1.25 mg.....	110
glatiramer acetate soln prefilled syringe 20 mg/ml.....	175	glyburide tab 2.5 mg.....	110
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa).....	175	glyburide tab 5 mg.....	110
glatiramer acetate soln prefilled syringe 40 mg/ml.....	175	glyburide-metformin tab 1.25-250 mg.....	110
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa).....	175	glyburide-metformin tab 2.5-500 mg.....	110
Gleevec (imatinib mesylate).....	73	glyburide-metformin tab 5-500 mg.....	110
Gleostine (lomustine).....	66	Glycate (glycopyrrolate).....	216
Glimepiride.....	109	Glycopyrrolate.....	216
glimepiride tab 1 mg.....	109	glycopyrrolate oral soln 1 mg/5ml.....	216
glimepiride tab 2 mg.....	109	glycopyrrolate tab 1 mg.....	216
glimepiride tab 4 mg.....	109	glycopyrrolate tab 2 mg.....	216
		Glynase (glyburide micronized).....	110
		Glyxambi (empagliflozin-linagliptin).....	110
		Gocovri (amantadine hcl).....	84
		Golytely (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate).....	218
		Gonal-f (follitropin alfa).....	237
		Gonal-f RFF (follitropin alfa).....	237
		Gonal-f RFF Rediject (follitropin alfa).....	237

GoNitro (nitroglycerin).....	158	halobetasol propionate cream 0.05%.....	186
Gralise (gabapentin (once-daily)).....	172	halobetasol propionate foam 0.05%.....	186
granisetron hcl tab 1 mg.....	57	halobetasol propionate oint 0.05%.....	186
Granix (tbo-filgrastim).....	123	Halog (halcinonide).....	186
Grastek (timothy grass pollen allergen extract).....	268	haloperidol lactate oral conc 2 mg/ml.....	88
griseofulvin microsize susp 125 mg/5ml.....	58	haloperidol tab 0.5 mg.....	88
griseofulvin microsize tab 500 mg.....	58	haloperidol tab 1 mg.....	88
Griseofulvin Ultramicrosize.....	58	haloperidol tab 10 mg.....	89
griseofulvin ultramicrosize tab 125 mg.....	58	haloperidol tab 2 mg.....	89
griseofulvin ultramicrosize tab 250 mg.....	58	haloperidol tab 20 mg.....	89
guanfacine hcl tab 1 mg.....	126	haloperidol tab 5 mg.....	89
guanfacine hcl tab 2 mg.....	126	Harvoni (ledipasvir-sofosbuvir).....	96
guanfacine hcl tab er 24hr 1 mg (base equiv) (GuanFACINE HCl ER).....	166	Helidac Therapy (metronidazole-tetracycline w/ bismuth subsalicylate).....	219
guanfacine hcl tab er 24hr 2 mg (base equiv) (guanFACINE HCl ER).....	166	Hemady (dexamethasone).....	81
guanfacine hcl tab er 24hr 3 mg (base equiv) (GuanFACINE HCl ER).....	166	Hemangeol (propranolol hcl).....	134
guanfacine hcl tab er 24hr 4 mg (base equiv) (GuanFACINE HCl ER).....	166	Heparin Sodium (Porcine).....	121
Guanidine HCl.....	64	heparin sodium (porcine) inj 1000 unit/ml....	121
Guardian 4 Glucose Sensor.....	289	heparin sodium (porcine) inj 10000 unit/ml..	121
Guardian 4 Transmitter.....	289	heparin sodium (porcine) inj 20000 unit/ml..	121
Guardian Connect Transmitter.....	289	heparin sodium (porcine) inj 5000 unit/ml....	121
Guardian REAL-Time Replace Ped.....	289	Heparin Sodium (Porcine) PF.....	121
Guardian Sensor (3).....	289	heparin sodium (porcine) pf inj 1000 unit/ml..	121
Guardian Sensor 3.....	289	heparin sodium (porcine) pf inj 5000 unit/0.5ml.....	121
Gvoke HypoPen 1-Pack (glucagon).....	115	Hepsera (adefovir dipivoxil).....	96
Gvoke HypoPen 2-Pack (glucagon).....	115	Hetlioz (tasimelteon).....	321
Gvoke Kit (glucagon).....	115	Hetlioz LQ (tasimelteon).....	321
Gvoke PFS (glucagon).....	115	Hiprex (methenamine hippurate).....	23
Gynazole-1 (butoconazole nitrate (one dose)).	58	Homatropaire (homatropine hbr).....	294
H		Horizant (gabapentin enacarbil).....	172
Hadlima (adalimumab-bwwd).....	276	Hulio (2 Pen) (adalimumab-fkjp).....	276
Hadlima PushTouch (adalimumab-bwwd)..	276	Hulio (2 Syringe) (adalimumab-fkjp).....	276
Haegarda (c1 esterase inhibitor (human))....	267	Hulio (adalimumab-fkjp).....	276
Halcinonide.....	186	HumaLOG (insulin lispro).....	116
halcinonide cream 0.1%.....	186	HumaLOG Junior KwikPen (insulin lispro)....	116
Halcion (triazolam).....	321	HumaLOG KwikPen (insulin lispro).....	116
		HumaLOG Mix 50/50 (insulin lispro protamine & lispro).....	116
		HumaLOG Mix 50/50 KwikPen (insulin lispro protamine & lispro).....	116

HumaLOG Mix 75/25 (insulin lispro protamine & lispro).....	116	hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (Hydrocod Poli-Chlorphe Poli ER)...	316
HumaLOG Mix 75/25 KwikPen (insulin lispro protamine & lispro).....	117	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (HYDROcodone Bit-Homatrop MBr).....	317
HumaLOG Tempo Pen (insulin lispro).....	117	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet).....	317
Humatin (paromomycin sulfate).....	22	hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (HYDROcodone Bit-Homatrop MBr).....	317
Humatrope (somatropin).....	219	hydrocodone bitartrate cap er 12hr 10 mg (HYDROcodone Bitartrate ER).....	7
Humira (2 Pen) (adalimumab).....	276,277	hydrocodone bitartrate cap er 12hr 15 mg (HYDROcodone Bitartrate ER).....	7
Humira (2 Syringe) (adalimumab).....	277	hydrocodone bitartrate cap er 12hr 30 mg (HYDROcodone Bitartrate ER).....	7
Humira (adalimumab).....	277	hydrocodone bitartrate cap er 12hr 40 mg (HYDROcodone Bitartrate ER).....	7
Humira-CD/UC/HS Starter (adalimumab)...	277	hydrocodone bitartrate cap er 12hr 50 mg (HYDROcodone Bitartrate ER).....	8
Humira-Ped<40kg Crohns Starter (adalimumab).....	277	HYDROcodone Bitartrate ER.....	8
Humira-Ped>/=40kg Crohns Start (adalimumab).....	277	hydrocodone bitartrate tab er 24hr deter 100 mg (HYDROcodone Bitartrate ER).....	8
Humira-Ped>/=40kg UC Starter (adalimumab).....	277	hydrocodone bitartrate tab er 24hr deter 120 mg (HYDROcodone Bitartrate ER).....	8
Humira-Ps/UV/Adol HS Starter (adalimumab).....	277	hydrocodone bitartrate tab er 24hr deter 20 mg (HYDROcodone Bitartrate ER).....	8
Humira-Psoriasis/Uveit Starter (adalimumab).....	277	hydrocodone bitartrate tab er 24hr deter 30 mg (HYDROcodone Bitartrate ER).....	8
HumuLIN R U-500 (CONCENTRATED) (insulin regular (human)).....	117	hydrocodone bitartrate tab er 24hr deter 40 mg (HYDROcodone Bitartrate ER).....	8
HumuLIN R U-500 KwikPen (insulin regular (human)).....	117	hydrocodone bitartrate tab er 24hr deter 60 mg (HYDROcodone Bitartrate ER).....	8
Hycamtin (topotecan hcl).....	70	hydrocodone bitartrate tab er 24hr deter 80 mg (HYDROcodone Bitartrate ER).....	8
Hycodan (hydrocodone bitartrate-homatropine methylbromide).....	316	HYDROcodone-Acetaminophen.....	14
Hycodan (hydrocodone w/ homatropine)...	316	hydrocodone-acetaminophen soln 10-325 mg/15ml.....	14
hydralazine hcl tab 10 mg.....	158	hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	14
hydralazine hcl tab 100 mg.....	158	hydrocodone-acetaminophen tab 10-300 mg	14
hydralazine hcl tab 25 mg.....	158		
hydralazine hcl tab 50 mg.....	158		
Hydrea (hydroxyurea).....	69		
hydrochlorothiazide cap 12.5 mg.....	152		
hydrochlorothiazide tab 12.5 mg.....	152		
hydrochlorothiazide tab 25 mg.....	152		
hydrochlorothiazide tab 50 mg.....	152		
Hydrocod Poli-Chlorphe Poli ER (hydrocodone polistirex-chlorpheniramine polistirex).....	316		

hydrocodone-acetaminophen tab 10-325 mg .14	hydrocortisone tab 20 mg 283
hydrocodone-acetaminophen tab 5-300 mg .14	hydrocortisone tab 5 mg 283
hydrocodone-acetaminophen tab 5-325 mg .15	hydrocortisone valerate cream 0.2% 187
hydrocodone-acetaminophen tab 7.5-300 mg 15	hydrocortisone valerate oint 0.2% 187
hydrocodone-acetaminophen tab 7.5-325 mg .15	hydrocortisone w/ acetic acid otic soln 1-2% (Hydrocortisone-Acetic Acid) 303
Hydrocodone-Ibuprofen 15	HYDRomorphone HCl 15
hydrocodone-ibuprofen tab 10-200 mg 15	hydromorphone hcl liqd 1 mg/ml 15
hydrocodone-ibuprofen tab 5-200 mg 15	hydromorphone hcl tab 2 mg 15
hydrocodone-ibuprofen tab 7.5-200 mg 15	hydromorphone hcl tab 4 mg 15
Hydrocortisone (hydrocortisone (topical)) 186	hydromorphone hcl tab 8 mg 15
Hydrocortisone Ace-Pramoxine (hydrocortisone acetate w/ pramoxine) 191	hydromorphone hcl tab er 24hr 12 mg (HYDRomorphone HCl ER) 8
hydrocortisone acetate suppos 25 mg 186	hydromorphone hcl tab er 24hr 16 mg (HYDRomorphone HCl ER) 8
hydrocortisone acetate suppos 25 mg (Anucort- Hc) 186	hydromorphone hcl tab er 24hr 32 mg (HYDRomorphone HCl ER) 8
hydrocortisone acetate suppos 25 mg (Anusol- Hc) 186	hydromorphone hcl tab er 24hr 8 mg (HYDRomorphone HCl ER) 8
hydrocortisone acetate suppos 25 mg (Hemmorex-Hc) 186	hydroxychloroquine sulfate tab 100 mg 82
Hydrocortisone Butyr Lipo Base (hydrocortisone butyrate hydrophilic lipo base) 186	hydroxychloroquine sulfate tab 200 mg 82
Hydrocortisone Butyrate 186	hydroxychloroquine sulfate tab 300 mg 82
hydrocortisone butyrate cream 0.1% 186	hydroxychloroquine sulfate tab 400 mg 82
hydrocortisone butyrate hydrophilic lipo base cream 0.1% (Hydrocortisone Butyr Lipo Base) 187	hydroxyprogesterone caproate im in oil 250 mg/ml 259
hydrocortisone butyrate lotion 0.1% 187	hydroxyurea cap 500 mg 69
hydrocortisone butyrate oint 0.1% 187	hydroxyzine hcl syrup 10 mg/5ml 306
hydrocortisone cream 2.5% 187	hydroxyzine hcl tab 10 mg 306
hydrocortisone cream 2.5% (Ala-Cort) 187	hydroxyzine hcl tab 25 mg 306
hydrocortisone enema 100 mg/60ml 283	hydroxyzine hcl tab 50 mg 306
hydrocortisone lotion 2.5% 187	HydroXYzine Pamoate 306
hydrocortisone oint 2.5% 187	hydroxyzine pamoate cap 25 mg 306
hydrocortisone perianal cream 2.5% (Hydrocortisone (Perianal)) 187	hydroxyzine pamoate cap 50 mg 306
hydrocortisone perianal cream 2.5% (Procto- Med Hc) 187	Hyftor (sirolimus (topical)) 191
hydrocortisone perianal cream 2.5% (Proctosol Hc) 187	hyoscyamine sulfate elixir 0.125 mg/5ml 216
hydrocortisone perianal cream 2.5% (Proctozone-Hc) 187	hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne) 216
hydrocortisone tab 10 mg 283	hyoscyamine sulfate sl tab 0.125 mg 217
	hyoscyamine sulfate sl tab 0.125 mg (Oscimin) 217

Imuran (azathioprine)	278	Insulin Asp Prot & Asp FlexPen (insulin aspart protamine & aspart (human))	117
Imvexxy Maintenance Pack (estradiol vaginal)	247	Insulin Aspart	117
Imvexxy Starter Pack (estradiol vaginal)	247	Insulin Aspart FlexPen	117
Inatal GT (prenatal vit w/ docusate-iron carbonyl-folic acid)	199	Insulin Aspart PenFill	117
Inbrija (levodopa)	87	Insulin Aspart Prot & Aspart (insulin aspart protamine & aspart (human))	117
Increlex (mecasermin)	237	Insulin Degludec	117
Incruse Ellipta (umeclidinium bromide)	307	Insulin Degludec FlexTouch	117
indapamide tab 1.25 mg	152	Insulin Glargine	117
indapamide tab 2.5 mg	152	Insulin Glargine Max SoloStar	117
Inderal LA (propranolol hcl)	134	Insulin Glargine Solostar	117
Inderal XL (propranolol hcl sustained-release beads)	134	Insulin Glargine-yfgn	117,118
Indocin (indomethacin)	4	Insulin Lispro	118
indomethacin cap 25 mg	4	Insulin Lispro (1 Unit Dial)	118
indomethacin cap 50 mg	4	Insulin Lispro Junior KwikPen	118
indomethacin cap er 75 mg (Indomethacin ER)	4	Insulin Lispro Prot & Lispro (insulin lispro protamine & lispro)	118
indomethacin suppos 50 mg	4	Insulin Syringe-Needle U-100	290
indomethacin suppos 50 mg (Indocin)	4	Intelence (etravirine)	98
indomethacin susp 25 mg/5ml	4	Intrarosa (prasterone vaginal)	230
Ingrezza (valbenazine tosylate)	172	Intron A (interferon alfa-2b)	272
Inlyta (axitinib)	74	Intuniv (guanfacine hcl (adhd))	166
InnoPran XL (propranolol hcl sustained-release beads)	134	Invega (paliperidone)	90,91
Inpefa (sotagliflozin)	158	Inveltys (loteprednol etabonate)	299
InPen 100-Blue-Lilly-Humalog	289	Invirase (saquinavir mesylate)	102
InPen 100-Blue-Novolog-Fiasp	289	Invokamet (canagliflozin-metformin hcl)	110
InPen 100-Grey-Lilly-Humalog	289	Invokamet XR (canagliflozin-metformin hcl)	110
InPen 100-Grey-Novolog-Fiasp	289	Invokana (canagliflozin)	158
InPen 100-Pink-Lilly-Humalog	289	lopidine (apraclonidine hcl)	301
InPen 100-Pink-Novolog-Fiasp	289	ipratropium bromide inhal soln 0.02%	307
Inqovi (decitabine-cedazuridine)	69	ipratropium bromide nasal soln 0.03% (21 mcg/spray)	307
Inrebic (fedratinib hcl)	74	ipratropium bromide nasal soln 0.06% (42 mcg/spray)	307
InspiraChamber/Large	289	ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	317
InspiraChamber/Medium	289	Iqirvo (elafibranor)	290
InspiraChamber/Mouthpiece	289	irbesartan tab 150 mg	128
InspiraChamber/Small	289	irbesartan tab 300 mg	128
Inspirease	289	irbesartan tab 75 mg	128
Inspira (eplerenone)	151		

irbesartan-hydrochlorothiazide tab 150-12.5 mg	146	isotretinoin cap 25 mg	180
irbesartan-hydrochlorothiazide tab 300-12.5 mg	146	isotretinoin cap 30 mg	180
Iressa (gefitinib)	74	isotretinoin cap 30 mg (Accutane)	180
Isentress (raltegravir potassium)	97	isotretinoin cap 30 mg (Claravis)	180
Isentress HD (raltegravir potassium)	97	isotretinoin cap 30 mg (Myorisan)	180
isoniazid syrup 50 mg/5ml	65	isotretinoin cap 30 mg (Zenatane)	180
isoniazid tab 100 mg	65	isotretinoin cap 35 mg	180
isoniazid tab 300 mg	65	isotretinoin cap 40 mg	180
Isopto Atropine (atropine sulfate (ophthalmic))	294	isotretinoin cap 40 mg (Accutane)	180
Isopto Carpine (pilocarpine hcl)	301	isotretinoin cap 40 mg (Amnesteem)	180
Isordil Titradoso (isosorbide dinitrate)	158	isotretinoin cap 40 mg (Claravis)	180
isosorbide dinitrate tab 10 mg	159	isotretinoin cap 40 mg (Myorisan)	180
isosorbide dinitrate tab 20 mg	159	isotretinoin cap 40 mg (Zenatane)	180
isosorbide dinitrate tab 30 mg	159	isradipine cap 2.5 mg	136
isosorbide dinitrate tab 40 mg	159	isradipine cap 5 mg	136
isosorbide dinitrate tab 5 mg	159	Istalol (timolol maleate (ophth))	300
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Isosorb Dinitrate-hydrALAZINE)	146	Isturisa (osilodrostat phosphate)	237
isosorbide mononitrate tab 10 mg	159	Itovebi (inavolisib)	74
isosorbide mononitrate tab 20 mg	159	itraconazole cap 100 mg	58
isosorbide mononitrate tab er 24hr 120 mg (Isosorbide Mononitrate ER)	159	itraconazole oral soln 10 mg/ml	58
isosorbide mononitrate tab er 24hr 30 mg (Isosorbide Mononitrate ER)	159	ivabradine hcl tab 5 mg (base equiv)	146
isosorbide mononitrate tab er 24hr 60 mg (Isosorbide Mononitrate ER)	159	ivabradine hcl tab 7.5 mg (base equiv)	146
isotretinoin cap 10 mg	179	ivermectin cream 1%	195
isotretinoin cap 10 mg (Accutane)	179	ivermectin tab 3 mg	81
isotretinoin cap 10 mg (Amnesteem)	179	Iwilfin (eflornithine hydrochloride)	69
isotretinoin cap 10 mg (Claravis)	180	Iyuzeh (latanoprost)	302
isotretinoin cap 10 mg (Myorisan)	180		
isotretinoin cap 10 mg (Zenatane)	180	J	
isotretinoin cap 20 mg	180	Jadenu (deferasirox)	209
isotretinoin cap 20 mg (Accutane)	180	Jadenu Sprinkle (deferasirox)	209
isotretinoin cap 20 mg (Amnesteem)	180	Jakafi (ruxolitinib phosphate)	74
isotretinoin cap 20 mg (Claravis)	180	Jalyn (dutasteride-tamsulosin hcl)	229
isotretinoin cap 20 mg (Myorisan)	180	Janumet (sitagliptin-metformin hcl)	110
isotretinoin cap 20 mg (Zenatane)	180	Janumet XR (sitagliptin-metformin hcl)	110
		Januvia (sitagliptin phosphate)	110
		Jardiance (empagliflozin)	158
		Jatenzo (testosterone undecanoate)	240
		Jaypirca (pirtobrutinib)	74
		Jenliva Prenatal/Postnatal (prenatal multivitamin w/fe-fa)	199
		Jentaduetto (linagliptin-metformin hcl)	111

Jentaduetto XR (linagliptin-metformin hcl)	111
Joenja (leniolisib phosphate)	224
Jornay PM (methylphenidate hcl)	167
Jornavx (suzetrigine)	2
Jublia (efinaconazole)	58
Juluca (dolutegravir sodium-rilpivirine hcl)	97
Juxtapid (lomitapide mesylate)	156
Jylamvo (methotrexate)	278
Jynarque (tolvaptan)	210

K

K-Phos (potassium phosphate monobasic)	230
K-Phos No 2 (potassium & sodium acid phosphates)	230
K-Phos-Neutral (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	231
K-Tab (potassium chloride)	199
Kaletra (lopinavir-ritonavir)	102
Kalydeco (ivacaftor)	310
Kaspargo Sprinkle (metoprolol succinate)	134
Kapvay (clonidine hcl (adhd))	167
Katerzia (amlodipine benzoate)	136
Kazano (alogliptin-metformin hcl)	111
Kenalog (triamcinolone acetonide (topical))	187
Keppra (levetiracetam)	35
Keppra XR (levetiracetam)	35
Kerendia (finerenone)	157
Kerydin (tavaborole)	58
Kesimpta (ofatumumab (ms))	175
ketoconazole cream 2%	58
ketoconazole foam 2%	58
ketoconazole foam 2% (Ketodan)	58
ketoconazole shampoo 2%	58
ketoconazole tab 200 mg	58
Ketoprofen	4
Ketoprofen ER	4
Ketorolac Tromethamine	4
ketorolac tromethamine ophth soln 0.4%	299
ketorolac tromethamine ophth soln 0.5%	299
ketorolac tromethamine tab 10 mg	4
Keveyis (dichlorphenamide)	224

Kevzara (sarilumab)	269
Kineret (anakinra)	269
Kiprofen (ketoprofen)	4
Kisqali (200 MG Dose) (ribociclib succinate)	74
Kisqali (400 MG Dose) (ribociclib succinate)	74
Kisqali (600 MG Dose) (ribociclib succinate)	74
Kisqali Femara (200 MG Dose) (ribociclib succinate-letrozole)	74
Kisqali Femara (400 MG Dose) (ribociclib succinate-letrozole)	74
Kisqali Femara (600 MG Dose) (ribociclib succinate-letrozole)	74
Kitabis Pak (tobramycin)	310
Klaron (sulfacetamide sodium (acne))	180
Klisyri (250 mg) (tirbanibulin)	191
Klisyri (350 mg) (tirbanibulin)	191
KlonoPIN (clonazepam)	106
Kloxxado (naloxone hcl)	21
Kombiglyze XR (saxagliptin-metformin hcl)	111
Konvomep (omeprazole-sodium bicarbonate)	221
Korlym (mifepristone (hyperglycemia))	266
Koselugo (selumetinib sulfate)	74,75
Kosher Prenatal Plus Iron (prenatal vit w/ iron carbonyl-folic acid)	199
Krazati (adagrasib)	75
Krintafel (tafenoquine succinate)	82
Kristalose (lactulose)	213
Kuvan (sapropterin dihydrochloride)	224
Kynmobi (apomorphine hydrochloride)	85

L

Labetalol HCl	134
labetalol hcl tab 100 mg	134
labetalol hcl tab 200 mg	134
labetalol hcl tab 300 mg	134
lacosamide oral solution 10 mg/ml	42
lacosamide tab 100 mg	42
lacosamide tab 150 mg	42
lacosamide tab 200 mg	43
lacosamide tab 50 mg	43

