

Plus Drug Formulary

February 2021

Blue Shield of California Life & Health Insurance Company

This formulary corresponds with the following plans:

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

This formulary was last updated on 02/01/2021. This formulary is subject to change and all previous versions of the formulary no longer apply. For the most current information about the *Plus Drug Formulary*, visit [blueshieldca.com/pharmacy](https://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 *Certificate of Insurance*. For plan and coverage documents, visit https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer_contents_en/policies. For additional information about your plan, call the customer service number on your Blue Shield member ID card.

Table of Contents

Informational Section	II
Definitions.....	II
How do I find a drug on this list?.....	III
How do I know if the drug listed is a brand or generic drug?.....	III
What are drug tiers?	III
How to read the formulary.....	IV
How often will the formulary change?	V
What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?	V
What are preventive health drugs?	V
What is a contraceptive drug or device?	V
What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?	V
What if my drug requires a prior authorization or step therapy?	VI
What if my drug is non-formulary or not listed?	VI
Participating retail pharmacies	VI
What are specialty drugs?	VII
Mail service pharmacy	VII
Categorical List of Prescription Drugs.....	1
Index of Prescription Drugs.....	344

Informational Section

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

Definitions

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

Term
"Brand name drug" means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.
"Coinsurance" means a percentage of the cost of a covered health benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.
"Copayment" means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.
"Deductible" means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay for your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.
"Drug Tier" means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.
"Exception request" means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.
"Exigent circumstances" means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.
"Formulary" or "prescription drug list" means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.
"Generic drug" means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in <i>italicized lowercase</i> letters.
"Medically necessary" means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.
"Non-formulary drug" means a prescription drug that is not listed on this formulary.
"Out-of-pocket costs" means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.
"Prescribing provider" means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.
"Prescription" means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.
"Prescription drug" means a drug that by law requires a prescription.
"Preventive Health Drugs" are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge when specific criteria are met.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force.

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

Term
<p>"Prior authorization" means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.</p>
<p>"Step therapy" means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.</p>

How do I find a drug on this list?

The drugs are 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.

You can search this list using the brand or generic name of the drug by:

- Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or
- Searching 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 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 italics*.
 - When a generic drug is marketed with a brand name, the brand name will be listed after the generic name in parentheses in all CAPITALS.
- A brand name drug is listed in all CAPITALS followed by the generic name in parentheses in *lowercase italics*.

Example

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

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier, including any applicable maximum cost share, in the Summary of Benefits of your Blue Shield *Certificate of Insurance* (COI).

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

Drug Tier†	Description
1	Most generic drugs or 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 are biologics; drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than \$600 for a one-month supply
-

[†] Preventive health drugs, including contraceptive drugs and devices are covered at \$0 when specific criteria are met.

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

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

How to read the formulary

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

Coverage Requirements and Limits		Description
AL1	Age Limit	Prior authorization may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations.
GL	Gender Limit	Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
OAC	Oral Anti-Cancer	There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your Summary of Benefits for more detailed information.
PA	Prior Authorization	Prior authorization is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
PH	Preventive Health Drugs	Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, are covered at \$0 when specific criteria are met. *
QLC	Quantity Limit	The prescription quantity covered is limited. Prior authorization is required for amounts greater than the limit.
RO	Retail Only	This prescription can be dispensed at retail pharmacies only. It is not covered through mail service.
SF	Starter Fill	Blue Shield's Starter Fill Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for up to a 15-day supply. When this occurs, the copayment or coinsurance will be prorated.
SP	Specialty Pharmacy	These drugs are available exclusively through select specialty pharmacies.
ST	Step Therapy	Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria are met.

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

How often will the formulary change?

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

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

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

- Moving a drug or dosage form to a higher tier
- Removal of a drug or dosage form from the formulary
- Adding or changing utilization management requirements or limits for a drug
 - When a step therapy utilization management requirement changes, the new requirement will not require you to repeat the step therapy if you are already taking the drug for your condition as long as the drug is still appropriate, your provider continues to prescribe the drug, and the drug is still considered safe and effective for your condition. Health & Saf. C. § 1367.22 and CIC § 10123.201(c)(2)(B)7.

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

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

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

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

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

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the insured.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit blueshieldca.com/pharmacy.

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy.

Most generic drug contraceptives and contraceptive devices are covered at no charge to the insured.* Most brand drug contraceptives require a copayment, which may be waived based on medical necessity. Physicians or members may provide medical necessity information using the prior authorization process by calling or faxing a form to Blue Shield Pharmacy Services. (See "What is the prior authorization/exception request process?" below.)

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, urine test strips, lancets, insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

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

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

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

Step therapy requirements are based on how the FDA recommends that 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.

To request a prior authorization or an 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 prior authorization or 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. 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 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.

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 *Certificate of Insurance*.

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

Participating retail pharmacies

You can fill prescriptions up to a 30-day supply at any participating (network) pharmacy, unless it is a prescription for a specialty drug. Refer to your Blue Shield *Certificate of Insurance* (COI) for exceptions to day supply limits. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit blueshieldca.com/pharmacy.

What are specialty drugs?

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

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

Mail service pharmacy

Blue Shield offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. 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 mail service prescription benefit, visit blueshieldca.com/pharmacy.

Categorical List of Prescription Drugs

ANALGESICS (Drugs for Pain)	1
ANESTHETICS (Drugs for Numbing)	19
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)	20
ANTIBACTERIALS (Drugs for Bacterial Infections)	22
ANTICONVULSANTS (Drugs for Seizures)	36
ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)	45
ANTIDEPRESSANTS (Drugs for Depression)	47
ANTIEMETICS (Drugs for Nausea and Vomiting)	55
ANTIFUNGALS (Drugs for Fungal Infections)	58
ANTIGOUT AGENTS (Drugs for Gout)	61
ANTIMIGRAINE AGENTS (Drugs for Migraine)	62
ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)	65
ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)	66
ANTINEOPLASTICS (Drugs for Cancer)	67
ANTIPARASITICS (Drugs for Parasitic Infections)	76
ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)	78
ANTIPSYCHOTICS (Drugs for Mental Health)	83
ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)	89
ANTIVIRALS (Drugs for Viral Infections)	89
ANXIOLYTICS (Drugs for Anxiety)	99
BIPOLAR AGENTS (Drugs for Bipolar Disorder)	102
BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)	102
BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)	113
CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)	119
CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)	153
DENTAL AND ORAL AGENTS (Drugs for the Mouth)	167
DERMATOLOGICAL AGENTS (Drugs for the Skin)	167
ELECTROLYTES/MINERALS/METALS/VITAMINS	186
GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)	204
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic, Enzyme or Protein Disorders)	213
GENITOURINARY AGENTS (Drugs for Genital, Bladder, and Kidney)	216
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)	221
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)	226
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)	229
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for the Thyroid)	251
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Drugs for Suppressing Hormones from the Pituitary Gland)	256
HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drugs for the Thyroid)	257

IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)	257
INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)	265
METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)	267
MISCELLANEOUS THERAPEUTIC AGENTS	269
OPHTHALMIC AGENTS (Drugs for the Eyes)	314
OTIC AGENTS (Drugs for the Ears)	323
RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)	324
SKELETAL MUSCLE RELAXANTS (Drugs for Muscle Tightness)	339
SLEEP DISORDER AGENTS (Drugs for Sleep Problems)	341

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS (Drugs for Pain)		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)		
ANAPROX DS (<i>naproxen sodium</i>) 550 MG TAB	TIER 3	
ARTHROTEC (<i>diclofenac w/ misoprostol</i>) 50-0.2 MG TAB DR, 75-0.2 MG TAB DR	TIER 3	
BUTALBITAL-ASPIRIN-CAFFEINE --50-325-40 MG TAB	TIER 1	QLC (6 tabs/day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	TIER 1	QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> (BUTALBITAL-ASA-CAFFEINE)	TIER 1	QLC (6 caps/day; max 48 caps/30 days)
CAMBIA (<i>diclofenac potassium (migraine)</i>) 50 MG PACKET	TIER 3	PA, QLC (9 packs/month)
CELEBREX (<i>celecoxib</i>) 400 MG CAP	TIER 3	QLC (1 cap/day)
CELEBREX (<i>celecoxib</i>) 50 MG CAP, 100 MG CAP, 200 MG CAP	TIER 3	QLC (2 caps/day)
<i>celecoxib cap 100 mg</i>	TIER 1	QLC (2 caps/day)
<i>celecoxib cap 200 mg</i>	TIER 1	QLC (2 caps/day)
<i>celecoxib cap 400 mg</i>	TIER 1	QLC (1 cap/day)
<i>celecoxib cap 50 mg</i>	TIER 1	QLC (2 caps/day)
DAYPRO (<i>oxaprozin</i>) 600 MG TAB	TIER 3	
DICLOFENAC 35 MG CAP	TIER 3	PA, QLC (3 caps/day)
DICLOFENAC EPOLAMINE 1.3 % PATCH	TIER 1	PA, QLC (2 patches/day; max 30 patches/30 days)
<i>diclofenac potassium tab 50 mg</i>	TIER 1	
<i>diclofenac potassium tab 50 mg</i> (CATAFLAM)	TIER 1	
<i>diclofenac sodium soln 1.5%</i>	TIER 1	PA, QLC (1 bottle/month)
<i>diclofenac sodium soln 1.5%</i> (KLOFENSAID II)	TIER 1	PA, QLC (1 bottle/month)
<i>diclofenac sodium tab delayed release 25 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diclofenac sodium tab delayed release 50 mg</i>	TIER 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	TIER 1	
<i>diclofenac sodium tab er 24hr 100 mg</i> (DICLOFENAC SODIUM ER)	TIER 1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (DICLOFENAC-MISOPROSTOL)	TIER 1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (DICLOFENAC-MISOPROSTOL)	TIER 1	
<i>diflunisal tab 500 mg</i>	TIER 1	
DISALCID (<i>salsalate</i>) 500 MG TAB, 750 MG TAB	TIER 3	
DUEXIS (<i>ibuprofen-famotidine</i>) 800-26.6 MG TAB	TIER 4	PA, QLC (3 tabs/day)
EC-NAPROSYN (<i>naproxen</i>) EC-375 MG TAB DR, EC-500 MG TAB DR	TIER 3	
<i>etodolac cap 200 mg</i>	TIER 1	
<i>etodolac cap 300 mg</i>	TIER 1	
<i>etodolac tab 400 mg</i>	TIER 1	
<i>etodolac tab 500 mg</i>	TIER 1	
<i>etodolac tab er 24hr 400 mg</i> (ETODOLAC ER)	TIER 1	
<i>etodolac tab er 24hr 500 mg</i> (ETODOLAC ER)	TIER 1	
<i>etodolac tab er 24hr 600 mg</i> (ETODOLAC ER)	TIER 1	
FELDENE (<i>piroxicam</i>) 10 MG CAP, 20 MG CAP	TIER 3	
FENOPROFEN CALCIUM 200 MG CAP	TIER 4	PA, QLC (8 caps/day)
FENOPROFEN CALCIUM 400 MG CAP	TIER 3	PA, QLC (8 caps/day)
<i>fenopropfen calcium tab 600 mg</i>	TIER 3	PA, QLC (4 tabs/day)
<i>fenopropfen calcium tab 600 mg</i> (PROFENO)	TIER 3	PA, QLC (4 tabs/day)
FENORTHIO (<i>fenopropfen calcium</i>) 200 MG CAP	TIER 4	PA, QLC (8 caps/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FENORTHO (<i>fenoprofen calcium</i>) 400 MG CAP	TIER 3	PA, QLC (8 caps/day)
FIORINAL (<i>butalbital-aspirin-caffeine</i>) 50-325-40 MG CAP	TIER 3	QLC (6 caps/day; max 48 caps/30 days)
FLECTOR (<i>diclofenac epolamine</i>) 1.3 % PATCH	TIER 3	PA, QLC (2 patches/day; max 30 patches/30 days)
FLURBIPROFEN 50 MG TAB	TIER 1	
<i>flurbiprofen tab 100 mg</i>	TIER 1	
<i>flurbiprofen tab 50 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	
INDOCIN (<i>indomethacin</i>) 25 MG/5ML SUSPENSION, 50 MG SUPPOS	TIER 3	
INDOMETHACIN 20 MG CAP	TIER 3	PA, QLC (3 caps/day)
<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	
KETOPROFEN 25 MG CAP, 50 MG CAP, 75 MG CAP	TIER 3	PA
<i>ketoprofen cap 50 mg</i>	TIER 3	PA
<i>ketoprofen cap 75 mg</i>	TIER 3	PA
KETOPROFEN ER 200 MG CAP 24H	TIER 3	PA
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	TIER 4	PA, QLC (5 bottles/month)
<i>ketorolac tromethamine tab 10 mg</i>	TIER 1	QLC (4 tabs/day, not to exceed 20 tabs/30 days)
LICART (<i>diclofenac epolamine</i>) 1.3 % PATCH 24HR	TIER 3	PA, QLC (1 patch/day; max 15 patches/30 days)
LODINE (<i>etodolac</i>) 400 MG TAB	TIER 3	
MECLOFENAMATE SODIUM 50 MG CAP, 100 MG CAP	TIER 3	PA
<i>mefenamic acid cap 250 mg</i>	TIER 2	PA
<i>meloxicam cap 10 mg</i>	TIER 3	PA, QLC (1 cap/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>meloxicam cap 5 mg</i>	TIER 3	PA, QLC (1 cap/day)
<i>meloxicam tab 15 mg</i>	TIER 1	
<i>meloxicam tab 7.5 mg</i>	TIER 1	
MOBIC (<i>meloxicam</i>) 7.5 MG TAB, 15 MG TAB	TIER 3	
<i>nabumetone tab 500 mg</i>	TIER 1	
<i>nabumetone tab 500 mg</i> (RELAFEN)	TIER 3	
<i>nabumetone tab 750 mg</i>	TIER 1	
<i>nabumetone tab 750 mg</i> (RELAFEN)	TIER 3	
NALFON (<i>fenoprofen calcium</i>) 400 MG CAP	TIER 3	PA, QLC (8 caps/day)
NALFON (<i>fenoprofen calcium</i>) 600 MG TAB	TIER 3	PA, QLC (4 tabs/day)
NAPRELAN (<i>naproxen sodium</i>) 375 MG TAB ER 24H	TIER 4	PA, QLC (1 tab/day)
NAPRELAN (<i>naproxen sodium</i>) 500 MG TAB ER 24H, 750 MG TAB ER 24H	TIER 4	PA, QLC (2 tabs/day)
NAPROSYN (<i>naproxen</i>) 125 MG/5ML SUSPENSION	TIER 3	PA
NAPROSYN (<i>naproxen</i>) 500 MG TAB	TIER 3	
NAPROXEN SODIUM ER 750 MG TAB 24H	TIER 4	PA, QLC (2 tabs/day)
<i>naproxen sodium tab 275 mg</i>	TIER 1	
<i>naproxen sodium tab 550 mg</i>	TIER 1	
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i> (NAPROXEN SODIUM ER)	TIER 4	PA, QLC (1 tab/day)
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i> (NAPROXEN SODIUM ER)	TIER 4	PA, QLC (2 tabs/day)
<i>naproxen susp 125 mg/5ml</i>	TIER 1	PA
<i>naproxen tab 250 mg</i>	TIER 1	
<i>naproxen tab 375 mg</i>	TIER 1	
<i>naproxen tab 500 mg</i>	TIER 1	
<i>naproxen tab ec 375 mg</i>	TIER 1	
<i>naproxen tab ec 375 mg</i> (EC-NAPROXEN)	TIER 3	
<i>naproxen tab ec 500 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>naproxen tab ec 500 mg</i> (EC-NAPROXEN)	TIER 3	
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	TIER 4	PA, QLC (2 tabs/day)
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	TIER 4	PA, QLC (2 tabs/day)
<i>oxaprozin tab 600 mg</i>	TIER 1	
PENNSAID (<i>diclofenac sodium (topical)</i>) 2 % SOLUTION	TIER 4	PA, QLC (1 bottle/month)
<i>piroxicam cap 10 mg</i>	TIER 1	
<i>piroxicam cap 20 mg</i>	TIER 1	
PONSTEL (<i>mefenamic acid</i>) 250 MG CAP	TIER 3	PA
QMIIZ ODT (<i>meloxicam</i>) ODT 7.5 MG TAB DISP, ODT 15 MG TAB DISP	TIER 3	PA, QLC (1 tab/day)
RELAFEN DS (<i>nabumetone</i>) 1000 MG TAB	TIER 4	PA, QLC (2 tabs/day)
<i>salsalate tab 500 mg</i>	TIER 1	
<i>salsalate tab 750 mg</i>	TIER 1	
SPRIX (<i>ketorolac tromethamine</i>) 15.75 MG/SPRAY SOLUTION	TIER 4	PA, QLC (5 bottles/month)
<i>sulindac tab 150 mg</i>	TIER 1	
<i>sulindac tab 200 mg</i>	TIER 1	
TIVORBEX (<i>indomethacin</i>) 20 MG CAP, 40 MG CAP	TIER 3	PA, QLC (3 caps/day)
TOLMETIN SODIUM 200 MG TAB, 400 MG CAP, 600 MG TAB	TIER 3	PA
VIMOVO (<i>naproxen-esomeprazole magnesium</i>) 375-20 MG TAB DR, 500-20 MG TAB DR	TIER 4	PA, QLC (2 tabs/day)
VIVLODEX (<i>meloxicam</i>) 5 MG CAP, 10 MG CAP	TIER 3	PA, QLC (1 cap/day)
ZIPSOR (<i>diclofenac potassium</i>) 25 MG CAP	TIER 4	PA, QLC (4 caps/day)
ZORVOLEX (<i>diclofenac</i>) 18 MG CAP, 35 MG CAP	TIER 3	PA, QLC (3 caps/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)		
ARYMO ER (<i>morphine sulfate</i>) ER 15 MG TBER DETER, ER 30 MG TBER DETER, ER 60 MG TBER DETER	TIER 3	PA, QLC (3 tabs/day)
BELBUCA (<i>buprenorphine hcl</i>) 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM	TIER 3	PA, QLC (2 films/day)
BUPRENORPHINE 5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK, 20 MCG/HR PATCH WK	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
BUTRANS (<i>buprenorphine</i>) 5 MCG/HR PATCH WK, 7.5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK, 20 MCG/HR PATCH WK	TIER 3	PA, QLC (4 patches/28 days)
CONZIP (<i>tramadol hcl</i>) 100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H	TIER 3	ST, QLC (1 cap/day)
DOLOPHINE (<i>methadone hcl</i>) 10 MG TAB	TIER 3	PA, QLC (18 tabs/day)
DOLOPHINE (<i>methadone hcl</i>) 5 MG TAB	TIER 3	PA, QLC (36 tabs/day)
DURAGESIC-100 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-12 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-25 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-50 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-75 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EXALGO (<i>hydromorphone hcl</i>) 12 MG TAB ER 24H	TIER 3	PA, QLC (5 tabs/day)
EXALGO (<i>hydromorphone hcl</i>) 16 MG TAB ER 24H	TIER 3	PA, QLC (4 tabs/day)
EXALGO (<i>hydromorphone hcl</i>) 32 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
EXALGO (<i>hydromorphone hcl</i>) 8 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	TIER 4	PA, QLC (10 patches/month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	TIER 4	PA, QLC (10 patches/month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	TIER 4	PA, QLC (10 patches/month)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (2 caps/day)
<i>hydromorphone hcl tab er 24hr 12 mg</i> (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (5 tabs/day)
<i>hydromorphone hcl tab er 24hr 16 mg</i> (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (4 tabs/day)
<i>hydromorphone hcl tab er 24hr 32 mg</i> (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (2 tabs/day)
<i>hydromorphone hcl tab er 24hr 8 mg</i> (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYSINGLA ER (<i>hydrocodone bitartrate</i>) ER 20 MG TB24 DETER, ER 30 MG TB24 DETER, ER 40 MG TB24 DETER, ER 60 MG TB24 DETER	TIER 3	PA, QLC (1 cap/day)
HYSINGLA ER (<i>hydrocodone bitartrate</i>) ER 80 MG TB24 DETER, ER 100 MG TB24 DETER, ER 120 MG TB24 DETER	TIER 4	PA, QLC (1 cap/day)
KADIAN (<i>morphine sulfate</i>) 10 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 100 MG CAP ER 24H	TIER 3	PA, QLC (2 caps/day)
KADIAN (<i>morphine sulfate</i>) 20 MG CAP ER 24H	TIER 3	PA, QLC (4 caps/day)
KADIAN (<i>morphine sulfate</i>) 60 MG CAP ER 24H, 80 MG CAP ER 24H, 200 MG CAP ER 24H	TIER 3	PA, QLC (3 caps/day)
LEVORPHANOL TARTRATE 3 MG TAB	TIER 4	PA, QLC (4 tabs/day)
<i>levorphanol tartrate tab 2 mg</i>	TIER 4	PA, QLC (9 tabs/day)
METHADONE HCL 10 MG/5ML SOLUTION	TIER 2	PA, QLC (90 ml/day)
METHADONE HCL 5 MG/5ML SOLUTION	TIER 2	PA, QLC (180 ml/day)
<i>methadone hcl conc 10 mg/ml</i>	TIER 2	PA, QLC (18 ml/day)
<i>methadone hcl conc 10 mg/ml</i> (METHADONE HCL INTENSOL)	TIER 2	PA, QLC (18 ml/day)
<i>methadone hcl soln 10 mg/5ml</i>	TIER 2	PA, QLC (90 ml/day)
<i>methadone hcl soln 5 mg/5ml mg/ml</i>	TIER 2	PA, QLC (180 ml/day)
<i>methadone hcl tab 10 mg</i>	TIER 2	PA, QLC (18 tabs/day)
<i>methadone hcl tab 5 mg</i>	TIER 2	PA, QLC (36 tabs/day)
<i>methadone hcl tab for oral susp 40 mg</i>	TIER 2	PA, QLC (5 tabs/day)
<i>methadone hcl tab for oral susp 40 mg</i> (METHADOSE)	TIER 2	PA, QLC (5 tabs/day)
METHADOSE (<i>methadone hcl</i>) 10 MG/ML CONC	TIER 3	PA, QLC (18 ml/day)
METHADOSE SUGAR-FREE (<i>methadone hcl</i>) -10 MG/ML CONC	TIER 3	PA, QLC (18 ml/day)
MORPHABOND ER (<i>morphine sulfate</i>) ER 15 MG TB12 DETER, ER 30 MG TB12 DETER, ER 60 MG TB12 DETER, ER 100 MG TB12 DETER	TIER 3	PA, QLC (2 tabs/day)
<i>morphine sulfate cap er 24hr 10 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (2 caps/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>morphine sulfate cap er 24hr 100 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 20 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (4 caps/day)
<i>morphine sulfate cap er 24hr 30 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 50 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 60 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (3 caps/day)
<i>morphine sulfate cap er 24hr 80 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (3 caps/day)
MORPHINE SULFATE ER 40 MG CAP 24H	TIER 1	PA, QLC (2 caps/day)
MORPHINE SULFATE ER BEADS (<i>morphine sulfate beads</i>) 120 MG CAP 24H	TIER 1	PA, QLC (13 caps/day)
MORPHINE SULFATE ER BEADS (<i>morphine sulfate beads</i>) 90 MG CAP 24H	TIER 1	PA, QLC (3 caps/day)
MORPHINE SULFATE ER BEADS (<i>morphine sulfate beads</i>) ER BEADS 30 MG CAP ER 24H, ER BEADS 45 MG CAP ER 24H, ER BEADS 60 MG CAP ER 24H, ER BEADS 75 MG CAP ER 24H	TIER 1	PA, QLC (1 cap/day)
<i>morphine sulfate tab er 100 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (3 tabs/day)
<i>morphine sulfate tab er 15 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (6 tabs/day)
<i>morphine sulfate tab er 200 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (3 tabs/day)
<i>morphine sulfate tab er 30 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (6 tabs/day)
<i>morphine sulfate tab er 60 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (5 tabs/day)
MS CONTIN (<i>morphine sulfate</i>) 100 MG TAB ER, 200 MG TAB ER	TIER 3	QLC (3 tabs/day)
MS CONTIN (<i>morphine sulfate</i>) 15 MG TAB ER, 30 MG TAB ER	TIER 3	QLC (6 tabs/day)
MS CONTIN (<i>morphine sulfate</i>) 60 MG TAB ER	TIER 3	QLC (5 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NUCYNTA ER (<i>tapentadol hcl</i>) ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H	TIER 3	PA, QLC (2 tabs/day)
OPANA ER (<i>oxymorphone hcl</i>) 40 MG TB12 DET	TIER 3	PA, QLC (4 tabs/day)
OPANA ER (<i>oxymorphone hcl</i>) ER 5 MG TB12 DETER, ER 7.5 MG TB12 DETER, ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER	TIER 3	PA, QLC (2 tabs/day)
OXYCODONE HCL ER 10 MG TB12 DET	TIER 1	PA, QLC (9 tabs/day)
OXYCODONE HCL ER 60 MG TB12 DET	TIER 1	PA, QLC (2 tabs/day)
OXYCODONE HCL ER ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER	TIER 1	PA, QLC (6 tabs/day)
OXYCODONE HCL ER ER 40 MG TB12 DETER, ER 80 MG TB12 DETER	TIER 1	PA, QLC (4 tabs/day)
OXYCONTIN (<i>oxycodone hcl</i>) 10 MG TB12 DETER	TIER 3	PA, QLC (9 tabs/day)
OXYCONTIN (<i>oxycodone hcl</i>) 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER	TIER 3	PA, QLC (6 tabs/day)
OXYCONTIN (<i>oxycodone hcl</i>) 40 MG TB12 DETER, 80 MG TB12 DETER	TIER 3	PA, QLC (4 tabs/day)
OXYCONTIN (<i>oxycodone hcl</i>) 60 MG TB12 DETER	TIER 3	PA, QLC (2 tabs/day)
OXYMORPHONE HCL ER 40 MG TAB 12H	TIER 1	PA, QLC (4 tabs/day)
OXYMORPHONE HCL ER ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H	TIER 1	PA, QLC (2 tabs/day)
TRAMADOL HCL ER 150 MG CAP 24H	TIER 3	PA, QLC (2 caps/day)
TRAMADOL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H	TIER 1	ST, QLC (1 cap/day)
<i>tramadol hcl tab er 24hr 100 mg</i> (TRAMADOL HCL ER)	TIER 1	ST, QLC (3 tabs/day)
<i>tramadol hcl tab er 24hr 200 mg</i> (TRAMADOL HCL ER)	TIER 1	ST, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 300 mg</i> (TRAMADOL HCL ER)	TIER 1	ST, QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i> (TRAMADOL HCL ER (BIPHASIC))	TIER 1	ST, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i> (TRAMADOL HCL ER (BIPHASIC))	TIER 1	ST, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i> (TRAMADOL HCL ER (BIPHASIC))	TIER 1	ST, QLC (1 tab/day)
XTAMPZA ER (<i>oxycodone</i>) ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER, ER 27 MG CP12 DETER, ER 36 MG CP12 DETER	TIER 3	PA, QLC (2 caps/day)
ZOXYDRO ER (<i>hydrocodone bitartrate</i>) ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H	TIER 3	PA, QLC (2 caps/day)

OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)

ABSTRAL (<i>fentanyl citrate</i>) 100 MCG SL TAB	TIER 3	PA, QLC (56 tabs/month)
ABSTRAL (<i>fentanyl citrate</i>) 200 MCG SL TAB	TIER 3	PA, QLC (42 tabs/month)
ABSTRAL (<i>fentanyl citrate</i>) 300 MCG SL TAB, 400 MCG SL TAB	TIER 3	PA, QLC (28 tabs/month)
ABSTRAL (<i>fentanyl citrate</i>) 600 MCG SL TAB, 800 MCG SL TAB	TIER 3	PA, QLC (14 tabs/month)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE) 0	TIER 1	QLC (840 ml/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE #2)	TIER 1	QLC (168 tabs/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (168 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE #3)	TIER 1	QLC (168 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (168 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE #4)	TIER 1	QLC (84 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (84 tabs/month)
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i> (DVORAH)	TIER 3	PA, QLC (140 tabs/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i> (PANLOR)	TIER 1	PA, QLC (140 tabs/month)
ACTIQ (<i>fentanyl citrate</i>) 200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE	TIER 3	PA, QLC (56 lozenges/month)
APADAZ (<i>benzhydrocodone hcl-acetaminophen</i>) 4.08-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
APADAZ (<i>benzhydrocodone hcl-acetaminophen</i>) 6.12-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
APADAZ (<i>benzhydrocodone hcl-acetaminophen</i>) 8.16-325 MG TAB	TIER 3	PA, QLC (9 tabs/day; not to exceed 126 tabs/30 days)
APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) -- 320.5-30-16 MG CAP	TIER 1	PA, QLC (140 caps/month)
APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) --325-30-16 MG TAB	TIER 1	PA, QLC (140 tabs/month)
BENZHYDROCODONE-ACETAMINOPHEN (<i>benzhydrocodone hcl-acetaminophen</i>) -4.08-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (<i>benzhydrocodone hcl-acetaminophen</i>) -6.12-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (<i>benzhydrocodone hcl-acetaminophen</i>) -8.16-325 MG TAB	TIER 3	PA, QLC (9 tabs/day; not to exceed 126 tabs/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD)	TIER 3	PA, QLC (6 caps/day; max 84 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 84 caps/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (ASCOMP-CODEINE)	TIER 1	QLC (6 caps/day; max 84 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 84 caps/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	TIER 1	QLC (4 canisters/month at 2 canisters/fill)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CAPITAL/CODEINE (<i>acetaminophen w/ codeine</i>) 120-12 MG/5ML SUSPENSION	TIER 3	QLC (2380 ml/month)
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i> (CARISOPRODOL-ASPIRIN-CODEINE)	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)
CARISOPRODOL-ASPIRIN-CODEINE (<i>carisoprodol w/ aspirin & codeine</i>) --200-325-16 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)
CODEINE SULFATE 15 MG TAB	TIER 1	QLC (336 tabs/month)
CODEINE SULFATE 30 MG TAB	TIER 1	QLC (168 tabs/month)
CODEINE SULFATE 60 MG TAB	TIER 1	QLC (84 tabs/month)
<i>codeine sulfate tab 15 mg</i>	TIER 1	QLC (336 tabs/month)
<i>codeine sulfate tab 30 mg</i>	TIER 1	QLC (168 tabs/month)
<i>codeine sulfate tab 60 mg</i>	TIER 1	QLC (84 tabs/month)
DEMEROL (<i>meperidine hcl</i>) 100 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (126 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 1 MG/ML LIQUID	TIER 3	QLC (56 ml/month)
DILAUDID (<i>hydromorphone hcl</i>) 2 MG TAB	TIER 3	QLC (154 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 4 MG TAB	TIER 3	QLC (84 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 8 MG TAB	TIER 3	QLC (42 tabs/month)
EMBEDA (<i>morphine-naltrexone</i>) 20-0.8 MG CAP ER	TIER 3	PA, QLC (4 caps/day)
EMBEDA (<i>morphine-naltrexone</i>) 30-1.2 MG CAP ER, 50-2 MG CAP ER, 60-2.4 MG CAP ER	TIER 3	PA, QLC (2 caps/day)
EMBEDA (<i>morphine-naltrexone</i>) 80-3.2 MG CAP ER, 100-4 MG CAP ER	TIER 3	PA, QLC (1 cap/day)
FENTANYL CITRATE 100 MCG TAB	TIER 1	PA, QLC (56 tabs/month)
FENTANYL CITRATE 200 MCG TAB	TIER 1	PA, QLC (42 tabs/month)
FENTANYL CITRATE 400 MCG TAB	TIER 1	PA, QLC (28 tabs/month)
FENTANYL CITRATE 600 MCG TAB, 800 MCG TAB	TIER 1	PA, QLC (14 tabs/month)
<i>fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle</i>	TIER 1	PA, QLC (56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle</i>	TIER 1	PA, QLC (56 lozenges/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fentanyl citrate lozenge on a handle 200 mcg fentanyl citrate handle</i>	TIER 1	PA, QLC (56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 400 mcg fentanyl citrate handle</i>	TIER 1	PA, QLC (56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 600 mcg fentanyl citrate handle</i>	TIER 1	PA, QLC (56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 800 mcg fentanyl citrate handle</i>	TIER 1	PA, QLC (56 lozenges/month)
FENTORA (<i>fentanyl citrate</i>) 100 MCG TAB	TIER 3	PA, QLC (56 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 200 MCG TAB	TIER 3	PA, QLC (42 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 400 MCG TAB	TIER 3	PA, QLC (28 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 600 MCG TAB, 800 MCG TAB	TIER 3	PA, QLC (14 tabs/month)
FIORICET/CODEINE (<i>butalbital-acetaminophen-caffeine w/ codeine</i>) 50-300-40-30 MG CAP	TIER 3	PA, QLC (6 caps/day; max 84 caps/30 days)
FIORINAL/CODEINE #3 (<i>butalbital-aspirin-caffeine w/cod</i>) 50-325-40-30 MG CAP	TIER 3	QLC (6 caps/day; max 84 caps/30 days)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	TIER 3	PA, QLC (62 ml/day; max 868 ml/month)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	TIER 1	QLC (90 ml/day; max 1260 ml/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	TIER 2	PA, QLC (126 tabs/month)
<i>hydrocodone-acetaminophen tab 10-300 mg</i> (VICODIN HP)	TIER 3	PA, QLC (126 tabs/month)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	TIER 1	QLC (126 tabs/month)
<i>hydrocodone-acetaminophen tab 10-325 mg</i> (LORCET HD)	TIER 1	QLC (126 tabs/month)
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	TIER 1	QLC (168 tabs/month)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	TIER 2	PA, QLC (168 tabs/month)
<i>hydrocodone-acetaminophen tab 5-300 mg</i> (VICODIN)	TIER 3	PA, QLC (168 tabs/month)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	TIER 1	QLC (168 tabs/month)
<i>hydrocodone-acetaminophen tab 5-325 mg</i> (LORCET)	TIER 1	QLC (168 tabs/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	TIER 2	PA, QLC (168 tabs/month)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> (VICODIN ES)	TIER 3	PA, QLC (168 tabs/month)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	TIER 1	QLC (168 tabs/month)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> (LORCET PLUS)	TIER 1	QLC (168 tabs/month)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	TIER 1	QLC (70 tabs/month)
<i>hydrocodone-ibuprofen tab 10-200 mg</i> (REPREXAIN)	TIER 1	QLC (70 tabs/month)
<i>hydrocodone-ibuprofen tab 10-200 mg</i> (XYLON)	TIER 1	QLC (70 tabs/month)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	TIER 1	QLC (112 tabs/month)
<i>hydrocodone-ibuprofen tab 5-200 mg</i> (IBUDONE)	TIER 1	QLC (112 tabs/month)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	TIER 1	QLC (70 tabs/month)
HYDROMORPHONE HCL 3 MG SUPPOS	TIER 1	QLC (112 suppositories/month)
<i>hydromorphone hcl liqd 1 mg/ml</i>	TIER 1	QLC (56 ml/month)
<i>hydromorphone hcl tab 2 mg</i>	TIER 1	QLC (154 tabs/month)
<i>hydromorphone hcl tab 4 mg</i>	TIER 1	QLC (84 tabs/month)
<i>hydromorphone hcl tab 8 mg</i>	TIER 1	QLC (42 tabs/month)
IBUDONE (<i>hydrocodone-ibuprofen</i>) 10-200 MG TAB	TIER 3	QLC (70 tabs/month)
LAZANDA (<i>fentanyl citrate</i>) 100 MCG/ACT SOLUTION, 300 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION	TIER 3	PA, QLC (14 bottles/month)
LORTAB (<i>hydrocodone-acetaminophen</i>) 10-300 MG/15ML ELIXIR	TIER 1	QLC (945 ml/month)
MEPERIDINE HCL 100 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (126 tabs/month)
MEPERIDINE HCL 50 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (252 tabs/month)
MEPERIDINE HCL 50 MG/5ML SOLUTION	TIER 1	AL1 (Up to 64 yrs old), QLC (1260 ml/month)
<i>meperidine hcl tab 100 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (126 tabs/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>meperidine hcl tab 50 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (252 tabs/month)
MORPHINE SULFATE 10 MG SUPPOS	TIER 1	QLC (126 suppositories/month)
MORPHINE SULFATE 15 MG TAB	TIER 1	QLC (84 tabs/month)
MORPHINE SULFATE 20 MG SUPPOS	TIER 1	QLC (70 suppositories/month)
MORPHINE SULFATE 30 MG SUPPOS	TIER 1	QLC (42 suppositories/month)
MORPHINE SULFATE 30 MG TAB	TIER 1	QLC (42 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	TIER 1	QLC (168 suppositories/month)
<i>morphine sulfate oral soln 10 mg/5ml</i>	TIER 1	QLC (630 ml/month)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> (MORPHINE SULFATE (CONCENTRATE))	TIER 1	QLC (70 ml/month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	TIER 1	QLC (84 ml/month)
<i>morphine sulfate tab 15 mg</i>	TIER 1	QLC (84 tabs/month)
<i>morphine sulfate tab 30 mg</i>	TIER 1	QLC (42 tabs/month)
NALOCET (<i>oxycodone w/ acetaminophen</i>) 2.5-300 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/month)
NORCO (<i>hydrocodone-acetaminophen</i>) 10-325 MG TAB	TIER 3	QLC (126 tabs/month)
NORCO (<i>hydrocodone-acetaminophen</i>) 5-325 MG TAB, 7.5-325 MG TAB	TIER 3	QLC (168 tabs/month)
NUCYNTA (<i>tapentadol hcl</i>) 50 MG TAB	TIER 3	PA, QLC (70 tabs/month)
NUCYNTA (<i>tapentadol hcl</i>) 75 MG TAB, 100 MG TAB	TIER 3	PA, QLC (56 tabs/month)
OPANA (<i>oxymorphone hcl</i>) 10 MG TAB	TIER 3	PA, QLC (56 tabs/month)
OPANA (<i>oxymorphone hcl</i>) 5 MG TAB	TIER 3	PA, QLC (84 tabs/month)
OXAYDO (<i>oxycodone hcl</i>) 5 MG TAB	TIER 3	PA, QLC (168 tabs/month; not to exceed 12 tabs/day)
OXAYDO (<i>oxycodone hcl</i>) 7.5 MG TAB	TIER 3	PA, QLC (112 tabs/month)
<i>oxycodone hcl cap 5 mg</i>	TIER 1	QLC (168 caps/month)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	TIER 1	QLC (42 ml/month)
<i>oxycodone hcl soln 5 mg/5ml mg/ml</i>	TIER 1	QLC (840 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 (56 tabs/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone hcl tab 20 mg</i>	TIER 1	QLC (42 tabs/month)
<i>oxycodone hcl tab 30 mg</i>	TIER 1	QLC (28 tabs/month)
<i>oxycodone hcl tab 5 mg</i>	TIER 1	QLC (168 tabs/month)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (ENDOCET)	TIER 1	QLC (84 tabs/month)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (84 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (ENDOCET)	TIER 1	QLC (168 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (168 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (ENDOCET)	TIER 1	QLC (168 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (168 tabs/month)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (ENDOCET)	TIER 1	QLC (112 tabs/month)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (112 tabs/month)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -10-300 MG TAB	TIER 4	PA, QLC (6 tabs/day; max 84 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -10-300 MG/5ML SOLUTION	TIER 4	PA, QLC (30 ml/day; max 420 ml/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -2.5-300 MG TAB	TIER 4	PA, QLC (12 tabs/day; not to exceed 168 tabs/month)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -5-300 MG TAB	TIER 4	PA, QLC (12 tabs/day; max 168 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 1	QLC (168 tabs/month)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	TIER 1	QLC (168 tabs/month)
OXYCODONE-IBUPROFEN -5-400 MG TAB	TIER 1	QLC (56 tabs/month)
<i>oxymorphone hcl tab 10 mg</i>	TIER 1	PA, QLC (56 tabs/month)
<i>oxymorphone hcl tab 5 mg</i>	TIER 1	PA, QLC (84 tabs/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pentazocine w/ naloxone tab 50-0.5 mg</i> (PENTAZOCINE-NALOXONE HCL)	TIER 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 10-325 MG TAB	TIER 3	QLC (84 tabs/month)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 2.5-325 MG TAB, 5-325 MG TAB	TIER 3	QLC (168 tabs/month)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 7.5-325 MG TAB	TIER 3	QLC (112 tabs/month)
PRIMLEV (<i>oxycodone w/ acetaminophen</i>) 10-300 MG TAB	TIER 4	PA, QLC (6 tabs/day; max 84 tabs/30 days)
PRIMLEV (<i>oxycodone w/ acetaminophen</i>) 5-300 MG TAB	TIER 4	PA, QLC (12 tabs/day; max 168 tabs/30 days)
PRIMLEV (<i>oxycodone w/ acetaminophen</i>) 7.5-300 MG TAB	TIER 4	PA, QLC (8 tabs/day; max 112 tabs/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 10-300 MG TAB	TIER 4	PA, QLC (6 tabs/day; max 84 tabs/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 10-300 MG/5ML SOLUTION	TIER 4	PA, QLC (30 ml/day; max 420 ml/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 5-300 MG TAB	TIER 4	PA, QLC (12 tabs/day; max 168 tabs/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 7.5-300 MG TAB	TIER 4	PA, QLC (8 tabs/day; max 112 tabs/30 days)
QDOLO (<i>tramadol hcl</i>) 5 MG/ML SOLUTION	TIER 4	PA, QLC (80 ml/day; max 1120 ml/30 days)
REPREXAIN (<i>hydrocodone-ibuprofen</i>) 5-200 MG TAB	TIER 3	QLC (112 tabs/month)
ROXICODONE (<i>oxycodone hcl</i>) 15 MG TAB	TIER 3	QLC (56 tabs/month)
ROXICODONE (<i>oxycodone hcl</i>) 30 MG TAB	TIER 3	QLC (28 tabs/month)
ROXICODONE (<i>oxycodone hcl</i>) 5 MG TAB	TIER 3	QLC (168 tabs/month)
SUBSYS (<i>fentanyl</i>) 100 MCG LIQUID, 1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID	TIER 3	PA, QLC (56 doses/month)
SUBSYS (<i>fentanyl</i>) 200 MCG LIQUID	TIER 3	PA, QLC (42 doses/month)
SUBSYS (<i>fentanyl</i>) 400 MCG LIQUID, 600 MCG LIQUID, 800 MCG LIQUID	TIER 3	PA, QLC (14 doses/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRAMADOL HCL 100 MG TAB	TIER 1	QLC (4 tabs/day; max 56 tabs/30 days)
<i>tramadol hcl tab 50 mg</i>	TIER 1	QLC (112 tabs/month)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	TIER 1	QLC (112 tabs/month)
TREZIX (<i>acetaminophen-caff-dihydrocod</i>) 320.5-30-16 MG CAP	TIER 3	PA, QLC (140 caps/month)
TYLENOL WITH CODEINE #3 (<i>acetaminophen w/ codeine</i>) 300-30 MG TAB	TIER 3	QLC (168 tabs/month)
TYLENOL WITH CODEINE #4 (<i>acetaminophen w/ codeine</i>) 300-60 MG TAB	TIER 3	QLC (84 tabs/month)
ULTRACET (<i>tramadol-acetaminophen</i>) 37.5-325 MG TAB	TIER 3	QLC (112 tabs/month)
ULTRAM (<i>tramadol hcl</i>) 50 MG TAB	TIER 3	QLC (112 tabs/month)
VERDROCET (<i>hydrocodone-acetaminophen</i>) 2.5-325 MG TAB	TIER 1	QLC (168 tabs/month)
XARTEMIS XR (<i>oxycodone w/ acetaminophen</i>) 7.5-325 MG TAB ER	TIER 3	PA, QLC (4 tabs/day)
XODOL (<i>hydrocodone-acetaminophen</i>) 10-300 MG TAB	TIER 3	PA, QLC (126 tabs/month)
XODOL (<i>hydrocodone-acetaminophen</i>) 5-300 MG TAB, 7.5-300 MG TAB	TIER 3	PA, QLC (168 tabs/month)
ZAMICET (<i>hydrocodone-acetaminophen</i>) 10-325 MG/15ML SOLUTION	TIER 3	PA, QLC (62 ml/day; max 868 ml/month)

