



# *Value Drug Formulary*

## April 2025

### Blue Shield of California

This formulary corresponds with the following plans:  
Local Access+ HMO®, EPO, Trio HMO

This formulary was last updated on 04/01/2025 . This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Value Drug Formulary*, visit [www.blueshieldca.com/pharmacy](http://www.blueshieldca.com/pharmacy).

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Summary of Benefits and Evidence of Coverage*. For plan and coverage documents, visit

[https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer\\_contents\\_en/policies](https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer_contents_en/policies). For additional information about your plan, call the customer service number on your Blue Shield member ID card.

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## Informational Section

The *Blue Shield Value 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
<b>"Brand-name drug"</b> is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
<b>"Coinsurance"</b> is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
<b>"Copayment"</b> is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
<b>"Deductible"</b> is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
<b>"Drug tier"</b> is a group of prescription drugs that corresponds to a specified cost-sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
<b>"Enrollee"</b> is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below.
<b>"Exception request"</b> is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing healthcare provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

Term
<p><b>“Exigent circumstances”</b> are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.</p>
<p><b>“Formulary”</b> is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.</p>
<p><b>“Generic drug”</b> is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in <i><b>bold and italicized lowercase letters</b></i>.</p>
<p><b>“Non-formulary drug”</b> is a prescription drug that is not listed on the health plan's formulary.</p>
<p><b>“Out-of-pocket costs”</b> are copayments, coinsurance, and the applicable deductible, plus all costs for healthcare services that are not covered by the health plan.</p>
<p><b>“Prescribing provider”</b> is a healthcare provider authorized to write a prescription to treat a medical condition for a health plan enrollee.</p>
<p><b>“Prescription”</b> is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.</p>
<p><b>“Prescription drug”</b> is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.</p>
<p><b>“Preventive health drugs”</b> 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><b>“Prior authorization”</b> is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.</p>

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

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

### How do I find a drug on this list?

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

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

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

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

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

- A generic name for a brand-name drug is listed after the brand name of the drug in all ***lowercase bold italics***
  - If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug in all ***lowercase bold italics***
  - When a generic drug is marketed with a brand name, the brand name will be listed after the generic name in parentheses with the first letter capitalized.
- A brand-name drug is listed in all CAPITALS followed by the generic name in parentheses in ***lowercase bold italics***.

### Example

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

### What are drug tiers?

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

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

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

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

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

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

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

### How to read the formulary

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

Coverage Requirements and Limits		Description
AL1	Age limit	An exception may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations.
BL	Benefit limit	Coverage for this drug may be limited by your plan. Please see your <i>Evidence of Coverage (EOC)</i> for more detailed information.
CW	Cost waived	This drug may be available with no out of pocket cost. Certain benefit limitations may apply. Please see your <i>Evidence of Coverage (EOC)</i> for more detailed information.
GL	Gender limit	An exception may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
OAC	Oral anti-cancer	There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your <i>Summary of Benefits</i> for more detailed information.
PA	Prior authorization	Prior authorization is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

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

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

### **How often will the formulary change?**

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

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



utilization management requirement removed.

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

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

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

For the most current information about the Blue Shield Value Drug Formulary, visit [blueshieldca.com/pharmacy](https://blueshieldca.com/pharmacy).

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

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

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

### **What are preventive health drugs?**

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

### **What drugs have their cost waived?**

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

### **What is a contraceptive drug or device?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

To request a non-formulary coverage exception, please call the customer service

number on your Blue Shield member ID card. You, your representative, or your doctor may submit an exception request to Blue Shield.

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

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

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

### **Participating retail pharmacies**

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

### **What are specialty drugs?**

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

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

### Home delivery pharmacy

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

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

### NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)

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

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



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

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SP - Specialty Pharmacy; ST - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 2	PA, QLC (20 patches/month)
METHADONE HCL 10 MG/5ML SOLUTION	Tier 1	PA, QLC (90 ml/day)
METHADONE HCL 5 MG/5ML SOLUTION	Tier 1	PA, QLC (180 ml/day)
<i>methadone hcl conc 10 mg/ml</i>	Tier 1	PA, QLC (18 ml/day)
methadone hcl conc 10 mg/ml (Methadone Hcl 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 3	PA, QLC (5 tabs/day)
methadone hcl tab for oral susp 40 mg (Methadose)	Tier 3	PA, QLC (5 tabs/day)
<i>morphine sulfate tab er 100 mg</i> (MORPHINE SULFATE ER)	Tier 1	QLC (3 tabs/day)
<i>morphine sulfate tab er 15 mg</i> (MORPHINE SULFATE ER)	Tier 1	QLC (6 tabs/day)
<i>morphine sulfate tab er 200 mg</i> (MORPHINE SULFATE ER)	Tier 1	QLC (3 tabs/day)
<i>morphine sulfate tab er 30 mg</i> (MORPHINE SULFATE ER)	Tier 1	QLC (6 tabs/day)
<i>morphine sulfate tab er 60 mg</i> (MORPHINE SULFATE ER)	Tier 1	QLC (5 tabs/day)
TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H	Tier 1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 100 mg</i> (TRAMADOL HCL ER)	Tier 1	QLC (3 tabs/day)
<i>tramadol hcl tab er 24hr 200 mg</i> (TRAMADOL HCL ER)	Tier 1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 300 mg</i> (TRAMADOL HCL ER)	Tier 1	QLC (1 tab/day)

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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
MORPHINE SULFATE 10 MG SUPPOS	Tier 1	QLC (9 suppositories/day; max 135 suppositories/month)
MORPHINE SULFATE 10 MG/5ML SOLUTION	Tier 1	QLC (45 ml/day; max 675 ml/month)
MORPHINE SULFATE 15 MG TAB	Tier 1	QLC (6 tabs/day; max 90 tabs/month)
MORPHINE SULFATE 20 MG SUPPOS	Tier 1	QLC (5 suppositories/day; max 75 suppositories/month)
MORPHINE SULFATE 20 MG/5ML SOLUTION	Tier 1	QLC (25 ml/day; max 375 ml/month)
MORPHINE SULFATE 30 MG SUPPOS	Tier 1	QLC (3 suppositories/day; max 45 suppositories/month)
MORPHINE SULFATE 30 MG TAB	Tier 1	QLC (3 tabs/day; max 45 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	Tier 1	QLC (12 suppositories/day; max 180 suppositories/month)
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QLC (45 ml/day; max 675 ml/month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QLC (25 ml/day; max 375 ml/month)
<i>morphine sulfate tab 15 mg</i>	Tier 1	QLC (6 tabs/day; max 90 tabs/month)
<i>morphine sulfate tab 30 mg</i>	Tier 1	QLC (3 tabs/day; max 45 tabs/month)
<i>oxycodone hcl soln 5 mg/5ml mg/ml</i>	Tier 2	QLC (60 ml/day; max 900 ml/month)
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QLC (84 tabs/month)
<i>oxycodone hcl tab 15 mg</i>	Tier 1	QLC (4 tabs/day; max 60 tabs/month)
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QLC (3 tabs/day; max 45 tabs/month)
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QLC (2 tabs/day; max 30 tabs/month)
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QLC (12 tabs/day; max 180 tabs/month)
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	Tier 2	QLC (6 tabs/day; max 90 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 2	QLC (6 tabs/day; max 90 tabs/30 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	Tier 2	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 2	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	Tier 2	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 2	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	Tier 2	QLC (8 tabs/day; max 120 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 2	QLC (8 tabs/day; max 120 tabs/30 days)
OXYCODONE-ACETAMINOPHEN ( <i>oxycodone w/ acetaminophen</i> ) -5-325 MG/5ML SOLUTION	Tier 1	QLC (840 ml/month)
OXYCODONE-ASPIRIN -4.8355-325 MG TAB	Tier 2	QLC (12 tabs/day; max 180 tabs/month)
<i>tramadol hcl tab 100 mg</i>	Tier 1	QLC (4 tabs/day)
<i>tramadol hcl tab 50 mg</i>	Tier 1	QLC (8 tabs/day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	QLC (8 tabs/day; max 112 tabs/30 days)

## **ANESTHETICS (Drugs for Numbing)**

### **LOCAL ANESTHETICS (Skin Numbing Drugs)**

<i>lidocaine hcl soln 4%</i>	Tier 1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo)	Tier 1	
<i>lidocaine hcl viscous soln 2%</i> (LIDOCAINE VISCOUS HCL)	Tier 1	
<i>lidocaine oint 5%</i>	Tier 3	QLC (50 gm/month)
<i>lidocaine oint 5%</i> (PREMIUM LIDOCAINE)	Tier 3	QLC (50 gm/month)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>lidocaine patch 5%</i>	Tier 1	QLC (90 patches/month)
<i>lidocaine patch 5%</i> (LIDOCAN)	Tier 1	QLC (90 patches/month)
lidocaine patch 5% (Lidocan)	Tier 1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine 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)

## **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)**

### **ALCOHOL DETERRENTS/ANTI-CRAVING (Drugs for Alcohol Dependence)**

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 2	
<i>disulfiram tab 250 mg</i>	Tier 1	
<i>disulfiram tab 500 mg</i>	Tier 1	

### **OPIOID DEPENDENCE (Drugs for Opioid Dependence)**

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QLC (12 tabs/day)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QLC (3 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QLC (2 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	QLC (3 films/day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QLC (12 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QLC (3 tabs/day)

### **OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)**

NALOXONE HCL 0.4 MG/ML SOLN PRSYR	Tier 1	QLC (2 syringes/30 days)
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	QLC (two 1 ml vials/month)
<i>naloxone hcl inj 4 mg/10ml</i>	Tier 1	QLC (two 1 ml vials/month)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 2	QLC (2 doses/month)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml</i>	Tier 1	QLC (2 syringes/month)
<i>naltrexone hcl tab 50 mg</i>	Tier 1	

### **SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)**

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

### **ANTIBACTERIALS (Drugs for Bacterial Infections)**

#### **AMINOGLYCOSIDES**

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

#### **ANTIBACTERIALS, OTHER**

CAYSTON ( <i>aztreonam lysine</i> ) 75 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 3	QLC (1 packet/30 days)
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	PA
<i>linezolid tab 600 mg</i>	Tier 1	PA
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>metronidazole cream 0.75%</i>	Tier 1	
metronidazole cream 0.75% (Rosadan)	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	
metronidazole gel 0.75% (Rosadan)	Tier 1	
<i>metronidazole gel 1%</i>	Tier 1	
<i>metronidazole lotion 0.75%</i>	Tier 1	
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	
NEOMYCIN-POLYMYXIN B GU ( <i>neomycin/polymyxin b gu</i> ) -40- 200000 SOLUTION	Tier 1	PA, QLC (1 ml/day)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO)	Tier 1	
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tinidazole tab 250 mg</i>	Tier 1	QLC (40 tabs/fill)
<i>tinidazole tab 500 mg</i>	Tier 1	QLC (20 tabs/fill)
TRIMETHOPRIM 100 MG TAB	Tier 1	
<i>trimethoprim tab 100 mg</i>	Tier 1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 1	
XIFAXAN ( <i>rifaximin</i> ) 200 MG TAB	Tier 3	PA, QLC (8 tabs/day)
XIFAXAN ( <i>rifaximin</i> ) 550 MG TAB	Tier 3	PA, QLC (3 tabs/day)

### BETA-LACTAM, CEPHALOSPORINS

CEFACLOR 125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP	Tier 2	
CEFACLOR ER ( <i>cefaclor monohydrate</i> ) 500 MG TAB 12H	Tier 2	
CEFADROXIL 1 GM TAB	Tier 2	
<i>cefadroxil cap 500 mg</i>	Tier 2	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 2	
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 2	
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	
CEFPODOXIME PROXETIL 50 MG/5ML RECON SUSP, 100 MG/5ML RECON SUSP	Tier 2	
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 2	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 2	
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	

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PA - Prior Authorization;  
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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	
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	Tier 1	
<i>amoxicillin &amp; 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	

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PA - Prior Authorization;  
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
SP - Specialty Pharmacy; ST - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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 &amp; pot clavulanate</i> ) -200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB	Tier 2	
AMOXICILLIN-POT CLAVULANATE ER ( <i>amoxicillin &amp; pot clavulanate</i> ) -1000-62.5 MG TAB 12H	Tier 2	
<i>ampicillin cap 500 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN	Tier 1	
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	
<b>MACROLIDES</b>		
AZITHROMYCIN 1 GM PACKET	Tier 1	
<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	
<i>azithromycin tab 250 mg</i>	Tier 1	QLC (12 tabs/30 days)
<i>azithromycin tab 500 mg</i>	Tier 1	
<i>azithromycin tab 600 mg</i>	Tier 1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	Tier 1	
<i>clarithromycin tab 250 mg</i>	Tier 1	QLC (42 tabs/fill)
<i>clarithromycin tab 500 mg</i>	Tier 1	QLC (42 tabs/fill)
<i>clarithromycin tab er 24hr 500 mg</i> (CLARITHROMYCIN ER)	Tier 1	QLC (28 tabs/30 days)
<i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)	Tier 3	
<i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)	Tier 3	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>erythromycin tab delayed release 250 mg</i>	Tier 3	
erythromycin tab delayed release 250 mg (Ery-Tab)	Tier 3	
<i>erythromycin tab delayed release 250 mg (ERYTHROMYCIN BASE)</i>	Tier 3	
<i>erythromycin tab delayed release 333 mg</i>	Tier 3	
erythromycin tab delayed release 333 mg (Ery-Tab)	Tier 3	
<i>erythromycin tab delayed release 333 mg (ERYTHROMYCIN BASE)</i>	Tier 3	
<i>erythromycin tab delayed release 500 mg</i>	Tier 3	
erythromycin tab delayed release 500 mg (Ery-Tab)	Tier 3	
<i>erythromycin tab delayed release 500 mg (ERYTHROMYCIN BASE)</i>	Tier 3	

## **QUINOLONES**

<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	Tier 1	QLC (2 bottles/fill)
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	Tier 1	QLC (3 bottles/fill)
CIPROFLOXACIN HCL 100 MG TAB	Tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 2	QLC (300 ml/30 days)
<i>levofloxacin tab 250 mg</i>	Tier 1	QLC (14 tabs/30 days)
<i>levofloxacin tab 500 mg</i>	Tier 1	QLC (1 tab/day)
<i>levofloxacin tab 750 mg</i>	Tier 1	QLC (14 tabs/30 days)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	QLC (21 tabs/30 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
OFLOXACIN 300 MG TAB	Tier 3	
<i>ofloxacin tab 400 mg</i>	Tier 3	
<b>SULFONAMIDES</b>		
<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	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl tab 150 mg</i>	Tier 2	
<i>demeclocycline hcl tab 300 mg</i>	Tier 2	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
doxycycline hyclate cap 100 mg (Morgidox)	Tier 1	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	QLC (2 tabs/day)
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
doxycycline monohydrate cap 100 mg (Mondoxylene NI)	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
doxycycline monohydrate tab 100 mg (Avidoxy)	Tier 1	
<i>doxycycline monohydrate tab 150 mg</i>	Tier 2	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 2	
<i>doxycycline monohydrate tab 75 mg</i>	Tier 2	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 2	
<i>tetracycline hcl cap 500 mg</i>	Tier 2	

## **ANTICONVULSANTS (Drugs for Seizures)**

### **ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)**

<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 250 mg</i> (DIVALPROEX SODIUM ER)	Tier 1	
<i>divalproex sodium tab er 24 hr 500 mg</i> (DIVALPROEX SODIUM ER)	Tier 1	
<i>felbamate tab 400 mg</i>	Tier 2	
<i>felbamate tab 600 mg</i>	Tier 2	
<i>lamotrigine tab 100 mg</i>	Tier 1	
lamotrigine tab 100 mg (Subvenite)	Tier 1	
<i>lamotrigine tab 150 mg</i>	Tier 1	
lamotrigine tab 150 mg (Subvenite)	Tier 1	
<i>lamotrigine tab 200 mg</i>	Tier 1	
lamotrigine tab 200 mg (Subvenite)	Tier 1	
<i>lamotrigine tab 25 mg</i>	Tier 1	
lamotrigine tab 25 mg (Subvenite)	Tier 1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 100 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>lamotrigine tab er 24hr 200 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (3 tabs/day)
<i>lamotrigine tab er 24hr 25 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 250 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 300 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 50 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (1 tab/day)
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	
<i>levetiracetam tab 1000 mg</i>	Tier 1	
<i>levetiracetam tab 250 mg</i>	Tier 1	
<i>levetiracetam tab 500 mg</i>	Tier 1	
levetiracetam tab 500 mg (Roweepra)	Tier 1	
<i>levetiracetam tab 750 mg</i>	Tier 1	
<i>levetiracetam tab er 24hr 500 mg</i> (LEVETIRACETAM ER)	Tier 1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 750 mg</i> (LEVETIRACETAM ER)	Tier 1	QLC (4 tabs/day)
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	
<i>topiramate tab 100 mg</i>	Tier 1	
<i>topiramate tab 200 mg</i>	Tier 1	
<i>topiramate tab 25 mg</i>	Tier 1	
<i>topiramate tab 50 mg</i>	Tier 1	
<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv)(VALPROIC ACID)	Tier 1	
<i>valproic acid cap 250 mg</i>	Tier 1	
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
<i>ethosuximide cap 250 mg</i>	Tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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### GAMMA-AMINOBTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam suspension 2.5 mg/ml</i>	Tier 2	ST, QLC (16 ml/day)
<i>clobazam tab 10 mg</i>	Tier 2	ST, QLC (4 tabs/day)
<i>clobazam tab 20 mg</i>	Tier 2	ST, QLC (2 tabs/day)
DIAZEPAM ( <i>diazepam (anticonvulsant)</i> ) 2.5 MG GEL	Tier 1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	QLC (1 kit [2 doses]/fill)
<i>gabapentin cap 100 mg</i>	Tier 1	
<i>gabapentin cap 300 mg</i>	Tier 1	
<i>gabapentin cap 400 mg</i>	Tier 1	
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	
<i>gabapentin tab 600 mg</i>	Tier 1	
<i>gabapentin tab 800 mg</i>	Tier 1	
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	
<i>phenobarbital tab 100 mg</i>	Tier 1	
<i>phenobarbital tab 15 mg</i>	Tier 1	
<i>phenobarbital tab 16.2 mg</i>	Tier 1	
<i>phenobarbital tab 30 mg</i>	Tier 1	
<i>phenobarbital tab 32.4 mg</i>	Tier 1	
<i>phenobarbital tab 60 mg</i>	Tier 1	
<i>phenobarbital tab 64.8 mg</i>	Tier 1	
<i>phenobarbital tab 97.2 mg</i>	Tier 1	
PRIMIDONE 125 MG TAB	Tier 1	
<i>primidone tab 250 mg</i>	Tier 1	
<i>primidone tab 50 mg</i>	Tier 1	

### SODIUM CHANNEL AGENTS

CARBAMAZEPINE 200 MG CHEW TAB	Tier 2	PA
<i>carbamazepine cap er 12hr 100 mg</i> (CARBAMAZEPINE ER)	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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 (Eptol)	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	
DILANTIN ( <i>phenytoin sodium extended</i> ) 30 MG CAP, 100 MG CAP	Tier 2	
DILANTIN ( <i>phenytoin</i> ) 125 MG/5ML SUSPENSION	Tier 2	
DILANTIN INFATABS ( <i>phenytoin</i> ) 50 MG CHEW	Tier 2	
DILANTIN-125 ( <i>phenytoin</i> ) -MG/5ML SUSPENSION	Tier 2	
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	QLC (40 ml/day)
<i>lacosamide tab 100 mg</i>	Tier 1	QLC (2 tabs/day)
<i>lacosamide tab 150 mg</i>	Tier 1	QLC (2 tabs/day)
<i>lacosamide tab 200 mg</i>	Tier 1	QLC (2 tabs/day)
<i>lacosamide tab 50 mg</i>	Tier 1	QLC (2 tabs/day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 2	QLC (40 ml/day)
<i>oxcarbazepine tab 150 mg</i>	Tier 1	QLC (16 tabs/day)
<i>oxcarbazepine tab 300 mg</i>	Tier 1	QLC (8 tabs/day)
<i>oxcarbazepine tab 600 mg</i>	Tier 1	QLC (4 tabs/day)
<i>phenytoin chew tab 50 mg</i>	Tier 1	
<i>phenytoin chew tab 50 mg</i> (PHENYTOIN INFATABS)	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	
phenytoin sodium extended cap 200 mg (Phenytek)	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	
phenytoin sodium extended cap 300 mg (Phenytek)	Tier 1	
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	
<i>zonisamide cap 100 mg</i>	Tier 1	
<i>zonisamide cap 25 mg</i>	Tier 1	
<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 3	
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### **CHOLINESTERASE INHIBITORS**

<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> (DONEPEZIL HCL)	Tier 1	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> (DONEPEZIL HCL)	Tier 1	
<i>donepezil hydrochloride tab 10 mg</i> (DONEPEZIL HCL)	Tier 1	
<i>donepezil hydrochloride tab 23 mg</i> (DONEPEZIL HCL)	Tier 1	ST, QLC (1 tab/day)
<i>donepezil hydrochloride tab 5 mg</i> (DONEPEZIL HCL)	Tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER)	Tier 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	

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

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

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

### **ANTIDEPRESSANTS (Drugs for Depression)**

#### **ANTIDEPRESSANTS, OTHER**

<i>bupropion hcl tab 100 mg</i>	Tier 1	QLC (4 tabs/day)
<i>bupropion hcl tab 75 mg</i>	Tier 1	QLC (6 tabs/day)
<i>bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR))</i>	Tier 1	QLC (4 tabs/day)
<i>bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR))</i>	Tier 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR))</i>	Tier 1	QLC (2 tabs/day)
<i>bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL))</i>	Tier 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL))</i>	Tier 1	QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
MAPROTILINE HCL 25 MG TAB, 50 MG TAB, 75 MG TAB	Tier 1	
<i>mirtazapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	Tier 1	
<i>mirtazapine tab 15 mg</i>	Tier 1	
<i>mirtazapine tab 30 mg</i>	Tier 1	
<i>mirtazapine tab 45 mg</i>	Tier 1	
<i>mirtazapine tab 7.5 mg</i>	Tier 1	
PERPHENAZINE-AMITRIPTYLINE -2-10 MG TAB, -2-25 MG TAB, -4-10 MG TAB, -4-25 MG TAB, -4-50 MG TAB	Tier 1	
ZURZUVAE ( <i>zuranolone</i> ) 20 MG CAP, 25 MG CAP	Tier 3	PA, LA, QLC (2 caps/day; max 28 caps/365 days)
ZURZUVAE ( <i>zuranolone</i> ) 30 MG CAP	Tier 3	PA, LA, QLC (1 cap/day; max 14 caps/365 days)

### **MONOAMINE OXIDASE INHIBITORS**

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

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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	Tier 2	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	Tier 2	QLC (1 tab/day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>	Tier 2	QLC (24 ml/day)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QLC (4 tabs/day)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QLC (8 tabs/day)
FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB	Tier 1	QLC (1 tab/day)
FLUOXETINE HCL 90 MG CAP DR	Tier 1	QLC (4 caps/month)
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl tab 10 mg</i>	Tier 2	
<i>fluoxetine hcl tab 20 mg</i>	Tier 2	
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QLC (3 tabs/day)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QLC (12 tabs/day)
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QLC (6 tabs/day)
NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB	Tier 1	
<i>paroxetine hcl tab 10 mg</i>	Tier 1	
<i>paroxetine hcl tab 20 mg</i>	Tier 1	
<i>paroxetine hcl tab 30 mg</i>	Tier 1	
<i>paroxetine hcl tab 40 mg</i>	Tier 1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>sertraline hcl tab 100 mg</i>	Tier 1	
<i>sertraline hcl tab 25 mg</i>	Tier 1	
<i>sertraline hcl tab 50 mg</i>	Tier 1	
<i>trazodone hcl tab 100 mg</i>	Tier 1	
<i>trazodone hcl tab 150 mg</i>	Tier 1	
<i>trazodone hcl tab 300 mg</i>	Tier 1	
<i>trazodone hcl tab 50 mg</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	Tier 1	QLC (2 caps/day)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	Tier 1	QLC (2 caps/day)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	Tier 1	QLC (3 caps/day)
<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	
<b>TRICYCLICS</b>		
<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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>amoxapine tab 50 mg</i>	Tier 1	
<i>clomipramine hcl cap 25 mg</i>	Tier 3	
<i>clomipramine hcl cap 50 mg</i>	Tier 3	
<i>clomipramine hcl cap 75 mg</i>	Tier 3	
<i>desipramine hcl tab 10 mg</i>	Tier 2	
<i>desipramine hcl tab 100 mg</i>	Tier 2	
<i>desipramine hcl tab 150 mg</i>	Tier 2	
<i>desipramine hcl tab 25 mg</i>	Tier 2	
<i>desipramine hcl tab 50 mg</i>	Tier 2	
<i>desipramine hcl tab 75 mg</i>	Tier 2	
<i>doxepin hcl cap 10 mg</i>	Tier 1	
<i>doxepin hcl cap 100 mg</i>	Tier 1	
<i>doxepin hcl cap 150 mg</i>	Tier 1	
<i>doxepin hcl cap 25 mg</i>	Tier 1	
<i>doxepin hcl cap 50 mg</i>	Tier 1	
<i>doxepin hcl cap 75 mg</i>	Tier 1	
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	
<i>imipramine hcl tab 10 mg</i>	Tier 1	
<i>imipramine hcl tab 25 mg</i>	Tier 1	
<i>imipramine hcl tab 50 mg</i>	Tier 1	
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	Tier 2	
<i>protriptyline hcl tab 10 mg</i>	Tier 2	
<i>protriptyline hcl tab 5 mg</i>	Tier 2	
<i>trimipramine maleate cap 100 mg</i>	Tier 3	
<i>trimipramine maleate cap 25 mg</i>	Tier 3	
<i>trimipramine maleate cap 50 mg</i>	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## ANTIEMETICS (Drugs for Nausea and Vomiting)

### ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml</i>	Tier 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>perphenazine tab 16 mg</i>	Tier 1	
<i>perphenazine tab 2 mg</i>	Tier 1	
<i>perphenazine tab 4 mg</i>	Tier 1	
<i>perphenazine tab 8 mg</i>	Tier 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine suppos 25 mg</i>	Tier 2	
prochlorperazine suppos 25 mg (Compro)	Tier 2	
<i>promethazine hcl suppos 12.5 mg</i>	Tier 2	
promethazine hcl suppos 12.5 mg (Promethegan)	Tier 2	
<i>promethazine hcl suppos 25 mg</i>	Tier 2	
promethazine hcl suppos 25 mg (Promethegan)	Tier 2	
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	
<i>promethazine hcl tab 25 mg</i>	Tier 1	
<i>promethazine hcl tab 50 mg</i>	Tier 1	
PROMETHEGAN ( <i>promethazine hcl</i> ) 50 MG SUPPOS	Tier 2	QLC (1 suppository/day)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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### EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)

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

### ANTIFUNGALS (Drugs for Fungal Infections)

<i>clotrimazole troche 10 mg</i>	Tier 1	
<i>econazole nitrate cream 1%</i>	Tier 1	
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	
<i>fluconazole tab 100 mg</i>	Tier 1	
<i>fluconazole tab 150 mg</i>	Tier 1	
<i>fluconazole tab 200 mg</i>	Tier 1	
<i>fluconazole tab 50 mg</i>	Tier 1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 2	
<i>itraconazole cap 100 mg</i>	Tier 2	QLC (4 caps/day)
<i>ketoconazole cream 2%</i>	Tier 1	
<i>ketoconazole shampoo 2%</i>	Tier 1	
<i>ketoconazole tab 200 mg</i>	Tier 1	
MICONAZOLE 3 ( <i>miconazole nitrate vaginal</i> ) 200 MG SUPPOS	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>nystatin cream 100000 unit/gm</i>	Tier 1	
<i>nystatin oint 100000 unit/gm</i>	Tier 1	
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	
nystatin topical powder 100000 unit/gm (Klayesta)	Tier 1	
nystatin topical powder 100000 unit/gm (Nyamyc)	Tier 1	
nystatin topical powder 100000 unit/gm (Nystop)	Tier 1	
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QLC (30 tabs/month)
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>voriconazole for susp 40 mg/ml</i>	Tier 2	PA
<i>voriconazole tab 200 mg</i>	Tier 2	PA
<i>voriconazole tab 50 mg</i>	Tier 2	PA

### **ANTIGOUT AGENTS (Drugs for Gout)**

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

### **ANTIMIGRAINE AGENTS (Drugs for Migraine)**

#### **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS**

AIMOVIG ( <i>erenumab-aooe</i> ) IMOVIG 140 MG/ML SOLN -INJ	Tier 2	PA, QLC (1 injection/28 days)
AIMOVIG ( <i>erenumab-aooe</i> ) IMOVIG 70 MG/ML SOLN -INJ	Tier 2	PA, QLC (1 injection/28 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
EMGALITY ( <i>galcanezumab-gnlm</i> ) 120 MG/ML SOLN PRSYR	Tier 2	PA, QLC (1 syringe/30 days)
EMGALITY ( <i>galcanezumab-gnlm</i> ) EMGLITY 120 MG/ML SOLN -INJ	Tier 2	PA, QLC (1 pen injector/30 days)
UBRELVY ( <i>ubrogepant</i> ) 50 MG TAB, 100 MG TAB	Tier 2	PA, QLC (2 tabs/day; max 16 tabs/30 days)
<b>ERGOT ALKALOIDS (Drugs for Acute Migraine)</b>		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 4	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	Tier 4	PA, QLC (8 vials/month)
ERGOTAMINE-CAFFEINE ( <i>ergotamine w/ caffeine</i> ) -1-100 MG TAB	Tier 3	QLC (10 tabs/week)
<b>SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)</b>		
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 2	QLC (18 tabs/month)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 2	QLC (18 tabs/month)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QLC (18 tabs/month)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QLC (18 tabs/month)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QLC (24 tabs/month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QLC (24 tabs/month)
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 2	QLC (18 nasal sprays/month)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 2	QLC (18 nasal sprays/month)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	Tier 2	QLC (8 injections/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 2	QLC (8 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	Tier 2	QLC (12 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	Tier 2	QLC (8 injections/30 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 2	QLC (12 injections/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 2	QLC (8 injections/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	Tier 2	QLC (12 injections/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	Tier 2	QLC (8 injections/30 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 2	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 2	QLC (18 tabs/month)
<i>zolmitriptan tab 2.5 mg</i>	Tier 2	QLC (18 tabs/month)
<i>zolmitriptan tab 5 mg</i>	Tier 2	QLC (18 tabs/month)

## **ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)**

### **PARASYMPATHOMIMETICS**

GUANIDINE HCL 125 MG TAB	Tier 1	
PYRIDOSTIGMINE BROMIDE 30 MG TAB	Tier 1	QLC (6 tabs/day)
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QLC (25 tabs/day)

## **ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)**

### **ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)**

<i>dapsone tab 100 mg</i>	Tier 1	
<i>dapsone tab 25 mg</i>	Tier 1	
<i>rifabutin cap 150 mg</i>	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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### ANTITUBERCULARS (Drugs for Tuberculosis)

CYCLOSERINE 250 MG CAP	Tier 3	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER ( <i>aminosalicylic acid</i> ) 4 GM PACKET	Tier 3	
PRIFTIN ( <i>rifapentine</i> ) 150 MG TAB	Tier 2	
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
TRECTOR ( <i>ethionamide</i> ) 250 MG TAB	Tier 3	

### ANTINEOPLASTICS (Drugs for Cancer)

#### ALKYLATING AGENTS

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

#### ANTIANDROGENS

<i>abiraterone acetate tab 250 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
abiraterone acetate tab 250 mg (Abitrega)	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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>bicalutamide tab 50 mg</i>	Tier 1	OAC
ERLEADA ( <i>apalutamide</i> ) 240 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ERLEADA ( <i>apalutamide</i> ) 60 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
FLUTAMIDE 125 MG CAP	Tier 1	OAC
XTANDI ( <i>enzalutamide</i> ) 40 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
XTANDI ( <i>enzalutamide</i> ) 40 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
XTANDI ( <i>enzalutamide</i> ) 80 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC

### **ANTIANGIOGENIC AGENTS**

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<b>ANTIESTROGENS/MODIFIERS</b>		
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 1	ACA (Preventive Health), OAC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 1	ACA (Preventive Health), OAC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 4	OAC
<b>ANTIMETABOLITES</b>		
<i>capecitabine tab 150 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>capecitabine tab 500 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>mercaptopurine tab 50 mg</i>	Tier 1	OAC
TABLOID ( <i>thioguanine</i> ) LOID 40 MG	Tier 4	OAC
<b>ANTINEOPLASTICS, OTHER (Other Drugs for Cancer)</b>		
<i>hydroxyurea cap 500 mg</i>	Tier 1	OAC
<i>leucovorin calcium tab 10 mg</i>	Tier 1	OAC
<i>leucovorin calcium tab 15 mg</i>	Tier 1	OAC
<i>leucovorin calcium tab 25 mg</i>	Tier 1	OAC
<i>leucovorin calcium tab 5 mg</i>	Tier 1	OAC
LYSODREN ( <i>mitotane</i> ) 500 MG TAB	Tier 4	SF, OAC
ZOLINZA ( <i>vorinostat</i> ) 100 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole tab 1 mg</i>	Tier 1	ACA (Preventive Health), OAC
<i>exemestane tab 25 mg</i>	Tier 2	OAC
<i>letrozole tab 2.5 mg</i>	Tier 1	OAC
<b>ENZYME INHIBITORS</b>		
ETOPOSIDE 50 MG CAP	Tier 4	OAC
<b>MOLECULAR TARGET INHIBITORS</b>		
ALECENSA ( <i>allectinib hcl</i> ) 150 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (8 caps/day), SF, OAC
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), SF, OAC

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
CAPRELSA ( <i>vandetanib</i> ) 100 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
CAPRELSA ( <i>vandetanib</i> ) 300 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) ( <i>cabozantinib s-malate</i> ) 80 & 20 KIT	Tier 4	PA, LA, S (Specialty Drug), QLC (56 caps/28 days), OAC
COMETRIQ (140 MG DAILY DOSE) ( <i>cabozantinib s-malate</i> ) 3 X 20 & 80 KIT	Tier 4	PA, LA, S (Specialty Drug), QLC (112 caps/28 days), OAC
COMETRIQ (60 MG DAILY DOSE) ( <i>cabozantinib s-malate</i> ) 20 KIT	Tier 4	PA, LA, S (Specialty Drug), QLC (84 caps/28 days), OAC
<i>dasatinib tab 100 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>dasatinib tab 140 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>dasatinib tab 20 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<i>dasatinib tab 50 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<i>dasatinib tab 70 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
<i>dasatinib tab 80 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<i>everolimus tab 10 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>everolimus tab 2.5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>everolimus tab 5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>everolimus tab 7.5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
<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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>everolimus tab for oral susp 5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
GILOTRIF ( <i>afatinib dimaleate</i> ) 20 MG TAB, 30 MG TAB, 40 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
IMBRUVICA ( <i>ibrutinib</i> ) 140 MG CAP	Tier 4	PA, LA, QLC (3 caps/day), OAC
IMBRUVICA ( <i>ibrutinib</i> ) 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
IMBRUVICA ( <i>ibrutinib</i> ) 70 MG CAP	Tier 4	PA, LA, QLC (1 cap/day), OAC
JAKAFI ( <i>ruxolitinib phosphate</i> ) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
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
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 4	PA, S (Specialty Drug), QLC (6 tabs/day), OAC
LYNPARZA ( <i>olaparib</i> ) 100 MG TAB, 150 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ODOMZO ( <i>sonidegib phosphate</i> ) 200 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
STIVARGA ( <i>regorafenib</i> ) 40 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), SF, 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), SF, OAC
TASIGNA ( <i>nilotinib hcl</i> ) 50 MG CAP, 150 MG CAP, 200 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
TIBSOVO ( <i>ivosidenib</i> ) 250 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), SF, 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
XALKORI ( <i>crizotinib</i> ) 150 MG CAP SPRINK	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), SF, OAC
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), SF, OAC
<b>MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE</b>		
XGEVA ( <i>denosumab</i> ) 120 MG/1.7ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (1 vial/month)
<b>RETINOIDS</b>		
<i>bexarotene cap 75 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (8 caps/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PANRETIN ( <i>alitretinoin</i> ) 0.1 % GEL	Tier 4	PA
<i>tretinoin cap 10 mg</i>	Tier 4	QLC (9 caps/day), OAC
<b>TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)</b>		
<i>mesna tab 400 mg</i>	Tier 2	
MESNEX ( <i>mesna</i> ) 400 MG TAB	Tier 2	OAC
<b>ANTIPARASITICS (Drugs for Parasitic Infections)</b>		
<b>ANTHELMINTHICS</b>		
<i>albendazole tab 200 mg</i>	Tier 3	QLC (4 tabs/day)
<i>ivermectin tab 3 mg</i>	Tier 1	QLC (20 tabs/30 days)
<i>praziquantel tab 600 mg</i>	Tier 3	
<b>ANTIPROTOZOALS (Drugs for Protozoal Infection)</b>		
<i>atovaquone susp 750 mg/5ml</i>	Tier 3	PA
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QLC (1 tab/day)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QLC (3 tabs/day)
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QLC (25 tabs/30 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QLC (25 tabs/30 days)
COARTEM ( <i>artemether-lumefantrine</i> ) 20-120 MG TAB	Tier 3	QLC (24 tabs/30 days)
<i>hydroxychloroquine sulfate tab 100 mg</i>	Tier 1	QLC (2 tabs/day)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	QLC (3 tabs/day)
<i>hydroxychloroquine sulfate tab 300 mg</i>	Tier 1	QLC (2 tabs/day)
<i>hydroxychloroquine sulfate tab 400 mg</i>	Tier 1	QLC (1 tab/day)
KRINTAFEL ( <i>tafenoquine succinate</i> ) 150 MG TAB	Tier 3	QLC (2 tabs/28 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QLC (5 tabs/30 days)
<i>nitazoxanide tab 500 mg</i>	Tier 3	PA, QLC (6 tabs/fill)
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	Tier 1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pyrimethamine tab 25 mg</i>	Tier 4	PA
<i>quinine sulfate cap 324 mg</i>	Tier 1	QLC (6 caps/day)

## ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

### ANTICHOLINERGICS

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

### ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl cap 100 mg</i>	Tier 1	
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl tab 100 mg</i>	Tier 1	
CARBIDOPA-LEVODOPA-ENTACAPONE --12.5-50-200 MG TAB, -18.75-75-200 MG TAB, --37.5-150-200 MG TAB	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 2	
<i>entacapone tab 200 mg</i>	Tier 2	QLC (8 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## DOPAMINE AGONISTS

<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
NEUPRO ( <i>rotigotine</i> ) 1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR	Tier 3	QLC (1 patch/day)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL)</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL)</i>	Tier 1	
<i>ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL)</i>	Tier 1	
<i>ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL)</i>	Tier 1	
<i>ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL)</i>	Tier 1	
<i>ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL)</i>	Tier 1	
<i>ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL)</i>	Tier 1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)(ROPINIROLE HCL ER)</i>	Tier 1	QLC (2 tabs/day)
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)(ROPINIROLE HCL ER) 4hr</i>	Tier 1	QLC (1 tab/day)

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

## **DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS**

<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	QLC (8 tabs/day)
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	QLC (8 tabs/day)
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	QLC (8 tabs/day)
<i>carbidopa &amp; levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER)	Tier 1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	Tier 1	
<i>carbidopa tab 25 mg</i>	Tier 2	
CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP	Tier 1	QLC (8 tabs/day)

## **MONOAMINE OXIDASE B (MAO-B) INHIBITORS**

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 2	QLC (1 tab/day)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 2	QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>selegiline hcl cap 5 mg</i>	Tier 1	
<i>selegiline hcl tab 5 mg</i>	Tier 1	

## **ANTIPSYCHOTICS (Drugs for Mental Health)**

### **1ST GENERATION/TYPICAL**

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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	
<b>2ND GENERATION/ATYPICAL</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	QLC (25 ml/day)
<i>aripiprazole tab 10 mg</i>	Tier 1	QLC (1 tab/day)
<i>aripiprazole tab 15 mg</i>	Tier 1	QLC (1 tab/day)
<i>aripiprazole tab 2 mg</i>	Tier 1	QLC (4 tabs/day)
<i>aripiprazole tab 20 mg</i>	Tier 1	QLC (1 tab/day)
<i>aripiprazole tab 30 mg</i>	Tier 1	QLC (1 tab/day)
<i>aripiprazole tab 5 mg</i>	Tier 1	QLC (2 tabs/day)
<i>lurasidone hcl tab 120 mg</i>	Tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 20 mg</i>	Tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 40 mg</i>	Tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 60 mg</i>	Tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 80 mg</i>	Tier 2	QLC (2 tabs/day)
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 2	
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 2	
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 2	
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 2	

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PA - Prior Authorization;  
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
SP - Specialty Pharmacy; ST - Step Therapy

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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### ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)

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

### ANTIVIRALS (Drugs for Viral Infections)

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

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

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

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

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

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

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

### **ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)**

BIKTARVY ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> ) 30-120-15 MG TAB, 50-200-25 MG TAB	Tier 2	QLC (1 tab/day)
DOVATO ( <i>dolutegravir sodium-lamivudine</i> ) 50-300 MG TAB	Tier 2	QLC (1 tab/day)
GENVOYA ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> ) 150-150-200-10 MG	Tier 2	QLC (1 tab/day)
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)

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

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

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

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

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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 2	QLC (4 tabs/day)
INVIRASE ( <i>saquinavir mesylate</i> ) 500 MG TAB	Tier 2	QLC (4 tabs/day)
LEXIVA ( <i>fosamprenavir calcium</i> ) 50 MG/ML SUSPENSION	Tier 2	QLC (56 ml/day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 2	QLC (10 ml/day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 2	QLC (4 tabs/day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 2	QLC (4 tabs/day)
NORVIR ( <i>ritonavir</i> ) 100 MG CAP	Tier 2	QLC (12 caps/day)
NORVIR ( <i>ritonavir</i> ) 80 MG/ML SOLUTION	Tier 2	QLC (15 ml/day)
PREZCOBIX ( <i>darunavir-cobicistat</i> ) 800-150 MG TAB	Tier 2	QLC (1 tab/day)
PREZISTA ( <i>darunavir ethanolate</i> ) 100 MG/ML SUSPENSION	Tier 2	QLC (12 ml/day)
PREZISTA ( <i>darunavir ethanolate</i> ) 150 MG TAB	Tier 2	QLC (4 tabs/day)
PREZISTA ( <i>darunavir ethanolate</i> ) 75 MG TAB	Tier 2	QLC (2 tabs/day)
REYATAZ ( <i>atazanavir sulfate</i> ) 50 MG PACKET	Tier 2	QLC (5 packs/day)
<i>ritonavir tab 100 mg</i>	Tier 2	QLC (12 tabs/day)
SYMTUZA ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> ) 800-150-200-10 MG	Tier 2	QLC (1 tab/day)
VIRACEPT ( <i>nelfinavir mesylate</i> ) 250 MG TAB	Tier 2	QLC (9 tabs/day)
VIRACEPT ( <i>nelfinavir mesylate</i> ) 625 MG TAB	Tier 2	QLC (4 tabs/day)
<b>ANTI-INFLUENZA AGENTS (Drugs for Flu)</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 2	QLC (40 caps/6 months)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 2	QLC (20 caps/6 months)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 2	QLC (20 caps/6 months)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 2	QLC (6 bottles/6 months)
RELENZA DISKHALER ( <i>zanamivir</i> ) 5 MG/ACT AER POW BA	Tier 2	QLC (2 inhalers/6 months)
RIMANTADINE HCL ( <i>rimantadine hydrochloride</i> ) 100 MG TAB	Tier 1	
XOFLUZA (40 MG DOSE) ( <i>baloxavir marboxil</i> ) OFLUZA 1 TAB THPK	Tier 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (40 MG DOSE) ( <i>baloxavir marboxil</i> ) OFLUZA 2 20 TAB THPK	Tier 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)
XOFLUZA (80 MG DOSE) ( <i>baloxavir marboxil</i> ) OFLUZA 1 TAB THPK	Tier 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (80 MG DOSE) ( <i>baloxavir marboxil</i> ) OFLUZA 2 40 TAB THPK	Tier 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)

### ANTIHERPETIC AGENTS (Drugs for Herpes Infection)

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

### ANTIVIRAL, CORONAVIRUS AGENTS

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## 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	
<i>bupirone hcl tab 5 mg</i>	Tier 1	
<i>bupirone hcl tab 7.5 mg</i>	Tier 1	

### BENZODIAZEPINES

ALPRAZOLAM INTENSOL 1 MG/ML CONC	Tier 1	QLC (4 ml/day)
<i>alprazolam tab 0.25 mg</i>	Tier 1	QLC (4 tabs/day)
<i>alprazolam tab 0.5 mg</i>	Tier 1	QLC (4 tabs/day)
<i>alprazolam tab 1 mg</i>	Tier 1	QLC (4 tabs/day)
<i>alprazolam tab 2 mg</i>	Tier 1	QLC (2 tabs/day)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QLC (30 caps/day)
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QLC (12 caps/day)
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QLC (60 caps/day)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 1 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 2 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	QLC (40 tabs/day)
<i>clonazepam tab 1 mg</i>	Tier 1	QLC (20 tabs/day)
<i>clonazepam tab 2 mg</i>	Tier 1	QLC (10 tabs/day)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QLC (6 tabs/day)

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
 SP - Specialty Pharmacy; ST - Step Therapy

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

## **BIPOLAR AGENTS (Drugs for Bipolar Disorder)**

### **MOOD STABILIZERS**

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

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

### ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

<i>acarbose tab 100 mg</i>	Tier 1	
<i>acarbose tab 25 mg</i>	Tier 1	
<i>acarbose tab 50 mg</i>	Tier 1	
<i>glimepiride tab 1 mg</i>	Tier 1	
<i>glimepiride tab 2 mg</i>	Tier 1	
<i>glimepiride tab 4 mg</i>	Tier 1	
GLIPIZIDE 2.5 MG TAB	Tier 1	QLC (1 tab/day)
<i>glipizide tab 10 mg</i>	Tier 1	
<i>glipizide tab 5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE ER)	Tier 1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE XL)	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE ER)	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE XL)	Tier 1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE ER)	Tier 1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE XL)	Tier 1	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	
GLYBURIDE MICRONIZED 1.5 MG TAB, 3 MG TAB, 6 MG TAB	Tier 1	
<i>glyburide tab 1.25 mg</i>	Tier 1	
<i>glyburide tab 2.5 mg</i>	Tier 1	
<i>glyburide tab 5 mg</i>	Tier 1	
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	