Lacrisert (artificial tear insert).....	294	lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (LamoTRlgine Starter Kit-Green).....	36
Lactulose.....	214	lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Subvenite Starter Kit-Green).....	36
lactulose (encephalopathy) solution 10 gm/15ml (Enulose).....	213	lamotrigine tab chewable dispersible 25 mg..	37
lactulose (encephalopathy) solution 10 gm/15ml (Generlac).....	213	lamotrigine tab chewable dispersible 5 mg...	37
lactulose (encephalopathy) solution 10 gm/15ml (Lactulose Encephalopathy).....	214	lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....	37
lactulose solution 10 gm/15ml.....	214	lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit.....	37
lactulose solution 10 gm/15ml (Constulose)...	214	lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit.....	37
Lagevrio (molnupiravir).....	104	lamotrigine tab er 24hr 100 mg (LamoTRlgine ER).....	37
LaMICtal (lamotrigine).....	35	lamotrigine tab er 24hr 200 mg (LamoTRlgine ER).....	37
LaMICtal ODT (lamotrigine).....	35	lamotrigine tab er 24hr 25 mg (LamoTRlgine ER).....	37
LaMICtal Starter (lamotrigine).....	35	lamotrigine tab er 24hr 250 mg (LamoTRlgine ER).....	37
LaMICtal XR (lamotrigine).....	35,36	lamotrigine tab er 24hr 300 mg (LamoTRlgine ER).....	37
lamivudine oral soln 10 mg/ml.....	100	lamotrigine tab er 24hr 50 mg (LamoTRlgine ER).....	37
lamivudine tab 100 mg (hbv).....	96	Lampit (nifurtimox).....	82
lamivudine tab 150 mg.....	100	Lanoxin (digoxin).....	132
lamivudine tab 300 mg.....	100	lansoprazole cap delayed release 30 mg.....	221
lamivudine-zidovudine tab 150-300 mg.....	100	lansoprazole tab delayed release orally disintegrating 30 mg.....	221
lamotrigine orally disintegrating tab 100 mg..	36	lanthanum carbonate chew tab 1000 mg (elemental).....	210
lamotrigine orally disintegrating tab 200 mg..	36	lanthanum carbonate chew tab 500 mg (elemental).....	211
lamotrigine orally disintegrating tab 25 mg..	36	lanthanum carbonate chew tab 750 mg (elemental).....	211
lamotrigine orally disintegrating tab 50 mg..	36	Lantus (insulin glargine).....	118
lamotrigine tab 100 mg.....	36	Lantus SoloStar (insulin glargine).....	118
lamotrigine tab 100 mg (Subvenite).....	36	lapatinib ditosylate tab 250 mg (base equiv)..	75
lamotrigine tab 150 mg.....	36	Lasix (furosemide).....	151
lamotrigine tab 150 mg (Subvenite).....	36	Latanoprost.....	302
lamotrigine tab 200 mg.....	36	latanoprost ophth soln 0.005%.....	302
lamotrigine tab 200 mg (Subvenite).....	36		
lamotrigine tab 25 mg.....	36		
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (LamoTRlgine Starter Kit-Orange).....	36		
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Subvenite Starter Kit-Orange).....	36		
lamotrigine tab 25 mg (Subvenite).....	36		
lamotrigine tab 35 x 25 mg starter kit (LamoTRlgine Starter Kit-Blue).....	36		
lamotrigine tab 35 x 25 mg starter kit (Subvenite Starter Kit-Blue).....	36		

Latuda (lurasidone hcl)	91	levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	308
Lazanda (fentanyl citrate)	15	levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	309
Lazcluze (lazertinib mesylate)	70	levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	309
Ledipasvir-Sofosbuvir	96	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	309
leflunomide tab 10 mg	278	Levalbuterol Tartrate	309
leflunomide tab 20 mg	278	Levamlodipine Maleate	136
lenalidomide cap 10 mg	67	Levbid (hyoscyamine sulfate)	217
lenalidomide cap 15 mg	68	Levemir (insulin detemir)	118
lenalidomide cap 20 mg	68	Levemir FlexPen (insulin detemir)	118
lenalidomide cap 25 mg	68	Levemir FlexTouch (insulin detemir)	118
lenalidomide cap 5 mg	68	levETIRAcetam	37
lenalidomide caps 2.5 mg	68	levetiracetam oral soln 100 mg/ml	37
Lenvima (10 MG Daily Dose) (lenvatinib mesylate)	75	levetiracetam tab 1000 mg	37
Lenvima (12 MG Daily Dose) (lenvatinib mesylate)	75	levetiracetam tab 250 mg	37
Lenvima (14 MG Daily Dose) (lenvatinib mesylate)	75	levetiracetam tab 500 mg	37
Lenvima (18 MG Daily Dose) (lenvatinib mesylate)	75	levetiracetam tab 500 mg (Roweepra)	37
Lenvima (20 MG Daily Dose) (lenvatinib mesylate)	75	levetiracetam tab 750 mg	37
Lenvima (24 MG Daily Dose) (lenvatinib mesylate)	75	levetiracetam tab er 24hr 500 mg (LevETIRAcetam ER)	37
Lenvima (4 MG Daily Dose) (lenvatinib mesylate)	75	levetiracetam tab er 24hr 750 mg (levETIRAcetam ER)	37
Lenvima (8 MG Daily Dose) (lenvatinib mesylate)	75	Levitra (vardenafil hcl)	231
Lescol XL (fluvastatin sodium)	154	Levobunolol HCl	300
Letairis (ambrisentan)	312	levocarnitine oral soln 1 gm/10ml (10%)	212
letrozole tab 2.5 mg	70	levocarnitine oral soln 1 gm/10ml (10%) (levOCARNitine SF)	212
leucovorin calcium tab 10 mg	69	levocarnitine tab 330 mg	212
leucovorin calcium tab 15 mg	69	levoFLOXacin (levofloxacin (ophth))	297
leucovorin calcium tab 25 mg	69	levofloxacin ophth soln 0.5%	297
leucovorin calcium tab 5 mg	69	levofloxacin oral soln 25 mg/ml	30
Leukeran (chlorambucil)	66	levofloxacin tab 250 mg	30
Leukine (sargramostim)	123	levofloxacin tab 500 mg	30
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	266	levofloxacin tab 750 mg	30
leuprolide acetate inj kit 5 mg/ml	266	levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (Fayosim)	247

levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Levonorgest-Eth Est & Eth Est).....	247	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle).....	248
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa).....	247	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq).....	248
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Amethia Lo).....	247	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra).....	248
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo).....	247	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane).....	248
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Levonorgest-Eth Estrad 91-Day).....	247	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla).....	248
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess).....	247	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina).....	248
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia).....	247	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia).....	248
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna).....	248	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina).....	248
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese).....	248	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Levonorgestrel-Ethinyl Estrad).....	249
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee).....	248	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera).....	249
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess).....	248	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia).....	249
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Levonorgest-Eth Estrad 91-Day).....	248	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx).....	249
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse).....	248	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienna).....	249
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia).....	248	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera).....	249
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale).....	248	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna).....	249
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa).....	248	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq).....	249
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Levonorgest-Eth Estrad 91-Day).....	248	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal).....	249
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin).....	248	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo).....	249
		levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levonorgestrel-Ethinyl Estrad).....	249
		levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28)).....	249

levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow).....	249	levothyroxine sodium tab 125 mcg.....	262
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa).....	249	levothyroxine sodium tab 125 mcg (Euthyrox)	262
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28).....	249	levothyroxine sodium tab 125 mcg (Levo-T) ..	262
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28).....	249	levothyroxine sodium tab 125 mcg (Levoxyl) .	262
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest).....	249	levothyroxine sodium tab 125 mcg (Unithroid).....	262
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonorg-Eth Estrad Triphasic).....	249	levothyroxine sodium tab 137 mcg.....	262
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28)).....	250	levothyroxine sodium tab 137 mcg (Euthyrox)	262
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	250	levothyroxine sodium tab 137 mcg (Levo-T) ..	262
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst).....	250	levothyroxine sodium tab 137 mcg (Levoxyl) .	262
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale).....	250	levothyroxine sodium tab 137 mcg (Unithroid).....	262
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux).....	250	levothyroxine sodium tab 150 mcg.....	262
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Levonorgest-Eth Estradiol-Iron)	250	levothyroxine sodium tab 150 mcg (Euthyrox).....	262
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya).....	250	levothyroxine sodium tab 150 mcg (Levo-T) ..	262
levorphanol tartrate tab 2 mg.....	9	levothyroxine sodium tab 150 mcg (Levoxyl) .	262
levorphanol tartrate tab 3 mg.....	9	levothyroxine sodium tab 150 mcg (Unithroid).....	262
Levothyroxine Sodium.....	261	levothyroxine sodium tab 175 mcg.....	263
levothyroxine sodium tab 100 mcg.....	261	levothyroxine sodium tab 175 mcg (Euthyrox)	263
levothyroxine sodium tab 100 mcg (Euthyrox)	261	levothyroxine sodium tab 175 mcg (Levo-T) ..	263
levothyroxine sodium tab 100 mcg (Levo-T) ..	261	levothyroxine sodium tab 175 mcg (Levoxyl) .	263
levothyroxine sodium tab 100 mcg (Levoxyl) .	261	levothyroxine sodium tab 175 mcg (Unithroid).....	263
levothyroxine sodium tab 100 mcg (Unithroid).....	262	levothyroxine sodium tab 200 mcg.....	263
levothyroxine sodium tab 112 mcg.....	262	levothyroxine sodium tab 200 mcg (Euthyrox).....	263
levothyroxine sodium tab 112 mcg (Euthyrox)	262	levothyroxine sodium tab 200 mcg (Levo-T) .	263
levothyroxine sodium tab 112 mcg (Levo-T) ..	262	levothyroxine sodium tab 200 mcg (Levoxyl) .	263
levothyroxine sodium tab 112 mcg (Levoxyl) ..	262	levothyroxine sodium tab 200 mcg (Unithroid).....	263
levothyroxine sodium tab 112 mcg (Unithroid)	262	levothyroxine sodium tab 25 mcg.....	263
		levothyroxine sodium tab 25 mcg (Euthyrox) .	263
		levothyroxine sodium tab 25 mcg (Levo-T) ..	263
		levothyroxine sodium tab 25 mcg (Levoxyl) ..	263
		levothyroxine sodium tab 25 mcg (Unithroid)	263
		levothyroxine sodium tab 300 mcg.....	263
		levothyroxine sodium tab 300 mcg (Levo-T) .	263
		levothyroxine sodium tab 300 mcg (Unithroid).....	263

levothyroxine sodium tab 50 mcg	263	Lindane	195
levothyroxine sodium tab 50 mcg (Euthyrox)	263	linezolid for susp 100 mg/5ml	23
levothyroxine sodium tab 50 mcg (Levo-T) . .	263	linezolid tab 600 mg	23
levothyroxine sodium tab 50 mcg (Levoxyl) .	263	Linzess (linaclotide)	214
levothyroxine sodium tab 50 mcg (Unithroid)	264	liothyronine sodium tab 25 mcg	264
levothyroxine sodium tab 75 mcg	264	liothyronine sodium tab 5 mcg	264
levothyroxine sodium tab 75 mcg (Euthyrox)	264	liothyronine sodium tab 50 mcg	264
levothyroxine sodium tab 75 mcg (Levo-T) . .	264	Lipitor (atorvastatin calcium)	154
levothyroxine sodium tab 75 mcg (Levoxyl) .	264	Lipofen (fenofibrate)	153
levothyroxine sodium tab 75 mcg (Unithroid)	264	Liqrev (sildenafil citrate (pulmonary hypertension))	312
levothyroxine sodium tab 88 mcg	264	liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	111
levothyroxine sodium tab 88 mcg (Euthyrox)	264	lisdexamfetamine dimesylate cap 10 mg	164
levothyroxine sodium tab 88 mcg (Levo-T) . .	264	lisdexamfetamine dimesylate cap 20 mg	164
levothyroxine sodium tab 88 mcg (Levoxyl) .	264	lisdexamfetamine dimesylate cap 30 mg	164
levothyroxine sodium tab 88 mcg (Unithroid)	264	lisdexamfetamine dimesylate cap 40 mg	164
Levsin (hyoscyamine sulfate)	217	lisdexamfetamine dimesylate cap 50 mg	164
Levsin/SL (hyoscyamine sulfate)	217	lisdexamfetamine dimesylate cap 60 mg	164
Lexapro (escitalopram oxalate)	51	lisdexamfetamine dimesylate cap 70 mg	164
Lexette (halobetasol propionate)	187	lisdexamfetamine dimesylate chew tab 10 mg	164
Lexiva (fosamprenavir calcium)	102	lisdexamfetamine dimesylate chew tab 20 mg	164
Lialda (mesalamine)	282	lisdexamfetamine dimesylate chew tab 30 mg	164
Libervant (diazepam (anticonvulsant))	40	lisdexamfetamine dimesylate chew tab 40 mg	164
Librax (chlordiazepoxide hcl-clidinium bromide)	217	lisdexamfetamine dimesylate chew tab 50 mg	164
Licart (diclofenac epolamine)	4	lisdexamfetamine dimesylate chew tab 60 mg	164
lidocaine hcl soln 4%	19	lisinopril & hydrochlorothiazide tab 10-12.5 mg (Lisinopril-Hydrochlorothiazide)	146
Lidocaine HCl Urethral/Mucosal	19	lisinopril & hydrochlorothiazide tab 20-12.5 mg (Lisinopril-Hydrochlorothiazide)	146
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	19	lisinopril & hydrochlorothiazide tab 20-25 mg (Lisinopril-Hydrochlorothiazide)	147
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo)	19	lisinopril tab 10 mg	130
lidocaine hcl viscous soln 2% (Lidocaine Viscous HCl)	19	lisinopril tab 2.5 mg	130
lidocaine oint 5%	19	lisinopril tab 20 mg	130
lidocaine oint 5% (Premium Lidocaine)	19		
lidocaine patch 5%	19		
lidocaine patch 5% (Lidocan)	20		
lidocaine patch 5% (Tridacaine li)	20		
lidocaine patch 5% (Tridacaine lii)	20		
lidocaine-prilocaine cream 2.5-2.5%	20		
Lidoderm (lidocaine)	20		

lisinopril tab 30 mg	130	lopinavir-ritonavir tab 200-50 mg	102
lisinopril tab 40 mg	130	Lopressor (metoprolol tartrate)	134
lisinopril tab 5 mg	130	Loprox (ciclopirox olamine)	197
Litfulo (ritlecitinib tosylate)	191	Loprox (ciclopirox)	197
Lithium Carbonate	107	lorazepam conc 2 mg/ml	106
lithium carbonate cap 150 mg	107	lorazepam conc 2 mg/ml (Lorazepam Intensol)	106
lithium carbonate cap 300 mg	108	lorazepam tab 0.5 mg	107
lithium carbonate cap 600 mg	108	lorazepam tab 1 mg	107
lithium carbonate tab 300 mg	108	lorazepam tab 2 mg	107
lithium carbonate tab er 300 mg (Lithium Carbonate ER)	108	Lorbrena (lorlatinib)	75
lithium carbonate tab er 450 mg (Lithium Carbonate ER)	108	Loreev XR (lorazepam)	107
lithium oral solution 8 meq/5ml	108	Lortab (hydrocodone-acetaminophen)	15
Lithobid (lithium carbonate)	108	losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Losartan Potassium-HCTZ)	147
Lithostat (acetohydroxamic acid)	231	losartan potassium & hydrochlorothiazide tab 100-25 mg (Losartan Potassium-HCTZ)	147
Livalo (pitavastatin calcium)	154	losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Losartan Potassium-HCTZ)	147
Livdelzi (seladelpar lysine)	290	losartan potassium tab 100 mg	128
Livmarli (maralixibat chloride)	219	losartan potassium tab 25 mg	128
Livtencity (maribavir)	95	losartan potassium tab 50 mg	128
Lo Loestrin Fe (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	250	LoSeasonique (levonorgestrel-ethinyl estradiol (91-day))	250
Locoid (hydrocortisone butyrate)	187	Lotemax (loteprednol etabonate)	299
Locoid Lipocream (hydrocortisone butyrate hydrophilic lipo base)	187	Lotemax SM (loteprednol etabonate)	299
Lodine (etodolac)	4	Lotensin (benazepril hcl)	130
Lodoco (colchicine (cardiovascular))	147	Lotensin HCT (benazepril & hydrochlorothiazide)	147
Lodosyn (carbidopa)	87	loteprednol etabonate ophth gel 0.5%	299
lofexidine hcl tab 0.18 mg (base equivalent)	21	loteprednol etabonate ophth susp 0.2%	299
Lokelma (sodium zirconium cyclosilicate)	211	loteprednol etabonate ophth susp 0.5%	299
Lomaira (phentermine hcl)	172	Lotrel (amlodipine besylate-benazepril hcl)	147
Lomotil (diphenoxylate w/ atropine)	216	Lotronex (alosectron hcl)	216
Lonhala Magnair Refill Kit (glycopyrrolate (inhalation))	307	lovastatin tab 10 mg	154
Lonhala Magnair Starter Kit (glycopyrrolate (inhalation))	307	lovastatin tab 20 mg	154
Lonsurf (trifluridine-tipiracil)	69	lovastatin tab 40 mg	154
Lopid (gemfibrozil)	153	Lovaza (omega-3-acid ethyl esters)	156
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	102	Lovenox (enoxaparin sodium)	121
lopinavir-ritonavir tab 100-25 mg	102	loxapine succinate cap 10 mg	89
		loxapine succinate cap 25 mg	89

loxapine succinate cap 5 mg	89	Magellan Insulin Safety Syr	290
loxapine succinate cap 50 mg	89	Makena (hydroxyprogesterone caproate)	259
lubiprostone cap 24 mcg	214	Malarone (atovaquone-proguanil hcl)	82
lubiprostone cap 8 mcg	214	malathion lotion 0.5%	195
Lucemyra (lofexidine hcl)	21	Maprotiline HCl	47
Luliconazole	58	Marathon Medical Pentips	290
Lumakras (sotorasib)	75	maraviroc tab 150 mg	101
Lumigan (bimatoprost)	302	maraviroc tab 300 mg	101
Lumryz (sodium oxybate)	322	Marinol (dronabinol)	57
Lumryz Starter Pack (sodium oxybate)	322	Marplan (isocarboxazid)	49
Lunesta (eszopiclone)	321	MaternaCel (prenatal vit w/ fe bisglycinate chelate-folic acid)	199
Lupkynis (voclosporin)	279	Matulane (procarbazine hcl)	66
lurasidone hcl tab 120 mg	91	Mavenclad (10 Tabs) (cladribine (multiple sclerosis))	175
lurasidone hcl tab 20 mg	91	Mavenclad (4 Tabs) (cladribine (multiple sclerosis))	175
lurasidone hcl tab 40 mg	91	Mavenclad (5 Tabs) (cladribine (multiple sclerosis))	176
lurasidone hcl tab 60 mg	91	Mavenclad (6 Tabs) (cladribine (multiple sclerosis))	176
lurasidone hcl tab 80 mg	91	Mavenclad (7 Tabs) (cladribine (multiple sclerosis))	176
Luxiq (betamethasone valerate)	187	Mavenclad (8 Tabs) (cladribine (multiple sclerosis))	176
Luzu (luliconazole)	58	Mavenclad (9 Tabs) (cladribine (multiple sclerosis))	176
Lybalvi (olanzapine-samidorpham l-malate)	47	Mavyret (glecaprevir-pibrentasvir)	96
Lynparza (olaparib)	75	Maxalt (rizatriptan benzoate)	63
Lyrica (pregabalin)	174	Maxalt-MLT (rizatriptan benzoate)	63
Lyrica CR (pregabalin (once-daily))	174	Maxidex (dexamethasone (ophth))	299
Lysodren (mitotane)	69	Maxitrol (neomycin-polymy-dexameth)	294
Lysteda (tranexamic acid)	125	Maxzide (triamterene & hydrochlorothiazide)	147
Lytgobi (12 MG Daily Dose) (futibatinib)	75	Maxzide-25 (triamterene & hydrochlorothiazide)	147
Lytgobi (16 MG Daily Dose) (futibatinib)	75	Mayzent (siponimod fumarate)	176
Lytgobi (20 MG Daily Dose) (futibatinib)	75	Mayzent Starter Pack (siponimod fumarate)	176
Lyumjev (insulin lispro-aabc)	118	Meclofenamate Sodium	4
Lyumjev KwikPen (insulin lispro-aabc)	118	Medrol (methylprednisolone)	234
Lyumjev Tempo Pen (insulin lispro-aabc)	118	medroxyprogesterone acetate tab 10 mg	259
Lyvispah (baclofen)	94,95	medroxyprogesterone acetate tab 2.5 mg	259