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 2%</i>	TIER 1
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	TIER 1
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2% (GLYDO)</i>	TIER 1

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lidocaine hcl viscous soln 2%</i> (LIDOCAINE VISCOUS HCL)	TIER 1	
<i>lidocaine oint 5%</i>	TIER 1	QLC (50 gm/month)
<i>lidocaine oint 5%</i> (LIDOCAINE PAK)	TIER 1	QLC (50 gm/month)
<i>lidocaine oint 5%</i> (PREMIUM LIDOCAINE)	TIER 1	QLC (50 gm/month)
<i>lidocaine patch 5%</i>	TIER 1	QLC (90 patches/month)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	TIER 1	QLC (30 gm/month)
LIDODERM (<i>lidocaine</i>) 5 % PATCH	TIER 3	QLC (90 patches/month)
NAYZILAM (<i>midazolam (anticonvulsant)</i>) 5 MG/0.1ML SOLUTION	TIER 3	QLC (2 sprayers/fill; max 5 fills/30 days)
SYNERA (<i>lidocaine-tetracaine</i>) 70-70 MG PATCH	TIER 3	PA, QLC (1 patch/month)
ZTLIDO (<i>lidocaine</i>) 1.8 % PATCH	TIER 3	PA, QLC (3 patches/day)

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

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

<i>acamprosate calcium tab delayed release 333 mg</i>	TIER 1	
ANTABUSE (<i>disulfiram</i>) 250 MG TAB, 500 MG TAB	TIER 3	
<i>disulfiram tab 250 mg</i>	TIER 1	
<i>disulfiram tab 500 mg</i>	TIER 1	

OPIOID DEPENDENCE (Drugs for Opioid Dependence)

BUNAVAIL (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 2.1-0.3 MG FILM	TIER 3	QLC (1 film/day)
BUNAVAIL (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 4.2-0.7 MG FILM, 6.3-1 MG FILM	TIER 3	QLC (2 films/day)
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	TIER 1	QLC (12 tabs/day; not to exceed 7 days therapy/90 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	TIER 1	QLC (3 tabs/day; not to exceed 7 days supply over 90 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	TIER 1	QLC (2 films/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>buprenorphine hcl-naloxone hcl sl film 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)
LUCEMYRA (<i>lofexidine hcl</i>) 0.18 MG TAB	TIER 3	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)
SUBOXONE (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 12-3 MG FILM	TIER 3	QLC (2 films/day)
SUBOXONE (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 2-0.5 MG FILM, 4-1 MG FILM	TIER 3	QLC (5 films/day)
SUBOXONE (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 8-2 MG FILM	TIER 3	QLC (3 films/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB	TIER 3	QLC (3 tabs/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB	TIER 3	QLC (1 tab/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 8.6-2.1 MG SL TAB	TIER 3	QLC (2 tabs/day)

OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)

EVZIO (<i>naloxone hcl</i>) 0.4 MG/0.4ML SOLN -INJ, 2 MG/0.4ML SOLN -INJ	TIER 3	PA, QLC (2 injections [1 pack]/6 months)
<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)
NALOXONE HCL NLOXONE 2 MG/0.4ML SOLN -INJ	TIER 1	PA, QLC (2 injections [1 pack]/6 months)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml</i>	TIER 1	QLC (2 syringes/month)
<i>naltrexone hcl tab 50 mg</i>	TIER 1	
NARCAN (<i>naloxone hcl</i>) 4 MG/0.1ML LIQUID	TIER 2	QLC (2 doses/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
------------------------	-----------	----------------------------------

SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> (BUPROPION HCL ER (SMOKING DET))	TIER 1	PH (Preventive Health), QLC (2 tabs/day)
CHANTIX (<i>varenicline tartrate</i>) 0.5 MG TAB, 1 MG TAB	TIER 2	PH (Preventive Health), QLC (2 tabs/day)
CHANTIX CONTINUING MONTH PAK (<i>varenicline tartrate</i>) 1 MG TAB	TIER 2	PH (Preventive Health), QLC (2 tabs/day)
CHANTIX STARTING MONTH PAK (<i>varenicline tartrate</i>) 0.5 MG 11 & 1 MG 42 TAB	TIER 2	PH (Preventive Health), QLC (1 starting month box/28 days)
NICOTROL (<i>nicotine</i>) 10 MG INHALER	TIER 2	PH (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS (<i>nicotine</i>) 10 MG/ML SOLUTION	TIER 2	PH (Preventive Health), QLC (2 ml/day)
ZYBAN (<i>bupropion hcl (smoking deterrent)</i>) 150 MG TAB 12H	TIER 3	PA, QLC (2 tabs/day)

ANTIBACTERIALS (Drugs for Bacterial Infections)

AMINOGLYCOSIDES

ARIKAYCE (<i>amikacin sulfate liposome</i>) 590 MG/8.4ML SUSPENSION	TIER 4	PA, SP, QLC (1 vial/day)
<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	
PAROMOMYCIN SULFATE 250 MG CAP	TIER 1	
<i>paromomycin sulfate cap 250 mg</i>	TIER 1	

ANTIBACTERIALS, OTHER

<i>acetic acid otic soln 2%</i>	TIER 1	
ACETIC ACID-ALUMINUM ACETATE -2 % SOLUTION	TIER 1	
AEMCOLO (<i>rifamycin sodium</i>) 194 MG TAB DR	TIER 3	PA, QLC (12 tabs/30 days)
ALTABAX (<i>retapamulin</i>) 1 % OINTMENT	TIER 3	ST
CLEOCIN (<i>clindamycin hcl</i>) 75 MG CAP, 150 MG CAP, 300 MG CAP	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>) 75 MG/5ML RECON SOLN	TIER 3	
CLEOCIN (<i>clindamycin phosphate vaginal</i>) 100 MG SUPPOS	TIER 2	QLC (3 suppositories/fill)
CLEOCIN (<i>clindamycin phosphate vaginal</i>) 2 % CREAM	TIER 3	
CLEOCIN-T (<i>clindamycin phosphate (topical)</i>) -1 % SWAB	TIER 3	
<i>clindamycin hcl cap 150 mg</i>	TIER 1	
<i>clindamycin hcl cap 300 mg</i>	TIER 1	
<i>clindamycin hcl cap 75 mg</i>	TIER 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	TIER 1	
<i>clindamycin phosphate swab 1%</i>	TIER 1	
<i>clindamycin phosphate swab 1% (CLINDACIN ETZ)</i>	TIER 1	
<i>clindamycin phosphate swab 1% (CLINDACIN-P)</i>	TIER 1	
<i>clindamycin phosphate vaginal cream 2%</i>	TIER 1	
CLINDESSE (<i>clindamycin phosphate (one dose)</i>) 2 % CREAM	TIER 2	
FIRVANQ (<i>vancomycin hcl</i>) 25 MG/ML RECON SOLN	TIER 3	PA, QLC (300 ml/month)
FIRVANQ (<i>vancomycin hcl</i>) 50 MG/ML RECON SOLN	TIER 3	PA, QLC (450 ml/30 days)
FLAGYL (<i>metronidazole</i>) 250 MG TAB, 375 MG CAP, 500 MG TAB	TIER 3	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	TIER 1	QLC (1 packet/30 days)
FURADANTIN (<i>nitrofurantoin</i>) 25 MG/5ML SUSPENSION	TIER 3	
HIPREX (<i>methenamine hippurate</i>) 1 GM TAB	TIER 3	
<i>linezolid for susp 100 mg/5ml</i>	TIER 1	PA
<i>linezolid tab 600 mg</i>	TIER 1	PA
MACROBID (<i>nitrofurantoin monohyd macro</i>) 100 MG CAP	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>) 25 MG CAP, 50 MG CAP, 100 MG CAP	TIER 3	
<i>methenamine hippurate tab 1 gm</i>	TIER 1	
METROCREAM (<i>metronidazole (topical)</i>) METRO0.75 %	TIER 3	
METROGEL (<i>metronidazole (topical)</i>) 1 %	TIER 3	
METROGEL-VAGINAL (<i>metronidazole vaginal</i>)	TIER 3	
METROLOTION (<i>metronidazole (topical)</i>) 0.75 %	TIER 3	
<i>metronidazole cap 375 mg</i>	TIER 3	
<i>metronidazole cream 0.75%</i>	TIER 1	
<i>metronidazole cream 0.75% (ROSADAN)</i>	TIER 1	
<i>metronidazole gel 0.75%</i>	TIER 1	
<i>metronidazole gel 0.75% (ROSADAN)</i>	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	
<i>metronidazole vaginal gel 0.75% (VANDAZOLE)</i>	TIER 1	
MONUROL (<i>fosfomycin tromethamine</i>) 3 GM PACKET	TIER 3	QLC (1 packet/30 days)
NEOMYCIN-POLYMYXIN B GU (<i>neomycin/polymyxin b gu</i>) -40-200000 SOLUTION	TIER 1	PA, QLC (1 ml/day)
<i>neomycin-polymyxin b gu irrigation soln</i>	TIER 1	PA, QLC (1 ml/day)
NEOSPORIN GU IRRIGANT (<i>neomycin/polymyxin b gu</i>) 40-200000 SOLUTION	TIER 3	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	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHD MACRO)	TIER 1	
<i>nitrofurantoin susp 25 mg/5ml</i>	TIER 1	
NORITATE (<i>metronidazole (topical)</i>) 1 % CREAM	TIER 4	PA
NUVESSA (<i>metronidazole vaginal</i>) 1.3 % GEL	TIER 3	QLC (2 tubes/month)
PRIMSOL (<i>trimethoprim hcl</i>) 50 MG/5ML SOLUTION	TIER 3	
SIVEXTRO (<i>tedizolid phosphate</i>) 200 MG TAB	TIER 4	PA, QLC (6 tabs/month)
SOLOSEC (<i>secnidazole</i>) 2 GM PACKET	TIER 3	PA, QLC (1 pack/month)
TINDAMAX (<i>tinidazole</i>) 500 MG TAB	TIER 3	QLC (20 tabs/fill)
<i>tinidazole tab 250 mg</i>	TIER 1	QLC (40 tabs/fill)
<i>tinidazole tab 500 mg</i>	TIER 1	QLC (20 tabs/fill)
<i>trimethoprim tab 100 mg</i>	TIER 1	
TRIMPEX (<i>trimethoprim hcl</i>) 50 MG/5ML SOLUTION	TIER 3	
VANCOCIN (<i>vancomycin hcl</i>) 250 MG CAP	TIER 3	
VANCOCIN HCL (<i>vancomycin hcl</i>) 125 MG CAP	TIER 3	
VANCOMYCIN HCL 250 MG/5ML RECON SOLN	TIER 1	PA, QLC (450 ml/30 days)
<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)
ZYVOX (<i>linezolid</i>) 100 MG/5ML RECON SUSP, 600 MG TAB	TIER 3	PA

BETA-LACTAM, CEPHALOSPORINS

CEDAX (<i>ceftibuten</i>) 180 MG/5ML RECON SUSP, 400 MG CAP	TIER 3
---	--------

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CEFACLOR 125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP	TIER 1	
<i>cefaclor cap 250 mg</i>	TIER 1	
<i>cefaclor cap 500 mg</i>	TIER 1	
CEFACLOR ER (<i>cefaclor monohydrate</i>) 500 MG TAB 12H	TIER 1	QLC (14 tabs/fill)
CEFADROXIL 1 GM TAB	TIER 1	
<i>cefadroxil cap 500 mg</i>	TIER 1	
<i>cefadroxil for susp 250 mg/5ml</i>	TIER 1	
<i>cefadroxil for susp 500 mg/5ml</i>	TIER 1	
<i>cefadroxil tab 1 gm</i>	TIER 1	
<i>cefdinir cap 300 mg</i>	TIER 1	
<i>cefdinir for susp 125 mg/5ml</i>	TIER 1	
<i>cefdinir for susp 250 mg/5ml</i>	TIER 1	
CEFDITOREN PIVOXIL 200 MG TAB, 400 MG TAB	TIER 1	
<i>cefixime cap 400 mg</i>	TIER 1	
<i>cefixime for susp 100 mg/5ml</i>	TIER 1	
<i>cefixime for susp 200 mg/5ml</i>	TIER 1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	TIER 1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	TIER 1	
<i>cefpodoxime proxetil tab 100 mg</i>	TIER 1	
<i>cefpodoxime proxetil tab 200 mg</i>	TIER 1	
<i>cefprozil for susp 125 mg/5ml</i>	TIER 1	
<i>cefprozil for susp 250 mg/5ml</i>	TIER 1	
<i>cefprozil tab 250 mg</i>	TIER 1	
<i>cefprozil tab 500 mg</i>	TIER 1	
CEFTIBUTEN 180 MG/5ML RECON SUSP, 400 MG CAP	TIER 1	
CEFTIN (<i>cefuroxime axetil</i>) 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	TIER 3	
<i>cefuroxime axetil tab 250 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cefuroxime axetil tab 500 mg</i>	TIER 1	
CEPHALEXIN 250 MG TAB, 500 MG TAB	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	
DAXBIA (<i>cephalexin</i>) 333 MG CAP	TIER 3	PA, QLC (12 caps/day)
KEFLEX (<i>cephalexin</i>) 250 MG CAP, 500 MG CAP, 750 MG CAP	TIER 3	
SPECTRACEF (<i>cefditoren pivoxil</i>) 400 MG TAB	TIER 3	
SUPRAX (<i>cefixime</i>) 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	TIER 3	

BETA-LACTAM, PENICILLINS

<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	QLC (2 tabs/day)
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> (AMOXICILLIN-POT CLAVULANATE ER)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amoxicillin (trihydrate) cap 250 mg</i>	TIER 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	TIER 1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	TIER 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	TIER 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	TIER 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	TIER 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	TIER 1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	TIER 1	
AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB	TIER 1	
AMOXICILLIN-POT CLAVULANATE (<i>amoxicillin & pot clavulanate</i>) -200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB	TIER 1	
AMOXICILLIN-POT CLAVULANATE ER (<i>amoxicillin & pot clavulanate</i>) -1000-62.5 MG TAB 12H	TIER 1	
AMPICILLIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP, 500 MG CAP	TIER 1	
<i>ampicillin cap 250 mg</i>	TIER 1	
<i>ampicillin cap 500 mg</i>	TIER 1	
AUGMENTIN (<i>amoxicillin & pot clavulanate</i>) 125-31.25 MG/5ML RECON SUSP	TIER 2	
AUGMENTIN (<i>amoxicillin & pot clavulanate</i>) 250-62.5 MG/5ML RECON SUSP, 500-125 MG TAB	TIER 3	
AUGMENTIN (<i>amoxicillin & pot clavulanate</i>) 875-125 MG TAB	TIER 3	QLC (2 tabs/day)
AUGMENTIN ES-600 (<i>amoxicillin & pot clavulanate</i>) --42.9 MG/5ML RECON SUSP	TIER 3	
AUGMENTIN XR (<i>amoxicillin & pot clavulanate</i>) 1000-62.5 MG TAB ER 12H	TIER 3	
<i>dicloxacillin sodium cap 250 mg</i>	TIER 1	
<i>dicloxacillin sodium cap 500 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MOXATAG (<i>amoxicillin</i>) 775 MG TAB ER 24H	TIER 3	QLC (10 tabs/fill)
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN	TIER 1	
<i>penicillin v potassium tab 250 mg</i>	TIER 1	
<i>penicillin v potassium tab 500 mg</i>	TIER 1	

MACROLIDES

AZITHROMYCIN 1 GM PACKET	TIER 1	
<i>azithromycin for susp 100 mg/5ml</i>	TIER 1	
<i>azithromycin for susp 200 mg/5ml</i>	TIER 1	
<i>azithromycin tab 250 mg</i>	TIER 1	QLC (12 tabs/30 days)
<i>azithromycin tab 500 mg</i>	TIER 1	
<i>azithromycin tab 600 mg</i>	TIER 1	
BIAXIN (<i>clarithromycin</i>) 250 MG TAB, 500 MG TAB	TIER 3	QLC (42 tabs/fill)
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	TIER 1	
<i>clarithromycin for susp 125 mg/5ml</i>	TIER 1	
<i>clarithromycin for susp 250 mg/5ml</i>	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 (42 tabs/fill)
DIFICID (<i>fidaxomicin</i>) 200 MG TAB	TIER 3	PA, QLC (20 tabs/month)
DIFICID (<i>fidaxomicin</i>) 40 MG/ML RECON SUSP	TIER 3	PA, QLC (136 ml/30 days)
E.E.S. 400 (<i>erythromycin ethylsuccinate</i>) MG TAB	TIER 2	PA
E.E.S. GRANULES (<i>erythromycin ethylsuccinate</i>) 200 MG/5ML RECON SUSP	TIER 3	PA
ERYPED 200 (<i>erythromycin ethylsuccinate</i>) MG/5ML RECON SUSP	TIER 3	PA
ERYPED 400 (<i>erythromycin ethylsuccinate</i>) MG/5ML RECON SUSP	TIER 3	PA
ERYTHROCIN STEARATE (<i>erythromycin stearate</i>) 250 MG TAB	TIER 2	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ERYTHROMYCIN BASE 250 MG CP DR PART	TIER 2	PA
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	TIER 2	PA
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	TIER 2	PA
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	TIER 2	PA
<i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)	TIER 2	PA
<i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)	TIER 2	PA
<i>erythromycin tab delayed release 250 mg</i>	TIER 2	PA
<i>erythromycin tab delayed release 250 mg</i> (ERY-TAB)	TIER 2	PA
<i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)	TIER 2	PA
<i>erythromycin tab delayed release 333 mg</i>	TIER 2	PA
<i>erythromycin tab delayed release 333 mg</i> (ERY-TAB)	TIER 2	PA
<i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE)	TIER 2	PA
<i>erythromycin tab delayed release 500 mg</i>	TIER 2	PA
<i>erythromycin tab delayed release 500 mg</i> (ERY-TAB)	TIER 2	PA
<i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE)	TIER 2	PA
<i>erythromycin w/ delayed release particles cap 250 mg</i> (ERYTHROMYCIN BASE)	TIER 2	PA
PCE (<i>erythromycin base (coated)</i>) 333 MG TAB DR, 500 MG TAB DR	TIER 3	
ZITHROMAX (<i>azithromycin</i>) 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 500 MG TAB, 600 MG TAB	TIER 3	
ZITHROMAX (<i>azithromycin</i>) 250 MG TAB	TIER 3	QLC (12 tabs/30 days)
ZITHROMAX TRI-PAK (<i>azithromycin</i>) -500 MG TAB	TIER 3	
ZITHROMAX Z-PAK (<i>azithromycin</i>) -250 MG TAB	TIER 3	QLC (2 packs(12 tabs)/30 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZMAX (<i>azithromycin</i>) 2 GM RECON SUSP	TIER 3	QLC (1 bottle/fill)
QUINOLONES		
AVELOX (<i>moxifloxacin hcl</i>) 400 MG TAB	TIER 3	QLC (10 tabs/fill)
AVELOX ABC PACK (<i>moxifloxacin hcl</i>) 400 MG TAB	TIER 3	QLC (10 tabs/fill)
BAXDELA (<i>delafloxacin meglumine</i>) 450 MG TAB	TIER 4	PA, QLC (28 tabs/month)
BESIVANCE (<i>besifloxacin hcl</i>) 0.6 % SUSPENSION	TIER 3	QLC (5 ml/month)
CILOXAN (<i>ciprofloxacin hcl (ophth)</i>) 0.3 % OINTMENT	TIER 2	
CILOXAN (<i>ciprofloxacin hcl (ophth)</i>) 0.3 % SOLUTION	TIER 3	
CIPRO (<i>ciprofloxacin hcl</i>) 250 MG TAB, 500 MG TAB	TIER 3	QLC (2 tabs/day)
CIPRO (<i>ciprofloxacin</i>) 250 MG/5ML (5%) RECON SUSP	TIER 3	QLC (2 bottles/fill)
CIPRO (<i>ciprofloxacin</i>) 500 MG/5ML (10%) RECON SUSP	TIER 3	QLC (3 bottles/fill)
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	TIER 1	QLC (2 bottles/fill)
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	TIER 1	QLC (3 bottles/fill)
CIPROFLOXACIN HCL 100 MG TAB	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	TIER 1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
CIPROFLOXACIN-CIPROFLOX HCL ER (<i>ciprofloxacin-ciprofloxacin hcl</i>) -1000 MG TAB 24H	TIER 1	QLC (14 tabs/fill)
CIPROFLOXACIN-CIPROFLOX HCL ER (<i>ciprofloxacin-ciprofloxacin hcl</i>) -500 MG TAB 24H	TIER 1	QLC (3 tabs/fill)
FACTIVE (<i>gemifloxacin mesylate</i>) 320 MG TAB	TIER 3	QLC (1 box/fill)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEVAQUIN (<i>levofloxacin</i>) 250 MG TAB, 500 MG TAB, 750 MG TAB	TIER 3	QLC (10 tabs/fill)
<i>levofloxacin oral soln 25 mg/ml</i>	TIER 2	QLC (300 ml/fill)
<i>levofloxacin tab 250 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>levofloxacin tab 500 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>levofloxacin tab 750 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	TIER 1	QLC (10 tabs/fill)
OFLOXACIN 300 MG TAB	TIER 2	
<i>ofloxacin tab 400 mg</i>	TIER 2	

SULFONAMIDES

AVC VAGINAL (<i>sulfanilamide vaginal</i>) 15 % CREAM	TIER 2	
BACTRIM (<i>sulfamethoxazole-trimethoprim</i>) 400-80 MG TAB	TIER 3	
BACTRIM DS (<i>sulfamethoxazole-trimethoprim</i>) 800-160 MG TAB	TIER 3	
KLARON (<i>sulfacetamide sodium (acne)</i>) 10 % LOTION	TIER 3	
<i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE))	TIER 1	
SULFADIAZINE 500 MG TAB	TIER 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> (SULFATRIM PEDIATRIC)	TIER 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	TIER 1	

TETRACYCLINES

ACTICLATE (<i>doxycycline hyclate</i>) 75 MG TAB, 150 MG TAB	TIER 3	PA, QLC (1 tab/day)
ADOXA (<i>doxycycline (monohydrate)</i>) 100 MG TAB	TIER 3	
ADOXA PAK 1/100 (<i>doxycycline (monohydrate)</i>) 1/MG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADOXA PAK 2/100 (<i>doxycycline (monohydrate)</i>) 2/MG TAB	TIER 3	
AMZEEQ (<i>minocycline hcl micronized (acne)</i>) 4 % FOAM	TIER 3	PA, QLC (1 bottle/month)
<i>demeclocycline hcl tab 150 mg</i>	TIER 1	
<i>demeclocycline hcl tab 300 mg</i>	TIER 1	
DORYX (<i>doxycycline hyclate</i>) 200 MG TAB DR	TIER 3	PA, QLC (1 tab/day)
DORYX (<i>doxycycline hyclate</i>) 50 MG TAB DR, 80 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
DORYX MPC (<i>doxycycline hyclate</i>) 120 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
DOXYCYCLINE (<i>doxycycline (rosacea)</i>) 40 MG CAP DR	TIER 1	PA, QLC (1 cap/day; max 120 caps/5 months)
DOXYCYCLINE HYCLATE 50 MG TAB	TIER 1	PA, QLC (2 tabs/day)
DOXYCYCLINE HYCLATE 80 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
<i>doxycycline hyclate cap 100 mg</i>	TIER 1	
<i>doxycycline hyclate cap 100 mg (MORGIDOX)</i>	TIER 1	
<i>doxycycline hyclate cap 50 mg</i>	TIER 1	
<i>doxycycline hyclate cap 50 mg (MORGIDOX)</i>	TIER 1	
<i>doxycycline hyclate tab 100 mg</i>	TIER 1	
<i>doxycycline hyclate tab 150 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab 20 mg</i>	TIER 1	QLC (2 tabs/day)
<i>doxycycline hyclate tab 75 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 100 mg</i>	TIER 1	PA
<i>doxycycline hyclate tab delayed release 150 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 150 mg (SOLOXIDE)</i>	TIER 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 200 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 50 mg</i>	TIER 1	PA, QLC (2 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxycycline hyclate tab delayed release 75 mg</i>	TIER 1	PA
<i>doxycycline monohydrate cap 100 mg</i>	TIER 1	
<i>doxycycline monohydrate cap 100 mg (MONDOXYNE NL)</i>	TIER 1	
<i>doxycycline monohydrate cap 100 mg (OKEBO)</i>	TIER 1	
<i>doxycycline monohydrate cap 150 mg</i>	TIER 3	PA
<i>doxycycline monohydrate cap 50 mg</i>	TIER 1	
<i>doxycycline monohydrate cap 50 mg (MONDOXYNE NL)</i>	TIER 1	
<i>doxycycline monohydrate cap 75 mg</i>	TIER 3	PA
<i>doxycycline monohydrate cap 75 mg (MONDOXYNE NL)</i>	TIER 3	PA
<i>doxycycline monohydrate cap 75 mg (OKEBO)</i>	TIER 3	PA
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	TIER 1	
<i>doxycycline monohydrate tab 100 mg</i>	TIER 1	
<i>doxycycline monohydrate tab 100 mg (AVIDOXY)</i>	TIER 1	
<i>doxycycline monohydrate tab 150 mg</i>	TIER 1	
<i>doxycycline monohydrate tab 50 mg</i>	TIER 1	
<i>doxycycline monohydrate tab 75 mg</i>	TIER 1	
MINOCIN (<i>minocycline hcl</i>) 50 MG CAP, 75 MG CAP, 100 MG CAP	TIER 3	
<i>minocycline hcl cap 100 mg</i>	TIER 1	
<i>minocycline hcl cap 50 mg</i>	TIER 1	
<i>minocycline hcl cap 75 mg</i>	TIER 1	
MINOCYCLINE HCL ER ER 45 MG CAP ER 24H, ER 90 MG CAP ER 24H, ER 135 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
<i>minocycline hcl tab 100 mg</i>	TIER 1	
<i>minocycline hcl tab 50 mg</i>	TIER 1	
<i>minocycline hcl tab 75 mg</i>	TIER 1	
<i>minocycline hcl tab er 24hr 105 mg (MINOCYCLINE HCL ER)</i>	TIER 3	PA, QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>minocycline hcl tab er 24hr 115 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 135 mg</i> (COREMINO)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 135 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 45 mg</i> (COREMINO)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 45 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 55 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 65 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 80 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 90 mg</i> (COREMINO)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 90 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
MINOLIRA (<i>minocycline hcl</i>) 105 MG TAB ER 24H, 135 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
MONODOX (<i>doxycycline (monohydrate)</i>) 100 MG CAP	TIER 3	
MONODOX (<i>doxycycline (monohydrate)</i>) 75 MG CAP	TIER 3	PA
NUZYRA (<i>omadacycline tosylate</i>) 150 MG TAB	TIER 4	PA, QLC (6 tabs/28 days)
ORACEA (<i>doxycycline (rosacea)</i>) 40 MG CAP DR	TIER 3	PA, QLC (1 cap/day; max 120 caps/5 months)
SEYSARA (<i>sarecycline hcl</i>) 60 MG TAB, 100 MG TAB, 150 MG TAB	TIER 4	PA, QLC (1 tab/day)
SOLODYN (<i>minocycline hcl</i>) 55 MG TAB ER 24H, 65 MG TAB ER 24H, 80 MG TAB ER 24H, 105 MG TAB ER 24H, 115 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
TARGADOX (<i>doxycycline hyclate</i>) 50 MG TAB	TIER 3	PA, QLC (2 tabs/day)
<i>tetracycline hcl cap 250 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tetracycline hcl cap 500 mg</i>	TIER 1	
VIBRAMYCIN (<i>doxycycline (monohydrate)</i>) 25 MG/5ML RECON SUSP	TIER 3	
VIBRAMYCIN (<i>doxycycline calcium</i>) 50 MG/5ML SYRUP	TIER 2	
VIBRAMYCIN (<i>doxycycline hyclate</i>) 100 MG CAP	TIER 3	
XIMINO (<i>minocycline hcl</i>) 45 MG CAP ER 24H, 90 MG CAP ER 24H, 135 MG CAP ER 24H	TIER 4	PA, QLC (1 cap/day)

ANTICONVULSANTS (Drugs for Seizures)

ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)

BRIVIACT (<i>brivaracetam</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	TIER 3	ST, QLC (2 tabs/day)
BRIVIACT (<i>brivaracetam</i>) 10 MG/ML SOLUTION	TIER 3	ST, QLC (20 ml/day)
DEPAKENE (<i>valproate sodium</i>) 250 MG/5ML SOLUTION	TIER 3	
DEPAKENE (<i>valproic acid</i>) 250 MG CAP	TIER 3	
DEPAKOTE (<i>divalproex sodium</i>) 125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR	TIER 3	
DEPAKOTE ER (<i>divalproex sodium</i>) ER 250 MG TAB ER 24H, ER 500 MG TAB ER 24H	TIER 3	
DEPAKOTE SPRINKLES (<i>divalproex sodium</i>) 125 MG CAP DR	TIER 3	
DIACOMIT (<i>stiripentol</i>) 250 MG CAP	TIER 4	PA, SP, QLC (3 caps/day)
DIACOMIT (<i>stiripentol</i>) 250 MG PACKET	TIER 4	PA, SP, QLC (3 packets/day)
DIACOMIT (<i>stiripentol</i>) 500 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)
DIACOMIT (<i>stiripentol</i>) 500 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	TIER 1	
<i>divalproex sodium tab delayed release 125 mg</i>	TIER 1	
<i>divalproex sodium tab delayed release 250 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>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	
EPIDIOLEX (<i>cannabidiol</i>) 100 MG/ML SOLUTION	TIER 4	PA, SP, QLC (4 bottles/28 days)
<i>felbamate susp 600 mg/5ml</i>	TIER 1	
<i>felbamate tab 400 mg</i>	TIER 1	
<i>felbamate tab 600 mg</i>	TIER 1	
FELBATOL (<i>felbamate</i>) 400 MG TAB, 600 MG TAB, 600 MG/5ML SUSPENSION	TIER 3	
FINTEPLA (<i>fenfluramine hcl</i> (<i>anticonvulsant</i>)) 2.2 MG/ML SOLUTION	TIER 4	PA, SP, QLC (12 ml/day)
FYCOMPA (<i>perampanel</i>) 0.5 MG/ML SUSPENSION	TIER 3	ST, QLC (24 ml/day)
FYCOMPA (<i>perampanel</i>) 2 MG TAB	TIER 3	ST, QLC (3 tabs/day)
FYCOMPA (<i>perampanel</i>) 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	TIER 3	ST, QLC (1 tab/day)
KEPPRA (<i>levetiracetam</i>) 100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB	TIER 3	
KEPPRA XR (<i>levetiracetam</i>) 500 MG TAB ER 24H	TIER 3	QLC (6 tabs/day)
KEPPRA XR (<i>levetiracetam</i>) 750 MG TAB ER 24H	TIER 3	QLC (4 tabs/day)
LAMICTAL (<i>lamotrigine</i>) 5 MG CHEW TAB, 25 MG CHEW TAB, 25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 3	
LAMICTAL ODT (<i>lamotrigine</i>) ODT 21 25 MG 7 50 MG KIT, ODT 25 50 100 MG KIT, ODT 42 50 MG 14100 MG KIT	TIER 3	PA, QLC (1 starter kit/month)
LAMICTAL ODT (<i>lamotrigine</i>) ODT 25 MG TAB DISP, ODT 50 MG TAB DISP, ODT 100 MG TAB DISP, ODT 200 MG TAB DISP	TIER 3	PA
LAMICTAL STARTER (<i>lamotrigine</i>) 35 25 MG KIT, 42 25 MG & 7 100 MG KIT, 84 25 MG & 14100 MG KIT	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LAMICTAL XR (<i>lamotrigine</i>) 200 MG TAB ER 24H	TIER 3	ST, QLC (3 tabs/day)
LAMICTAL XR (<i>lamotrigine</i>) 21 X 25 MG 7 X 50 MG KIT, 25 50 100 MG KIT, 50 100 200 MG KIT	TIER 3	ST, QLC (1 kit/month)
LAMICTAL XR (<i>lamotrigine</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
LAMICTAL XR (<i>lamotrigine</i>) 250 MG TAB ER 24H, 300 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
<i>lamotrigine orally disintegrating tab 100 mg</i>	TIER 1	PA
<i>lamotrigine orally disintegrating tab 200 mg</i>	TIER 1	PA
<i>lamotrigine orally disintegrating tab 25 mg</i>	TIER 1	PA
<i>lamotrigine orally disintegrating tab 50 mg</i>	TIER 1	PA
<i>lamotrigine tab 100 mg</i>	TIER 1	
<i>lamotrigine tab 100 mg</i> (SUBVENITE)	TIER 1	
<i>lamotrigine tab 150 mg</i>	TIER 1	
<i>lamotrigine tab 150 mg</i> (SUBVENITE)	TIER 1	
<i>lamotrigine tab 200 mg</i>	TIER 1	
<i>lamotrigine tab 200 mg</i> (SUBVENITE)	TIER 1	
<i>lamotrigine tab 25 mg</i>	TIER 1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (LAMOTRIGINE STARTER KIT-ORANGE)	TIER 1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (SUBVENITE STARTER KIT-ORANGE)	TIER 1	
<i>lamotrigine tab 25 mg</i> (SUBVENITE)	TIER 1	
<i>lamotrigine tab 35 x 25 mg starter kit</i> (LAMOTRIGINE STARTER KIT-BLUE)	TIER 1	
<i>lamotrigine tab 35 x 25 mg starter kit</i> (SUBVENITE STARTER KIT-BLUE)	TIER 1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (LAMOTRIGINE STARTER KIT-GREEN)	TIER 1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (SUBVENITE STARTER KIT-GREEN)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lamotrigine tab chewable dispersible 25 mg</i>	TIER 1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	TIER 1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	TIER 1	PA, QLC (1 starter pack/month)
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	TIER 1	PA, QLC (1 starter pack/month)
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	TIER 1	PA, QLC (1 starter pack/month)
<i>lamotrigine tab er 24hr 100 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 200 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (3 tabs/day)
<i>lamotrigine tab er 24hr 25 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 250 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 300 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 50 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (1 tab/day)
<i>levetiracetam oral soln 100 mg/ml</i>	TIER 1	
<i>levetiracetam tab 1000 mg</i>	TIER 1	
<i>levetiracetam tab 1000 mg</i> (ROWEEPRA)	TIER 1	
<i>levetiracetam tab 250 mg</i>	TIER 1	
<i>levetiracetam tab 500 mg</i>	TIER 1	
<i>levetiracetam tab 500 mg</i> (ROWEEPRA)	TIER 1	
<i>levetiracetam tab 750 mg</i>	TIER 1	
<i>levetiracetam tab 750 mg</i> (ROWEEPRA)	TIER 1	
<i>levetiracetam tab er 24hr 500 mg</i> (LEVETIRACETAM ER)	TIER 1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 500 mg</i> (ROWEEPRA XR)	TIER 1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 750 mg</i> (LEVETIRACETAM ER)	TIER 1	QLC (4 tabs/day)
<i>levetiracetam tab er 24hr 750 mg</i> (ROWEEPRA XR)	TIER 1	QLC (4 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
POTIGA (<i>ezogabine</i>) 200 MG TAB, 300 MG TAB, 400 MG TAB	TIER 3	QLC (3 tabs/day)
POTIGA (<i>ezogabine</i>) 50 MG TAB	TIER 3	QLC (9 tabs/day)
QUDEXY XR (<i>topiramate</i>) 150 MG CP24 SPRNK, 200 MG CP24 SPRNK	TIER 3	PA, QLC (2 caps/day)
QUDEXY XR (<i>topiramate</i>) 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK	TIER 3	PA, QLC (1 cap/day)
SPRITAM (<i>levetiracetam</i>) 1000 MG TAB	TIER 3	PA, QLC (3 tabs/day)
SPRITAM (<i>levetiracetam</i>) 250 MG TAB, 500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
SPRITAM (<i>levetiracetam</i>) 750 MG TAB	TIER 3	PA, QLC (4 tabs/day)
TOPAMAX (<i>topiramate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 3	
TOPAMAX SPRINKLE (<i>topiramate</i>) 15 MG CAP SPRINK, 25 MG CAP SPRINK	TIER 3	
TOPIRAMATE ER ER 150 MG CP24 SPRNK, ER 200 MG CP24 SPRNK	TIER 1	PA, QLC (2 caps/day)
TOPIRAMATE ER ER 25 MG CP24 SPRNK, ER 50 MG CP24 SPRNK, ER 100 MG CP24 SPRNK	TIER 1	PA, QLC (1 cap/day)
<i>topiramate sprinkle cap 15 mg</i>	TIER 1	
<i>topiramate sprinkle cap 25 mg</i>	TIER 1	
<i>topiramate tab 100 mg</i>	TIER 1	
<i>topiramate tab 200 mg</i>	TIER 1	
<i>topiramate tab 25 mg</i>	TIER 1	
<i>topiramate tab 50 mg</i>	TIER 1	
TROKENDI XR (<i>topiramate</i>) 200 MG CAP ER 24H	TIER 3	PA, QLC (2 caps/day)
TROKENDI XR (<i>topiramate</i>) 25 MG CAP ER 24H, 100 MG CAP ER 24H	TIER 3	PA, QLC (3 caps/day)
TROKENDI XR (<i>topiramate</i>) 50 MG CAP ER 24H	TIER 3	PA, QLC (7 caps/day)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	TIER 1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> (VALPROIC ACID)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>valproic acid cap 250 mg</i>	TIER 1	
XCOPRI (250 MG DAILY DOSE) (<i>cenobamate</i>) & 200 TAB THPK	TIER 4	PA, QLC (2 tabs/day)
XCOPRI (350 MG DAILY DOSE) (<i>cenobamate</i>) 150 & 200 TAB THPK	TIER 4	PA, QLC (2 tabs/day)
XCOPRI (<i>cenobamate</i>) 150 MG TAB, 200 MG TAB	TIER 4	PA, QLC (2 tabs/day)
XCOPRI (<i>cenobamate</i>) 50 MG TAB, 100 MG TAB	TIER 4	PA, QLC (1 tab/day)
XCOPRI (<i>cenobamate</i>) COPRI 14 12.5 MG & 14 25 MG TAB THPK	TIER 3	PA, QLC (28 tabs/84 days)
XCOPRI (<i>cenobamate</i>) COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	TIER 4	PA, QLC (28 tabs/84 days)