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 PA - Prior Authorization;  
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	
GLYXAMBI ( <i>empagliflozin-linagliptin</i> ) 10-5 MG TAB, 25-5 MG TAB	Tier 2	ST, QLC (1 tab/day)
JANUMET ( <i>sitagliptin-metformin hcl</i> ) 50-1000 MG TAB, 50-500 MG TAB	Tier 2	ST, QLC (2 tabs/day)
JANUMET XR ( <i>sitagliptin-metformin hcl</i> ) 50-1000 MG TAB ER 24H	Tier 2	ST, QLC (2 tabs/day)
JANUMET XR ( <i>sitagliptin-metformin hcl</i> ) 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H	Tier 2	ST, QLC (1 tab/day)
JANUVIA ( <i>sitagliptin phosphate</i> ) 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 2	ST, QLC (1 tab/day)
<i>metformin hcl tab 1000 mg</i>	Tier 1	
<i>metformin hcl tab 500 mg</i>	Tier 1	
<i>metformin hcl tab 850 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER)	Tier 1	
<i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER)	Tier 1	
MOUNJARO ( <i>tirzepatide</i> ) MOUNJRO 2.5 MG/0.5ML SOLN -INJ, MOUNJRO 5 MG/0.5ML SOLN -INJ, MOUNJRO 7.5 MG/0.5ML SOLN -INJ, MOUNJRO 10 MG/0.5ML SOLN -INJ, MOUNJRO 12.5 MG/0.5ML SOLN -INJ, MOUNJRO 15 MG/0.5ML SOLN -INJ	Tier 2	PA, QLC (4 pens (2 ml)/28 days)
<i>nateglinide tab 120 mg</i>	Tier 1	
<i>nateglinide tab 60 mg</i>	Tier 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) ( <i>semaglutide</i> ) (MG/1.5ML SOLN PEN	Tier 2	PA, QLC (1 pen/28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) ( <i>semaglutide</i> ) (MG/3ML SOLN PEN	Tier 2	PA, QLC (3 ml/28 days)
OZEMPIC (1 MG/DOSE) ( <i>semaglutide</i> ) 2 MG/1.5ML SOLN PEN	Tier 2	PA, QLC (2 pens/28 days)
OZEMPIC (1 MG/DOSE) ( <i>semaglutide</i> ) 4 MG/3ML SOLN PEN	Tier 2	PA, QLC (3 ml/ 28 days)
OZEMPIC (2 MG/DOSE) ( <i>semaglutide</i> ) 8 MG/3ML SOLN PEN	Tier 2	PA, QLC (1 pen (3ml)/28 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	QLC (3 tabs/day)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	QLC (3 tabs/day)
<i>repaglinide tab 0.5 mg</i>	Tier 1	
<i>repaglinide tab 1 mg</i>	Tier 1	
<i>repaglinide tab 2 mg</i>	Tier 1	
RYBELSUS ( <i>semaglutide</i> ) 3 MG TAB, 7 MG TAB, 14 MG TAB	Tier 2	PA, QLC (1 tab/day)
SYNJARDY ( <i>empagliflozin-metformin hcl</i> ) 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB	Tier 2	ST, QLC (2 tabs/day)
SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> ) 25-1000 MG TAB ER 24H	Tier 2	ST, QLC (1 tab/day)
SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> ) 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	Tier 2	ST, QLC (2 tabs/day)
TRULICITY ( <i>dulaglutide</i> ) 0.75 MG/0.5ML SOLN -INJ, 1.5 MG/0.5ML SOLN -INJ, 3 MG/0.5ML SOLN -INJ, 4.5 MG/0.5ML SOLN -INJ	Tier 2	PA, QLC (4 pens (2 ml))/28 days)
XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> ) 10-1000 MG TAB ER 24H	Tier 2	ST, QLC (1 tab/day)
XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> ) 5-1000 MG TAB ER 24H	Tier 2	ST, QLC (2 tabs/day)
XIGDUO XR ( <i>dapagliflozin-metformin hcl</i> ) 2.5-1000 MG TAB ER 24H	Tier 2	ST, QLC (2 tabs/day)
XIGDUO XR ( <i>dapagliflozin-metformin hcl</i> ) 5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H	Tier 2	ST, QLC (1 tab/day)
<b>GLYCEMIC AGENTS (Drugs for Low Blood Sugar)</b>		
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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
GLUCAGEN HYPOKIT ( <i>glucagon hcl (rdna)</i> ) 1 MG RECON SOLN	Tier 2	QLC (2 injections/fill)
glucagon (rdna) for inj kit 1 mg (Glucagon Emergency)	Tier 2	QLC (2 kits/fill)
GLUCAGON EMERGENCY ( <i>glucagon hcl</i> ) 1 MG/ML RECON SOLN	Tier 2	QLC (2 kits/fill)
<b>INSULINS</b>		
HUMALOG ( <i>insulin lispro</i> ) 100 UNIT/ML SOLN CART	Tier 2	
HUMALOG JUNIOR KWIKPEN ( <i>insulin lispro</i> ) KWIK100 UNIT/ML SOLN	Tier 2	
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 &amp; lispro</i> ) (50-50) 100 UNIT/ML SUSPENSION	Tier 2	
HUMALOG MIX 50/50 KWIKPEN ( <i>insulin lispro protamine &amp; lispro</i> ) KWIK(50-50) 100 UNIT/ML SUSP	Tier 2	
HUMALOG MIX 75/25 ( <i>insulin lispro protamine &amp; lispro</i> ) (75-25) 100 UNIT/ML SUSPENSION	Tier 2	
HUMALOG MIX 75/25 KWIKPEN ( <i>insulin lispro protamine &amp; lispro</i> ) KWIK(75-25) 100 UNIT/ML SUSP	Tier 2	
HUMULIN R U-500 (CONCENTRATED) ( <i>insulin regular (human)</i> ) HMLIN - (CONCENTATED) NIT/ML SOLTION	Tier 2	
INSULIN GLARGINE 100 UNIT/ML SOLUTION	Tier 2	QLC (40 ml (4 vials)/ month)
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	Tier 2	QLC (45 ml (15 pens)/ month)
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	Tier 1	
INSULIN LISPRO 100 UNIT/ML SOLUTION	Tier 1	
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
LANTUS ( <i>insulin glargine</i> ) 100 UNIT/ML SOLUTION	Tier 2	QLC (40 ml (4 vials)/ month)
LANTUS SOLOSTAR ( <i>insulin glargine</i> ) 100 UNIT/ML SOLN PEN	Tier 2	QLC (45 ml (15 pens)/ month)
LYUMJEV ( <i>insulin lispro-aabc</i> ) 100 UNIT/ML SOLUTION	Tier 2	
LYUMJEV KWIKPEN ( <i>insulin lispro-aabc</i> ) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	Tier 2	
TOUJEO MAX SOLOSTAR ( <i>insulin glargine</i> ) 300 UNIT/ML SOLN PEN	Tier 2	QLC (6 pens/month)
TOUJEO SOLOSTAR ( <i>insulin glargine</i> ) 300 UNIT/ML SOLN PEN	Tier 2	QLC (12 pens/month)
TRESIBA ( <i>insulin degludec</i> ) 100 UNIT/ML SOLUTION	Tier 2	QLC (3 vials/30 days)
TRESIBA FLEXTOUCH ( <i>insulin degludec</i> ) 100 UNIT/ML SOLN PEN	Tier 2	QLC (10 pens/month)
TRESIBA FLEXTOUCH ( <i>insulin degludec</i> ) 200 UNIT/ML SOLN PEN	Tier 2	QLC (9 pens/month)

## **BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)**

### **ANTICOAGULANTS (Blood Thinners)**

ELIQUIS ( <i>apixaban</i> ) 2.5 MG TAB, 5 MG TAB	Tier 2	QLC (2 tabs/day)
ELIQUIS DVT/PE STARTER PACK ( <i>apixaban</i> ) 5 MG TAB THPK	Tier 2	QLC (74 tabs/180 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 4	QLC (2 ml/day)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 4	QLC (2 syringes/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Tier 4	QLC (2 syringes/day)
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	Tier 1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Tier 1	
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	Tier 1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	
<i>warfarin sodium tab 1 mg</i>	Tier 1	
warfarin sodium tab 1 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 10 mg</i>	Tier 1	
warfarin sodium tab 10 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 2 mg</i>	Tier 1	
warfarin sodium tab 2 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	
warfarin sodium tab 2.5 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 3 mg</i>	Tier 1	
warfarin sodium tab 3 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 4 mg</i>	Tier 1	
warfarin sodium tab 4 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 5 mg</i>	Tier 1	
warfarin sodium tab 5 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 6 mg</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
warfarin sodium tab 6 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	
warfarin sodium tab 7.5 mg (Jantoven)	Tier 1	
XARELTO ( <i>rivaroxaban</i> ) 1 MG/ML RECON SUSP	Tier 2	QLC (20 ml/day)
XARELTO ( <i>rivaroxaban</i> ) 10 MG TAB, 15 MG TAB, 20 MG TAB	Tier 2	QLC (1 tab/day)
XARELTO ( <i>rivaroxaban</i> ) 2.5 MG TAB	Tier 2	QLC (2 tabs/day)
XARELTO STARTER PACK ( <i>rivaroxaban</i> ) 15 & 20 MG TAB THPK	Tier 2	QLC (1 starter pack/6 months)

### **BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)**

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

### **HEMOSTASIS AGENTS (Drugs to Stop Bleeding)**

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

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	Tier 2	
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PA - Prior Authorization;  
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
BRILINTA ( <i>ticagrelor</i> ) 60 MG TAB, 90 MG TAB	Tier 2	QLC (2 tabs/day)
CABLIVI ( <i>caplacizumab-yhdp</i> ) 11 MG KIT	Tier 4	PA, LA, QLC (1 kit/day)
<i>cilostazol tab 100 mg</i>	Tier 1	
<i>cilostazol tab 50 mg</i>	Tier 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QLC (1 tab/day)
<i>dipyridamole tab 25 mg</i>	Tier 1	
<i>dipyridamole tab 50 mg</i>	Tier 1	
<i>dipyridamole tab 75 mg</i>	Tier 1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 1	QLC (1 tab/day)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 1	QLC (1 tab/day)

## **CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)**

### **ALPHA-ADRENERGIC AGONISTS**

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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### ALPHA-ADRENERGIC BLOCKING AGENTS

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

### ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>telmisartan tab 80 mg</i>	Tier 1	QLC (2 tabs/day)
<i>valsartan tab 160 mg</i>	Tier 1	QLC (2 tabs/day)
<i>valsartan tab 320 mg</i>	Tier 1	QLC (1 tab/day)
<i>valsartan tab 40 mg</i>	Tier 1	QLC (2 tabs/day)
<i>valsartan tab 80 mg</i>	Tier 1	QLC (2 tabs/day)
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<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 tab 10 mg</i>	Tier 1	
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	
<i>enalapril maleate tab 20 mg</i>	Tier 1	
<i>enalapril maleate tab 5 mg</i>	Tier 1	
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QLC (1 tab/day)
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QLC (1 tab/day)
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QLC (2 tabs/day)
<i>lisinopril tab 10 mg</i>	Tier 1	
<i>lisinopril tab 2.5 mg</i>	Tier 1	
<i>lisinopril tab 20 mg</i>	Tier 1	
<i>lisinopril tab 30 mg</i>	Tier 1	
<i>lisinopril tab 40 mg</i>	Tier 1	
<i>lisinopril tab 5 mg</i>	Tier 1	
PERINDOPRIL ERBUMINE 2 MG TAB	Tier 1	QLC (1 tab/day)
PERINDOPRIL ERBUMINE 8 MG TAB	Tier 1	QLC (2 tabs/day)
<i>perindopril erbumine tab 2 mg</i>	Tier 1	QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>perindopril erbumine tab 4 mg</i>	Tier 1	QLC (1 tab/day)
<i>perindopril erbumine tab 8 mg</i>	Tier 1	QLC (2 tabs/day)
<i>quinapril hcl tab 10 mg</i>	Tier 1	
<i>quinapril hcl tab 20 mg</i>	Tier 1	
<i>quinapril hcl tab 40 mg</i>	Tier 1	
<i>quinapril hcl tab 5 mg</i>	Tier 1	
<i>ramipril cap 1.25 mg</i>	Tier 1	
<i>ramipril cap 10 mg</i>	Tier 1	
<i>ramipril cap 2.5 mg</i>	Tier 1	
<i>ramipril cap 5 mg</i>	Tier 1	
<i>trandolapril tab 1 mg</i>	Tier 1	
<i>trandolapril tab 2 mg</i>	Tier 1	
<i>trandolapril tab 4 mg</i>	Tier 1	

### **ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)**

<i>amiodarone hcl tab 100 mg</i>	Tier 1	
<i>amiodarone hcl tab 200 mg</i>	Tier 1	
amiodarone hcl tab 200 mg (Pacerone)	Tier 1	
<i>amiodarone hcl tab 400 mg</i>	Tier 1	
DIGOXIN 0.05 MG/ML SOLUTION	Tier 1	QLC (5 ml/day)
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	QLC (5 ml/day)
<i>digoxin tab 125 mcg (0.125 mg) (0.</i>	Tier 1	QLC (1 tab/day)
digoxin tab 125 mcg (0.125 mg) (Digitek) (0.	Tier 1	QLC (1 tab/day)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QLC (1 tab/day)
digoxin tab 250 mcg (0.25 mg) (Digitek)	Tier 1	QLC (1 tab/day)
<i>disopyramide phosphate cap 100 mg</i>	Tier 1	
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	
<i>dofetilide cap 125 mcg (0.125 mg) (0.</i>	Tier 3	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 3	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 3	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>flecainide acetate tab 100 mg</i>	Tier 1	
<i>flecainide acetate tab 150 mg</i>	Tier 1	
<i>flecainide acetate tab 50 mg</i>	Tier 1	
<i>mexiletine hcl cap 150 mg</i>	Tier 1	
<i>mexiletine hcl cap 200 mg</i>	Tier 1	
<i>mexiletine hcl cap 250 mg</i>	Tier 1	
MULTAQ ( <i>dronedarone hcl</i> ) 400 MG TAB	Tier 3	QLC (2 tabs/day)
<i>propafenone hcl cap er 12hr 225 mg</i> (PROPAFENONE HCL ER)	Tier 3	
<i>propafenone hcl cap er 12hr 325 mg</i> (PROPAFENONE HCL ER)	Tier 3	
<i>propafenone hcl cap er 12hr 425 mg</i> (PROPAFENONE HCL ER)	Tier 3	
<i>propafenone hcl tab 150 mg</i>	Tier 1	
<i>propafenone hcl tab 225 mg</i>	Tier 1	
<i>propafenone hcl tab 300 mg</i>	Tier 1	
<i>quinidine gluconate tab er 324 mg</i> (QUINIDINE GLUCONATE ER)	Tier 1	
QUINIDINE SULFATE 200 MG TAB, 300 MG TAB	Tier 1	
<i>quinidine sulfate tab 200 mg</i>	Tier 1	
<i>quinidine sulfate tab 300 mg</i>	Tier 1	
sotalol hcl (afib/af) tab 120 mg (Sotalol Hcl (af))	Tier 1	
sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (af))	Tier 1	
sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (af))	Tier 1	
<i>sotalol hcl tab 120 mg</i>	Tier 1	
sotalol hcl tab 120 mg (Sorine)	Tier 1	
<i>sotalol hcl tab 160 mg</i>	Tier 1	
sotalol hcl tab 160 mg (Sorine)	Tier 1	
<i>sotalol hcl tab 240 mg</i>	Tier 1	
sotalol hcl tab 240 mg (Sorine)	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>sotalol hcl tab 80 mg</i>	Tier 1	
sotalol hcl tab 80 mg (Sorine)	Tier 1	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	
<i>acebutolol hcl cap 400 mg</i>	Tier 1	
<i>atenolol tab 100 mg</i>	Tier 1	
<i>atenolol tab 25 mg</i>	Tier 1	
<i>atenolol tab 50 mg</i>	Tier 1	
<i>betaxolol hcl tab 10 mg</i>	Tier 2	
<i>betaxolol hcl tab 20 mg</i>	Tier 2	
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	
<i>carvedilol tab 12.5 mg</i>	Tier 1	
<i>carvedilol tab 25 mg</i>	Tier 1	
<i>carvedilol tab 3.125 mg</i>	Tier 1	
<i>carvedilol tab 6.25 mg</i>	Tier 1	
<i>labetalol hcl tab 100 mg</i>	Tier 1	
<i>labetalol hcl tab 200 mg</i>	Tier 1	
<i>labetalol hcl tab 300 mg</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	Tier 1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	Tier 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	Tier 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	Tier 1	
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>metoprolol tartrate tab 37.5 mg</i>	Tier 1	
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	
<i>metoprolol tartrate tab 75 mg</i>	Tier 1	
<i>nadolol tab 20 mg</i>	Tier 1	
<i>nadolol tab 40 mg</i>	Tier 1	
<i>nadolol tab 80 mg</i>	Tier 1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Tier 2	QLC (1 tab/day)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 2	QLC (1 tab/day)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 2	QLC (2 tabs/day)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 2	QLC (1 tab/day)
PROPRANOLOL HCL 20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION	Tier 1	
<i>propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER)</i>	Tier 1	
<i>propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER)</i>	Tier 1	
<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	
<b>CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES</b>		
<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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>felodipine tab er 24hr 10 mg</i> (FELODIPINE ER)	Tier 1	
<i>felodipine tab er 24hr 2.5 mg</i> (FELODIPINE ER)	Tier 1	
<i>felodipine tab er 24hr 5 mg</i> (FELODIPINE ER)	Tier 1	
<i>nicardipine hcl cap 20 mg</i>	Tier 1	
<i>nicardipine hcl cap 30 mg</i>	Tier 1	
<i>nifedipine cap 10 mg</i>	Tier 1	
<i>nifedipine cap 20 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 30 mg</i> (NIFEDIPINE ER)	Tier 1	
<i>nifedipine tab er 24hr 60 mg</i> (NIFEDIPINE ER)	Tier 1	
<i>nifedipine tab er 24hr 90 mg</i> (NIFEDIPINE ER)	Tier 1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	Tier 1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	Tier 1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	Tier 1	
<i>nimodipine cap 30 mg</i>	Tier 3	
<b>CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES</b>		
<i>diltiazem hcl cap er 12hr 120 mg</i> (DILTIAZEM HCL ER)	Tier 2	
<i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER)	Tier 2	
<i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER)	Tier 2	
diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)	Tier 1	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl cap er 24hr 240 mg (Dilt-Xr)	Tier 1	
<i>diltiazem hcl cap er 24hr 240 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER COATED BEADS)	Tier 1	
diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER COATED BEADS)	Tier 1	
diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER COATED BEADS)	Tier 1	
diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER COATED BEADS)	Tier 1	
<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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadyt 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 (Tiadyt 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 (Tiadyt 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 (Tiadyt Er)	Tier 1	
<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 (Tiadyt 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	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>diltiazem hcl tab er 24hr 240 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl tab er 24hr 240 mg (Matzim La)	Tier 1	
<i>diltiazem hcl tab er 24hr 300 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl tab er 24hr 300 mg (Matzim La)	Tier 1	
<i>diltiazem hcl tab er 24hr 360 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl tab er 24hr 360 mg (Matzim La)	Tier 1	
<i>diltiazem hcl tab er 24hr 420 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl tab er 24hr 420 mg (Matzim La)	Tier 1	
<i>verapamil hcl cap er 24hr 120 mg</i> (VERAPAMIL HCL ER)	Tier 1	
<i>verapamil hcl cap er 24hr 180 mg</i> (VERAPAMIL HCL ER)	Tier 1	
<i>verapamil hcl cap er 24hr 240 mg</i> (VERAPAMIL HCL ER)	Tier 1	
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H	Tier 1	
<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	
<b>CARDIOVASCULAR AGENTS, OTHER (Other Drugs for Heart and Circulation Conditions)</b>		
<i>acetazolamide tab 125 mg</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>acetazolamide tab 250 mg</i>	Tier 1	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> (AMILORIDE-HYDROCHLOROTHIAZIDE)	Tier 1	
AMILORIDE-HYDROCHLOROTHIAZIDE ( <i>amiloride &amp; hydrochlorothiazide</i> ) -5-50 MG TAB	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (AMLODIPINE-ATORVASTATIN)	Tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (AMLODIPINE-ATORVASTATIN)	Tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (AMLODIPINE-ATORVASTATIN)	Tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (AMLODIPINE-ATORVASTATIN)	Tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> (AMLODIPINE-ATORVASTATIN)	Tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> (AMLODIPINE-ATORVASTATIN)	Tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> (AMLODIPINE-ATORVASTATIN)	Tier 1	PA, QLC (1 tab/day)
<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)

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	Tier 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	Tier 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	Tier 1	QLC (1 tab/day)
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	Tier 1	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	Tier 2	ST, QLC (2 tabs/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	Tier 2	ST, QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	Tier 2	ST, QLC (1 tab/day)
CAPTOPRIL-HYDROCHLOROTHIAZIDE ( <i>captopril &amp; hydrochlorothiazide</i> ) -25-15 MG TAB, -25-25 MG TAB, -50-15 MG TAB, -50-25 MG TAB	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> (ENALAPRIL- HYDROCHLOROTHIAZIDE)	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> (ENALAPRIL- HYDROCHLOROTHIAZIDE)	Tier 1	
ENTRESTO ( <i>sacubitril-valsartan</i> ) 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	Tier 2	QLC (2 tabs/day)
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> (FOSINOPRIL SODIUM- HCTZ)	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> (FOSINOPRIL SODIUM- HCTZ)	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 150- 12.5 mg</i>	Tier 1	QLC (2 tabs/day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	QLC (1 tab/day)
<i>lisinopril &amp; hydrochlorothiazide tab 10- 12.5 mg</i> (LISINOPRIL- HYDROCHLOROTHIAZIDE)	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 20- 12.5 mg</i> (LISINOPRIL- HYDROCHLOROTHIAZIDE)	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 20- 25 mg</i> (LISINOPRIL- HYDROCHLOROTHIAZIDE)	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	Tier 1	QLC (1 tab/day)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (LOSARTAN POTASSIUM-HCTZ)	Tier 1	QLC (1 tab/day)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	Tier 1	QLC (2 tabs/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
METHYLDOPA- HYDROCHLOROTHIAZIDE ( <i>methyldopa &amp; hydrochlorothiazide</i> ) -250-15 MG TAB, -250-25 MG TAB	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> (METOPROLOL- HYDROCHLOROTHIAZIDE)	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> (METOPROLOL- HYDROCHLOROTHIAZIDE)	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> (METOPROLOL- HYDROCHLOROTHIAZIDE)	Tier 1	
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	Tier 1	QLC (1 tab/day)
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	Tier 1	QLC (1 tab/day)
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	Tier 1	QLC (1 tab/day)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	Tier 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	Tier 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	Tier 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	Tier 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	Tier 1	ST, QLC (1 tab/day)
<i>pentoxifylline tab er 400 mg</i> (PENTOXIFYLLINE ER)	Tier 1	
PROPRANOLOL-HCTZ ( <i>propranolol &amp; hydrochlorothiazide</i> ) -40-25 MG TAB, - 80-25 MG TAB	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
QUINAPRIL-HYDROCHLOROTHIAZIDE -20-25 MG TAB	Tier 1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>ranolazine tab er 12hr 1000 mg</i> (RANOLAZINE ER)	Tier 1	QLC (2 tabs/day)
<i>ranolazine tab er 12hr 500 mg</i> (RANOLAZINE ER)	Tier 1	QLC (2 tabs/day)
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ)	Tier 1	
TELMISARTAN-AMLODIPINE -40-10 MG TAB, -40-5 MG TAB, -80-10 MG TAB, -80-5 MG TAB	Tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 2	ST, QLC (1 tab/day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (TELMISARTAN-HCTZ)	Tier 2	ST, QLC (3 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (TELMISARTAN-HCTZ)	Tier 2	ST, QLC (2 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (TELMISARTAN-HCTZ)	Tier 2	ST, QLC (2 tabs/day)
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	Tier 1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	Tier 1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> (TRIAMTERENE-HCTZ)	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QLC (2 tabs/day)

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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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)
<b>DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)</b>		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	
cholestyramine light powder 4 gm/dose (Prevalite)	Tier 1	
<i>cholestyramine light powder packets 4 gm</i>	Tier 1	
cholestyramine light powder packets 4 gm (Prevalite)	Tier 1	
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine powder packets 4 gm</i>	Tier 1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 2	
<i>colesevelam hcl tab 625 mg</i>	Tier 2	
<i>colestipol hcl granule packets 5 gm</i>	Tier 1	
<i>colestipol hcl granules 5 gm</i>	Tier 1	
<i>colestipol hcl tab 1 gm</i>	Tier 1	
<i>ezetimibe tab 10 mg</i>	Tier 1	QLC (1 tab/day)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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JARDIANCE ( <i>empagliflozin</i> ) 10 MG TAB, 25 MG TAB	Tier 2	ST, QLC (1 tab/day)
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### 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

<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	
ISOSORBIDE MONONITRATE 10 MG TAB, 20 MG TAB	Tier 1	
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER)	Tier 1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER)	Tier 1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER)	Tier 1	
NITRO-BID ( <i>nitroglycerin</i> ) -2 % OINTMENT	Tier 3	
NITRO-TIME ( <i>nitroglycerin</i> ) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP ER	Tier 1	
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	

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

## **CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)**

### **AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS**

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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	Tier 2	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	Tier 2	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	Tier 2	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 10 mg (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)

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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### **ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES**

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 2	QLC (1 cap/day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 2	QLC (2 caps/day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 2	QLC (1 cap/day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 2	QLC (1 cap/day)
<i>clonidine hcl tab er 12hr 0.1 mg</i> (CLONIDINE HCL ER)	Tier 1	QLC (4 tabs/day)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (DEXMETHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (DEXMETHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (DEXMETHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (DEXMETHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (DEXMETHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (DEXMETHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (DEXMETHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (DEXMETHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (GUANFACINE HCL ER)	Tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (GUANFACINE HCL ER) 4hr	Tier 1	QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (GUANFACINE HCL ER)	Tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (GUANFACINE HCL ER) 2hr	Tier 1	QLC (1 tab/day)
<i>methylphenidate hcl cap er 10 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	Tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 20 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	Tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<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)
<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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>methylphenidate hcl cap er 60 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl chew tab 10 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 2.5 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 5 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
METHYLPHENIDATE HCL ER 36 MG TAB 24H	Tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
METHYLPHENIDATE HCL ER ER 18 MG TAB ER 24H, ER 27 MG TAB ER 24H, ER 54 MG TAB ER 24H	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
<i>methylphenidate hcl soln 5 mg/5ml mg/ml</i>	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
<i>methylphenidate hcl tab er 10 mg</i> (METHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab er 20 mg</i> (METHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER (OSM))	Tier 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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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 2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)