M

M-Natal Plus (prenatal vit w/ ferrous fumarate-folic acid)	199
Macrobid (nitrofurantoin monohyd macro)	23
Macrodantin (nitrofurantoin macrocrystal)	23
Mafenide Acetate	197
mafenide acetate packet for topical soln 5% (50 gm)	197

medroxyprogesterone acetate tab 5 mg	259	Mepron (atovaquone)	82
mefenamic acid cap 250 mg	4	mercaptapurine tab 50 mg	68
mefloquine hcl tab 250 mg	82	mesalamine cap dr 400 mg	282
Megestrol Acetate (megestrol acetate (appetite))	260	mesalamine cap er 24hr 0.375 gm (Mesalamine ER)	282
megestrol acetate susp 40 mg/ml	260	mesalamine cap er 500 mg (Mesalamine ER)	282
megestrol acetate susp 625 mg/5ml	260	mesalamine enema 4 gm	282
megestrol acetate tab 20 mg	260	mesalamine suppos 1000 mg	282
megestrol acetate tab 40 mg	260	mesalamine tab delayed release 1.2 gm	282
Mekinist (trametinib dimethyl sulfoxide)	76	mesalamine tab delayed release 800 mg	282
Mektovi (binimetinib)	76	mesna tab 400 mg	81
meloxicam cap 10 mg	4	Mesnex (mesna)	81
meloxicam cap 5 mg	4	Mestinon (pyridostigmine bromide)	65
meloxicam tab 15 mg	4	Metadate CD (methylphenidate hcl)	167
meloxicam tab 7.5 mg	4	metaxalone tab 400 mg	319
Melphalan	66	metaxalone tab 800 mg	319
memantine hcl cap er 24hr 14 mg (Memantine HCl ER)	46	metFORMIN HCl	111
memantine hcl cap er 24hr 21 mg (Memantine HCl ER)	46	metformin hcl oral soln 500 mg/5ml	111
memantine hcl cap er 24hr 28 mg (Memantine HCl ER)	46	metformin hcl tab 1000 mg	111
memantine hcl cap er 24hr 7 mg (Memantine HCl ER)	46	metformin hcl tab 500 mg	111
memantine hcl oral solution 2 mg/ml	46	metformin hcl tab 850 mg	111
memantine hcl tab 10 mg	46	metformin hcl tab er 24hr 500 mg (metFORMIN HCl ER)	111
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	46	metformin hcl tab er 24hr 750 mg (metFORMIN HCl ER)	111
memantine hcl tab 5 mg	46	metformin hcl tab er 24hr modified release 1000 mg (MetFORMIN HCl ER (MOD))	111
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	44	metformin hcl tab er 24hr modified release 500 mg (metFORMIN HCl ER (MOD))	111
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	44	metformin hcl tab er 24hr osmotic 1000 mg (metFORMIN HCl ER (OSM))	111
Menest (esterified estrogens)	250	metformin hcl tab er 24hr osmotic 500 mg (MetFORMIN HCl ER (OSM))	111
Menopur (menotropins)	237	Methadone HCl	9
Menostar (estradiol)	250	methadone hcl conc 10 mg/ml	9
Meperidine HCl	15	methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	9
meperidine hcl tab 50 mg	15	methadone hcl soln 10 mg/5ml	9
Mephyton (phytonadione)	125	methadone hcl soln 5 mg/5ml	9
meprobamate tab 200 mg	105	methadone hcl tab 10 mg	9
meprobamate tab 400 mg	105		

methadone hcl tab 5 mg	9	methylphenidate hcl cap er 10 mg (cd)	
methadone hcl tab for oral susp 40 mg	9	(Methylphenidate HCl ER (CD))	167
methadone hcl tab for oral susp 40 mg		methylphenidate hcl cap er 20 mg (cd)	
(Methadose)	9	(Methylphenidate HCl ER (CD))	167
Methadose (methadone hcl)	9	methylphenidate hcl cap er 24hr 10 mg (la)	
Methadose Sugar-Free (methadone hcl)	9	(Methylphenidate HCl ER (LA))	167
Methamphetamine HCl	164	methylphenidate hcl cap er 24hr 10 mg (xr)	
methamphetamine hcl tab 5 mg	164	(Methylphenidate HCl ER (XR))	167
methazolamide tab 25 mg	301	methylphenidate hcl cap er 24hr 15 mg (xr)	
methazolamide tab 50 mg	301	(Methylphenidate HCl ER (XR))	167
methenamine hippurate tab 1 gm	24	methylphenidate hcl cap er 24hr 20 mg (la)	
methimazole tab 10 mg	267	(Methylphenidate HCl ER (LA))	167
methimazole tab 5 mg	267	methylphenidate hcl cap er 24hr 20 mg (xr)	
Methitest (methyltestosterone)	240	(Methylphenidate HCl ER (XR))	167
Methocarbamol	319	methylphenidate hcl cap er 24hr 30 mg (la)	
methocarbamol tab 500 mg	320	(Methylphenidate HCl ER (LA))	167
methocarbamol tab 750 mg	320	methylphenidate hcl cap er 24hr 30 mg (xr)	
Methotrexate Sodium	279	(Methylphenidate HCl ER (XR))	167
Methotrexate Sodium (PF)	279	methylphenidate hcl cap er 24hr 40 mg (la)	
methotrexate sodium inj pf 1000 mg/40ml (25		(Methylphenidate HCl ER (LA))	167
mg/ml) (Methotrexate Sodium (PF))	279	methylphenidate hcl cap er 24hr 40 mg (xr)	
methotrexate sodium inj pf 250 mg/10ml (25		(Methylphenidate HCl ER (XR))	167
mg/ml) (Methotrexate Sodium (PF))	279	methylphenidate hcl cap er 24hr 50 mg (xr)	
methotrexate sodium inj pf 50 mg/2ml (25		(Methylphenidate HCl ER (XR))	167
mg/ml) (Methotrexate Sodium (PF))	279	methylphenidate hcl cap er 24hr 60 mg (la)	
methotrexate sodium tab 2.5 mg (base		(Methylphenidate HCl ER (LA))	168
equiv)	279	methylphenidate hcl cap er 24hr 60 mg (xr)	
Methoxsalen Rapid	191	(Methylphenidate HCl ER (XR))	168
methoxsalen rapid cap 10 mg	191	methylphenidate hcl cap er 30 mg (cd)	
methscopolamine bromide tab 2.5 mg	217	(Methylphenidate HCl ER (CD))	168
methscopolamine bromide tab 5 mg	217	methylphenidate hcl cap er 40 mg (cd)	
methsuximide cap 300 mg	39	(Methylphenidate HCl ER (CD))	168
Methyldopa	126	methylphenidate hcl cap er 50 mg (cd)	
methyldopa tab 250 mg	127	(Methylphenidate HCl ER (CD))	168
methyldopa tab 500 mg	127	methylphenidate hcl cap er 60 mg (cd)	
Methyldopa-Hydrochlorothiazide (methyldopa		(Methylphenidate HCl ER (CD))	168
& hydrochlorothiazide)	147	methylphenidate hcl chew tab 10 mg	168
methylergonovine maleate tab 0.2 mg	290	methylphenidate hcl chew tab 2.5 mg	168
methylergonovine maleate tab 0.2 mg		methylphenidate hcl chew tab 5 mg	168
(Methergine)	290	Methylphenidate HCl ER	168
Methylin (methylphenidate hcl)	167	Methylphenidate HCl ER (OSM)	168

methylphenidate hcl soln 10 mg/5ml.....	168	methylprednisolone tab therapy pack 4 mg (21).....	234
methylphenidate hcl soln 5 mg/5ml.....	168	methyltestosterone cap 10 mg.....	240
methylphenidate hcl tab 10 mg.....	168	Metoclopramide HCl.....	55
methylphenidate hcl tab 20 mg.....	168	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	55
methylphenidate hcl tab 5 mg.....	168	metoclopramide hcl tab 10 mg (base equivalent).....	55
methylphenidate hcl tab er 10 mg (Methylphenidate HCl ER).....	168	metoclopramide hcl tab 5 mg (base equivalent).....	55
methylphenidate hcl tab er 20 mg (Methylphenidate HCl ER).....	168	metolazone tab 10 mg.....	152
methylphenidate hcl tab er osmotic release (osm) 18 mg (Methylphenidate HCl ER (OSM)).....	169	metolazone tab 2.5 mg.....	152
methylphenidate hcl tab er osmotic release (osm) 18 mg (Methylphenidate HCl ER) (OSM)).....	169	metolazone tab 5 mg.....	152
methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER (OSM)).....	169	metoprolol & hydrochlorothiazide tab 100-25 mg (Metoprolol-Hydrochlorothiazide).....	147
methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER) (OSM)).....	169	metoprolol & hydrochlorothiazide tab 100-50 mg (Metoprolol-Hydrochlorothiazide).....	147
methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER (OSM)).....	169	metoprolol & hydrochlorothiazide tab 50-25 mg (Metoprolol-Hydrochlorothiazide).....	147
methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER) (OSM)).....	169	metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Metoprolol Succinate ER)...	134
methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER (OSM)).....	169	metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Metoprolol Succinate ER)...	134
methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER) (OSM)).....	169	metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Metoprolol Succinate ER)...	134
methylphenidate hcl tab er osmotic release (osm) 72 mg (Methylphenidate HCl ER (OSM)).....	169	metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Metoprolol Succinate ER)...	135
methylphenidate td patch 10 mg/9hr.....	169	metoprolol tartrate tab 100 mg.....	135
methylphenidate td patch 15 mg/9hr.....	169	metoprolol tartrate tab 25 mg.....	135
methylphenidate td patch 20 mg/9hr.....	169	metoprolol tartrate tab 37.5 mg.....	135
methylphenidate td patch 30 mg/9hr.....	169	metoprolol tartrate tab 50 mg.....	135
methylprednisolone tab 16 mg.....	234	metoprolol tartrate tab 75 mg.....	135
methylprednisolone tab 32 mg.....	234	MetroCream (metronidazole (topical)).....	24
methylprednisolone tab 4 mg.....	234	Metrogel (metronidazole (topical)).....	24
methylprednisolone tab 8 mg.....	234	MetroLotion (metronidazole (topical)).....	24
		metroNIDAZOLE.....	24
		metronidazole cap 375 mg.....	24
		metronidazole cream 0.75%.....	24
		metronidazole cream 0.75% (Rosadan).....	24
		metronidazole gel 0.75%.....	24
		metronidazole gel 0.75% (Rosadan).....	24

metronidazole gel 1%	24	minocycline hcl tab 50 mg	33
metronidazole lotion 0.75%	24	minocycline hcl tab 75 mg	33
metronidazole tab 250 mg	24	minocycline hcl tab er 24hr 105 mg (Minocycline HCl ER)	33
metronidazole tab 500 mg	24	minocycline hcl tab er 24hr 115 mg (Minocycline HCl ER)	33
metronidazole vaginal gel 0.75%	24	minocycline hcl tab er 24hr 135 mg (Coremino) 33	
metyrosine cap 250 mg	147	minocycline hcl tab er 24hr 135 mg (Minocycline HCl ER)	33
mexiletine hcl cap 150 mg	132	minocycline hcl tab er 24hr 45 mg (Coremino) .33	
mexiletine hcl cap 200 mg	132	minocycline hcl tab er 24hr 45 mg (Minocycline HCl ER)	33
mexiletine hcl cap 250 mg	132	minocycline hcl tab er 24hr 55 mg (Minocycline HCl ER)	33
Miacalcin (calcitonin (salmon))	285	minocycline hcl tab er 24hr 65 mg (Minocycline HCl ER)	33
Micardis (telmisartan)	129	minocycline hcl tab er 24hr 80 mg (Minocycline HCl ER)	33
Micardis HCT (telmisartan- hydrochlorothiazide)	148	minocycline hcl tab er 24hr 90 mg (Coremino) 33	
Miconazole 3 (miconazole nitrate vaginal)	58	minocycline hcl tab er 24hr 90 mg (Minocycline HCl ER)	33
Miconazole-Zinc Oxide-Petrolat (miconazole- zinc oxide-white petrolatum)	59	minoxidil tab 10 mg	158
Microchamber	290	minoxidil tab 2.5 mg	158
Microspacer	290	Miplyffa (arimoclomol citrate)	224
midodrine hcl tab 10 mg	127	mirabegron tab er 24 hr 25 mg (Mirabegron ER)	228
midodrine hcl tab 2.5 mg	127	mirabegron tab er 24 hr 50 mg (Mirabegron ER)	228
midodrine hcl tab 5 mg	127	Mirapex (pramipexole dihydrochloride)	85
Miebo (perfluorohexyloctane)	294	Mirapex ER (pramipexole dihydrochloride)	85
Mifeprex (mifepristone)	234	Mircette (desogestrel-ethinyl estradiol (biphasic))	250
mifepristone tab 200 mg	234	mirtazapine orally disintegrating tab 15 mg	47
mifepristone tab 300 mg	266	mirtazapine orally disintegrating tab 30 mg	47
Migergot (ergotamine w/ caffeine)	62	mirtazapine orally disintegrating tab 45 mg	47
Miglitol	111	mirtazapine tab 15 mg	48
miglitol tab 100 mg	112	mirtazapine tab 30 mg	48
miglitol tab 25 mg	112	mirtazapine tab 45 mg	48
miglitol tab 50 mg	112	mirtazapine tab 7.5 mg	48
miglustat cap 100 mg	224	Mirvaso (brimonidine tartrate (topical))	180
miglustat cap 100 mg (Yargesa)	224	misoprostol tab 100 mcg	239
Migranal (dihydroergotamine mesylate)	62		
Millipred (prednisolone)	234		
Minastrin 24 Fe (norethin acet & estrad-fe)	250		
Minipress (prazosin hcl)	127		
Minivelle (estradiol)	250		
minocycline hcl cap 100 mg	32		
minocycline hcl cap 50 mg	32		
minocycline hcl cap 75 mg	32		
minocycline hcl tab 100 mg	33		

misoprostol tab 200 mcg	239	morphine sulfate oral soln 100 mg/5ml (20 mg/ml) (Morphine Sulfate (Concentrate))	16
Mitigare (colchicine)	60	morphine sulfate oral soln 20 mg/5ml	16
Mobic (meloxicam)	4	morphine sulfate tab 15 mg	16
modafinil tab 100 mg	322	morphine sulfate tab 30 mg	16
modafinil tab 200 mg	323	morphine sulfate tab er 100 mg (Morphine Sulfate ER)	10
moexipril hcl tab 15 mg	130	morphine sulfate tab er 15 mg (Morphine Sulfate ER)	10
moexipril hcl tab 7.5 mg	130	morphine sulfate tab er 200 mg (Morphine Sulfate ER)	10
Molindone HCl	89	morphine sulfate tab er 30 mg (Morphine Sulfate ER)	10
mometasone furoate cream 0.1%	187	morphine sulfate tab er 60 mg (Morphine Sulfate ER)	10
mometasone furoate oint 0.1%	187	Motegrity (prucalopride succinate)	214
mometasone furoate solution 0.1% (lotion)	187	Motofen (difenoxyin w/ atropine)	216
Monoject Insulin Syringe	290	Motpoly XR (lacosamide)	37
Monoject Ultra Comfort Syringe	290	Mounjaro (tirzepatide)	112
montelukast sodium chew tab 4 mg (base equiv)	306	Movantik (naloxegol oxalate)	214
montelukast sodium chew tab 5 mg (base equiv)	306	MoviPrep (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	214
montelukast sodium oral granules packet 4 mg (base equiv)	306	Moxeza (moxifloxacin hcl (ophth))	297
montelukast sodium tab 10 mg (base equiv)	306	Moxifloxacin HCl (2X Day) (moxifloxacin hcl (ophth))	297
Monurol (fosfomycin tromethamine)	24	moxifloxacin hcl ophth soln 0.5% (base equiv)	297
Morphine Sulfate	15,16	moxifloxacin hcl tab 400 mg (base equiv)	30
Morphine Sulfate (Concentrate)	15	Mozobil (plerixafor)	123
morphine sulfate cap er 24hr 10 mg (Morphine Sulfate ER)	9	MS Contin (morphine sulfate)	10
morphine sulfate cap er 24hr 100 mg (Morphine Sulfate ER)	9	Mulpleta (lusutrombopag)	123
morphine sulfate cap er 24hr 20 mg (Morphine Sulfate ER)	9	Multaq (dronedarone hcl)	132
morphine sulfate cap er 24hr 30 mg (Morphine Sulfate ER)	9	Multi-Mac (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	199
morphine sulfate cap er 24hr 50 mg (Morphine Sulfate ER)	9	Multi-Vit-Flor (pediatric multivitamins w/fl)	199
morphine sulfate cap er 24hr 60 mg (Morphine Sulfate ER)	9	Multi-Vitamin/Fluoride (pediatric multivitamins w/fl)	200
morphine sulfate cap er 24hr 80 mg (Morphine Sulfate ER)	9	Multivitamin w/Fluoride (pediatric multivitamins w/fl)	200
Morphine Sulfate ER	10	Multivitamin/Fluoride (pediatric multivitamins w/fl)	200
Morphine Sulfate ER Beads (morphine sulfate beads)	10		
morphine sulfate oral soln 10 mg/5ml	16		

mupirocin calcium cream 2%	197
mupirocin oint 2%	197
Muse (alprostadil (vasodilator))	239
Myalept (metreleptin)	224
Myambutol (ethambutol hcl)	65
Mycapssa (octreotide acetate)	266
Mycobutin (rifabutin)	65
mycophenolate mofetil cap 250 mg	279
mycophenolate mofetil for oral susp 200 mg/ml	279
mycophenolate mofetil tab 500 mg	279
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	279
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	279
Mydayis (amphetamine- dextroamphetamine)	164
Mydracyl (tropicamide)	294
Myfembree (relugolix-estradiol-norethindrone acetate)	237
Myfortic (mycophenolate sodium)	279
Myhibbin (mycophenolate mofetil)	279
Myleran (busulfan)	66
Myrbetriq (mirabegron)	228
Mysoline (primidone)	40
Mytesi (crofelemer)	216

N

nabumetone tab 500 mg	5
nabumetone tab 500 mg (Relafen)	5
nabumetone tab 750 mg	5
nabumetone tab 750 mg (Relafen)	5
nadolol tab 20 mg	135
nadolol tab 40 mg	135
nadolol tab 80 mg	135
NaFrinse Drops (sodium fluoride)	200
Naftifine HCl	59
naftifine hcl cream 2%	59
naftifine hcl gel 1%	59
naftifine hcl gel 2%	59
Naftin (naftifine hcl)	59

Nalfon (fenoprofen calcium)	5
Nalocet (oxycodone w/ acetaminophen)	16
Naloxone HCl	21
naloxone hcl inj 0.4 mg/ml	21
naloxone hcl inj 4 mg/10ml	21
naloxone hcl nasal spray 4 mg/0.1ml	21
naloxone hcl soln prefilled syringe 2 mg/2ml	21
naltrexone hcl tab 50 mg	21
Namenda (memantine hcl)	46
Namenda Titration Pak (memantine hcl)	46
Namenda XR (memantine hcl)	46
Namenda XR Titration Pack (memantine hcl)	46
Namzaric (memantine hcl-donepezil hcl)	44,45
Naprelan (naproxen sodium)	5
Naprosyn (naproxen)	5
naproxen sodium tab 275 mg	5
naproxen sodium tab 550 mg	5
naproxen sodium tab er 24hr 375 mg (base equiv) (Naproxen Sodium ER)	5
naproxen sodium tab er 24hr 500 mg (base equiv) (Naproxen Sodium ER)	5
naproxen sodium tab er 24hr 750 mg (base equiv) (Naproxen Sodium ER)	5
naproxen susp 125 mg/5ml	5
naproxen tab 250 mg	5
naproxen tab 375 mg	5
naproxen tab 500 mg	5
naproxen tab ec 375 mg	5
naproxen tab ec 375 mg (EC-Naproxen)	5
naproxen tab ec 500 mg	5
naproxen tab ec 500 mg (EC-Naproxen)	5
naproxen tab ec 500 mg (Naproxen DR)	5
naproxen-esomeprazole magnesium tab dr 375-20 mg (Naproxen-Esomeprazole Mg)	5
naproxen-esomeprazole magnesium tab dr 500-20 mg (Naproxen-Esomeprazole Mg)	6
naratriptan hcl tab 1 mg (base equiv)	63
naratriptan hcl tab 2.5 mg (base equiv)	63
Narcan (naloxone hcl)	21
Nardil (phenelzine sulfate)	49
Nascobal (cyanocobalamin)	212

NataChew (prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid).....	200	Neomycin-Polymyxin-Gramacidin.....	295
Natacyn (natamycin).....	297	Neomycin-Polymyxin-HC (neomycin-polymyxin-hc (ophth)).....	295
Natal PNV (prenatal vit w/ ferrous gluconate-folic acid).....	200	neomycin-polymyxin-hc otic soln 1%.....	303
Natalvit (prenatal vit w/ ferrous fumarate-folic acid).....	200	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	303
Natazia (estradiol valerate-dienogest).....	250	Neonatal 19 (prenatal vitamin-folic acid)....	212
nateglinide tab 120 mg.....	112	Neonatal Complete (prenatal vit w/ ferrous fumarate-folic acid).....	200
nateglinide tab 60 mg.....	112	Neonatal FE (prenatal multivitamins w/ iron-folic acid).....	200
Natesto (testosterone).....	240	NeoNatal Plus (prenatal vit w/ ferrous fumarate-folic acid).....	200
Natpara (parathyroid hormone (recombinant)).....	285	Neoral (cyclosporine modified (for microemulsion)).....	279
Natroba (spinosad).....	196	Nerlynx (neratinib maleate).....	76
Nayzilam (midazolam (anticonvulsant)).....	40	Nesina (alogliptin benzoate).....	112
nebivolol hcl tab 10 mg (base equivalent)....	135	Nestabs (prenatal vit without vit a w/ fe bisglycinate-folic acid).....	200
nebivolol hcl tab 2.5 mg (base equivalent)....	135	Nestabs One (prenatal w/o a w/fe carbonyl-fe bisglyc-I methylfol-dha).....	201
nebivolol hcl tab 20 mg (base equivalent)....	135	Neulasta (pegfilgrastim).....	123
nebivolol hcl tab 5 mg (base equivalent)....	135	Neupogen (filgrastim).....	123
Nebusal (sodium chloride (inhalant)).....	317	Neupro (rotigotine).....	85
Neevo DHA (prenatal without vit a w/ fe fumarate-I methylfolate-omegas).....	200	Neurontin (gabapentin).....	40
Nefazodone HCl.....	51	Nevanac (nepafenac).....	299
Neffy (epinephrine (anaphylaxis)).....	309	Nevirapine.....	98
Nemluvio (nemolizumab-ilto).....	269	Nevirapine ER.....	98
Neo-Synalar (neomycin sulfate-fluocinolone acetone).....	191	nevirapine tab 200 mg.....	98
Neo-Vital RX (prenatal multivit-min w/fe-fa).....	200	nevirapine tab er 24hr 400 mg (Nevirapine ER).....	98
neomycin sulfate tab 500 mg.....	22	NexAVAR (sorafenib tosylate).....	76
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-Polycin)....	294	Nexiclon XR (clonidine hcl).....	127
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neomycin-Bacitracin Zn-Polymyx).....	294	NexlUM (esomeprazole magnesium).....	221
Neomycin-Polymyxin B GU (neomycin/polymyxin b gu).....	24	Nexletol (bempedoic acid).....	148
neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	294	Nexlizet (bempedoic acid-ezetimibe).....	156
neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	294	Nextstellis (drospirenone-estetrol).....	250
		Ngenla (somatrogon-ghla).....	237
		Niacin (Antihyperlipidemic).....	156
		niacin tab er 1000 mg (antihyperlipidemic) (Niacin ER (Antihyperlipidemic)).....	156

niacin tab er 500 mg (antihyperlipidemic) (Niacin ER (Antihyperlipidemic)).....	156	Nitrofurantoin.....	24
niacin tab er 750 mg (antihyperlipidemic) (Niacin ER (Antihyperlipidemic)).....	156	nitrofurantoin macrocrystalline cap 100 mg..	24
Niacor (niacin (antihyperlipidemic)).....	156	nitrofurantoin macrocrystalline cap 25 mg...	24
Niaspan (niacin (antihyperlipidemic))....	156,157	nitrofurantoin macrocrystalline cap 50 mg...	24
nicardipine hcl cap 20 mg.....	136	nitrofurantoin monohydrate macrocrystalline cap 100 mg (Nitrofurantoin Monohyd Macro).	24
nicardipine hcl cap 30 mg.....	136	nitrofurantoin susp 25 mg/5ml.....	24
Nicotrol (nicotine).....	22	nitroglycerin oint 0.4%.....	159
Nicotrol NS (nicotine).....	22	nitroglycerin sl tab 0.3 mg.....	159
nifedipine cap 10 mg.....	136	nitroglycerin sl tab 0.4 mg.....	159
nifedipine cap 20 mg.....	136	nitroglycerin sl tab 0.6 mg.....	159
nifedipine tab er 24hr 30 mg (NIFEdipine ER)	136	nitroglycerin td patch 24hr 0.1 mg/hr.....	159
nifedipine tab er 24hr 60 mg (NIFEdipine ER)	136	nitroglycerin td patch 24hr 0.1 mg/hr (Minitran).....	159
nifedipine tab er 24hr 90 mg (NIFEdipine ER)	136	nitroglycerin td patch 24hr 0.2 mg/hr.....	159
nifedipine tab er 24hr osmotic release 30 mg (NIFEdipine ER Osmotic Release).....	137	nitroglycerin td patch 24hr 0.2 mg/hr (Minitran).....	159
nifedipine tab er 24hr osmotic release 60 mg (NIFEdipine ER Osmotic Release).....	137	nitroglycerin td patch 24hr 0.4 mg/hr.....	159
nifedipine tab er 24hr osmotic release 90 mg (NIFEdipine ER Osmotic Release).....	137	nitroglycerin td patch 24hr 0.4 mg/hr (Minitran).....	159
Nilandron (nilutamide).....	67	nitroglycerin td patch 24hr 0.6 mg/hr.....	160
nilutamide tab 150 mg.....	67	nitroglycerin td patch 24hr 0.6 mg/hr (Minitran).....	160
niMODipine.....	137	nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	160
nimodipine cap 30 mg.....	137	Nitrolingual (nitroglycerin).....	160
Ninlaro (ixazomib citrate).....	76	Nitrostat (nitroglycerin).....	160
Nisoldipine ER.....	137	Nityr (nitisinone).....	224
nisoldipine tab er 24hr 17 mg (Nisoldipine ER)	137	Niva Thyroid.....	264
nisoldipine tab er 24hr 34 mg (Nisoldipine ER).....	137	Niva-Plus (prenatal vit w/ ferrous fumarate- folic acid).....	201
nisoldipine tab er 24hr 8.5 mg (Nisoldipine ER).....	137	Nivestym (filgrastim-aafi).....	124
Nitazoxanide.....	82	Nizatidine.....	220
nitazoxanide tab 500 mg.....	82	nizatidine cap 150 mg.....	220
nitisinone cap 10 mg.....	224	Nocdurna (desmopressin acetate).....	237
nitisinone cap 2 mg.....	224	Norditropin FlexPro (somatropin).....	237
nitisinone cap 20 mg.....	224	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Norelgestromin-Eth Estradiol)...	251
nitisinone cap 5 mg.....	224	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane).....	251
Nitro-Bid (nitroglycerin).....	159		
Nitro-Dur (nitroglycerin).....	159		
Nitro-Time (nitroglycerin).....	159		

norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy).....	251	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Norethindron-Ethinyl Estrad-Fe).....	252
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva).....	251	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe).....	252
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn).....	251	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-Legest Fe).....	252
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith).....	251	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Xarah Fe).....	252
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla).....	251	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20).....	252
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28)).....	251	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20).....	252
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28)).....	251	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20).....	252
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera).....	251	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20 (21)).....	252
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35).....	251	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20).....	252
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35).....	251	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Norethindrone Acet-Ethinyl Est).....	252
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35).....	251	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30).....	252
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21)).....	251	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30).....	252
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28)).....	251	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30).....	252
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35).....	251	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30).....	253
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35).....	251	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30 (21)).....	253
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Norethin-Eth Estradiol-Fe).....	252	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30).....	253
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe).....	252	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Norethindrone Acet-Ethinyl Est).....	253
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe).....	252	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20).....	253
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe).....	252	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20).....	253
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Norethin-Eth Estradiol-Fe).....	252		

norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Feirza 1/20).....	253	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe).....	254
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Hailey Fe 1/20).....	253	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe).....	254
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20).....	253	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Norethin Ace-Eth Estrad-FE).....	254
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20).....	253	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Gemmily).....	254
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20).....	253	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee).....	254
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe 1/20).....	253	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Norethin Ace-Eth Estrad-FE).....	254
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Norethin Ace-Eth Estrad-FE).....	253	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy).....	254
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq).....	253	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe).....	254
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20).....	253	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe).....	254
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30).....	253	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe).....	254
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30).....	253	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24).....	255
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Feirza 1.5/30).....	253	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe).....	255
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Hailey Fe 1.5/30).....	254	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe).....	255
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30).....	254	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe).....	255
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30).....	254	norethindrone acetate tab 5 mg.....	260
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30).....	254	norethindrone acetate tab 5 mg (Gallifrey) ..	260
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Microgestin Fe 1.5/30).....	254	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv).....	255
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Norethin Ace-Eth Estrad-FE) ..	254	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Norethindrone-Eth Estradiol) ..	255
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Charlotte 24 Fe).....	254	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv).....	255
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala).....	254	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli).....	255

norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Norethindrone-Eth Estradiol)	255	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-Linyah)	256
norethindrone tab 0.35 mg	260	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Norgestimate-Eth Estradiol)	256
norethindrone tab 0.35 mg (Camila)	260	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Nymyo)	256
norethindrone tab 0.35 mg (Deblitane)	260	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)	256
norethindrone tab 0.35 mg (Emzahh)	260	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)	256
norethindrone tab 0.35 mg (Errin)	260	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra)	256
norethindrone tab 0.35 mg (Heather)	260	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Norgestim-Eth Estrad Triphasic)	256
norethindrone tab 0.35 mg (Incassia)	260	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Estarylla)	256
norethindrone tab 0.35 mg (Jencycla)	260	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Marzia)	256
norethindrone tab 0.35 mg (Lyleq)	260	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Mili)	256
norethindrone tab 0.35 mg (Lyza)	260	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Sprintec)	256
norethindrone tab 0.35 mg (Nora-Be)	260	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Vylibra Lo)	256
norethindrone tab 0.35 mg (Norlyda)	260	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Norgestim-Eth Estrad Triphasic)	257
norethindrone tab 0.35 mg (Norlyroc)	260	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri Femynor)	257
norethindrone tab 0.35 mg (Sharobel)	260	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Estarylla)	257
norethindrone tab 0.35 mg (Tulana)	260	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Linyah)	257
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7)	255	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Mili)	257
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7)	255	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Nymyo)	257
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7)	255	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Previfem)	257
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	255		
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7)	255		
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7)	255		
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle)	255		
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	256		
Norgesic Forte (orphenadrine w/ aspirin & caff)	320		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla)	256		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor)	256		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili)	256		

norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Sprintec).....	257	Noxafil (posaconazole).....	59
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Vylibra).....	257	NP Thyroid.....	264
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28).....	257	Nubeqa (darolutamide).....	67
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest).....	257	Nucala (mepolizumab).....	317
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel).....	257	Nucynta (tapentadol hcl).....	16
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz).....	257	Nucynta ER (tapentadol hcl).....	10
Noritate (metronidazole (topical)).....	24	Nuedexta (dextromethorphan hbr-quinidine sulfate).....	172
Norliqva (amlodipine besylate).....	137	Nulytely Lemon-Lime (peg 3350-potassium chloride-sod bicarbonate-sod chloride).....	214
Norpace (disopyramide phosphate).....	132	Nulytely with Flavor Packs (peg 3350-potassium chloride-sod bicarbonate-sod chloride).....	214
Norpace CR (disopyramide phosphate).....	132	Nuplazid (pimavanserin tartrate).....	91
Norpramin (desipramine hcl).....	54	Nurtec (rimegepant sulfate).....	61
Northera (droxidopa).....	127	Nutropin AQ NuSpin 10 (somatropin).....	237
nortriptyline hcl cap 10 mg.....	54	Nutropin AQ NuSpin 20 (somatropin).....	238
nortriptyline hcl cap 25 mg.....	54	Nutropin AQ NuSpin 5 (somatropin).....	238
nortriptyline hcl cap 50 mg.....	54	NuvaRing (etonogestrel-ethinyl estradiol).....	257
nortriptyline hcl cap 75 mg.....	54	Nuversa (metronidazole vaginal).....	25
nortriptyline hcl soln 10 mg/5ml.....	54	Nuvigil (armodafinil).....	323
Norvasc (amlodipine besylate).....	137	Nuzyra (omadacycline tosylate).....	33
Norvir (ritonavir).....	102	Nymalize (nimodipine).....	137
Nourianz (istradefylline).....	84	Nypozi (filgrastim-txid).....	124
Novarel (chorionic gonadotropin).....	237	nystatin cream 100000 unit/gm.....	59
NovoLOG (insulin aspart).....	118	nystatin oint 100000 unit/gm.....	59
NovoLOG 70/30 FlexPen ReliOn (insulin aspart protamine & aspart (human)).....	118	nystatin susp 100000 unit/ml.....	59
NovoLOG FlexPen (insulin aspart).....	118	nystatin tab 500000 unit.....	59
NovoLOG FlexPen ReliOn (insulin aspart).....	118	nystatin topical powder 100000 unit/gm.....	59
NovoLOG Mix 70/30 (insulin aspart protamine & aspart (human)).....	118	nystatin topical powder 100000 unit/gm (Klayesta).....	59
NovoLOG Mix 70/30 FlexPen (insulin aspart protamine & aspart (human)).....	119	nystatin topical powder 100000 unit/gm (Nyamyc).....	59
NovoLOG Mix 70/30 ReliOn (insulin aspart protamine & aspart (human)).....	119	nystatin topical powder 100000 unit/gm (Nystop).....	59
NovoLOG PenFill (insulin aspart).....	119	nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	191
NovoLOG ReliOn (insulin aspart).....	119	nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	191
NovoPen Echo.....	290	Nyvepria (pegfilgrastim-apgf).....	124

O

OB Complete (prenatal vit w/ iron carbonyl-folic acid) 201

OB Complete One (prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil) 201

OB Complete Petite (prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3) 201

OB Complete Premier (prenatal vit w/ iron carbonyl-fe aspart glycinate-fa) 201

OB Complete/DHA (prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid) 201

Obstetrix EC (with Docusate) (prenatal vit w/ docusate-iron carbonyl-folic acid) 201

Obstetrix One (with Docusate) (prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha) 201

Ocaliva (obeticholic acid) 219

Octreotide Acetate 266

octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 266

octreotide acetate inj 1000 mcg/ml (1 mg/ml) 266

octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 266

octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 266

octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 266

Ocuflox (ofloxacin (ophth)) 297

Odactra (dust mite mixed allergen extract) . . 269

Odefsey (emtricitabine-rilpivirine-tenofovir alafenamide fumarate) 98

Odomzo (sonidegib phosphate) 76

Ofev (nintedanib esylate) 313

Ofloxacin 31

ofloxacin ophth soln 0.3% 297

ofloxacin otic soln 0.3% 303

ofloxacin tab 400 mg 31

Ogsiveo (nirogacestat hydrobromide) 76

Ohtuvayre (ensifentrine) 311

Ojemda (tovorafenib) 70

Ojjaara (momelotinib dihydrochloride) 69

olanzapine orally disintegrating tab 10 mg . . . 91

olanzapine orally disintegrating tab 15 mg . . . 91

olanzapine orally disintegrating tab 20 mg . . . 91

olanzapine orally disintegrating tab 5 mg 91

olanzapine tab 10 mg 91

olanzapine tab 15 mg 91

olanzapine tab 2.5 mg 91

olanzapine tab 20 mg 91

olanzapine tab 5 mg 91

olanzapine tab 7.5 mg 91

olanzapine-fluoxetine hcl cap 12-25 mg 48

olanzapine-fluoxetine hcl cap 12-50 mg 48

olanzapine-fluoxetine hcl cap 3-25 mg 48

olanzapine-fluoxetine hcl cap 6-25 mg 48

olanzapine-fluoxetine hcl cap 6-50 mg 48

olmesartan medoxomil tab 20 mg 129

olmesartan medoxomil tab 40 mg 129

olmesartan medoxomil tab 5 mg 129

olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Olmesartan Medoxomil-HCTZ) . . 148

olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Olmesartan Medoxomil-HCTZ) . . 148

olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Olmesartan Medoxomil-HCTZ) . . 148

olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Olmesartan-Amlodipine-HCTZ) 148

olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Olmesartan-Amlodipine-HCTZ) 148

olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Olmesartan-Amlodipine-HCTZ) 148

olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Olmesartan-Amlodipine-HCTZ) 148

olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Olmesartan-Amlodipine-HCTZ) 148

olopatadine hcl nasal soln 0.6%.....	306	Omnitrope (somatropin).....	219,238
Olpruva (2 GM Dose) (sodium phenylbutyrate).....	224	Omvoh (mirikizumab-mrkz).....	219
Olpruva (3 GM Dose) (sodium phenylbutyrate).....	224	Ondansetron.....	57
Olpruva (4 GM Dose) (sodium phenylbutyrate).....	225	Ondansetron HCl.....	57
Olpruva (5 GM Dose) (sodium phenylbutyrate).....	225	ondansetron hcl oral soln 4 mg/5ml.....	57
Olpruva (6 GM Dose) (sodium phenylbutyrate).....	225	ondansetron hcl tab 4 mg.....	57
Olpruva (6.67 GM Dose) (sodium phenylbutyrate).....	225	ondansetron hcl tab 8 mg.....	57
Olumiant (baricitinib).....	269	ondansetron orally disintegrating tab 4 mg...	57
Olux (clobetasol propionate).....	187	ondansetron orally disintegrating tab 8 mg...	57
Olux-E (clobetasol propionate emulsion)....	188	One Vite Womens Plus (prenatal vit w/ ferrous fumarate-folic acid).....	201
Omeclamox-Pak (amoxicillin-clarithromycin w/ omeprazole).....	219	Onexton (clindamycin phosphate-benzoyl peroxide).....	180
omega-3-acid ethyl esters cap 1 gm.....	157	Onfi (clobazam).....	40
omeprazole cap delayed release 10 mg.....	221	Ongentys (opicapone).....	84
omeprazole cap delayed release 20 mg.....	221	Onglyza (saxagliptin hcl).....	112
omeprazole cap delayed release 40 mg.....	221	Onureg (azacitidine).....	69
omeprazole-sodium bicarbonate cap 40-1100 mg.....	222	Onyda XR (clonidine hcl (adhd)).....	169
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg.....	222	Onzetra Xsail (sumatriptan succinate).....	63
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg.....	222	Opfolda (miglustat (gaa deficiency)).....	225
Omnaris (ciclesonide (nasal)).....	317	Opsumit (macitentan).....	312
Omniflex Diaphragm (diaphragms).....	290	Opsynvi (macitentan-tadalafil).....	312
Omnipod 5 DexG7G6 Pods Gen 5.....	290	OptiChamber Diamond.....	291
Omnipod 5 G6 Intro (Gen 5).....	290	OptiChamber Diamond-Lg Mask.....	291
Omnipod 5 G6 Pods (Gen 5).....	290	OptiChamber Diamond-Md Mask.....	291
Omnipod 5 G7 Intro (Gen 5).....	291	OptiChamber Diamond-Sm Mask.....	291
Omnipod 5 G7 Pods (Gen 5).....	291	Opvee (nalmefene hcl (antidote)).....	291
Omnipod 5 Libre2 Plus G6.....	291	Opzelura (ruxolitinib phosphate (topical))....	191
Omnipod 5 Libre2 Plus G6 Pods.....	291	Oracea (doxycycline (rosacea)).....	33
Omnipod Classic Pods (Gen 3).....	291	Oracit (sodium citrate & citric acid).....	231
Omnipod DASH Intro (Gen 4).....	291	Oral Citrate (sodium citrate & citric acid)....	231
Omnipod DASH Pods (Gen 4).....	291	Oralair (grass mixed pollens allergen extract).....	269
Omnipod Go.....	291	Oralair Adult Starter Pack (grass mixed pollens allergen extract).....	269
		Orapred ODT (prednisolone sodium phosphate).....	234
		Orencia (abatacept).....	269
		Orencia ClickJect (abatacept).....	269
		Orenitram (treprostinil diolamine).....	312
		Orenitram Month 1 (treprostinil diolamine)...	312

Orenitram Month 2 (treprostinil diolamine) . . .	312	Ovace Plus (sulfacetamide sodium)	191
Orenitram Month 3 (treprostinil diolamine) . . .	312	Ovace Plus Wash (sulfacetamide sodium) 191,192	
Orfadin (nitisinone)	225	Ovace Wash (sulfacetamide sodium)	192
Orgovyx (relugolix)	266	Ovide (malathion)	196
Oriahnn (elagolix sodium-estradiol-norethindrone acetate)	266	Ovidrel (choriogonadotropin alfa)	238
Orilissa (elagolix sodium)	266	Oxandrolone	239
Orkambi (lumacaftor-ivacaftor)	310	oxandrolone tab 10 mg	239
Orladeyo (berotralstat hcl)	267	oxandrolone tab 2.5 mg	239
Orlistat	219	oxaprozin tab 600 mg	6
orphenadrine citrate tab er 12hr 100 mg (Orphenadrine Citrate ER)	320	Oxaydo (oxycodone hcl)	16
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg (Norgesic)	320	oxazepam cap 10 mg	107
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg (Orphenadrine-Aspirin-Caffeine)	320	oxazepam cap 15 mg	107
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Orphenadrine-ASA-Caffeine)	320	oxazepam cap 30 mg	107
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Orphengesic Forte)	320	oxcarbazepine susp 300 mg/5ml (60 mg/ml) .43	
Orserdu (elacestrant hydrochloride)	67	oxcarbazepine tab 150 mg	43
Ortho Micronor (norethindrone (contraceptive))	260	oxcarbazepine tab 300 mg	43
Ortikos (budesonide)	283	oxcarbazepine tab 600 mg	43
oseltamivir phosphate cap 30 mg (base equiv)	103	oxcarbazepine tab er 24hr 150 mg (OXcarbazepine ER)	43
oseltamivir phosphate cap 45 mg (base equiv)	103	oxcarbazepine tab er 24hr 300 mg (OXcarbazepine ER)	43
oseltamivir phosphate cap 75 mg (base equiv)	103	oxcarbazepine tab er 24hr 600 mg (OXcarbazepine ER)	43
oseltamivir phosphate for susp 6 mg/ml (base equiv)	103	Oxervate (cenegermin-bkbj)	295
Oseni (alogliptin-pioglitazone)	112	oxiconazole nitrate cream 1%	59
Osmolex ER (amantadine hcl)	84	Oxistat (oxiconazole nitrate)	59
OsmoPrep (sodium phosphate monobasic-sodium phosphate dibasic)	214	Oxsoralen Ultra (methoxsalen rapid)	192
Osphena (ospemifene)	261	Oxtellar XR (oxcarbazepine)	43
Otezla (apremilast)	191,269	Oxybutynin Chloride	228
Otovel (ciprofloxacin-fluocinolone acetone)	303	oxybutynin chloride solution 5 mg/5ml	228
Otrexup (methotrexate (antirheumatic))	279	oxybutynin chloride tab 5 mg	228
		oxybutynin chloride tab er 24hr 10 mg (Oxybutynin Chloride ER)	228
		oxybutynin chloride tab er 24hr 15 mg (Oxybutynin Chloride ER)	228
		oxybutynin chloride tab er 24hr 5 mg (Oxybutynin Chloride ER)	228
		oxycodone hcl cap 5 mg	16
		oxycodone hcl conc 100 mg/5ml (20 mg/ml)	16
		OxyCODONE HCl ER	10
		oxycodone hcl soln 5 mg/5ml	16

oxycodone hcl tab 10 mg	16	Palforzia (160 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)	269
oxycodone hcl tab 15 mg	17	Palforzia (20 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)	269
oxycodone hcl tab 20 mg	17	Palforzia (200 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)	270
oxycodone hcl tab 30 mg	17	Palforzia (240 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)	270
oxycodone hcl tab 5 mg	17	Palforzia (3 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)	270
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	17	Palforzia (300 MG Maintenance) (peanut (arachis hypogaea) allergen powder-dnfp)	270
oxycodone w/ acetaminophen tab 10-325 mg (oxyCODONE-Acetaminophen)	17	Palforzia (300 MG Titration) (peanut (arachis hypogaea) allergen powder-dnfp)	270
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	17	Palforzia (40 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)	270
oxycodone w/ acetaminophen tab 2.5-325 mg (Oxycodone-Acetaminophen)	17	Palforzia (6 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)	270
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	17	Palforzia (80 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)	270
oxycodone w/ acetaminophen tab 5-325 mg (Oxycodone-Acetaminophen)	17	paliperidone tab er 24hr 1.5 mg (Paliperidone ER)	91
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	17	paliperidone tab er 24hr 3 mg (Paliperidone ER)	91
oxycodone w/ acetaminophen tab 7.5-325 mg (Oxycodone-Acetaminophen)	17	paliperidone tab er 24hr 6 mg (Paliperidone ER)	91
oxyCODONE-Acetaminophen (oxycodone w/ acetaminophen)	17	paliperidone tab er 24hr 9 mg (Paliperidone ER)	91
Oxycodone-Aspirin	18	Palynziq (pegvaliase-pqpz)	225
OxyCONTIN (oxycodone hcl)	11	Pamelor (nortriptyline hcl)	54
oxyMORphone HCl ER	11	Pancreaze (pancrelipase (lipase-protease-amylase))	225
oxymorphone hcl tab 10 mg	18	Pandel (hydrocortisone probutate)	188
oxymorphone hcl tab 5 mg	18	Panretin (alitretinoin)	81
Oxytrol (oxybutynin)	228	pantoprazole sodium ec tab 20 mg (base equiv)	222
Ozempic (0.25 or 0.5 MG/DOSE) (semaglutide)	112	pantoprazole sodium ec tab 40 mg (base equiv)	222
Ozempic (1 MG/DOSE) (semaglutide)	112	pantoprazole sodium for delayed release susp packet 40 mg	222
Ozempic (2 MG/DOSE) (semaglutide)	112	paricalcitol cap 1 mcg	285
Ozobax (baclofen)	95		
Ozobax DS (baclofen)	95		