CALCIUM CHANNEL MODIFYING AGENTS

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

GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>gabapentin tab 800 mg</i>	TIER 1	
GABITRIL (<i>tiagabine hcl</i>) 2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB	TIER 3	
GRALISE STARTER (<i>gabapentin (once-daily)</i>) 300 & 600 MG MISC	TIER 3	PA, QLC (1 pack/month)
MYSOLINE (<i>primidone</i>) 50 MG TAB, 250 MG TAB	TIER 3	
NEURONTIN (<i>gabapentin</i>) 100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB	TIER 3	
ONFI (<i>clobazam</i>) 10 MG TAB, 20 MG TAB	TIER 3	ST, QLC (2 tabs/day)
ONFI (<i>clobazam</i>) 2.5 MG/ML SUSPENSION	TIER 3	ST, QLC (16 ml/day)
<i>phenobarbital elixir 20 mg/5ml</i>	TIER 1	
<i>phenobarbital tab 100 mg</i>	TIER 1	
<i>phenobarbital tab 15 mg</i>	TIER 1	
<i>phenobarbital tab 16.2 mg</i>	TIER 1	
<i>phenobarbital tab 30 mg</i>	TIER 1	
<i>phenobarbital tab 32.4 mg</i>	TIER 1	
<i>phenobarbital tab 60 mg</i>	TIER 1	
<i>phenobarbital tab 64.8 mg</i>	TIER 1	
<i>phenobarbital tab 97.2 mg</i>	TIER 1	
<i>primidone tab 250 mg</i>	TIER 1	
<i>primidone tab 50 mg</i>	TIER 1	
SABRIL (<i>vigabatrin</i>) 500 MG PACKET	TIER 4	PA, SP, QLC (6 packs/day)
SABRIL (<i>vigabatrin</i>) 500 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
SYMPAZAN (<i>clobazam</i>) 5 MG FILM, 10 MG FILM, 20 MG FILM	TIER 3	PA, QLC (2 films/day)
<i>tiagabine hcl tab 12 mg</i>	TIER 1	
<i>tiagabine hcl tab 16 mg</i>	TIER 1	
<i>tiagabine hcl tab 2 mg</i>	TIER 1	
<i>tiagabine hcl tab 4 mg</i>	TIER 1	
VALTOCO 10 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	TIER 3	QLC (2 sprays/fill; max 10 sprays/30 days)
VALTOCO 15 MG DOSE (<i>diazepam (anticonvulsant)</i>) 7.5 /0.1ML LIQD THPK	TIER 3	QLC (2 sprays/fill; max 10 sprays/30 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VALTOCO 20 MG DOSE (<i>diazepam (anticonvulsant)</i>) 10 /0.1ML LIQD THPK	TIER 3	QLC (2 sprays/fill; max 10 sprays/30 days)
VALTOCO 5 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	TIER 3	QLC (2 sprays/fill; max 10 sprays/30 days)
<i>vigabatrin powd pack 500 mg</i>	TIER 4	PA, SP, QLC (6 packs/day)
<i>vigabatrin powd pack 500 mg</i> (VIGADRONE)	TIER 4	PA, SP, QLC (6 packs/day)
<i>vigabatrin tab 500 mg</i>	TIER 4	PA, SP, QLC (6 tabs/day)

SODIUM CHANNEL AGENTS

APTOM (<i>eslicarbazepine acetate</i>) 200 MG TAB, 400 MG TAB	TIER 3	ST, QLC (1 tab/day)
APTOM (<i>eslicarbazepine acetate</i>) 600 MG TAB, 800 MG TAB	TIER 3	ST, QLC (2 tabs/day)
BANZEL (<i>rufinamide</i>) 200 MG TAB	TIER 3	ST, QLC (2 tabs/day)
BANZEL (<i>rufinamide</i>) 40 MG/ML SUSPENSION	TIER 3	ST, QLC (80 ml/day)
BANZEL (<i>rufinamide</i>) 400 MG TAB	TIER 3	ST, QLC (8 tabs/day)
<i>carbamazepine cap er 12hr 100 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine cap er 12hr 200 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine cap er 12hr 300 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine chew tab 100 mg</i>	TIER 1	
<i>carbamazepine susp 100 mg/5ml</i>	TIER 1	
<i>carbamazepine tab 200 mg</i>	TIER 1	
<i>carbamazepine tab 200 mg</i> (EPITOL)	TIER 1	
<i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER)	TIER 1	
CARBATROL (<i>carbamazepine</i>) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	TIER 1	QLC (40 ml/day)
<i>oxcarbazepine tab 150 mg</i>	TIER 1	QLC (2 tabs/day)
<i>oxcarbazepine tab 300 mg</i>	TIER 1	QLC (2 tabs/day)
<i>oxcarbazepine tab 600 mg</i>	TIER 1	QLC (4 tabs/day)
OXTELLAR XR (<i>oxcarbazepine</i>) 150 MG TAB ER 24H, 300 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
OXTELLAR XR (<i>oxcarbazepine</i>) 600 MG TAB ER 24H	TIER 3	ST, QLC (4 tabs/day)
PEGANONE (<i>ethotoin</i>) 250 MG TAB	TIER 3	
PHENYTEK (<i>phenytoin sodium extended</i>) 200 MG CAP, 300 MG CAP	TIER 3	
<i>phenytoin chew tab 50 mg</i>	TIER 1	
<i>phenytoin chew tab 50 mg</i> (PHENYTOIN INFATABS)	TIER 1	
<i>phenytoin sodium extended cap 100 mg</i>	TIER 1	
<i>phenytoin sodium extended cap 200 mg</i>	TIER 1	
<i>phenytoin sodium extended cap 300 mg</i>	TIER 1	
<i>phenytoin susp 125 mg/5ml</i>	TIER 1	
<i>rufinamide susp 40 mg/ml</i>	TIER 1	ST, QLC (80 ml/day)
TEGRETOL (<i>carbamazepine</i>) 100 MG/5ML SUSPENSION, 200 MG TAB	TIER 3	
TEGRETOL-XR (<i>carbamazepine</i>) -100 MG TAB ER 12H, -200 MG TAB ER 12H, -400 MG TAB ER 12H	TIER 3	
TRILEPTAL (<i>oxcarbazepine</i>) 150 MG TAB, 300 MG TAB	TIER 3	QLC (2 tabs/day)
TRILEPTAL (<i>oxcarbazepine</i>) 300 MG/5ML SUSPENSION	TIER 3	QLC (40 ml/day)
TRILEPTAL (<i>oxcarbazepine</i>) 600 MG TAB	TIER 3	QLC (4 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIMPAT (<i>lacosamide</i>) 10 MG/ML SOLUTION	TIER 3	ST, QLC (40 ml/day)
VIMPAT (<i>lacosamide</i>) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 3	ST, QLC (2 tabs/day)
ZONEGRAN (<i>zonisamide</i>) 25 MG CAP, 100 MG CAP	TIER 3	
<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	
NAMZARIC (<i>memantine hcl-donepezil hcl</i>) 7 & 14 & 21 & 28 -10 MG CP24 THPK	TIER 2	QLC (1 dose-pack/6 months)
NAMZARIC (<i>memantine hcl-donepezil hcl</i>) 7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H	TIER 2	QLC (1 cap/day)

CHOLINESTERASE INHIBITORS

ARICEPT (<i>donepezil hydrochloride</i>) 23 MG TAB	TIER 3	ST, QLC (1 tab/day)
ARICEPT (<i>donepezil hydrochloride</i>) 5 MG TAB, 10 MG TAB	TIER 3	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> (DONEPEZIL HCL)	TIER 1	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> (DONEPEZIL HCL)	TIER 1	
<i>donepezil hydrochloride tab 10 mg</i> (DONEPEZIL HCL)	TIER 1	
<i>donepezil hydrochloride tab 23 mg</i> (DONEPEZIL HCL)	TIER 1	ST, QLC (1 tab/day)
<i>donepezil hydrochloride tab 5 mg</i> (DONEPEZIL HCL)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EXELON (<i>rivastigmine</i>) 4.6 MG/24HR PATCH 24HR, 9.5 MG/24HR PATCH 24HR, 13.3 MG/24HR PATCH 24HR	TIER 3	QLC (1 patch/day)
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	TIER 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER)	TIER 1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i> (GALANTAMINE HYDROBROMIDE ER) <i>hr</i>	TIER 1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i> (GALANTAMINE HYDROBROMIDE ER)	TIER 1	
<i>galantamine hydrobromide tab 12 mg</i>	TIER 1	
<i>galantamine hydrobromide tab 4 mg</i>	TIER 1	
<i>galantamine hydrobromide tab 8 mg</i>	TIER 1	
RAZADYNE (<i>galantamine hydrobromide</i>) 4 MG TAB, 8 MG TAB, 12 MG TAB	TIER 3	
RAZADYNE ER (<i>galantamine hydrobromide</i>) ER 8 MG CAP ER 24H, ER 16 MG CAP ER 24H, ER 24 MG CAP ER 24H	TIER 3	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	TIER 1	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	TIER 1	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	TIER 1	QLC (1 patch/day)

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

<i>memantine hcl cap er 24hr 14 mg</i> (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 21 mg</i> (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 28 mg</i> (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>memantine hcl cap er 24hr 7 mg</i> (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
<i>memantine hcl oral solution 2 mg/ml</i>	TIER 1	
<i>memantine hcl tab 10 mg</i>	TIER 1	QLC (2 tabs/day)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	TIER 1	
<i>memantine hcl tab 5 mg</i>	TIER 1	QLC (2 tabs/day)
NAMENDA (<i>memantine hcl</i>) 10 MG/5ML SOLUTION	TIER 3	
NAMENDA (<i>memantine hcl</i>) 5 MG TAB, 10 MG TAB	TIER 3	QLC (2 tabs/day)
NAMENDA TITRATION PAK (<i>memantine hcl</i>) 28 X 5 MG & 21 X 10 MG TAB	TIER 3	
NAMENDA XR (<i>memantine hcl</i>) 7 MG CAP ER 24H, 14 MG CAP ER 24H, 21 MG CAP ER 24H, 28 MG CAP ER 24H	TIER 3	QLC (1 cap/day)
NAMENDA XR TITRATION PACK (<i>memantine hcl</i>) 7 & 14 & 21 & 28 MG CAP ER 24H	TIER 2	QLC (1 cap/day)

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

APLENZIN (<i>bupropion hydrobromide</i>) 174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H	TIER 4	PA, QLC (1 tab/day)
BUPROPION HCL ER (XL) 450 MG TAB 24H	TIER 1	ST, QLC (1 tab/day)
<i>bupropion hcl tab 100 mg</i>	TIER 1	QLC (4 tabs/day)
<i>bupropion hcl tab 75 mg</i>	TIER 1	QLC (6 tabs/day)
<i>bupropion hcl tab er 12hr 100 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (4 tabs/day)
<i>bupropion hcl tab er 12hr 150 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 12hr 200 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (2 tabs/day)
<i>bupropion hcl tab er 24hr 150 mg</i> (BUPROPION HCL ER (XL))	TIER 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 24hr 300 mg</i> (BUPROPION HCL ER (XL))	TIER 1	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CHLORDIAZEPOXIDE-AMITRIPTYLINE -5-12.5 MG TAB, -10-25 MG TAB	TIER 1	
FORFIVO XL (<i>bupropion hcl</i>) 450 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
MAPROTILINE HCL 25 MG TAB, 50 MG TAB, 75 MG TAB	TIER 1	
<i>mirtazapine orally disintegrating tab 15 mg</i>	TIER 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	TIER 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	TIER 1	
<i>mirtazapine tab 15 mg</i>	TIER 1	
<i>mirtazapine tab 30 mg</i>	TIER 1	
<i>mirtazapine tab 45 mg</i>	TIER 1	
<i>mirtazapine tab 7.5 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	TIER 1	
PERPHENAZINE-AMITRIPTYLINE -2-10 MG TAB, -2-25 MG TAB, -4-10 MG TAB, -4-25 MG TAB, -4-50 MG TAB	TIER 1	
REMERON (<i>mirtazapine</i>) 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 3	
REMERON SOLTAB (<i>mirtazapine</i>) 15 MG TAB DISP, 30 MG TAB DISP, 45 MG TAB DISP	TIER 3	
SYMBYAX (<i>olanzapine-fluoxetine hcl</i>) 3-25 MG CAP, 6-25 MG CAP, 6-50 MG CAP, 12-25 MG CAP, 12-50 MG CAP	TIER 3	
WELLBUTRIN SR (<i>bupropion hcl</i>) 100 MG TAB ER 12H	TIER 3	QLC (4 tabs/day)
WELLBUTRIN SR (<i>bupropion hcl</i>) 150 MG TAB ER 12H	TIER 3	QLC (3 tabs/day)
WELLBUTRIN SR (<i>bupropion hcl</i>) 200 MG TAB ER 12H	TIER 3	QLC (2 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WELLBUTRIN XL (<i>bupropion hcl</i>) 150 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
WELLBUTRIN XL (<i>bupropion hcl</i>) 300 MG TAB ER 24H	TIER 3	QLC (1 tab/day)

MONOAMINE OXIDASE INHIBITORS

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

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

BRISDELLE (<i>paroxetine mesylate (vasomotor)</i>) 7.5 MG CAP	TIER 3	QLC (1 cap/day)
CELEXA (<i>citalopram hydrobromide</i>) 10 MG TAB	TIER 3	QLC (4 tabs/day)
CELEXA (<i>citalopram hydrobromide</i>) 20 MG TAB	TIER 3	QLC (2 tabs/day)
CELEXA (<i>citalopram hydrobromide</i>) 40 MG TAB	TIER 3	QLC (1 tab/day)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	TIER 1	QLC (40 mg/day)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
DESVENLAFAXINE ER ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	TIER 1	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	TIER 1	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	TIER 1	QLC (1 tab/day)
EFFEXOR XR (<i>venlafaxine hcl</i>) 37.5 MG CAP ER 24H, 150 MG CAP ER 24H	TIER 3	QLC (2 caps/day)
EFFEXOR XR (<i>venlafaxine hcl</i>) 75 MG CAP ER 24H	TIER 3	QLC (3 caps/day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>	TIER 1	QLC (24 ml/day)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	TIER 1	QLC (8 tabs/day)
FETZIMA (<i>levomilnacipran hcl</i>) 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
FETZIMA TITRATION (<i>levomilnacipran hcl</i>) 20 & 40 MG CP24 THPK	TIER 3	PA, QLC (1 cap/day)
FLUOXETINE HCL (PMDD) 10 MG CAP, 10 MG TAB, 20 MG CAP, 20 MG TAB	TIER 1	
FLUOXETINE HCL 60 MG TAB	TIER 3	
FLUOXETINE HCL 90 MG CAP DR	TIER 1	QLC (4 caps/month)
<i>fluoxetine hcl cap 10 mg</i>	TIER 1	
<i>fluoxetine hcl cap 20 mg</i>	TIER 1	
<i>fluoxetine hcl cap 40 mg</i>	TIER 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	TIER 1	
<i>fluoxetine hcl tab 10 mg</i>	TIER 1	
<i>fluoxetine hcl tab 20 mg</i>	TIER 1	
<i>fluoxetine hcl tab 60 mg</i>	TIER 3	
<i>fluvoxamine maleate cap er 24hr 100 mg</i> (FLUVOXAMINE MALEATE ER)	TIER 2	ST, QLC (3 caps/day)
<i>fluvoxamine maleate cap er 24hr 150 mg</i> (FLUVOXAMINE MALEATE ER)	TIER 2	ST, QLC (2 caps/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluvoxamine maleate tab 100 mg</i>	TIER 1	
<i>fluvoxamine maleate tab 25 mg</i>	TIER 1	
<i>fluvoxamine maleate tab 50 mg</i>	TIER 1	
KHEDEZLA (<i>desvenlafaxine</i>) 50 MG TAB ER 24H, 100 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
LEXAPRO (<i>escitalopram oxalate</i>) 10 MG TAB	TIER 3	QLC (4 tabs/day)
LEXAPRO (<i>escitalopram oxalate</i>) 20 MG TAB	TIER 3	QLC (2 tabs/day)
LEXAPRO (<i>escitalopram oxalate</i>) 5 MG TAB	TIER 3	QLC (8 tabs/day)
LEXAPRO (<i>escitalopram oxalate</i>) 5 MG/5ML SOLUTION	TIER 3	QLC (24 ml/day)
NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 1	
<i>nefazodone hcl tab 250 mg</i>	TIER 1	
<i>nefazodone hcl tab 50 mg</i>	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>paroxetine hcl tab er 24hr 12.5 mg</i> (PAROXETINE HCL ER)	TIER 1	
<i>paroxetine hcl tab er 24hr 25 mg</i> (PAROXETINE HCL ER)	TIER 1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i> (PAROXETINE HCL ER)	TIER 1	
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	TIER 1	QLC (1 cap/day)
PAXIL (<i>paroxetine hcl</i>) 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 3	
PAXIL (<i>paroxetine hcl</i>) 10 MG/5ML SUSPENSION	TIER 3	QLC (30 ml/day)
PAXIL CR (<i>paroxetine hcl</i>) 12.5 MG TAB ER 24H, 25 MG TAB ER 24H, 37.5 MG TAB ER 24H	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PEXEVA (<i>paroxetine mesylate</i>) 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	PA, QLC (1 tab/day)
PEXEVA (<i>paroxetine mesylate</i>) 30 MG TAB	TIER 3	PA, QLC (2 tabs/day)
PRISTIQ (<i>desvenlafaxine succinate</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
PROZAC (<i>fluoxetine hcl</i>) 10 MG CAP, 20 MG CAP, 40 MG CAP	TIER 3	
PROZAC WEEKLY (<i>fluoxetine hcl</i>) 90 MG CAP DR	TIER 3	QLC (4 caps/month)
SARAFEM (<i>fluoxetine hcl (pmdd)</i>) 10 MG TAB, 20 MG TAB	TIER 3	QLC (1 tab/day)
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	TIER 1	
<i>sertraline hcl tab 100 mg</i>	TIER 1	
<i>sertraline hcl tab 25 mg</i>	TIER 1	
<i>sertraline hcl tab 50 mg</i>	TIER 1	
<i>trazodone hcl tab 100 mg</i>	TIER 1	
<i>trazodone hcl tab 150 mg</i>	TIER 1	
<i>trazodone hcl tab 300 mg</i>	TIER 1	
<i>trazodone hcl tab 50 mg</i>	TIER 1	
TRINTELLIX (<i>vortioxetine hbr</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	ST, QLC (1 tab/day)
<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	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	TIER 1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 2	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 3	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 2	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 2	QLC (1 tab/day)
VIIBRYD (<i>vilazodone hcl</i>) 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	ST, QLC (1 tab/day)
VIIBRYD STARTER PACK (<i>vilazodone hcl</i>) 10 & 20 MG KIT	TIER 3	ST, QLC (1 pack/month)
ZOLOFT (<i>sertraline hcl</i>) 20 MG/ML CONC, 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	

TRICYCLICS

<i>amitriptyline hcl tab 10 mg</i>	TIER 1
<i>amitriptyline hcl tab 100 mg</i>	TIER 1
<i>amitriptyline hcl tab 150 mg</i>	TIER 1
<i>amitriptyline hcl tab 25 mg</i>	TIER 1
<i>amitriptyline hcl tab 50 mg</i>	TIER 1
<i>amitriptyline hcl tab 75 mg</i>	TIER 1
AMOXAPINE 25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB	TIER 1
ANAFRANIL (<i>clomipramine hcl</i>) 25 MG CAP, 50 MG CAP, 75 MG CAP	TIER 3
<i>clomipramine hcl cap 25 mg</i>	TIER 2
<i>clomipramine hcl cap 50 mg</i>	TIER 2
<i>clomipramine hcl cap 75 mg</i>	TIER 2
<i>desipramine hcl tab 10 mg</i>	TIER 1
<i>desipramine hcl tab 100 mg</i>	TIER 1
<i>desipramine hcl tab 150 mg</i>	TIER 1
<i>desipramine hcl tab 25 mg</i>	TIER 1
<i>desipramine hcl tab 50 mg</i>	TIER 1

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desipramine hcl tab 75 mg</i>	TIER 1	
DOXEPIN HCL 150 MG CAP	TIER 1	
<i>doxepin hcl cap 10 mg</i>	TIER 1	
<i>doxepin hcl cap 100 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	
ELAVIL (<i>amitriptyline hcl</i>) 25 MG TAB	TIER 3	
<i>imipramine hcl tab 10 mg</i>	TIER 1	
<i>imipramine hcl tab 25 mg</i>	TIER 1	
<i>imipramine hcl tab 50 mg</i>	TIER 1	
<i>imipramine pamoate cap 100 mg</i>	TIER 2	
<i>imipramine pamoate cap 125 mg</i>	TIER 2	
<i>imipramine pamoate cap 150 mg</i>	TIER 2	
<i>imipramine pamoate cap 75 mg</i>	TIER 2	
NORPRAMIN (<i>desipramine hcl</i>) 10 MG TAB, 25 MG TAB	TIER 3	
NORTRIPTYLINE HCL 10 MG/5ML SOLUTION	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 1	
PAMELOR (<i>nortriptyline hcl</i>) 10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP	TIER 3	
<i>protriptyline hcl tab 10 mg</i>	TIER 1	
<i>protriptyline hcl tab 5 mg</i>	TIER 1	
SURMONTIL (<i>trimipramine maleate</i>) 25 MG CAP, 50 MG CAP, 100 MG CAP	TIER 3	
TOFRANIL (<i>imipramine hcl</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB	TIER 3	
<i>trimipramine maleate cap 100 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>trimipramine maleate cap 25 mg</i>	TIER 1	
<i>trimipramine maleate cap 50 mg</i>	TIER 1	

ANTIEMETICS (Drugs for Nausea and Vomiting)

ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

BONJESTA (<i>doxylamine-pyridoxine</i>) 20-20 MG TAB ER	TIER 3	PA, QLC (2 tabs/day)
DICLEGIS (<i>doxylamine-pyridoxine</i>) 10-10 MG TAB DR	TIER 3	PA, QLC (4 tabs/day)
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	TIER 1	PA, QLC (4 tabs/day)
GIMOTI (<i>metoclopramide hcl</i>) 15 MG/ACT SOLUTION	TIER 4	PA, QLC (19.6 ml (2 bottles)/ 84 days)
METOCLOPRAMIDE HCL 5 MG TAB DISP, 10 MG TAB DISP	TIER 1	PA, QLC (4 tabs/day)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml</i>	TIER 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	TIER 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	TIER 1	
<i>perphenazine tab 16 mg</i>	TIER 1	
<i>perphenazine tab 2 mg</i>	TIER 1	
<i>perphenazine tab 4 mg</i>	TIER 1	
<i>perphenazine tab 8 mg</i>	TIER 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	TIER 1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	TIER 1	
<i>prochlorperazine suppos 25 mg</i>	TIER 1	
<i>prochlorperazine suppos 25 mg (COMPRO)</i>	TIER 1	
<i>promethazine hcl suppos 12.5 mg</i>	TIER 1	
<i>promethazine hcl suppos 12.5 mg (PHENADOZ)</i>	TIER 1	
<i>promethazine hcl suppos 12.5 mg (PHENERGAN)</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>promethazine hcl suppos 12.5 mg</i> (PROMETHEGAN)	TIER 1	
<i>promethazine hcl suppos 25 mg</i>	TIER 1	
<i>promethazine hcl suppos 25 mg</i> (PHENADOZ)	TIER 1	
<i>promethazine hcl suppos 25 mg</i> (PHENERGAN)	TIER 1	
<i>promethazine hcl suppos 25 mg</i> (PROMETHEGAN)	TIER 1	
<i>promethazine hcl suppos 50 mg</i>	TIER 1	
<i>promethazine hcl suppos 50 mg</i> (PHENERGAN)	TIER 1	
<i>promethazine hcl tab 12.5 mg</i>	TIER 1	
<i>promethazine hcl tab 25 mg</i>	TIER 1	
<i>promethazine hcl tab 50 mg</i>	TIER 1	
PROMETHEGAN (<i>promethazine hcl</i>) 50 MG SUPPOS	TIER 1	
REGLAN (<i>metoclopramide hcl</i>) 5 MG TAB, 10 MG TAB	TIER 3	
<i>scopolamine td patch 72hr 1 mg/3days</i>	TIER 1	
TIGAN (<i>trimethobenzamide hcl</i>) 300 MG CAP	TIER 3	
TRANSDERM SCOP (1.5 MG) (<i>scopolamine</i>) (.5 MG/3DAYS PATCH 72HR)	TIER 3	
TRANSDERM-SCOP (1.5 MG) (<i>scopolamine</i>) -(.5 MG/3DAYS PATCH 72HR)	TIER 3	
<i>trimethobenzamide hcl cap 300 mg</i>	TIER 1	

EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)

AKYNZEO (<i>netupitant-palonosetron</i>) 300-0.5 MG CAP	TIER 3	QLC (1 capsule/14 days)
ANZEMET (<i>dolasetron mesylate</i>) 50 MG TAB, 100 MG TAB	TIER 2	QLC (1 tab/fill)
<i>aprepitant capsule 125 mg</i>	TIER 1	PA, QLC (1 cap/7 days)
<i>aprepitant capsule 40 mg</i>	TIER 1	PA, QLC (1 cap/month)
<i>aprepitant capsule 80 mg</i>	TIER 1	PA, QLC (2 caps/7 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	TIER 1	QLC (3 caps/7 days)
CESAMET (<i>nabilone</i>) 1 MG CAP	TIER 3	QLC (6 caps/day)
<i>dronabinol cap 10 mg</i>	TIER 1	QLC (6 caps/day)
<i>dronabinol cap 2.5 mg</i>	TIER 1	QLC (6 caps/day)
<i>dronabinol cap 5 mg</i>	TIER 1	QLC (6 caps/day)
EMEND (<i>aprepitant</i>) 125 MG CAP	TIER 3	PA, QLC (1 cap/7 days)
EMEND (<i>aprepitant</i>) 125 MG/5ML RECON SUSP	TIER 3	PA, QLC (3 packets/7 days)
EMEND (<i>aprepitant</i>) 40 MG CAP	TIER 3	PA, QLC (1 cap/month)
EMEND (<i>aprepitant</i>) 80 MG CAP	TIER 3	PA, QLC (2 caps/7 days)
EMEND TRI-PACK (<i>aprepitant</i>) -80 & 125 MG CAP	TIER 3	QLC (3 caps/7 days)
<i>granisetron hcl tab 1 mg</i>	TIER 1	QLC (12 tabs/fill)
MARINOL (<i>dronabinol</i>) 2.5 MG CAP, 5 MG CAP, 10 MG CAP	TIER 3	QLC (6 caps/day)
ONDANSETRON HCL 24 MG TAB	TIER 1	QLC (1 tab/fill)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	TIER 1	QLC (1 bottle/fill)
<i>ondansetron hcl tab 24 mg</i>	TIER 1	QLC (1 tab/fill)
<i>ondansetron hcl tab 4 mg</i>	TIER 1	QLC (3 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 (3 tabs/day)
<i>ondansetron orally disintegrating tab 8 mg</i>	TIER 1	QLC (3 tabs/day)
SANCUSO (<i>granisetron</i>) 3.1 MG/24HR PATCH	TIER 3	PA, QLC (2 patches/28 days)
SYNDROS (<i>dronabinol</i>) 5 MG/ML SOLUTION	TIER 4	PA, QLC (4 bottles/month)
VARUBI (180 MG DOSE) (<i>rolapitant hcl</i>) 2 X 90 TAB THPK	TIER 3	SP, QLC (2 tabs/14 days)
ZOFRAN (<i>ondansetron hcl</i>) 4 MG TAB, 8 MG TAB	TIER 3	QLC (3 tabs/day)
ZOFRAN (<i>ondansetron hcl</i>) 4 MG/5ML SOLUTION	TIER 3	QLC (1 bottle/fill)
ZOFRAN ODT (<i>ondansetron</i>) ODT 4 MG TAB DISP, ODT 8 MG TAB DISP	TIER 3	QLC (3 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZUPLENZ (<i>ondansetron</i>) 4 MG FILM, 8 MG FILM	TIER 3	PA, QLC (3 films/day)

ANTIFUNGALS (Drugs for Fungal Infections)

ANTIFUNGALS

ANCOBON (<i>flucytosine</i>) 250 MG CAP, 500 MG CAP	TIER 3	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	TIER 1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i> (CICLODAN)	TIER 1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	TIER 1	
<i>clotrimazole troche 10 mg</i>	TIER 1	
CRESEMBA (<i>isavuconazonium sulfate</i>) 186 MG CAP	TIER 4	PA, QLC (2 caps/day)
DIFLUCAN (<i>fluconazole</i>) 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 3	
<i>econazole nitrate cream 1%</i>	TIER 1	
ECOZA (<i>econazole nitrate</i>) 1 % FOAM	TIER 3	ST, QLC (1 bottle/month)
ERTACZO (<i>sertaconazole nitrate</i>) 2 % CREAM	TIER 3	ST, QLC (1 tube/fill)
EXELDERM (<i>sulconazole nitrate</i>) 1 % CREAM, 1 % SOLUTION	TIER 3	
EXTINA (<i>ketoconazole (topical)</i>) 2 % FOAM	TIER 3	ST
<i>fluconazole for susp 10 mg/ml</i>	TIER 1	
<i>fluconazole for susp 40 mg/ml</i>	TIER 1	
<i>fluconazole tab 100 mg</i>	TIER 1	
<i>fluconazole tab 150 mg</i>	TIER 1	
<i>fluconazole tab 200 mg</i>	TIER 1	
<i>fluconazole tab 50 mg</i>	TIER 1	
<i>flucytosine cap 250 mg</i>	TIER 1	
<i>flucytosine cap 500 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GRIS-PEG (<i>griseofulvin ultramicrosize</i>) -125 MG TAB, -250 MG TAB	TIER 3	
<i>griseofulvin microsize susp 125 mg/5ml</i>	TIER 1	
<i>griseofulvin microsize tab 500 mg</i>	TIER 1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	TIER 1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	TIER 1	
GYNAZOLE-1 (<i>butoconazole nitrate (one dose)</i>) -2 % CREAM	TIER 1	
<i>itraconazole cap 100 mg</i>	TIER 1	PA
<i>itraconazole oral soln 10 mg/ml</i>	TIER 1	PA
JUBLIA (<i>efinaconazole</i>) 10 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
KERYDIN (<i>tavaborole</i>) 5 % SOLUTION	TIER 4	PA, QLC (10 ml/30 days)
<i>ketoconazole cream 2%</i>	TIER 1	
<i>ketoconazole foam 2%</i>	TIER 1	ST
<i>ketoconazole foam 2% (KETODAN)</i>	TIER 1	ST
<i>ketoconazole shampoo 2%</i>	TIER 1	
<i>ketoconazole tab 200 mg</i>	TIER 1	
LAMISIL (<i>terbinafine hcl</i>) 250 MG TAB	TIER 3	QLC (30 tabs/month)
LOPROX (<i>ciclopirox olamine</i>) 0.77 % CREAM, 0.77 % SUSPENSION	TIER 3	
LULICONAZOLE 1 % CREAM	TIER 1	ST, QLC (1 bottle/month)
LUZU (<i>luliconazole</i>) 1 % CREAM	TIER 3	ST, QLC (1 bottle/month)
MICONAZOLE 3 (<i>miconazole nitrate vaginal</i>) 200 MG SUPPOS	TIER 1	
MICONAZOLE-ZINC OXIDE-PETROLAT (<i>miconazole-zinc oxide-white petrolatum</i>) --0.25-15-81.35 % OINTMENT	TIER 1	ST
NAFTIFINE HCL 1 % CREAM, 2 % CREAM	TIER 1	ST
<i>naftifine hcl cream 1%</i>	TIER 1	ST
<i>naftifine hcl cream 2%</i>	TIER 1	ST
<i>naftifine hcl gel 1%</i>	TIER 1	ST
NAFTIN (<i>naftifine hcl</i>) 1 % GEL, 2 % CREAM, 2 % GEL	TIER 3	ST
NIZORAL (<i>ketoconazole (topical)</i>) 2 % SHAMPOO	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOXAFIL (<i>posaconazole</i>) 100 MG TAB DR	TIER 3	PA, QLC (3 tabs/day)
NOXAFIL (<i>posaconazole</i>) 40 MG/ML SUSPENSION	TIER 3	PA
<i>nystatin cream 100000 unit/gm</i>	TIER 1	
<i>nystatin oint 100000 unit/gm</i>	TIER 1	
<i>nystatin susp 100000 unit/ml</i>	TIER 1	
<i>nystatin tab 500000 unit</i>	TIER 1	
<i>nystatin topical powder 100000 unit/gm</i>	TIER 1	
<i>nystatin topical powder 100000 unit/gm</i> (NYAMYC)	TIER 1	
<i>nystatin topical powder 100000 unit/gm</i> (NYATA)	TIER 1	
<i>nystatin topical powder 100000 unit/gm</i> (NYSTOP)	TIER 1	
ONMEL (<i>itraconazole</i>) 200 MG TAB	TIER 3	PA, QLC (1 tab/day)
ORAVIG (<i>miconazole (mouth-throat)</i>) 50 MG TAB	TIER 3	PA, QLC (14 tabs/month)
<i>oxiconazole nitrate cream 1%</i>	TIER 1	ST
OXISTAT (<i>oxiconazole nitrate</i>) 1 % CREAM, 1 % LOTION	TIER 3	ST
<i>posaconazole tab delayed release 100 mg</i>	TIER 1	PA, QLC (3 tabs/day)
SPORANOX (<i>itraconazole</i>) 10 MG/ML SOLUTION, 100 MG CAP	TIER 3	PA
SPORANOX PULSEPAK (<i>itraconazole</i>) 100 MG CAP	TIER 3	PA
SULCONAZOLE NITRATE 1 % CREAM, 1 % SOLUTION	TIER 3	
<i>tavaborole soln 5%</i>	TIER 4	PA, QLC (10 ml/30 days)
TERAZOL 7 (<i>terconazole vaginal</i>) 0.4 % CREAM	TIER 3	
<i>terbinafine hcl tab 250 mg</i>	TIER 1	QLC (30 tabs/month)
<i>terconazole vaginal cream 0.4%</i>	TIER 1	
<i>terconazole vaginal cream 0.8%</i>	TIER 1	
<i>terconazole vaginal cream 0.8%</i> (ZAZOLE)	TIER 1	
<i>terconazole vaginal suppos 80 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>terconazole vaginal suppos 80 mg</i> (ZAZOLE)	TIER 1	
TOLSURA (<i>itraconazole</i>) 65 MG CAP	TIER 4	PA, QLC (4 caps/day)
VFEND (<i>voriconazole</i>) 40 MG/ML RECON SUSP, 50 MG TAB, 200 MG TAB	TIER 3	PA
<i>voriconazole for susp 40 mg/ml</i>	TIER 1	PA
<i>voriconazole tab 200 mg</i>	TIER 1	PA
<i>voriconazole tab 50 mg</i>	TIER 1	PA
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>) 0.25-15-81.35 % OINTMENT	TIER 3	ST
XOLEGEL (<i>ketconazole (topical)</i>) 2 %	TIER 3	ST

ANTIGOUT AGENTS (Drugs for Gout)

ANTIGOUT AGENTS

<i>allopurinol tab 100 mg</i>	TIER 1	
<i>allopurinol tab 300 mg</i>	TIER 1	
COLCHICINE 0.6 MG CAP	TIER 1	QLC (2 caps/day)
<i>colchicine tab 0.6 mg</i>	TIER 1	QLC (4 tabs/day)
<i>colchicine w/ probenecid tab 0.5-500 mg</i> (COLCHICINE-PROBENECID)	TIER 1	
COLCRYS (<i>colchicine</i>) 0.6 MG TAB	TIER 3	QLC (4 tabs/day)
DUZALLO (<i>lesinurad-allopurinol</i>) 200-200 MG TAB, 200-300 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>febuxostat tab 40 mg</i>	TIER 3	ST, QLC (1 tab/day)
<i>febuxostat tab 80 mg</i>	TIER 3	ST, QLC (1 tab/day)
GLOPERBA (<i>colchicine</i>) 0.6 MG/5ML SOLUTION	TIER 4	PA, QLC (10 ml/day)
MITIGARE (<i>colchicine</i>) 0.6 MG CAP	TIER 3	QLC (2 caps/day)
<i>probenecid tab 500 mg</i>	TIER 1	
ULORIC (<i>febuxostat</i>) 40 MG TAB, 80 MG TAB	TIER 3	ST, QLC (1 tab/day)
ZURAMPIC (<i>lesinurad</i>) 200 MG TAB	TIER 3	ST, QLC (1 tab/day)
ZYLOPRIM (<i>allopurinol</i>) 100 MG TAB, 300 MG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIMIGRAINE AGENTS (Drugs for Migraine)		
ANTIMIGRAINE AGENTS, OTHER		
NURTEC (<i>rimegepant sulfate</i>) 75 MG TAB DISP	TIER 4	PA, QLC (8 tabs/30 days)
UBRELVY (<i>ubrogepant</i>) 50 MG TAB, 100 MG TAB	TIER 4	PA, QLC (2 tabs/day; max 16 tabs/30 days)
ERGOT ALKALOIDS		
CAFERGOT (<i>ergotamine w/ caffeine</i>) 1-100 MG TAB	TIER 3	QLC (10 tabs/week)
D.H.E. 45 (<i>dihydroergotamine mesylate</i>) 1 MG/ML SOLUTION	TIER 4	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	TIER 3	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	TIER 3	PA, QLC (8 vials/month)
ERGOMAR (<i>ergotamine tartrate</i>) 2 MG SL TAB	TIER 3	QLC (20 tabs/28 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i> (ERGOTAMINE-CAFFEINE)	TIER 1	QLC (10 tabs/week)
MIGERGOT (<i>ergotamine w/ caffeine</i>) 2-100 MG SUPPOS	TIER 1	QLC (5 suppositories/week)
MIGRANAL (<i>dihydroergotamine mesylate</i>) 4 MG/ML SOLUTION	TIER 4	PA, QLC (8 vials/month)
PROPHYLACTIC		
AIMOVIG (140 MG DOSE) (<i>erenumab-aooe</i>) IMOVIG 70 /ML SOLN -INJ	TIER 2	PA, QLC (2 injections/28 days)
AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 140 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 injection/28 days)
AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 70 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 injection/28 days)
AJOVY (<i>fremanezumab-vfrm</i>) 225 MG/1.5ML SOLN PRSYR	TIER 3	PA, QLC (3 syringes/84 days)
AJOVY (<i>fremanezumab-vfrm</i>) JOVY 225 MG/1.5ML SOLN -INJ	TIER 3	PA, QLC (3 autoinjectors/84 days)
EMGALITY (300 MG DOSE) (<i>galcanezumab-gnlm</i>) 100 /ML SOLN PRSYR	TIER 4	PA, QLC (3 syringes/30 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<i>timolol maleate tab 10 mg</i>	TIER 1	
<i>timolol maleate tab 20 mg</i>	TIER 1	
<i>timolol maleate tab 5 mg</i>	TIER 1	

SEROTONIN (5-HT) RECEPTOR AGONIST

<i>almotriptan malate tab 12.5 mg</i>	TIER 2	ST, QLC (24 tabs/month)
<i>almotriptan malate tab 6.25 mg</i>	TIER 2	ST, QLC (24 tabs/month)
AMERGE (<i>naratriptan hcl</i>) 1 MG TAB, 2.5 MG TAB	TIER 3	QLC (18 tabs/month)
AXERT (<i>almotriptan malate</i>) 6.25 MG TAB, 12.5 MG TAB	TIER 3	ST, QLC (24 tabs/month)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	TIER 2	ST, QLC (18 tabs/month)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	TIER 2	ST, QLC (18 tabs/month)
FROVA (<i>frovatriptan succinate</i>) 2.5 MG TAB	TIER 3	ST, QLC (27 tabs/month)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	TIER 2	ST, QLC (27 tabs/month)
IMITREX (<i>sumatriptan succinate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	QLC (18 tabs/month)
IMITREX (<i>sumatriptan succinate</i>) 6 MG/0.5ML SOLUTION	TIER 3	QLC (16 injections/month at 4 injections/fill)
IMITREX (<i>sumatriptan</i>) 5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION	TIER 3	QLC (18 doses/month)
IMITREX STATDOSE REFILL (<i>sumatriptan succinate</i>) 4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART	TIER 3	QLC (16 injections/month at 4 injections/fill)
IMITREX STATDOSE SYSTEM (<i>sumatriptan succinate</i>) STTDOSE 4 MG/0.5ML SOLN - INJ, STTDOSE 6 MG/0.5ML SOLN -INJ	TIER 3	QLC (16 injections/month at 4 injections/fill)
MAXALT (<i>rizatriptan benzoate</i>) 5 MG TAB, 10 MG TAB	TIER 3	QLC (24 tabs/month)
MAXALT-MLT (<i>rizatriptan benzoate</i>) -5 MG TAB DISP, -10 MG TAB DISP	TIER 3	QLC (24 tabs/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>naratriptan hcl tab 1 mg (base equiv)</i>	TIER 1	QLC (18 tabs/month)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	TIER 1	QLC (18 tabs/month)
ONZETRA XSAIL (<i>sumatriptan succinate</i>) 11 MG/NOSEPC EXHP	TIER 3	PA, QLC (1 box/month)
RELPAK (<i>eletriptan hydrobromide</i>) 20 MG TAB, 40 MG TAB	TIER 3	ST, QLC (18 tabs/month)
REYVOW (<i>lasmiditan succinate</i>) 50 MG TAB, 100 MG TAB	TIER 4	PA, QLC (8 tabs/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	TIER 1	QLC (24 tabs/month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	TIER 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	TIER 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	TIER 1	QLC (24 tabs/month)
<i>sumatriptan nasal spray 20 mg/act</i>	TIER 1	QLC (18 nasal sprays/month)
<i>sumatriptan nasal spray 5 mg/act</i>	TIER 1	QLC (18 nasal sprays/month)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate tab 100 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 25 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 50 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	TIER 4	PA, QLC (9 tabs/month)
SUMAVEL DOSEPRO (<i>sumatriptan succinate</i>) 4 MG/0.5ML SOLN -IN, 6 MG/0.5ML SOLN -IN	TIER 3	ST, QLC (18 injections/month at 6 injections/fill)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOSYMRA (<i>sumatriptan</i>) 10 MG/ACT SOLUTION	TIER 3	PA, QLC (12 bottles/30 days)
TREXIMET (<i>sumatriptan-naproxen sodium</i>) 10-60 MG TAB, 85-500 MG TAB	TIER 4	PA, QLC (9 tabs/month)
ZEMBRACE SYMTOUCH (<i>sumatriptan succinate</i>) ZEMBRCE 3 MG/0.5ML SOLN - INJ	TIER 3	ST, QLC (16 injections/month at 4 injections/fill)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	TIER 1	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	TIER 1	QLC (18 tabs/month)
<i>zolmitriptan tab 2.5 mg</i>	TIER 1	QLC (18 tabs/month)
<i>zolmitriptan tab 5 mg</i>	TIER 1	QLC (18 tabs/month)
ZOMIG (<i>zolmitriptan</i>) 2.5 MG SOLUTION, 5 MG SOLUTION	TIER 3	ST, QLC (18 doses/month)
ZOMIG (<i>zolmitriptan</i>) 2.5 MG TAB, 5 MG TAB	TIER 3	QLC (18 tabs/month)
ZOMIG ZMT (<i>zolmitriptan</i>) 2.5 MG TAB DISP, 5 MG TAB DISP	TIER 3	QLC (18 tabs/month)

ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

PARASYMPATHOMIMETICS

GUANIDINE HCL 125 MG TAB	TIER 1	
MESTINON (<i>pyridostigmine bromide</i>) 180 MG TAB ER	TIER 3	QLC (6 tabs/day)
MESTINON (<i>pyridostigmine bromide</i>) 60 MG TAB	TIER 3	QLC (25 tabs/day)
MESTINON (<i>pyridostigmine bromide</i>) 60 MG/5ML SOLUTION	TIER 3	QLC (50 ml/day)
PYRIDOSTIGMINE BROMIDE 30 MG TAB	TIER 1	QLC (6 tabs/day)
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	TIER 1	QLC (50 ml/day)
<i>pyridostigmine bromide tab 60 mg</i>	TIER 1	QLC (25 tabs/day)
<i>pyridostigmine bromide tab er 180 mg</i> (PYRIDOSTIGMINE BROMIDE ER)	TIER 1	QLC (6 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)		
ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)		
<i>dapsone tab 100 mg</i>	TIER 1	
<i>dapsone tab 25 mg</i>	TIER 1	
MYCOBUTIN (<i>rifabutin</i>) 150 MG CAP	TIER 3	
<i>rifabutin cap 150 mg</i>	TIER 1	
ANTITUBERCULARS (Drugs for Tuberculosis)		
CYCLOSERINE 250 MG CAP	TIER 3	
<i>cycloserine cap 250 mg</i>	TIER 3	
<i>ethambutol hcl tab 100 mg</i>	TIER 1	
<i>ethambutol hcl tab 400 mg</i>	TIER 1	
ISONIAZID 50 MG/5ML SYRUP, 100 MG TAB	TIER 1	
<i>isoniazid tab 100 mg</i>	TIER 1	
<i>isoniazid tab 300 mg</i>	TIER 1	
MYAMBUTOL (<i>ethambutol hcl</i>) 100 MG TAB, 400 MG TAB	TIER 3	
PASER (<i>aminosalicylic acid</i>) 4 GM PACKET	TIER 3	
PRETOMANID 200 MG TAB	TIER 3	QLC (1 tab/day)
PRIFTIN (<i>rifapentine</i>) 150 MG TAB	TIER 2	
PYRAZINAMIDE 500 MG TAB	TIER 1	
<i>pyrazinamide tab 500 mg</i>	TIER 1	
RIFADIN (<i>rifampin</i>) 150 MG CAP, 300 MG CAP	TIER 3	
RIFAMATE (<i>isoniazid & rifampin</i>) 150-300 MG CAP	TIER 3	
<i>rifampin cap 150 mg</i>	TIER 1	
<i>rifampin cap 300 mg</i>	TIER 1	
RIFATER (<i>isoniazid-rifampin w/ pyrazinamide</i>) 50-120-300 MG TAB	TIER 3	
TRECATOR (<i>ethionamide</i>) 250 MG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
------------------------	-----------	----------------------------------

ANTINEOPLASTICS (Drugs for Cancer)

ALKYLATING AGENTS

ALKERAN (<i>melfalan</i>) 2 MG TAB	TIER 3	OAC
CYCLOPHOSPHAMIDE 25 MG CAP, 50 MG CAP	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 2	OAC
HEXALEN (<i>altretamine</i>) 50 MG CAP	TIER 3	OAC
LEUKERAN (<i>chlorambucil</i>) 2 MG TAB	TIER 2	OAC
MATULANE (<i>procarbazine hcl</i>) 50 MG CAP	TIER 2	SP, OAC
<i>melfalan tab 2 mg</i>	TIER 1	OAC
MYLERAN (<i>busulfan</i>) 2 MG TAB	TIER 2	OAC
TEMODAR (<i>temozolomide</i>) 5 MG CAP, 20 MG CAP, 100 MG CAP, 140 MG CAP, 180 MG CAP, 250 MG CAP	TIER 4	SP, OAC
<i>temozolomide cap 100 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 140 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 180 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 20 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 250 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 5 mg</i>	TIER 4	SP, OAC
VALCHLOR (<i>mechlorethamine hcl (topical)</i>) 0.016 % GEL	TIER 4	PA, SP, QLC (1 tube/month)

ANTIANDROGENS

<i>abiraterone acetate tab 250 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
<i>abiraterone acetate tab 500 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
<i>bicalutamide tab 50 mg</i>	TIER 1	OAC
CASODEX (<i>bicalutamide</i>) 50 MG TAB	TIER 3	OAC
ERLEADA (<i>apalutamide</i>) 60 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>flutamide cap 125 mg</i>	TIER 1	OAC
NILANDRON (<i>nilutamide</i>) 150 MG TAB	TIER 4	QLC (1 tab/day), OAC
<i>nilutamide tab 150 mg</i>	TIER 4	QLC (1 tab/day), OAC
NUBEQA (<i>darolutamide</i>) 300 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 40 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC
YONSA (<i>abiraterone acetate</i>) 125 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
ZYTIGA (<i>abiraterone acetate</i>) 250 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
ZYTIGA (<i>abiraterone acetate</i>) 500 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC

ANTIANGIOGENIC AGENTS

POMALYST (<i>pomalidomide</i>) 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
THALOMID (<i>thalidomide</i>) 150 MG CAP, 200 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
THALOMID (<i>thalidomide</i>) 50 MG CAP, 100 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)

ANTIESTROGENS/MODIFIERS

EMCYT (<i>estramustine phosphate sodium</i>) 140 MG CAP	TIER 2	OAC
FARESTON (<i>toremifene citrate</i>) 60 MG TAB	TIER 3	OAC
SOLTAMOX (<i>tamoxifen citrate</i>) 10 MG/5ML SOLUTION	TIER 3	OAC
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	TIER 1	PH (Preventive Health), OAC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	TIER 1	PH (Preventive Health), OAC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	TIER 1	OAC

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	TIER 4	SP, OAC
<i>capecitabine tab 500 mg</i>	TIER 4	SP, OAC

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DROXIA (<i>hydroxyurea (sickle cell anemia)</i>) 200 MG CAP, 300 MG CAP, 400 MG CAP	TIER 2	
HYDREA (<i>hydroxyurea</i>) 500 MG CAP	TIER 3	OAC
<i>hydroxyurea cap 500 mg</i>	TIER 1	OAC
INQOVI (<i>decitabine-cedazuridine</i>) 35-100 MG	TIER 4	PA, SP, QLC (1 tab/day; max 5 day therapy/28 days), OAC
<i>mercaptopurine tab 50 mg</i>	TIER 1	OAC
PURIXAN (<i>mercaptopurine</i>) 2000 MG/100ML SUSPENSION	TIER 4	SP, AL1 (Up to 10 yrs old), QLC (1 bottle/month), OAC
SIKLOS (<i>hydroxyurea (sickle cell anemia)</i>) 100 MG TAB, 1000 MG TAB	TIER 3	PA
TABLOID (<i>thioguanine</i>) LOID 40 MG	TIER 2	OAC
XELODA (<i>capecitabine</i>) 150 MG TAB, 500 MG TAB	TIER 4	SP, OAC

ANTINEOPLASTICS, OTHER (Other drugs for Cancer)

AYVAKIT (<i>avapritinib</i>) 100 MG TAB, 200 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
BRUKINSA (<i>zanubrutinib</i>) 80 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
IDHIFA (<i>enasidenib mesylate</i>) 50 MG TAB, 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
INREBIC (<i>fedratinib hcl</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
KISQALI FEMARA (400 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI FEMARA (600 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI FEMARA(200 MG DOSE) (<i>ribociclib succinate-letrozole</i>) FEMARA(& 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KOSELUGO (<i>selumetinib sulfate</i>) 10 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), OAC
KOSELUGO (<i>selumetinib sulfate</i>) 25 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
<i>leucovorin calcium tab 10 mg</i>	TIER 1	
<i>leucovorin calcium tab 15 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>leucovorin calcium tab 25 mg</i>	TIER 1	
<i>leucovorin calcium tab 5 mg</i>	TIER 1	
LONSURF (<i>trifluridine-tipiracil</i>) 15-6.14 MG TAB	TIER 4	PA, SP, QLC (100 tabs/28 days), OAC
LONSURF (<i>trifluridine-tipiracil</i>) 20-8.19 MG TAB	TIER 4	PA, SP, QLC (80 tabs/28 days), OAC
LYSODREN (<i>mitotane</i>) 500 MG TAB	TIER 2	OAC
NINLARO (<i>ixazomib citrate</i>) 2.3 MG CAP, 3 MG CAP, 4 MG CAP	TIER 4	PA, SP, QLC (3 caps/21 days), OAC
ONUREG (<i>azacitidine</i>) 200 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (14 tabs/28 days), OAC
QINLOCK (<i>ripretinib</i>) 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
RETEVMO (<i>selpercatinib</i>) 40 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), OAC
RETEVMO (<i>selpercatinib</i>) 80 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
ROZLYTREK (<i>entrectinib</i>) 100 MG CAP	TIER 4	PA, SP, QLC (5 caps/day), SF, OAC
ROZLYTREK (<i>entrectinib</i>) 200 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
SYNRIBO (<i>omacetaxine mepesuccinate</i>) 3.5 MG RECON SOLN	TIER 4	PA, SP, QLC (2 vials/day)
TABRECTA (<i>capmatinib hcl</i>) 150 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
TAZVERIK (<i>tazemetostat hbr</i>) 200 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC
XPOVIO (100 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (5 tabs/7 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (16 tabs/28 days), OAC
XPOVIO (60 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (3 tabs/7 days), OAC
XPOVIO (60 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (24 tabs/28 days), OAC
XPOVIO (80 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (4 tabs/7 days), OAC
XPOVIO (80 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/7 days), OAC

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZOLINZA (<i>vorinostat</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole tab 1 mg</i>	TIER 1	PH (Preventive Health), OAC
ARIMIDEX (<i>anastrozole</i>) 1 MG TAB	TIER 3	OAC
AROMASIN (<i>exemestane</i>) 25 MG TAB	TIER 3	OAC
<i>exemestane tab 25 mg</i>	TIER 1	OAC
FEMARA (<i>letrozole</i>) 2.5 MG TAB	TIER 3	OAC
<i>letrozole tab 2.5 mg</i>	TIER 1	OAC
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	TIER 4	OAC
GAVRETO (<i>pralsetinib</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
HYCAMTIN (<i>topotecan hcl</i>) 0.25 MG CAP, 1 MG CAP	TIER 4	SP, OAC
MOLECULAR TARGET INHIBITORS		
AFINITOR (<i>everolimus</i>) 2.5 MG TAB, 5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
AFINITOR (<i>everolimus</i>) 7.5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
AFINITOR DISPERZ (<i>everolimus</i>) 2 MG TAB SOL	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
AFINITOR DISPERZ (<i>everolimus</i>) 3 MG TAB SOL	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
AFINITOR DISPERZ (<i>everolimus</i>) 5 MG TAB SOL	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
ALECENSA (<i>alectinib hcl</i>) 150 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), OAC
ALUNBRIG (<i>brigatinib</i>) 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
ALUNBRIG (<i>brigatinib</i>) 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
BALVERSA (<i>erdafitinib</i>) 3 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
BALVERSA (<i>erdafitinib</i>) 4 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
BALVERSA (<i>erdafitinib</i>) 5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
BOSULIF (<i>bosutinib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BOSULIF (<i>bosutinib</i>) 400 MG TAB, 500 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
BRAFTOVI (<i>encorafenib</i>) 50 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
BRAFTOVI (<i>encorafenib</i>) 75 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), OAC
CABOMETYX (<i>cabozantinib s-malate</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
CALQUENCE (<i>acalabrutinib</i>) 100 MG CAP	TIER 4	PA, SP, QLC (2 caps/day), OAC
CAPRELSA (<i>vandetanib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 300 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 80 & 20 KIT	TIER 4	PA, SP, QLC (56 caps/28 days), SF, OAC
COMETRIQ (140 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 3 X 20 & 80 KIT	TIER 4	PA, SP, QLC (112 caps/28 days), SF, OAC
COMETRIQ (60 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 20 KIT	TIER 4	PA, SP, QLC (84 caps/28 days), SF, OAC
COPIKTRA (<i>duvelisib</i>) 15 MG CAP, 25 MG CAP	TIER 4	PA, SP, QLC (56 caps/28 days), OAC
COTELLIC (<i>cobimetinib fumarate</i>) 20 MG TAB	TIER 4	PA, SP, QLC (63 tabs/28 days), OAC
DAURISMO (<i>glasdegib maleate</i>) 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
DAURISMO (<i>glasdegib maleate</i>) 25 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
ERIVEDGE (<i>vismodegib</i>) 150 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
<i>everolimus tab 2.5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), SF
<i>everolimus tab 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), SF
<i>everolimus tab 7.5 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), SF
FARYDAK (<i>panobinostat lactate</i>) 10 MG CAP, 15 MG CAP, 20 MG CAP	TIER 4	PA, SP, QLC (6 caps/12 days, not to exceed 6 caps every 21 days), OAC
GILOTRIF (<i>afatinib dimaleate</i>) 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
GLEEVEC (<i>imatinib mesylate</i>) 100 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GLEEVEC (<i>imatinib mesylate</i>) 400 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
IBRANCE (<i>palbociclib</i>) 125 MG TAB	TIER 4	PA, SP, QLC (1 tab/day; max 21 tabs/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG CAP, 100 MG CAP, 125 MG CAP	TIER 4	PA, SP, QLC (1 cap/day, max 21 caps/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG TAB, 100 MG TAB	TIER 4	PA, SP, QLC (1 tab day; max 21 tabs/28 days), OAC
ICLUSIG (<i>ponatinib hcl</i>) 15 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
ICLUSIG (<i>ponatinib hcl</i>) 45 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (8 tabs/day), OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
INLYTA (<i>axitinib</i>) 1 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), SF, OAC
INLYTA (<i>axitinib</i>) 5 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
IRESSA (<i>gefitinib</i>) 250 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
JAKAFI (<i>ruxolitinib phosphate</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
KISQALI (200 MG DOSE) (<i>ribociclib succinate</i>) (TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI (400 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI (600 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	TIER 4	PA, SP, QLC (6 tabs/day), OAC
LENVIMA (10 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) CAP THPK	TIER 4	PA, SP, QLC (30 caps/month), OAC
LENVIMA (12 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 3 X 4 CAP THPK	TIER 4	PA, SP, QLC (3 caps/day), OAC
LENVIMA (14 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (110 & CAP THPK	TIER 4	PA, SP, QLC (60 caps/month), OAC

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LENVIMA (18 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 10 & 2 X 4 CAP THPK	TIER 4	PA, SP, QLC (90 caps/month), OAC
LENVIMA (20 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 0 X 10 CAP THPK	TIER 4	PA, SP, QLC (60 caps/month), OAC
LENVIMA (24 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) X 10 & CAP THPK	TIER 4	PA, SP, QLC (90 caps/month), OAC
LENVIMA (4 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) CAP THPK	TIER 4	PA, SP, QLC (1 cap/day), OAC
LENVIMA (8 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 2 X 4 CAP THPK	TIER 4	PA, SP, QLC (60 caps/month), OAC
LORBRENA (<i>lorlatinib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
LORBRENA (<i>lorlatinib</i>) 25 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
LYNPARZA (<i>olaparib</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
LYNPARZA (<i>olaparib</i>) 50 MG CAP	TIER 4	PA, SP, QLC (16 caps/day), SF, OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.5 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 2 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
MEKTOVI (<i>binimetinib</i>) 15 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC
NERLYNX (<i>neratinib maleate</i>) 40 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), SF, OAC
NEXAVAR (<i>sorafenib tosylate</i>) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
PEMAZYRE (<i>pemigatinib</i>) 4.5 MG TAB, 9 MG TAB, 13.5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day; max 14 tabs/21 days), OAC
PIQRAY (200 MG DAILY DOSE) (<i>alpelisib</i>) TAB THPK	TIER 4	PA, SP, QLC (1 tab/day), OAC
PIQRAY (250 MG DAILY DOSE) (<i>alpelisib</i>) 200 & TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day), OAC
PIQRAY (300 MG DAILY DOSE) (<i>alpelisib</i>) 2 X 150 TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day), OAC
RUBRACA (<i>rucaparib camsylate</i>) 200 MG TAB, 250 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
RYDAPT (<i>midostaurin</i>) 25 MG CAP	TIER 4	PA, SP, QLC (56 caps/21 days [#56 package size] or 224 caps/28 days), OAC

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPRYCEL (<i>dasatinib</i>) 100 MG TAB, 140 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
SPRYCEL (<i>dasatinib</i>) 20 MG TAB, 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
SPRYCEL (<i>dasatinib</i>) 70 MG TAB, 80 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
STIVARGA (<i>regorafenib</i>) 40 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
SUTENT (<i>sunitinib malate</i>) 12.5 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
SUTENT (<i>sunitinib malate</i>) 25 MG CAP, 37.5 MG CAP, 50 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
TAFINLAR (<i>dabrafenib mesylate</i>) 50 MG CAP, 75 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
TAGRISSO (<i>osimertinib mesylate</i>) 40 MG TAB, 80 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
TALZENNA (<i>talazoparib tosylate</i>) 0.25 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
TALZENNA (<i>talazoparib tosylate</i>) 1 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
TARCEVA (<i>erlotinib hcl</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
TARCEVA (<i>erlotinib hcl</i>) 25 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
TASIGNA (<i>nilotinib hcl</i>) 50 MG CAP, 150 MG CAP, 200 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC
TIBSOVO (<i>ivosidenib</i>) 250 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
TUKYSA (<i>tucatinib</i>) 50 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
TURALIO (<i>pexidartinib hcl</i>) 200 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
TYKERB (<i>lapatinib ditosylate</i>) 250 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 100 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 50 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
VENCLEXTA STARTING PACK (<i>venetoclax</i>) 10 & 50 & 100 MG TAB THPK	TIER 4	PA, SP, QLC (1 starter pack/year), OAC
VERZENIO (<i>abemaciclib</i>) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
VITRAKVI (<i>larotrectinib sulfate</i>) 100 MG CAP	TIER 4	PA, SP, QLC (2 caps/day), SF, OAC

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VITRAKVI (<i>larotrectinib sulfate</i>) 20 MG/ML SOLUTION	TIER 4	PA, SP, QLC (10 ml/day), SF, OAC
VITRAKVI (<i>larotrectinib sulfate</i>) 25 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), SF, OAC
VIZIMPRO (<i>dacomitinib</i>) 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
VOTRIENT (<i>pazopanib hcl</i>) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
XALKORI (<i>crizotinib</i>) 200 MG CAP, 250 MG CAP	TIER 4	PA, SP, QLC (2 caps/day), SF, OAC
XOSPATA (<i>gilteritinib fumarate</i>) 40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
ZEJULA (<i>niraparib tosylate</i>) 100 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), OAC
ZELBORAF (<i>vemurafenib</i>) 240 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC
ZYDELIG (<i>idelalisib</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
ZYKADIA (<i>ceritinib</i>) 150 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
ZYKADIA (<i>ceritinib</i>) 150 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC

RETINOIDS

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

TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

MESNEX (<i>mesna</i>) 400 MG TAB	TIER 2
------------------------------------	--------

ANTIPARASITICS (Drugs for Parasitic Infections)

ANTHELMINTHICS (Drugs for Worm Infection)

<i>albendazole tab 200 mg</i>	TIER 2	QLC (4 tabs/day)
ALBENZA (<i>albendazole</i>) 200 MG TAB	TIER 3	QLC (4 tabs/day)
BILTRICIDE (<i>praziquantel</i>) 600 MG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EMVERM (<i>mebendazole</i>) 100 MG CHEW TAB	TIER 3	PA, QLC (2 tabs/month)
<i>ivermectin tab 3 mg</i>	TIER 1	QLC (20 tabs/fill)
<i>praziquantel tab 600 mg</i>	TIER 1	
STROMEKTOL (<i>ivermectin</i>) 3 MG TAB	TIER 3	QLC (20 tabs/fill)

ANTIPROTOZOALS (Drugs for Protozoal Infection)

ALINIA (<i>nitazoxanide</i>) 100 MG/5ML RECON SUSP	TIER 3	PA, QLC (1 bottle/fill)
ALINIA (<i>nitazoxanide</i>) 500 MG TAB	TIER 3	PA, QLC (6 tabs/fill)
ARAKODA (<i>tafenoquine succinate</i>) 100 MG TAB	TIER 3	PA, QLC (12 tabs/28 days)
<i>atovaquone susp 750 mg/5ml</i>	TIER 1	PA
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	TIER 1	QLC (1 tab/day)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	TIER 1	QLC (3 tabs/day)
BENZNIDAZOLE 100 MG TAB	TIER 3	QLC (4 tabs/day; not to exceed 240 tabs/year)
BENZNIDAZOLE 12.5 MG TAB	TIER 3	QLC (12 tabs/day; not to exceed 720 tabs/year)
CHLOROQUINE PHOSPHATE 500 MG TAB	TIER 1	QLC (25 tabs/30 days)
<i>chloroquine phosphate tab 250 mg</i>	TIER 1	QLC (25 tabs/30 days)
<i>chloroquine phosphate tab 500 mg</i>	TIER 1	QLC (25 tabs/30 days)
COARTEM (<i>artemether-lumefantrine</i>) 20-120 MG TAB	TIER 2	QLC (24 tabs/fill)
DARAPRIM (<i>pyrimethamine</i>) 25 MG TAB	TIER 4	PA, SP
<i>hydroxychloroquine sulfate tab 200 mg</i>	TIER 1	QLC (3 tabs/day)
IMPAVIDO (<i>miltefosine</i>) 50 MG CAP	TIER 4	PA, SP, QLC (84 tabs/28 days)
KRINTAFEL (<i>tafenoquine succinate</i>) 150 MG TAB	TIER 3	QLC (2 tabs/28 days)
LAMPIT (<i>nifurtimox</i>) 120 MG TAB	TIER 3	QLC (7 & 1/2 tabs/day; max 450 tabs/365 days)
LAMPIT (<i>nifurtimox</i>) 30 MG TAB	TIER 3	QLC (9 tabs/day; max 540 tabs/365 days)
MALARONE (<i>atovaquone-proguanil hcl</i>) 250-100 MG TAB	TIER 3	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MALARONE (<i>atovaquone-proguanil hcl</i>) 62.5-25 MG TAB	TIER 3	QLC (3 tabs/day)
MEFLOQUINE HCL 250 MG TAB	TIER 1	QLC (5 tabs/fill)
<i>mefloquine hcl tab 250 mg</i>	TIER 1	QLC (5 tabs/fill)
MEPRON (<i>atovaquone</i>) 750 MG/5ML SUSPENSION	TIER 3	PA
<i>nitazoxanide tab 500 mg</i>	TIER 1	PA, QLC (6 tabs/fill)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>) 200 MG TAB	TIER 3	QLC (3 tabs/day)
PRIMAQUINE PHOSPHATE 26.3 MG TAB	TIER 1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	TIER 1	
<i>pyrimethamine tab 25 mg</i>	TIER 4	PA, SP
QUALAQUIN (<i>quinine sulfate</i>) 324 MG CAP	TIER 3	QLC (6 caps/day)
<i>quinine sulfate cap 324 mg</i>	TIER 1	QLC (6 caps/day)

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
<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 syrup 50 mg/5ml</i>	TIER 1
<i>amantadine hcl tab 100 mg</i>	TIER 1

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CARBIDOPA-LEVODOPA-ENTACAPONE -- 12.5-50-200 MG TAB, --18.75-75-200 MG TAB, --25-100-200 MG TAB, --31.25-125-200 MG TAB, --37.5-150-200 MG TAB, --50-200-200 MG TAB	TIER 1	
COMTAN (<i>entacapone</i>) 200 MG TAB	TIER 3	QLC (8 tabs/day)
<i>entacapone tab 200 mg</i>	TIER 1	QLC (8 tabs/day)
GOCOVRI (<i>amantadine hcl</i>) 137 MG CAP ER 24H	TIER 4	PA, QLC (2 caps/day)
GOCOVRI (<i>amantadine hcl</i>) 68.5 MG CAP ER 24H	TIER 4	PA, QLC (1 cap/day)
NOURIANZ (<i>istradefylline</i>) 20 MG TAB, 40 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ONGENTYS (<i>opicapone</i>) 50 MG	TIER 3	ST, QLC (1 cap/day)
OSMOLEX ER (<i>amantadine hcl</i>) ER 129 MG TAB ER 24H, ER 193 MG TAB ER 24H, ER 258 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>) 25--200 MG TAB	TIER 3	
STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>) 31.25--200 MG TAB	TIER 3	
STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>) 37.5--200 MG TAB	TIER 3	
STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>) 50--MG TAB	TIER 3	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>) 12.5--200 MG TAB	TIER 3	
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>) 18.--200 MG TAB	TIER 3	
TASMAR (<i>tolcapone</i>) 100 MG TAB	TIER 4	ST, QLC (6 tabs/day)
<i>tolcapone tab 100 mg</i>	TIER 4	ST, QLC (6 tabs/day)

DOPAMINE AGONISTS

APOKYN (<i>apomorphine hydrochloride</i>) 30 MG/3ML SOLN CART	TIER 4	PA, SP
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	TIER 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KYNMOBI (<i>apomorphine hydrochloride</i>) 10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM	TIER 4	PA, QLC (5 films/day)
MIRAPEX (<i>pramipexole dihydrochloride</i>) 0.125 MG TAB, 0.25 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB, 1.5 MG TAB	TIER 3	
MIRAPEX ER (<i>pramipexole dihydrochloride</i>) ER 0.375 MG TAB ER 24H, ER 0.75 MG TAB ER 24H, ER 1.5 MG TAB ER 24H, ER 2.25 MG TAB ER 24H, ER 3 MG TAB ER 24H, ER 3.75 MG TAB ER 24H, ER 4.5 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
NEUPRO (<i>rotigotine</i>) 1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR	TIER 3	QLC (1 patch/day)
PARLODEL (<i>bromocriptine mesylate</i>) 2.5 MG TAB, 5 MG CAP	TIER 3	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
REQUIP (<i>ropinirole hydrochloride</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB, 5 MG TAB	TIER 3	
REQUIP XL (<i>ropinirole hydrochloride</i>) 12 MG TAB ER 24H	TIER 3	QLC (2 tabs/day)
REQUIP XL (<i>ropinirole hydrochloride</i>) 2 MG TAB ER 24H, 4 MG TAB ER 24H, 6 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
REQUIP XL (<i>ropinirole hydrochloride</i>) 8 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
<i>ropinirole hydrochloride tab 0.25 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 0.5 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 1 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 2 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 3 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 4 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 5 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> (ROPINIROLE HCL ER)	TIER 1	QLC (2 tabs/day)
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i> (ROPINIROLE HCL ER) 4hr	TIER 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i> (ROPINIROLE HCL ER) 2hr	TIER 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i> (ROPINIROLE HCL ER)	TIER 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i> (ROPINIROLE HCL ER)	TIER 1	QLC (3 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
<i>carbidopa & levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	
<i>carbidopa & levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	
<i>carbidopa & levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	
<i>carbidopa & levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER)	TIER 1	
<i>carbidopa & levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	TIER 1	
<i>carbidopa tab 25 mg</i>	TIER 1	
INBRIJA (<i>levodopa</i>) 42 MG CAP	TIER 4	PA, SP, QLC (10 caps/day)
LODOSYN (<i>carbidopa</i>) 25 MG TAB	TIER 3	
RYTARY (<i>carbidopa-levodopa</i>) 23.75-95 MG CAP ER	TIER 3	ST, QLC (25 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 36.25-145 MG CAP ER	TIER 3	ST, QLC (16 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 48.75-195 MG CAP ER	TIER 3	ST, QLC (12 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 61.25-245 MG CAP ER	TIER 3	ST, QLC (10 caps/day)
SINEMET (<i>carbidopa-levodopa</i>) 10-100 MG TAB, 25-100 MG TAB, 25-250 MG TAB	TIER 3	
SINEMET CR (<i>carbidopa-levodopa</i>) 25-100 MG TAB ER, 50-200 MG TAB ER	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
AZILECT (<i>rasagiline mesylate</i>) 0.5 MG TAB, 1 MG TAB	TIER 3	QLC (1 tab/day)
ELDEPRYL (<i>selegiline hcl</i>) 5 MG CAP	TIER 3	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
SELEGILINE HCL 5 MG TAB	TIER 1	
<i>selegiline hcl cap 5 mg</i>	TIER 1	
<i>selegiline hcl tab 5 mg</i>	TIER 1	
XADAGO (<i>safinamide mesylate</i>) 50 MG TAB, 100 MG TAB	TIER 3	ST, QLC (1 tab/day)
ZELAPAR (<i>selegiline hcl</i>) 1.25 MG TAB DISP	TIER 3	

ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl tab 10 mg</i>	TIER 1
<i>chlorpromazine hcl tab 100 mg</i>	TIER 1
<i>chlorpromazine hcl tab 200 mg</i>	TIER 1
<i>chlorpromazine hcl tab 25 mg</i>	TIER 1
<i>chlorpromazine hcl tab 50 mg</i>	TIER 1
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, 5 MG/ML CONC	TIER 1
<i>fluphenazine hcl tab 1 mg</i>	TIER 1
<i>fluphenazine hcl tab 10 mg</i>	TIER 1
<i>fluphenazine hcl tab 2.5 mg</i>	TIER 1
<i>fluphenazine hcl tab 5 mg</i>	TIER 1
<i>haloperidol lactate oral conc 2 mg/ml</i>	TIER 1
<i>haloperidol tab 0.5 mg</i>	TIER 1
<i>haloperidol tab 1 mg</i>	TIER 1
<i>haloperidol tab 10 mg</i>	TIER 1
<i>haloperidol tab 2 mg</i>	TIER 1

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>haloperidol tab 20 mg</i>	TIER 1	
<i>haloperidol tab 5 mg</i>	TIER 1	
<i>loxapine succinate cap 10 mg</i>	TIER 1	
<i>loxapine succinate cap 25 mg</i>	TIER 1	
<i>loxapine succinate cap 5 mg</i>	TIER 1	
<i>loxapine succinate cap 50 mg</i>	TIER 1	
MOLINDONE HCL 10 MG TAB	TIER 3	QLC (8 tabs/day)
MOLINDONE HCL 25 MG TAB	TIER 3	QLC (9 tabs/day)
MOLINDONE HCL 5 MG TAB	TIER 3	QLC (12 tabs/day)
ORAP (<i>pimozide</i>) 1 MG TAB, 2 MG TAB	TIER 3	
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	
<i>thiothixene cap 1 mg</i>	TIER 1	
<i>thiothixene cap 10 mg</i>	TIER 1	
<i>thiothixene cap 2 mg</i>	TIER 1	
<i>thiothixene cap 5 mg</i>	TIER 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	TIER 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	TIER 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	TIER 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	TIER 1	

2ND GENERATION/ATYPICAL

ABILIFY (<i>aripiprazole</i>) 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB	TIER 3	QLC (1 tab/day)
ABILIFY (<i>aripiprazole</i>) 2 MG TAB	TIER 3	QLC (4 tabs/day)
ABILIFY (<i>aripiprazole</i>) 5 MG TAB	TIER 3	QLC (2 tabs/day)
ABILIFY MYCITE (<i>aripiprazole</i>) 2 MG TAB	TIER 4	PA, QLC (4 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ABILIFY MYCITE (<i>aripiprazole</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB	TIER 4	PA, QLC (1 tab/day)
<i>aripiprazole oral solution 1 mg/ml</i>	TIER 1	QLC (25 ml/day)
<i>aripiprazole orally disintegrating tab 10 mg</i>	TIER 1	QLC (2 tabs/day)
<i>aripiprazole orally disintegrating tab 15 mg</i>	TIER 1	QLC (2 tabs/day)
<i>aripiprazole tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 15 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 2 mg</i>	TIER 1	QLC (4 tabs/day)
<i>aripiprazole tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 30 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 5 mg</i>	TIER 1	QLC (2 tabs/day)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
CAPLYTA (<i>lumateperone tosylate</i>) LYTA 42 MG	TIER 4	PA, QLC (1 cap/day)
FANAPT (<i>iloperidone</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	TIER 3	QLC (2 tabs/day)
FANAPT TITRATION PACK (<i>iloperidone</i>) 1 & 2 & 4 & 6 MG TAB	TIER 3	QLC (1 pack/month)
GEODON (<i>ziprasidone hcl</i>) 20 MG CAP, 40 MG CAP, 60 MG CAP, 80 MG CAP	TIER 3	
INVEGA (<i>paliperidone</i>) 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
INVEGA (<i>paliperidone</i>) 6 MG TAB 24H	TIER 3	PA, QLC (2 tabs/day)
LATUDA (<i>lurasidone hcl</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	TIER 3	ST, QLC (1 tab/day)
LATUDA (<i>lurasidone hcl</i>) 80 MG TAB	TIER 3	ST, QLC (2 tabs/day)
NUPLAZID (<i>pimavanserin tartrate</i>) 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NUPLAZID (<i>pimavanserin tartrate</i>) 17 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF
NUPLAZID (<i>pimavanserin tartrate</i>) 34 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF
<i>olanzapine orally disintegrating tab 10 mg</i>	TIER 1	
<i>olanzapine orally disintegrating tab 15 mg</i>	TIER 1	
<i>olanzapine orally disintegrating tab 20 mg</i>	TIER 1	
<i>olanzapine orally disintegrating tab 5 mg</i>	TIER 1	
<i>olanzapine tab 10 mg</i>	TIER 1	
<i>olanzapine tab 15 mg</i>	TIER 1	
<i>olanzapine tab 2.5 mg</i>	TIER 1	
<i>olanzapine tab 20 mg</i>	TIER 1	
<i>olanzapine tab 5 mg</i>	TIER 1	
<i>olanzapine tab 7.5 mg</i>	TIER 1	
<i>paliperidone tab er 24hr 1.5 mg</i> (PALIPERIDONE ER)	TIER 1	PA, QLC (1 tab/day)
<i>paliperidone tab er 24hr 3 mg</i> (PALIPERIDONE ER)	TIER 1	PA, QLC (1 tab/day)
<i>paliperidone tab er 24hr 6 mg</i> (PALIPERIDONE ER)	TIER 1	PA, QLC (2 tabs/day)
<i>paliperidone tab er 24hr 9 mg</i> (PALIPERIDONE ER)	TIER 1	PA, QLC (1 tab/day)
<i>quetiapine fumarate tab 100 mg</i>	TIER 1	
<i>quetiapine fumarate tab 200 mg</i>	TIER 1	
<i>quetiapine fumarate tab 25 mg</i>	TIER 1	
<i>quetiapine fumarate tab 300 mg</i>	TIER 1	
<i>quetiapine fumarate tab 400 mg</i>	TIER 1	
<i>quetiapine fumarate tab 50 mg</i>	TIER 1	
<i>quetiapine fumarate tab er 24hr 150 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST
<i>quetiapine fumarate tab er 24hr 200 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST
<i>quetiapine fumarate tab er 24hr 300 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST
<i>quetiapine fumarate tab er 24hr 400 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>quetiapine fumarate tab er 24hr 50 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST
REXULTI (<i>brexipiprazole</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB	TIER 4	PA, QLC (1 tab/day)
RISPERDAL (<i>risperidone</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB, 3 MG TAB, 4 MG TAB	TIER 3	
RISPERDAL M-TAB (<i>risperidone</i>) -TAB 0.5 G TAB DISP, -TAB 1 G TAB DISP, -TAB 2 G TAB DISP, -TAB 3 G TAB DISP, -TAB 4 G TAB DISP	TIER 3	
RISPERIDONE 0.25 MG TAB DISP	TIER 1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 0.5 mg</i> (RISPERIDONE M-TAB)	TIER 1	
<i>risperidone orally disintegrating tab 1 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 1 mg</i> (RISPERIDONE M-TAB)	TIER 1	
<i>risperidone orally disintegrating tab 2 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 2 mg</i> (RISPERIDONE M-TAB)	TIER 1	
<i>risperidone orally disintegrating tab 3 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 3 mg</i> (RISPERIDONE M-TAB)	TIER 1	
<i>risperidone orally disintegrating tab 4 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 4 mg</i> (RISPERIDONE M-TAB)	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	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SAPHRIS (<i>asenapine maleate</i>) 2.5 MG SL TAB, 5 MG SL TAB, 10 MG SL TAB	TIER 3	QLC (2 tabs/day)
SECUADO (<i>asenapine</i>) 3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR	TIER 4	PA, QLC (1 patch/day)
SEROQUEL (<i>quetiapine fumarate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB	TIER 3	
SEROQUEL XR (<i>quetiapine fumarate</i>) 50 MG TAB ER 24H, 150 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H, 400 MG TAB ER 24H	TIER 3	ST
VRAYLAR (<i>cariprazine hcl</i>) 1.5 & 3 MG CAP THPK	TIER 3	PA, QLC (1 pack/month)
VRAYLAR (<i>cariprazine hcl</i>) 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	TIER 3	PA, QLC (1 cap/day)
<i>ziprasidone hcl cap 20 mg</i>	TIER 1	
<i>ziprasidone hcl cap 40 mg</i>	TIER 1	
<i>ziprasidone hcl cap 60 mg</i>	TIER 1	
<i>ziprasidone hcl cap 80 mg</i>	TIER 1	
ZYPREXA (<i>olanzapine</i>) 2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	TIER 3	
ZYPREXA ZYDIS (<i>olanzapine</i>) 5 MG TAB DISP, 10 MG TAB DISP, 15 MG TAB DISP, 20 MG TAB DISP	TIER 3	

TREATMENT-RESISTANT

CLOZAPINE 12.5 MG TAB DISP, 150 MG TAB DISP, 200 MG TAB DISP	TIER 2	
<i>clozapine orally disintegrating tab 100 mg</i>	TIER 2	
<i>clozapine orally disintegrating tab 25 mg</i>	TIER 2	
<i>clozapine tab 100 mg</i>	TIER 1	
<i>clozapine tab 200 mg</i>	TIER 1	
<i>clozapine tab 25 mg</i>	TIER 1	
<i>clozapine tab 50 mg</i>	TIER 1	
CLOZARIL (<i>clozapine</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FAZACLO (<i>clozapine</i>) 12.5 MG TAB DISP, 25 MG TAB DISP, 100 MG TAB DISP, 150 MG TAB DISP, 200 MG TAB DISP	TIER 3	
VERSACLOZ (<i>clozapine</i>) 50 MG/ML SUSPENSION	TIER 3	QLC (18 ml/day)

ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)

<i>baclofen tab 10 mg</i>	TIER 1	QLC (8 tabs/day)
<i>baclofen tab 20 mg</i>	TIER 1	QLC (4 tabs/day)
<i>baclofen tab 5 mg</i>	TIER 1	QLC (3 tabs/day)
DANTRIUM (<i>dantrolene sodium</i>) 25 MG CAP, 50 MG CAP	TIER 3	
<i>dantrolene sodium cap 100 mg</i>	TIER 1	
<i>dantrolene sodium cap 25 mg</i>	TIER 1	
<i>dantrolene sodium cap 50 mg</i>	TIER 1	
OZOBAX (<i>baclofen</i>) 1 MG/ML SOLUTION	TIER 4	PA, QLC (80 ml/day)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	TIER 1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	TIER 1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	TIER 1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	TIER 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	TIER 1	
ZANAFLEX (<i>tizanidine hcl</i>) 2 MG CAP, 4 MG CAP, 4 MG TAB, 6 MG CAP	TIER 3	

ANTIVIRALS (Drugs for Viral Infections)

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

PREVYMIS (<i>letermovir</i>) 240 MG TAB, 480 MG TAB	TIER 3	PA, QLC (1 tab/day)
VALCYTE (<i>valganciclovir hcl</i>) 450 MG TAB	TIER 3	QLC (2 tabs/day)
VALCYTE (<i>valganciclovir hcl</i>) 50 MG/ML RECON SOLN	TIER 3	QLC (18 ml/day)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	TIER 1	QLC (18 ml/day)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	TIER 1	QLC (2 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZIRGAN (<i>ganciclovir ophthalmic</i>) 0.15 % GEL	TIER 3	QLC (1 tube/month)
ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)		
<i>adefovir dipivoxil tab 10 mg</i>	TIER 1	QLC (1 tab/day)
BARACLUDE (<i>entecavir</i>) 0.05 MG/ML SOLUTION	TIER 2	QLC (3 bottles/month)
BARACLUDE (<i>entecavir</i>) 0.5 MG TAB, 1 MG TAB	TIER 3	QLC (1 tab/day)
<i>entecavir tab 0.5 mg</i>	TIER 1	QLC (1 tab/day)
<i>entecavir tab 1 mg</i>	TIER 1	QLC (1 tab/day)
EPIVIR HBV (<i>lamivudine (hbv)</i>) 100 MG TAB	TIER 3	QLC (1 tab/day)
EPIVIR HBV (<i>lamivudine (hbv)</i>) 5 MG/ML SOLUTION	TIER 2	QLC (3 bottles/month)
HEPSERA (<i>adefovir dipivoxil</i>) 10 MG TAB	TIER 3	QLC (1 tab/day)
<i>lamivudine tab 100 mg (hbv)</i>	TIER 1	QLC (1 tab/day)
VEMLIDY (<i>tenofovir alafenamide fumarate</i>) 25 MG TAB	TIER 3	PA, QLC (1 tab/day)
ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)		
COPEGUS (<i>ribavirin (hepatitis c)</i>) 200 MG TAB	TIER 3	SP
DAKLINZA (<i>daclatasvir dihydrochloride</i>) 30 MG TAB, 60 MG TAB, 90 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG TAB, 400-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 33.75-150 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG TAB, 90-400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
LEDIPASVIR-SOFOSBUVIR -90-400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 100-40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
MODERIBA (1000 MG PACK) (<i>ribavirin (hepatitis c)</i>) 400 & 600 TAB THPK	TIER 3	PA, SP
MODERIBA (1200 MG PACK) (<i>ribavirin (hepatitis c)</i>) 600 TAB THPK	TIER 3	PA, SP