### **CENTRAL NERVOUS SYSTEM, OTHER**

ADIPEX-P ( <i>phentermine hcl</i> ) ADIEX-37.5 MG CA	Tier 1	PA, QLC (1 cap/day)
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 tab 50-325 mg</i>	Tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BAC (BUTALBITAL-ACETAMIN-CAFF))	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)
<i>diethylpropion hcl tab 25 mg</i>	Tier 1	PA, QLC (3 tabs/day)
LOMAIRA ( <i>phentermine hcl</i> ) 8 MG TAB	Tier 1	PA, QLC (3 tabs/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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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)
<b>FIBROMYALGIA AGENTS</b>		
<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)
<i>pregabalin cap 100 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 150 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 200 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 225 mg</i>	Tier 2	QLC (2 caps/day)
<i>pregabalin cap 25 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 300 mg</i>	Tier 2	QLC (2 caps/day)
<i>pregabalin cap 50 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 75 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin soln 20 mg/ml</i>	Tier 2	QLC (30 ml/day)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
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)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 1	S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 1	S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	Tier 1	S (Specialty Drug), QLC (2 tabs/day)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 4	S (Specialty Drug), QLC (1 cap/day)

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PA - Prior Authorization;  
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
GILENYA ( <i>fingolimod hcl</i> ) 0.25 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Tier 4	S (Specialty Drug), QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	Tier 4	S (Specialty Drug), QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 4	S (Specialty Drug), QLC (12 syringes/month)
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	Tier 4	S (Specialty Drug), QLC (12 syringes/month)
KESIMPTA ( <i>ofatumumab (ms)</i> ) 20 MG/0.4ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
<i>teriflunomide tab 14 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>teriflunomide tab 7 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
ZEPOSIA ( <i>ozanimod hcl</i> ) 0.92 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
ZEPOSIA 7-DAY STARTER PACK ( <i>ozanimod hcl</i> ) -4 X 0.23MG & 3 X 0.46MG CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (7 caps/28 days; max 2 fills/year)
ZEPOSIA STARTER KIT ( <i>ozanimod hcl</i> ) 0.23MG & 0.46MG & 0.92MG CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/37 days; max 2 fills/year)
ZEPOSIA STARTER KIT ( <i>ozanimod hcl</i> ) 0.23MG & 0.46MG 0.92MG(21) CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (28 caps/28 days; max 2 fills/year)

## **DENTAL AND ORAL AGENTS (Drugs for the Mouth)**

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## DERMATOLOGICAL AGENTS (Drugs for the Skin)

### ACNE AND ROSACEA AGENTS

<i>acitretin cap 10 mg</i>	Tier 3	QLC (4 caps/day)
<i>acitretin cap 17.5 mg</i>	Tier 3	QLC (2 caps/day)
<i>acitretin cap 25 mg</i>	Tier 3	QLC (2 caps/day)
<i>adapalene cream 0.1%</i>	Tier 1	ST, AL1 (Up to 39 yrs old)
<i>adapalene gel 0.3%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 3	ST, AL1 (Up to 39 yrs old)
<i>azelaic acid gel 15%</i>	Tier 1	QLC (1 tube/month)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	Tier 1	
<i>isotretinoin cap 10 mg</i>	Tier 1	
isotretinoin cap 10 mg (Accutane)	Tier 1	
isotretinoin cap 10 mg (Amnesteem)	Tier 1	
isotretinoin cap 10 mg (Claravis)	Tier 1	
isotretinoin cap 10 mg (Myorisan)	Tier 1	
isotretinoin cap 10 mg (Zenatane)	Tier 1	
<i>isotretinoin cap 20 mg</i>	Tier 1	
isotretinoin cap 20 mg (Accutane)	Tier 1	
isotretinoin cap 20 mg (Amnesteem)	Tier 1	
isotretinoin cap 20 mg (Claravis)	Tier 1	
isotretinoin cap 20 mg (Myorisan)	Tier 1	
isotretinoin cap 20 mg (Zenatane)	Tier 1	
<i>isotretinoin cap 30 mg</i>	Tier 1	
isotretinoin cap 30 mg (Accutane)	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
isotretinoin cap 30 mg (Claravis)	Tier 1	
isotretinoin cap 30 mg (Myorisan)	Tier 1	
isotretinoin cap 30 mg (Zenatane)	Tier 1	
<i>isotretinoin cap 40 mg</i>	Tier 1	
isotretinoin cap 40 mg (Accutane)	Tier 1	
isotretinoin cap 40 mg (Amnesteem)	Tier 1	
isotretinoin cap 40 mg (Claravis)	Tier 1	
isotretinoin cap 40 mg (Myorisan)	Tier 1	
isotretinoin cap 40 mg (Zenatane)	Tier 1	
<i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE))	Tier 1	
<i>tazarotene cream 0.05%</i>	Tier 1	
<i>tazarotene cream 0.1%</i>	Tier 1	
<i>tazarotene gel 0.05%</i>	Tier 1	
<i>tazarotene gel 0.1%</i>	Tier 1	
<i>tretinoin cream 0.025%</i>	Tier 1	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 2	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.025%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.05%</i>	Tier 2	PA

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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	
<i>clobetasol propionate cream 0.05%</i>	Tier 1	
<i>clobetasol propionate emollient base cream 0.05%</i>	Tier 1	
<i>clobetasol propionate emollient base cream 0.05%</i> (CLOBETASOL PROP EMOLLIENT BASE)	Tier 1	
<i>clobetasol propionate gel 0.05%</i>	Tier 1	
<i>clobetasol propionate 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	
DERMA-SMOOTH/FS BODY ( <i>fluocinolone acetonide</i> ) -0.01 % OIL	Tier 2	
DERMA-SMOOTH/FS SCALP ( <i>fluocinolone acetonide</i> ) -0.01 % OIL	Tier 2	
<i>desonide cream 0.05%</i>	Tier 1	
<i>desonide oint 0.05%</i>	Tier 1	
<i>desoximetasone cream 0.05%</i>	Tier 3	ST
<i>desoximetasone cream 0.25%</i>	Tier 3	ST

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
DIFLORASONE DIACETATE 0.05 % CREAM	Tier 3	ST
<i>fluocinolone acetonide cream 0.01%</i>	Tier 1	
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i> (FLUOCINOLONE ACETONIDE BODY )	Tier 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	
<i>fluocinonide cream 0.05%</i>	Tier 1	
<i>fluocinonide cream 0.1%</i>	Tier 1	
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	
<i>fluocinonide gel 0.05%</i>	Tier 1	
<i>fluocinonide oint 0.05%</i>	Tier 1	
<i>fluocinonide soln 0.05%</i>	Tier 1	
<i>fluticasone propionate cream 0.05%</i>	Tier 1	
<i>fluticasone propionate oint 0.005%</i>	Tier 1	
<i>halobetasol propionate cream 0.05%</i>	Tier 1	
<i>halobetasol propionate oint 0.05%</i>	Tier 1	
HYDROCORTISONE ( <i>hydrocortisone (topical)</i> ) 2.5 % LOTION	Tier 1	
<i>hydrocortisone acetate suppos 25 mg</i>	Tier 1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	Tier 1	ST
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT, 0.1 % SOLUTION	Tier 1	
<i>hydrocortisone butyrate cream 0.1%</i>	Tier 1	ST
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 1	
<i>hydrocortisone cream 2.5%</i>	Tier 1	
hydrocortisone cream 2.5% (Ala-Cort)	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>hydrocortisone lotion 2.5%</i>	Tier 1	
<i>hydrocortisone oint 2.5%</i>	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))	Tier 1	
hydrocortisone perianal cream 2.5% (Procto-Med Hc)	Tier 1	
hydrocortisone perianal cream 2.5% (Proctosol Hc)	Tier 1	
hydrocortisone perianal cream 2.5% (Proctozone-Hc)	Tier 1	
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	
<i>hydrocortisone valerate oint 0.2%</i>	Tier 1	
<i>mometasone furoate cream 0.1%</i>	Tier 1	
<i>mometasone furoate oint 0.1%</i>	Tier 1	
<i>mometasone furoate solution 0.1%</i> (lotion)	Tier 1	
<i>pimecrolimus cream 1%</i>	Tier 2	QLC (100 gm/month)
PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT	Tier 1	
<i>selenium sulfide lotion 2.5%</i>	Tier 1	QLC (1 bottle/month)
<i>tacrolimus oint 0.03%</i>	Tier 2	QLC (100 gm/month)
<i>tacrolimus oint 0.1%</i>	Tier 2	AL1 (At least 16 yrs old), QLC (100 gm/month)
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	
triamcinolone acetonide cream 0.1% (Triderm)	Tier 1	
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	
triamcinolone acetonide cream 0.5% (Triderm)	Tier 1	
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	
<b>DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)</b>		
CALCIPOTRIENE 0.005 % SOLUTION	Tier 1	
<i>calcipotriene cream 0.005%</i>	Tier 1	
<i>calcipotriene oint 0.005%</i>	Tier 1	
calcipotriene oint 0.005% (Calcitrene)	Tier 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	
CALCITRIOL ( <i>calcitriol (topical)</i> ) 3 MCG/GM OINTMENT	Tier 2	QLC (800 gm/month)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	Tier 1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	Tier 1	
CLOTRIMAZOLE-BETAMETHASONE ( <i>clotrimazole w/ betamethasone</i> ) -1-0.05 % LOTION	Tier 1	
FLUOROURACIL ( <i>fluorouracil (topical)</i> ) 2 % SOLUTION	Tier 1	
<i>fluorouracil cream 5%</i>	Tier 1	
<i>fluorouracil soln 5%</i>	Tier 1	
HYDROCORTISONE ACE-PRAMOXINE ( <i>hydrocortisone acetate w/ pramoxine</i> ) -1-1 % CREAM	Tier 1	
<i>imiquimod cream 5%</i>	Tier 1	QLC (24 packs/month, max of 48 packs/6 months)
METHOXSALEN RAPID 10 MG CAP	Tier 1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	
OTEZLA ( <i>apremilast</i> ) 20 MG TAB, 30 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
PODOFILOX 0.5 % SOLUTION	Tier 1	
<i>podofilox soln 0.5%</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER)	Tier 2	
<i>silver sulfadiazine cream 1%</i>	Tier 1	
silver sulfadiazine cream 1% (Ssd)	Tier 1	
SODIUM SULFACETAMIDE-BAKUCHIOL ( <i>sulfacetamide sodium in bakuchiol vehicle</i> ) -10 % LIQUID	Tier 1	
SSS 10-5 ( <i>sulfacetamide sodium w/ sulfur</i> ) --% FOAM	Tier 1	
<i>sulfacetamide sodium liquid 10%</i>	Tier 1	
<i>sulfacetamide sodium liquid 10%</i> (SODIUM SULFACETAMIDE WASH)	Tier 1	
<i>sulfacetamide sodium shampoo 10%</i> (SODIUM SULFACETAMIDE)	Tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	
sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser)	Tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	
sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5)	Tier 1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	ST, QLC (1 bottle/month)

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

### **PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice)**

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

### **TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)**

<i>acyclovir oint 5%</i>	Tier 1	QLC (30gm/30 days, max 180gm/year)
<i>ciclopirox gel 0.77%</i>	Tier 1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	
<i>ciclopirox shampoo 1%</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ciclopirox solution 8%</i>	Tier 1	
ciclopirox solution 8% (Ciclodan)	Tier 1	
<i>clindamycin phosphate gel 1% (once-daily)</i> (CLINDAMYCIN PHOS (ONCE-DAILY))	Tier 1	
<i>clindamycin phosphate gel 1% (twice-daily)</i> (CLINDAMYCIN PHOS (TWICE-DAILY))	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	
clindamycin phosphate swab 1% (Clindacin Etz)	Tier 1	
clindamycin phosphate swab 1% (Clindacin-P)	Tier 1	
<i>dapsone gel 5%</i>	Tier 3	ST, QLC (90 gm/month)
<i>dapsone gel 7.5%</i>	Tier 3	ST, QLC (90 gm/month)
ERY ( <i>erythromycin (acne aid)</i> ) 2 % PAD	Tier 1	ST
<i>erythromycin gel 2%</i>	Tier 1	
<i>erythromycin soln 2%</i>	Tier 1	
MAFENIDE ACETATE 5 % PACKET	Tier 1	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	Tier 1	
<i>mupirocin oint 2%</i>	Tier 1	

## **ELECTROLYTES/MINERALS/METALS/VITAMINS**

### **ELECTROLYTE/MINERAL REPLACEMENT**

<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VITAMIN/FLUORIDE/IRON)	Tier 1	ACA (Preventive Health)
ATABEX OB ( <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i> ) AEX 29-1 MG	Tier 1	
C-NATE DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) -28-1-200 MG AP	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
CO-NATAL FA ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) - TAB	Tier 1	
COMPLETENATE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 29-1 MG CHEW TAB	Tier 1	
CONCEPT DHA ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> ) 53.5-38-1 MG CAP	Tier 1	
CONCEPT OB ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> ) 130-92.4-1 MG CAP	Tier 1	
ELITE-OB ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) -50-1.25 MG TAB	Tier 1	
FLOTREX ( <i>pediatric multivitamins w/fl</i> ) 0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
FOLIVANE-OB ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> ) -85-1 MG CAP	Tier 1	
M-NATAL PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) -27-1 G TAB	Tier 1	
MULTI-VIT-FLOR ( <i>pediatric multivitamins w/fl</i> ) --0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VIT-FLOR ( <i>pediatric multivitamins w/fl</i> ) --0.5 MG CHEW TAB, --1 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VITAMIN/FLUORIDE ( <i>pediatric multivitamins w/fl</i> ) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	Tier 1	ACA (Preventive Health)
MULTIVITAMIN W/FLUORIDE ( <i>pediatric multivitamins w/fl</i> ) 0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE ( <i>pediatric multivitamins w/fl</i> ) 0.5 MG CHEW TAB, 1 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE ( <i>pediatric multivitamins w/fl</i> ) 0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE ( <i>pediatric multivitamins w/fl</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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
NEONATAL COMPLETE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	Tier 1	
NEONATAL PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	Tier 1	
NIVA-PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) -27-1 MG TAB	Tier 1	
ONE VITE WOMENS PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	Tier 1	
PNV TABS 29-1 ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) 5 --MG	Tier 1	
PNV-DHA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) -27-0.6-0.4-300 MG CAP	Tier 1	
PNV-OMEGA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i> ) -28-0.6-0.4-340 MG CAP	Tier 1	
PNV-SELECT ( <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i> ) -27-0.6-0.4 MG TAB	Tier 2	
potassium bicarbonate effer tab 25 meq (Effer-K)	Tier 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-PRIME)	Tier 1	
potassium bicarbonate effer tab 25 meq (Klor-Con/ef)	Tier 1	
<i>potassium chloride cap er 10 meq</i> (POTASSIUM CHLORIDE ER)	Tier 1	
<i>potassium chloride cap er 8 meq</i> (POTASSIUM CHLORIDE ER)	Tier 1	
POTASSIUM CHLORIDE ER ER 8 TAB ER, ER 15 TAB ER	Tier 1	
potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10)	Tier 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (POTASSIUM CHLORIDE CRY ER)	Tier 1	
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (POTASSIUM CHLORIDE CRYs 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 CRYs ER)	Tier 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 2	PA
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 2	PA
<i>potassium chloride powder packet 20 meq</i>	Tier 1	
potassium chloride powder packet 20 meq (Klor-Con)	Tier 1	
potassium chloride tab er 10 meq (Klor-Con 10)	Tier 1	
<i>potassium chloride tab er 10 meq</i> (POTASSIUM CHLORIDE ER)	Tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i> (POTASSIUM CHLORIDE ER)	Tier 1	
potassium chloride tab er 8 meq (600 mg) (Klor-Con)	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i> (POTASSIUM CHLORIDE ER)	Tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i> (POTASSIUM CITRATE ER)	Tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i> (POTASSIUM CITRATE ER)	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i> (POTASSIUM CITRATE ER) (40)	Tier 1	
PRENAISSANCE ( <i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i> ) 29-1.25-325 MG CAP	Tier 1	
PRENATAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	Tier 1	
PRENATAL 19 ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> ) 9 29-MG TAB	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
PRENATAL 19 ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 19 CHEW TAB, 19 29-1 MG CHEW TAB	Tier 1	
PRENATAL PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	Tier 1	
PRENATAL PLUS IRON ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) 29-1 MG TAB	Tier 1	
PRENATAL PLUS VITAMIN/MINERAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	Tier 1	
PRENATAL-U ( <i>prenatal without a vit w/ fe fumarate-folic acid</i> ) -106.5-1 MG CAP	Tier 1	
PREPLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	Tier 1	
PRETAB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) PRE29-1 MG	Tier 1	
PROVIDA OB ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> ) 20-20-1.25 MG CAP	Tier 1	
RELNATE DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) 28-1-200 MG CAP	Tier 2	
SE-NATAL 19 ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> ) -9 29-MG TAB	Tier 1	
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	Tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) luoride</i>	Tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) luoride</i>	Tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NAFRINSE) luoride</i>	Tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) luoride</i>	Tier 1	ACA (Preventive Health)
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) luoride	Tier 1	ACA (Preventive Health)
TARON-C DHA ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> ) -35-1 MG AP	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
THRIVITE RX ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) 29-1 MG TAB	Tier 1	
TRICARE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) TAB	Tier 1	
TRINATAL RX 1 ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 60-MG TAB	Tier 1	
TRINATE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) TAB	Tier 1	
VINATE II ( <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i> ) 29-1 MG TAB	Tier 1	
VINATE ONE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 60-1 MG TAB	Tier 1	
VIRT-C DHA ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> ) -53.5-38-1 MG AP	Tier 1	
VIRT-NATE DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) -28-1-200 MG CAP	Tier 1	
VIRT-PN DHA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) -27-0.6-0.4-300 MG CAP	Tier 1	
VIRT-PN PLUS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i> ) -28-0.6-0.4-340 MG CAP	Tier 1	
VITATHELY WITH GINGER ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	Tier 1	
VIVA DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) 28-1-200 MG CAP	Tier 1	
WESCAP-C DHA ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> ) WESAP-53.5-38-1 MG AP	Tier 1	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)</b>		
CHEMET ( <i>succimer</i> ) 100 MG CAP	Tier 2	
<i>deferasirox tab for oral susp 125 mg</i>	Tier 4	S (Specialty Drug), SF
<i>deferasirox tab for oral susp 250 mg</i>	Tier 4	S (Specialty Drug), SF
<i>deferasirox tab for oral susp 500 mg</i>	Tier 4	S (Specialty Drug), SF
<i>penicillamine tab 250 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (16 tabs/day)
<b>PHOSPHATE BINDERS (Drugs to Lower Phosphate)</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER))	Tier 1	
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 2	PA
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 2	PA
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	
<b>POTASSIUM BINDERS (Drugs to Lower Potassium)</b>		
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>VITAMINS</b>		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 1	
cyanocobalamin inj 1000 mcg/ml (Dodex)	Tier 1	
<i>folic acid tab 1 mg</i>	Tier 1	
<i>levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF) gm/0ml (0%)</i>	Tier 1	
<i>levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)</i>	Tier 1	
<i>levocarnitine tab 330 mg</i>	Tier 1	
TRI-VITE/FLUORIDE ( <i>pediatric vitamins acid w/ fluoride</i> ) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	Tier 1	ACA (Preventive Health)

## GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)

### ANTI-CONSTIPATION AGENTS (Drugs for Constipation)

lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	Tier 1	
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	Tier 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (LACTULOSE ENCEPHALOPATHY)	Tier 1	
<i>lactulose solution 10 gm/15ml</i>	Tier 1	
lactulose solution 10 gm/15ml (Constulose)	Tier 1	
LINZESS ( <i>linaclotide</i> ) 72 MCG CAP, 145 MCG CAP, 290 MCG CAP	Tier 2	AL1 (At least 18 yrs old), QLC (1 cap/day)
<i>lubiprostone cap 24 mcg</i>	Tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
<i>lubiprostone cap 8 mcg</i>	Tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
MOVANTIK ( <i>naloxegol oxalate</i> ) 12.5 MG TAB, 25 MG TAB	Tier 3	AL1 (At least 18 yrs old), QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)	Tier 1	ACA (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL)	Tier 1	ACA (Preventive Health)
PEG-PREP ( <i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i> ) --210 MG-GM KIT	Tier 1	ACA (Preventive Health)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (NA SULFATE-K SULFATE-MG SULF)	Tier 1	ACA (Preventive Health)

### **ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)**

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

### **ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)**

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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	
<b>GASTROINTESTINAL AGENTS, OTHER (Other Drugs for the Bowel and Stomach)</b>		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 2	
GAVILYTE-C ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> ) -240 GM REON SOLN	Tier 1	ACA (Preventive Health)
OMNITROPE ( <i>somatropin</i> ) 10 MG/1.5ML SOLN CART	Tier 4	PA, LA, S (Specialty Drug)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G) ---cl-	Tier 1	ACA (Preventive Health)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/ELECTROLYTES) ---cl-</i>	Tier 1	ACA (Preventive Health)
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)</b>		
<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 2	
<i>famotidine tab 40 mg</i>	Tier 1	

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

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

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

### **ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)**

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

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

### **BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)**

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

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

<i>bethanechol chloride tab 10 mg</i>	Tier 1	
<i>bethanechol chloride tab 25 mg</i>	Tier 1	
<i>bethanechol chloride tab 5 mg</i>	Tier 1	
<i>bethanechol chloride tab 50 mg</i>	Tier 1	
CYTRA K CRYSTALS ( <i>potassium citrate-citric acid</i> ) 3300-1002 MG PACET	Tier 1	
ELMIRON ( <i>pentosan polysulfate sodium</i> ) 100 MG CAP	Tier 3	
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>PHEXXI (lactic acid-citric acid-potassium bitartrate) 1.8-1-0.4 % GEL</i>	Tier 3	ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days)
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 &amp; citric acid soln 1100-334 mg/5ml (POTASSIUM CITRATE-CITRIC ACID)</i>	Tier 1	
potassium phosphate monobasic tab 500 mg (Phospho-Trin K500)	Tier 1	
<i>sildenafil citrate tab 100 mg</i>	Tier 1	RO (Retail Only), QLC (8 tabs/month)
<i>sildenafil citrate tab 25 mg</i>	Tier 1	RO (Retail Only), QLC (8 tabs/month)
<i>sildenafil citrate tab 50 mg</i>	Tier 1	RO (Retail Only), QLC (8 tabs/month)
<i>tiopronin tab 100 mg</i>	Tier 4	PA, S (Specialty Drug)
<i>tiopronin tab delayed release 100 mg</i>	Tier 4	PA, S (Specialty Drug)
<i>tiopronin tab delayed release 300 mg</i>	Tier 4	PA, S (Specialty Drug)

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

CORTISONE ACETATE 25 MG TAB	Tier 1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	Tier 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
MIFEPREX ( <i>mifepristone</i> ) 200 MG TAB	Tier 3	QLC (1 tablet/fill)
<i>mifepristone tab 200 mg</i>	Tier 1	QLC (1 tablet/fill)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 1	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone soln 15 mg/5ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREDNISONONE 5 MG/5ML SOLUTION	Tier 1	
PREDNISONONE 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	