P

Palforzia (12 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)	269
Palforzia (120 MG Daily Dose) (peanut (arachis hypogaea) allergen powder-dnfp)	269

paricalcitol cap 2 mcg	285	Pediapred (prednisolone sodium phosphate)	234	
paricalcitol cap 4 mcg	285	peg 3350-kcl-na bicarb-nacl-na sulfate for soln	236 gm (Gavilyte-G)	219
Parlodel (bromocriptine mesylate)	85	peg 3350-kcl-na bicarb-nacl-na sulfate for soln	236 gm (PEG-3350/Electrolytes)	219
Parnate (tranylcypromine sulfate)	49	peg 3350-kcl-nacl-na sulfate-na ascorbate-c	for soln 100 gm (PEG-	
paromomycin sulfate cap 250 mg	23	3350/Electrolytes/Ascorbat)	214	
paroxetine hcl oral susp 10 mg/5ml (base		peg 3350-kcl-nacl-na sulfate-na ascorbate-c	for soln 100 gm (PEG-KCl-NaCl-NaSulf-Na Asc-	
equiv)	51	C)	214	
paroxetine hcl tab 10 mg	51	peg 3350-kcl-sod bicarb-nacl for soln 420 gm	(Gavilyte-N With Flavor Pack)	214
paroxetine hcl tab 20 mg	51	peg 3350-kcl-sod bicarb-nacl for soln 420 gm	(PEG 3350-KCl-Na Bicarb-NaCl)	215
paroxetine hcl tab 30 mg	51	PEG-Prep (bisacodyl-peg 3350-pot chloride-	sod bicarb-sod chloride)	215
paroxetine hcl tab 40 mg	51	Pegasys (peginterferon alfa-2a)	272	
paroxetine hcl tab er 24hr 12.5 mg (PARoxetine		PegIntron (peginterferon alfa-2b)	96	
HCl ER)	51	Pemazyre (pemigatinib)	76	
paroxetine hcl tab er 24hr 25 mg (PARoxetine		Pen Needles	291	
HCl ER)	51	penciclovir cream 1%	197	
paroxetine hcl tab er 24hr 37.5 mg (PARoxetine		penicillamine cap 250 mg	210	
HCl ER)	51	penicillamine tab 250 mg	210	
paroxetine mesylate cap 7.5 mg (base equiv) .	51	Penicillin V Potassium	28	
Paser (aminosalicylic acid)	65	penicillin v potassium tab 250 mg	28	
Patanase (olopatadine hcl (nasal))	306	penicillin v potassium tab 500 mg	28	
Paxil (paroxetine hcl)	51	Pennsaid (diclofenac sodium (topical))	6	
Paxil CR (paroxetine hcl)	51	Pentasa (mesalamine)	282	
Paxlovid (150/100) (nirmatrelvir-ritonavir) . .	104	pentazocine w/ naloxone tab 50-0.5 mg	(Pentazocine-Naloxone HCl)	18
Paxlovid (300/100) (nirmatrelvir-ritonavir) . .	104	PenTips	291	
pazopanib hcl tab 200 mg (base equiv)	76	pentoxifylline tab er 400 mg (Pentoxifylline	ER)	148
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-		Pepcid (famotidine)	220	
0.0065 mg/5ml (PB-Hyoscy-Atropine-		Percocet (oxycodone w/ acetaminophen)	18	
Scopolamine)	217	Perforomist (formoterol fumarate)	309	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-		Perindopril Erbumine	130	
0.0065 mg/5ml (Phenobarbital-Belladonna		perindopril erbumine tab 2 mg	130	
Alk)	217	perindopril erbumine tab 4 mg	130	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-		perindopril erbumine tab 8 mg	130	
0.0065 mg/5ml (Phenoxytro)	218			
pb-hyoscy-atrop-scopol tab 16.2-0.1037-				
0.0194-0.0065 mg (PB-Hyoscy-Atropine-				
Scopolamine)	218			
pb-hyoscy-atrop-scopol tab 16.2-0.1037-				
0.0194-0.0065 mg (PHENobarbital-Belladonna				
Alk)	218			
pb-hyoscy-atrop-scopol tab 16.2-0.1037-				
0.0194-0.0065 mg (Phenoxytro)	218			

permethrin cream 5%	196	phenytoin sodium extended cap 200 mg (Phenytek)	43
perphenazine tab 16 mg	55	phenytoin sodium extended cap 300 mg	43
perphenazine tab 2 mg	55	phenytoin sodium extended cap 300 mg (Phenytek)	43
perphenazine tab 4 mg	55	phenytoin susp 125 mg/5ml	43
perphenazine tab 8 mg	55	Phexxi (lactic acid-citric acid-potassium bitartrate)	231
Perphenazine-Amitriptyline	48	Phoslyra (calcium acetate (phosphate binder))	211
Pertzye (pancrelipase (lipase-protease- amylase))	225	Phospholine Iodide (echothiophate iodide)	301
Pexeva (paroxetine mesylate)	51	phytonadione tab 5 mg	125
Pheburane (sodium phenylbutyrate)	225	Picato (ingenol mebutate)	192
phenazopyridine hcl tab 100 mg	231	Pifeltro (doravirine)	98
phenazopyridine hcl tab 200 mg	231	pilocarpine hcl ophth soln 1%	301
Phendimetrazine Tartrate ER	172	pilocarpine hcl ophth soln 2%	301
phendimetrazine tartrate tab 35 mg	172	pilocarpine hcl ophth soln 4%	301
Phenelzine Sulfate	49	pilocarpine hcl tab 5 mg	177
phenelzine sulfate tab 15 mg	49	pilocarpine hcl tab 7.5 mg	177
phenobarbital elixir 20 mg/5ml	40	pimecrolimus cream 1%	188
phenobarbital tab 100 mg	40	Pimozide	89
phenobarbital tab 15 mg	40	pindolol tab 10 mg	135
phenobarbital tab 16.2 mg	40	pindolol tab 5 mg	135
phenobarbital tab 30 mg	40	pioglitazone hcl tab 15 mg (base equiv)	112
phenobarbital tab 32.4 mg	40	pioglitazone hcl tab 30 mg (base equiv)	112
phenobarbital tab 60 mg	40	pioglitazone hcl tab 45 mg (base equiv)	112
phenobarbital tab 64.8 mg	40	pioglitazone hcl-glimepiride tab 30-2 mg	112
phenobarbital tab 97.2 mg	40	pioglitazone hcl-glimepiride tab 30-4 mg	112
phenoxybenzamine hcl cap 10 mg	127	pioglitazone hcl-metformin hcl tab 15-500 mg	112
phentermine hcl cap 15 mg	172	pioglitazone hcl-metformin hcl tab 15-850 mg	113
phentermine hcl cap 30 mg	172	Piqray (200 MG Daily Dose) (alpelisib)	76
phentermine hcl cap 37.5 mg	172	Piqray (250 MG Daily Dose) (alpelisib)	76
phentermine hcl tab 37.5 mg	172	Piqray (300 MG Daily Dose) (alpelisib)	76
Phenylephrine HCl (phenylephrine hcl (mydriatic))	295	Pirfenidone	314
phenylephrine hcl ophth soln 10%	295	pirfenidone cap 267 mg	314
phenylephrine hcl ophth soln 10% (Altafrin)	295	pirfenidone tab 267 mg	314
phenylephrine hcl ophth soln 2.5%	295	pirfenidone tab 801 mg	314
phenylephrine hcl ophth soln 2.5% (Altafrin)	295	piroxicam cap 10 mg	6
phenytoin chew tab 50 mg	43	piroxicam cap 20 mg	6
phenytoin chew tab 50 mg (Phenytoin Infatabs)	43		
phenytoin sodium extended cap 100 mg	43		
phenytoin sodium extended cap 200 mg	43		

pitavastatin calcium tab 1 mg	154	Ponvory Starter Pack (ponesimod)	176
pitavastatin calcium tab 2 mg	154	posaconazole susp 40 mg/ml	59
pitavastatin calcium tab 4 mg	154	posaconazole tab delayed release 100 mg	59
Plaquenil (hydroxychloroquine sulfate)	82	pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (Pot & Sod Cit-Cit Ac)	231
Plavix (clopidogrel bisulfate)	126	pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (Tricitrates)	231
Plegridy (peginterferon beta-1a)	176	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral)	231
Plegridy Starter Pack (peginterferon beta-1a)	176	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral)	231
Plenvu (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	215	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phosphorous)	231
plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	124	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral)	231
Plexion (sulfacetamide sodium w/ sulfur)	192	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Wes-Phos 250 Neutral)	231
Plexion Cleanser (sulfacetamide sodium w/ sulfur)	192	potassium bicarbonate effer tab 25 meq (Effer-K)	202
Plexion Cleansing Cloth (sulfacetamide sodium w/ sulfur)	192	potassium bicarbonate effer tab 25 meq (K-Prime)	202
PNV Tabs 20-1 (prenatal vit w/ fe bisglycinate chelate-folic acid)	201	potassium bicarbonate effer tab 25 meq (Klor-Con/ef)	202
PNV Tabs 29-1 (prenatal vit w/ iron carbonyl-folic acid)	201	potassium chloride cap er 10 meq (Potassium Chloride ER)	202
PNV-DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	201	potassium chloride cap er 8 meq (Potassium Chloride ER)	202
PNV-DHA+Docusate (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	201	Potassium Chloride ER	202
PNV-Omega (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	201	potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10)	202
PNV-Select (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	202	potassium chloride microencapsulated crys er tab 10 meq (Potassium Chloride Crys ER)	202
Pocket Chamber	291	potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	202
Pocket Spacer	291	potassium chloride microencapsulated crys er tab 15 meq (Potassium Chloride Crys ER)	202
Podofilox	192	potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20)	202
podofilox gel 0.5%	192	potassium chloride microencapsulated crys er tab 20 meq (Potassium Chloride Crys ER)	202
podofilox soln 0.5%	192		
Poly-Vi-Flor (pediatric multivitamins w/fl)	202		
Poly-Vi-Flor/Iron (ped multivitamins w/fl & iron)	202		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	297		
Polytrim (polymyxin b-trimethoprim)	297		
Pomalyst (pomalidomide)	68		
Ponvory (ponesimod)	176		

potassium chloride oral soln 10% (20 meq/15ml).....	203	pramipexole dihydrochloride tab er 24hr 1.5 mg (Pramipexole Dihydrochloride ER).....	85
potassium chloride oral soln 20% (40 meq/15ml).....	203	pramipexole dihydrochloride tab er 24hr 2.25 mg (Pramipexole Dihydrochloride ER).....	85
potassium chloride powder packet 20 meq (Klor-Con).....	203	pramipexole dihydrochloride tab er 24hr 3 mg (Pramipexole Dihydrochloride ER).....	86
potassium chloride tab er 10 meq (Klor-Con 10).....	203	pramipexole dihydrochloride tab er 24hr 3.75 mg (Pramipexole Dihydrochloride ER).....	86
potassium chloride tab er 10 meq (Potassium Chloride ER).....	203	pramipexole dihydrochloride tab er 24hr 4.5 mg (Pramipexole Dihydrochloride ER).....	86
potassium chloride tab er 20 meq (1500 mg) (Potassium Chloride ER).....	203	Pramosone (pramoxine-hc).....	192
potassium chloride tab er 8 meq (600 mg) (Klor-Con).....	203	prasugrel hcl tab 10 mg (base equiv).....	126
potassium chloride tab er 8 meq (600 mg) (Potassium Chloride ER).....	203	prasugrel hcl tab 5 mg (base equiv).....	126
potassium citrate & citric acid soln 1100-334 mg/5ml (Potassium Citrate-Citric Acid).....	231	Pravachol (pravastatin sodium).....	154
potassium citrate tab er 10 meq (1080 mg) (Potassium Citrate ER).....	203	pravastatin sodium tab 10 mg.....	155
potassium citrate tab er 15 meq (1620 mg) (Potassium Citrate ER).....	203	pravastatin sodium tab 20 mg.....	155
potassium citrate tab er 5 meq (540 mg) (Potassium Citrate ER).....	203	pravastatin sodium tab 40 mg.....	155
potassium phosphate monobasic tab 500 mg (Phospho-Trin K500).....	231	pravastatin sodium tab 80 mg.....	155
Pradaxa (dabigatran etexilate mesylate).....	121	praziquantel tab 600 mg.....	81
Praluent (alirocumab).....	157	prazosin hcl cap 1 mg.....	127
PRALUENT 150 MG/ML PEN (NDC 72733).....	157	prazosin hcl cap 2 mg.....	127
PRALUENT 75 MG/ML PEN (NDC 72733).....	157	prazosin hcl cap 5 mg.....	127
pramipexole dihydrochloride tab 0.125 mg.....	85	Precose (acarbose).....	113
pramipexole dihydrochloride tab 0.25 mg.....	85	Pred Forte (prednisolone acetate (ophth)).....	299
pramipexole dihydrochloride tab 0.5 mg.....	85	Pred Mild (prednisolone acetate (ophth)).....	299
pramipexole dihydrochloride tab 0.75 mg.....	85	Pred-G (gentamicin-prednisolone acetate).....	295
pramipexole dihydrochloride tab 1 mg.....	85	Pred-G S.O.P. (gentamicin-prednisolone acetate).....	295
pramipexole dihydrochloride tab 1.5 mg.....	85	Prednicarbate.....	188
pramipexole dihydrochloride tab er 24hr 0.375 mg (Pramipexole Dihydrochloride ER).....	85	prednisolone acetate ophth susp 1%.....	299
pramipexole dihydrochloride tab er 24hr 0.75 mg (Pramipexole Dihydrochloride ER).....	85	PrednisoLONE Acetate P-F (prednisolone acetate (ophth)).....	299
		prednisolone sod phos orally disintegr tab 10 mg (base eq) (PrednisoLONE Sodium Phosphate).....	234
		prednisolone sod phos orally disintegr tab 15 mg (base eq) (PrednisoLONE Sodium Phosphate).....	234
		prednisolone sod phos orally disintegr tab 30 mg (base eq) (PrednisoLONE Sodium Phosphate).....	234

prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (prednisoLONE Sodium Phosphate).....	235	pregabalin soln 20 mg/ml.....	174
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (PrednisoLONE Sodium Phosphate).....	235	pregabalin tab er 24hr 165 mg (Pregabalin ER).....	174
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PrednisoLONE Sodium Phosphate).....	235	pregabalin tab er 24hr 330 mg (Pregabalin ER).....	174
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (PrednisoLONE Sodium Phosphate).....	235	pregabalin tab er 24hr 82.5 mg (Pregabalin ER).....	174
PrednisoLONE Sodium Phosphate.....	235	PreGen DHA (prenatal mv & min w/fe carbonyl- fa-dha).....	203
PrednisoLONE Sodium Phosphate (prednisolone sodium phosphate (ophth))...	299	PreGenna (prenatal vit w/ fe bisglycinate chelate-folic acid).....	203
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....	235	Pregnyl (chorionic gonadotropin).....	238
prednisolone soln 15 mg/5ml.....	235	Premarin (estrogens, conjugated vaginal)...	257
prednisolone tab 5 mg.....	235	Premarin (estrogens, conjugated).....	258
prednisolone tab 5 mg (Millipred).....	235	PremesisRx (prenatal w/ calcium-vit b6-vit b12- folic acid-ginger).....	212
PredniSONE.....	235	Premphase (conjugated estrogens- medroxyprogesterone acetate).....	258
PredniSONE Intensol.....	235	Prempro (conjugated estrogens- medroxyprogesterone acetate).....	258
prednisone tab 1 mg.....	235	Prenal (prenatal w/ vit b2-b6-b12- cholecalciferol-folic acid).....	212
prednisone tab 10 mg.....	235	Prenal Pearl (prenatal without a w/ fe fumarate-sod feredetate-fa-dha).....	203
prednisone tab 2.5 mg.....	235	Prenaissance (prenatal w/o vit a w/ fe fumarate-dss-fa-dha).....	203
prednisone tab 20 mg.....	235	Prenaissance Plus (prenatal w/o vit a w/ fe carbonyl-dss-fa-dha).....	203
prednisone tab 5 mg.....	235	Prenara (prenatal vit w/ ferrous fumarate-folic acid).....	203
prednisone tab 50 mg.....	235	Prenatal (prenatal vit w/ ferrous fumarate-folic acid).....	204
prednisone tab therapy pack 10 mg (21).....	235	Prenatal 19 (prenatal vit w/ docusate-fe fumarate-folic acid).....	204
prednisone tab therapy pack 10 mg (48).....	235	Prenatal 19 (prenatal vit w/ ferrous fumarate- folic acid).....	204
prednisone tab therapy pack 5 mg (21).....	235	Prenatal Plus (prenatal vit w/ ferrous fumarate- folic acid).....	204
prednisone tab therapy pack 5 mg (48).....	235	Prenatal Plus Iron (prenatal vit w/ iron carbonyl-folic acid).....	204
Prefest (estradiol-norgestimate).....	259		
pregabalin cap 100 mg.....	174		
pregabalin cap 150 mg.....	174		
pregabalin cap 200 mg.....	174		
pregabalin cap 225 mg.....	174		
pregabalin cap 25 mg.....	174		
pregabalin cap 300 mg.....	174		
pregabalin cap 50 mg.....	174		
pregabalin cap 75 mg.....	174		

Prenatal Plus Vitamin/Mineral (prenatal vit w/ ferrous fumarate-folic acid)	204	Prevacid (lansoprazole)	222
Prenatal Vitamin Plus Low Iron (prenatal vit w/ ferrous fumarate-folic acid)	204	Prevacid SoluTab (lansoprazole)	222
Prenatal-U (prenatal without a vit w/ fe fumarate-folic acid)	204	Prevymis (letermovir)	95
Prenate (prenatal multivitamins & minerals w/ l-methylfolate-fa)	212	Prezcobix (darunavir-cobicistat)	102
Prenate AM (prenatal w/ calcium-vit b6-vit b12-folic acid-ginger)	212	Prezista (darunavir ethanolate)	102
Prenate DHA (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha)	204	Prezista (darunavir)	102
Prenate Elite (prenatal w/ fe asparto glycinate-l methylfolate-folic acid)	204	Priftin (rifapentine)	66
Prenate Enhance (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	204	PriLOSEC (omeprazole magnesium)	222
Prenate Essential (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha)	204	PrimaCare (prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3)	205
Prenate Mini (prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha)	204	Primaquine Phosphate	82
Prenate Pixie (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha)	204	primaquine phosphate tab 26.3 mg (15 mg base)	82
Prenate Restore (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	204	Primidone	40
Prenatol-M (prenatal vit w/ ferrous fumarate-folic acid)	204	primidone tab 250 mg	41
Prenatrix (prenatal vit w/ ferrous fumarate-folic acid)	205	primidone tab 50 mg	41
Prenatryl (prenatal vit w/ ferrous fumarate-folic acid)	205	Primisol (trimethoprim hcl)	25
PrenatVite Complete (prenatal multivit-min w/fe-fa)	205	Prinivil (lisinopril)	130
PrenatVite Plus (prenatal multivit-min w/fe-fa)	205	Pristiq (desvenlafaxine succinate)	52
PrePLUS (prenatal vit w/ ferrous fumarate-folic acid)	205	Pro Comfort Pen Needles	291
Prestalia (perindopril arginine-amlodipine besylate)	148	ProAir Digihaler (albuterol sulfate with sensor)	309
PreTAB (prenatal vit w/ ferrous fumarate-folic acid)	205	ProAir HFA (albuterol sulfate)	309
Pretomanid	66	ProAir RespiClick (albuterol sulfate)	309
		probenecid tab 500 mg	60
		Procardia (nifedipine)	137
		Procardia XL (nifedipine)	137
		ProChamber VHC	291
		prochlorperazine maleate tab 10 mg (base equivalent)	55
		prochlorperazine maleate tab 5 mg (base equivalent)	55
		prochlorperazine suppos 25 mg	55
		prochlorperazine suppos 25 mg (Compro)	55
		Procrit (epoetin alfa)	124
		Proctofoam HC (hydrocortisone acetate w/ pramoxine)	192
		Procysbi (cysteamine bitartrate)	225,226
		progesterone cap 100 mg	260
		progesterone cap 200 mg	260
		progesterone im in oil 50 mg/ml	260

Proglycem (diazoxide).....	115	Propranolol HCl.....	135
Prograf (tacrolimus).....	280	propranolol hcl cap er 24hr 120 mg (Propranolol HCl ER).....	135
Prolate (oxycodone w/ acetaminophen).....	18	propranolol hcl cap er 24hr 160 mg (Propranolol HCl ER).....	135
Prolensa (bromfenac sodium (ophth)).....	299	propranolol hcl cap er 24hr 60 mg (Propranolol HCl ER).....	135
Promacta (eltrombopag olamine).....	124	propranolol hcl cap er 24hr 80 mg (Propranolol HCl ER).....	135
promethazine & phenylephrine syrup 6.25-5 mg/5ml (Promethazine-Phenylephrine).....	317	propranolol hcl tab 10 mg.....	135
promethazine hcl oral soln 6.25 mg/5ml.....	306	propranolol hcl tab 20 mg.....	135
promethazine hcl suppos 12.5 mg.....	55	propranolol hcl tab 40 mg.....	135
promethazine hcl suppos 12.5 mg (Promethegan).....	55	propranolol hcl tab 60 mg.....	135
promethazine hcl suppos 25 mg.....	55	propranolol hcl tab 80 mg.....	135
promethazine hcl suppos 25 mg (Promethegan).....	55	Propranolol-HCTZ (propranolol & hydrochlorothiazide).....	148
promethazine hcl tab 12.5 mg.....	56	propylthiouracil tab 50 mg.....	267
promethazine hcl tab 25 mg.....	56	Proscar (finasteride).....	229
promethazine hcl tab 50 mg.....	56	Protonix (pantoprazole sodium).....	222
Promethazine VC (promethazine & phenylephrine).....	317	Protopic (tacrolimus (topical)).....	188
Promethazine VC/Codeine (promethazine-phenylephrine-codeine).....	317	protriptyline hcl tab 10 mg.....	54
promethazine w/ codeine syrup 6.25-10 mg/5ml (Promethazine-Codeine).....	317	protriptyline hcl tab 5 mg.....	54
promethazine-dm syrup 6.25-15 mg/5ml.....	317	Proventil HFA (albuterol sulfate).....	309
Promethazine-Phenylephrine (promethazine & phenylephrine).....	317	Provera (medroxyprogesterone acetate).....	260
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (Promethazine-Phenyleph-Codeine).....	317	Provida OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa).....	205
Promethegan (promethazine hcl).....	56	Provigil (modafinil).....	323
Prometrium (progesterone).....	260	PROzac (fluoxetine hcl).....	52
propafenone hcl cap er 12hr 225 mg (Propafenone HCl ER).....	132	prucalopride succinate tab 1 mg (base equivalent).....	215
propafenone hcl cap er 12hr 325 mg (Propafenone HCl ER).....	132	prucalopride succinate tab 2 mg (base equivalent).....	215
propafenone hcl cap er 12hr 425 mg (Propafenone HCl ER).....	132	Prudoxin (doxepin hcl (antipruritic)).....	188
propafenone hcl tab 150 mg.....	132	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm).....	317
propafenone hcl tab 225 mg.....	132	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromphen-Pseudoeph-DM).....	318
propafenone hcl tab 300 mg.....	132	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Pseudoeph-Bromphen-DM).....	318
proparacaine hcl ophth soln 0.5%.....	295	Pulmicort (budesonide (inhalation)).....	305

Pulmicort Flexhaler (budesonide (inhalation))	305
Pulmozyme (dornase alfa)	310
Purixan (mercaptopurine)	69
Pylera (bismuth subcitrate potassium-metronidazole-tetracycline)	219
pyrazinamide tab 500 mg	66
Pyridium (phenazopyridine hcl)	231
Pyridostigmine Bromide	65
pyridostigmine bromide oral soln 60 mg/5ml	65
pyridostigmine bromide tab 60 mg	65
pyridostigmine bromide tab er 180 mg (Pyridostigmine Bromide ER)	65
pyrimethamine tab 25 mg	83
Pyrukynd (mitapivat sulfate)	226
Pyrukynd Taper Pack (mitapivat sulfate)	124
Pyzchiva (ustekinumab-ttwe)	323

Q

Qbrelis (lisinopril)	130
Qbrexza (glycopyrronium tosylate)	291
Qdolo (tramadol hcl)	18
Qelbree (viloxazine hcl (adhd))	169,170
Qinlock (ripretinib)	69
Qmiiz ODT (meloxicam)	6
Qnasl (beclomethasone dipropionate (nasal))	305
Qnasl Childrens (beclomethasone dipropionate (nasal))	305
Qsymia (phentermine hcl-topiramate)	173
Qtern (dapagliflozin-saxagliptin)	113
Qualaquin (quinine sulfate)	83
Quartette (levonorgestrel-ethinyl estradiol (91-day))	258
Qudexy XR (topiramate)	38
Questran (cholestyramine)	157
Questran Light (cholestyramine light)	157
QUetiapine Fumarate	91
quetiapine fumarate tab 100 mg	92
quetiapine fumarate tab 200 mg	92
quetiapine fumarate tab 25 mg	92

quetiapine fumarate tab 300 mg	92
quetiapine fumarate tab 400 mg	92
quetiapine fumarate tab 50 mg	92
quetiapine fumarate tab er 24hr 150 mg (QUetiapine Fumarate ER)	92
quetiapine fumarate tab er 24hr 200 mg (QUetiapine Fumarate ER)	92
quetiapine fumarate tab er 24hr 300 mg (QUetiapine Fumarate ER)	92
quetiapine fumarate tab er 24hr 400 mg (QUetiapine Fumarate ER)	92
quetiapine fumarate tab er 24hr 50 mg (QUetiapine Fumarate ER)	92
Quflora FE (multiple vitamins w/minerals & fluoride-iron-folic acid)	213
Quflora FE Pediatric (ped multivitamins w/fl & iron)	205
Quflora Gummies (pediatric multivitamins w/fl)	205
Quflora Pediatric (pediatric multivitamins w/fl)	205
QuilliChew ER (methylphenidate hcl)	170
Quillivant XR (methylphenidate hcl)	170
quinapril hcl tab 10 mg	130
quinapril hcl tab 20 mg	130
quinapril hcl tab 40 mg	130
quinapril hcl tab 5 mg	130
Quinapril-hydroCHLOROthiazide	148
quinapril-hydrochlorothiazide tab 10-12.5 mg	148
quinapril-hydrochlorothiazide tab 20-12.5 mg	149
quinapril-hydrochlorothiazide tab 20-25 mg	149
quinidine gluconate tab er 324 mg (QuiNIDine Gluconate ER)	132
quiNIDine Sulfate	132
quinidine sulfate tab 200 mg	132
quinidine sulfate tab 300 mg	132
quinine sulfate cap 324 mg	83
Qulipta (atogepant)	61
Quviviq (daridorexant hcl)	321