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MODERIBA (600 MG PACK) (<i>ribavirin (hepatitis c)</i>) 200 & 400 TAB THPK	TIER 3	PA, SP
MODERIBA (800 MG PACK) (<i>ribavirin (hepatitis c)</i>) 400 TAB THPK	TIER 3	PA, SP
OLYSIO (<i>simeprevir sodium</i>) 150 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
PEG-INTRON REDIPEN (<i>peginterferon alfa-2b</i>) -120 MCG/0.5ML KIT	TIER 4	PA, SP
PEGINTRON (<i>peginterferon alfa-2b</i>) 50 MCG/0.5ML KIT	TIER 4	PA, SP
REBETOL (<i>ribavirin (hepatitis c)</i>) 200 MG CAP	TIER 3	SP
REBETOL (<i>ribavirin (hepatitis c)</i>) 40 MG/ML SOLUTION	TIER 3	PA, SP
RIBASPHERE (<i>ribavirin (hepatitis c)</i>) 400 MG TAB, 600 MG TAB	TIER 1	SP
RIBASPHERE RIBAPAK (1000 PACK) (<i>ribavirin (hepatitis c)</i>) 400 & 600 MG TAB THPK	TIER 3	PA, SP
RIBASPHERE RIBAPAK (1200 PACK) (<i>ribavirin (hepatitis c)</i>) 600 MG TAB THPK	TIER 3	PA, SP
RIBASPHERE RIBAPAK (600 PACK) (<i>ribavirin (hepatitis c)</i>) 200 & 400 MG TAB THPK	TIER 3	PA, SP
RIBASPHERE RIBAPAK (800 PACK) (<i>ribavirin (hepatitis c)</i>) 400 MG TAB THPK	TIER 3	PA, SP
<i>ribavirin cap 200 mg</i>	TIER 1	SP
<i>ribavirin cap 200 mg</i> (RIBASPHERE)	TIER 1	SP
<i>ribavirin tab 200 mg</i>	TIER 1	SP
<i>ribavirin tab 200 mg</i> (MODERIBA)	TIER 1	SP
<i>ribavirin tab 200 mg</i> (RIBASPHERE)	TIER 1	SP
SOFOBUVIR-VELPATASVIR -400-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
SOVALDI (<i>sofosbuvir</i>) 150 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
SOVALDI (<i>sofosbuvir</i>) 200 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
SOVALDI (<i>sofosbuvir</i>) 200 MG TAB, 400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
TECHNIVIE (<i>ombitasvir-paritaprevir-ritonavir</i>) 12.5-75-50 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIEKIRA PAK (<i>ombitasvir-paritaprevir-ritonavir-dasabuvir</i>) 12.5-75-50 & 250 MG TAB THPK	TIER 4	PA, SP, QLC (4 tabs/day)
VIEKIRA XR (<i>ombitasvir-paritaprevir-ritonavir-dasabuvir</i>) 200-8.33-50- 33.33 MG TAB ER 24H	TIER 4	PA, SP, QLC (3 tabs/day)
VOSEVI (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) 400-100-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ZEPATIER (<i>elbasvir-grazoprevir</i>) 50-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>) 50-200-25 MG	TIER 2	QLC (1 tab/day)
DOVATO (<i>dolutegravir sodium-lamivudine</i>) 50-300 MG TAB	TIER 3	QLC (1 tab/day)
GENVOYA (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>) 150-150-200-10 MG	TIER 3	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 3	QLC (1 tab/day)
STRIBILD (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>) 150-150-200-300 MG	TIER 2	QLC (1 tab/day)
TIVICAY (<i>dolutegravir sodium</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB	TIER 2	QLC (2 tabs/day)
TIVICAY PD (<i>dolutegravir sodium</i>) 5 MG TAB SOL	TIER 2	QLC (5 tabs/day)
VITEKTA (<i>elvitegravir</i>) 85 MG TAB, 150 MG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>) 600-200-300 MG	TIER 3	PA, QLC (1 tab/day)
COMPLERA (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>) 200-25-300 MG	TIER 2	QLC (1 tab/day)
DELSTRIGO (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>) 100-300-300 MG TAB	TIER 3	QLC (1 tab/day)
EDURANT (<i>rilpivirine hcl</i>) 25 MG TAB	TIER 2	QLC (2 tabs/day)
<i>efavirenz cap 200 mg</i>	TIER 1	QLC (3 caps/day)
<i>efavirenz cap 50 mg</i>	TIER 1	QLC (6 caps/day)
<i>efavirenz tab 600 mg</i>	TIER 1	QLC (1 tab/day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (EFAVIRENZ-EMTRICITAB-TENOFOVIR)	TIER 1	PA, 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)
INTELENCE (<i>etravirine</i>) 100 MG TAB	TIER 2	QLC (4 tabs/day)
INTELENCE (<i>etravirine</i>) 200 MG TAB	TIER 2	QLC (2 tabs/day)
INTELENCE (<i>etravirine</i>) 25 MG TAB	TIER 2	QLC (12 tabs/day)
NEVIRAPINE ER 100 MG TAB 24H	TIER 1	QLC (3 tabs/day)
<i>nevirapine susp 50 mg/5ml</i>	TIER 1	QLC (40 ml/day)
<i>nevirapine tab 200 mg</i>	TIER 1	QLC (2 tabs/day)
<i>nevirapine tab er 24hr 100 mg</i> (NEVIRAPINE ER)	TIER 1	QLC (3 tabs/day)
<i>nevirapine tab er 24hr 400 mg</i> (NEVIRAPINE ER)	TIER 1	QLC (1 tab/day)
ODEFSEY (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>) 200-25-25 MG	TIER 2	QLC (1 tab/day)
PIFELTRO (<i>doravirine</i>) 100 MG TAB	TIER 3	QLC (2 tabs/day)
RESCRIPTOR (<i>delavirdine mesylate</i>) 100 MG TAB	TIER 2	QLC (12 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RESCRIPTOR (<i>delavirdine mesylate</i>) 200 MG TAB	TIER 2	QLC (6 tabs/day)
SUSTIVA (<i>efavirenz</i>) 200 MG CAP	TIER 3	QLC (3 caps/day)
SUSTIVA (<i>efavirenz</i>) 50 MG CAP	TIER 3	QLC (6 caps/day)
SUSTIVA (<i>efavirenz</i>) 600 MG TAB	TIER 3	QLC (1 tab/day)
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) 600-300-300 MG TAB	TIER 3	QLC (1 tab/day)
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) 400-300-300 MG TAB	TIER 3	QLC (1 tab/day)
VIRAMUNE (<i>nevirapine</i>) 200 MG TAB	TIER 3	QLC (2 tabs/day)
VIRAMUNE (<i>nevirapine</i>) 50 MG/5ML SUSPENSION	TIER 3	QLC (40 ml/day)
VIRAMUNE XR (<i>nevirapine</i>) 100 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
VIRAMUNE XR (<i>nevirapine</i>) 400 MG TAB ER 24H	TIER 3	QLC (1 tab/day)

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

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	TIER 1	QLC (30 ml/day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	TIER 1	QLC (1 tab/day)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> (ABACAVIR-LAMIVUDINE-ZIDOVUDINE)	TIER 1	QLC (2 tabs/day)
CIMDUO (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	TIER 2	QLC (1 tab/day)
COMBIVIR (<i>lamivudine-zidovudine</i>) 150-300 MG TAB	TIER 3	QLC (2 tabs/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 200-25 MG	TIER 2	QLC (1 tab/day)
DIDANOSINE 200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR	TIER 1	QLC (1 cap/day)
<i>didanosine delayed release capsule 200 mg</i>	TIER 1	QLC (1 cap/day)
<i>didanosine delayed release capsule 250 mg</i>	TIER 1	QLC (1 cap/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>didanosine delayed release capsule 400 mg</i>	TIER 1	QLC (1 cap/day)
<i>emtricitabine caps 200 mg</i>	TIER 1	QLC (1 cap/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (EMTRICITABINE-TENOFOVIR DF)	TIER 1	PH (Preventive Health), QLC (1 tab/day)
EMTRIVA (<i>emtricitabine</i>) 10 MG/ML SOLUTION	TIER 2	QLC (24 ml/day)
EMTRIVA (<i>emtricitabine</i>) 200 MG CAP	TIER 3	QLC (1 cap/day)
EPIVIR (<i>lamivudine</i>) 10 MG/ML SOLUTION	TIER 3	QLC (30 ml/day)
EPIVIR (<i>lamivudine</i>) 150 MG TAB	TIER 3	QLC (2 tabs/day)
EPIVIR (<i>lamivudine</i>) 300 MG TAB	TIER 3	QLC (1 tab/day)
EPZICOM (<i>abacavir sulfate-lamivudine</i>) 600-300 MG TAB	TIER 3	QLC (1 tab/day)
<i>lamivudine oral soln 10 mg/ml</i>	TIER 1	QLC (30 ml/day)
<i>lamivudine tab 150 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lamivudine tab 300 mg</i>	TIER 1	QLC (1 tab/day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	TIER 1	QLC (2 tabs/day)
RETROVIR (<i>zidovudine</i>) 100 MG CAP	TIER 3	QLC (5 caps/day)
RETROVIR (<i>zidovudine</i>) 50 MG/5ML SYRUP	TIER 3	QLC (60 ml/day)
<i>stavudine cap 15 mg</i>	TIER 1	QLC (2 caps/day)
<i>stavudine cap 20 mg</i>	TIER 1	QLC (2 caps/day)
<i>stavudine cap 30 mg</i>	TIER 1	QLC (2 caps/day)
<i>stavudine cap 40 mg</i>	TIER 1	QLC (2 caps/day)
TEMIXYS (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	TIER 2	QLC (1 tab/day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	TIER 1	QLC (1 tab/day)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine</i>) 600-50-300 MG TAB	TIER 3	QLC (1 tab/day)
TRIZIVIR (<i>abacavir sulfate-lamivudine-zidovudine</i>) 300-150-300 MG TAB	TIER 3	QLC (2 tabs/day)
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>) 100-150 MG TAB, 133-200 MG TAB, 167-250 MG TAB	TIER 2	QLC (1 tab/day)
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>) 200-300 MG	TIER 3	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIDEX (<i>didanosine</i>) 2 GM RECON SOLN, 4 GM RECON SOLN	TIER 2	
VIDEX EC (<i>didanosine</i>) EC 125 MG CAP DR, EC 200 MG CAP DR, EC 250 MG CAP DR, EC 400 MG CAP DR	TIER 3	QLC (1 cap/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 2	QLC (1 tab/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 300 MG TAB	TIER 3	QLC (1 tab/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 40 MG/GM POWDER	TIER 2	QLC (3 bottles/month)
ZERIT (<i>stavudine</i>) 1 MG/ML RECON SOLN	TIER 3	QLC (80 ml/day)
ZERIT (<i>stavudine</i>) 15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP	TIER 3	QLC (2 caps/day)
ZIAGEN (<i>abacavir sulfate</i>) 20 MG/ML SOLUTION	TIER 3	QLC (30 ml/day)
ZIAGEN (<i>abacavir sulfate</i>) 300 MG TAB	TIER 3	QLC (2 tabs/day)
<i>zidovudine cap 100 mg</i>	TIER 1	QLC (5 caps/day)
<i>zidovudine syrup 10 mg/ml</i>	TIER 1	QLC (60 ml/day)
<i>zidovudine tab 300 mg</i>	TIER 1	QLC (2 tabs/day)

ANTI-HIV AGENTS, OTHER

FUZEON (<i>enfuvirtide</i>) 90 MG RECON SOLN	TIER 4	SP, QLC (1 kit/month)
RUKOBIA (<i>fostemsavir tromethamine</i>) 600 MG TAB ER 12H	TIER 3	PA, QLC (2 tabs/day)
SELZENTRY (<i>maraviroc</i>) 20 MG/ML SOLUTION	TIER 2	QLC (60 ml/day)
SELZENTRY (<i>maraviroc</i>) 25 MG TAB	TIER 2	QLC (8 tabs/day)
SELZENTRY (<i>maraviroc</i>) 300 MG TAB	TIER 2	QLC (4 tabs/day)
SELZENTRY (<i>maraviroc</i>) 75 MG TAB, 150 MG TAB	TIER 2	QLC (2 tabs/day)
TYBOST (<i>cobicistat</i>) 150 MG TAB	TIER 3	QLC (1 tab/day)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS (<i>tipranavir</i>) 100 MG/ML SOLUTION	TIER 2	QLC (10 ml/day)
APTIVUS (<i>tipranavir</i>) 250 MG CAP	TIER 2	QLC (4 caps/day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	TIER 1	QLC (2 caps/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	TIER 1	QLC (2 caps/day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	TIER 1	QLC (1 cap/day)
CRIXIVAN (<i>indinavir sulfate</i>) 200 MG CAP	TIER 2	QLC (9 caps/day)
CRIXIVAN (<i>indinavir sulfate</i>) 400 MG CAP	TIER 2	QLC (6 caps/day)
EVOTAZ (<i>atazanavir sulfate-cobicistat</i>) 300-150 MG TAB	TIER 3	QLC (1 tab/day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)
INVIRASE (<i>saquinavir mesylate</i>) 200 MG CAP	TIER 2	QLC (4 caps/day)
INVIRASE (<i>saquinavir mesylate</i>) 500 MG TAB	TIER 2	QLC (4 tabs/day)
KALETRA (<i>lopinavir-ritonavir</i>) 100-25 MG TAB, 200-50 MG TAB	TIER 2	QLC (4 tabs/day)
KALETRA (<i>lopinavir-ritonavir</i>) 400-100 MG/5ML SOLUTION	TIER 3	QLC (10 ml/day)
LEXIVA (<i>fosamprenavir calcium</i>) 50 MG/ML SUSPENSION	TIER 2	QLC (56 ml/day)
LEXIVA (<i>fosamprenavir calcium</i>) 700 MG TAB	TIER 3	QLC (4 tabs/day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	TIER 1	QLC (10 ml/day)
NORVIR (<i>ritonavir</i>) 100 MG CAP	TIER 2	QLC (12 caps/day)
NORVIR (<i>ritonavir</i>) 100 MG PACKET	TIER 2	QLC (12 packets/day)
NORVIR (<i>ritonavir</i>) 100 MG TAB	TIER 3	QLC (12 tabs/day)
NORVIR (<i>ritonavir</i>) 80 MG/ML SOLUTION	TIER 2	QLC (15 ml/day)
PREZCOBIX (<i>darunavir-cobicistat</i>) 800-150 MG TAB	TIER 2	QLC (1 tab/day)
PREZISTA (<i>darunavir ethanolate</i>) 100 MG/ML SUSPENSION	TIER 2	QLC (12 ml/day)
PREZISTA (<i>darunavir ethanolate</i>) 150 MG TAB	TIER 2	QLC (4 tabs/day)
PREZISTA (<i>darunavir ethanolate</i>) 75 MG TAB, 600 MG TAB	TIER 2	QLC (2 tabs/day)
PREZISTA (<i>darunavir ethanolate</i>) 800 MG TAB	TIER 2	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REYATAZ (<i>atazanavir sulfate</i>) 150 MG CAP, 200 MG CAP	TIER 3	QLC (2 caps/day)
REYATAZ (<i>atazanavir sulfate</i>) 300 MG CAP	TIER 3	QLC (1 cap/day)
REYATAZ (<i>atazanavir sulfate</i>) 50 MG PACKET	TIER 2	QLC (5 packs/day)
<i>ritonavir tab 100 mg</i>	TIER 1	QLC (12 tabs/day)
SYM TUZA (<i>darunavir-cobicistat- emtricitabine-tenofovir alafenamide</i>) 800- 150-200-10 MG	TIER 3	QLC (1 tab/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 250 MG TAB	TIER 2	QLC (9 tabs/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 625 MG TAB	TIER 2	QLC (4 tabs/day)

ANTI-INFLUENZA AGENTS (Drugs for Flu)

FLUMADINE (<i>rimantadine hydrochloride</i>) 100 MG TAB	TIER 3	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	TIER 1	QLC (40 caps/6 months)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	TIER 1	QLC (20 caps/6 months)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	TIER 1	QLC (20 caps/6 months)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	TIER 1	QLC (6 bottles/6 months)
RELENZA DISKHALER (<i>zanamivir</i>) 5 MG/BLISTER AER POW BA	TIER 2	QLC (2 inhalers/6 months)
RIMANTADINE HCL (<i>rimantadine hydrochloride</i>) 100 MG TAB	TIER 1	
TAMIFLU (<i>oseltamivir phosphate</i>) 30 MG CAP	TIER 3	QLC (40 caps/6 months)
TAMIFLU (<i>oseltamivir phosphate</i>) 45 MG CAP, 75 MG CAP	TIER 3	QLC (20 caps/6 months)
TAMIFLU (<i>oseltamivir phosphate</i>) 6 MG/ML RECON SUSP	TIER 3	QLC (6 bottles/6 months)
XENLETA (<i>lefamulin acetate</i>) 600 MG TAB	TIER 4	PA, QLC (10 tabs/month)
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 2 40 TAB THPK	TIER 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
FAMVIR (<i>famciclovir</i>) 125 MG TAB, 250 MG TAB, 500 MG TAB	TIER 3	
SITAVIG (<i>acyclovir</i>) 50 MG TAB	TIER 3	PA, QLC (2 tabs/2 months)
TRIFLURIDINE 1 % SOLUTION	TIER 1	
<i>trifluridine ophth soln 1%</i>	TIER 1	
<i>valacyclovir hcl tab 1 gm</i>	TIER 1	
<i>valacyclovir hcl tab 500 mg</i>	TIER 1	
VALTREX (<i>valacyclovir hcl</i>) 1 GM TAB, 500 MG TAB	TIER 3	
VIROPTIC (<i>trifluridine</i>) 1 % SOLUTION	TIER 3	
ZOVIRAX (<i>acyclovir</i>) 200 MG CAP, 200 MG/5ML SUSPENSION, 400 MG TAB, 800 MG TAB	TIER 3	
ANXIOLYTICS (Drugs for Anxiety)		
ANXIOLYTICS, OTHER (Other Drugs for Anxiety)		
<i>buspirone hcl tab 10 mg</i>	TIER 1	
<i>buspirone hcl tab 15 mg</i>	TIER 1	
<i>buspirone hcl tab 30 mg</i>	TIER 1	
<i>buspirone hcl tab 5 mg</i>	TIER 1	
<i>buspirone hcl tab 7.5 mg</i>	TIER 1	
<i>meprobamate tab 200 mg</i>	TIER 3	AL1 (Up to 64 yrs old)
<i>meprobamate tab 400 mg</i>	TIER 3	AL1 (Up to 64 yrs old)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL 1 MG/ML CONC	TIER 1	QLC (4 ml/day)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam orally disintegrating tab 1 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam orally disintegrating tab 2 mg</i>	TIER 1	QLC (2 tabs/day)
<i>alprazolam tab 0.25 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam tab 0.5 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam tab 1 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam tab 2 mg</i>	TIER 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 0.5 mg</i> (ALPRAZOLAM ER)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 0.5 mg</i> (ALPRAZOLAM XR)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 1 mg</i> (ALPRAZOLAM ER)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 1 mg</i> (ALPRAZOLAM XR)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 2 mg</i> (ALPRAZOLAM ER) 4hr	TIER 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 2 mg</i> (ALPRAZOLAM XR) 4hr	TIER 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 3 mg</i> (ALPRAZOLAM ER)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 3 mg</i> (ALPRAZOLAM XR)	TIER 1	QLC (1 tab/day)
ATIVAN (<i>lorazepam</i>) 0.5 MG TAB	TIER 3	QLC (20 tabs/day)
ATIVAN (<i>lorazepam</i>) 1 MG TAB	TIER 3	QLC (10 tabs/day)
ATIVAN (<i>lorazepam</i>) 2 MG TAB	TIER 3	QLC (5 tabs/day)
<i>chlordiazepoxide hcl cap 10 mg</i>	TIER 1	QLC (30 caps/day)
<i>chlordiazepoxide hcl cap 25 mg</i>	TIER 1	QLC (12 caps/day)
<i>chlordiazepoxide hcl cap 5 mg</i>	TIER 1	QLC (60 caps/day)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clonazepam orally disintegrating tab 0.25 mg</i>	TIER 1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	TIER 1	
<i>clonazepam orally disintegrating tab 1 mg</i>	TIER 1	
<i>clonazepam orally disintegrating tab 2 mg</i>	TIER 1	
<i>clonazepam tab 0.5 mg</i>	TIER 1	QLC (40 tabs/day)
<i>clonazepam tab 1 mg</i>	TIER 1	QLC (20 tabs/day)
<i>clonazepam tab 2 mg</i>	TIER 1	QLC (10 tabs/day)
<i>clorazepate dipotassium tab 15 mg</i>	TIER 1	QLC (6 tabs/day)
<i>clorazepate dipotassium tab 3.75 mg</i>	TIER 1	QLC (24 tabs/day)
<i>clorazepate dipotassium tab 7.5 mg</i>	TIER 1	QLC (12 tabs/day)
DIAZEPAM 5 MG/5ML SOLUTION	TIER 1	PA, QLC (60 ml/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 tab 10 mg</i>	TIER 1	QLC (6 tabs/day)
<i>diazepam tab 2 mg</i>	TIER 1	QLC (30 tabs/day)
<i>diazepam tab 5 mg</i>	TIER 1	QLC (12 tabs/day)
KLONOPIN (<i>clonazepam</i>) 0.5 MG TAB	TIER 3	QLC (40 tabs/day)
KLONOPIN (<i>clonazepam</i>) 1 MG TAB	TIER 3	QLC (20 tabs/day)
KLONOPIN (<i>clonazepam</i>) 2 MG TAB	TIER 3	QLC (10 tabs/day)
<i>lorazepam conc 2 mg/ml</i>	TIER 1	QLC (150 ml/month)
<i>lorazepam conc 2 mg/ml</i> (LORAZEPAM INTENSOL)	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 1	QLC (12 caps/day)
<i>oxazepam cap 15 mg</i>	TIER 1	QLC (8 caps/day)
<i>oxazepam cap 30 mg</i>	TIER 1	QLC (4 caps/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRANXENE-T (<i>clorazepate dipotassium</i>) RANXENE-7.5 MG AB	TIER 3	QLC (12 tabs/day)
VALIUM (<i>diazepam</i>) 10 MG TAB	TIER 3	QLC (6 tabs/day)
VALIUM (<i>diazepam</i>) 2 MG TAB	TIER 3	QLC (30 tabs/day)
VALIUM (<i>diazepam</i>) 5 MG TAB	TIER 3	QLC (12 tabs/day)
XANAX (<i>alprazolam</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB	TIER 3	QLC (4 tabs/day)
XANAX (<i>alprazolam</i>) 2 MG TAB	TIER 3	QLC (2 tabs/day)
XANAX XR (<i>alprazolam</i>) 0.5 MG TAB ER 24H, 1 MG TAB ER 24H, 3 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
XANAX XR (<i>alprazolam</i>) 2 MG TAB ER 24H	TIER 3	QLC (2 tabs/day)

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

EQUETRO (<i>carbamazepine</i> (<i>antipsychotic</i>)) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	TIER 2
LITHIUM 8 MEQ/5ML SOLUTION	TIER 1
LITHIUM CARBONATE 150 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
LITHOBID (<i>lithium carbonate</i>) 300 MG TAB ER	TIER 3

BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

<i>acarbose tab 100 mg</i>	TIER 1
----------------------------	--------

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>acarbose tab 25 mg</i>	TIER 1	
<i>acarbose tab 50 mg</i>	TIER 1	
ACTOPLUS MET (<i>pioglitazone hcl-metformin hcl</i>) 15-500 MG TAB, 15-850 MG TAB	TIER 3	ST, QLC (3 tabs/day)
ACTOPLUS MET XR (<i>pioglitazone hcl-metformin hcl</i>) 15-1000 MG TAB ER 24H, 30-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
ACTOS (<i>pioglitazone hcl</i>) 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 3	
ADLYXIN (<i>lixisenatide</i>) 20 MCG/0.2ML SOLN PEN	TIER 3	PA, QLC (1 pack/month)
ADLYXIN STARTER PACK (<i>lixisenatide</i>) 10 & 20 MCG/0.2ML PEN KIT	TIER 3	PA, QLC (1 pack/month)
ALOGLIPTIN BENZOATE 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	TIER 1	PA, QLC (1 tab/day)
ALOGLIPTIN-METFORMIN HCL -12.5-1000 MG TAB, -12.5-500 MG TAB	TIER 1	PA, QLC (2 tabs/day)
ALOGLIPTIN-PIOGLITAZONE -12.5-15 MG TAB, -12.5-30 MG TAB, -12.5-45 MG TAB, -25-15 MG TAB, -25-30 MG TAB, -25-45 MG TAB	TIER 1	PA, QLC (1 tab/day)
AMARYL (<i>glimepiride</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB	TIER 3	
AVANDIA (<i>rosiglitazone maleate</i>) 2 MG TAB, 4 MG TAB	TIER 3	ST
BYDUREON (<i>exenatide</i>) 2 MG PEN	TIER 3	PA, QLC (4 pens/month)
BYDUREON (<i>exenatide</i>) 2 MG SRER	TIER 3	PA, QLC (4 vials/month)
BYDUREON BCISE (<i>exenatide</i>) 2 MG/0.85ML -INJ	TIER 3	PA, QLC (1 injection/week)
BYETTA 10 MCG PEN (<i>exenatide</i>) /0.04ML SOLN	TIER 3	PA, QLC (1 pen/month)
BYETTA 5 MCG PEN (<i>exenatide</i>) /0.02ML SOLN	TIER 3	PA, QLC (1 pen/month)
CHLORPROPAMIDE 100 MG TAB, 250 MG TAB	TIER 1	
CYCLOSET (<i>bromocriptine mesylate (diabetes)</i>) 0.8 MG TAB	TIER 3	PA, QLC (6 tabs/day)
DUETACT (<i>pioglitazone hcl-glimepiride</i>) 30-2 MG TAB, 30-4 MG TAB	TIER 3	ST, QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FARXIGA (<i>dapagliflozin propanediol</i>) 5 MG TAB, 10 MG TAB	TIER 2	ST, QLC (1 tab/day)
FORTAMET (<i>metformin hcl</i>) 500 MG TAB ER 24H, 1000 MG TAB ER 24H	TIER 3	PA
<i>glimepiride tab 1 mg</i>	TIER 1	
<i>glimepiride tab 2 mg</i>	TIER 1	
<i>glimepiride tab 4 mg</i>	TIER 1	
<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	
GLUCOPHAGE (<i>metformin hcl</i>) 500 MG TAB, 850 MG TAB, 1000 MG TAB	TIER 3	
GLUCOPHAGE XR (<i>metformin hcl</i>) 500 MG TAB ER 24H, 750 MG TAB ER 24H	TIER 3	
GLUCOTROL (<i>glipizide</i>) 5 MG TAB, 10 MG TAB	TIER 3	
GLUCOTROL XL (<i>glipizide</i>) 2.5 MG TAB ER 24H, 5 MG TAB ER 24H, 10 MG TAB ER 24H	TIER 3	
GLUCOVANCE (<i>glyburide-metformin</i>) 2.5-500 MG TAB, 5-500 MG TAB	TIER 3	
GLUMETZA (<i>metformin hcl</i>) 1000 MG TAB ER 24H	TIER 4	PA, QLC (2 tabs/day)
GLUMETZA (<i>metformin hcl</i>) 500 MG TAB ER 24H	TIER 4	PA, QLC (3 tabs/day)
<i>glyburide micronized tab 1.5 mg</i>	TIER 1	
<i>glyburide micronized tab 3 mg</i>	TIER 1	
<i>glyburide micronized tab 6 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>glyburide tab 1.25 mg</i>	TIER 1	
<i>glyburide tab 2.5 mg</i>	TIER 1	
<i>glyburide tab 5 mg</i>	TIER 1	
<i>glyburide-metformin tab 1.25-250 mg</i>	TIER 1	
<i>glyburide-metformin tab 2.5-500 mg</i>	TIER 1	
<i>glyburide-metformin tab 5-500 mg</i>	TIER 1	
GLYNASE (<i>glyburide micronized</i>) 1.5 MG TAB, 3 MG TAB, 6 MG TAB	TIER 3	
GLYSET (<i>miglitol</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	QLC (3 tabs/day)
GLYXAMBI (<i>empagliflozin-linagliptin</i>) 10-5 MG TAB, 25-5 MG TAB	TIER 2	ST, QLC (1 tab/day)
INVOKAMET (<i>canagliflozin-metformin hcl</i>) 50-1000 MG TAB, 150-1000 MG TAB, 150-500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
INVOKAMET (<i>canagliflozin-metformin hcl</i>) 50-500 MG TAB	TIER 3	PA, QLC (4 tabs/day)
INVOKAMET XR (<i>canagliflozin-metformin hcl</i>) 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 150-1000 MG TAB ER 24H, 150-500 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
INVOKANA (<i>canagliflozin</i>) 100 MG TAB, 300 MG TAB	TIER 3	PA, 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)
JARDIANCE (<i>empagliflozin</i>) 10 MG TAB, 25 MG TAB	TIER 2	ST, QLC (1 tab/day)
JENTADUETO (<i>linagliptin-metformin hcl</i>) 2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB	TIER 3	PA, QLC (2 tabs/day)
JENTADUETO XR (<i>linagliptin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JENTADUETO XR (<i>linagliptin-metformin hcl</i>) 5-1000 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
KAZANO (<i>alogliptin-metformin hcl</i>) 12.5-1000 MG TAB, 12.5-500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>) 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
<i>metformin hcl oral soln 500 mg/5ml</i>	TIER 3	PA, QLC (25.5 ml/day)
<i>metformin hcl tab 1000 mg</i>	TIER 1	
<i>metformin hcl tab 500 mg</i>	TIER 1	
<i>metformin hcl tab 850 mg</i>	TIER 1	
<i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER)	TIER 1	
<i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER)	TIER 1	
<i>metformin hcl tab er 24hr modified release 1000 mg</i> (METFORMIN HCL ER (MOD))	TIER 4	PA, QLC (2 tabs/day)
<i>metformin hcl tab er 24hr modified release 500 mg</i> (METFORMIN HCL ER (MOD))	TIER 4	PA, QLC (3 tabs/day)
<i>metformin hcl tab er 24hr osmotic 1000 mg</i> (METFORMIN HCL ER (OSM))	TIER 3	PA
<i>metformin hcl tab er 24hr osmotic 500 mg</i> (METFORMIN HCL ER (OSM))	TIER 3	PA
<i>miglitol tab 100 mg</i>	TIER 1	QLC (3 tabs/day)
<i>miglitol tab 25 mg</i>	TIER 1	QLC (3 tabs/day)
<i>miglitol tab 50 mg</i>	TIER 1	QLC (3 tabs/day)
<i>nateglinide tab 120 mg</i>	TIER 1	
<i>nateglinide tab 60 mg</i>	TIER 1	
NESINA (<i>alogliptin benzoate</i>) 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	TIER 3	PA, QLC (1 tab/day)
ONGLYZA (<i>saxagliptin hcl</i>) 2.5 MG TAB, 5 MG TAB	TIER 3	PA, QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OSENI (<i>alogliptin-pioglitazone</i>) 12.5-15 MG TAB, 12.5-30 MG TAB, 12.5-45 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB	TIER 3	PA, QLC (1 tab/day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/1.5ML SOLN PEN	TIER 2	ST, QLC (1 pen/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 2 MG/1.5ML SOLN PEN	TIER 2	ST, QLC (2 pens/28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	TIER 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	TIER 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	TIER 1	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	TIER 1	ST, QLC (3 tabs/day)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	TIER 1	ST, QLC (3 tabs/day)
PRANDIN (<i>repaglinide</i>) 0.5 MG TAB, 1 MG TAB, 2 MG TAB	TIER 3	
PRECOSE (<i>acarbose</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	
QTERN (<i>dapagliflozin-saxagliptin</i>) 5-5 MG TAB, 10-5 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>repaglinide tab 0.5 mg</i>	TIER 1	
<i>repaglinide tab 1 mg</i>	TIER 1	
<i>repaglinide tab 2 mg</i>	TIER 1	
REPAGLINIDE-METFORMIN HCL -1-500 MG TAB, -2-500 MG TAB	TIER 1	PA, QLC (5 tabs/day)
RIOMET (<i>metformin hcl</i>) 500 MG/5ML SOLUTION	TIER 3	PA, QLC (25.5 ml/day)
RIOMET ER (<i>metformin hcl</i>) 500 MG/5ML SR	TIER 3	PA, QLC (20 ml/day)
RYBELSUS (<i>semaglutide</i>) 3 MG TAB, 7 MG TAB, 14 MG TAB	TIER 2	ST, QLC (1 tab/day)
SEGLUROMET (<i>ertugliflozin-metformin hcl</i>) 2.5-1000 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
SEGLUROMET (<i>ertugliflozin-metformin hcl</i>) 2.5-500 MG TAB	TIER 3	PA, QLC (4 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOLIQUA (<i>insulin glargine-lixisenatide</i>) 100-33 UNT-MCG/ML SOLN PEN	TIER 3	PA, QLC (6 pens/month)
STARLIX (<i>nateglinide</i>) 60 MG TAB, 120 MG TAB	TIER 3	
STEGLATRO (<i>ertugliflozin l-pyroglutamic acid</i>) 15 MG TAB	TIER 3	PA, QLC (1 tab/day)
STEGLATRO (<i>ertugliflozin l-pyroglutamic acid</i>) 5 MG TAB	TIER 3	PA, QLC (2 tabs/day)
STEGLUJAN (<i>ertugliflozin-sitagliptin</i>) 5-100 MG TAB, 15-100 MG TAB	TIER 3	PA, QLC (1 tab/day)
SYMLINPEN 120 (<i>pramlintide acetate</i>) SYMLIN2700 MCG/2.7ML SOLN	TIER 4	PA
SYMLINPEN 60 (<i>pramlintide acetate</i>) SYMLIN1500 MCG/1.5ML SOLN	TIER 4	PA
SYNJARDY (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB	TIER 2	ST, QLC (2 tabs/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 25-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
TANZEUM (<i>albiglutide</i>) 30 MG PEN, 50 MG PEN	TIER 3	PA, QLC (4 pens/month)
TOLAZAMIDE 250 MG TAB, 500 MG TAB	TIER 1	
TOLBUTAMIDE 500 MG TAB	TIER 1	
TRADJENTA (<i>linagliptin</i>) 5 MG TAB	TIER 3	PA, QLC (1 tab/day)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>) 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>) 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
TRULICITY (<i>dulaglutide</i>) 0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN	TIER 2	ST, QLC (1 pen/week)
TRULICITY (<i>dulaglutide</i>) 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN	TIER 2	ST, QLC (4 pens (2 ml)/28 days)
VICTOZA (<i>liraglutide</i>) 18 MG/3ML SOLN PEN	TIER 2	ST, QLC (3 pens/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H, 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, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
XULTOPHY (<i>insulin degludec-liraglutide</i>) 100-3.6 UNIT-MG/ML SOLN PEN	TIER 3	PA, QLC (5 pens/month)

GLYCEMIC AGENTS (Drugs for Low Blood Sugar)

BAQSIMI ONE PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	TIER 3	PA, QLC (2 sprayers/30 days)
BAQSIMI TWO PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	TIER 3	PA, QLC (2 sprayers/30 days)
<i>diazoxide susp 50 mg/ml</i>	TIER 1	
GLUCAGEN HYPOKIT (<i>glucagon hcl (rdna)</i>) 1 MG RECON SOLN	TIER 2	QLC (2 injections/fill)
<i>glucagon (rdna) for inj kit 1 mg</i> (GLUCAGON EMERGENCY)	TIER 1	QLC (2 kits/fill)
GLUCAGON EMERGENCY (<i>glucagon (rdna)</i>) 1 MG KIT	TIER 2	QLC (2 kits/fill)
GLUCAGON EMERGENCY (<i>glucagon hcl</i>) 1 MG/ML RECON SOLN	TIER 2	QLC (2 kits/fill)
GVOKE HYPOPEN 1-PACK (<i>glucagon</i>) 1-PCK 0.5 MG/0.1ML SOLN -INJ, 1-PCK 1 MG/0.2ML SOLN -INJ	TIER 3	PA, QLC (2 injectors/30 days)
GVOKE HYPOPEN 2-PACK (<i>glucagon</i>) 2-PCK 0.5 MG/0.1ML SOLN -INJ, 2-PCK 1 MG/0.2ML SOLN -INJ	TIER 3	PA, QLC (2 injectors/30 days)
GVOKE PFS (<i>glucagon</i>) 0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR	TIER 3	PA, QLC (2 syringes/30 days)
PROGLYCEM (<i>diazoxide</i>) 50 MG/ML SUSPENSION	TIER 3	

INSULINS

ADMELOG (<i>insulin lispro</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
ADMELOG SOLOSTAR (<i>insulin lispro</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AFREZZA (<i>insulin regular (human)</i>) 4 8 12 POWDER, 90 X 4 90X8 POWDER, 90 X 8 90X12 POWDER	TIER 3	PA, QLC (1 box/month)
AFREZZA (<i>insulin regular (human)</i>) 4 POWDER, 8 POWDER, 12 POWDER, 30 X 4 & 60X8 POWDER, 60 X 4 & 30X8 POWDER, 60 X 8 & 30X12 POWDER	TIER 3	PA, QLC (3 boxes/month)
APIDRA (<i>insulin glulisine</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
APIDRA SOLOSTAR (<i>insulin glulisine</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA
BASAGLAR KWIKPEN (<i>insulin glargine</i>) KWIK100 UNIT/ML SOLN	TIER 3	PA, QLC (45 ml (15 pens)/ month)
FIASP (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
FIASP FLEXTOUCH (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA
FIASP PENFILL (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN CART	TIER 3	PA
HUMALOG (<i>insulin lispro</i>) 100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION	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 & lispro</i>) (50-50) 100 UNIT/ML SUSPENSION	TIER 2	
HUMALOG MIX 50/50 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(50-50) 100 UNIT/ML SUSP	TIER 2	
HUMALOG MIX 75/25 (<i>insulin lispro protamine & lispro</i>) (75-25) 100 UNIT/ML SUSPENSION	TIER 2	
HUMALOG MIX 75/25 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(75-25) 100 UNIT/ML SUSP	TIER 2	
HUMULIN 70/30 (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMULIN 70/30 KWIKPEN (<i>insulin nph isophane & reg (human)</i>) KWIK(70-30) 100 UNIT/ML SUSP	TIER 3	
HUMULIN N (<i>insulin nph (human) (isophane)</i>) 100 UIT/ML SUSPESIO	TIER 2	
HUMULIN N KWIKPEN (<i>insulin nph (human) (isophane)</i>) KWIK100 UIT/ML SUSP	TIER 3	
HUMULIN R (<i>insulin regular (human)</i>) 100 UNIT/ML SOLUTION	TIER 2	
HUMULIN R U-500 (CONCENTRATED) (<i>insulin regular (human)</i>) HMLIN - (CONCENTATED) NIT/ML SOLTION	TIER 2	
HUMULIN R U-500 KWIKPEN (<i>insulin regular (human)</i>) HMLIN -KWIKNIT/ML SOLN	TIER 3	
INSULIN ASP PROT & ASP FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
INSULIN ASPART 100 UNIT/ML SOLUTION	TIER 3	PA
INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN	TIER 3	PA
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	TIER 3	PA
INSULIN ASPART PROT & ASPART (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
INSULIN 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 3	
INSULIN LISPRO PROT & LISPRO (<i>insulin lispro protamine & lispro</i>) (75-25) 100 UNIT/ML SUSP PEN	TIER 3	
LANTUS (<i>insulin glargine</i>) 100 UNIT/ML SOLUTION	TIER 2	QLC (40 ml (4 vials)/ month)
LANTUS SOLOSTAR (<i>insulin glargine</i>) 100 UNIT/ML SOLN PEN	TIER 2	QLC (45 ml (15 pens)/ month)
LEVEMIR (<i>insulin detemir</i>) 100 UNIT/ML SOLUTION	TIER 2	QLC (40 ml/month)
LEVEMIR FLEXTOUCH (<i>insulin detemir</i>) 100 UNIT/ML SOLN PEN	TIER 2	QLC (45 ml/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LYUMJEV (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
LYUMJEV KWIKPEN (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	TIER 3	PA
NOVOLIN 70/30 (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLIN 70/30 FLEXPEN (<i>insulin nph isophane & reg (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLIN 70/30 FLEXPEN RELION (<i>insulin nph isophane & reg (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLIN 70/30 RELION (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLIN N (<i>insulin nph (human) (isophane)</i>) 100 UIT/ML SUSPESIO	TIER 3	PA
NOVOLIN N FLEXPEN (<i>insulin nph (human) (isophane)</i>) FLEX100 UIT/ML SUSP	TIER 3	PA
NOVOLIN N FLEXPEN RELION (<i>insulin nph (human) (isophane)</i>) FLEX100 UIT/ML SUSP	TIER 3	PA
NOVOLIN N RELION (<i>insulin nph (human) (isophane)</i>) 100 UIT/ML SUSPESIO	TIER 3	PA
NOVOLIN R (<i>insulin regular (human)</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
NOVOLIN R FLEXPEN (<i>insulin regular (human)</i>) FLEX100 UNIT/ML SOLN	TIER 3	PA
NOVOLIN R FLEXPEN RELION (<i>insulin regular (human)</i>) FLEXELION 100 UNIT/ML SOLN	TIER 3	PA
NOVOLIN R RELION (<i>insulin regular (human)</i>) ELION 100 UNIT/ML SOLUTION	TIER 3	PA
NOVOLOG (<i>insulin aspart</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
NOVOLOG FLEXPEN (<i>insulin aspart</i>) FLEX100 UNIT/ML SOLN	TIER 3	PA
NOVOLOG MIX 70/30 (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOLOG MIX 70/30 FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLOG PENFILL (<i>insulin aspart</i>) 100 UNIT/ML SOLN CART	TIER 3	PA
SEMGLEE (<i>insulin glargine</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (45 ml (15 pens)/ month)
SEMGLEE (<i>insulin glargine</i>) 100 UNIT/ML SOLUTION	TIER 3	PA, QLC (40 ml (4 vials)/ month)
TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	TIER 2	QLC (6 pens/month)
TOUJEO SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	TIER 2	QLC (12 pens/month)
TRESIBA (<i>insulin degludec</i>) 100 UNIT/ML SOLUTION	TIER 2	QLC (3 vials/30 days)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 100 UNIT/ML SOLN PEN	TIER 2	QLC (10 pens/month)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 200 UNIT/ML SOLN PEN	TIER 2	QLC (9 pens/month)

BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)

ANTICOAGULANTS (Blood Thinners)

ARIXTRA (<i>fondaparinux sodium</i>) 2.5 MG/0.5ML SOLUTION, 5 MG/0.4ML SOLUTION, 7.5 MG/0.6ML SOLUTION, 10 MG/0.8ML SOLUTION	TIER 4	QLC (1 syringe/day)
BEVYXXA (<i>betrixaban maleate</i>) 40 MG CAP, 80 MG CAP	TIER 3	PA, QLC (1 cap/day)
COUMADIN (<i>warfarin sodium</i>) 1 MG TAB, 2 MG TAB, 2.5 MG TAB, 3 MG TAB, 4 MG TAB, 5 MG TAB, 6 MG TAB, 7.5 MG TAB, 10 MG TAB	TIER 3	
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 (2 tabs/day)
<i>enoxaparin sodium inj 100 mg/ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj 150 mg/ml</i>	TIER 4	QLC (2 syringes/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj 300 mg/3ml</i>	TIER 4	QLC (2 ml/day)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	TIER 4	QLC (2 syringes/day)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	TIER 4	QLC (1 syringe/day)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	TIER 4	QLC (1 syringe/day)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	TIER 4	QLC (1 syringe/day)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	TIER 4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) 10000 UNIT/ML SOLUTION, 15000 UNIT/0.6ML SOLUTION, 18000 UNT/0.72ML SOLUTION	TIER 4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) 12500 UNIT/0.5ML SOLUTION	TIER 4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) 2500 UNIT/0.2ML SOLUTION, 5000 UNIT/0.2ML SOLUTION, 7500 UNIT/0.3ML SOLUTION	TIER 4	QLC (2 syringes/day)
FRAGMIN (<i>dalteparin sodium</i>) 95000 UNIT/3.8ML SOLUTION	TIER 4	QLC (0.72 ml/day)
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	TIER 1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	TIER 1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	TIER 1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	TIER 1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	TIER 1	
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	TIER 1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	TIER 1	
IPRIVASK (<i>desirudin</i>) 15 MG RECON SOLN	TIER 4	QLC (2 vials/day; 24 vials/68 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LOVENOX (<i>enoxaparin sodium</i>) 30 MG/0.3ML SOLUTION, 40 MG/0.4ML SOLUTION, 80 MG/0.8ML SOLUTION, 100 MG/ML SOLUTION, 120 MG/0.8ML SOLUTION, 150 MG/ML SOLUTION	TIER 4	QLC (2 syringes/day)
LOVENOX (<i>enoxaparin sodium</i>) 300 MG/3ML SOLUTION	TIER 4	QLC (2 ml/day)
LOVENOX (<i>enoxaparin sodium</i>) 60 MG/0.6ML SOLUTION	TIER 4	QLC (2 syringes/day)
PRADAXA (<i>dabigatran etexilate mesylate</i>) 75 MG CAP, 110 MG CAP, 150 MG CAP	TIER 3	PA, QLC (2 caps/day)
SAVAYSA (<i>edoxaban tosylate</i>) 15 MG TAB, 30 MG TAB, 60 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>warfarin sodium tab 1 mg</i>	TIER 1	
<i>warfarin sodium tab 1 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 10 mg</i>	TIER 1	
<i>warfarin sodium tab 10 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 2 mg</i>	TIER 1	
<i>warfarin sodium tab 2 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 2.5 mg</i>	TIER 1	
<i>warfarin sodium tab 2.5 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 3 mg</i>	TIER 1	
<i>warfarin sodium tab 3 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 4 mg</i>	TIER 1	
<i>warfarin sodium tab 4 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 5 mg</i>	TIER 1	
<i>warfarin sodium tab 5 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 6 mg</i>	TIER 1	
<i>warfarin sodium tab 6 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 7.5 mg</i>	TIER 1	
<i>warfarin sodium tab 7.5 mg</i> (JANTOVEN)	TIER 1	
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)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XARELTO STARTER PACK (<i>rivaroxaban</i>) 15 & 20 MG TAB THPK	TIER 2	QLC (1 starter pack/6 months)
ZONTIVITY (<i>vorapaxar sulfate</i>) 2.08 MG TAB	TIER 3	PA, QLC (1 tab/day)

BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)

AGRYLIN (<i>anagrelide hcl</i>) 0.5 MG CAP	TIER 3	
<i>anagrelide hcl cap 0.5 mg</i>	TIER 1	
<i>anagrelide hcl cap 1 mg</i>	TIER 1	
ARANESP (ALBUMIN FREE) (<i>darbepoetin alfa</i>) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe or vial/week)
EPOGEN (<i>epoetin alfa</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	TIER 4	PA, SP
FULPHILA (<i>pegfilgrastim-jmdb</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
GRANIX (<i>tbo-filgrastim</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
LEUKINE (<i>sargramostim</i>) 250 MCG RECON SOLN	TIER 4	PA, SP
MIRCERA (<i>methoxy polyethylene glycol-epoetin beta</i>) 30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
MOZOBIL (<i>plerixafor</i>) 24 MG/1.2ML SOLUTION	TIER 4	PA, SP
MULPLETA (<i>lusutrombopag</i>) 3 MG TAB	TIER 4	PA, SP, QLC (1 tab/day, not to exceed 7 tabs/120 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NEULASTA (<i>pegfilgrastim</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
NEUPOGEN (<i>filgrastim</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
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, SP
NYVEPRIA (<i>pegfilgrastim-apgf</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
PROCRIT (<i>epoetin alfa</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	TIER 4	PA, SP
PROMACTA (<i>eltrombopag olamine</i>) 12.5 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
PROMACTA (<i>eltrombopag olamine</i>) 12.5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
PROMACTA (<i>eltrombopag olamine</i>) 25 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
PROMACTA (<i>eltrombopag olamine</i>) 25 MG TAB, 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
PROMACTA (<i>eltrombopag olamine</i>) 75 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
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, SP
UDENYCA (<i>pegfilgrastim-cbqv</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
ZARXIO (<i>filgrastim-sndz</i>) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	TIER 4	PA, SP
ZIEXTENZO (<i>pegfilgrastim-bmez</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP

HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

AMICAR (<i>aminocaproic acid</i>) 0.25 GM/ML SOLUTION, 500 MG TAB, 1000 MG TAB	TIER 4
--	--------

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	TIER 4	
<i>aminocaproic acid tab 1000 mg</i>	TIER 4	
<i>aminocaproic acid tab 500 mg</i>	TIER 4	
LYSTEDA (<i>tranexamic acid</i>) 650 MG TAB	TIER 3	QLC (30 tabs/month)
MEPHYTON (<i>phytonadione</i>) 5 MG TAB	TIER 3	QLC (5 tabs/week)
<i>phytonadione tab 5 mg</i>	TIER 1	QLC (5 tabs/week)
<i>tranexamic acid tab 650 mg</i>	TIER 1	QLC (30 tabs/month)

PLATELET MODIFYING AGENTS

AGGRENOX (<i>aspirin-dipyridamole</i>) 25-200 MG CAP ER 12H	TIER 3	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	TIER 1	
ASPIRIN-OMEPRAZOLE -81-40 MG TAB DR, -325-40 MG TAB DR	TIER 3	PA, QLC (1 tab/day)
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, SP, 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	AL1 (Up to 64 yrs old)
<i>dipyridamole tab 50 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>dipyridamole tab 75 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
DOPTELET (<i>avatrombopag maleate</i>) 20 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day, not to exceed 15 tabs/4 months)
DURLAZA (<i>aspirin (platelet aggregation inhibitor)</i>) 162.5 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
EFFIENT (<i>prasugrel hcl</i>) 5 MG TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)
OXBRYTA (<i>voxelotor</i>) 500 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
PLAVIX (<i>clopidogrel bisulfate</i>) 75 MG TAB	TIER 3	QLC (1 tab/day)
<i>prasugrel hcl tab 10 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TAVALISSE (<i>fostamatinib disodium</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
YOSPRALA (<i>aspirin-omeprazole</i>) 81-40 MG TAB DR, 325-40 MG TAB DR	TIER 3	PA, QLC (1 tab/day)

CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

ALPHA-ADRENERGIC AGONISTS

CATAPRES (<i>clonidine hcl</i>) 0.1 MG TAB, 0.2 MG TAB, 0.3 MG TAB	TIER 3	
CATAPRES-TTS-1 (<i>clonidine</i>) --0.MG/24HR PATCH WK	TIER 3	
CATAPRES-TTS-2 (<i>clonidine</i>) --0.MG/4HR PATCH WK	TIER 3	
CATAPRES-TTS-3 (<i>clonidine</i>) --0.MG/24HR PATCH WK	TIER 3	
<i>clonidine hcl tab 0.1 mg</i>	TIER 1	
<i>clonidine hcl tab 0.2 mg</i>	TIER 1	
<i>clonidine hcl tab 0.3 mg</i>	TIER 1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	TIER 1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	TIER 1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	TIER 1	
<i>guanfacine hcl tab 1 mg</i>	TIER 1	
<i>guanfacine hcl tab 2 mg</i>	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	
NORTHERA (<i>droxidopa</i>) 100 MG CAP	TIER 4	PA, SP, QLC (18 caps/day)
NORTHERA (<i>droxidopa</i>) 200 MG CAP	TIER 4	PA, SP, QLC (9 caps/day)
NORTHERA (<i>droxidopa</i>) 300 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)
TENEX (<i>guanfacine hcl</i>) 1 MG TAB, 2 MG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA (<i>doxazosin mesylate</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB, 8 MG TAB	TIER 3	
DIBENZYLIN (<i>phenoxybenzamine hcl</i>) 10 MG CAP	TIER 4	PA
<i>doxazosin mesylate tab 1 mg</i>	TIER 1	
<i>doxazosin mesylate tab 2 mg</i>	TIER 1	
<i>doxazosin mesylate tab 4 mg</i>	TIER 1	
<i>doxazosin mesylate tab 8 mg</i>	TIER 1	
MINIPRESS (<i>prazosin hcl</i>) 1 MG CAP, 2 MG CAP, 5 MG CAP	TIER 3	
<i>phenoxybenzamine hcl cap 10 mg</i>	TIER 4	PA
<i>prazosin hcl cap 1 mg</i>	TIER 1	
<i>prazosin hcl cap 2 mg</i>	TIER 1	
<i>prazosin hcl cap 5 mg</i>	TIER 1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	TIER 1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	TIER 1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	TIER 1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	TIER 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND (<i>candesartan cilexetil</i>) 16 MG TAB	TIER 3	ST, QLC (2 tabs/day)
ATACAND (<i>candesartan cilexetil</i>) 32 MG TAB	TIER 3	ST, QLC (1 tab/day)
ATACAND (<i>candesartan cilexetil</i>) 4 MG TAB	TIER 3	ST, QLC (8 tabs/day)
ATACAND (<i>candesartan cilexetil</i>) 8 MG TAB	TIER 3	ST, QLC (4 tabs/day)
AVAPRO (<i>irbesartan</i>) 75 MG TAB, 150 MG TAB, 300 MG TAB	TIER 3	QLC (1 tab/day)
BENICAR (<i>olmesartan medoxomil</i>) 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/day)
BENICAR (<i>olmesartan medoxomil</i>) 5 MG TAB	TIER 3	QLC (3 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>candesartan cilexetil tab 16 mg</i>	TIER 1	ST, QLC (2 tabs/day)
<i>candesartan cilexetil tab 32 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>candesartan cilexetil tab 4 mg</i>	TIER 1	ST, QLC (8 tabs/day)
<i>candesartan cilexetil tab 8 mg</i>	TIER 1	ST, QLC (4 tabs/day)
COZAAR (<i>losartan potassium</i>) 100 MG TAB	TIER 3	QLC (1 tab/day)
COZAAR (<i>losartan potassium</i>) 25 MG TAB	TIER 3	QLC (4 tabs/day)
COZAAR (<i>losartan potassium</i>) 50 MG TAB	TIER 3	QLC (2 tabs/day)
DIOVAN (<i>valsartan</i>) 320 MG TAB	TIER 3	QLC (1 tab/day)
DIOVAN (<i>valsartan</i>) 40 MG TAB, 80 MG TAB, 160 MG TAB	TIER 3	QLC (2 tabs/day)
EDARBI (<i>azilsartan medoxomil</i>) 40 MG TAB, 80 MG TAB	TIER 3	ST, QLC (1 tab/day)
EPROSARTAN MESYLATE 600 MG TAB	TIER 1	ST, QLC (1 tab/day)
<i>irbesartan tab 150 mg</i>	TIER 1	QLC (1 tab/day)
<i>irbesartan tab 300 mg</i>	TIER 1	QLC (1 tab/day)
<i>irbesartan tab 75 mg</i>	TIER 1	QLC (1 tab/day)
<i>losartan potassium tab 100 mg</i>	TIER 1	QLC (1 tab/day)
<i>losartan potassium tab 25 mg</i>	TIER 1	QLC (4 tabs/day)
<i>losartan potassium tab 50 mg</i>	TIER 1	QLC (2 tabs/day)
MICARDIS (<i>telmisartan</i>) 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/day)
MICARDIS (<i>telmisartan</i>) 80 MG TAB	TIER 3	QLC (2 tabs/day)
<i>olmesartan medoxomil tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 40 mg</i>	TIER 1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 5 mg</i>	TIER 1	QLC (3 tabs/day)
<i>telmisartan tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>telmisartan tab 40 mg</i>	TIER 1	QLC (1 tab/day)
<i>telmisartan tab 80 mg</i>	TIER 1	QLC (2 tabs/day)
<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)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
ACCUPRIL (<i>quinapril hcl</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	
ACEON (<i>perindopril erbumine</i>) 4 MG TAB	TIER 3	QLC (1 tab/day)
ACEON (<i>perindopril erbumine</i>) 8 MG TAB	TIER 3	QLC (2 tabs/day)
ALTACE (<i>ramipril</i>) 1.25 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP	TIER 3	
<i>benazepril hcl tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>benazepril hcl tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>benazepril hcl tab 40 mg</i>	TIER 1	QLC (2 tabs/day)
<i>benazepril hcl tab 5 mg</i>	TIER 1	QLC (1 tab/day)
<i>captopril tab 100 mg</i>	TIER 1	
<i>captopril tab 12.5 mg</i>	TIER 1	
<i>captopril tab 25 mg</i>	TIER 1	
<i>captopril tab 50 mg</i>	TIER 1	
<i>enalapril maleate 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	
EPANED (<i>enalapril maleate</i>) 1 MG/ML RECON SOLN, 1 MG/ML SOLUTION	TIER 3	QLC (40 ml/day)
<i>fosinopril sodium tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>fosinopril sodium tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>fosinopril sodium tab 40 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lisinopril tab 10 mg</i>	TIER 1	
<i>lisinopril tab 2.5 mg</i>	TIER 1	
<i>lisinopril tab 20 mg</i>	TIER 1	
<i>lisinopril tab 30 mg</i>	TIER 1	
<i>lisinopril tab 40 mg</i>	TIER 1	
<i>lisinopril tab 5 mg</i>	TIER 1	
LOTENSIN (<i>benazepril hcl</i>) 10 MG TAB	TIER 3	QLC (1 tab/day)
LOTENSIN (<i>benazepril hcl</i>) 20 MG TAB	TIER 3	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LOTENSIN (<i>benazepril hcl</i>) 40 MG TAB	TIER 3	QLC (2 tabs/day)
MAVIK (<i>trandolapril</i>) 2 MG TAB	TIER 3	
<i>moexipril hcl tab 15 mg</i>	TIER 1	
<i>moexipril hcl tab 7.5 mg</i>	TIER 1	
<i>perindopril erbumine tab 2 mg</i>	TIER 1	QLC (1 tab/day)
<i>perindopril erbumine tab 4 mg</i>	TIER 1	QLC (1 tab/day)
<i>perindopril erbumine tab 8 mg</i>	TIER 1	QLC (2 tabs/day)
PRINIVIL (<i>lisinopril</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	
QBRELIS (<i>lisinopril</i>) 1 MG/ML SOLUTION	TIER 3	PA, QLC (80 ml/day)
<i>quinapril hcl tab 10 mg</i>	TIER 1	
<i>quinapril hcl tab 20 mg</i>	TIER 1	
<i>quinapril hcl tab 40 mg</i>	TIER 1	
<i>quinapril hcl tab 5 mg</i>	TIER 1	
<i>ramipril cap 1.25 mg</i>	TIER 1	
<i>ramipril cap 10 mg</i>	TIER 1	
<i>ramipril cap 2.5 mg</i>	TIER 1	
<i>ramipril cap 5 mg</i>	TIER 1	
<i>trandolapril tab 1 mg</i>	TIER 1	
<i>trandolapril tab 2 mg</i>	TIER 1	
<i>trandolapril tab 4 mg</i>	TIER 1	
VASOTEC (<i>enalapril maleate</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	
ZESTRIL (<i>lisinopril</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 3	

ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)

<i>amiodarone hcl tab 100 mg</i>	TIER 1
<i>amiodarone hcl tab 100 mg</i> (PACERONE)	TIER 3
<i>amiodarone hcl tab 200 mg</i>	TIER 1
<i>amiodarone hcl tab 200 mg</i> (PACERONE)	TIER 1
<i>amiodarone hcl tab 400 mg</i>	TIER 1

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amiodarone hcl tab 400 mg</i> (PACERONE)	TIER 3	
BETAPACE (<i>sotalol hcl</i>) 80 MG TAB, 120 MG TAB, 160 MG TAB	TIER 3	
BETAPACE AF (<i>sotalol hcl (afib/afll)</i>) 80 MG TAB, 120 MG TAB, 160 MG TAB	TIER 3	
<i>disopyramide phosphate cap 100 mg</i>	TIER 1	
<i>disopyramide phosphate cap 150 mg</i>	TIER 1	
<i>dofetilide cap 125 mcg (0.125 mg) (0.</i>	TIER 1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	TIER 1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	TIER 1	
<i>flecainide acetate tab 100 mg</i>	TIER 1	
<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 2	QLC (2 tabs/day)
NORPACE (<i>disopyramide phosphate</i>) 100 MG CAP, 150 MG CAP	TIER 3	
NORPACE CR (<i>disopyramide phosphate</i>) 100 MG CAP ER 12H	TIER 2	QLC (8 caps/day)
NORPACE CR (<i>disopyramide phosphate</i>) 150 MG CAP ER 12H	TIER 2	QLC (5 caps/day)
<i>propafenone hcl cap er 12hr 225 mg</i> (PROPAFENONE HCL ER)	TIER 1	
<i>propafenone hcl cap er 12hr 325 mg</i> (PROPAFENONE HCL ER)	TIER 1	
<i>propafenone hcl cap er 12hr 425 mg</i> (PROPAFENONE HCL ER)	TIER 1	
<i>propafenone hcl tab 150 mg</i>	TIER 1	
<i>propafenone hcl tab 225 mg</i>	TIER 1	
<i>propafenone hcl tab 300 mg</i>	TIER 1	
<i>quinidine gluconate tab er 324 mg</i> (QUINIDINE GLUCONATE ER)	TIER 1	
QUINIDINE SULFATE 200 MG TAB, 300 MG TAB	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RYTHMOL SR (<i>propafenone hcl</i>) 225 MG CAP ER 12H, 325 MG CAP ER 12H, 425 MG CAP ER 12H	TIER 3	
<i>sotalol hcl (afib/af)</i> tab 120 mg (SOTALOL HCL (AF))	TIER 1	
<i>sotalol hcl (afib/af)</i> tab 160 mg (SOTALOL HCL (AF))	TIER 1	
<i>sotalol hcl (afib/af)</i> tab 80 mg (SOTALOL HCL (AF))	TIER 1	
<i>sotalol hcl</i> tab 120 mg	TIER 1	
<i>sotalol hcl</i> tab 120 mg (SORINE)	TIER 1	
<i>sotalol hcl</i> tab 160 mg	TIER 1	
<i>sotalol hcl</i> tab 160 mg (SORINE)	TIER 1	
<i>sotalol hcl</i> tab 240 mg	TIER 1	
<i>sotalol hcl</i> tab 240 mg (SORINE)	TIER 1	
<i>sotalol hcl</i> tab 80 mg	TIER 1	
<i>sotalol hcl</i> tab 80 mg (SORINE)	TIER 1	
SOTYLIZE (<i>sotalol hcl</i>) 5 MG/ML SOLUTION	TIER 3	PA, QLC (64 ml/day)
TIKOSYN (<i>dofetilide</i>) 125 MCG CAP, 250 MCG CAP, 500 MCG CAP	TIER 3	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl</i> cap 200 mg	TIER 1	
<i>acebutolol hcl</i> cap 400 mg	TIER 1	
<i>atenolol</i> tab 100 mg	TIER 1	
<i>atenolol</i> tab 25 mg	TIER 1	
<i>atenolol</i> tab 50 mg	TIER 1	
<i>betaxolol hcl</i> tab 10 mg	TIER 1	
<i>betaxolol hcl</i> tab 20 mg	TIER 1	
<i>bisoprolol fumarate</i> tab 10 mg	TIER 1	
<i>bisoprolol fumarate</i> tab 5 mg	TIER 1	
BYSTOLIC (<i>nebivolol hcl</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 2	QLC (1 tab/day)
BYSTOLIC (<i>nebivolol hcl</i>) 20 MG TAB	TIER 2	QLC (2 tabs/day)
<i>carvedilol phosphate</i> cap er 24hr 10 mg (CARVEDILOL PHOSPHATE ER)	TIER 1	ST

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carvedilol phosphate cap er 24hr 20 mg</i> (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
<i>carvedilol phosphate cap er 24hr 40 mg</i> (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
<i>carvedilol phosphate cap er 24hr 80 mg</i> (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
<i>carvedilol tab 12.5 mg</i>	TIER 1	
<i>carvedilol tab 25 mg</i>	TIER 1	
<i>carvedilol tab 3.125 mg</i>	TIER 1	
<i>carvedilol tab 6.25 mg</i>	TIER 1	
COREG (<i>carvedilol</i>) 3.125 MG TAB, 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	TIER 3	
COREG CR (<i>carvedilol phosphate</i>) 10 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H	TIER 3	ST
CORGARD (<i>nadolol</i>) 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	
HEMANGEOL (<i>propranolol hcl</i>) 4.28 MG/ML SOLUTION	TIER 3	PA, SP, QLC (2 bottles/month)
INDERAL LA (<i>propranolol hcl</i>) 60 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H, 160 MG CAP ER 24H	TIER 3	
INDERAL XL (<i>propranolol hcl sustained-release beads</i>) 80 MG CAP ER 24H, 120 MG CAP ER 24H	TIER 3	
INNOPRAN XL (<i>propranolol hcl sustained-release beads</i>) 80 MG CAP ER 24H, 120 MG CAP ER 24H	TIER 3	
KAPSPARGO SPRINKLE (<i>metoprolol succinate</i>) 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK, 200 MG CP24 SPRNK	TIER 3	QLC (1 cap/day)
<i>labetalol hcl tab 100 mg</i>	TIER 1	
<i>labetalol hcl tab 200 mg</i>	TIER 1	
<i>labetalol hcl tab 300 mg</i>	TIER 1	
LOPRESSOR (<i>metoprolol tartrate</i>) 50 MG TAB, 100 MG TAB	TIER 3	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol tartrate tab 100 mg</i>	TIER 1	
<i>metoprolol tartrate tab 25 mg</i>	TIER 1	
<i>metoprolol tartrate tab 37.5 mg</i>	TIER 1	
<i>metoprolol tartrate tab 50 mg</i>	TIER 1	
<i>metoprolol tartrate tab 75 mg</i>	TIER 1	
<i>nadolol tab 20 mg</i>	TIER 1	
<i>nadolol tab 40 mg</i>	TIER 1	
<i>nadolol tab 80 mg</i>	TIER 1	
<i>pindolol tab 10 mg</i>	TIER 1	
<i>pindolol tab 5 mg</i>	TIER 1	
PROPRANOLOL HCL 20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION	TIER 1	
<i>propranolol hcl cap er 24hr 120 mg</i> (PROPRANOLOL HCL ER)	TIER 1	
<i>propranolol hcl cap er 24hr 160 mg</i> (PROPRANOLOL HCL ER)	TIER 1	
<i>propranolol hcl cap er 24hr 60 mg</i> (PROPRANOLOL HCL ER)	TIER 1	
<i>propranolol hcl cap er 24hr 80 mg</i> (PROPRANOLOL HCL ER)	TIER 1	
<i>propranolol hcl tab 10 mg</i>	TIER 1	
<i>propranolol hcl tab 20 mg</i>	TIER 1	
<i>propranolol hcl tab 40 mg</i>	TIER 1	
<i>propranolol hcl tab 60 mg</i>	TIER 1	
<i>propranolol hcl tab 80 mg</i>	TIER 1	
SECTRAL (<i>acebutolol hcl</i>) 200 MG CAP, 400 MG CAP	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TENORMIN (<i>atenolol</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	
TOPROL XL (<i>metoprolol succinate</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H	TIER 3	
ZEBETA (<i>bisoprolol fumarate</i>) 10 MG TAB	TIER 3	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

ADALAT CC (<i>nifedipine</i>) 30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H	TIER 3	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	TIER 1	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	TIER 1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	TIER 1	
CONJUPRI (<i>levamlodipine maleate</i>) 2.5 MG TAB, 5 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>felodipine tab er 24hr 10 mg</i> (FELODIPINE ER)	TIER 1	
<i>felodipine tab er 24hr 2.5 mg</i> (FELODIPINE ER)	TIER 1	
<i>felodipine tab er 24hr 5 mg</i> (FELODIPINE ER)	TIER 1	
<i>isradipine cap 2.5 mg</i>	TIER 1	
<i>isradipine cap 5 mg</i>	TIER 1	
KATERZIA (<i>amlodipine benzoate</i>) 1 MG/ML SUSPENSION	TIER 3	PA, QLC (10 ml/day)
<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> (AFEDITAB CR)	TIER 1	
<i>nifedipine tab er 24hr 30 mg</i> (NIFEDIPINE ER)	TIER 1	
<i>nifedipine tab er 24hr 60 mg</i> (AFEDITAB CR)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nifedipine tab er 24hr 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 1	
NISOLDIPINE ER ER 20 MG TAB ER 24H, ER 25.5 MG TAB ER 24H, ER 30 MG TAB ER 24H, ER 40 MG TAB ER 24H	TIER 1	
<i>nisoldipine tab er 24hr 17 mg</i> (NISOLDIPINE ER)	TIER 1	
<i>nisoldipine tab er 24hr 34 mg</i> (NISOLDIPINE ER)	TIER 1	
<i>nisoldipine tab er 24hr 8.5 mg</i> (NISOLDIPINE ER)	TIER 1	
NORVASC (<i>amlodipine besylate</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	
NYMALIZE (<i>nimodipine</i>) 30 MG/10ML SOLUTION, 60 MG/20ML SOLUTION	TIER 4	PA, QLC (60 ml/day, max of 21 days in 6 months)
NYMALIZE (<i>nimodipine</i>) 6 MG/ML SOLUTION	TIER 4	PA, QLC (60 ml/day; max 21 days therapy/180 days)
PROCARDIA (<i>nifedipine</i>) 10 MG CAP	TIER 3	
PROCARDIA XL (<i>nifedipine</i>) 30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H	TIER 3	
SULAR (<i>nisoldipine</i>) 8.5 MG TAB ER 24H, 17 MG TAB ER 24H, 34 MG TAB ER 24H	TIER 3	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

CALAN (<i>verapamil hcl</i>) 80 MG TAB, 120 MG TAB	TIER 3	
CALAN SR (<i>verapamil hcl</i>) 120 MG TAB ER, 180 MG TAB ER, 240 MG TAB ER	TIER 3	
CARDIZEM (<i>diltiazem hcl</i>) 30 MG TAB, 60 MG TAB, 120 MG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CARDIZEM CD (<i>diltiazem hcl coated beads</i>) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H	TIER 3	
CARDIZEM LA (<i>diltiazem hcl coated beads</i>) 120 MG TAB ER 24H, 180 MG TAB ER 24H, 240 MG TAB ER 24H, 300 MG TAB ER 24H, 360 MG TAB ER 24H, 420 MG TAB ER 24H	TIER 3	
<i>diltiazem hcl cap er 12hr 120 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILT-XR)	TIER 1	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILT-XR)	TIER 1	
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 24hr 240 mg</i> (DILT-XR)	TIER 1	
<i>diltiazem hcl cap er 24hr 240 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (CARTIA XT)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (DILTIAZEM CD)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (CARTIA XT)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (DILTIAZEM CD)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (CARTIA XT)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (DILTIAZEM CD)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (CARTIA XT)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (DILTIAZEM CD)	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 coated beads tab er 24hr 180 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i> (MATZIM LA)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i> (MATZIM LA)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i> (MATZIM LA)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i> (MATZIM LA)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i> (MATZIM LA)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl tab 120 mg</i>	TIER 1	
<i>diltiazem hcl tab 30 mg</i>	TIER 1	
<i>diltiazem hcl tab 60 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl tab 90 mg</i>	TIER 1	
TIAZAC (<i>diltiazem hcl extended release beads</i>) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H, 420 MG CAP ER 24H	TIER 3	
<i>verapamil hcl cap er 24hr 100 mg</i> (VERAPAMIL HCL ER)	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 200 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl cap er 24hr 240 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl cap er 24hr 300 mg</i> (VERAPAMIL HCL ER)	TIER 1	
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H	TIER 1	
<i>verapamil hcl tab 120 mg</i>	TIER 1	
<i>verapamil hcl tab 40 mg</i>	TIER 1	
<i>verapamil hcl tab 80 mg</i>	TIER 1	
<i>verapamil hcl tab er 120 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl tab er 180 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl tab er 240 mg</i> (VERAPAMIL HCL ER)	TIER 1	
VERELAN (<i>verapamil hcl</i>) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 360 MG CAP ER 24H	TIER 3	
VERELAN PM (<i>verapamil hcl</i>) 100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CARDIOVASCULAR AGENTS, OTHER		
ACCURETIC (<i>quinapril-hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	TIER 3	
<i>acetazolamide tab 125 mg</i>	TIER 1	
<i>acetazolamide tab 250 mg</i>	TIER 1	
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>) 25-25 MG TAB, 50-50 MG TAB	TIER 3	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	TIER 1	ST, QLC (1 tab/day)
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	TIER 1	ST, QLC (1 tab/day)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i> (AMILORIDE-HYDROCHLOROTHIAZIDE)	TIER 1	
<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)

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

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>) 16-12.5 MG TAB	TIER 3	ST, QLC (2 tabs/day)
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>) 32-12.5 MG TAB, 32-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>atenolol & chlorthalidone tab 100-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	TIER 1	
<i>atenolol & chlorthalidone tab 50-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	TIER 1	
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>) 150-12.5 MG TAB	TIER 3	QLC (2 tabs/day)
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>) 300-12.5 MG TAB	TIER 3	QLC (1 tab/day)
AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>) 5-20 MG TAB, 5-40 MG TAB, 10-20 MG TAB, 10-40 MG TAB	TIER 3	QLC (1 tab/day)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>) 20-12.5 MG TAB, 40-12.5 MG TAB, 40-25 MG TAB	TIER 3	QLC (1 tab/day)
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>) 20-37.5 MG TAB	TIER 3	QLC (6 tabs/day)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
BYVALSON (<i>nebivolol-valsartan</i>) 5-80 MG TAB	TIER 3	ST, QLC (1 tab/day)
CADUET (<i>amlodipine besylate-atorvastatin calcium</i>) 5-10 MG TAB, 5-20 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	TIER 1	ST, QLC (2 tabs/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	TIER 1	ST, QLC (1 tab/day)
CAPTOPRIL-HYDROCHLOROTHIAZIDE (<i>captopril & hydrochlorothiazide</i>) -25-15 MG TAB, -25-25 MG TAB, -50-15 MG TAB, -50-25 MG TAB	TIER 1	
CONSENSI (<i>amlodipine besylate-celecoxib</i>) 2.5-200 MG TAB, 5-200 MG TAB, 10-200 MG TAB	TIER 4	PA, QLC (1 tab/day)
CORLANOR (<i>ivabradine hcl</i>) 5 MG TAB, 7.5 MG TAB	TIER 3	PA, QLC (2 tabs/day)
CORLANOR (<i>ivabradine hcl</i>) 5 MG/5ML SOLUTION	TIER 3	PA, QLC (20 ml/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CORZIDE (<i>nadolol & bendroflumethiazide</i>) 40-5 MG TAB, 80-5 MG TAB	TIER 3	
DEMSEER (<i>metirosine</i>) 250 MG CAP	TIER 4	QLC (16 caps/day)
DIGOXIN 0.05 MG/ML SOLUTION	TIER 1	AL1 (Up to 64 yrs old), QLC (2.5 ml/day)
<i>digoxin oral soln 0.05 mg/ml</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (2.5 ml/day)
<i>digoxin tab 125 mcg (0.125 mg) (0.</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>digoxin tab 125 mcg (0.125 mg) (DIGITEK) (0.</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>digoxin tab 250 mcg (0.25 mg)</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
<i>digoxin tab 250 mcg (0.25 mg) (DIGITEK)</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>) 320-12.5 MG TAB, 320-25 MG TAB	TIER 3	QLC (1 tab/day)
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>) 80-12.5 MG TAB, 160-12.5 MG TAB, 160-25 MG TAB	TIER 3	QLC (2 tabs/day)
DUTOPROL (<i>metoprolol & hydrochlorothiazide</i>) 100-12.5 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
DUTOPROL (<i>metoprolol & hydrochlorothiazide</i>) 25-12.5 MG TAB ER 24H, 50-12.5 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
DYAZIDE (<i>triamterene & hydrochlorothiazide</i>) 37.5-25 MG CAP	TIER 3	
EDARBYCLOR (<i>azilsartan medoxomil-chlorthalidone</i>) 40-12.5 MG TAB, 40-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
ENTRESTO (<i>sacubitril-valsartan</i>) 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	TIER 3	PA, QLC (2 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EXFORGE (<i>amlodipine besylate-valsartan</i>) 5-160 MG TAB, 5-320 MG TAB, 10-160 MG TAB, 10-320 MG TAB	TIER 3	QLC (1 tab/day)
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>) 5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB	TIER 3	QLC (1 tab/day)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	TIER 1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	TIER 1	
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>) 100-12.5 MG TAB, 100-25 MG TAB	TIER 3	QLC (1 tab/day)
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>) 50-12.5 MG TAB	TIER 3	QLC (2 tabs/day)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	TIER 1	QLC (2 tabs/day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	TIER 1	QLC (1 tab/day)
LANOXIN (<i>digoxin</i>) 125 MCG TAB, 187.5 MCG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
LANOXIN (<i>digoxin</i>) 250 MCG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
LANOXIN (<i>digoxin</i>) 62.5 MCG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
LOPRESSOR HCT (<i>metoprolol & hydrochlorothiazide</i>) 50-25 MG TAB	TIER 3	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	TIER 1	QLC (1 tab/day)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (LOSARTAN POTASSIUM-HCTZ)	TIER 1	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	TIER 1	QLC (2 tabs/day)
LOTENSIN HCT (<i>benazepril & hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	TIER 3	
LOTREL (<i>amlodipine besylate-benazepril hcl</i>) 10-20 MG CAP, 10-40 MG CAP	TIER 3	QLC (1 cap/day)
LOTREL (<i>amlodipine besylate-benazepril hcl</i>) 5-10 MG CAP, 5-20 MG CAP	TIER 3	
MAXZIDE (<i>triamterene & hydrochlorothiazide</i>) 75-50 MG TAB	TIER 3	
MAXZIDE-25 (<i>triamterene & hydrochlorothiazide</i>) -37.5-MG TAB	TIER 3	
METHYLDOPA-HYDROCHLOROTHIAZIDE (<i>methyldopa & hydrochlorothiazide</i>) -250-15 MG TAB, -250-25 MG TAB	TIER 1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
METOPROLOL-HCTZ ER (<i>metoprolol & hydrochlorothiazide</i>) -100-12.5 MG TAB 24H	TIER 3	PA, QLC (2 tabs/day)
METOPROLOL-HCTZ ER (<i>metoprolol & hydrochlorothiazide</i>) -ER 25-12.5 MG TAB ER 24H, -ER 50-12.5 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
METOPROLOL-HYDROCHLOROTHIAZIDE (<i>metoprolol & hydrochlorothiazide</i>) -100-50 MG TAB	TIER 1	
<i>metirosine cap 250 mg</i>	TIER 4	QLC (16 caps/day)
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>) 40-12.5 MG TAB	TIER 3	ST, QLC (3 tabs/day)
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>) 80-12.5 MG TAB, 80-25 MG TAB	TIER 3	ST, QLC (2 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	TIER 1	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	TIER 1	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	TIER 1	
<i>nadolol & bendroflumethiazide tab 80-5 mg</i> (NADOLOL-BENDROFLUMETHIAZIDE)	TIER 1	
NADOLOL-BENDROFLUMETHIAZIDE (<i>nadolol & bendroflumethiazide</i>) -40-5 MG TAB	TIER 1	
NEXLETOL (<i>bempedoic acid</i>) 180 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	TIER 1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	TIER 1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	TIER 1	QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>pentoxifylline tab er 400 mg</i> (PENTOXIFYLLINE ER)	TIER 1	
PRESTALIA (<i>perindopril arginine-amlodipine besylate</i>) 3.5-2.5 MG TAB, 7-5 MG TAB, 14-10 MG TAB	TIER 3	ST, QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROPRANOLOL-HCTZ (<i>propranolol & hydrochlorothiazide</i>) -40-25 MG TAB, -80-25 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	
RANEXA (<i>ranolazine</i>) 500 MG TAB ER 12H, 1000 MG TAB ER 12H	TIER 3	PA, QLC (2 tabs/day)
<i>ranolazine tab er 12hr 1000 mg</i> (RANOLAZINE ER)	TIER 1	PA, QLC (2 tabs/day)
<i>ranolazine tab er 12hr 500 mg</i> (RANOLAZINE ER)	TIER 1	PA, QLC (2 tabs/day)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ)	TIER 1	
TARKA (<i>trandolapril-verapamil hcl</i>) 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER	TIER 3	
TEKTURNA (<i>aliskiren fumarate</i>) 150 MG TAB, 300 MG TAB	TIER 3	ST, QLC (1 tab/day)
TEKTURNA HCT (<i>aliskiren-hydrochlorothiazide</i>) 150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (TELMISARTAN-HCTZ)	TIER 1	ST, QLC (3 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (TELMISARTAN-HCTZ)	TIER 1	ST, QLC (2 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (TELMISARTAN-HCTZ)	TIER 1	ST, QLC (2 tabs/day)
TENORETIC 100 (<i>atenolol & chlorthalidone</i>) -25 MG TAB	TIER 3	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>) -25 MG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRANDOLAPRIL-VERAPAMIL HCL ER - VAPAMIL 1-240 MG TAB	TIER 1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i> (TRANDOLAPRIL-VERAPAMIL HCL ER)	TIER 1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i> (TRANDOLAPRIL-VERAPAMIL HCL ER)	TIER 1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i> (TRANDOLAPRIL-VERAPAMIL HCL ER)	TIER 1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i> (TRANDOLAPRIL-VERAPAMIL HCL ER)	TIER 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	TIER 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	TIER 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (TRIAMTERENE-HCTZ)	TIER 1	
TRIAMTERENE-HCTZ (<i>triamterene & hydrochlorothiazide</i>) -50-25 MG CAP	TIER 1	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>) 20-5-12.5 MG TAB, 40-10-12.5 MG TAB, 40-10-25 MG TAB, 40-5-12.5 MG TAB, 40-5-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
TWYNSTA (<i>telmisartan-amlodipine</i>) 40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	TIER 1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	TIER 1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	TIER 1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	TIER 1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	TIER 1	QLC (2 tabs/day)
VASERETIC (<i>enalapril maleate & hydrochlorothiazide</i>) 10-25 MG TAB	TIER 3	
VECAMYL (<i>mecamylamine hcl</i>) 2.5 MG TAB	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYNDAMAX (<i>tafamidis</i>) 61 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	TIER 3	
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>) 2.5-6.25 MG TAB, 5-6.25 MG TAB, 10-6.25 MG TAB	TIER 3	