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

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

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

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

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

#### ANABOLIC STEROIDS

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

#### ANDROGENS

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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)
<b>ESTROGENS (Contraceptives and Drugs for Menopause)</b>		
ANNOVERA ( <i>segesterone acetate-ethinyl estradiol</i> ) 0.013-0.15 MG/24HR RING	Tier 3	ACA (Preventive Health), QLC (1 ring/ 365 days)
CLIMARA PRO ( <i>estradiol-levonorgestrel</i> ) 0.045-0.015 MG/DAY PATCH WK	Tier 3	QLC (4 patches/month)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	Tier 1	ACA (Preventive Health)
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (DESOGESTREL-ETHINYL ESTRADIOL)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	Tier 1	ACA (Preventive Health)
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant) desog--0.025/25---	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	Tier 1	ACA (Preventive Health)
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> (DESOGESTREL-ETHINYL ESTRADIOL)	Tier 1	ACA (Preventive Health)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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)
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 (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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)	Tier 1	ACA (Preventive Health)
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs)	Tier 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs)	Tier 1	
<i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST HS)	Tier 1	
<i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST)	Tier 1	
<i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i> (ESTRATEST H.S.)	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 &amp; methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST DS)	Tier 1	
<i>esterified estrogens &amp; 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	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	Tier 3	QLC (1 bottle/month)
<i>estradiol tab 0.5 mg</i>	Tier 1	
<i>estradiol tab 1 mg</i>	Tier 1	
<i>estradiol tab 2 mg</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	Tier 3	QLC (1 pack/day)
<i>estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm</i>	Tier 3	QLC (1 pack/day)
<i>estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm</i>	Tier 3	QLC (1 pack/day)
<i>estradiol td gel 1 mg/gm (0.1%) (0.%)</i>	Tier 3	QLC (1 pack/day)
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	Tier 3	QLC (1 pack/day)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	QLC (16 patches/28 days)
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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 1	QLC (8 patches/28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 2	
<i>estradiol vaginal tab 10 mcg</i>	Tier 1	
estradiol vaginal tab 10 mcg (Yuvafem)	Tier 1	
<i>estradiol valerate im in oil 10 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	Tier 1	
ESTRING ( <i>estradiol vaginal</i> ) 2 MG RING, 7.5 MCG/24HR RING	Tier 3	QLC (1 ring/90 days)
<i>ethynodiol diacetate &amp; 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 &amp; ethinyl estradiol tab 1 mg-50 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	Tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	Tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Valtya 1/50)	Tier 1	ACA (Preventive Health)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	Tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Eluryng)	Tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	Tier 2	ACA (Preventive Health)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	Tier 2	ACA (Preventive Health)
<b><i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i></b>	Tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	Tier 2	ACA (Preventive Health)
FEMLYV ( <i>norethindrone acet &amp; eth estro</i> ) 1-0.02 MG TAB DISP	Tier 3	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim)	Tier 1	ACA (Preventive Health)
<b><i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg (LEVONORGEST-ETH EST &amp; ETH EST)</i></b>	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)
<b><i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY)</i></b>	Tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess)	Tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia)	Tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)	Tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese)	Tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee)	Tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess)	Tier 1	ACA (Preventive Health)
<b><i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY)</i></b>	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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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)
<b><i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i></b> (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)
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i></b> (LEVONORGESTREL-ETHINYL ESTRAD)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienva)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	Tier 1	ACA (Preventive Health)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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)
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i></b> (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)
<b><i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i></b> (LEVONORG-ETH ESTRAD TRIPHASIC)	Tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28))	Tier 1	ACA (Preventive Health)
<b><i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i></b>	Tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	Tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale)	Tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux)	Tier 3	ACA (Preventive Health)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> (LEVONORGEST-ETH ESTRADIOL-IRON)	Tier 3	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya)	Tier 3	ACA (Preventive Health)
LO LOESTRIN FE ( <i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i> ) ESTRIN 1 MG-10 MCG 10 MCG TAB	Tier 2	ACA (Preventive Health)
NATAZIA ( <i>estradiol valerate-dienogest</i> ) 3/2-2/2-3/1 MG TAB	Tier 3	ACA (Preventive Health)
NEXTSTELLIS ( <i>drospirenone-estetrol</i> ) 3-14.2 MG TAB	Tier 3	ACA (Preventive Health)
<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 &amp; 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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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)
<b><i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i></b> (NORETHIN-ETH ESTRADIOL-FE)	Tier 1	ACA (Preventive Health)
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)
<b><i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i></b> (NORETHIN-ETH ESTRADIOL-FE)	Tier 1	ACA (Preventive Health)
<b><i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i></b> (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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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)
<b><i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i></b> (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)
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)
<b><i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i></b> (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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>norethindrone ace &amp; 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)
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 &amp; 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 3	ACA (Preventive Health)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)	Tier 3	ACA (Preventive Health)
<b><i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i></b> (NORETHIN ACE-ETH ESTRAD-FE)	Tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy)	Tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)	Tier 1	ACA (Preventive Health)
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)
<b><i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i></b> (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)
<b><i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i></b> (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)

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
SP - Specialty Pharmacy; ST - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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)
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)
<b><i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i></b> (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)
<b><i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i></b> (NORGESTIM-ETH ESTRAD TRIPHASIC) --/0.215-/0.--	Tier 1	ACA (Preventive Health)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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)
<b><i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i></b> (NORGESTIM-ETH ESTRAD TRIPHASIC) <b><i>--/0.215-/0.25--</i></b>	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)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	Tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	Tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel)	Tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz)	Tier 1	ACA (Preventive Health)
PREMARIN ( <i>estrogens, conjugated vaginal</i> ) 0.625 MG/GM CREAM	Tier 3	
PREMARIN ( <i>estrogens, conjugated</i> ) 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	Tier 3	
PREMPRO ( <i>conjugated estrogens-medroxyprogesterone acetate</i> ) 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB	Tier 3	QLC (28 tabs/month)
TYBLUME ( <i>levonorgestrel &amp; eth estradiol</i> ) 0.1-20 MG-MCG CHEW TAB	Tier 3	ACA (Preventive Health)
VELIVET ( <i>desogestrel-ethinyl estradiol (triphasic)</i> ) 0.1/0.125/0.15 -0.025 MG TAB	Tier 1	ACA (Preventive Health)

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

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

### **PROGESTINS**

ELLA ( <i>ulipristal acetate</i> ) 30 MG TAB	Tier 3	ACA (Preventive Health), QLC (1 tab/fill)
ENDOMETRIN ( <i>progesterone (vaginal)</i> ) 100 MG INSERT	Tier 3	PA

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	OAC
<i>megestrol acetate tab 20 mg</i>	Tier 1	OAC
<i>megestrol acetate tab 40 mg</i>	Tier 1	OAC
<i>norethindrone acetate tab 5 mg</i>	Tier 1	
norethindrone acetate tab 5 mg (Gallifrey)	Tier 1	
<i>norethindrone tab 0.35 mg</i>	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Camila)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Deblitane)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Emzahh)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Errin)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Heather)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Incassia)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Jencycla)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyleq)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyza)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Nora-Be)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyda)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyroc)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Sharobel)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Tulana)	Tier 1	ACA (Preventive Health)
<i>progesterone cap 100 mg</i>	Tier 1	
<i>progesterone cap 200 mg</i>	Tier 1	
SLYND ( <i>drospirenone</i> ) 4 MG TAB	Tier 3	ACA (Preventive Health)

### **SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS**

CLOMIPHENE CITRATE 50 MG TAB	Tier 1	
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>clomiphene citrate tab 50 mg</i>	Tier 1	
clomiphene citrate tab 50 mg (Clomid)	Tier 1	
<i>raloxifene hcl tab 60 mg</i>	Tier 1	ACA (Preventive Health), QLC (1 tab/day)

### **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland Hormones)**

ARMOUR THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB	Tier 3	
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	
levothyroxine sodium tab 100 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 100 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	
levothyroxine sodium tab 112 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 112 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	
levothyroxine sodium tab 125 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 125 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	
levothyroxine sodium tab 137 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 137 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	
levothyroxine sodium tab 150 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 150 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1	

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 PA - Prior Authorization;  
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
 SP - Specialty Pharmacy; ST - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
levothyroxine sodium tab 175 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 175 mcg (Levoxyl)	Tier 3	
<b><i>levothyroxine sodium tab 200 mcg</i></b>	Tier 1	
levothyroxine sodium tab 200 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 200 mcg (Levoxyl)	Tier 3	
<b><i>levothyroxine sodium tab 25 mcg</i></b>	Tier 1	
levothyroxine sodium tab 25 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 25 mcg (Levoxyl)	Tier 3	
<b><i>levothyroxine sodium tab 300 mcg</i></b>	Tier 1	
<b><i>levothyroxine sodium tab 50 mcg</i></b>	Tier 1	
levothyroxine sodium tab 50 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 50 mcg (Levoxyl)	Tier 3	
<b><i>levothyroxine sodium tab 75 mcg</i></b>	Tier 1	
levothyroxine sodium tab 75 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 75 mcg (Levoxyl)	Tier 3	
<b><i>levothyroxine sodium tab 88 mcg</i></b>	Tier 1	
levothyroxine sodium tab 88 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 88 mcg (Levoxyl)	Tier 3	
<b><i>liothyronine sodium tab 25 mcg</i></b>	Tier 1	
<b><i>liothyronine sodium tab 5 mcg</i></b>	Tier 1	
<b><i>liothyronine sodium tab 50 mcg</i></b>	Tier 1	
NP THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	Tier 3	

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

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

<i>cabergoline tab 0.5 mg</i>	Tier 1	QLC (16 tabs/month)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	PA, S (Specialty Drug)
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
SYNAREL ( <i>nafarelin acetate</i> ) 2 MG/ML SOLUTION	Tier 4	PA, QLC (16 ml/30 days)

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

#### ANTITHYROID AGENTS (Drugs to Suppress Thyroid Hormone)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)

### ANGIOEDEMA AGENTS

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

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

ARCALYST ( <i>rilonacept</i> ) 220 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug)
AURANOFIN 3 MG CAP	Tier 2	
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	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 (4 pens (8 ml)/ 28 days)
DUPIXENT ( <i>dupilumab</i> ) 300 MG/2ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (4 syringes (8 ml)/28 days)
KEVZARA ( <i>sarilumab</i> ) 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
KEVZARA ( <i>sarilumab</i> ) KEVZR150 MG/1.14ML SOLN -INJ, KEVZR200 MG/1.14ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/14 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
OLUMIANT ( <i>baricitinib</i> ) 1 MG TAB, 2 MG TAB, 4 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORENCIA ( <i>abatacept</i> ) 50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
ORENCIA CLICKJECT ( <i>abatacept</i> ) ORENCI125 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
OTEZLA ( <i>apremilast</i> ) 10 & 20 & 30 MG TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/month)
OTEZLA ( <i>apremilast</i> ) 4 X 10 & 51 X20 MG TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (55 tabs/28 days, max 2 fills/year)
RIDAURA ( <i>auranofin</i> ) 3 MG CAP	Tier 2	
RINVOQ ( <i>upadacitinib</i> ) 15 MG TAB ER 24H, 30 MG TAB ER 24H	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
RINVOQ ( <i>upadacitinib</i> ) 45 MG TAB ER 24H	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day; max 84 tabs/365 days)
RINVOQ LQ ( <i>upadacitinib</i> ) 1 MG/ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (12 ml/day)
SKYRIZI (150 MG DOSE) ( <i>risankizumab-rzaa</i> ) 75 /0.83ML PEF SY KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/84 days)
SKYRIZI ( <i>risankizumab-rzaa (crohn's)</i> ) 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/56 days)
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, LA, S (Specialty Drug), QLC (1 tab/day)
STELARA ( <i>ustekinumab</i> ) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
STELARA ( <i>ustekinumab</i> ) 45 MG/0.5ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (1 vial/84 days)
TREMFYA ( <i>guselkumab</i> ) 100 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 injection/8 weeks)
TREMFYA ( <i>guselkumab</i> ) 100 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/8 weeks)
TREMFYA ( <i>guselkumab</i> ) 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 ml/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYENNE ( <i>tocilizumab-aazg</i> ) 162 MG/0.9ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (4 pens/28 days)
TYENNE ( <i>tocilizumab-aazg</i> ) 162 MG/0.9ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
XELJANZ ( <i>tofacitinib citrate</i> ) 1 MG/ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (10 ml/day)
XELJANZ ( <i>tofacitinib citrate</i> ) 5 MG TAB, 10 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
XELJANZ XR ( <i>tofacitinib citrate</i> ) 11 MG TAB ER 24H, 22 MG TAB ER 24H	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)

### IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)

ACTIMMUNE ( <i>interferon gamma-1b</i> ) 100 MCG/0.5ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug)
INTRON A ( <i>interferon alfa-2b</i> ) 6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN	Tier 4	LA, S (Specialty Drug)
PEGASYS ( <i>peginterferon alfa-2a</i> ) 180 MCG/0.5ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/week)
PEGASYS ( <i>peginterferon alfa-2a</i> ) 180 MCG/ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug), QLC (1 vial/week)

### IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

ADALIMUMAB-AACF (2 PEN) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens (1 carton)/28 days)
ADALIMUMAB-AACF (2 SYRINGE) - RINGE) 40 MG/0.8ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syr (1 box)/28 days)
ADALIMUMAB-AACF(CD/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (6 kits/year)
ADALIMUMAB-AACF(PS/UV STARTER) - 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (4 kits/year)
<i>azathioprine tab 50 mg</i>	Tier 1	
CIMZIA (2 SYRINGE) ( <i>certolizumab pegol</i> ) RINGE) 200 MG/ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)
CIMZIA-STARTER ( <i>certolizumab pegol</i> ) - 200 MG/ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (3 set (1 kit = 3 sets of 2 syringes)/180 days)
<i>cyclosporine cap 100 mg</i>	Tier 1	

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 PA - Prior Authorization;  
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
 SP - Specialty Pharmacy; ST - Step Therapy

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>cyclosporine cap 25 mg</i>	Tier 1	
<i>cyclosporine modified cap 100 mg</i>	Tier 1	
cyclosporine modified cap 100 mg (Gengraf)	Tier 1	
<i>cyclosporine modified cap 25 mg</i>	Tier 1	
cyclosporine modified cap 25 mg (Gengraf)	Tier 1	
<i>cyclosporine modified cap 50 mg</i>	Tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	
cyclosporine modified oral soln 100 mg/ml (Gengraf)	Tier 1	
ENBREL ( <i>etanercept</i> ) 25 MG RECON SOLN	Tier 4	PA, S (Specialty Drug), QLC (8 vials/28 days)
ENBREL ( <i>etanercept</i> ) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (4 ml/28 days)
ENBREL ( <i>etanercept</i> ) 25 MG/0.5ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL MINI ( <i>etanercept</i> ) 50 MG/ML SOLN CART	Tier 4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL SURECLICK ( <i>etanercept</i> ) 50 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (4 ml/28 days)
<i>leflunomide tab 10 mg</i>	Tier 1	
<i>leflunomide tab 20 mg</i>	Tier 1	
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION, 1000 MG/40ML SOLUTION	Tier 1	QLC (8 ml/month)
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	Tier 1	QLC (one vial/28 days)
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)

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PA - Prior Authorization;  
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
SP - Specialty Pharmacy; ST - Step Therapy

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

## **INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)**

### **AMINOSALICYLATES**

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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### GLUCOCORTICOIDS

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

### METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

ALENDRONATE SODIUM 5 MG TAB	Tier 1	
<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 2	QLC (4 bottles/month)
<i>alendronate sodium tab 10 mg</i>	Tier 1	
<i>alendronate sodium tab 35 mg</i>	Tier 1	QLC (4 tabs/month)
<i>alendronate sodium tab 70 mg</i>	Tier 1	QLC (4 tabs/month)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QLC (1 bottle/month)
<i>calcitriol cap 0.25 mcg</i>	Tier 1	
<i>calcitriol cap 0.5 mcg</i>	Tier 1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (VITAMIN D (ERGOCALCIFEROL))	Tier 1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QLC (1 tab/month)
<i>risedronate sodium tab 150 mg</i>	Tier 2	QLC (1 tab/month)
<i>risedronate sodium tab 30 mg</i>	Tier 1	PA
<i>risedronate sodium tab 35 mg</i>	Tier 2	QLC (4 tabs/month)
<i>risedronate sodium tab 5 mg</i>	Tier 2	QLC (1 tab/day)
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 2	QLC (4 tabs/month)

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 PA - Prior Authorization;  
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
TYMLOS ( <i>abaloparatide</i> ) 3120 MCG/1.56ML SOLN PEN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/month)

## **MISCELLANEOUS THERAPEUTIC AGENTS**

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

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PA - Prior Authorization;  
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
AQINJECT PEN NEEDLE PEN 31G 5 MISC, PEN 32G 4 MISC	Tier 2	
ASSURE ID INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	Tier 2	
BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC	Tier 2	
BD MICROTAINER LANCETS MISC	Tier 2	QLC (200 lancets/month)
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	Tier 2	
BREATHE EASE LARGE DEVICE	Tier 2	
BREATHE EASE MEDIUM DEVICE	Tier 2	
BREATHE EASE SMALL DEVICE	Tier 2	
BREATHERITE VALVED MDI CHAMBER DEVICE	Tier 2	
CAYA ( <i>diaphragm arc-spring</i> )	Tier 2	ACA (Preventive Health)
CLEVER CHOICE HOLDING CHAMBER DEVICE	Tier 2	
COMPACT SPACE CHAMBER DEVICE	Tier 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	Tier 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	Tier 2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	Tier 2	
DEXCOM G5 MOB/G4 PLAT SENSOR MISC	Tier 2	PA, QLC (1 box/month)
DEXCOM G5 MOBILE RECEIVER DEVICE	Tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G5 MOBILE TRANSMITTER MISC	Tier 2	PA, QLC (1 transmitter/90 days)
DEXCOM G5 RECEIVER KIT DEVICE	Tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G6 RECEIVER DEVICE	Tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G6 SENSOR MISC	Tier 2	PA, QLC (1 box/month)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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	
EMBECTA INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	Tier 2	
EMBECTA INSULIN SYRINGE U-500 - 31G X 6MM 0.5 ML MISC	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC - DEVICE	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC L - DEVICE	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC M - DEVICE	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC S - TATIC DEVICE	Tier 2	
FEMCAP ( <i>cervical caps</i> ) 22 DEVICE, 26 DEVICE, 30 DEVICE	Tier 2	ACA (Preventive Health)
FLEXICHAMBER ADULT MASK/SMALL MISC	Tier 2	
FLEXICHAMBER CHILD MASK/LARGE MISC	Tier 2	
FLEXICHAMBER CHILD MASK/SMALL MISC	Tier 2	
FLEXICHAMBER DEVICE	Tier 2	
INSPIRACHAMBER/LARGE DEVICE	Tier 2	
INSPIRACHAMBER/MEDIUM DEVICE	Tier 2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	Tier 2	

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PA - Prior Authorization;  
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSPIRACHAMBER/SMALL DEVICE	Tier 2	
INSPIREASE MISC	Tier 2	
INSULIN SYRINGE-NEEDLE U-100 --100 27G 1/2" 0.5 ML MISC, --100 27G 1/2" 1 ML MISC, --100 28G 1/2" 0.5 ML MISC, -100 28G 1/2" 1 ML MISC, --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, -100 30G 1/2" 1 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC	Tier 2	
MAGELLAN INSULIN SAFETY SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	Tier 2	
MARATHON MEDICAL PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	Tier 2	
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	QLC (28 tabs/30 days)
methylergonovine maleate tab 0.2 mg (Methergine)	Tier 1	QLC (28 tabs/30 days)
MICROCHAMBER DEVICE, MISC	Tier 2	
MICROSPACER MISC	Tier 2	
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, U-100 1 ML MISC	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC	Tier 2	
OMNIFLEX DIAPHRAGM ( <i>diaphragms</i> )	Tier 2	ACA (Preventive Health)
OPTICHAMBER DIAMOND DEVICE, MISC	Tier 2	
OPTICHAMBER DIAMOND-LG MASK - DEVICE	Tier 2	
OPTICHAMBER DIAMOND-MD MASK - MISC	Tier 2	

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

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

## OPHTHALMIC AGENTS (Drugs for the Eyes)

### OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

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

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

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

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

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

### OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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### OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)

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

### OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

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

### OTIC AGENTS (Drugs for the Ears)

<i>acetic acid otic soln 2%</i>	Tier 1	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 3	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
DERMOTIC ( <i>fluocinolone acetonide (otic)</i> ) 0.01 % OIL	Tier 2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (HYDROCORTISONE-ACETIC ACID)	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<i>ofloxacin otic soln 0.3%</i>	Tier 1	

## **RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)**

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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
QVAR REDIHALER ( <i>beclomethasone dipropionate hfa</i> ) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA	Tier 2	QLC (2 inhalers/month)
<b>ANTIHISTAMINES (Drugs for Allergies)</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)</i>	Tier 1	QLC (1 bottle/25 days)
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	
<i>desloratadine tab 5 mg</i>	Tier 1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	
HYDROXYZINE PAMOATE 100 MG CAP	Tier 1	
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	Tier 1	
<b>ANTILEUKOTRIENES (Drugs for Asthma)</b>		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	QLC (1 tab/day)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	QLC (1 tab/day)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Tier 1	QLC (1 pack/day)
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QLC (1 tab/day)
<i>zafirlukast tab 10 mg</i>	Tier 2	
<i>zafirlukast tab 20 mg</i>	Tier 2	
<b>BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)</b>		
ATROVENT HFA ( <i>ipratropium bromide hfa</i> ) 17 MCG/ACT AERO SOLN	Tier 3	QLC (2 inhalers/month)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
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)
SPIRIVA HANDIHALER ( <i>tiotropium bromide monohydrate</i> ) 18 MCG CAP	Tier 2	QLC (30 caps/month)
SPIRIVA RESPIMAT ( <i>tiotropium bromide monohydrate</i> ) 1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN	Tier 2	QLC (1 inhaler/month)

### **BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)**

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<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>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	QLC (90 vials/month)
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	Tier 1	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
STRIVERDI RESPIMAT ( <i>olodaterol hcl</i> ) 2.5 MCG/ACT AERO SOLN	Tier 2	QLC (1 inhaler/month)
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO ( <i>ivacaftor</i> ) 150 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
KALYDECO ( <i>ivacaftor</i> ) 5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (2 packets/day)
KALYDECO ( <i>ivacaftor</i> ) 50 MG PACKET, 75 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (2 packs/day)
SYMDEKO ( <i>tezacaftor-ivacaftor</i> ) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 4	PA, S (Specialty Drug), QLC (1 box/2 months)
<b>MAST CELL STABILIZERS (Drugs to Block Mast Cells)</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	QLC (2 boxes/month)
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)</b>		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>roflumilast tab 250 mcg</i>	Tier 2	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
<i>roflumilast tab 500 mcg</i>	Tier 2	PA, QLC (1 tab/day)
<i>theophylline elixir 80 mg/15ml</i>	Tier 1	
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	
<b>PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)</b>		
<i>ambrisentan tab 10 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>ambrisentan tab 5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>bosentan tab 125 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
<i>bosentan tab 62.5 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
OPSUMIT ( <i>macitentan</i> ) 10 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORENITRAM ( <i>treprostinil diolamine</i> ) 0.125 MG TAB ER, 0.25 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)
ORENITRAM ( <i>treprostinil diolamine</i> ) 1 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (42 tabs/day)
ORENITRAM ( <i>treprostinil diolamine</i> ) 2.5 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (16 tabs/day)
ORENITRAM ( <i>treprostinil diolamine</i> ) 5 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day)
ORENITRAM MONTH 1 ( <i>treprostinil diolamine</i> ) 0.25 & 0.25 MG TBER THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (168 tabs/28 days)

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

### **PULMONARY FIBROSIS AGENTS**

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

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

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

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
TRELEGY ELLIPTA ( <i>fluticasone-umeclidinium-vilanterol</i> ) 100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA	Tier 2	QLC (60 blister packs/30 days)

### SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)

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

### SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

#### SLEEP PROMOTING AGENTS (Drugs for Insomnia)

<i>estazolam tab 1 mg</i>	Tier 1	QLC (2 tabs/day)
<i>estazolam tab 2 mg</i>	Tier 1	QLC (1 tab/day)
<i>eszopiclone tab 1 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 2 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 3 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>ramelteon tab 8 mg</i>	Tier 2	ST, QLC (1 tab/day)
<i>temazepam cap 15 mg</i>	Tier 1	QLC (2 caps/day)
<i>temazepam cap 22.5 mg</i>	Tier 3	QLC (1 cap/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>temazepam cap 30 mg</i>	Tier 1	QLC (1 cap/day)
<i>temazepam cap 7.5 mg</i>	Tier 3	QLC (4 caps/day)
<i>zaleplon cap 10 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
<i>zaleplon cap 5 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (4 caps/day)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
<i>zolpidem tartrate tab er 12.5 mg</i> (ZOLPIDEM TARTRATE ER)	Tier 2	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab er 6.25 mg</i> (ZOLPIDEM TARTRATE ER)	Tier 2	AL1 (Up to 64 yrs old), QLC (2 tabs/day)

### **WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)**

<i>modafinil tab 100 mg</i>	Tier 1	QLC (3 tabs/day)
<i>modafinil tab 200 mg</i>	Tier 1	QLC (2 tabs/day)

### **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)

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 PA - Prior Authorization;  
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
 SP - Specialty Pharmacy; ST - Step Therapy