Qvar RediHaler (beclomethasone dipropionate hfa)..... 305

R

RABEprazole Sodium..... 222
rabeprazole sodium ec tab 20 mg..... 222
Radicava ORS (edaravone)..... 160
Radicava ORS Starter Kit (edaravone)..... 160
Ragwitek (short ragweed pollen allergen extract)..... 270
raloxifene hcl tab 60 mg..... 261
ramelteon tab 8 mg..... 321
ramipril cap 1.25 mg..... 130
ramipril cap 10 mg..... 130
ramipril cap 2.5 mg..... 130
ramipril cap 5 mg..... 130
Ranexa (ranolazine)..... 149
ranolazine tab er 12hr 1000 mg (Ranolazine ER)..... 149
ranolazine tab er 12hr 500 mg (Ranolazine ER)..... 149
Rapaflo (silodosin)..... 229
Rapamune (sirolimus)..... 280
rasagiline mesylate tab 0.5 mg (base equiv)..... 88
rasagiline mesylate tab 1 mg (base equiv)..... 88
Rasuvo (methotrexate (antirheumatic))..... 280
Ravicti (glycerol phenylbutyrate)..... 226
Ryaldee (calcifediol)..... 285
Rayos (prednisone)..... 235,236
Razadyne ER (galantamine hydrobromide)..... 46
Rebif (interferon beta-1a)..... 176
Rebif Rebidose (interferon beta-1a)..... 176
Rebif Rebidose Titration Pack (interferon beta-1a)..... 176
Rebif Titration Pack (interferon beta-1a)..... 176
Recorlev (levoketoconazole)..... 266
Rectiv (nitroglycerin (intra-anal))..... 160
RediTrex (methotrexate (antirheumatic))..... 280
Reglan (metoclopramide hcl)..... 56
Regranex (becaplermin)..... 192
Relafen DS (nabumetone)..... 6

Relenza Diskhaler (zanamivir)..... 103
Releuko (filgrastim-ayow)..... 124
Relexxii (methylphenidate hcl)..... 170
Relistor (methylalntrexone bromide)..... 215
Relnate DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)..... 205
Relpax (eletriptan hydrobromide)..... 63
Reltone (ursodiol)..... 219
Relyvrio (sodium phenylbutyrate-taurursodiol)..... 160
Remeron (mirtazapine)..... 48
Remeron SolTab (mirtazapine)..... 48
Renacidin (citric acid-gluconolactone-magnesium carbonate)..... 232
Renagel (sevelamer hcl)..... 211
Renvela (sevelamer carbonate)..... 211
repaglinide tab 0.5 mg..... 113
repaglinide tab 1 mg..... 113
repaglinide tab 2 mg..... 113
Repatha (evolocumab)..... 157
Repatha Pushtronex System (evolocumab)..... 157
Repatha SureClick (evolocumab)..... 157
Restasis (cyclosporine (ophth))..... 295
Restasis Multidose (cyclosporine (ophth))..... 295
Restoril (temazepam)..... 321
Retacrit (epoetin alfa-epbx)..... 124
Retevmo (selpercatinib)..... 76
Retin-A (tretinoin)..... 180
Retin-A Micro (tretinoin microsphere)..... 180
Retin-A Micro Pump (tretinoin microsphere)..... 181
Retrovir (zidovudine)..... 100
Revatio (sildenafil citrate (pulmonary hypertension))..... 312
Revlimid (lenalidomide)..... 68
Revuforj (revumenib citrate)..... 76,77
Rexulti (brexpiprazole)..... 92
Reyataz (atazanavir sulfate)..... 103
Reyvow (lasmiditan succinate)..... 63
Rezdiffra (resmetirom)..... 264
Rezlidhia (olutasidenib)..... 77
Rezurock (belumosudil mesylate)..... 270

Rezvoglar KwikPen (insulin glargine-aglr)	119	rivastigmine tartrate cap 1.5 mg (base equivalent)	46
Rhofade (oxymetazoline hcl (topical))	181	rivastigmine tartrate cap 3 mg (base equivalent)	46
Rhopressa (netarsudil dimesylate)	301	rivastigmine tartrate cap 4.5 mg (base equivalent)	46
Ribavirin (ribavirin (hepatitis c))	96	rivastigmine tartrate cap 6 mg (base equivalent)	46
ribavirin cap 200 mg	96	rivastigmine td patch 24hr 13.3 mg/24hr	46
ribavirin tab 200 mg	96	rivastigmine td patch 24hr 4.6 mg/24hr	46
Ridaura (auranofin)	270	rivastigmine td patch 24hr 9.5 mg/24hr	46
rifabutin cap 150 mg	65	Rivfloza (nedosiran sodium)	226
rifampin cap 150 mg	66	rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	63
rifampin cap 300 mg	66	rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	63
Rilutek (riluzole)	160	rizatriptan benzoate tab 10 mg (base equivalent)	63
riluzole tab 50 mg	160	rizatriptan benzoate tab 5 mg (base equivalent)	63
RiMANTAdine HCl (rimantadine hydrochloride)	103	Robaxin-750 (methocarbamol)	320
Rinvoq (upadacitinib)	270	Robinul (glycopyrrolate)	218
Rinvoq LQ (upadacitinib)	270	Robinul-Forte (glycopyrrolate)	218
Riomet (metformin hcl)	113	Rocaltrol (calcitriol)	285
risedronate sodium tab 150 mg	285	rocklatan (netarsudil dimesylate-latanoprost)	295
risedronate sodium tab 30 mg	285	roflumilast tab 250 mcg	311
risedronate sodium tab 35 mg	285	roflumilast tab 500 mcg	311
risedronate sodium tab 5 mg	285	Rolvedon (eflapegrastim-xnst)	125
risedronate sodium tab delayed release 35 mg	285	ropinirole hydrochloride tab 0.25 mg (ROPINIRole HCl)	86
RisperDAL (risperidone)	92	ropinirole hydrochloride tab 0.5 mg (rOPINIRole HCl)	86
RisperiDONE	92	ropinirole hydrochloride tab 1 mg (ROPINIRole HCl)	86
risperidone orally disintegrating tab 0.5 mg	92	ropinirole hydrochloride tab 2 mg (rOPINIRole HCl)	86
risperidone orally disintegrating tab 1 mg	92	ropinirole hydrochloride tab 3 mg (ROPINIRole HCl)	86
risperidone orally disintegrating tab 2 mg	92	ropinirole hydrochloride tab 4 mg (rOPINIRole HCl)	86
risperidone orally disintegrating tab 3 mg	92		
risperidone orally disintegrating tab 4 mg	92		
risperidone soln 1 mg/ml	92		
risperidone tab 0.25 mg	92		
risperidone tab 0.5 mg	92		
risperidone tab 1 mg	92		
risperidone tab 2 mg	93		
risperidone tab 3 mg	93		
risperidone tab 4 mg	93		
Ritalin (methylphenidate hcl)	170		
Ritalin LA (methylphenidate hcl)	170		
RiteFlo	291		
ritonavir tab 100 mg	103		

ropinirole hydrochloride tab 5 mg (rOPINIRole HCl)	86
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (rOPINIRole HCl ER)	86
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIRole HCl ER)	86
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (rOPINIRole HCl ER)	86
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIRole HCl ER)	86
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (rOPINIRole HCl ER)	86
rosuvastatin calcium tab 10 mg	155
rosuvastatin calcium tab 20 mg	155
rosuvastatin calcium tab 40 mg	155
rosuvastatin calcium tab 5 mg	155
Roszet (ezetimibe-rosuvastatin calcium)	157
Roxicodone (oxycodone hcl)	18
RoxyBond (oxycodone hcl)	18
Rozerem (ramelteon)	321
Rozlytrek (entrectinib)	77
Rubraca (rucaparib camsylate)	77
rufinamide susp 40 mg/ml	43
rufinamide tab 200 mg	43
rufinamide tab 400 mg	43
Rukobia (fostemsavir tromethamine)	101
Ruzurgi (amifampridine)	173
Ryaltris (olopatadine hcl-mometasone furoate)	318
Rybelsus (semaglutide)	113
RyClora (dexchlorpheniramine maleate)	306
Rydapt (midostaurin)	77
Rytary (carbidopa-levodopa)	87
Rythmol SR (propafenone hcl)	132
RyVent (carbinoxamine maleate)	306

S

Sabril (vigabatrin)	41
Safyral (drospirenone-ethinyl estradiol-levomefolate calcium)	258
Saizen (somatropin (non-refrigerated))	238

Saizenprep (somatropin (non-refrigerated))	238
Salagen (pilocarpine hcl (oral))	177
Salex (salicylic acid)	192
Salicylic Acid	192
salicylic acid film forming liquid 27.5% (Salicylic Acid Wart Remover)	192
salicylic acid foam 6%	192
salicylic acid shampoo 6%	192
salicylic acid shampoo 6% (Keralyt)	192
salsalate tab 500 mg	6
salsalate tab 750 mg	6
Salvax (salicylic acid)	192
Samsca (tolvaptan)	210
Sancuso (granisetron)	57
SandIMMUNE (cyclosporine)	280
SandoSTATIN (octreotide acetate)	266
Santyl (collagenase)	192
Saphris (asenapine maleate)	93
sapropterin dihydrochloride powder packet 100 mg	226
sapropterin dihydrochloride powder packet 100 mg (Javygtor)	226
sapropterin dihydrochloride powder packet 500 mg	226
sapropterin dihydrochloride powder packet 500 mg (Javygtor)	226
sapropterin dihydrochloride tab 100 mg	226
sapropterin dihydrochloride tab 100 mg (Javygtor)	226
Savaysa (edoxaban tosylate)	122
Savella (milnacipran hcl)	174
Savella Titration Pack (milnacipran hcl)	174
saxagliptin hcl tab 2.5 mg (base equiv)	113
saxagliptin hcl tab 5 mg (base equiv)	113
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (sAXagliptin-metFORMIN ER)	113
saxagliptin-metformin hcl tab er 24hr 5-1000 mg (sAXagliptin-metFORMIN ER)	113
saxagliptin-metformin hcl tab er 24hr 5-500 mg (sAXagliptin-metFORMIN ER)	113
Saxenda (liraglutide (weight management))	323

Scemblix (asciminib hcl).....	77	Signifor (pasireotide diaspertate).....	266
scopolamine td patch 72hr 1 mg/3days.....	56	Siklos (hydroxyurea (sickle cell anemia)).....	226
Se-Natal 19 (prenatal vit w/ docusate-fe fumarate-folic acid).....	205	sildenafil citrate for suspension 10 mg/ml.....	312
Se-Natal 19 (prenatal vit w/ ferrous fumarate-folic acid).....	205	sildenafil citrate tab 100 mg.....	232
Seasonique (levonorgestrel-ethinyl estradiol (91-day)).....	258	sildenafil citrate tab 20 mg.....	312
Secuado (asenapine).....	93	sildenafil citrate tab 25 mg.....	232
Seglentis (celecoxib-tramadol hcl).....	19	sildenafil citrate tab 50 mg.....	232
Segluromet (ertugliflozin-metformin hcl).....	113	Silenor (doxepin hcl (sleep)).....	321
Select-OB (prenatal vit w/ iron polysaccharide cplx-l methylfolate-fa).....	205	Siliq (brodalumab).....	270
Select-OB (prenatal vit w/ iron polysaccharide complex-folic acid).....	206	silodosin cap 4 mg.....	230
selegiline hcl cap 5 mg.....	88	silodosin cap 8 mg.....	230
selegiline hcl tab 5 mg.....	88	Silvadene (silver sulfadiazine).....	193
selenium sulfide lotion 2.5%.....	188	silver sulfadiazine cream 1%.....	193
Selzentry (maraviroc).....	101	silver sulfadiazine cream 1% (Ssd).....	193
Semglee (insulin glargine).....	119	Simbrinza (brinzolamide-brimonidine tartrate).....	301
Semglee (yfgn) (insulin glargine-yfgn).....	119	Simlandi (1 Pen) (adalimumab-ryvk).....	280
Sensipar (cinacalcet hcl).....	285	Simlandi (1 Syringe) (adalimumab-ryvk).....	280
Serevent Diskus (salmeterol xinafoate).....	309	Simlandi (2 Pen) (adalimumab-ryvk).....	280
Sernivo (betamethasone dipropionate (topical)).....	188	Simlandi (2 Syringe) (adalimumab-ryvk).....	280
SEROquel (quetiapine fumarate).....	93	Simponi (golimumab).....	280
SEROquel XR (quetiapine fumarate).....	93	simvastatin tab 10 mg.....	155
Serostim (somatropin (non-refrigerated)).....	238	simvastatin tab 20 mg.....	155
Sertraline HCl.....	52	simvastatin tab 40 mg.....	155
sertraline hcl oral concentrate for solution 20 mg/ml.....	52	simvastatin tab 5 mg.....	155
sertraline hcl tab 100 mg.....	52	simvastatin tab 80 mg.....	155
sertraline hcl tab 25 mg.....	52	Sinemet (carbidopa-levodopa).....	88
sertraline hcl tab 50 mg.....	52	Singulair (montelukast sodium).....	306
sevelamer carbonate packet 0.8 gm.....	211	sirolimus oral soln 1 mg/ml.....	280
sevelamer carbonate packet 2.4 gm.....	211	sirolimus tab 0.5 mg.....	280
sevelamer carbonate tab 800 mg.....	211	sirolimus tab 1 mg.....	281
sevelamer hcl tab 400 mg.....	211	sirolimus tab 2 mg.....	281
sevelamer hcl tab 800 mg.....	211	Sirturo (bedaquiline fumarate).....	66
Seysara (sarecycline hcl).....	33	SITagliptin.....	113
SfRowasa (mesalamine).....	282	Sitagliptin Base-Metformin HCl (sitagliptin free base-metformin hcl).....	113
		Sivextro (tedizolid phosphate).....	25
		Skelaxin (metaxalone).....	320
		Skyclarys (omaveloxolone).....	226
		Skyrizi (150 MG Dose) (risankizumab-rzaa).....	270
		Skyrizi (risankizumab-rzaa (crohn's)).....	271

Skyrizi (risankizumab-rzaa).....	271	Soliqua (insulin glargine-lixisenatide).....	113
Skyrizi Pen (risankizumab-rzaa).....	271	Solodyn (minocycline hcl).....	33
Skytrofa (lonapegsomatropin-tcgd).....	238	Solosec (secnidazole).....	25
Slynd (drospirenone).....	261	Soltamox (tamoxifen citrate).....	68
SOAANZ (torsemide).....	151	Soma (carisoprodol).....	320
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Na Sulfate-K Sulfate-Mg Sulf)....	215	Somavert (pegvisomant).....	267
sodium chloride soln nebu 0.9%.....	318	Soolantra (ivermectin (rosacea)).....	196
sodium chloride soln nebu 10%.....	318	sorafenib tosylate tab 200 mg (base equivalent).....	77
sodium chloride soln nebu 3%.....	318	Sorilux (calcipotriene).....	193
sodium chloride soln nebu 3% (Nebusal)....	318	sotalol hcl (afib/afI) tab 120 mg (Sotalol Hcl (af)).....	132
sodium chloride soln nebu 7%.....	318	sotalol hcl (afib/afI) tab 160 mg (Sotalol Hcl (af)).....	132
sodium chloride soln nebu 7% (Pulmosal)....	318	sotalol hcl (afib/afI) tab 80 mg (Sotalol Hcl (af)).....	133
sodium citrate & citric acid soln 500-334 mg/5ml (Sod Citrate-Citric Acid).....	232	sotalol hcl tab 120 mg.....	133
Sodium Fluoride.....	206	sotalol hcl tab 120 mg (Sorine).....	133
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf).....	206	sotalol hcl tab 160 mg.....	133
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf).....	206	sotalol hcl tab 160 mg (Sorine).....	133
sodium fluoride chew tab 1 mg f (from 2.2 mg naf).....	206	sotalol hcl tab 240 mg.....	133
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NaFrinse).....	206	sotalol hcl tab 240 mg (Sorine).....	133
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab).....	206	sotalol hcl tab 80 mg.....	133
Sodium Oxybate.....	323	sotalol hcl tab 80 mg (Sorine).....	133
sodium phenylbutyrate oral powder 3 gm/teaspoonful.....	226	Sotyktu (deucravacitinib).....	271
sodium phenylbutyrate tab 500 mg.....	226	Sotylize (sotalol hcl).....	133
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex).....	211	Sovaldi (sofosbuvir).....	96,97
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf)).....	211	Sovuna (hydroxychloroquine sulfate).....	83
Sodium Sulfacetamide-Bakuchiol (sulfacetamide sodium in bakuchiol vehicle).....	193	Spevigo (spesolimab-sbzo).....	281
Sofosbuvir-Velpatasvir.....	96	SpinosaD.....	196
Sogroya (somapacitan-beco).....	238	Spiriva HandiHaler (tiotropium bromide monohydrate).....	307
Sohonos (palovarotene).....	226	Spiriva Respimat (tiotropium bromide monohydrate).....	307
solifenacin succinate tab 10 mg.....	228	spironolactone & hydrochlorothiazide tab 25-25 mg (Spironolactone-HCTZ).....	149
solifenacin succinate tab 5 mg.....	229	spironolactone susp 25 mg/5ml.....	158
		spironolactone tab 100 mg.....	158
		spironolactone tab 25 mg.....	158
		spironolactone tab 50 mg.....	158
		Sporanox (itraconazole).....	59

Sporanox Pulsepak (itraconazole)	60	sucralfate tab 1 gm	220
Spritam (levetiracetam)	38	Suflave (peg 3350-kcl-sod chloride-sod sulfate- magnesium sulfate)	219
Sprix (ketorolac tromethamine)	6	Sular (nisoldipine)	137
Sprycel (dasatinib)	77	Sulfacetamide Sodium (sulfacetamide sodium (ophth))	297
SPS (Sodium Polystyrene Sulf) (sodium polystyrene sulfonate)	211	sulfacetamide sodium cleansing gel 10%	193
SSS 10-5 (sulfacetamide sodium w/ sulfur) . . .	193	sulfacetamide sodium cleansing gel 10% (Sulfacetamide Sodium (Cleans))	193
Stalevo 100 (carbidopa-levodopa- entacapone)	84	sulfacetamide sodium liquid 10%	193
Stalevo 125 (carbidopa-levodopa- entacapone)	84	sulfacetamide sodium liquid 10% (Sodium Sulfacetamide Wash)	193
Stalevo 150 (carbidopa-levodopa- entacapone)	84	sulfacetamide sodium lotion 10% (acne) (Sulfacetamide Sodium (Acne))	181
Stalevo 200 (carbidopa-levodopa- entacapone)	84	sulfacetamide sodium ophth soln 10%	297
Stalevo 50 (carbidopa-levodopa- entacapone)	84	sulfacetamide sodium shampoo 10% (Sodium Sulfacetamide)	193
Stalevo 75 (carbidopa-levodopa- entacapone)	84	sulfacetamide sodium w/ sulfur cleanser 10-2% (Sulfacetamide Sodium-Sulfur)	193
Starlix (nateglinide)	113	sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser)	193
Stavudine	100	sulfacetamide sodium w/ sulfur cleanser 10-5% (Sulfacetamide Sodium-Sulfur)	193
Staxyn (vardenafil hcl)	232	sulfacetamide sodium w/ sulfur cleanser 9-4% (Sulfacetamide Sodium-Sulfur)	193
Steglatro (ertugliflozin l-pyroglyutamic acid) . .	158	sulfacetamide sodium w/ sulfur cleanser 9.8- 4.8% (Sulfacetamide Sodium-Sulfur)	193
Steglujan (ertugliflozin-sitagliptin)	113	sulfacetamide sodium w/ sulfur cleansing pad 10-4% (Sulfacetamide Sodium-Sulfur)	193
Stelara (ustekinumab)	271	sulfacetamide sodium w/ sulfur cream 10-2% (Sulfacetamide Sodium-Sulfur)	193
Stimate (desmopressin acetate)	238	sulfacetamide sodium w/ sulfur cream 10-5% (Avar-E Emollient)	193
Stimufend (pegfilgrastim-fpgk)	125	sulfacetamide sodium w/ sulfur cream 10-5% (Avar-E Green)	194
Stiolto Respimat (tiotropium bromide- olodaterol hcl)	318	sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5)	194
Stivarga (regorafenib)	77	sulfacetamide sodium w/ sulfur cream 10-5% (Sulfacetamide Sodium-Sulfur)	194
Strattera (atomoxetine hcl)	170	sulfacetamide sodium w/ sulfur cream 9.8-4.8% (Sulfacetamide Sodium-Sulfur)	194
Strensiq (asfotase alfa)	227		
Stribild (elvitegravir-cobicistat-emtricitabine- tenofovir df)	97		
Striverdi Respimat (olodaterol hcl)	309		
Stromectol (ivermectin)	81		
Suboxone (buprenorphine hcl-naloxone hcl dihydrate)	21		
Subsys (fentanyl)	19		
Sucraid (sacrosidase)	227		
sucralfate susp 1 gm/10ml	220		

sulfacetamide sodium w/ sulfur emulsion 10-1% (Bp 10-1).....	194	sumatriptan succinate solution auto-injector 6 mg/0.5ml.....	63
sulfacetamide sodium w/ sulfur emulsion 10-1% (Sulfamez Wash).....	194	sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMAtriptan Succinate Refill).....	63
sulfacetamide sodium w/ sulfur lotion 10-5% (Sulfacetamide Sodium-Sulfur).....	194	sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMAtriptan Succinate Refill).....	64
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (Sulfacetamide Sodium-Sulfur).....	194	sumatriptan succinate tab 100 mg.....	64
sulfacetamide sodium w/ sulfur susp 10-5% (Sulfacetamide Sodium-Sulfur).....	194	sumatriptan succinate tab 25 mg.....	64
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacetamide Sodium-Sulfur).....	194	sumatriptan succinate tab 50 mg.....	64
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4).....	194	sumatriptan-naproxen sodium tab 85-500 mg.....	64
sulfacetamide sodium w/ sulfur wash 9-4% (Sulfacetamide Sod-Sulfur Wash).....	194	Sumaxin (sulfacetamide sodium w/ sulfur)...	194
sulfacetamide sodium w/ sulfur wash 9-4% (Sulfacetamide Sodium-Sulfur).....	194	Sumaxin Wash (sulfacetamide sodium w/ sulfur).....	195
Sulfacetamide Sodium-Sulfur (sulfacetamide sodium w/ sulfur).....	194	sunitinib malate cap 12.5 mg (base equivalent)	77
Sulfacetamide-Prednisolone (sulfacetamide sod-prednisolone).....	295	sunitinib malate cap 25 mg (base equivalent).....	77
sulfadiazine tab 500 mg.....	31	sunitinib malate cap 37.5 mg (base equivalent).....	77
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	31	sunitinib malate cap 50 mg (base equivalent).....	77
sulfamethoxazole-trimethoprim tab 400-80 mg.....	31	Sunlenca (lenacapavir sodium).....	101
sulfamethoxazole-trimethoprim tab 800-160 mg.....	31	Sunosi (solriamfetol hcl).....	323
Sulfamylon (mafenide acetate).....	197	Suprax (cefixime).....	26
sulfasalazine tab 500 mg.....	282	Suprep Bowel Prep Kit (sodium sulfate-potassium sulfate-magnesium sulfate).....	215
sulfasalazine tab delayed release 500 mg.....	283	Sure Comfort Pen Needles.....	292
sulindac tab 150 mg.....	6	Sustiva (efavirenz).....	98
sulindac tab 200 mg.....	6	Sutab (sodium sulfate-magnesium sulfate-potassium chloride).....	215
sumatriptan nasal spray 20 mg/act.....	63	Sutent (sunitinib malate).....	77
sumatriptan nasal spray 5 mg/act.....	63	Symax Duotab (hyoscyamine sulfate).....	218
SUMAtriptan Succinate.....	63	Symbicort (budesonide-formoterol fumarate dihydrate).....	318
sumatriptan succinate inj 6 mg/0.5ml.....	63	Symbyax (olanzapine-fluoxetine hcl).....	48
SUMAtriptan Succinate Refill.....	63	Symdeko (tezacaftor-ivacaftor).....	310
sumatriptan succinate solution auto-injector 4 mg/0.5ml.....	63	Symfi (efavirenz-lamivudine-tenofovir disoproxil fumarate).....	99
		Symfi Lo (efavirenz-lamivudine-tenofovir disoproxil fumarate).....	99
		Symjepi (epinephrine (anaphylaxis)).....	309
		SymlinPen 120 (pramlintide acetate).....	114
		SymlinPen 60 (pramlintide acetate).....	114