DIURETICS, LOOP

<i>bumetanide tab 0.5 mg</i>	TIER 1	
<i>bumetanide tab 1 mg</i>	TIER 1	
<i>bumetanide tab 2 mg</i>	TIER 1	
BUMEX (<i>bumetanide</i>) 0.5 MG TAB, 1 MG TAB, 2 MG TAB	TIER 3	
DEMADEX (<i>torsemide</i>) 10 MG TAB, 20 MG TAB	TIER 3	
EDECIN (<i>ethacrynic acid</i>) 25 MG TAB	TIER 3	PA
<i>ethacrynic acid tab 25 mg</i>	TIER 2	PA
FUROSEMIDE 8 MG/ML SOLUTION	TIER 1	
<i>furosemide oral soln 10 mg/ml</i>	TIER 1	
<i>furosemide tab 20 mg</i>	TIER 1	
<i>furosemide tab 40 mg</i>	TIER 1	
<i>furosemide tab 80 mg</i>	TIER 1	
LASIX (<i>furosemide</i>) 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	
<i>torsemide tab 10 mg</i>	TIER 1	
<i>torsemide tab 100 mg</i>	TIER 1	
<i>torsemide tab 20 mg</i>	TIER 1	
<i>torsemide tab 5 mg</i>	TIER 1	

DIURETICS, POTASSIUM-SPARING

ALDACTONE (<i>spironolactone</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	
<i>amiloride hcl tab 5 mg</i>	TIER 1	
CAROSPIR (<i>spironolactone</i>) 25 MG/5ML SUSPENSION	TIER 3	PA, QLC (20 ml/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DYRENIUM (<i>triamterene</i>) 50 MG CAP, 100 MG CAP	TIER 3	ST
<i>eplerenone tab 25 mg</i>	TIER 1	
<i>eplerenone tab 50 mg</i>	TIER 1	
INSPIRA (<i>eplerenone</i>) 25 MG TAB, 50 MG TAB	TIER 3	
<i>spironolactone tab 100 mg</i>	TIER 1	
<i>spironolactone tab 25 mg</i>	TIER 1	
<i>spironolactone tab 50 mg</i>	TIER 1	
<i>triamterene cap 100 mg</i>	TIER 2	ST
<i>triamterene cap 50 mg</i>	TIER 2	ST

DIURETICS, THIAZIDE

CHLOROTHIAZIDE 250 MG TAB, 500 MG TAB	TIER 1	
<i>chlorothiazide tab 500 mg</i>	TIER 1	
<i>chlorthalidone tab 25 mg</i>	TIER 1	
<i>chlorthalidone tab 50 mg</i>	TIER 1	
DIURIL (<i>chlorothiazide</i>) 250 MG/5ML SUSPENSION	TIER 3	
<i>hydrochlorothiazide cap 12.5 mg</i>	TIER 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	TIER 1	
<i>hydrochlorothiazide tab 25 mg</i>	TIER 1	
<i>hydrochlorothiazide tab 50 mg</i>	TIER 1	
<i>indapamide tab 1.25 mg</i>	TIER 1	
<i>indapamide tab 2.5 mg</i>	TIER 1	
METHYCLOTHIAZIDE 5 MG TAB	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	
MICROZIDE (<i>hydrochlorothiazide</i>) 12.5 MG CAP	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)		
ANTARA (<i>fenofibrate micronized</i>) 30 MG CAP	TIER 3	ST, QLC (2 caps/day)
ANTARA (<i>fenofibrate micronized</i>) 90 MG CAP	TIER 3	ST, QLC (1 cap/day)
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	TIER 1	QLC (1 cap/day)
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	TIER 1	QLC (1 cap/day)
FENOFIBRATE 150 MG CAP	TIER 1	ST, QLC (1 cap/day)
FENOFIBRATE 50 MG CAP	TIER 1	ST, QLC (2 caps/day)
<i>fenofibrate micronized cap 130 mg</i>	TIER 1	ST, 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 43 mg</i>	TIER 1	ST, QLC (2 caps/day)
<i>fenofibrate micronized cap 67 mg</i>	TIER 1	QLC (1 cap/day)
<i>fenofibrate tab 120 mg</i>	TIER 2	ST, QLC (1 tab/day)
<i>fenofibrate tab 145 mg</i>	TIER 1	QLC (1 tab/day)
<i>fenofibrate tab 160 mg</i>	TIER 1	QLC (1 tab/day)
<i>fenofibrate tab 40 mg</i>	TIER 2	ST, QLC (2 tabs/day)
<i>fenofibrate tab 48 mg</i>	TIER 1	QLC (2 tabs/day)
<i>fenofibrate tab 54 mg</i>	TIER 1	QLC (2 tabs/day)
FENOFIBRIC ACID 105 MG TAB	TIER 3	QLC (1 tab/day)
FENOFIBRIC ACID 35 MG TAB	TIER 3	QLC (2 tabs/day)
FENOGLIDE (<i>fenofibrate</i>) 120 MG TAB	TIER 3	ST, QLC (1 tab/day)
FENOGLIDE (<i>fenofibrate</i>) 40 MG TAB	TIER 3	ST, QLC (2 tabs/day)
FIBRICOR (<i>fenofibric acid</i>) 105 MG TAB	TIER 3	QLC (1 tab/day)
FIBRICOR (<i>fenofibric acid</i>) 35 MG TAB	TIER 3	QLC (2 tabs/day)
<i>gemfibrozil tab 600 mg</i>	TIER 1	QLC (2.5 tabs/day)
LIPOFEN (<i>fenofibrate</i>) 150 MG CAP	TIER 3	ST, QLC (1 cap/day)
LIPOFEN (<i>fenofibrate</i>) 50 MG CAP	TIER 3	ST, QLC (2 caps/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LOFIBRA (<i>fenofibrate micronized</i>) 200 MG CAP	TIER 1	QLC (1 cap/day)
LOPID (<i>gemfibrozil</i>) 600 MG TAB	TIER 3	QLC (2.5 tabs/day)
TRICOR (<i>fenofibrate</i>) 145 MG TAB	TIER 3	QLC (1 tab/day)
TRICOR (<i>fenofibrate</i>) 48 MG TAB	TIER 3	QLC (2 tabs/day)
TRIGLIDE (<i>fenofibrate</i>) 160 MG TAB	TIER 3	ST, QLC (1 tab/day)
TRILIPIX (<i>choline fenofibrate</i>) 45 MG CAP DR, 135 MG CAP DR	TIER 3	QLC (1 cap/day)

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

ALTOPREV (<i>lovastatin</i>) 20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	TIER 1	PH (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	TIER 1	PH (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)
CRESTOR (<i>rosuvastatin calcium</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/day)
EZALLOR SPRINKLE (<i>rosuvastatin calcium</i>) 5 MG CAP SPRINK, 10 MG CAP SPRINK, 20 MG CAP SPRINK, 40 MG CAP SPRINK	TIER 3	PA, QLC (1 cap/day)
FLOLIPID (<i>simvastatin</i>) 20 MG/5ML SUSPENSION	TIER 3	PA, QLC (5 ml/day)
FLOLIPID (<i>simvastatin</i>) 40 MG/5ML SUSPENSION	TIER 3	PA, QLC (10 ml/day)
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	TIER 1	QLC (1 cap/day)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	TIER 1	QLC (2 caps/day)
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> (FLUVASTATIN SODIUM ER)	TIER 2	PA, QLC (1 tab/day)
LESCOL XL (<i>fluvastatin sodium</i>) 80 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LIPITOR (<i>atorvastatin calcium</i>) 10 MG TAB, 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	QLC (1 tab/day)
LIVALO (<i>pitavastatin calcium</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>lovastatin tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>lovastatin tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>lovastatin tab 40 mg</i>	TIER 1	QLC (2 tabs/day)
PRAVACHOL (<i>pravastatin sodium</i>) 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	QLC (1 tab/day)
<i>pravastatin sodium tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>pravastatin sodium tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>pravastatin sodium tab 40 mg</i>	TIER 1	QLC (1 tab/day)
<i>pravastatin sodium tab 80 mg</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 40 mg</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 5 mg</i>	TIER 1	QLC (1 tab/day)
SIMVASTATIN 20 MG/5ML SUSPENSION	TIER 3	PA, QLC (5 ml/day)
<i>simvastatin tab 10 mg</i>	TIER 1	PH (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 20 mg</i>	TIER 1	PH (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 40 mg</i>	TIER 1	PH (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 5 mg</i>	TIER 1	PH (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 80 mg</i>	TIER 1	QLC (1 tab/day)
ZOCOR (<i>simvastatin</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	QLC (1 tab/day)
ZYPITAMAG (<i>pitavastatin magnesium</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB	TIER 3	ST, QLC (1 tab/day)

DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)

<i>cholestyramine light powder 4 gm/dose</i>	TIER 1
<i>cholestyramine light powder 4 gm/dose</i> (PREVALITE)	TIER 1

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cholestyramine light powder packets 4 gm</i>	TIER 1	
<i>cholestyramine light powder packets 4 gm</i> (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	
COLESTID (<i>colestipol hcl</i>) 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	TIER 3	
COLESTID FLAVORED (<i>colestipol hcl</i>) 5 GM GRANULES, 5 GM PACKET	TIER 3	
<i>colestipol hcl granule packets 5 gm</i>	TIER 1	
<i>colestipol hcl granules 5 gm</i>	TIER 1	
<i>colestipol hcl tab 1 gm</i>	TIER 1	
<i>ezetimibe tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>icosapent ethyl cap 1 gm</i>	TIER 1	PA, QLC (4 caps/day)
JUXTAPID (<i>lomitapide mesylate</i>) 5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 60 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
KYNAMRO (<i>mipomersen sodium</i>) 200 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
LOVAZA (<i>omega-3-acid ethyl esters</i>) 1 GM CAP	TIER 3	QLC (4 caps/day)
NEXLIZET (<i>bempedoic acid-ezetimibe</i>) 180-10 MG TAB	TIER 3	PA, QLC (1 tab/day)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	TIER 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (2 tabs/day)
<i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (4 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>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	
NIASPAN (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	TIER 3	QLC (4 tabs/day)
NIASPAN (<i>niacin (antihyperlipidemic)</i>) 750 MG TAB ER, 1000 MG TAB ER	TIER 3	QLC (2 tabs/day)
<i>omega-3-acid ethyl esters cap 1 gm</i>	TIER 1	QLC (4 caps/day)
<i>omega-3-acid ethyl esters cap 1 gm</i> (TRIKLO)	TIER 1	QLC (4 caps/day)
PRALUENT (<i>alirocumab</i>) PRLUENT 75 MG/ML SOLN -INJ, PRLUENT 150 MG/ML SOLN -INJ	TIER 4	PA, QLC (2 pens/month)
PRALUENT 150 MG/ML PEN (NDC 00024)	TIER 4	PA, QLC (2 pens/month)
PRALUENT 150 MG/ML PEN (NDC 72733)	TIER 3	PA, QLC (2 pens/month)
PRALUENT 75 MG/ML PEN (NDC 00024)	TIER 4	PA, QLC (2 pens/month)
PRALUENT 75 MG/ML PEN (NDC 72733)	TIER 3	PA, QLC (2 pens/month)
QUESTRAN (<i>cholestyramine</i>) 4 GM PACKET, 4 GM/DOSE POWDER	TIER 3	
QUESTRAN LIGHT (<i>cholestyramine light</i>) 4 GM/DOSE POWDER	TIER 3	
REPATHA (<i>evolocumab</i>) 140 MG/ML SOLN PRSYR	TIER 3	PA, QLC (2 syringes/month)
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>) 420 MG/3.5ML SOLN CART	TIER 3	PA, QLC (1 injector/month)
REPATHA SURECLICK (<i>evolocumab</i>) REPTH140 MG/ML SOLN -INJ	TIER 3	PA, QLC (2 pens/month)
VASCEPA (<i>icosapent ethyl</i>) 0.5 GM CAP	TIER 3	PA, QLC (2 caps/day)
VASCEPA (<i>icosapent ethyl</i>) 1 GM CAP	TIER 3	PA, QLC (4 caps/day)
VYTORIN (<i>ezetimibe-simvastatin</i>) 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	TIER 3	ST, QLC (1 tab/day)
WELCHOL (<i>colesevelam hcl</i>) 3.75 GM PACKET, 625 MG TAB	TIER 3	
ZETIA (<i>ezetimibe</i>) 10 MG TAB	TIER 3	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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/VENOUS (Drugs for Relaxing Arteries and Veins)		
DILATRATE-SR (<i>isosorbide dinitrate</i>) -40 MG CAP ER	TIER 3	
GONITRO (<i>nitroglycerin</i>) 400 MCG PACKET	TIER 3	PA, QLC (36 packs/month)
ISORDIL TITRADOSE (<i>isosorbide dinitrate</i>) 5 MG TAB, 40 MG TAB	TIER 3	
ISOSORBIDE DINITRATE ER 40 MG TAB	TIER 1	
<i>isosorbide dinitrate tab 10 mg</i>	TIER 1	
<i>isosorbide dinitrate tab 20 mg</i>	TIER 1	
<i>isosorbide dinitrate tab 30 mg</i>	TIER 1	
<i>isosorbide dinitrate tab 40 mg</i>	TIER 1	
<i>isosorbide dinitrate tab 5 mg</i>	TIER 1	
<i>isosorbide mononitrate tab 10 mg</i>	TIER 1	
<i>isosorbide mononitrate tab 20 mg</i>	TIER 1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER)	TIER 1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER)	TIER 1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER)	TIER 1	
NITRO-BID (<i>nitroglycerin</i>) -2 % OINTMENT	TIER 2	
NITRO-DUR (<i>nitroglycerin</i>) -0.1 MG/HR PATCH 24HR, -0.2 MG/HR PATCH 24HR, -0.4 MG/HR PATCH 24HR, -0.6 MG/HR PATCH 24HR	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NITRO-DUR (<i>nitroglycerin</i>) -0.3 MG/HR PATCH 24HR, -0.8 MG/HR PATCH 24HR	TIER 2	
NITRO-TIME (<i>nitroglycerin</i>) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP ER	TIER 1	
NITROGLYCERIN 400 MCG/SPRAY AERO SOLN	TIER 1	
<i>nitroglycerin cap er 2.5 mg</i> (NITROGLYCERIN ER)	TIER 1	
<i>nitroglycerin cap er 6.5 mg</i> (NITROGLYCERIN ER)	TIER 1	
<i>nitroglycerin cap er 9 mg</i> (NITROGLYCERIN ER)	TIER 1	
<i>nitroglycerin sl tab 0.3 mg</i>	TIER 1	
<i>nitroglycerin sl tab 0.4 mg</i>	TIER 1	
<i>nitroglycerin sl tab 0.6 mg</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> (MINITRAN)	TIER 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> (MINITRAN)	TIER 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> (MINITRAN)	TIER 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> (MINITRAN)	TIER 1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	TIER 3	
NITROLINGUAL (<i>nitroglycerin</i>) 0.4 MG/SPRAY SOLUTION	TIER 3	
NITROMIST (<i>nitroglycerin</i>) 400 MCG/SPRAY AERO SOLN	TIER 3	
NITROSTAT (<i>nitroglycerin</i>) 0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB	TIER 3	
RECTIV (<i>nitroglycerin (intra-anal)</i>) 0.4 % OINTMENT	TIER 3	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 12.5 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 20 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 30 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
ADDERALL XR (<i>amphetamine-dextroamphetamine</i>) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)
ADZENYS ER (<i>amphetamine</i>) 1.25 MG/ML SUSP	TIER 3	PA, QLC (15 ml/day)
ADZENYS XR-ODT (<i>amphetamine</i>) -ODT 3.1 MG TAB ER DISP, -ODT 6.3 MG TAB ER DISP, -ODT 9.4 MG TAB ER DISP, -ODT 12.5 MG TAB ER DISP, -ODT 15.7 MG TAB ER DISP, -ODT 18.8 MG TAB ER DISP	TIER 3	PA, QLC (1 tab/day)
AMPHETAMINE ER 1.25 MG/ML SUSP	TIER 3	PA, QLC (15 ml/day)
<i>amphetamine sulfate tab 10 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>amphetamine sulfate tab 5 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
<i>amphetamine-dextroamphetamine 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)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amphetamine-dextroamphetamine cap er 24hr 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</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
<i>amphetamine-dextroamphetamine tab 15 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 20 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>amphetamine-dextroamphetamine tab 30 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>amphetamine-dextroamphetamine tab 5 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
DESOXYN (<i>methamphetamine hcl</i>) 5 MG TAB	TIER 4	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
DEXEDRINE (<i>dextroamphetamine sulfate</i>) 10 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
DEXEDRINE (<i>dextroamphetamine sulfate</i>) 15 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
DEXEDRINE (<i>dextroamphetamine sulfate</i>) 5 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> (PROCENTRA) <i>mg/ml</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (40 ml/day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> <i>mg/ml</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (40 ml/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dextroamphetamine sulfate tab 10 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate tab 10 mg</i> (DEXEDRINE)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate tab 10 mg</i> (ZENZEDI)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate tab 5 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
<i>dextroamphetamine sulfate tab 5 mg</i> (DEXEDRINE)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
<i>dextroamphetamine sulfate tab 5 mg</i> (ZENZEDI)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
DYANAVEL XR (<i>amphetamine</i>) 2.5 MG/ML SUSP	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (8 ml/day)
EVEKEO (<i>amphetamine sulfate</i>) 10 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
EVEKEO (<i>amphetamine sulfate</i>) 5 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
EVEKEO ODT (<i>amphetamine sulfate</i>) ODT 5 MG TAB DISP, ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 20 MG TAB DISP	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methamphetamine hcl tab 5 mg</i>	TIER 4	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
MYDAYIS (<i>amphetamine-dextroamphetamine</i>) 12.5 MG CAP ER 24H, 25 MG CAP ER 24H, 37.5 MG CAP ER 24H, 50 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/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 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
VYVANSE (<i>lisdexamfetamine dimesylate</i>) 10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB	TIER 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
ZENZEDI (<i>dextroamphetamine sulfate</i>) 15 MG TAB, 20 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
ZENZEDI (<i>dextroamphetamine sulfate</i>) 2.5 MG TAB, 30 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
ZENZEDI (<i>dextroamphetamine sulfate</i>) 7.5 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
ADHANSIA XR (<i>methylphenidate hcl</i>) 25 MG CAP ER 24H, 35 MG CAP ER 24H, 45 MG CAP ER 24H, 55 MG CAP ER 24H, 70 MG CAP ER 24H, 85 MG CAP ER 24H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
APTENSIO XR (<i>methylphenidate hcl</i>) 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>clonidine hcl tab er 12hr 0.1 mg</i> (CLONIDINE HCL ER)	TIER 1	PA, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
CONCERTA (<i>methylphenidate hcl</i>) 18 MG TAB ER, 27 MG TAB ER, 54 MG TAB ER	TIER 3	AL1 (Up to 17 yrs old), QLC (1 tab/day)
CONCERTA (<i>methylphenidate hcl</i>) CONCTA 36 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
COTEMPLA XR-ODT (<i>methylphenidate</i>) - 17.3 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
COTEMPLA XR-ODT (<i>methylphenidate</i>) - 25.9 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old)
COTEMPLA XR-ODT (<i>methylphenidate</i>) - 8.6 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (5 tabs/day)
DAYTRANA (<i>methylphenidate</i>) 10 MG/9HR PATCH, 15 MG/9HR PATCH, 20 MG/9HR PATCH, 30 MG/9HR PATCH	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, 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	ST, 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	ST, 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	ST, 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	ST, 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	ST, 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	ST, 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	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl tab 10 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
FOCALIN (<i>dexmethylphenidate hcl</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
FOCALIN XR (<i>dexmethylphenidate hcl</i>) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (GUANFACINE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (GUANFACINE HCL ER) 4hr	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (GUANFACINE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (GUANFACINE HCL ER) 2hr	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
INTUNIV (<i>guanfacine hcl (adhd)</i>) 1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H, 4 MG TAB ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JORNAY PM (<i>methylphenidate hcl</i>) 20 MG CAP ER 24H, 40 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
KAPVAY (<i>clonidine hcl (adhd)</i>) 0.1 MG TAB ER 12H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
METADATE CD (<i>methylphenidate hcl</i>) 10 MG CAP ER, 20 MG CAP ER, 30 MG CAP ER	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (2 caps/day)
METADATE CD (<i>methylphenidate hcl</i>) 40 MG CAP ER, 50 MG CAP ER, 60 MG CAP ER	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
METHYLIN (<i>methylphenidate hcl</i>) 10 MG/5ML SOLUTION	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
METHYLIN (<i>methylphenidate hcl</i>) 2.5 MG CHEW TAB, 5 MG CHEW TAB, 10 MG CHEW TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
METHYLIN (<i>methylphenidate hcl</i>) 5 MG/5ML SOLUTION	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
<i>methylphenidate hcl cap er 10 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, 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	ST, 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 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, 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	ST, 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	ST, 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	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 60 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, 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 18 MG TAB 24H	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER 72 MG TAB	TIER 2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl soln 10 mg/5ml</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
<i>methylphenidate hcl soln 5 mg/5ml mg/ml</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
<i>methylphenidate hcl tab 10 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab 20 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab 5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
<i>methylphenidate hcl tab er 10 mg</i> (METHYLPHENIDATE HCL ER)	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab er 20 mg</i> (METADATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab er 20 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl tab er 24hr 27 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er 24hr 36 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er 24hr 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) 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)	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 (2 tabs/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)
QUILLICHEW ER (<i>methylphenidate hcl</i>) 30 MG CH	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
QUILLICHEW ER (<i>methylphenidate hcl</i>) ER 20 MG, ER 40 MG	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
QUILLIVANT XR (<i>methylphenidate hcl</i>) 25 MG/5ML SRER	TIER 3	PA, QLC (12 ml/day)
RELEXXII (<i>methylphenidate hcl</i>) 72 MG TAB ER	TIER 2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
RITALIN (<i>methylphenidate hcl</i>) 10 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
RITALIN (<i>methylphenidate hcl</i>) 20 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
RITALIN (<i>methylphenidate hcl</i>) 5 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
RITALIN LA (<i>methylphenidate hcl</i>) 10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)
RITALIN LA (<i>methylphenidate hcl</i>) 40 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
STRATTERA (<i>atomoxetine hcl</i>) 10 MG CAP, 18 MG CAP, 25 MG CAP	TIER 3	AL1 (Up to 17 yrs old), QLC (4 caps/day)
STRATTERA (<i>atomoxetine hcl</i>) 40 MG CAP	TIER 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STRATTERA (<i>atomoxetine hcl</i>) 60 MG CAP, 80 MG CAP, 100 MG CAP	TIER 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
CENTRAL NERVOUS SYSTEM, OTHER		
ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG CA	TIER 1	PA
ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG TAB	TIER 3	PA
ALLZITAL (<i>butalbital-acetaminophen</i>) 25-325 MG TAB	TIER 4	PA, QLC (12 tabs/day; max 96 tabs/30 days)
AUSTEDO (<i>deutetrabenazine</i>) 6 MG TAB, 9 MG TAB, 12 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
BENZPHETAMINE HCL 25 MG TAB	TIER 1	PA, QLC (3 tabs/day)
<i>benzphetamine hcl tab 50 mg</i>	TIER 1	PA
BUTALBITAL-ACETAMINOPHEN -25-325 MG TAB	TIER 4	PA, QLC (12 tabs/day; max 96 tabs/30 days)
BUTALBITAL-ACETAMINOPHEN -50-300 MG CAP	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen cap 50-300 mg</i>	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen tab 50-300 mg</i>	TIER 3	PA, QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen tab 50-300 mg</i> (BUPAP)	TIER 3	PA, QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i> (BUTALBITAL-APAP)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i> (MARTEN-TAB)	TIER 1	QLC (6 tabs/day)
<i>butalbital-acetaminophen-cafeine cap 50-300-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-cafeine cap 50-300-40 mg</i> (PHRENILIN FORTE)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-cafeine cap 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-cafeine cap 50-325-40 mg</i> (CAPACET)	TIER 3	PA, QLC (6 caps/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (ESGIC)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (ZEBUTAL)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml</i> (VANATOL LQ)	TIER 4	PA, QLC (90 ml/day; max 720 ml/30 days)
<i>butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml</i> (VANATOL S)	TIER 4	PA, QLC (90 ml/day; max 720 ml/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BAC)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
CONTRAVE (<i>naltrexone hcl-bupropion hcl</i>) 8-90 MG TAB ER 12H	TIER 3	PA, QLC (4 tabs/day)
DIETHYLPROPION HCL 25 MG TAB	TIER 1	PA
DIETHYLPROPION HCL ER 75 MG TAB 24H	TIER 1	PA
<i>diethylpropion hcl tab 25 mg</i>	TIER 1	PA
<i>diethylpropion hcl tab er 24hr 75 mg</i> (DIETHYLPROPION HCL ER)	TIER 1	PA
ESGIC (<i>butalbital-acetaminophen-caffeine</i>) 50-325-40 MG TAB	TIER 3	QLC (6 tabs/day; max 48 tabs/30 days)
FIORICET (<i>butalbital-acetaminophen-caffeine</i>) 50-300-40 MG CAP	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
FIRDAPSE (<i>amifampridine phosphate</i>) 10 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) 300 MG TAB	TIER 3	PA, QLC (1 tab/day)
GRALISE (<i>gabapentin (once-daily)</i>) 600 MG TAB	TIER 3	PA, QLC (3 tabs/day)
HORIZANT (<i>gabapentin enacarbil</i>) 300 MG TAB ER, 600 MG TAB ER	TIER 3	PA, QLC (2 tabs/day)
INGREZZA (<i>valbenazine tosylate</i>) 40 & 80 MG CAP THPK	TIER 4	PA, SP, QLC (1 packet/6 months)
INGREZZA (<i>valbenazine tosylate</i>) 40 MG CAP, 80 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
LOMAIRA (<i>phentermine hcl</i>) 8 MG TAB	TIER 1	PA
NUDEXTA (<i>dextromethorphan hbr-quinidine sulfate</i>) 20-10 MG CAP	TIER 2	PA, QLC (2 caps/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PHENDIMETRAZINE TARTRATE ER 105 MG CAP 24H	TIER 1	PA
<i>phendimetrazine tartrate tab 35 mg</i>	TIER 1	PA
<i>phentermine hcl cap 15 mg</i>	TIER 1	PA
<i>phentermine hcl cap 30 mg</i>	TIER 1	PA
<i>phentermine hcl cap 37.5 mg</i>	TIER 1	PA
<i>phentermine hcl tab 37.5 mg</i>	TIER 1	PA
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)
REGIMEX (<i>benzphetamine hcl</i>) 25 MG TAB	TIER 3	PA, QLC (3 tabs/day)
RILUTEK (<i>riluzole</i>) 50 MG TAB	TIER 3	
<i>riluzole tab 50 mg</i>	TIER 1	
TENCON (<i>butalbital-acetaminophen</i>) 50-325 MG TAB	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>tetrabenazine tab 12.5 mg</i>	TIER 4	PA, SP, QLC (8 tabs/day)
<i>tetrabenazine tab 25 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day)
TIGLUTIK (<i>riluzole</i>) 50 MG/10ML SUSPENSION	TIER 4	PA, SP, QLC (20 ml/day)
VTOL LQ (<i>butalbital-acetaminophen-cafeine</i>) 50-325-40 MG/15ML SOLUTION	TIER 4	PA, QLC (90 ml/day; max 720 ml/30 days)
XENAZINE (<i>tetrabenazine</i>) 12.5 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)
XENAZINE (<i>tetrabenazine</i>) 25 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)

FIBROMYALGIA AGENTS

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>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)
LYRICA (<i>pregabalin</i>) 20 MG/ML SOLUTION	TIER 3	QLC (30 ml/day)
LYRICA (<i>pregabalin</i>) 225 MG CAP, 300 MG CAP	TIER 3	QLC (2 caps/day)
LYRICA (<i>pregabalin</i>) 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP	TIER 3	QLC (3 caps/day)
LYRICA CR (<i>pregabalin (once-daily)</i>) 330 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
LYRICA CR (<i>pregabalin (once-daily)</i>) 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	TIER 3	PA, QLC (3 tabs/day)
<i>pregabalin cap 100 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 150 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 200 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 225 mg</i>	TIER 1	QLC (2 caps/day)
<i>pregabalin cap 25 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 300 mg</i>	TIER 1	QLC (2 caps/day)
<i>pregabalin cap 50 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 75 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin soln 20 mg/ml</i>	TIER 1	QLC (30 ml/day)
SAVELLA (<i>milnacipran hcl</i>) 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	ST, QLC (2 tabs/day)
SAVELLA TITRATION PACK (<i>milnacipran hcl</i>) 12.5 & 25 & 50 MG MISC	TIER 3	ST, QLC (1 pack/28 days)

MULTIPLE SCLEROSIS AGENTS

AMPYRA (<i>dalfampridine</i>) 10 MG TAB ER 12H	TIER 4	PA, SP, QLC (2 tabs/day)
AUBAGIO (<i>teriflunomide</i>) 7 MG TAB, 14 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
AVONEX (<i>interferon beta-1a</i>) 30 MCG KIT	TIER 4	PA, SP, QLC (4 injections/month)
AVONEX PEN (<i>interferon beta-1a</i>) 30 MCG/0.5ML AUT-IJ KIT	TIER 4	PA, SP, QLC (4 injections/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AVONEX PREFILLED (<i>interferon beta-1a</i>) ILLED 30 MCG/0.5ML SY KT	TIER 4	PA, SP, QLC (4 injections/month)
BAFIERTAM (<i>monomethyl fumarate</i>) 95 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
BETASERON (<i>interferon beta-1b</i>) 0.3 MG KIT	TIER 4	PA, SP, QLC (15 injections/month)
COPAXONE (<i>glatiramer acetate</i>) 20 MG/ML SOLN PRSYR	TIER 4	SP, QLC (1 syringe/day)
COPAXONE (<i>glatiramer acetate</i>) 40 MG/ML SOLN PRSYR	TIER 4	SP, QLC (12 syringes/month)
<i>dalfampridine tab er 12hr 10 mg</i> (DALFAMPRIDINE ER)	TIER 4	PA, SP, QLC (2 tabs/day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	TIER 3	SP, QLC (2 caps/day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	TIER 3	SP, QLC (2 caps/day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	TIER 3	SP, QLC (2 tabs/day; 1 pack/month)
EXTAVIA (<i>interferon beta-1b</i>) 0.3 MG KIT	TIER 3	SP, QLC (1 kit/month)
GILENYA (<i>fingolimod hcl</i>) 0.5 MG CAP	TIER 3	SP, QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	TIER 2	SP, QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (GLATOPA)	TIER 2	SP, QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	TIER 2	SP, QLC (12 syringes/month)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> (GLATOPA)	TIER 2	SP, QLC (12 syringes/month)
KESIMPTA (<i>ofatumumab (ms)</i>) 20 MG/0.4ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
MAVENCLAD (10 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (4 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (5 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (6 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MAVENCLAD (7 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (8 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (9 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAYZENT (<i>siponimod fumarate</i>) 0.25 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
MAYZENT (<i>siponimod fumarate</i>) 2 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN PEN	TIER 4	PA, SP, QLC (2 pens/28 days)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
PLEGRIDY STARTER PACK (<i>peginterferon beta-1a</i>) PACK 63 94 MCG/0.5ML SOLN PEN, PACK 63 94 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 starter pack/12 months)
REBIF (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (12 injections/month)
REBIF REBIDOSE (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN -INJ, 44 MCG/0.5ML SOLN -INJ	TIER 4	PA, SP, QLC (12 injections/month)
REBIF REBIDOSE TITRATION PACK (<i>interferon beta-1a</i>) TITRTION PCK 6X8.8 & 6X22 MCG SOLN -INJ	TIER 4	PA, SP, QLC (12 injections/month)
REBIF TITRATION PACK (<i>interferon beta-1a</i>) 6X8.8 & 6X22 MCG SOLN PRSYR	TIER 4	PA, SP, QLC (1 pack/month)
TECFIDERA (<i>dimethyl fumarate</i>) 120 & 240 MG MISC	TIER 4	SP, QLC (2 tabs/day; 1 pack/month)
TECFIDERA (<i>dimethyl fumarate</i>) 120 MG CAP DR, 240 MG CAP DR	TIER 4	SP, QLC (2 caps/day)
VUMERITY (<i>diroximel fumarate</i>) 231 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
VUMERITY (STARTER) (<i>diroximel fumarate</i>) 231 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
ZEPOSIA (<i>ozanimod hcl</i>) 0.92 MG CAP	TIER 4	PA, SP, 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, SP, QLC (1 packet/30 days)
ZEPOSIA STARTER KIT (<i>ozanimod hcl</i>) 0.23MG & 0.46MG & 0.92MG CAP THPK	TIER 4	PA, SP, QLC (1 packet/37 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DENTAL AND ORAL AGENTS (Drugs for the Mouth)		
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	TIER 1	
EVOXAC (<i>cevimeline hcl</i>) 30 MG CAP	TIER 3	
<i>pilocarpine hcl tab 5 mg</i>	TIER 1	
<i>pilocarpine hcl tab 7.5 mg</i>	TIER 1	
SALAGEN (<i>pilocarpine hcl (oral)</i>) 5 MG TAB, 7.5 MG TAB	TIER 3	
<i>triamcinolone acetonide dental paste 0.1%</i>	TIER 1	
<i>triamcinolone acetonide dental paste 0.1% (ORALONE)</i>	TIER 1	
DERMATOLOGICAL AGENTS (Drugs for the Skin)		
ACNE AND ROSACEA AGENTS		
ABSORICA (<i>isotretinoin</i>) 10 MG CAP, 20 MG CAP, 25 MG CAP, 30 MG CAP, 35 MG CAP, 40 MG CAP	TIER 4	PA
ACANYA (<i>clindamycin phosphate-benzoyl peroxide</i>) 1.2-2.5 % GEL	TIER 3	ST
<i>acitretin cap 10 mg</i>	TIER 1	
<i>acitretin cap 17.5 mg</i>	TIER 1	
<i>acitretin cap 25 mg</i>	TIER 1	
ADAPALENE 0.1 % LOTION	TIER 1	AL1 (Up to 40 yrs old)
ADAPALENE 0.1 % PAD, 0.1 % SOLUTION	TIER 3	PA
<i>adapalene cream 0.1%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>adapalene gel 0.3%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	TIER 1	ST, AL1 (Up to 40 yrs old)
AKTIPAK (<i>benzoyl peroxide-erythromycin</i>) 5-3 % PACKET	TIER 3	
ALTRENO (<i>tretinoin</i>) 0.05 % LOTION	TIER 3	PA
ARAZLO (<i>tazarotene (acne)</i>) 0.045 % LOTION	TIER 3	AL1 (Up to 40 yrs old), QLC (1 bottle(45 gm)/30 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ATRALIN (<i>tretinoin</i>) 0.05 % GEL	TIER 3	AL1 (Up to 40 yrs old)
<i>azelaic acid gel 15%</i>	TIER 1	QLC (1 tube/month)
AZELEX (<i>azelaic acid (acne)</i>) 20 % CREAM	TIER 3	
BENZACLIN (<i>clindamycin phosphate-benzoyl peroxide</i>) 1-5 % GEL	TIER 3	
BENZACLIN WITH PUMP (<i>clindamycin phosphate-benzoyl peroxide</i>) 1-5 % GEL	TIER 3	ST
BENZAMYCIN (<i>benzoyl peroxide-erythromycin</i>) 5-3 % GEL	TIER 3	
<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 phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (NEUAC)	TIER 3	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	ST
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	ST
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (CLINDAMYCIN-TRETINOIN)	TIER 1	ST, AL1 (Up to 40 yrs old)
DIFFERIN (<i>adapalene</i>) 0.1 % CREAM, 0.1 % LOTION, 0.3 % GEL	TIER 3	AL1 (Up to 40 yrs old)
DUAC (<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>) 1.2-5 % GEL	TIER 3	
EPIDUO (<i>adapalene-benzoyl peroxide</i>) 0.1-2.5 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>) 0.3-2.5 % GEL	TIER 2	ST, AL1 (Up to 40 yrs old)
FABIOR (<i>tazarotene (acne)</i>) 0.1 % FOAM	TIER 3	AL1 (Up to 40 yrs old), QLC (100 gm/month)
FINACEA (<i>azelaic acid</i>) 15 % FOAM	TIER 3	QLC (1 bottle/month)
FINACEA (<i>azelaic acid</i>) 15 % GEL	TIER 3	QLC (1 tube/month)
<i>isotretinoin cap 10 mg</i>	TIER 1	
<i>isotretinoin cap 10 mg</i> (AC CUTANE)	TIER 1	
<i>isotretinoin cap 10 mg</i> (AMNESTEEM)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isotretinoin cap 10 mg</i> (CLARAVIS)	TIER 1	
<i>isotretinoin cap 10 mg</i> (MYORISAN)	TIER 1	
<i>isotretinoin cap 10 mg</i> (ZENATANE)	TIER 1	
<i>isotretinoin cap 20 mg</i>	TIER 1	
<i>isotretinoin cap 20 mg</i> (AC CUTANE)	TIER 1	
<i>isotretinoin cap 20 mg</i> (AMNESTEEM)	TIER 1	
<i>isotretinoin cap 20 mg</i> (CLARAVIS)	TIER 1	
<i>isotretinoin cap 20 mg</i> (MYORISAN)	TIER 1	
<i>isotretinoin cap 20 mg</i> (ZENATANE)	TIER 1	
<i>isotretinoin cap 30 mg</i>	TIER 1	
<i>isotretinoin cap 30 mg</i> (AC CUTANE)	TIER 1	
<i>isotretinoin cap 30 mg</i> (CLARAVIS)	TIER 1	
<i>isotretinoin cap 30 mg</i> (MYORISAN)	TIER 1	
<i>isotretinoin cap 30 mg</i> (ZENATANE)	TIER 1	
<i>isotretinoin cap 40 mg</i>	TIER 1	
<i>isotretinoin cap 40 mg</i> (AC CUTANE)	TIER 1	
<i>isotretinoin cap 40 mg</i> (AMNESTEEM)	TIER 1	
<i>isotretinoin cap 40 mg</i> (CLARAVIS)	TIER 1	
<i>isotretinoin cap 40 mg</i> (MYORISAN)	TIER 1	
<i>isotretinoin cap 40 mg</i> (ZENATANE)	TIER 1	
MIRVASO (<i>brimonidine tartrate (topical)</i>) 0.33 % GEL	TIER 3	QLC (1 tube/month)
ONEXTON (<i>clindamycin phosphate-benzoyl peroxide</i>) 1.2-3.75 % GEL	TIER 3	ST, QLC (1 bottle/month)
RETIN-A (<i>tretinoin</i>) -0.01 % GEL, -0.025 % CREM, -0.025 % GEL, -0.05 % CREM, -0.1 % CREM	TIER 3	AL1 (Up to 40 yrs old)
RETIN-A MICRO (<i>tretinoin microsphere</i>) - 0.04 % GEL, -0.1 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) -PUMP 0.04 % GEL, -PUMP 0.1 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) -PUMP 0.06 % GEL, -PUMP 0.08 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old), QLC (1 bottle/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RHOFADE (<i>oxymetazoline hcl (topical)</i>) 1 % CREAM	TIER 3	PA, QLC (one 30 gm tube/month)
SORIATANE (<i>acitretin</i>) 10 MG CAP, 17.5 MG CAP, 25 MG CAP	TIER 3	
<i>tazarotene cream 0.1%</i>	TIER 1	
TAZORAC (<i>tazarotene</i>) 0.05 % CREAM, 0.05 % GEL, 0.1 % CREAM, 0.1 % GEL	TIER 3	
TRETIN-X (<i>tretinoin</i>) -0.075 % CREAM	TIER 3	ST, AL1 (Up to 40 yrs old)
<i>tretinoin cream 0.025%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin cream 0.025%</i> (AVITA)	TIER 3	AL1 (Up to 40 yrs old)
<i>tretinoin cream 0.05%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin cream 0.1%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin gel 0.01%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin gel 0.025%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin gel 0.025%</i> (AVITA)	TIER 3	AL1 (Up to 40 yrs old)
<i>tretinoin gel 0.05%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin microsphere gel 0.04%</i>	TIER 2	ST, AL1 (Up to 40 yrs old)
<i>tretinoin microsphere gel 0.04%</i> (TRETINOIN MICROSPHERE PUMP)	TIER 2	ST, AL1 (Up to 40 yrs old)
<i>tretinoin microsphere gel 0.1%</i>	TIER 2	ST, AL1 (Up to 40 yrs old)
<i>tretinoin microsphere gel 0.1%</i> (TRETINOIN MICROSPHERE PUMP)	TIER 2	ST, AL1 (Up to 40 yrs old)
VELTIN (<i>clindamycin phosphate-tretinoin</i>) 1.2-0.025 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
WINLEVI (<i>clascoterone</i>) 1 % CREAM	TIER 3	PA, QLC (60 gm/30 days)
ZIANA (<i>clindamycin phosphate-tretinoin</i>) 1.2-0.025 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
ZILXI (<i>minocycline hcl micronized (rosacea)</i>) 1.5 % FOAM	TIER 3	PA, QLC (1 bottle/30 days)

DERMATITIS AND PRURITUS AGENTS

ALA SCALP (<i>hydrocortisone (topical)</i>) 2 % LOTION	TIER 3	ST
<i>alclometasone dipropionate oint 0.05%</i>	TIER 1	
AMCINONIDE 0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT	TIER 3	ST