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anagrelide hcl cap 1 mg.....	60	Assure ID Insulin Safety Syr.....	144
anastrozole tab 1 mg.....	34	Atabex OB (prenatal vit w/ fe bisglycinate chelate-folic acid).....	100
Annovera (segesterone acetate-ethinyl estradiol).....	117	atazanavir sulfate cap 150 mg (base equiv)...	49
Anoro Ellipta (umeclidinium-vilanterol).....	158	atazanavir sulfate cap 200 mg (base equiv)...	49
Anusol-HC (hydrocortisone (rectal)).....	93	atazanavir sulfate cap 300 mg (base equiv)...	49
APAP-Caff-Dihydrocodeine (acetaminophen-caff-dihydrocod).....	5	atenolol & chlorthalidone tab 100-25 mg (Atenolol-Chlorthalidone).....	74
APO-Varenicline (varenicline tartrate).....	10	atenolol & chlorthalidone tab 50-25 mg (Atenolol-Chlorthalidone).....	74
Apraclonidine HCl.....	152	atenolol tab 100 mg.....	66
apraclonidine hcl ophth soln 0.5% (base equivalent).....	152	atenolol tab 25 mg.....	66
aprepitant capsule 125 mg.....	28	atenolol tab 50 mg.....	66
aprepitant capsule 40 mg.....	28	atomoxetine hcl cap 10 mg (base equiv).....	86
aprepitant capsule 80 mg.....	28	atomoxetine hcl cap 100 mg (base equiv).....	86
aprepitant capsule therapy pack 80 & 125 mg	28	atomoxetine hcl cap 18 mg (base equiv).....	86
Aptivus (tipranavir).....	49	atomoxetine hcl cap 25 mg (base equiv).....	86
AQ Insulin Syringe.....	143	atomoxetine hcl cap 40 mg (base equiv).....	86
AQInject Pen Needle.....	144	atomoxetine hcl cap 60 mg (base equiv).....	86
Arcalyst (rilonacept).....	137	atomoxetine hcl cap 80 mg (base equiv).....	86
aripiprazole oral solution 1 mg/ml.....	43	atorvastatin calcium tab 10 mg (base equivalent).....	79
aripiprazole tab 10 mg.....	43	atorvastatin calcium tab 20 mg (base equivalent).....	79
aripiprazole tab 15 mg.....	43		
aripiprazole tab 2 mg.....	43		
aripiprazole tab 20 mg.....	43		
aripiprazole tab 30 mg.....	43		
aripiprazole tab 5 mg.....	43		
Armour Thyroid.....	134		

atorvastatin calcium tab 40 mg (base equivalent) . . . . .	79	Baqsimi One Pack (glucagon) . . . . .	56
atorvastatin calcium tab 80 mg (base equivalent) . . . . .	79	Baqsimi Two Pack (glucagon) . . . . .	56
atovaquone susp 750 mg/5ml . . . . .	38	BD Insulin Syringe U-500 . . . . .	144
atovaquone-proguanil hcl tab 250-100 mg . . . . .	38	BD Microtainer Lancets . . . . .	144
atovaquone-proguanil hcl tab 62.5-25 mg . . . . .	38	BD Pen Needle Nano U/F . . . . .	144
Atropine Sulfate (atropine sulfate (ophthalmic)) . . . . .	148	BD SafetyGlide Insulin Syringe . . . . .	144
atropine sulfate ophth soln 1% . . . . .	148	benazepril & hydrochlorothiazide tab 10-12.5 mg (Benazepril-hydroCHLOROthiazide) . . . . .	74
Atrovent HFA (ipratropium bromide hfa) . . . . .	154	benazepril & hydrochlorothiazide tab 20-12.5 mg (Benazepril-Hydrochlorothiazide) . . . . .	74
Auranofin . . . . .	137	benazepril & hydrochlorothiazide tab 20-25 mg (Benazepril-hydroCHLOROthiazide) . . . . .	74
Avonex Pen (interferon beta-1a) . . . . .	90	benazepril & hydrochlorothiazide tab 5-6.25 mg (Benazepril-Hydrochlorothiazide) . . . . .	74
Avonex Prefilled (interferon beta-1a) . . . . .	90	benazepril hcl tab 10 mg . . . . .	63
azathioprine tab 50 mg . . . . .	139	benazepril hcl tab 20 mg . . . . .	63
azelaic acid gel 15% . . . . .	92	benazepril hcl tab 40 mg . . . . .	63
azelastine hcl nasal spray 0.1% (137 mcg/spray) . . . . .	154	benazepril hcl tab 5 mg . . . . .	63
azelastine hcl ophth soln 0.05% . . . . .	150	Benzonatate . . . . .	158
Azithromycin . . . . .	14	benzonatate cap 100 mg . . . . .	158
azithromycin for susp 100 mg/5ml . . . . .	14	benzonatate cap 150 mg . . . . .	158
azithromycin for susp 200 mg/5ml . . . . .	14	benzonatate cap 200 mg . . . . .	158
azithromycin tab 250 mg . . . . .	14	benzoyl peroxide-erythromycin gel 5-3% . . . . .	92
azithromycin tab 500 mg . . . . .	14	Benzphetamine HCl . . . . .	89
azithromycin tab 600 mg . . . . .	14	benzphetamine hcl tab 50 mg . . . . .	89
<b>B</b>		benztropine mesylate tab 0.5 mg . . . . .	39
Bacitracin (bacitracin (ophthalmic)) . . . . .	150	benztropine mesylate tab 1 mg . . . . .	39
bacitracin-polymyxin b ophth oint . . . . .	148	benztropine mesylate tab 2 mg . . . . .	39
bacitracin-polymyxin b ophth oint (Ak-Poly-Bac) . . . . .	148	Betamethasone Dipropionate Aug (betamethasone dipropionate augmented) . . . . .	93
bacitracin-polymyxin b ophth oint (Polycin) . . . . .	148	betamethasone dipropionate augmented cream 0.05% . . . . .	93
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Bacitra-Neomycin-Polymyxin-HC) . . . . .	148	betamethasone dipropionate augmented lotion 0.05% . . . . .	94
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc) . . . . .	148	betamethasone dipropionate augmented oint 0.05% . . . . .	94
baclofen tab 10 mg . . . . .	45	betamethasone dipropionate cream 0.05% . . . . .	94
baclofen tab 15 mg . . . . .	45	betamethasone dipropionate lotion 0.05% . . . . .	94
baclofen tab 20 mg . . . . .	45	betamethasone dipropionate oint 0.05% . . . . .	94
baclofen tab 5 mg . . . . .	45	betamethasone valerate cream 0.1% (base equivalent) . . . . .	94
balsalazide disodium cap 750 mg . . . . .	141		

betamethasone valerate lotion 0.1% (base equivalent) . . . . .	94	budesonide inhalation susp 0.5 mg/2ml . . . . .	153
betamethasone valerate oint 0.1% (base equivalent) . . . . .	94	budesonide inhalation susp 1 mg/2ml . . . . .	153
Betaxolol HCl (betaxolol hcl (ophth)) . . . . .	151	budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act . . . . .	159
betaxolol hcl ophth soln 0.5% . . . . .	151	budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd) . . . . .	159
betaxolol hcl tab 10 mg . . . . .	66	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act . . . . .	159
betaxolol hcl tab 20 mg . . . . .	66	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd) . . . . .	159
bethanechol chloride tab 10 mg . . . . .	112	bumetanide tab 0.5 mg . . . . .	78
bethanechol chloride tab 25 mg . . . . .	112	bumetanide tab 1 mg . . . . .	78
bethanechol chloride tab 5 mg . . . . .	112	bumetanide tab 2 mg . . . . .	78
bethanechol chloride tab 50 mg . . . . .	112	buprenorphine hcl sl tab 2 mg (base equiv) . . . . .	9
bexarotene cap 75 mg . . . . .	37	buprenorphine hcl sl tab 8 mg (base equiv) . . . . .	9
bicalutamide tab 50 mg . . . . .	33	buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) . . . . .	9
Biktarvy (bictegravir-emtricitabine-tenofovir alafenamide fumarate) . . . . .	46	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) . . . . .	9
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Bisoprolol-hydroCHLOROthiazide) . . . . .	74	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) . . . . .	9
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Bisoprolol-Hydrochlorothiazide) . . . . .	74	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) . . . . .	9
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Bisoprolol-hydroCHLOROthiazide) . . . . .	74	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) . . . . .	9
bisoprolol fumarate tab 10 mg . . . . .	66	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) . . . . .	9
bisoprolol fumarate tab 5 mg . . . . .	66	bupropion hcl (smoking deterrent) tab er 12hr 150 mg (buPROPion HCl ER (Smoking Det)) . . . . .	10
bosentan tab 125 mg . . . . .	157	bupropion hcl tab 100 mg . . . . .	22
bosentan tab 62.5 mg . . . . .	157	bupropion hcl tab 75 mg . . . . .	22
Breathe Ease Large . . . . .	144	bupropion hcl tab er 12hr 100 mg (buPROPion HCl ER (SR)) . . . . .	22
Breathe Ease Medium . . . . .	144	bupropion hcl tab er 12hr 150 mg (buPROPion HCl ER (SR)) . . . . .	22
Breathe Ease Small . . . . .	144	bupropion hcl tab er 12hr 200 mg (buPROPion HCl ER (SR)) . . . . .	22
BreatheRite Valved MDI Chamber . . . . .	144	bupropion hcl tab er 24hr 150 mg (buPROPion HCl ER (XL)) . . . . .	22
Breo Ellipta (fluticasone furoate-vilanterol) . . . . .	159	bupropion hcl tab er 24hr 300 mg (buPROPion HCl ER (XL)) . . . . .	22
Brilinta (ticagrelor) . . . . .	61		
brimonidine tartrate ophth soln 0.15% . . . . .	152		
brimonidine tartrate ophth soln 0.2% . . . . .	152		
bromocriptine mesylate cap 5 mg (base equivalent) . . . . .	40		
bromocriptine mesylate tab 2.5 mg (base equivalent) . . . . .	40		
budesonide delayed release particles cap 3 mg . . . . .	142		
budesonide inhalation susp 0.25 mg/2ml . . . . .	153		

buspirone hcl tab 10 mg . . . . .	52	candesartan cilexetil tab 4 mg . . . . .	62
buspirone hcl tab 15 mg . . . . .	52	candesartan cilexetil tab 8 mg . . . . .	62
buspirone hcl tab 30 mg . . . . .	52	candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Candesartan Cilexetil-HCTZ) . . . . .	74
buspirone hcl tab 5 mg . . . . .	52	candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Candesartan Cilexetil-HCTZ) . . . . .	74
buspirone hcl tab 7.5 mg . . . . .	52	candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Candesartan Cilexetil-HCTZ) . . . . .	75
butalbital-acetaminophen tab 50-325 mg . . . . .	89	capecitabine tab 150 mg . . . . .	34
butalbital-acetaminophen-caff w/ cod cap 50- 325-40-30 mg (Butalbital-APAP-Caff-Cod) . . . . .	5	capecitabine tab 500 mg . . . . .	34
butalbital-acetaminophen-caffeine tab 50- 325-40 mg (BAC (Butalbital-Acetamin-Caff)) . . . . .	89	Caprelsa (vandetanib) . . . . .	35
butalbital-acetaminophen-caffeine tab 50- 325-40 mg (Butalbital-APAP-Caffeine) . . . . .	89	captopril tab 100 mg . . . . .	63
butalbital-aspirin-caff w/ codeine cap 50-325- 40-30 mg (Ascomp-Codeine) . . . . .	5	captopril tab 12.5 mg . . . . .	63
butalbital-aspirin-caff w/ codeine cap 50-325- 40-30 mg (Butalbital-ASA-Caff-Codeine) . . . . .	5	captopril tab 25 mg . . . . .	63
Butalbital-Aspirin-Caffeine . . . . .	2	captopril tab 50 mg . . . . .	63
butalbital-aspirin-caffeine cap 50-325-40 mg . . . . .	2	Captopril-Hydrochlorothiazide (captopril & hydrochlorothiazide) . . . . .	75
butorphanol tartrate nasal soln 10 mg/ml . . . . .	5	carBAMazepine . . . . .	19
<b>C</b>		carbamazepine cap er 12hr 100 mg (CarBAMazepine ER) . . . . .	19
C-Nate DHA (prenatal vit w/ ferrous fumarate- fa-omega 3 fatty acids) . . . . .	100	carbamazepine cap er 12hr 200 mg (carBAMazepine ER) . . . . .	20
cabergoline tab 0.5 mg . . . . .	136	carbamazepine cap er 12hr 300 mg (CarBAMazepine ER) . . . . .	20
Cablivi (caplacizumab-yhdp) . . . . .	61	carbamazepine chew tab 100 mg . . . . .	20
Cabometyx (cabozantinib s-malate) . . . . .	34	carbamazepine susp 100 mg/5ml . . . . .	20
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) . . . . .	107,156	carbamazepine tab 200 mg . . . . .	20
Calcipotriene . . . . .	97	carbamazepine tab 200 mg (Epitol) . . . . .	20
calcipotriene cream 0.005% . . . . .	97	carbamazepine tab er 12hr 100 mg (carBAMazepine ER) . . . . .	20
calcipotriene oint 0.005% . . . . .	97	carbamazepine tab er 12hr 200 mg (carBAMazepine ER) . . . . .	20
calcipotriene oint 0.005% (Calcitrene) . . . . .	97	carbamazepine tab er 12hr 400 mg (carBAMazepine ER) . . . . .	20
calcipotriene soln 0.005% (50 mcg/ml) . . . . .	97	carbidopa & levodopa orally disintegrating tab 10-100 mg (Carbidopa-Levodopa) . . . . .	41
calcitonin (salmon) nasal soln 200 unit/act . . . . .	142	carbidopa & levodopa orally disintegrating tab 25-100 mg (Carbidopa-Levodopa) . . . . .	41
Calcitriol (calcitriol (topical)) . . . . .	97	carbidopa & levodopa orally disintegrating tab 25-250 mg (Carbidopa-Levodopa) . . . . .	41
calcitriol cap 0.25 mcg . . . . .	142		
calcitriol cap 0.5 mcg . . . . .	142		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Calcium Acetate (Phos Binder)) . . . . .	106		
candesartan cilexetil tab 16 mg . . . . .	62		
candesartan cilexetil tab 32 mg . . . . .	62		

carbidopa & levodopa tab 10-100 mg (Carbidopa-Levodopa).....	41	cefadroxil for susp 500 mg/5ml.....	12
carbidopa & levodopa tab 25-100 mg (Carbidopa-Levodopa).....	41	cefdinir cap 300 mg.....	12
carbidopa & levodopa tab 25-250 mg (Carbidopa-Levodopa).....	41	cefdinir for susp 125 mg/5ml.....	12
carbidopa & levodopa tab er 25-100 mg (Carbidopa-Levodopa ER).....	41	cefdinir for susp 250 mg/5ml.....	12
carbidopa & levodopa tab er 50-200 mg (Carbidopa-Levodopa ER).....	41	Cefpodoxime Proxetil.....	12
carbidopa tab 25 mg.....	41	cefpodoxime proxetil tab 100 mg.....	12
Carbidopa-Levodopa.....	41	cefpodoxime proxetil tab 200 mg.....	12
Carbidopa-Levodopa-Entacapone.....	39	cefprozil for susp 125 mg/5ml.....	12
carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg.....	39	cefprozil for susp 250 mg/5ml.....	12
carbidopa-levodopa-entacapone tabs 18.75- 75-200 mg.....	39	cefprozil tab 250 mg.....	12
carbidopa-levodopa-entacapone tabs 25-100- 200 mg.....	39	cefprozil tab 500 mg.....	12
carbidopa-levodopa-entacapone tabs 31.25- 125-200 mg.....	39	cefuroxime axetil tab 250 mg.....	13
carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg.....	39	cefuroxime axetil tab 500 mg.....	13
carbidopa-levodopa-entacapone tabs 50-200- 200 mg.....	39	celecoxib cap 100 mg.....	2
carbinoxamine maleate tab 4 mg.....	154	celecoxib cap 200 mg.....	2
carglumic acid soluble tab 200 mg.....	110	celecoxib cap 400 mg.....	2
carisoprodol tab 350 mg.....	161	celecoxib cap 50 mg.....	2
carisoprodol tab 350 mg (Vanadom).....	161	cephalexin cap 250 mg.....	13
Carteolol HCl (carteolol hcl (ophth)).....	151	cephalexin cap 500 mg.....	13
carvedilol tab 12.5 mg.....	66	cephalexin cap 750 mg.....	13
carvedilol tab 25 mg.....	66	cephalexin for susp 125 mg/5ml.....	13
carvedilol tab 3.125 mg.....	66	cephalexin for susp 250 mg/5ml.....	13
carvedilol tab 6.25 mg.....	66	Cerdelga (eliglustat tartrate).....	110
Caya (diaphragm arc-spring).....	144	cevimeline hcl cap 30 mg.....	91
Cayston (aztreonam lysine).....	10	Chemet (succimer).....	106
Cefaclor.....	12	chlordiazepoxide hcl cap 10 mg.....	52
Cefaclor ER (cefaclor monohydrate).....	12	chlordiazepoxide hcl cap 25 mg.....	52
Cefadroxil.....	12	chlordiazepoxide hcl cap 5 mg.....	52
cefadroxil cap 500 mg.....	12	chloroquine phosphate tab 250 mg.....	38
cefadroxil for susp 250 mg/5ml.....	12	chloroquine phosphate tab 500 mg.....	38
		chlorpromazine hcl tab 10 mg.....	42
		chlorpromazine hcl tab 100 mg.....	42
		chlorpromazine hcl tab 200 mg.....	42
		chlorpromazine hcl tab 25 mg.....	42
		chlorpromazine hcl tab 50 mg.....	42
		chlorthalidone tab 25 mg.....	78
		chlorthalidone tab 50 mg.....	78
		cholestyramine light powder 4 gm/dose.....	80
		cholestyramine light powder 4 gm/dose (Prevalite).....	80
		cholestyramine light powder packets 4 gm.....	80



cholestyramine light powder packets 4 gm (Prevalite).....	80	citalopram hydrobromide oral soln 10 mg/5ml.....	23
cholestyramine powder 4 gm/dose.....	80	citalopram hydrobromide tab 10 mg (base equiv).....	23
cholestyramine powder packets 4 gm.....	80	citalopram hydrobromide tab 20 mg (base equiv).....	23
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	79	citalopram hydrobromide tab 40 mg (base equiv).....	23
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	79	Clarithromycin.....	14
ciclopirox gel 0.77%.....	99	clarithromycin tab 250 mg.....	14
ciclopirox olamine cream 0.77% (base equiv).....	99	clarithromycin tab 500 mg.....	14
ciclopirox olamine susp 0.77% (base equiv).....	99	clarithromycin tab er 24hr 500 mg (Clarithromycin ER).....	14
ciclopirox shampoo 1%.....	99	Clever Choice Holding Chamber.....	144
ciclopirox solution 8%.....	100	Climara Pro (estradiol-levonorgestrel).....	117
ciclopirox solution 8% (Ciclodan).....	100	clindamycin hcl cap 150 mg.....	11
cilostazol tab 100 mg.....	61	clindamycin hcl cap 300 mg.....	11
cilostazol tab 50 mg.....	61	clindamycin hcl cap 75 mg.....	11
Cimduo (lamivudine-tenofovir disoproxil fumarate).....	48	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	11
cimetidine tab 300 mg.....	109	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Clindamycin Phos-Benzoyl Perox).....	92
cimetidine tab 400 mg.....	109	clindamycin phosphate gel 1% (once-daily) (Clindamycin Phos (Once-Daily)).....	100
cimetidine tab 800 mg.....	109	clindamycin phosphate gel 1% (twice-daily) (Clindamycin Phos (Twice-Daily)).....	100
Cimzia (2 Syringe) (certolizumab pegol).....	139	clindamycin phosphate lotion 1%.....	100
Cimzia-Starter (certolizumab pegol).....	139	clindamycin phosphate soln 1%.....	100
cinacalcet hcl tab 30 mg (base equiv).....	142	clindamycin phosphate swab 1%.....	100
cinacalcet hcl tab 60 mg (base equiv).....	142	clindamycin phosphate swab 1% (Clindacin Etz).....	100
cinacalcet hcl tab 90 mg (base equiv).....	142	clindamycin phosphate swab 1% (Clindacin-P).....	100
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml).....	15	clindamycin phosphate vaginal cream 2%.....	11
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml).....	15	clindamycin phosphate-benzoyl peroxide gel 1-5% (Clindamycin Phos-Benzoyl Perox).....	92
Ciprofloxacin HCl.....	15	clobazam suspension 2.5 mg/ml.....	19
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	15	clobazam tab 10 mg.....	19
ciprofloxacin hcl otic soln 0.2% (base equivalent).....	152	clobazam tab 20 mg.....	19
ciprofloxacin hcl tab 250 mg (base equiv).....	15	clobetasol propionate cream 0.05%.....	94
ciprofloxacin hcl tab 500 mg (base equiv).....	15		
ciprofloxacin hcl tab 750 mg (base equiv).....	15		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	152		

clobetasol propionate emollient base cream 0.05% . . . . .	94	clotrimazole w/ betamethasone lotion 1-0.05% (Clotrimazole-Betamethasone) . . . . .	97
clobetasol propionate emollient base cream 0.05% (Clobetasol Prop Emollient Base) . . . . .	94	Clotrimazole-Betamethasone (clotrimazole w/ betamethasone) . . . . .	97
clobetasol propionate gel 0.05% . . . . .	94	clozapine tab 100 mg . . . . .	44
clobetasol propionate lotion 0.05% . . . . .	94	clozapine tab 200 mg . . . . .	44
clobetasol propionate oint 0.05% . . . . .	94	clozapine tab 25 mg . . . . .	44
clobetasol propionate shampoo 0.05% . . . . .	94	clozapine tab 50 mg . . . . .	44
clobetasol propionate shampoo 0.05% (Clodan) . . . . .	94	Co-Natal FA (prenatal vit w/ ferrous fumarate-folic acid) . . . . .	101
clobetasol propionate soln 0.05% . . . . .	94	Coartem (artemether-lumefantrine) . . . . .	38
ClomiPHENE Citrate . . . . .	133	Codeine Sulfate . . . . .	5,6
clomiphene citrate tab 50 mg . . . . .	134	codeine sulfate tab 30 mg . . . . .	6
clomiphene citrate tab 50 mg (Clomid) . . . . .	134	colchicine cap 0.6 mg . . . . .	29
clomipramine hcl cap 25 mg . . . . .	26	colchicine tab 0.6 mg . . . . .	29
clomipramine hcl cap 50 mg . . . . .	26	colchicine w/ probenecid tab 0.5-500 mg (Colchicine-Probenecid) . . . . .	29
clomipramine hcl cap 75 mg . . . . .	26	colesevelam hcl packet for susp 3.75 gm . . . . .	80
clonazepam orally disintegrating tab 0.125 mg . . . . .	52	colesevelam hcl tab 625 mg . . . . .	80
clonazepam orally disintegrating tab 0.25 mg	52	colestipol hcl granule packets 5 gm . . . . .	80
clonazepam orally disintegrating tab 0.5 mg	52	colestipol hcl granules 5 gm . . . . .	80
clonazepam orally disintegrating tab 1 mg . . . . .	52	colestipol hcl tab 1 gm . . . . .	80
clonazepam orally disintegrating tab 2 mg . . . . .	52	Combivent Respimat (ipratropium-albuterol)	159
clonazepam tab 0.5 mg . . . . .	52	Cometriq (100 mg Daily Dose) (cabozantinib s-malate) . . . . .	35
clonazepam tab 1 mg . . . . .	52	Cometriq (140 mg Daily Dose) (cabozantinib s-malate) . . . . .	35
clonazepam tab 2 mg . . . . .	52	Cometriq (60 mg Daily Dose) (cabozantinib s-malate) . . . . .	35
clonidine hcl tab 0.1 mg . . . . .	61	Compact Space Chamber . . . . .	144
clonidine hcl tab 0.2 mg . . . . .	61	Compact Space Chamber/Lg Mask . . . . .	144
clonidine hcl tab 0.3 mg . . . . .	61	Compact Space Chamber/Med Mask . . . . .	144
clonidine hcl tab er 12hr 0.1 mg (CloNIDine HCl ER) . . . . .	86	Compact Space Chamber/Sm Mask . . . . .	144
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diltiazem hcl tab er 24hr 420 mg (Matzim La) .	71	donepezil hydrochloride tab 5 mg (Donepezil HCl).....	21
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divalproex sodium tab delayed release 250 mg.....	17	doxepin hcl cap 25 mg.....	26
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		doxycycline hyclate tab 20 mg.....	16
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Enbrel SureClick (etanercept) . . . . .	140	ergocalciferol cap 1.25 mg (50000 unit) (Vitamin D (Ergocalciferol)) . . . . .	142
Endometrin (progesterone (vaginal)) . . . . .	132	Ergoloid Mesylates . . . . .	21
enoxaparin sodium inj 300 mg/3ml . . . . .	58	Ergotamine-Caffeine (ergotamine w/ caffeine) . . . . .	30
enoxaparin sodium inj soln pref syr 100 mg/ml . . . . .	58	Erleada (apalutamide) . . . . .	33
enoxaparin sodium inj soln pref syr 120 mg/0.8ml . . . . .	58	erlotinib hcl tab 100 mg (base equivalent) . . . . .	35
enoxaparin sodium inj soln pref syr 150 mg/ml . . . . .	58	erlotinib hcl tab 150 mg (base equivalent) . . . . .	35
enoxaparin sodium inj soln pref syr 30 mg/0.3ml . . . . .	58	erlotinib hcl tab 25 mg (base equivalent) . . . . .	35
enoxaparin sodium inj soln pref syr 40 mg/0.4ml . . . . .	58	Ery (erythromycin (acne aid)) . . . . .	100
enoxaparin sodium inj soln pref syr 60 mg/0.6ml . . . . .	59	Erythromycin (erythromycin (ophth)) . . . . .	150
enoxaparin sodium inj soln pref syr 80 mg/0.8ml . . . . .	59	erythromycin gel 2% . . . . .	100
entacapone tab 200 mg . . . . .	39	erythromycin ophth oint 5 mg/gm . . . . .	150
entecavir tab 0.5 mg . . . . .	45	erythromycin soln 2% . . . . .	100
entecavir tab 1 mg . . . . .	45	erythromycin tab 250 mg (Erythromycin Base) . . . . .	14
Entresto (sacubitril-valsartan) . . . . .	75	erythromycin tab 500 mg (Erythromycin Base) . . . . .	14
Epclusa (sofosbuvir-velpatasvir) . . . . .	45,46	erythromycin tab delayed release 250 mg . . . . .	15
epinastine hcl ophth soln 0.05% . . . . .	150	erythromycin tab delayed release 250 mg (Ery-Tab) . . . . .	15
EPINEPHrine (epinephrine (anaphylaxis)) . . . . .	155	erythromycin tab delayed release 250 mg (Erythromycin Base) . . . . .	15
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) . . . . .	155	erythromycin tab delayed release 333 mg . . . . .	15
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) . . . . .	156	erythromycin tab delayed release 333 mg (Ery-Tab) . . . . .	15
		erythromycin tab delayed release 333 mg (Erythromycin Base) . . . . .	15
		erythromycin tab delayed release 500 mg . . . . .	15
		erythromycin tab delayed release 500 mg (Ery-Tab) . . . . .	15
		erythromycin tab delayed release 500 mg (Erythromycin Base) . . . . .	15