Sympazan (clobazam).....	41
Symproic (naldemedine tosylate).....	215
Symtuza (darunavir-cobicistat-emtricitabine-tenofovir alafenamide).....	103
Synalar (fluocinolone acetonide).....	188
Synarel (nafarelin acetate).....	267
Syndros (dronabinol).....	57
Synera (lidocaine-tetracaine).....	20
Synjardy (empagliflozin-metformin hcl).....	114
Synjardy XR (empagliflozin-metformin hcl).....	114
Synribo (omacetaxine mepesuccinate).....	78
Synthroid (levothyroxine sodium).....	264
Syprine (trientine hcl).....	210

T

Tabloid (thioguanine).....	69
Tabrecta (capmatinib hcl).....	78
Taclonex (calcipotriene-betamethasone dipropionate).....	195
tacrolimus cap 0.5 mg.....	281
tacrolimus cap 1 mg.....	281
tacrolimus cap 5 mg.....	281
tacrolimus oint 0.03%.....	188
tacrolimus oint 0.1%.....	188
tadalafil tab 10 mg.....	230
tadalafil tab 2.5 mg.....	230
tadalafil tab 20 mg.....	230
tadalafil tab 20 mg (pah) (Alyq).....	312
tadalafil tab 20 mg (pah) (Tadalafil (PAH)).....	313
tadalafil tab 5 mg.....	230
Tadliq (tadalafil (pulmonary hypertension)).....	313
Tafinlar (dabrafenib mesylate).....	78
tafluprost preservative free (pf) ophth soln 0.0015% (Tafluprost (PF)).....	302
Tagrisso (osimertinib mesylate).....	78
Takhzyro (lanadelumab-flyo).....	267
Talicia (amoxicillin-rifabutin-omeprazole).....	219
Taltz (ixekizumab).....	271
Talzenna (talazoparib tosylate).....	78
Tamiflu (oseltamivir phosphate).....	103
tamoxifen citrate tab 10 mg (base equivalent).....	68

tamoxifen citrate tab 20 mg (base equivalent).....	68
tamsulosin hcl cap 0.4 mg.....	230
Tanlor (methocarbamol).....	320
TaperDex 12-Day (dexamethasone).....	236
TaperDex 7-Day (dexamethasone).....	236
Tarceva (erlotinib hcl).....	78
Targretin (bexarotene (topical)).....	81
Targretin (bexarotene).....	81
Tarka (trandolapril-verapamil hcl).....	149
Taron-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3).....	206
Taron-Prex (prenatal w/o vit a w/ fe fumarate-dss-fa-dha).....	206
Tarpeyo (budesonide).....	236
Tascenso ODT (fingolimod lauryl sulfate).....	177
Tasigna (nilotinib hcl).....	78
tasimelteon capsule 20 mg.....	321
Tasmar (tolcapone).....	84
tavaborole soln 5%.....	60
Tavalisse (fostamatinib disodium).....	126
Tavneos (avacopan).....	271
Taytulla (norethin acet & estrad-fe).....	258
Tazarotene (tazarotene (acne)).....	181
tazarotene cream 0.05%.....	181
tazarotene cream 0.1%.....	181
tazarotene gel 0.05%.....	181
tazarotene gel 0.1%.....	181
Tazorac (tazarotene).....	181
Tazverik (tazemetostat hbr).....	78
Tecfidera (dimethyl fumarate).....	177
Teglutik (riluzole).....	160
TEGretol (carbamazepine).....	43
TEGretol-XR (carbamazepine).....	43
Tegsedi (inotersen sodium).....	227
Tekturna (aliskiren fumarate).....	149
Tekturna HCT (aliskiren-hydrochlorothiazide).....	149
telmisartan tab 20 mg.....	129
telmisartan tab 40 mg.....	129
telmisartan tab 80 mg.....	129
Telmisartan-Amlodipine.....	149

telmisartan-amlodipine tab 40-10 mg	149	teriflunomide tab 7 mg	177
telmisartan-amlodipine tab 40-5 mg	149	Teriparatide (Recombinant)	285
telmisartan-amlodipine tab 80-10 mg	149	teriparatide (recombinant) soln pen-inj 600	
telmisartan-amlodipine tab 80-5 mg	149	mcg/2.4ml	285
telmisartan-hydrochlorothiazide tab 40-12.5 mg		teriparatide soln pen-inj 600 mcg/2.4ml	285
(Telmisartan-HCTZ)	149	Tessalon Perles (benzonatate)	318
telmisartan-hydrochlorothiazide tab 80-12.5 mg		Testim (testosterone)	240
(Telmisartan-HCTZ)	149	Testosterone	240
telmisartan-hydrochlorothiazide tab 80-25 mg		testosterone cypionate im inj in oil 100	
(Telmisartan-HCTZ)	149	mg/ml	240
temazepam cap 15 mg	321	testosterone cypionate im inj in oil 100 mg/ml	
temazepam cap 22.5 mg	321	(Depo-Testosterone)	240
temazepam cap 30 mg	322	testosterone cypionate im inj in oil 200	
temazepam cap 7.5 mg	322	mg/ml	240
Temixys (lamivudine-tenofovir disoproxil		testosterone cypionate im inj in oil 200 mg/ml	
fumarate)	100	(Depo-Testosterone)	240
Temodar (temozolomide)	66	Testosterone Enanthate	240
Temovate (clobetasol propionate)	188	testosterone td gel 10mg/act (2%)	240
temozolomide cap 100 mg	66	testosterone td gel 12.5 mg/act (1%)	240
temozolomide cap 140 mg	66	testosterone td gel 20.25 mg/1.25gm (1.62%)	240
temozolomide cap 180 mg	66	testosterone td gel 20.25 mg/act (1.62%)	240
temozolomide cap 20 mg	66	testosterone td gel 25 mg/2.5gm (1%)	240
temozolomide cap 250 mg	66	testosterone td gel 40.5 mg/2.5gm (1.62%)	240
temozolomide cap 5 mg	66	testosterone td gel 50 mg/5gm (1%)	240
Tencon (butalbital-acetaminophen)	173	testosterone td soln 30 mg/act	240
tenofovir disoproxil fumarate tab 300 mg	100	tetrabenazine tab 12.5 mg	173
Tenoretic 100 (atenolol & chlorthalidone)	149	tetrabenazine tab 25 mg	173
Tenoretic 50 (atenolol & chlorthalidone)	149	tetracycline hcl cap 250 mg	33
Tenormin (atenolol)	135	tetracycline hcl cap 500 mg	33
Tepmetko (tepotinib hcl)	78	Texacort (hydrocortisone (topical))	188
terazosin hcl cap 1 mg (base equivalent)	127	Tezspire (tezepelumab-ekko)	318
terazosin hcl cap 10 mg (base equivalent)	127	Thalitone (chlorthalidone)	152
terazosin hcl cap 2 mg (base equivalent)	127	Thalomid (thalidomide)	68
terazosin hcl cap 5 mg (base equivalent)	127	Theo-24 (theophylline)	311
terbinafine hcl tab 250 mg	60	theophylline elixir 80 mg/15ml	311
terbutaline sulfate tab 2.5 mg	309	theophylline elixir 80 mg/15ml (Elixophyllin)	311
terbutaline sulfate tab 5 mg	309	Theophylline ER	311
terconazole vaginal cream 0.4%	60	theophylline soln 80 mg/15ml	311
terconazole vaginal cream 0.8%	60	theophylline tab er 12hr 300 mg (Theophylline	
terconazole vaginal suppos 80 mg	60	ER)	311
teriflunomide tab 14 mg	177		

theophylline tab er 12hr 450 mg (Theophylline ER).....	311	timolol maleate preservative free ophth soln 0.5% (Timolol Maleate PF).....	300
theophylline tab er 24hr 400 mg (Theophylline ER).....	311	timolol maleate tab 10 mg.....	136
theophylline tab er 24hr 600 mg (Theophylline ER).....	311	timolol maleate tab 20 mg.....	136
Thiola (tiopronin).....	232	timolol maleate tab 5 mg.....	136
Thiola EC (tiopronin).....	232	Timoptic (timolol maleate (ophth)).....	300
Thioridazine HCl.....	89	Timoptic Ocudose (timolol maleate (ophth)).....	300
thiothixene cap 1 mg.....	89	Timoptic-XE (timolol maleate (ophth)).....	300
thiothixene cap 10 mg.....	89	tinidazole tab 250 mg.....	25
thiothixene cap 2 mg.....	89	tinidazole tab 500 mg.....	25
thiothixene cap 5 mg.....	89	tiopronin tab 100 mg.....	232
Thrivite Rx (prenatal vit w/ iron carbonyl-folic acid).....	206	tiopronin tab delayed release 100 mg.....	232
Thyquidity (levothyroxine sodium).....	264	tiopronin tab delayed release 300 mg.....	232
Thyroid.....	264	tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....	307
tiagabine hcl tab 12 mg.....	41	Tirosint (levothyroxine sodium).....	265
tiagabine hcl tab 16 mg.....	41	Tirosint-SOL (levothyroxine sodium).....	265
tiagabine hcl tab 2 mg.....	41	Tivicay (dolutegravir sodium).....	97
tiagabine hcl tab 4 mg.....	41	Tivicay PD (dolutegravir sodium).....	97
Tiazac (diltiazem hcl extended release beads).....	140	tizanidine hcl cap 2 mg (base equivalent).....	95
Tibsovo (ivosidenib).....	78	tizanidine hcl cap 4 mg (base equivalent).....	95
Tigan (trimethobenzamide hcl).....	56	tizanidine hcl cap 6 mg (base equivalent).....	95
Tiglutik (riluzole).....	160	tizanidine hcl tab 2 mg (base equivalent).....	95
Tikosyn (dofetilide).....	133	tizanidine hcl tab 4 mg (base equivalent).....	95
timolol maleate ophth gel forming soln 0.25%.....	300	Tlando (testosterone undecanoate).....	240
timolol maleate ophth gel forming soln 0.5%.....	300	Tobi (tobramycin).....	310
timolol maleate ophth soln 0.25%.....	300	Tobi Podhaler (tobramycin).....	310
timolol maleate ophth soln 0.5%.....	300	TobraDex (tobramycin-dexamethasone).....	295
timolol maleate ophth soln 0.5% (once-daily).....	300	TobraDex ST (tobramycin-dexamethasone).....	295
timolol maleate ophth soln 0.5% (once-daily) (Timolol Maleate (Once-Daily)).....	300	tobramycin nebu soln 300 mg/4ml.....	310
timolol maleate preservative free ophth soln 0.25% (Timolol Maleate PF).....	300	tobramycin nebu soln 300 mg/5ml.....	310
timolol maleate preservative free ophth soln 0.5% (Timolol Maleate Ocudose).....	300	tobramycin ophth soln 0.3%.....	297
		tobramycin-dexamethasone ophth susp 0.3-0.1%.....	295
		Tobrex (tobramycin (ophth)).....	297
		Tolak (fluorouracil (topical)).....	195
		TOLBUTamide.....	114
		tolcapone tab 100 mg.....	84
		Tolectin 600 (tolmetin sodium).....	6
		Tolmetin Sodium.....	6
		Tolsura (itraconazole).....	60

tolterodine tartrate cap er 24hr 2 mg (Tolterodine Tartrate ER).....	229	torseamide tab 10 mg.....	151
tolterodine tartrate cap er 24hr 4 mg (Tolterodine Tartrate ER).....	229	torseamide tab 100 mg.....	151
tolterodine tartrate tab 1 mg.....	229	torseamide tab 20 mg.....	151
tolterodine tartrate tab 2 mg.....	229	torseamide tab 5 mg.....	151
Tolvaptan.....	210	Tosymra (sumatriptan).....	64
tolvaptan tab 15 mg.....	210	Toujeo Max SoloStar (insulin glargine).....	119
tolvaptan tab 30 mg.....	210	Toujeo SoloStar (insulin glargine).....	119
Topamax (topiramate).....	38	Toviaz (fesoterodine fumarate).....	229
Topamax Sprinkle (topiramate).....	38	Tracleer (bosentan).....	313
Topicort (desoximetasone).....	188	Tradjenta (linagliptin).....	114
Topicort Spray (desoximetasone).....	188	traMADol HCl.....	19
Topiramate.....	38	traMADol HCl (ER Biphasic).....	11
topiramate cap er 24hr 100 mg (Topiramate ER).....	38	TraMADol HCl ER.....	11
topiramate cap er 24hr 200 mg (Topiramate ER).....	38	tramadol hcl tab 100 mg.....	19
topiramate cap er 24hr 25 mg (Topiramate ER).....	38	tramadol hcl tab 50 mg.....	19
topiramate cap er 24hr 50 mg (Topiramate ER).....	38	tramadol hcl tab er 24hr 100 mg (TraMADol HCl ER).....	11
topiramate cap er 24hr sprinkle 100 mg (Topiramate ER).....	38	tramadol hcl tab er 24hr 200 mg (TraMADol HCl ER).....	11
topiramate cap er 24hr sprinkle 150 mg (Topiramate ER).....	38	tramadol hcl tab er 24hr 300 mg (TraMADol HCl ER).....	11
topiramate cap er 24hr sprinkle 200 mg (Topiramate ER).....	38	tramadol hcl tab er 24hr biphasic release 100 mg (traMADol HCl (ER Biphasic)).....	11
topiramate cap er 24hr sprinkle 25 mg (Topiramate ER).....	38	tramadol hcl tab er 24hr biphasic release 200 mg (traMADol HCl (ER Biphasic)).....	11
topiramate cap er 24hr sprinkle 50 mg (Topiramate ER).....	38	tramadol hcl tab er 24hr biphasic release 300 mg (traMADol HCl (ER Biphasic)).....	11
topiramate sprinkle cap 15 mg.....	38	tramadol-acetaminophen tab 37.5-325 mg...	19
topiramate sprinkle cap 25 mg.....	38	trandolapril tab 1 mg.....	131
topiramate tab 100 mg.....	38	trandolapril tab 2 mg.....	131
topiramate tab 200 mg.....	38	trandolapril tab 4 mg.....	131
topiramate tab 25 mg.....	38	Trandolapril-Verapamil HCl ER.....	150
topiramate tab 50 mg.....	39	tranexamic acid tab 650 mg.....	125
Toprol XL (metoprolol succinate).....	136	Transderm Scop (1.5 MG) (scopolamine).....	56
toremifene citrate tab 60 mg (base equivalent).....	68	Transderm-Scop (scopolamine).....	56
		Tranxene-T (clorazepate dipotassium).....	107
		tranylcypromine sulfate tab 10 mg.....	49
		Travatan Z (travoprost).....	302
		travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travoprost (BAK Free)).....	302
		trazodone hcl tab 100 mg.....	52

trazodone hcl tab 150 mg	52	triamcinolone acetonide cream 0.1% (Triderm)	188
trazodone hcl tab 300 mg	52	triamcinolone acetonide cream 0.5%	188
trazodone hcl tab 50 mg	52	triamcinolone acetonide cream 0.5% (Triderm)	189
Trecator (ethionamide)	66	triamcinolone acetonide dental paste 0.1%	177
Trelegy Ellipta (fluticasone-umeclidinium- vilanterol)	318	triamcinolone acetonide dental paste 0.1% (Kourzeq)	177
Tremfya (guselkumab)	271	triamcinolone acetonide dental paste 0.1% (Oralene)	177
Tresiba (insulin degludec)	119	triamcinolone acetonide lotion 0.025%	189
Tresiba FlexTouch (insulin degludec)	119	triamcinolone acetonide lotion 0.1%	189
tretinoin cap 10 mg	81	triamcinolone acetonide oint 0.025%	189
tretinoin cream 0.025%	181	triamcinolone acetonide oint 0.05%	189
tretinoin cream 0.025% (Avita)	181	triamcinolone acetonide oint 0.05% (Triamcinolone in Absorbase)	189
tretinoin cream 0.05%	181	triamcinolone acetonide oint 0.05% (Trianex)	189
tretinoin cream 0.1%	181	triamcinolone acetonide oint 0.05% (Tritocin)	189
tretinoin gel 0.01%	181	triamcinolone acetonide oint 0.1%	189
tretinoin gel 0.025%	181	triamcinolone acetonide oint 0.5%	189
tretinoin gel 0.025% (Avita)	181	triamterene & hydrochlorothiazide cap 37.5-25 mg (Triamterene-HCTZ)	150
tretinoin gel 0.05%	181	triamterene & hydrochlorothiazide tab 37.5-25 mg (Triamterene-HCTZ)	150
tretinoin microsphere gel 0.04%	181	triamterene & hydrochlorothiazide tab 75-50 mg (Triamterene-HCTZ)	150
tretinoin microsphere gel 0.04% (Tretinoin Microsphere Pump)	181	triamterene cap 100 mg	152
tretinoin microsphere gel 0.08%	181	triamterene cap 50 mg	152
tretinoin microsphere gel 0.08% (Tretinoin Microsphere Pump)	181	triazolam tab 0.125 mg	322
tretinoin microsphere gel 0.1%	181	triazolam tab 0.25 mg	322
tretinoin microsphere gel 0.1% (Tretinoin Microsphere Pump)	181	Tribenzor (olmesartan medoxomil-amlodipine- hydrochlorothiazide)	150
Trexall (methotrexate sodium)	281	TriCare (prenatal vit w/ ferrous fumarate-folic acid)	206
Treximet (sumatriptan-naproxen sodium)	64	TriCare Prenatal DHA ONE (prenatal w/fe fumarate-fa-dss-fish oil)	206
Trezix (acetaminophen-caff-dihydrocod)	19	Tricor (fenofibrate)	153
Tri-Vi-Flor (pediatric vitamins acid & l- methylfolate w/ fluoride)	213	Trientine HCl	210
Tri-Vi-Floro (pediatric vitamins acid & l- methylfolate w/ fluoride)	213	trientine hcl cap 250 mg	210
Tri-Vite/Fluoride (pediatric vitamins acid w/ fluoride)	213	trientine hcl cap 250 mg (Clovique)	210
triamcinolone acetonide aerosol soln 0.147 mg/gm	188		
triamcinolone acetonide cream 0.025%	188		
triamcinolone acetonide cream 0.1%	188		

trifluoperazine hcl tab 1 mg (base equivalent)	89	tropicamide ophth soln 1%	296
trifluoperazine hcl tab 10 mg (base equivalent)	89	trosipium chloride cap er 24hr 60 mg (Trosipium Chloride ER)	229
trifluoperazine hcl tab 2 mg (base equivalent)	89	trosipium chloride tab 20 mg	229
trifluoperazine hcl tab 5 mg (base equivalent)	89	Trudhesa (dihydroergotamine mesylate hfa)	62
Trifluridine	297	Trulance (plecanatide)	215
Trihexyphenidyl HCl	83	Trulicity (dulaglutide)	114
trihexyphenidyl hcl oral soln 0.4 mg/ml	83	Truqap (capivasertib)	70
trihexyphenidyl hcl tab 2 mg	83	Truseltiq (100MG Daily Dose) (infigratinib phosphate)	78
trihexyphenidyl hcl tab 5 mg	83	Truseltiq (125MG Daily Dose) (infigratinib phosphate)	78
Trijardy XR (empagliflozin-linagliptin-metformin)	114	Truseltiq (50MG Daily Dose) (infigratinib phosphate)	78
Trikafta (elexacaftor-tezacaftor-ivacaftor)	310	Truseltiq (75MG Daily Dose) (infigratinib phosphate)	78
Trileptal (oxcarbazepine)	44	Trusopt (dorzolamide hcl)	301
Trilipix (choline fenofibrate)	153	Truvada (emtricitabine-tenofovir disoproxil fumarate)	100
trimethobenzamide hcl cap 300 mg	56	Tryngolza (olezarsen sodium)	150
Trimethoprim	25	Tryvio (aprocitentan)	150
trimethoprim tab 100 mg	25	Tudorza Pressair (acridinium bromide)	307
trimipramine maleate cap 100 mg	54	Tukysa (tucatinib)	78
trimipramine maleate cap 25 mg	54	Turalio (pexidartinib hcl)	79
trimipramine maleate cap 50 mg	54	TussiCaps (hydrocodone polistirex-chlorpheniramine polistirex)	318
Trinatal Rx 1 (prenatal vit w/ ferrous fumarate-folic acid)	206	Tuxarin ER (chlorpheniramine w/ codeine)	318
Trinate (prenatal vit w/ ferrous fumarate-folic acid)	206	Tuzistra XR (codeine polistirex-chlorpheniramine polistirex)	318
Trinaz (prenatal vit w/ ferrous gluconate-folic acid)	206	Twynéo (tretinoin-benzoyl peroxide)	195
Trintellix (vortioxetine hbr)	52	Twynsta (telmisartan-amlodipine)	150
TriStart DHA (prenatal without a w/ fe carbonyl-I methylfolate-fa-dha)	206	Tyblume (levonorgestrel & eth estradiol)	258
TriStart Free (prenatal without a w/ fe carbonyl-I methylfolate-fa-dha)	206	Tybost (cobicistat)	101
TriStart One (prenatal without a w/ fe carbonyl-I methylfolate-fa-dha)	207	Tyenne (tocilizumab-aazg)	271
Triumeq (abacavir-dolutegravir-lamivudine)	100	Tykerb (lapatinib ditosylate)	79
Triumeq PD (abacavir-dolutegravir-lamivudine)	100	Tymlos (abaloparatide)	285
Trizivir (abacavir sulfate-lamivudine-zidovudine)	100	Tyrvaya (varenicline tartrate (cholinergic agonist))	296
Trokendi XR (topiramate)	39	Tyvaso DPI Maintenance Kit (treprostinil)	313
tropicamide ophth soln 0.5%	296	Tyvaso DPI Titration Kit (treprostinil)	313