escitalopram oxalate soln 5 mg/5ml (base equiv) . . . . .	24	estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) . . . . .	119
escitalopram oxalate tab 10 mg (base equiv) . . . . .	24	estradiol tab 0.5 mg . . . . .	119
escitalopram oxalate tab 20 mg (base equiv) . . . . .	24	estradiol tab 1 mg . . . . .	119
escitalopram oxalate tab 5 mg (base equiv) . . . . .	24	estradiol tab 2 mg . . . . .	119
esomeprazole magnesium cap delayed release 40 mg (base eq) . . . . .	110	estradiol td gel 0.25 mg/0.25gm (0.1%) . . . . .	120
estazolam tab 1 mg . . . . .	161	estradiol td gel 0.5 mg/0.5gm (0.1%) . . . . .	120
estazolam tab 2 mg . . . . .	161	estradiol td gel 0.75 mg/0.75gm (0.1%) . . . . .	120
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs) . . . . .	119	estradiol td gel 1 mg/gm (0.1%) . . . . .	120
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs) . . . . .	119	estradiol td gel 1.25 mg/1.25gm (0.1%) . . . . .	120
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Est Estrogens-Methyltest HS) . . . . .	119	estradiol td patch twice weekly 0.025 mg/24hr . . . . .	120
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Est Estrogens-Methyltest) . . . . .	119	estradiol td patch twice weekly 0.025 mg/24hr (Dotti) . . . . .	120
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Estratest H.S.) . . . . .	119	estradiol td patch twice weekly 0.025 mg/24hr (Lyllana) . . . . .	120
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Estratest H.s.) . . . . .	119	estradiol td patch twice weekly 0.0375 mg/24hr . . . . .	120
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx) . . . . .	119	estradiol td patch twice weekly 0.0375 mg/24hr (Dotti) . . . . .	120
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt) . . . . .	119	estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana) . . . . .	120
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Est Estrogens-Methyltest DS) . . . . .	119	estradiol td patch twice weekly 0.05 mg/24hr . . . . .	120
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Est Estrogens-Methyltest) . . . . .	119	estradiol td patch twice weekly 0.05 mg/24hr (Dotti) . . . . .	120
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.) . . . . .	119	estradiol td patch twice weekly 0.05 mg/24hr (Lyllana) . . . . .	120
estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz) . . . . .	132	estradiol td patch twice weekly 0.075 mg/24hr . . . . .	120
estradiol & norethindrone acetate tab 0.5-0.1 mg (Estradiol-Norethindrone Acet) . . . . .	132	estradiol td patch twice weekly 0.075 mg/24hr (Dotti) . . . . .	120
estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz) . . . . .	132	estradiol td patch twice weekly 0.075 mg/24hr (Lyllana) . . . . .	120
estradiol & norethindrone acetate tab 1-0.5 mg (Estradiol-Norethindrone Acet) . . . . .	132	estradiol td patch twice weekly 0.1 mg/24hr . . . . .	120
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey) . . . . .	132	estradiol td patch twice weekly 0.1 mg/24hr (Dotti) . . . . .	120
		estradiol td patch twice weekly 0.1 mg/24hr (Lyllana) . . . . .	120
		estradiol td patch weekly 0.025 mg/24hr . . . . .	121

estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	121	etodolac tab er 24hr 600 mg (Etodolac ER)....	2
estradiol td patch weekly 0.05 mg/24hr.....	121	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	121
estradiol td patch weekly 0.06 mg/24hr.....	121	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Eluryng).....	121
estradiol td patch weekly 0.075 mg/24hr.....	121	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring).....	121
estradiol td patch weekly 0.1 mg/24hr.....	121	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette).....	122
estradiol vaginal cream 0.1 mg/gm.....	121	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	122
estradiol vaginal tab 10 mcg.....	121	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring).....	122
estradiol vaginal tab 10 mcg (Yuvafem).....	121	Etoposide.....	34
estradiol valerate im in oil 10 mg/ml.....	121	etravirine tab 100 mg.....	47
estradiol valerate im in oil 20 mg/ml.....	121	etravirine tab 200 mg.....	47
estradiol valerate im in oil 40 mg/ml.....	121	everolimus tab 10 mg.....	35
Estring (estradiol vaginal).....	121	everolimus tab 2.5 mg.....	35
eszopiclone tab 1 mg.....	161	everolimus tab 5 mg.....	35
eszopiclone tab 2 mg.....	161	everolimus tab 7.5 mg.....	35
eszopiclone tab 3 mg.....	161	everolimus tab for oral susp 2 mg.....	35
ethacrynic acid tab 25 mg.....	78	everolimus tab for oral susp 3 mg.....	35
ethambutol hcl tab 100 mg.....	32	everolimus tab for oral susp 5 mg.....	36
ethambutol hcl tab 400 mg.....	32	exemestane tab 25 mg.....	34
ethosuximide cap 250 mg.....	18	ezetimibe tab 10 mg.....	80
ethosuximide soln 250 mg/5ml.....	18	ezetimibe-simvastatin tab 10-10 mg.....	81
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Ethinodiol Diac-Eth Estradiol) ..	121	ezetimibe-simvastatin tab 10-20 mg.....	81
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35).....	121	ezetimibe-simvastatin tab 10-40 mg.....	81
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28)).....	121	ezetimibe-simvastatin tab 10-80 mg.....	81
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28)).....	121		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Ethinodiol Diac-Eth Estradiol) ..	121	<b>F</b>	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50).....	121	famciclovir tab 125 mg.....	51
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Valtya 1/50).....	121	famciclovir tab 250 mg.....	51
etodolac cap 200 mg.....	2	famciclovir tab 500 mg.....	51
etodolac cap 300 mg.....	2	famotidine for susp 40 mg/5ml.....	109
etodolac tab 400 mg.....	2	famotidine tab 40 mg.....	109
etodolac tab 500 mg.....	2	Farxiga (dapagliflozin propanediol).....	81
etodolac tab er 24hr 400 mg (Etodolac ER)....	2	felbamate tab 400 mg.....	17
etodolac tab er 24hr 500 mg (Etodolac ER)....	2	felbamate tab 600 mg.....	17
		felodipine tab er 24hr 10 mg (Felodipine ER) ..	68
		felodipine tab er 24hr 2.5 mg (Felodipine ER) ..	68

felodipine tab er 24hr 5 mg (Felodipine ER) . . .	68	fluconazole tab 50 mg . . . . .	28
FemCap (cervical caps) . . . . .	145	fludrocortisone acetate tab 0.1 mg . . . . .	114
Femlyv (norethindrone acet & eth estra) . . . . .	122	flunisolide nasal soln 25 mcg/act (0.025%) . . .	159
fenofibrate micronized cap 134 mg . . . . .	79	fluocinolone acetonide cream 0.01% . . . . .	95
fenofibrate micronized cap 200 mg . . . . .	79	fluocinolone acetonide cream 0.025% . . . . .	95
fenofibrate micronized cap 67 mg . . . . .	79	fluocinolone acetonide oil 0.01% (body oil) (Fluocinolone Acetonide Body) . . . . .	95
fenofibrate tab 145 mg . . . . .	79	fluocinolone acetonide oil 0.01% (scalp oil) (Fluocinolone Acetonide Scalp) . . . . .	95
fenofibrate tab 48 mg . . . . .	79	fluocinolone acetonide oint 0.025% . . . . .	95
fenofibrate tab 54 mg . . . . .	79	fluocinolone acetonide soln 0.01% . . . . .	95
FentaNYL Citrate . . . . .	6	fluocinonide cream 0.05% . . . . .	95
fentanyl citrate lozenge on a handle 1200 mcg .6		fluocinonide cream 0.1% . . . . .	95
fentanyl citrate lozenge on a handle 1600 mcg .6		fluocinonide emulsified base cream 0.05% . . .	95
fentanyl citrate lozenge on a handle 200 mcg . 6		fluocinonide gel 0.05% . . . . .	95
fentanyl citrate lozenge on a handle 400 mcg . 6		fluocinonide oint 0.05% . . . . .	95
fentanyl citrate lozenge on a handle 600 mcg . 6		fluocinonide soln 0.05% . . . . .	95
fentanyl citrate lozenge on a handle 800 mcg . 6		fluorometholone ophth susp 0.1% . . . . .	151
fentanyl td patch 72hr 100 mcg/hr . . . . .	3	Fluorouracil (fluorouracil (topical)) . . . . .	97
fentanyl td patch 72hr 12 mcg/hr . . . . .	4	fluorouracil cream 5% . . . . .	97
fentanyl td patch 72hr 25 mcg/hr . . . . .	4	fluorouracil soln 5% . . . . .	97
fentanyl td patch 72hr 50 mcg/hr . . . . .	4	FLUoxetine HCl . . . . .	24
fentanyl td patch 72hr 75 mcg/hr . . . . .	4	FLUoxetine HCl (PMDD) . . . . .	24
fesoterodine fumarate tab er 24hr 4 mg (Fesoterodine Fumarate ER) . . . . .	111	fluoxetine hcl cap 10 mg . . . . .	24
fesoterodine fumarate tab er 24hr 8 mg (Fesoterodine Fumarate ER) . . . . .	111	fluoxetine hcl cap 20 mg . . . . .	24
finasteride tab 5 mg . . . . .	112	fluoxetine hcl cap 40 mg . . . . .	24
finngolimod hcl cap 0.5 mg (base equiv) . . . . .	90	fluoxetine hcl solution 20 mg/5ml . . . . .	24
flavoxate hcl tab 100 mg . . . . .	111	fluoxetine hcl tab 10 mg . . . . .	24
flecainide acetate tab 100 mg . . . . .	65	fluoxetine hcl tab 20 mg . . . . .	24
flecainide acetate tab 150 mg . . . . .	65	fluphenazine hcl tab 1 mg . . . . .	42
flecainide acetate tab 50 mg . . . . .	65	fluphenazine hcl tab 10 mg . . . . .	42
Flexichamber . . . . .	145	fluphenazine hcl tab 2.5 mg . . . . .	42
Flexichamber Adult Mask/Small . . . . .	145	fluphenazine hcl tab 5 mg . . . . .	42
Flexichamber Child Mask/Large . . . . .	145	Flurbiprofen . . . . .	2
Flexichamber Child Mask/Small . . . . .	145	Flurbiprofen Sodium . . . . .	151
Flotrex (pediatric multivitamins w/fl) . . . . .	101	flurbiprofen tab 100 mg . . . . .	3
fluconazole for susp 10 mg/ml . . . . .	28	Flutamide . . . . .	33
fluconazole for susp 40 mg/ml . . . . .	28	fluticasone propionate cream 0.05% . . . . .	95
fluconazole tab 100 mg . . . . .	28	fluticasone propionate nasal susp 50 mcg/act. . . . .	159
fluconazole tab 150 mg . . . . .	28	fluticasone propionate oint 0.005% . . . . .	95
fluconazole tab 200 mg . . . . .	28		

Fluticasone-Salmeterol	159
fluticasone-salmeterol aer powder ba 100-50 mcg/act	159
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	159
fluticasone-salmeterol aer powder ba 250-50 mcg/act	159
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)	159
fluticasone-salmeterol aer powder ba 500-50 mcg/act	159
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	159
fluvastatin sodium cap 20 mg (base equivalent)	79
fluvastatin sodium cap 40 mg (base equivalent)	79
fluvoxamine maleate tab 100 mg	24
fluvoxamine maleate tab 25 mg	24
fluvoxamine maleate tab 50 mg	24
folic acid tab 1 mg	107
Folivane-OB (prenatal without a vit w/ fe fumaric iron polysacch complex -fa)	101
fosamprenavir calcium tab 700 mg (base equiv)	50
fosfomycin tromethamine powd pack 3 gm (base equivalent)	11
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg (Fosinopril Sodium-HCTZ)	75
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (Fosinopril Sodium-HCTZ)	75
fosinopril sodium tab 10 mg	63
fosinopril sodium tab 20 mg	63
fosinopril sodium tab 40 mg	63
Furosemide	78
furosemide oral soln 10 mg/ml	78
furosemide tab 20 mg	78
furosemide tab 40 mg	78
furosemide tab 80 mg	78
Fuzeon (enfuvirtide)	49

## G

gabapentin cap 100 mg	19
gabapentin cap 300 mg	19
gabapentin cap 400 mg	19
gabapentin oral soln 250 mg/5ml	19
gabapentin tab 600 mg	19
gabapentin tab 800 mg	19
galantamine hydrobromide cap er 24hr 16 mg (Galantamine Hydrobromide ER)	21
galantamine hydrobromide cap er 24hr 24 mg (Galantamine Hydrobromide ER)	21
galantamine hydrobromide cap er 24hr 8 mg (Galantamine Hydrobromide ER)	21
galantamine hydrobromide tab 12 mg	22
galantamine hydrobromide tab 4 mg	22
galantamine hydrobromide tab 8 mg	22
gatifloxacin ophth soln 0.5%	150
GaviLyte-C (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	109
gemfibrozil tab 600 mg	79
Genotropin (somatotropin)	115
Genotropin MiniQuick (somatotropin)	115
Gentak (gentamicin sulfate (ophth))	150
gentamicin sulfate cream 0.1%	10
gentamicin sulfate oint 0.1%	10
gentamicin sulfate ophth soln 0.3%	150
Genvoya (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)	46
Gilenya (fingolimod hcl)	91
Gilotrif (afatinib dimaleate)	36
glatiramer acetate soln prefilled syringe 20 mg/ml	91
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	91
glatiramer acetate soln prefilled syringe 40 mg/ml	91
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	91
Gleostine (lomustine)	32
glimepiride tab 1 mg	54

glimepiride tab 2 mg	54
glimepiride tab 4 mg	54
glipiZIDE	54
glipizide tab 10 mg	54
glipizide tab 5 mg	54
glipizide tab er 24hr 10 mg (glipiZIDE ER)	54
glipizide tab er 24hr 10 mg (GlipiZIDE XL)	54
glipizide tab er 24hr 2.5 mg (GlipiZIDE ER)	54
glipizide tab er 24hr 2.5 mg (GlipiZIDE XL)	54
glipizide tab er 24hr 5 mg (GlipiZIDE ER)	54
glipizide tab er 24hr 5 mg (GlipiZIDE XL)	54
glipizide-metformin hcl tab 2.5-250 mg	54
glipizide-metformin hcl tab 2.5-500 mg	54
glipizide-metformin hcl tab 5-500 mg	54
GlucaGen HypoKit (glucagon hcl (rdna))	57
glucagon (rdna) for inj kit 1 mg (Glucagon Emergency)	57
Glucagon Emergency (glucagon hcl)	57
GlyBURIDE Micronized	54
glyburide tab 1.25 mg	54
glyburide tab 2.5 mg	54
glyburide tab 5 mg	54
glyburide-metformin tab 1.25-250 mg	54
glyburide-metformin tab 2.5-500 mg	54
glyburide-metformin tab 5-500 mg	55
glycopyrrolate tab 1 mg	108
glycopyrrolate tab 2 mg	108
Glyxambi (empagliflozin-linagliptin)	55
granisetron hcl tab 1 mg	28
griseofulvin microsize susp 125 mg/5ml	28
guanfacine hcl tab 1 mg	61
guanfacine hcl tab 2 mg	61
guanfacine hcl tab er 24hr 1 mg (base equiv) (GuanFACINE HCl ER)	86
guanfacine hcl tab er 24hr 2 mg (base equiv) (GuanFACINE HCl ER)	86
guanfacine hcl tab er 24hr 3 mg (base equiv) (guanFACINE HCl ER)	87
guanfacine hcl tab er 24hr 4 mg (base equiv) (GuanFACINE HCl ER)	87
Guanidine HCl	31

## H

halobetasol propionate cream 0.05%	95
halobetasol propionate oint 0.05%	95
haloperidol lactate oral conc 2 mg/ml	42
haloperidol tab 0.5 mg	42
haloperidol tab 1 mg	42
haloperidol tab 10 mg	42
haloperidol tab 2 mg	42
haloperidol tab 20 mg	42
haloperidol tab 5 mg	42
Harvoni (ledipasvir-sofosbuvir)	46
Heparin Sodium (Porcine)	59
heparin sodium (porcine) inj 1000 unit/ml	59
heparin sodium (porcine) inj 10000 unit/ml	59
heparin sodium (porcine) inj 20000 unit/ml	59
heparin sodium (porcine) inj 5000 unit/ml	59
Heparin Sodium (Porcine) PF	59
heparin sodium (porcine) pf inj 1000 unit/ml	59
heparin sodium (porcine) pf inj 5000 unit/0.5ml	59
Homatropaire (homatropine hbr)	149
HumaLOG (insulin lispro)	57
HumaLOG Junior KwikPen (insulin lispro)	57
HumaLOG KwikPen (insulin lispro)	57
HumaLOG Mix 50/50 (insulin lispro protamine & lispro)	57
HumaLOG Mix 50/50 KwikPen (insulin lispro protamine & lispro)	57
HumaLOG Mix 75/25 (insulin lispro protamine & lispro)	57
HumaLOG Mix 75/25 KwikPen (insulin lispro protamine & lispro)	57
HumuLIN R U-500 (CONCENTRATED) (insulin regular (human))	57
hydralazine hcl tab 10 mg	82
hydralazine hcl tab 100 mg	82
hydralazine hcl tab 25 mg	82
hydralazine hcl tab 50 mg	82
hydrochlorothiazide cap 12.5 mg	78
hydrochlorothiazide tab 12.5 mg	78

hydrochlorothiazide tab 25 mg . . . . .	78	hydrocortisone tab 5 mg . . . . .	142
hydrochlorothiazide tab 50 mg . . . . .	78	hydrocortisone valerate cream 0.2% . . . . .	96
Hydrocod Poli-Chlorphe Poli ER (hydrocodone polistirex-chlorpheniramine polistirex) . . . . .	159	hydrocortisone valerate oint 0.2% . . . . .	96
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (Hydrocod Poli-Chlorphe Poli ER) . . .	160	hydrocortisone w/ acetic acid otic soln 1-2% (Hydrocortisone-Acetic Acid) . . . . .	153
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (HYDROcodone Bit- Homatrop MBr) . . . . .	160	hydromorphone hcl tab 2 mg . . . . .	6
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet) . . . . .	160	hydromorphone hcl tab 4 mg . . . . .	6
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (HYDROcodone Bit-Homatrop MBr) . . . . .	160	hydromorphone hcl tab 8 mg . . . . .	6
HYDROcodone-Acetaminophen . . . . .	6	hydroxychloroquine sulfate tab 100 mg . . . . .	38
hydrocodone-acetaminophen tab 10-325 mg . .	6	hydroxychloroquine sulfate tab 200 mg . . . . .	38
hydrocodone-acetaminophen tab 5-325 mg . .	6	hydroxychloroquine sulfate tab 300 mg . . . . .	38
hydrocodone-acetaminophen tab 7.5-325 mg .	6	hydroxychloroquine sulfate tab 400 mg . . . . .	38
hydrocodone-ibuprofen tab 7.5-200 mg . . . . .	6	hydroxyurea cap 500 mg . . . . .	34
Hydrocortisone (hydrocortisone (topical)) . . . .	95	hydroxyzine hcl syrup 10 mg/5ml . . . . .	154
Hydrocortisone Ace-Pramoxine (hydrocortisone acetate w/ pramoxine) . . . . .	97	hydroxyzine hcl tab 10 mg . . . . .	154
hydrocortisone acetate suppos 25 mg . . . . .	95	hydroxyzine hcl tab 25 mg . . . . .	154
Hydrocortisone Butyrate . . . . .	95	hydroxyzine hcl tab 50 mg . . . . .	154
hydrocortisone butyrate cream 0.1% . . . . .	95	HydrOXYzine Pamoate . . . . .	154
hydrocortisone butyrate oint 0.1% . . . . .	95	hydroxyzine pamoate cap 25 mg . . . . .	154
hydrocortisone cream 2.5% . . . . .	95	hydroxyzine pamoate cap 50 mg . . . . .	154
hydrocortisone cream 2.5% (Ala-Cort) . . . . .	95	hyoscyamine sulfate elixir 0.125 mg/5ml . . . .	108
hydrocortisone enema 100 mg/60ml . . . . .	142	hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne) . . . . .	108
hydrocortisone lotion 2.5% . . . . .	96	hyoscyamine sulfate sl tab 0.125 mg . . . . .	108
hydrocortisone oint 2.5% . . . . .	96	hyoscyamine sulfate sl tab 0.125 mg (Oscimin) . . . . .	108
hydrocortisone perianal cream 2.5% (Hydrocortisone (Perianal)) . . . . .	96	hyoscyamine sulfate sl tab 0.125 mg (Symax- Sl) . . . . .	108
hydrocortisone perianal cream 2.5% (Procto- Med Hc) . . . . .	96	hyoscyamine sulfate soln 0.125 mg/ml . . . . .	108
hydrocortisone perianal cream 2.5% (Proctosol Hc) . . . . .	96	hyoscyamine sulfate soln 0.125 mg/ml (Hyosyne) . . . . .	108
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levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28)) . . . . .	124	levothyroxine sodium tab 300 mcg . . . . .	135
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levothyroxine sodium tab 125 mcg (Euthyrox) .	134	syringe 2% . . . . .	8
levothyroxine sodium tab 125 mcg (Levoxyl) . .	134	lidocaine hcl urethral/mucosal gel prefilled	
levothyroxine sodium tab 137 mcg . . . . .	134	syringe 2% (Glydo) . . . . .	8
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levothyroxine sodium tab 175 mcg (Levoxyl) . .	135	lidocaine patch 5% (Tridacaine lii) . . . . .	9
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Lomaira (phentermine hcl).....	89	lurasidone hcl tab 20 mg.....	43
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Maprotiline HCl . . . . .	23	methadone hcl soln 10 mg/5ml . . . . .	4
Marathon Medical Pentips . . . . .	146	methadone hcl soln 5 mg/5ml . . . . .	4
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Promethazine VC (promethazine & phenylephrine).....	160	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm).....	160
Promethazine VC/Codeine (promethazine-phenylephrine-codeine).....	160	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromphen-Pseudoeph-DM).....	160
promethazine w/ codeine syrup 6.25-10 mg/5ml (Promethazine-Codeine).....	160	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Pseudoeph-Bromphen-DM).....	160
promethazine-dm syrup 6.25-15 mg/5ml.....	160	pyrazinamide tab 500 mg.....	32
Promethazine-Phenylephrine (promethazine & phenylephrine).....	160	Pyridostigmine Bromide.....	31
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (Promethazine-Phenyleph-Codeine).....	160	pyridostigmine bromide tab 60 mg.....	31
Promethegan (promethazine hcl).....	27	pyrimethamine tab 25 mg.....	39