U

Ubrelvy (ubrogepant).....	61
Uceris (budesonide (intrarectal)).....	283
Uceris (budesonide).....	283
Udenyca (pegfilgrastim-cbqv).....	125
Ukoniq (umbralisib tosylate).....	79
Uloric (febuxostat).....	61
UltiCare Insulin Safety Syr.....	292
Ultilet Insulin Syringe.....	292
Ultracet (tramadol-acetaminophen).....	19
Ultram (tramadol hcl).....	19
Ultravate (halobetasol propionate).....	189
Undecatrex (testosterone undecanoate)....	240
Upneeq (oxymetazoline hcl (blepharoptosis))	296
Uptravi (selexipag).....	313
Urocit-K 10 (potassium citrate (alkalinizer))	207
Urocit-K 15 (potassium citrate (alkalinizer))	207
Urocit-K 5 (potassium citrate (alkalinizer))	207
Uroxatral (alfuzosin hcl).....	230
Urso 250 (ursodiol).....	219
Urso Forte (ursodiol).....	220
Ursodiol.....	220
ursodiol cap 300 mg.....	220
ursodiol tab 250 mg.....	220
ursodiol tab 500 mg.....	220
Utibron Neohaler (indacaterol maleate-glycopyrrolate).....	319

V

V-Go 20.....	292
V-Go 30.....	292
V-Go 40.....	292
Vagifem (estradiol vaginal).....	258
valacyclovir hcl tab 1 gm.....	104
valacyclovir hcl tab 500 mg.....	104
Valchlor (mechlorethamine hcl (topical))....	195
Valcyte (valganciclovir hcl).....	95
valganciclovir hcl for soln 50 mg/ml (base equiv).....	95

valganciclovir hcl tab 450 mg (base equivalent).....	95
Valium (diazepam).....	107
valproate sodium oral soln 250 mg/5ml (base equiv) (Valproic Acid).....	39
valproic acid cap 250 mg.....	39
Valsartan.....	129
valsartan tab 160 mg.....	129
valsartan tab 320 mg.....	129
valsartan tab 40 mg.....	129
valsartan tab 80 mg.....	129
valsartan-hydrochlorothiazide tab 160-12.5 mg.....	150
valsartan-hydrochlorothiazide tab 160-25 mg.....	150
valsartan-hydrochlorothiazide tab 320-12.5 mg.....	150
valsartan-hydrochlorothiazide tab 320-25 mg.....	150
valsartan-hydrochlorothiazide tab 80-12.5 mg.....	150
Valtoco 10 MG Dose (diazepam (anticonvulsant)).....	41
Valtoco 15 MG Dose (diazepam (anticonvulsant)).....	41
Valtoco 20 MG Dose (diazepam (anticonvulsant)).....	41
Valtoco 5 MG Dose (diazepam (anticonvulsant)).....	41
Valtrex (valacyclovir hcl).....	104
Vancocin (vancomycin hcl).....	25
vancomycin hcl cap 125 mg (base equivalent).....	25
vancomycin hcl cap 250 mg (base equivalent).....	25
vancomycin hcl for oral soln 25 mg/ml (base equivalent).....	25
vancomycin hcl for oral soln 50 mg/ml (base equivalent).....	25
Vandazole (metronidazole vaginal).....	25
Vanflyta (quizartinib dihydrochloride).....	79
Vanos (fluocinonide).....	189

vardenafil hcl orally disintegrating tab 10 mg	232	venlafaxine hcl tab er 24hr 150 mg (base equivalent) (Venlafaxine HCl ER)	52
vardenafil hcl tab 10 mg	232	venlafaxine hcl tab er 24hr 225 mg (base equivalent) (Venlafaxine HCl ER)	53
vardenafil hcl tab 2.5 mg	232	venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) (Venlafaxine HCl ER)	53
vardenafil hcl tab 20 mg	232	venlafaxine hcl tab er 24hr 75 mg (base equivalent) (Venlafaxine HCl ER)	53
vardenafil hcl tab 5 mg	232	Ventolin HFA (albuterol sulfate)	309
varenicline tartrate tab 0.5 mg (base equiv)	22	Veozah (fezolinetant)	173
varenicline tartrate tab 1 mg (base equiv)	22	verapamil hcl cap er 24hr 120 mg (Verapamil HCl ER)	140
varenicline tartrate tab 1 mg (base equiv) (Varenicline Tartrate(Continue))	22	verapamil hcl cap er 24hr 180 mg (Verapamil HCl ER)	140
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack (Varenicline Tartrate (Starter))	22	verapamil hcl cap er 24hr 240 mg (Verapamil HCl ER)	141
Varubi (180 MG Dose) (rolapitant hcl)	57	Verapamil HCl ER	141
Vascepa (icosapent ethyl)	157	verapamil hcl tab 120 mg	141
Vaseretic (enalapril maleate & hydrochlorothiazide)	150	verapamil hcl tab 40 mg	141
Vasotec (enalapril maleate)	131	verapamil hcl tab 80 mg	141
Vecamyl (mecamylamine hcl)	150	verapamil hcl tab er 120 mg (Verapamil HCl ER)	141
Vectical (calcitriol (topical))	195	verapamil hcl tab er 180 mg (Verapamil HCl ER)	141
Velivet (desogestrel-ethinyl estradiol (triphasic))	258	verapamil hcl tab er 240 mg (Verapamil HCl ER)	141
Velphoro (sucroferric oxyhydroxide)	211	Verdeso (desonide)	189
Velsipity (etrasimod arginine)	271	Veregen (sinecatechins)	195
Veltassa (patiomer sorbitex calcium)	211	Verelan (verapamil hcl)	141
Veltin (clindamycin phosphate-tretinoin)	182	Verelan PM (verapamil hcl)	141
Vemlidy (tenofovir alafenamide fumarate)	96	Verkazia (cyclosporine (ophth))	296
Venclexta (venetoclax)	79	Verquvo (vericiguat)	150
Venclexta Starting Pack (venetoclax)	79	Versacloz (clozapine)	94
Venlafaxine Besylate ER	52	Verzenio (abemaciclib)	79
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Venlafaxine HCl ER)	52	VESIcare (solifenacin succinate)	229
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Venlafaxine HCl ER)	52	VESIcare LS (solifenacin succinate)	229
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Venlafaxine HCl ER)	52	Vevye (cyclosporine (ophth))	296
venlafaxine hcl tab 100 mg (base equivalent)	52	Vfend (voriconazole)	60
venlafaxine hcl tab 25 mg (base equivalent)	52	Viagra (sildenafil citrate)	232
venlafaxine hcl tab 37.5 mg (base equivalent)	52	Viberzi (eluxadoline)	216
venlafaxine hcl tab 50 mg (base equivalent)	52	Vibramycin (doxycycline (monohydrate))	33
venlafaxine hcl tab 75 mg (base equivalent)	52		

Vibramycin (doxycycline calcium).....	34	Vistaril (hydroxyzine pamoate).....	306
Vibramycin (doxycycline hyclate).....	34	Vistogard (uridine triacetate (emergency treatment)).....	292
Victoza (liraglutide).....	114	Vitafol FE+ (prenatal vit w/ fe polysacch complex-I methylfolate-fa-dha).....	207
Viekira Pak (ombitasvir-paritaprevir-ritonavir-dasabuvir).....	97	Vitafol Gummies (prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids).....	213
vigabatrin powd pack 500 mg.....	41	Vitafol Strips (prenatal w/ vit b6-b12-cholecalciferol-folic acid).....	213
vigabatrin powd pack 500 mg (Vigadrone)....	41	Vitafol Ultra (prenatal vit w/ fe polysacch complex-I methylfolate-fa-dha).....	207
vigabatrin powd pack 500 mg (Vigpoder)....	41	Vitafol-Nano (prenatal w/o a vit w/ fe fumarate-I methylfolate-folic acid).....	207
vigabatrin tab 500 mg.....	41	Vitafol-OB (prenatal vit w/ ferrous fumarate-folic acid).....	207
vigabatrin tab 500 mg (Vigadrone).....	41	Vitafol-One (prenatal mv & min w/fe polysaccharide complex-fa-dha).....	207
Vigafyde (vigabatrin).....	41	Vitalara (prenatal vit w/ fe bisglycinate chelate-folic acid).....	208
Vigamox (moxifloxacin hcl (ophth)).....	297	VitaMedMD One Rx/Quatrefolic (prenatal without a w/ fe fumarate-I methylfolate-fa-dha).....	208
Viibryd (vilazodone hcl).....	53	VitaMedMD RediChew Rx (prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid).....	213
Viibryd Starter Pack (vilazodone hcl).....	53	VitaPearl (prenatal without a w/ fe fumarate-sod feredetate-fa-dha).....	208
Vijoice (alpelisib (pros agents)).....	79	Vitathely with Ginger (prenatal vit w/ ferrous fumarate-folic acid).....	208
vilazodone hcl tab 10 mg.....	53	Vitrakvi (larotrectinib sulfate).....	79
vilazodone hcl tab 20 mg.....	53	Viva DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	208
vilazodone hcl tab 40 mg.....	53	Vivelle-Dot (estradiol).....	258
Vimovo (naproxen-esomeprazole magnesium) 6		Vivjoa (oteseconazole).....	60
Vimpat (lacosamide).....	44	Vivlodex (meloxicam).....	6
Vinate DHA RF (prenatal without vit a w/ fe fumarate-I methylfolate-omegas).....	207	Vizimpro (dacomitinib).....	79
Vinate II (prenatal vit w/ fe bisglycinate chelate-folic acid).....	207	Vogelxo (testosterone).....	241
Vinate One (prenatal vit w/ ferrous fumarate-folic acid).....	207	Vogelxo Pump (testosterone).....	241
Viokace (pancrelipase (lipase-protease-amylase)).....	227	Vonjo (pacritinib citrate).....	81
Viracept (nelfinavir mesylate).....	103	Voquezna (vonoprazan fumarate).....	220
Viramune (nevirapine).....	99	Voquezna Dual Pak (amoxicillin (trihydrate)-vonoprazan fumarate).....	220
Viramune XR (nevirapine).....	99		
Virasal (salicylic acid).....	195		
Viread (tenofovir disoproxil fumarate)....	100,101		
Virt-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3).....	207		
Virt-Nate DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	207		
Virt-PN DHA (prenatal without a w/ fe fumarate-I methylfolate-fa-dha).....	207		
Virt-PN Plus (prenatal without a w/ fe fumarate-I methylfolate-fa-omega 3).....	207		

Voquezna Triple Pak (amoxicillin (trihydrate)-clarithromycin-vonoprazan fumarate)	220
Voranigo (vorasidenib)	79
voriconazole for susp 40 mg/ml	60
voriconazole tab 200 mg	60
voriconazole tab 50 mg	60
Vortex Hold Chmbr/Mask/Child	292
Vortex Hold Chmbr/Mask/Toddler	292
Vortex Valve Chamber-Pedi Mask	292
Vortex Valved Holding Chamber	292
Vosevi (sofosbuvir-velpatasvir-voxilaprevir) . . .	97
Votrient (pazopanib hcl)	79
Vowst (fecal microbiota spores, live-brpk) . . .	292
Voxzogo (vosoritide)	227
Voydeya (danicipan)	271
VP-PNV-DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	208
Vraylar (cariprazine hcl)	93
Vtama (tapinarof)	189
Vtol LQ (butalbital-acetaminophen-caffeine) . . .	173
Vuity (pilocarpine hcl)	302
Vumerity (diroximel fumarate)	177
Vusion (miconazole-zinc oxide-white petrolatum)	60
Vyleesi (bremelanotide acetate)	173
Vyndamax (tafamidis)	227
Vyndaqel (tafamidis meglumine (cardiac)) . . .	227
Vytorin (ezetimibe-simvastatin)	157
Vyvanse (lisdexamfetamine dimesylate)	165
Vyzulta (latanoprostene bunod)	302
W	
Wainua (eplontersen sodium)	292
Wakix (pitolisant hcl)	323
warfarin sodium tab 1 mg	122
warfarin sodium tab 1 mg (Jantoven)	122
warfarin sodium tab 10 mg	122
warfarin sodium tab 10 mg (Jantoven)	122
warfarin sodium tab 2 mg	122
warfarin sodium tab 2 mg (Jantoven)	122
warfarin sodium tab 2.5 mg	122
warfarin sodium tab 2.5 mg (Jantoven)	122
warfarin sodium tab 3 mg	122
warfarin sodium tab 3 mg (Jantoven)	122
warfarin sodium tab 4 mg	122
warfarin sodium tab 4 mg (Jantoven)	122
warfarin sodium tab 5 mg	122
warfarin sodium tab 5 mg (Jantoven)	122
warfarin sodium tab 6 mg	122
warfarin sodium tab 6 mg (Jantoven)	122
warfarin sodium tab 7.5 mg	122
warfarin sodium tab 7.5 mg (Jantoven)	122
Wegovy (semaglutide (weight management))	323
Welchol (colesevelam hcl)	157
Welireg (belzutifan)	69
Wellbutrin SR (bupropion hcl)	48
Wellbutrin XL (bupropion hcl)	48
WesCap-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	208
WesCap-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	208
WesNate DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	208
WesTab Plus (prenatal vit w/ ferrous fumarate-folic acid)	208
WestGel DHA (prenatal without a w/ fe carbonyl-l methylfolate-fa-dha)	208
Wide-Seal Diaphragm 60 (diaphragm wide seal)	292
Wide-Seal Diaphragm 65 (diaphragm wide seal)	292
Wide-Seal Diaphragm 70 (diaphragm wide seal)	292
Wide-Seal Diaphragm 75 (diaphragm wide seal)	292
Wide-Seal Diaphragm 80 (diaphragm wide seal)	292
Wide-Seal Diaphragm 85 (diaphragm wide seal)	292
Wide-Seal Diaphragm 90 (diaphragm wide seal)	292

Wide-Seal Diaphragm 95 (diaphragm wide seal).....	292
Wilzin (zinc acetate (oral)).....	208
Winlevi (clascoterone).....	182
Winrevair (sotatercept-csrk).....	313

X

Xaciato (clindamycin phosphate vaginal).....	25
Xadago (safinamide mesylate).....	88
Xalatan (latanoprost).....	302
Xalkori (crizotinib).....	79
Xanax (alprazolam).....	107
Xanax XR (alprazolam).....	107
Xarelto (rivaroxaban).....	122
Xarelto Starter Pack (rivaroxaban).....	122
Xatmep (methotrexate).....	281
Xcopri (250 MG Daily Dose) (cenobamate).....	44
Xcopri (350 MG Daily Dose) (cenobamate).....	44
Xcopri (cenobamate).....	39,44
Xdemvy (lotilaner).....	296
Xeljanz (tofacitinib citrate).....	271
Xeljanz XR (tofacitinib citrate).....	271
Xeloda (capecitabine).....	69
Xelpros (latanoprost).....	302
Xelstrym (dextroamphetamine).....	165
Xenazine (tetrabenazine).....	173
Xenical (orlistat).....	220
Xenleta (lefamulin acetate).....	103
Xepi (ozenoxacin).....	197
Xerese (acyclovir-hydrocortisone).....	195
Xermelo (telotristat etiprate).....	216
Xgeva (denosumab).....	80
Xhance (fluticasone propionate (nasal)).....	305
Xifaxan (rifaximin).....	25
Xigduo XR (dapagliflozin propanediol-metformin hcl).....	114
Xigduo XR (dapagliflozin-metformin hcl).....	114
Xiidra (lifitegrast).....	296
Ximino (minocycline hcl).....	34
Xofluza (40 MG Dose) (baloxavir marboxil).....	103
Xofluza (80 MG Dose) (baloxavir marboxil).....	104

Xolair (omalizumab).....	272
Xolegel (ketoconazole (topical)).....	60
Xolremdi (mavorixafor).....	227
Xopenex HFA (levalbuterol tartrate).....	309
Xospata (gilteritinib fumarate).....	80
Xphozah (tenapanor hcl (ckd)).....	293
Xpovio (100 MG Once Weekly) (selinexor).....	80
Xpovio (40 MG Once Weekly) (selinexor).....	80
Xpovio (40 MG Twice Weekly) (selinexor).....	80
Xpovio (60 MG Once Weekly) (selinexor).....	80
Xpovio (60 MG Twice Weekly) (selinexor).....	80
Xpovio (80 MG Once Weekly) (selinexor).....	80
Xpovio (80 MG Twice Weekly) (selinexor).....	80
Xtampza ER (oxycodone).....	11
Xtandi (enzalutamide).....	67
Xultophy (insulin degludec-liraglutide).....	114
Xuriden (uridine triacetate).....	227
Xyosted (testosterone enanthate).....	241
Xyrem (sodium oxybate).....	323
Xywav (calcium, magnesium, potassium, & sodium oxybates).....	323

Y

Yasmin 28 (drospirenone-ethinyl estradiol).....	258
YAZ (drospirenone-ethinyl estradiol).....	258
Yesintek (ustekinumab-kfce).....	272
Yonsa (abiraterone acetate).....	67
Yorvipath (palopegteriparatide).....	265
Yuflyma (1 Pen) (adalimumab-aaty).....	281
Yuflyma (2 Pen) (adalimumab-aaty).....	281
Yuflyma (2 Syringe) (adalimumab-aaty).....	281
Yuflyma 2-Syringe Kit (adalimumab-aaty).....	281
Yuflyma-CD/UC/HS Starter (adalimumab-aaty).....	281
Yupelri (revefenacin).....	307
Yusimry (adalimumab-aqvh).....	281

Z

zafirlukast tab 10 mg.....	306
zafirlukast tab 20 mg.....	306
zaleplon cap 10 mg.....	322

zaleplon cap 5 mg	322	zileuton tab er 12hr 600 mg (Zileuton ER) . . .	306
Zalvit (prenatal vit w/ ferrous gluconate-folic acid)	208	Zilxi (minocycline hcl micronized (rosacea)) . . .	182
Zanaflex (tizanidine hcl)	95	Zimhi (naloxone hcl)	22
Zarontin (ethosuximide)	39	Zioptan (tafluprost)	302
Zarxio (filgrastim-sndz)	125	Ziphex (prenatal vit w/ ferrous gluconate-folic acid)	209
Zatean-Pn DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	208	ziprasidone hcl cap 20 mg	93
Zatean-Pn Plus (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	208	ziprasidone hcl cap 40 mg	93
Zavesca (miglustat)	227	ziprasidone hcl cap 60 mg	93
Zavzpret (zavegepant hcl)	61	ziprasidone hcl cap 80 mg	93
ZCORT 7-Day (dexamethasone)	236	Zipsor (diclofenac potassium)	6
Zegalogue (dasiglucagon hcl)	115	Zirgan (ganciclovir ophthalmic)	298
Zegerid (omeprazole-sodium bicarbonate)	222	Zithromax (azithromycin)	29,30
Zejula (niraparib tosylate)	80	Zithromax Tri-Pak (azithromycin)	30
Zelapar (selegiline hcl)	88	Zithromax Z-Pak (azithromycin)	30
Zelboraf (vemurafenib)	80	Zituvimet (sitagliptin free base-metformin hcl)	114
Zembrace SymTouch (sumatriptan succinate)	64	Zituvimet XR (sitagliptin free base-metformin hcl)	115
Zemplar (paricalcitol)	285	Zituvio (sitagliptin)	115
Zenpep (pancrelipase (lipase-protease-amylase))	227	Zocor (simvastatin)	155
Zepatier (elbasvir-grazoprevir)	97	Zofran (ondansetron hcl)	57
Zepbound (tirzepatide (weight management))	323	Zohydro ER (hydrocodone bitartrate)	11
Zeposia (ozanimod hcl)	177	Zokinvy (lonafarnib)	227
Zeposia 7-Day Starter Pack (ozanimod hcl)	177	Zolinza (vorinostat)	70
Zeposia Starter Kit (ozanimod hcl)	177	ZOLMitriptan	64
Zerviate (cetirizine hcl (ophth))	296	zolmitriptan nasal spray 5 mg/spray unit	64
Zestoretic (lisinopril & hydrochlorothiazide)	150	zolmitriptan orally disintegrating tab 2.5 mg	64
Zestril (lisinopril)	131	zolmitriptan orally disintegrating tab 5 mg	64
Zetia (ezetimibe)	157	zolmitriptan tab 2.5 mg	64
Zetonna (ciclesonide (nasal))	319	zolmitriptan tab 2.5 mg (Zomig)	64
Ziac (bisoprolol & hydrochlorothiazide)	151	zolmitriptan tab 5 mg	64
Ziagen (abacavir sulfate)	101	zolmitriptan tab 5 mg (Zomig)	64
Ziana (clindamycin phosphate-tretinoin)	182	Zolofl (sertraline hcl)	53
zidovudine cap 100 mg	101	Zolpidem Tartrate	322
zidovudine syrup 10 mg/ml	101	zolpidem tartrate sl tab 1.75 mg	322
zidovudine tab 300 mg	101	zolpidem tartrate sl tab 3.5 mg	322
Ziextenzo (pegfilgrastim-bmez)	125	zolpidem tartrate tab 10 mg	322
Zilbrysq (zilucoplan sodium)	65	zolpidem tartrate tab 5 mg	322
		zolpidem tartrate tab er 12.5 mg (Zolpidem Tartrate ER)	322

zolpidem tartrate tab er 6.25 mg (Zolpidem Tartrate ER)	322	Zytiga (abiraterone acetate)	67
Zolpimist (zolpidem tartrate)	322	Zyvox (linezolid)	25
Zomacton (for Zoma-Jet 10) (somatropin)	238		
Zomacton (somatropin)	238		
Zomig (zolmitriptan)	64		
Zomig ZMT (zolmitriptan)	64		
Zonalon (doxepin hcl (antipruritic))	189		
Zonegran (zonisamide)	44		
Zonisade (zonisamide)	44		
zonisamide cap 100 mg	44		
zonisamide cap 25 mg	44		
zonisamide cap 50 mg	44		
Zontivity (vorapaxar sulfate)	122		
Zorbtive (somatropin (non-refrigerated))	238		
Zortress (everolimus (immunosuppressant))	281		
Zorvolex (diclofenac)	6		
Zoryve (roflumilast (antiseborrheic))	195		
Zoryve (roflumilast (dermatologic))	195		
Zoryve (roflumilast (topical))	195		
Zovirax (acyclovir topical)	197		
Zovirax (acyclovir)	104		
Ztalmy (ganaxolone)	41		
ZTlido (lidocaine)	20		
Zubsolv (buprenorphine hcl-naloxone hcl dihydrate)	21		
Zurzuvae (zuranolone)	48		
Zyclara (imiquimod)	195		
Zyclara Pump (imiquimod)	195		
Zydelig (idelalisib)	80		
Zyflo (zileuton)	307		
Zykadia (ceritinib)	80		
Zylet (loteprednol etabonate-tobramycin)	296		
Zyloprim (allopurinol)	61		
Zymaxid (gatifloxacin (ophth))	298		
Zymfentra (1 Pen) (infliximab-dyyb)	281		
Zymfentra (2 Pen) (infliximab-dyyb)	281		
Zymfentra (2 Syringe) (infliximab-dyyb)	281		
Zypitamag (pitavastatin magnesium)	155		
ZyPREXA (olanzapine)	93		
ZyPREXA Zydys (olanzapine)	93		



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

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

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

Ամսօր Լեզվական Ծառայություններ: Դուք կարող եք թարգման ձեր 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

សេវាកម្មភាសាភតិកថ្លែង៖ 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 néiho'dílzínígí 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, ໃຫ້ໂທຫາພວກເຮົາຕາມເບີໂທລະສັບທີ່ມີໃບບັດປະຈໍາຕົວຂອງທ່ານ ຫຼື ໂທຫາເບີ 1-866-346-7198. ສໍາລັບຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໂທຫາ ພະແນກ ປະກັນໄພຂອງລັດຄາລິຟໍເນຍໄດ້ທີ່ເບີ 1-800-927-4357. Laotian

Blue Shield Pharmacy Services
P.O. Box 2080
Oakland, CA 94604-9716

Blue Shield of California Life & Health Insurance Company is an independent licensee of the Blue Shield Association