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QUETiapine Fumarate . . . . .	44
quetiapine fumarate tab 100 mg . . . . .	44
quetiapine fumarate tab 200 mg . . . . .	44
quetiapine fumarate tab 25 mg . . . . .	44
quetiapine fumarate tab 300 mg . . . . .	44
quetiapine fumarate tab 400 mg . . . . .	44
quetiapine fumarate tab 50 mg . . . . .	44
quinapril hcl tab 10 mg . . . . .	64
quinapril hcl tab 20 mg . . . . .	64
quinapril hcl tab 40 mg . . . . .	64
quinapril hcl tab 5 mg . . . . .	64
Quinapril-hydroCHLOROthiazide . . . . .	77
quinapril-hydrochlorothiazide tab 10-12.5 mg .	77
quinapril-hydrochlorothiazide tab 20-12.5 mg .	77
quinapril-hydrochlorothiazide tab 20-25 mg .	77
quinidine gluconate tab er 324 mg (QuiNIDine Gluconate ER) . . . . .	65
quiNIDine Sulfate . . . . .	65
quinidine sulfate tab 200 mg . . . . .	65
quinidine sulfate tab 300 mg . . . . .	65
quinine sulfate cap 324 mg . . . . .	39
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raloxifene hcl tab 60 mg . . . . .	134
ramelteon tab 8 mg . . . . .	161
ramipril cap 1.25 mg . . . . .	64
ramipril cap 10 mg . . . . .	64
ramipril cap 2.5 mg . . . . .	64
ramipril cap 5 mg . . . . .	64
ranolazine tab er 12hr 1000 mg (Ranolazine ER) . . . . .	77
ranolazine tab er 12hr 500 mg (Ranolazine ER)	77
rasagiline mesylate tab 0.5 mg (base equiv) . .	41
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repaglinide tab 1 mg . . . . .	56
repaglinide tab 2 mg . . . . .	56
Repatha (evolocumab) . . . . .	81
Repatha Pushtronex System (evolocumab) . . .	81
Repatha SureClick (evolocumab) . . . . .	81
Restasis (cyclosporine (ophth)) . . . . .	149
Restasis Multidose (cyclosporine (ophth)) . . .	149
Retacrit (epoetin alfa-epbx) . . . . .	60
Revlimid (lenalidomide) . . . . .	33
Reyataz (atazanavir sulfate) . . . . .	50
Ribavirin (ribavirin (hepatitis c)) . . . . .	46
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ribavirin tab 200 mg . . . . .	46
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rifampin cap 150 mg . . . . .	32
rifampin cap 300 mg . . . . .	32
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Rinvoq (upadacitinib) . . . . .	138
Rinvoq LQ (upadacitinib) . . . . .	138
risedronate sodium tab 150 mg . . . . .	142
risedronate sodium tab 30 mg . . . . .	142
risedronate sodium tab 35 mg . . . . .	142
risedronate sodium tab 5 mg . . . . .	142
risedronate sodium tab delayed release 35 mg . . . . .	142
risperidone soln 1 mg/ml . . . . .	44
risperidone tab 0.25 mg . . . . .	44
risperidone tab 0.5 mg . . . . .	44
risperidone tab 1 mg . . . . .	44
risperidone tab 2 mg . . . . .	44
risperidone tab 3 mg . . . . .	44
risperidone tab 4 mg . . . . .	44
RiteFlo . . . . .	147
ritonavir tab 100 mg . . . . .	50

rivastigmine tartrate cap 1.5 mg (base equivalent) . . . . .	22
rivastigmine tartrate cap 3 mg (base equivalent) . . . . .	22
rivastigmine tartrate cap 4.5 mg (base equivalent) . . . . .	22
rivastigmine tartrate cap 6 mg (base equivalent) . . . . .	22
rivastigmine td patch 24hr 13.3 mg/24hr . . . . .	22
rivastigmine td patch 24hr 4.6 mg/24hr . . . . .	22
rivastigmine td patch 24hr 9.5 mg/24hr . . . . .	22
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) . . . . .	30
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) . . . . .	30
rizatriptan benzoate tab 10 mg (base equivalent) . . . . .	30
rizatriptan benzoate tab 5 mg (base equivalent) . . . . .	30
roflumilast tab 250 mcg . . . . .	157
roflumilast tab 500 mcg . . . . .	157
ropinirole hydrochloride tab 0.25 mg (rOPINIRole HCl) . . . . .	40
ropinirole hydrochloride tab 0.5 mg (rOPINIRole HCl) . . . . .	40
ropinirole hydrochloride tab 1 mg (ROPINIRole HCl) . . . . .	40
ropinirole hydrochloride tab 2 mg (ROPINIRole HCl) . . . . .	40
ropinirole hydrochloride tab 3 mg (ROPINIRole HCl) . . . . .	40
ropinirole hydrochloride tab 4 mg (ROPINIRole HCl) . . . . .	40
ropinirole hydrochloride tab 5 mg (ROPINIRole HCl) . . . . .	40
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (rOPINIRole HCl ER) . . . . .	40
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIRole HCl ER) . . . . .	40
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (rOPINIRole HCl ER) . . . . .	41

ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIRole HCl ER) . . . . .	41
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (rOPINIRole HCl ER) . . . . .	41
rosuvastatin calcium tab 10 mg . . . . .	80
rosuvastatin calcium tab 20 mg . . . . .	80
rosuvastatin calcium tab 40 mg . . . . .	80
rosuvastatin calcium tab 5 mg . . . . .	80
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Saxenda (liraglutide (weight management)) . . . . .	162
scopolamine td patch 72hr 1 mg/3days . . . . .	27
Se-Natal 19 (prenatal vit w/ docusate-fe fumarate-folic acid) . . . . .	104
selegiline hcl cap 5 mg . . . . .	42
selegiline hcl tab 5 mg . . . . .	42
selenium sulfide lotion 2.5% . . . . .	96
Selzentry (maraviroc) . . . . .	49
sertraline hcl oral concentrate for solution 20 mg/ml . . . . .	24
sertraline hcl tab 100 mg . . . . .	25
sertraline hcl tab 25 mg . . . . .	25
sertraline hcl tab 50 mg . . . . .	25
sevelamer carbonate packet 0.8 gm . . . . .	106
sevelamer carbonate packet 2.4 gm . . . . .	106
sevelamer carbonate tab 800 mg . . . . .	106
sildenafil citrate tab 100 mg . . . . .	113
sildenafil citrate tab 20 mg . . . . .	158
sildenafil citrate tab 25 mg . . . . .	113
sildenafil citrate tab 50 mg . . . . .	113
silodosin cap 4 mg . . . . .	112
silodosin cap 8 mg . . . . .	112
silver sulfadiazine cream 1% . . . . .	98
silver sulfadiazine cream 1% (Ssd) . . . . .	98
Simbrinza (brinzolamide-brimonidine tartrate) . . . . .	152
Simponi (golimumab) . . . . .	141
simvastatin tab 10 mg . . . . .	80

simvastatin tab 20 mg . . . . .	80	sorafenib tosylate tab 200 mg (base equivalent) . . . . .	37
simvastatin tab 40 mg . . . . .	80	sotalol hcl (afib/afl) tab 120 mg (Sotalol Hcl (af)) . . . . .	65
simvastatin tab 5 mg . . . . .	80	sotalol hcl (afib/afl) tab 160 mg (Sotalol Hcl (af)) . . . . .	65
simvastatin tab 80 mg . . . . .	80	sotalol hcl (afib/afl) tab 80 mg (Sotalol Hcl (af)) . . . . .	65
sirolimus oral soln 1 mg/ml . . . . .	141	sotalol hcl tab 120 mg . . . . .	65
sirolimus tab 0.5 mg . . . . .	141	sotalol hcl tab 120 mg (Sorine) . . . . .	65
sirolimus tab 1 mg . . . . .	141	sotalol hcl tab 160 mg . . . . .	65
sirolimus tab 2 mg . . . . .	141	sotalol hcl tab 160 mg (Sorine) . . . . .	65
Skyrizi (150 MG Dose) (risankizumab-rzaa) . . .	138	sotalol hcl tab 240 mg . . . . .	65
Skyrizi (risankizumab-rzaa (crohn's)) . . . . .	138	sotalol hcl tab 240 mg (Sorine) . . . . .	65
Skyrizi (risankizumab-rzaa) . . . . .	138	sotalol hcl tab 80 mg . . . . .	66
Skyrizi Pen (risankizumab-rzaa) . . . . .	138	sotalol hcl tab 80 mg (Sorine) . . . . .	66
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sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Na Sulfate-K Sulfate-Mg Sulf) . . .	108	Spinosad . . . . .	99
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sodium chloride soln nebu 10% . . . . .	161	Spiriva Respimat (tiotropium bromide monohydrate) . . . . .	155
sodium chloride soln nebu 3% . . . . .	161	spironolactone & hydrochlorothiazide tab 25-25 mg (Spironolactone-HCTZ) . . . . .	77
sodium chloride soln nebu 3% (Nebusal) . . . . .	161	spironolactone tab 100 mg . . . . .	81
sodium chloride soln nebu 7% . . . . .	161	spironolactone tab 25 mg . . . . .	81
sodium chloride soln nebu 7% (Pulmosal) . . . . .	161	spironolactone tab 50 mg . . . . .	81
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sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) . . . . .	104	SSS 10-5 (sulfacetamide sodium w/ sulfur) . . . . .	98
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) . . . . .	104	Stavudine . . . . .	48
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) . . . . .	104	Stelara (ustekinumab) . . . . .	138
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NaFrinse) . . . . .	104	Stivarga (regorafenib) . . . . .	37
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) . . . . .	104	Striverdi Respimat (olodaterol hcl) . . . . .	156
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex) . . . . .	106	sucralfate susp 1 gm/10ml . . . . .	110
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf)) . . . . .	106	sucralfate tab 1 gm . . . . .	110
Sodium Sulfacetamide-Bakuchiol (sulfacetamide sodium in bakuchiol vehicle) . .	98	Sulfacetamide Sodium (sulfacetamide sodium (ophth)) . . . . .	150
solifenacin succinate tab 10 mg . . . . .	111	sulfacetamide sodium liquid 10% . . . . .	98
solifenacin succinate tab 5 mg . . . . .	111	sulfacetamide sodium liquid 10% (Sodium Sulfacetamide Wash) . . . . .	98

sulfacetamide sodium lotion 10% (acne) (Sulfacetamide Sodium (Acne)).....	93	Sulfacetamide-Prednisolone (sulfacetamide sod-prednisolone).....	149
sulfacetamide sodium ophth soln 10%.....	150	sulfadiazine tab 500 mg.....	16
sulfacetamide sodium shampoo 10% (Sodium Sulfacetamide).....	98	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	16
sulfacetamide sodium w/ sulfur cleanser 10-2% (Sulfacetamide Sodium-Sulfur).....	98	sulfamethoxazole-trimethoprim tab 400-80 mg.....	16
sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser).....	98	sulfamethoxazole-trimethoprim tab 800-160 mg.....	16
sulfacetamide sodium w/ sulfur cleanser 10-5% (Sulfacetamide Sodium-Sulfur).....	98	sulfasalazine tab 500 mg.....	141
sulfacetamide sodium w/ sulfur cleanser 9-4% (Sulfacetamide Sodium-Sulfur).....	98	sulfasalazine tab delayed release 500 mg....	141
sulfacetamide sodium w/ sulfur cleanser 9.8- 4.8% (Sulfacetamide Sodium-Sulfur).....	98	sulindac tab 150 mg.....	3
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (Sulfacetamide Sodium-Sulfur).....	98	sulindac tab 200 mg.....	3
sulfacetamide sodium w/ sulfur cream 10-2% (Sulfacetamide Sodium-Sulfur).....	98	sumatriptan nasal spray 20 mg/act.....	30
sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5).....	98	sumatriptan nasal spray 5 mg/act.....	30
sulfacetamide sodium w/ sulfur cream 10-5% (Sulfacetamide Sodium-Sulfur).....	98	SUMatriptan Succinate.....	30
sulfacetamide sodium w/ sulfur cream 9.8-4.8% (Sulfacetamide Sodium-Sulfur).....	98	sumatriptan succinate inj 6 mg/0.5ml.....	30
sulfacetamide sodium w/ sulfur lotion 10-5% (Sulfacetamide Sodium-Sulfur).....	99	SUMatriptan Succinate Refill.....	30
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (Sulfacetamide Sodium-Sulfur).....	99	sumatriptan succinate solution auto-injector 4 mg/0.5ml.....	31
sulfacetamide sodium w/ sulfur susp 10-5% (Sulfacetamide Sodium-Sulfur).....	99	sumatriptan succinate solution auto-injector 6 mg/0.5ml.....	31
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacetamide Sodium-Sulfur).....	99	sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMatriptan Succinate Refill)....	31
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4).....	99	sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMatriptan Succinate Refill)....	31
sulfacetamide sodium w/ sulfur wash 9-4% (Sulfacetamide Sod-Sulfur Wash).....	99	sumatriptan succinate tab 100 mg.....	31
sulfacetamide sodium w/ sulfur wash 9-4% (Sulfacetamide Sodium-Sulfur).....	99	sumatriptan succinate tab 25 mg.....	31
Sulfacetamide Sodium-Sulfur (sulfacetamide sodium w/ sulfur).....	99	sumatriptan succinate tab 50 mg.....	31
		sunitinib malate cap 12.5 mg (base equivalent).....	37
		sunitinib malate cap 25 mg (base equivalent) .	37
		sunitinib malate cap 37.5 mg (base equivalent).....	37
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		Sure Comfort Pen Needles.....	147
		Symdeko (tezacaftor-ivacaftor).....	156
		Symtuza (darunavir-cobicistat-emtricitabine- tenofovir alafenamide).....	50
		Synarel (nafarelin acetate).....	136
		Synjardy (empagliflozin-metformin hcl).....	56

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 Synthroid (levothyroxine sodium) . . . . . 136

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 tacrolimus cap 0.5 mg . . . . . 141  
 tacrolimus cap 1 mg . . . . . 141  
 tacrolimus cap 5 mg . . . . . 141  
 tacrolimus oint 0.03% . . . . . 96  
 tacrolimus oint 0.1% . . . . . 96  
 tadalafil tab 10 mg . . . . . 112  
 tadalafil tab 2.5 mg . . . . . 112  
 tadalafil tab 20 mg . . . . . 112  
 tadalafil tab 20 mg (pah) (Alyq) . . . . . 158  
 tadalafil tab 20 mg (pah) (Tadalafil (PAH)) . . 158  
 tadalafil tab 5 mg . . . . . 112  
 Tafinlar (dabrafenib mesylate) . . . . . 37  
 Tagrisso (osimertinib mesylate) . . . . . 37  
 tamoxifen citrate tab 10 mg (base equivalent) 34  
 tamoxifen citrate tab 20 mg (base  
 equivalent) . . . . . 34  
 tamsulosin hcl cap 0.4 mg . . . . . 112  
 Taron-C DHA (prenatal vit w/ fe fum-iron  
 polysacch complex -fa-omega 3) . . . . . 104  
 Tasigna (nilotinib hcl) . . . . . 37  
 tazarotene cream 0.05% . . . . . 93  
 tazarotene cream 0.1% . . . . . 93  
 tazarotene gel 0.05% . . . . . 93  
 tazarotene gel 0.1% . . . . . 93  
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 telmisartan tab 40 mg . . . . . 62  
 telmisartan tab 80 mg . . . . . 63  
 Telmisartan-Amlodipine . . . . . 77  
 telmisartan-amlodipine tab 40-10 mg . . . . . 77  
 telmisartan-amlodipine tab 40-5 mg . . . . . 77  
 telmisartan-amlodipine tab 80-10 mg . . . . . 77  
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 temazepam cap 15 mg . . . . . 161  
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 temazepam cap 30 mg . . . . . 162  
 temazepam cap 7.5 mg . . . . . 162  
 Temixys (lamivudine-tenofovir disoproxil  
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 tenofovir disoproxil fumarate tab 300 mg . . . 48  
 terazosin hcl cap 1 mg (base equivalent) . . . . 62  
 terazosin hcl cap 10 mg (base equivalent) . . . 62  
 terazosin hcl cap 2 mg (base equivalent) . . . . 62  
 terazosin hcl cap 5 mg (base equivalent) . . . . 62  
 terbinafine hcl tab 250 mg . . . . . 29  
 terconazole vaginal cream 0.4% . . . . . 29  
 terconazole vaginal cream 0.8% . . . . . 29  
 teriflunomide tab 14 mg . . . . . 91  
 teriflunomide tab 7 mg . . . . . 91  
 Testosterone . . . . . 116  
 testosterone cypionate im inj in oil 100  
 mg/ml . . . . . 116  
 testosterone cypionate im inj in oil 100 mg/ml  
 (Depo-Testosterone) . . . . . 116  
 testosterone cypionate im inj in oil 200  
 mg/ml . . . . . 116  
 testosterone cypionate im inj in oil 200 mg/ml  
 (Depo-Testosterone) . . . . . 116  
 Testosterone Enanthate . . . . . 116  
 testosterone td gel 12.5 mg/act (1%) . . . . . 116  
 testosterone td gel 20.25 mg/1.25gm (1.62%) . 116  
 testosterone td gel 20.25 mg/act (1.62%) . . . . 117  
 testosterone td gel 25 mg/2.5gm (1%) . . . . . 117  
 testosterone td gel 40.5 mg/2.5gm (1.62%) . . 117  
 testosterone td gel 50 mg/5gm (1%) . . . . . 117  
 tetracycline hcl cap 250 mg . . . . . 17  
 tetracycline hcl cap 500 mg . . . . . 17  
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theophylline tab er 12hr 450 mg (Theophylline ER).....	157	tolterodine tartrate tab 1 mg.....	112
theophylline tab er 24hr 400 mg (Theophylline ER).....	157	tolterodine tartrate tab 2 mg.....	112
theophylline tab er 24hr 600 mg (Theophylline ER).....	157	topiramate sprinkle cap 15 mg.....	18
thioridazine hcl tab 10 mg.....	42	topiramate sprinkle cap 25 mg.....	18
thioridazine hcl tab 100 mg.....	42	topiramate tab 100 mg.....	18
thioridazine hcl tab 25 mg.....	42	topiramate tab 200 mg.....	18
thioridazine hcl tab 50 mg.....	42	topiramate tab 25 mg.....	18
thiothixene cap 1 mg.....	43	topiramate tab 50 mg.....	18
thiothixene cap 10 mg.....	43	toremifene citrate tab 60 mg (base equivalent).....	34
thiothixene cap 2 mg.....	43	torsemide tab 10 mg.....	78
thiothixene cap 5 mg.....	43	torsemide tab 100 mg.....	78
Thrivite Rx (prenatal vit w/ iron carbonyl-folic acid).....	105	torsemide tab 20 mg.....	78
Thyroid.....	136	torsemide tab 5 mg.....	78
Tibsovo (ivosidenib).....	37	Toujeo Max SoloStar (insulin glargine).....	58
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timolol maleate ophth gel forming soln 0.5%.....	151	Tracleer (bosentan).....	158
timolol maleate ophth soln 0.25%.....	151	traMADol HCl (ER Biphasic).....	4
timolol maleate ophth soln 0.5%.....	151	tramadol hcl tab 100 mg.....	8
tinidazole tab 250 mg.....	12	tramadol hcl tab 50 mg.....	8
tinidazole tab 500 mg.....	12	tramadol hcl tab er 24hr 100 mg (TraMADol HCl ER).....	4
tiopronin tab 100 mg.....	113	tramadol hcl tab er 24hr 200 mg (TraMADol HCl ER).....	4
tiopronin tab delayed release 100 mg.....	113	tramadol hcl tab er 24hr 300 mg (TraMADol HCl ER).....	4
tiopronin tab delayed release 300 mg.....	113	tramadol hcl tab er 24hr biphasic release 100 mg (traMADol HCl (ER Biphasic)).....	5
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Tivicay PD (dolutegravir sodium).....	47	tramadol hcl tab er 24hr biphasic release 300 mg (traMADol HCl (ER Biphasic)).....	5
tizanidine hcl tab 2 mg (base equivalent).....	45	tramadol-acetaminophen tab 37.5-325 mg.....	8
tizanidine hcl tab 4 mg (base equivalent).....	45	trandolapril tab 1 mg.....	64
TobraDex (tobramycin-dexamethasone).....	149	trandolapril tab 2 mg.....	64
tobramycin nebu soln 300 mg/5ml.....	156	trandolapril tab 4 mg.....	64
tobramycin ophth soln 0.3%.....	150	tranexamic acid tab 650 mg.....	60
tobramycin-dexamethasone ophth susp 0.3-0.1%.....	149	tranylcypromine sulfate tab 10 mg.....	23
tolterodine tartrate cap er 24hr 2 mg (Tolterodine Tartrate ER).....	111		

travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travoprost (BAK Free))	152	triamterene & hydrochlorothiazide tab 37.5-25 mg (Triamterene-HCTZ)	77
trazodone hcl tab 100 mg	25	triamterene & hydrochlorothiazide tab 75-50 mg (Triamterene-HCTZ)	77
trazodone hcl tab 150 mg	25	TriCare (prenatal vit w/ ferrous fumarate-folic acid)	105
trazodone hcl tab 300 mg	25	trifluoperazine hcl tab 1 mg (base equivalent)	43
trazodone hcl tab 50 mg	25	trifluoperazine hcl tab 10 mg (base equivalent)	43
Trecator (ethionamide)	32	trifluoperazine hcl tab 2 mg (base equivalent)	43
Trelegy Ellipta (fluticasone-umeclidinium-vilanterol)	161	trifluoperazine hcl tab 5 mg (base equivalent)	43
Tremfya (guselkumab)	138	Trifluridine	150
Tresiba (insulin degludec)	58	Trihexyphenidyl HCl	39
Tresiba FlexTouch (insulin degludec)	58	trihexyphenidyl hcl oral soln 0.4 mg/ml	39
tretinoin cap 10 mg	38	trihexyphenidyl hcl tab 2 mg	39
tretinoin cream 0.025%	93	trihexyphenidyl hcl tab 5 mg	39
tretinoin cream 0.05%	93	trimethobenzamide hcl cap 300 mg	27
tretinoin cream 0.1%	93	Trimethoprim	12
tretinoin gel 0.01%	93	trimethoprim tab 100 mg	12
tretinoin gel 0.025%	93	trimipramine maleate cap 100 mg	26
tretinoin gel 0.05%	93	trimipramine maleate cap 25 mg	26
Tri-Vite/Fluoride (pediatric vitamins acd w/ fluoride)	107	trimipramine maleate cap 50 mg	26
triamcinolone acetonide cream 0.025%	96	Trinatal Rx 1 (prenatal vit w/ ferrous fumarate-folic acid)	105
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triamcinolone acetonide cream 0.5%	96	Triumeq PD (abacavir-dolutegravir-lamivudine)	49
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valganciclovir hcl tab 450 mg (base equivalent) . . . . .	45
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varenicline tartrate tab 1 mg (base equiv) . . . . .	10
varenicline tartrate tab 1 mg (base equiv) (Varenicline Tartrate(Continue)) . . . . .	10
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## NOTICES AVAILABLE ONLINE

### Nondiscrimination and Language Assistance Services

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

View our nondiscrimination notice and language assistance notice: [blueshieldca.com/notices](https://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](https://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](https://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](https://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](https://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](https://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](http://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](http://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

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

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

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

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



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

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

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

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

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

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

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

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

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