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANUSOL-HC (<i>hydrocortisone (rectal)</i>) -2.5 % CREAM	TIER 1	
APEXICON E (<i>diflorasone diacetate emollient base</i>) APXICON 0.05 % CREAM	TIER 3	ST
BETAMETHASONE DIPROPIONATE AUG (<i>betamethasone dipropionate augmented</i>) 0.05 % GEL	TIER 1	
<i>betamethasone dipropionate augmented gel 0.05%</i> (ALPHATREX)	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 valerate aerosol foam 0.12%</i>	TIER 3	ST
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	TIER 1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	TIER 1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	TIER 1	
BRYHALI (<i>halobetasol propionate</i>) 0.01 % LOTION	TIER 3	PA, QLC (200 gm/28 days)
CAPEX (<i>fluocinolone acetonide</i>) 0.01 % SHAMPOO	TIER 3	PA
<i>clobetasol propionate cream 0.05%</i>	TIER 1	
<i>clobetasol propionate emulsion foam 0.05%</i>	TIER 1	PA
<i>clobetasol propionate emulsion foam 0.05%</i> (TOVET)	TIER 1	PA
<i>clobetasol propionate foam 0.05%</i>	TIER 1	PA
<i>clobetasol propionate gel 0.05%</i>	TIER 1	
<i>clobetasol propionate lotion 0.05%</i>	TIER 1	PA
<i>clobetasol propionate oint 0.05%</i>	TIER 1	
<i>clobetasol propionate shampoo 0.05%</i>	TIER 1	ST
<i>clobetasol propionate shampoo 0.05%</i> (CLODAN)	TIER 1	ST

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clobetasol propionate soln 0.05%</i>	TIER 1	
<i>clobetasol propionate soln 0.05%</i> (CORMAX SCALP APPLICATION)	TIER 1	
<i>clobetasol propionate spray 0.05%</i>	TIER 3	ST, QLC (125 ml/month)
CLOBEX (<i>clobetasol propionate</i>) 0.05 % LOTION	TIER 3	PA
CLOBEX (<i>clobetasol propionate</i>) 0.05 % SHAMPOO	TIER 3	ST
CLOBEX SPRAY (<i>clobetasol propionate</i>) 0.05 % LIQUID	TIER 3	ST, QLC (125 ml/month)
CORDRAN (<i>flurandrenolide</i>) 0.025 % CREAM, 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT, 4 MCG/SQCM TAPE	TIER 3	PA
CUTIVATE (<i>fluticasone propionate</i>) 0.05 % LOTION	TIER 3	ST
DERMA-SMOOTH/FS BODY (<i>fluocinolone acetonide</i>) -0.01 % OIL	TIER 3	
DERMA-SMOOTH/FS SCALP (<i>fluocinolone acetonide</i>) -0.01 % OIL	TIER 3	
DESONATE (<i>desonide</i>) 0.05 % GEL	TIER 3	PA
<i>desonide cream 0.05%</i>	TIER 1	
<i>desonide gel 0.05%</i>	TIER 2	PA
<i>desonide oint 0.05%</i>	TIER 1	
DESOWEN (<i>desonide</i>) 0.05 % CREAM	TIER 3	
<i>desoximetasone cream 0.05%</i>	TIER 1	ST
<i>desoximetasone cream 0.25%</i>	TIER 1	ST
<i>desoximetasone gel 0.05%</i>	TIER 1	ST
<i>desoximetasone oint 0.05%</i>	TIER 1	ST
<i>desoximetasone oint 0.25%</i>	TIER 1	ST
<i>desoximetasone spray 0.25%</i>	TIER 1	ST, QLC (1 bottle/month)
DIFLORASONE DIACETATE 0.05 % CREAM	TIER 3	ST
<i>diflorasone diacetate oint 0.05%</i>	TIER 3	ST
DIPROLENE (<i>betamethasone dipropionate augmented</i>) 0.05 % OINTMENT	TIER 3	
DOXEPIN HCL (<i>doxepin hcl (antipruritic)</i>) 5 % CREAM	TIER 4	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ELIDEL (<i>pimecrolimus</i>) 1 % CREAM	TIER 3	ST, QLC (1 tube/fill)
EUCRISA (<i>crisaborole</i>) 2 % OINTMENT	TIER 3	PA, QLC (1 tube/month)
<i>fluocinolone acetonide cream 0.01%</i>	TIER 1	
<i>fluocinolone acetonide cream 0.025%</i>	TIER 1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i> (FLUOCINOLONE ACETONIDE BODY))	TIER 1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (FLUOCINOLONE ACETONIDE SCALP))	TIER 1	
<i>fluocinolone acetonide oint 0.025%</i>	TIER 1	
<i>fluocinolone acetonide soln 0.01%</i>	TIER 1	
<i>fluocinonide cream 0.05%</i>	TIER 1	
<i>fluocinonide cream 0.1%</i>	TIER 1	PA
<i>fluocinonide emulsified base cream 0.05%</i>	TIER 1	
<i>fluocinonide gel 0.05%</i>	TIER 1	
<i>fluocinonide oint 0.05%</i>	TIER 1	
<i>fluocinonide soln 0.05%</i>	TIER 1	
<i>flurandrenolide cream 0.05%</i>	TIER 3	PA
<i>flurandrenolide cream 0.05%</i> (NOLIX)	TIER 3	PA
<i>flurandrenolide lotion 0.05%</i>	TIER 1	PA
<i>flurandrenolide lotion 0.05%</i> (NOLIX)	TIER 1	PA
<i>flurandrenolide oint 0.05%</i>	TIER 1	PA
<i>fluticasone propionate cream 0.05%</i>	TIER 1	
<i>fluticasone propionate lotion 0.05%</i>	TIER 3	ST
<i>fluticasone propionate lotion 0.05%</i> (BESER)	TIER 3	ST
<i>fluticasone propionate oint 0.005%</i>	TIER 1	
<i>halcinonide cream 0.1%</i>	TIER 2	PA
HALOBETASOL PROPIONATE 0.05 % FOAM	TIER 3	PA, QLC (50 grams/week)
<i>halobetasol propionate cream 0.05%</i>	TIER 1	
<i>halobetasol propionate oint 0.05%</i>	TIER 1	
HALOG (<i>halcinonide</i>) 0.1 % CREAM, 0.1 % OINTMENT	TIER 4	PA
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocortisone butyrate cream 0.1%</i>	TIER 1	ST
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> (HYDROCORTISONE BUTYR LIPO BASE)	TIER 3	ST
<i>hydrocortisone butyrate lotion 0.1%</i>	TIER 3	ST
<i>hydrocortisone butyrate soln 0.1%</i>	TIER 1	
<i>hydrocortisone cream 2.5%</i>	TIER 1	
<i>hydrocortisone cream 2.5%</i> (ALA-CORT)	TIER 1	
<i>hydrocortisone lotion 2.5%</i>	TIER 1	
<i>hydrocortisone oint 1%</i>	TIER 4	PA, QLC (110 gm/month)
<i>hydrocortisone oint 1%</i> (HYDROCORTISONE IN ABSORBASE)	TIER 4	PA, QLC (110 gm/month)
<i>hydrocortisone oint 2.5%</i>	TIER 1	
<i>hydrocortisone perianal cream 1%</i> (HYDROCORTISONE (PERIANAL))	TIER 1	
<i>hydrocortisone perianal cream 1%</i> (PROCTO-PAK)	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (PROCTO-MED HC)	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (PROCTOSOL HC)	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (PROCTOZONE-HC)	TIER 1	
<i>hydrocortisone valerate cream 0.2%</i>	TIER 1	
IMPEKLO (<i>clobetasol propionate</i>) 0.15 MG/ACT (0.05%) LOTION	TIER 3	PA, QLC (272 gm (4 bottles)/28 days)
IMPOYZ (<i>clobetasol propionate</i>) 0.025 % CREAM	TIER 3	PA, QLC (1 tube/month)
KENALOG (<i>triamcinolone acetonide (topical)</i>) 0.147 MG/GM AERO SOLN	TIER 3	ST
LEXETTE (<i>halobetasol propionate</i>) 0.05 % FOAM	TIER 3	PA, QLC (200 gm/28 days)
LOCOID (<i>hydrocortisone butyrate</i>) 0.1 % CREAM, 0.1 % LOTION	TIER 3	ST
LOCOID (<i>hydrocortisone butyrate</i>) 0.1 % SOLUTION	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LOCOID LIPOCREAM (<i>hydrocortisone butyrate hydrophilic lipo base</i>) LIPO0.1 %	TIER 3	ST
LUXIQ (<i>betamethasone valerate</i>) 0.12 % FOAM	TIER 3	ST
<i>mometasone furoate solution 0.1% (lotion)</i>	TIER 1	
OLUX (<i>clobetasol propionate</i>) 0.05 % FOAM	TIER 3	PA
OLUX-E (<i>clobetasol propionate emulsion</i>) -0.05 % FOAM	TIER 3	PA
PANDEL (<i>hydrocortisone probutate</i>) 0.1 % CREAM	TIER 3	PA
<i>pimecrolimus cream 1%</i>	TIER 1	ST, QLC (1 tube/fill)
PROCTOCORT (<i>hydrocortisone (rectal)</i>) 1 % CREAM	TIER 3	
PROTOPIC (<i>tacrolimus (topical)</i>) 0.03 % OINTMENT	TIER 3	ST, AL1 (Up to 15 yrs old), QLC (1 tube/fill)
PROTOPIC (<i>tacrolimus (topical)</i>) 0.1 % OINTMENT	TIER 3	ST, AL1 (At least 16 yrs old), QLC (1 tube/fill)
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>) 5 % CREAM	TIER 4	PA
PSORCON (<i>diflorasone diacetate</i>) 0.05 % CREAM	TIER 3	ST
<i>selenium sulfide lotion 2.5%</i>	TIER 1	QLC (1 bottle/month)
SYNALAR (<i>fluocinolone acetonide</i>) 0.01 % SOLUTION, 0.025 % CREAM, 0.025 % OINTMENT	TIER 3	
<i>tacrolimus oint 0.03%</i>	TIER 1	ST, AL1 (Up to 15 yrs old), QLC (1 tube/fill)
<i>tacrolimus oint 0.1%</i>	TIER 1	ST, AL1 (At least 16 yrs old), QLC (1 tube/fill)
TEMOVATE (<i>clobetasol propionate</i>) 0.05 % CREAM, 0.05 % OINTMENT	TIER 3	
TEXACORT (<i>hydrocortisone (topical)</i>) 2.5 % SOLUTION	TIER 3	
TOPICORT (<i>desoximetasone</i>) 0.05 % CREAM, 0.05 % GEL, 0.05 % OINTMENT, 0.25 % CREAM, 0.25 % OINTMENT	TIER 3	ST
TOPICORT SPRAY (<i>desoximetasone</i>) 0.25 % LIQUID	TIER 3	ST, QLC (1 bottle/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	TIER 1	ST
<i>triamcinolone acetonide cream 0.025%</i>	TIER 1	
<i>triamcinolone acetonide cream 0.1%</i>	TIER 1	
<i>triamcinolone acetonide cream 0.1% (TRIDERM)</i>	TIER 1	
<i>triamcinolone acetonide cream 0.5%</i>	TIER 1	
<i>triamcinolone acetonide cream 0.5% (TRIDERM)</i>	TIER 1	
<i>triamcinolone acetonide lotion 0.025%</i>	TIER 1	
<i>triamcinolone acetonide lotion 0.1%</i>	TIER 1	
<i>triamcinolone acetonide oint 0.025%</i>	TIER 1	
<i>triamcinolone acetonide oint 0.05%</i>	TIER 3	ST
<i>triamcinolone acetonide oint 0.05% (TRIANEX)</i>	TIER 3	ST
<i>triamcinolone acetonide oint 0.1%</i>	TIER 1	
<i>triamcinolone acetonide oint 0.5%</i>	TIER 1	
TRIANEX (<i>triamcinolone acetonide (topical)</i>) 0.05 % OINTMENT	TIER 3	ST
TRIDESILON (<i>desonide</i>) 0.05 % CREAM	TIER 3	
ULTRAVATE (<i>halobetasol propionate</i>) 0.05 % CREAM, 0.05 % OINTMENT	TIER 3	
ULTRAVATE (<i>halobetasol propionate</i>) 0.05 % LOTION	TIER 3	ST, QLC (1 bottle/month)
VANOS (<i>fluocinonide</i>) 0.1 % CREAM	TIER 3	PA
ZONALON (<i>doxepin hcl (antipruritic)</i>) 5 % CREAM	TIER 4	PA

DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)

ABSORICA LD (<i>isotretinoin micronized</i>) 8 MG CAP, 16 MG CAP, 24 MG CAP, 32 MG CAP	TIER 4	PA
AKLIEF (<i>trifarotene</i>) 0.005 % CREAM	TIER 3	PA, QLC (45 gm/30 days)
ALDARA (<i>imiquimod</i>) 5 % CREAM	TIER 3	QLC (24 packs/month, max of 48 packs/6 months)
ANALPRAM-HC (<i>hydrocortisone acetate w/ pramoxine</i>) -1-1 % CREAM	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALPRAM-HC (<i>hydrocortisone acetate w/ pramoxine</i>) -2.5-1 % LOTION	TIER 2	
AVAR (<i>sulfacetamide sodium w/ sulfur</i>) 9.5-5 % PAD	TIER 3	PA
AVAR LS (<i>sulfacetamide sodium w/ sulfur</i>) 10-2 % PAD	TIER 3	PA
AVAR LS CLEANSER (<i>sulfacetamide sodium w/ sulfur</i>) 10-2 % LIQUID	TIER 3	
AVAR-E LS (<i>sulfacetamide sodium w/ sulfur</i>) -10-2 % CREAM	TIER 3	
CALCIPOTRIENE 0.005 % FOAM	TIER 3	PA
<i>calcipotriene cream 0.005%</i>	TIER 1	
<i>calcipotriene oint 0.005%</i>	TIER 1	
<i>calcipotriene oint 0.005%</i> (CALCITRENE)	TIER 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	TIER 1	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> (CALCIPOTRIENE-BETAMETH DIPROP)	TIER 1	PA, QLC (400 gm/month)
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> (CALCIPOTRIENE-BETAMETH DIPROP)	TIER 4	PA
CALCITRIOL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	TIER 1	
CARAC (<i>fluorouracil (topical)</i>) 0.5 % CREAM	TIER 4	PA, QLC (1 tube/month)
CEM-UREA -45 % SOLUTION	TIER 1	ST
CEROVEL (<i>urea</i>) 40 % LOTION	TIER 1	
<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	
CONDYLOX (<i>podofilox</i>) 0.5 % GEL	TIER 2	
CONDYLOX (<i>podofilox</i>) 0.5 % SOLUTION	TIER 3	
CORTISPORIN (<i>bacitracin-polymyxin-neomycin hc</i>) 1 % OINTMENT	TIER 3	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	TIER 4	PA, QLC (1 tube/month; max 3 tubes/year)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DOVONEX (<i>calcipotriene</i>) 0.005 % CREAM	TIER 3	
DUOBRII (<i>halobetasol propionate-tazarotene</i>) 0.01-0.045 % LOTION	TIER 4	PA, QLC (200 gm/28 days)
EFUDEX (<i>fluorouracil (topical)</i>) 5 % CREAM	TIER 3	
ENSTILAR (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % FOAM	TIER 4	PA, QLC (7 bottles/month)
EPIFOAM (<i>pramoxine-hc</i>) 1	TIER 2	
FLUOROPLEX (<i>fluorouracil (topical)</i>) 1 % CREAM	TIER 4	PA, QLC (1 tube/month)
FLUOROURACIL (<i>fluorouracil (topical)</i>) 0.5 % CREAM	TIER 4	PA, QLC (1 tube/month)
FLUOROURACIL (<i>fluorouracil (topical)</i>) 2 % SOLUTION, 5 % SOLUTION	TIER 1	
<i>fluorouracil cream 5%</i>	TIER 1	
GORDONS UREA 22 % OINTMENT	TIER 3	
HALOG (<i>halcinonide</i>) 0.1 % SOLUTION	TIER 4	PA
HYDRO 35 (<i>urea in lactic acid vehicle</i>) % FOAM	TIER 3	ST
HYDRO 40 (<i>urea</i>) % FOAM	TIER 3	ST
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1% (HYDROCORTISONE ACE-PRAMOXINE)</i>	TIER 1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1% (PRAMCORT)</i>	TIER 1	
<i>imiquimod cream 5%</i>	TIER 1	QLC (24 packs/month, max of 48 packs/6 months)
IMIQUIMOD PUMP 3.75 % CREAM	TIER 3	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
KERALAC (<i>urea</i>) 47 % CREAM	TIER 3	ST, QLC (1 tube/month)
LOTRISONE (<i>clotrimazole w/ betamethasone</i>) 1-0.05 % CREAM	TIER 3	
<i>methoxsalen rapid cap 10 mg</i>	TIER 1	
NEO-SYNALAR (<i>neomycin sulfate-fluocinolone acetonide</i>) -0.5-0.025 % CREAM	TIER 3	PA, QLC (1 tube/month)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	TIER 1	
OTEZLA (<i>apremilast</i>) 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
OVACE PLUS (<i>sulfacetamide sodium</i>) 10 % CREAM, 10 % SHAMPOO	TIER 3	
OVACE PLUS (<i>sulfacetamide sodium</i>) 9.8 % LOTION	TIER 3	QLC (1 bottle/month)
OVACE PLUS WASH (<i>sulfacetamide sodium</i>) 10 % GEL	TIER 3	PA, QLC (1 bottle/month)
OVACE PLUS WASH (<i>sulfacetamide sodium</i>) 10 % LIQUID	TIER 3	
OVACE WASH (<i>sulfacetamide sodium</i>) 10 % LIQUID	TIER 3	
OXSORALEN ULTRA (<i>methoxsalen rapid</i>) 10 MG CAP	TIER 3	
PICATO (<i>ingenol mebutate</i>) 0.015 % GEL	TIER 2	QLC (3 doses/month)
PICATO (<i>ingenol mebutate</i>) 0.05 % GEL	TIER 2	QLC (2 doses/month)
PLEXION (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % CREAM, 9.8-4.8 % LOTION	TIER 3	PA, QLC (1 bottle/month)
PLEXION CLEANSER (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % LIQUID	TIER 3	PA, QLC (1 bottle/month)
PLEXION CLEANSING CLOTH (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % PAD	TIER 3	PA, QLC (1 box/month)
<i>podofilox soln 0.5%</i>	TIER 1	
PRAMOSONE (<i>pramoxine-hc</i>) 1-1 % CREAM	TIER 3	
PRAMOSONE (<i>pramoxine-hc</i>) 1-1 % LOTION, 1-2.5 % LOTION	TIER 2	
PROCTOFOAM HC (<i>hydrocortisone acetate w/ pramoxine</i>) PROCTO1	TIER 2	
QBREXZA (<i>glycopyrronium tosylate</i>) 2.4 % PAD	TIER 3	PA, QLC (1 towelette/day)
REGSPANEX (<i>becaplermin</i>) 0.01 % GEL	TIER 4	PA, QLC (15 gm/30 days)
ROSULA (<i>sulfacetamide sodium w/ sulfur</i>) 10-5 % PAD	TIER 3	QLC (60 pads/month)
ROSULA WASH (<i>sulfacetamide sodium w/ sulfur</i>) 10-4.5 % LIQUID	TIER 3	PA, QLC (1 bottle/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SALEX (<i>salicylic acid</i>) 6 % SHAMPOO	TIER 3	
SALICYLIC ACID 26 % SOLUTION	TIER 3	
SALICYLIC ACID 6 % LOTION	TIER 1	QLC (400 gm/month)
<i>salicylic acid cream 6%</i>	TIER 1	
<i>salicylic acid film forming liquid 27.5%</i>	TIER 2	
<i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER)	TIER 2	
<i>salicylic acid foam 6%</i>	TIER 3	
<i>salicylic acid lotion 6%</i>	TIER 1	QLC (400 gm/month)
<i>salicylic acid lotion 6%</i> (SALACYN)	TIER 1	QLC (400 gm/month)
<i>salicylic acid lotion 6%</i> (SALITECH FORTE)	TIER 1	QLC (400 gm/month)
<i>salicylic acid shampoo 6%</i>	TIER 3	
<i>salicylic acid shampoo 6%</i> (KERALYT)	TIER 3	
<i>salicylic acid soln 26%</i>	TIER 3	
<i>salicylic acid soln 26%</i> (SALISOL FORTE)	TIER 3	
SALVAX (<i>salicylic acid</i>) 6 % FOAM	TIER 3	
SANTYL (<i>collagenase</i>) 250 UNIT/GM OINTMENT	TIER 2	QLC (180 grams/month)
SILVADENE (<i>silver sulfadiazine</i>) 1 % CREAM	TIER 3	
<i>silver sulfadiazine cream 1%</i>	TIER 1	
<i>silver sulfadiazine cream 1%</i> (SSD)	TIER 3	
SODIUM SULFACETAMIDE-BAKUCHIOL (<i>sulfacetamide sodium in bakuchiol vehicle</i>) -10 % LIQUID	TIER 1	
SOLARAZE (<i>diclofenac sodium (actinic keratoses)</i>) 3 % GEL	TIER 4	PA, QLC (1 tube/month; max 3 tubes/year)
SORILUX (<i>calcipotriene</i>) 0.005 % FOAM	TIER 4	PA
SSS 10-5 (<i>sulfacetamide sodium w/ sulfur</i>) - % FOAM	TIER 1	
<i>sulfacetamide sodium cleansing gel 10%</i>	TIER 1	PA, QLC (1 bottle/month)
<i>sulfacetamide sodium liquid 10%</i>	TIER 1	
<i>sulfacetamide sodium liquid 10%</i> (SEB-PREV WASH)	TIER 1	
<i>sulfacetamide sodium liquid 10%</i> (SODIUM SULFACETAMIDE WASH)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium shampoo 10%</i> (SODIUM SULFACETAMIDE)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	PA, 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	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (AVAR-E EMOLLIENT)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (AVAR-E GREEN)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (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	PA, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i> (BP 10-1)	TIER 1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i> (CERISA WASH)	TIER 1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i> (SULFAMEZ WASH)	TIER 1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-5%</i> (AVAR CLEANSER)	TIER 1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-5%</i> (ROSANIL CLEANSER)	TIER 1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	PA, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	PA
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i> (SULFACLEANSE 8/4)	TIER 1	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>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	
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (ZENCIA)	TIER 1	
SULFACETAMIDE SODIUM-SULFUR (<i>sulfacetamide sodium w/ sulfur</i>) -10-5 % LOTION, -10-5 % SUSPENSION	TIER 1	
SUMAXIN (<i>sulfacetamide sodium w/ sulfur</i>) 10-4 % PAD	TIER 3	
SUMAXIN TS (<i>sulfacetamide sodium w/ sulfur</i>) 8-4 % SUSPENSION	TIER 3	PA
SUMAXIN WASH (<i>sulfacetamide sodium w/ sulfur</i>) 9-4 % LIQUID	TIER 3	
TACLONEX (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % OINTMENT	TIER 3	PA, QLC (400 gm/28 days)
TACLONEX (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % SUSPENSION	TIER 3	PA
TOLAK (<i>fluorouracil (topical)</i>) 4 % CREAM	TIER 2	QLC (1 tube/month)
ULESFIA (<i>benzyl alcohol (pediculicide)</i>) 5 % LOTION	TIER 3	
URAMAXIN (<i>urea in ammonium lactate vehicle</i>) 20 % FOAM	TIER 3	
URAMAXIN (<i>urea</i>) 45 % CREAM	TIER 3	
URAMAXIN (<i>urea</i>) 45 % GEL	TIER 3	ST
URAMAXIN (<i>urea</i>) 45 % LOTION	TIER 1	ST
URAMAXIN GT (<i>urea</i>) 45 % GEL	TIER 3	ST
URE-K (<i>urea</i>) -50 % CREAM	TIER 4	PA
UREA 45 % CREAM	TIER 1	
UREA 45 % LOTION	TIER 1	ST
<i>urea cream 39%</i>	TIER 1	PA
<i>urea cream 39%</i> (REA LO 39)	TIER 1	PA
<i>urea cream 39%</i> (UREDEB)	TIER 1	PA
<i>urea cream 39%</i> (XUREA)	TIER 4	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>urea cream 40%</i>	TIER 1	
<i>urea cream 40%</i> (REA LO 40)	TIER 1	
<i>urea cream 40%</i> (UREMEZ-40)	TIER 1	
<i>urea cream 41%</i>	TIER 1	ST, QLC (2 bottles/month)
<i>urea cream 41%</i> (METOPIC)	TIER 1	ST, QLC (2 bottles/month)
<i>urea cream 47%</i>	TIER 1	ST, QLC (1 bottle/month)
<i>urea cream 50%</i>	TIER 1	
<i>urea cream 50%</i> (REMEVEN)	TIER 1	
<i>urea foam 40%</i> (UMECTA MOUSSE)	TIER 1	ST
<i>urea gel 45%</i> (UREA NAIL)	TIER 1	ST
UREA HYDRATING (<i>urea in lactic acid vehicle</i>) 35 % FOAM	TIER 1	ST
<i>urea lotion 40%</i>	TIER 1	
<i>urea lotion 40%</i> (REA LO 40)	TIER 1	
<i>urea lotion 40%</i> (UREA-C40)	TIER 1	
UREA NAIL (<i>urea in zinc undecylenate-lactic acid vehicle</i>) 50 % STICK	TIER 1	
UTOPIC (<i>urea</i>) 41 % CREAM	TIER 3	ST, QLC (2 bottles/month)
VECTICAL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	TIER 3	
VEREGEN (<i>sinecatechins</i>) 15 % OINTMENT	TIER 3	ST, QLC (1 tube/month, not to exceed 4 tubes/6 months)
VIRASAL (<i>salicylic acid</i>) 27.5 % LIQUID	TIER 3	
WYNZORA (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % CREAM	TIER 4	PA, QLC (420 gm/30 days)
XERESE (<i>acyclovir-hydrocortisone</i>) 5-1 % CREAM	TIER 3	PA, QLC (5 gm tube/fill; max 30 gm/year)
ZYCLARA (<i>imiquimod</i>) 3.75 % CREAM	TIER 3	ST, QLC (28 packets/month, max of 56 packets/6 months)
ZYCLARA PUMP (<i>imiquimod</i>) PUMP 2.5 % CREAM, PUMP 3.75 % CREAM	TIER 3	ST, QLC (1 bottle/month, max of 2 bottles/6 months)

PEDICULICIDES/SCABICIDES (Drugs for Lice and Scabies)

CROTAN (<i>crotamiton</i>) 10 % LOTION	TIER 3
ELIMITE (<i>permethrin</i>) 5 % CREAM	TIER 3

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EURAX (<i>crotamiton</i>) 10 % CREAM, 10 % LOTION	TIER 3	
IVERMECTIN (<i>ivermectin (rosacea)</i>) 1 % CREAM	TIER 1	PA, QLC (1 tube/month)
<i>ivermectin cream 1%</i>	TIER 1	PA, QLC (1 tube/month)
<i>ivermectin lotion 0.5%</i>	TIER 1	
LINDANE 1 % SHAMPOO	TIER 1	
<i>malathion lotion 0.5%</i>	TIER 1	
NATROBA (<i>spinosad</i>) 0.9 % SUSPENSION	TIER 3	QLC (1 bottle/fill)
OVIDE (<i>malathion</i>) 0.5 % LOTION	TIER 3	
<i>permethrin cream 5%</i>	TIER 1	
SKLICE (<i>ivermectin (pediculicide)</i>) 0.5 % LOTION	TIER 3	
SOOLANTRA (<i>ivermectin (rosacea)</i>) 1 % CREAM	TIER 3	PA, QLC (1 tube/month)
SPINOSAD 0.9 % SUSPENSION	TIER 1	QLC (1 bottle/fill)

TOPICAL ANTI-INFECTIVES

<i>acyclovir cream 5%</i>	TIER 1	PA, QLC (5 gm tube/fill; max 30 gm/year)
<i>acyclovir oint 5%</i>	TIER 1	PA, QLC (30 gm/fill; max 180 gm/year)
ACZONE (<i>dapsone (topical)</i>) 5 % GEL, 7.5 % GEL	TIER 3	PA, QLC (90 gm/month)
BACTROBAN (<i>mupirocin calcium (topical)</i>) 2 % CREAM	TIER 3	PA
BACTROBAN NASAL (<i>mupirocin calcium</i>) 2 % OINTMENT	TIER 3	
CENTANY (<i>mupirocin</i>) 2 % OINTMENT	TIER 3	
<i>ciclopirox gel 0.77%</i>	TIER 1	
<i>ciclopirox shampoo 1%</i>	TIER 1	
<i>ciclopirox solution 8%</i>	TIER 1	
<i>ciclopirox solution 8%</i> (CICLODAN)	TIER 1	
CLEOCIN-T (<i>clindamycin phosphate (topical)</i>) -1 % GEL, -1 % LOION, -1 % SOLUION	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CLINDAGEL (<i>clindamycin phosphate (topical)</i>) 1 %	TIER 3	PA, QLC (1 bottle/month)
CLINDAMYCIN PHOSPHATE (<i>clindamycin phosphate (topical)</i>) 1 % GEL	TIER 3	PA, QLC (1 bottle/month)
<i>clindamycin phosphate foam 1%</i>	TIER 1	QLC (1 can/month)
<i>clindamycin phosphate gel 1%</i>	TIER 1	
<i>clindamycin phosphate lotion 1%</i>	TIER 1	
<i>clindamycin phosphate soln 1%</i>	TIER 1	
DAPSONE (<i>dapsone (topical)</i>) 7.5 % GEL	TIER 3	PA, QLC (90 gm/month)
<i>dapsone gel 5%</i>	TIER 1	PA, QLC (90 gm/month)
DENAVIR (<i>penciclovir</i>) 1 % CREAM	TIER 3	PA, QLC (5 gm tube/fill; max 30 gm/year)
ERY (<i>erythromycin (acne aid)</i>) 2 % PAD	TIER 1	
ERYGEL (<i>erythromycin (acne aid)</i>) 2 %	TIER 3	
<i>erythromycin gel 2%</i>	TIER 1	
<i>erythromycin pads 2%</i>	TIER 1	
<i>erythromycin soln 2%</i>	TIER 1	
EVOCLIN (<i>clindamycin phosphate (topical)</i>) 1 % FOAM	TIER 3	QLC (1 can/month)
LOPROX (<i>ciclopirox</i>) 1 % SHAMPOO	TIER 3	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	TIER 1	
<i>mupirocin calcium cream 2%</i>	TIER 3	PA
<i>mupirocin oint 2%</i>	TIER 1	
PENLAC (<i>ciclopirox</i>) 8 % SOLUTION	TIER 3	
SULFAMYLON (<i>mafenide acetate</i>) 5 % PACKET, 85 MG/GM CREAM	TIER 3	
XEPI (<i>ozenoxacin</i>) 1 % CREAM	TIER 3	ST, QLC (1 tube/60 days)
ZOVIRAX (<i>acyclovir topical</i>) 5 % CREAM	TIER 3	PA, QLC (5 gm tube/fill; max 30 gm/year)
ZOVIRAX (<i>acyclovir topical</i>) 5 % OINTMENT	TIER 3	PA, QLC (30 gm/fill; max 180 gm/year)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
CARBAGLU (<i>carglumic acid</i>) 200 MG TAB	TIER 4	PA, SP, QLC (35 tabs/day)
K-TAB (<i>potassium chloride</i>) -TAB 8 TAB ER, -TAB 10 TAB ER, -TAB 20 TAB ER	TIER 3	
KLOR-CON M15 (<i>potassium chloride microencapsulated crystals er</i>) -MEQ TAB	TIER 3	
MULTIVITAMIN/FLUORIDE (<i>multiple vitamins & fluoride-folic acid</i>) 0.25-0.3 MG CHEW TAB, 0.5-0.3 MG CHEW TAB, 1-0.3 MG CHEW TAB	TIER 3	PH (Preventive Health)
<i>potassium chloride cap er 10 meq</i> (KLOR-CON SPRINKLE)	TIER 1	
<i>potassium chloride cap er 10 meq</i> (POTASSIUM CHLORIDE ER)	TIER 1	
<i>potassium chloride cap er 8 meq</i> (KLOR-CON SPRINKLE)	TIER 1	
<i>potassium chloride cap er 8 meq</i> (POTASSIUM CHLORIDE ER)	TIER 1	
POTASSIUM CHLORIDE ER ER 8 TAB ER, ER 20 TAB ER	TIER 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (KLOR-CON M10)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (POTASSIUM CHLORIDE CRY ER)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (KLOR-CON M20)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (POTASSIUM CHLORIDE CRY ER)	TIER 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	TIER 2	PA
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	TIER 2	PA
<i>potassium chloride powder packet 20 meq</i>	TIER 2	
<i>potassium chloride powder packet 20 meq</i> (KLOR-CON)	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium chloride tab er 10 meq</i> (KLOR-CON 10)	TIER 3	
<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	
<i>potassium chloride tab er 8 meq (600 mg)</i> (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	
UROCIT-K 10 (<i>potassium citrate (alkalinizer)</i>) -MEQ (80 MG) TAB	TIER 3	
UROCIT-K 15 (<i>potassium citrate (alkalinizer)</i>) -MEQ (1620 MG) TAB	TIER 3	
UROCIT-K 5 (<i>potassium citrate (alkalinizer)</i>) -MEQ (40 MG) TAB	TIER 3	

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET (<i>succimer</i>) 100 MG CAP	TIER 2	
<i>deferasirox granules packet 180 mg</i>	TIER 4	PA, SP
<i>deferasirox granules packet 360 mg</i>	TIER 4	PA, SP
<i>deferasirox granules packet 90 mg</i>	TIER 4	PA, SP
<i>deferasirox tab 180 mg</i>	TIER 4	SP, SF
<i>deferasirox tab 360 mg</i>	TIER 4	SP, SF
<i>deferasirox tab 90 mg</i>	TIER 4	SP, SF
<i>deferasirox tab for oral susp 125 mg</i>	TIER 4	SP, SF
<i>deferasirox tab for oral susp 250 mg</i>	TIER 4	SP, SF
<i>deferasirox tab for oral susp 500 mg</i>	TIER 4	SP, SF
<i>deferiprone tab 500 mg</i>	TIER 4	PA, SP, QLC (18 tabs/day)
EXJADE (<i>deferasirox</i>) 125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL	TIER 4	SP, SF

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FERRIPROX (<i>deferiprone</i>) 100 MG/ML SOLUTION	TIER 4	PA, SP, QLC (90 ml/day)
FERRIPROX (<i>deferiprone</i>) 1000 MG TAB	TIER 4	PA, SP, QLC (9 tabs/day)
FERRIPROX (<i>deferiprone</i>) 500 MG TAB	TIER 4	PA, SP, QLC (18 tabs/day)
FERRIPROX TWICE-A-DAY (<i>deferiprone</i>) -- DY 1000 MG TB	TIER 4	PA, SP, QLC (9 tabs/day)
JADENU (<i>deferasirox</i>) 90 MG TAB, 180 MG TAB, 360 MG TAB	TIER 4	SP, SF
JADENU SPRINKLE (<i>deferasirox</i>) 90 MG PACKET, 180 MG PACKET, 360 MG PACKET	TIER 4	PA, SP
JYNARQUE (<i>tolvaptan</i>) 15 MG TAB, 15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day)
JYNARQUE (<i>tolvaptan</i>) 30 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
SAMSCA (<i>tolvaptan</i>) 15 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
SAMSCA (<i>tolvaptan</i>) 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
SYPRINE (<i>trientine hcl</i>) 250 MG CAP	TIER 4	PA, QLC (8 caps/day)
TOLVAPTAN 15 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
<i>tolvaptan tab 30 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
<i>trientine hcl cap 250 mg</i>	TIER 4	PA, QLC (8 caps/day)
<i>trientine hcl cap 250 mg</i> (CLOVIQUE)	TIER 4	PA, QLC (8 caps/day)

PHOSPHATE BINDERS (Drugs to Lower Phosphate)

AURYXIA (<i>ferric citrate</i>) 1 GM 210 MG(Fe) TAB	TIER 3	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER))	TIER 1	
FOSRENOL (<i>lanthanum carbonate</i>) 500 MG CHEW TAB, 750 MG CHEW TAB, 750 MG PACKET, 1000 MG CHEW TAB, 1000 MG PACKET	TIER 3	PA
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	TIER 2	PA
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	TIER 2	PA
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	TIER 2	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PHOSLYRA (<i>calcium acetate (phosphate binder)</i>) 667 MG/5ML SOLUTION	TIER 3	
RENAGEL (<i>sevelamer hcl</i>) 400 MG TAB, 800 MG TAB	TIER 3	
REVELA (<i>sevelamer carbonate</i>) 0.8 GM PACKET, 2.4 GM PACKET	TIER 3	PA
REVELA (<i>sevelamer carbonate</i>) 800 MG TAB	TIER 3	
<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	
SEVELAMER HCL 400 MG TAB	TIER 1	
<i>sevelamer hcl tab 800 mg</i>	TIER 1	
VELPHORO (<i>sucroferic oxyhydroxide</i>) 500 MG CHEW TAB	TIER 3	

POTASSIUM BINDERS

<i>*sodium polystyrene sulfonate powder**</i>	TIER 1	
<i>*sodium polystyrene sulfonate powder**</i> (KIONEX)	TIER 1	
KAYEXALATE (<i>sodium polystyrene sulfonate</i>) POWDER	TIER 3	
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)
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	TIER 1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> (KIONEX)	TIER 1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	TIER 1	
SPS (<i>sodium polystyrene sulfonate</i>) 15 GM/60ML SUSPENSION	TIER 1	
VELTASSA (<i>patiromer sorbitex calcium</i>) 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	TIER 4	PA, SP, QLC (1 packet/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VITAMINS		
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VIT/FLUORIDE/IRON)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VIT/IRON/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VITAMIN/FLUORIDE/IRON)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTIVITAMIN/FLUORIDE/IRON)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg***</i> (MULTIVITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg***</i> (MVC-FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***</i> (MULTIVITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***</i> (MULTIVITAMINS/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***</i> (MVC-FLUORIDE)	TIER 3	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride chew tab 1 mg***</i> (MULTIVITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride chew tab 1 mg***</i> (MVC-FLUORIDE)	TIER 3	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i> (MULTI-VIT/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i> (MULTI-VITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i> (MULTIVITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***</i> (MULTI-VIT/FLUORIDE)	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***</i> (MULTI-VITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***</i> (MULTIVITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i> (TRI-VIT/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i> (TRI-VITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i> (TRI-VITE/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i> (VITAMINS ACD-FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i> (ADC/F (0.5MG/ML))	TIER 1	PH (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i> (TRI-VIT/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i> (TRI-VITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i> (TRI-VITE/FLUORIDE)	TIER 1	PH (Preventive Health)
ACTIVE OB (<i>prenatal w/o vit a w/ fe carbonyl-folic acid-dha</i>) 20-1-320 MG CAP	TIER 3	
ATABEX EC (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) AEX 29-1 MG DR	TIER 3	
ATABEX OB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) AEX 29-1 MG	TIER 3	
AZESCHEW PRENATAL/POSTNATAL (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) 13-1 MG TAB	TIER 4	PA, QLC (60 tabs/30 days)
AZESCO (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 13-1 MG TAB	TIER 4	PA, QLC (2 tabs/day)
C-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG AP	TIER 1	
CADEAU DHA (<i>prenatal vit w/ ferrous fumarate-l methylfolate-fa-dha</i>) 29-0.4-0.8-375 MG CAP	TIER 3	
CALCIUM PNV (<i>prenatal without vit a w/ fe fum-fa-omega fatty acids</i>) 28-1-250 MG CAP	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CARNITOR (<i>levocarnitine (metabolic modifiers)</i>) 1 GM/10ML SOLUTION, 330 MG TAB	TIER 3	
CARNITOR SF (<i>levocarnitine (metabolic modifiers)</i>) 1 GM/10ML SOLUTION	TIER 3	
CITRANATAL HARMONY (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</i>) 27-1-260 MG CAP	TIER 3	PA
CITRANATAL MEDLEY (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha</i>) 27-1-200 MG CAP	TIER 3	
CITRANATAL RX (<i>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</i>) 27-1 MG TAB	TIER 3	PA
CO-NATAL FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 1	
COMPLETENATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG CHEW TAB	TIER 1	
CONCEPT DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG CAP	TIER 3	
CONCEPT OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 130-92.4-1 MG CAP	TIER 3	
<i>cyanocobalamin inj 1000 mcg/ml</i>	TIER 1	
DOJOLVI (<i>triheptanoin</i>) 100 % LIQUID	TIER 4	PA, SP, QLC (105 ml/day)
DOTHELLE DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG CAP	TIER 1	
EFFER-K (<i>potassium bicarbonate-citric acid</i>) EFFER-10 EFFER TAB, EFFER-20 EFFER TAB	TIER 3	
ELITE-OB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -50-1.25 MG TAB	TIER 1	
ENBRACE HR (<i>prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids</i>) CAP	TIER 3	
ESCAVITE (<i>ped multivitamins w/fl & iron</i>) 0.25-7.5 MG CHEW TAB	TIER 3	PH (Preventive Health)
ESCAVITE D (<i>ped multivitamins w/fl & iron</i>) 0.25-6 MG CHEW TAB	TIER 3	
ESCAVITE LQ (<i>ped multivitamins w/fl & iron</i>) 0.25-6 MG/ML LIQUID	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EXTRA-VIRT PLUS DHA (<i>prenatal w/o vit a w/fe fumarate-docusate ca-folic acid-dha</i>) -29-1.25-350 MG CAP	TIER 3	PA
FALESSA (<i>levonorgestrel-ethinyl estradiol & folic acid</i>) 20-1-0.1 MCG-MG KIT	TIER 3	PA
FLORIVA (<i>pediatric multiple vitamins & minerals w/ fluoride</i>) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 3	PH (Preventive Health)
FLORIVA (<i>sodium fluoride-vitamin d</i>) 0.25-400 MG-UNIT/ML LIQUID	TIER 3	PH (Preventive Health)
FLORIVA PLUS (<i>pediatric multivitamins w/fl</i>) 0.25 MG/ML SOLUTION	TIER 3	PH (Preventive Health)
FOLCAL DHA (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) 27-1.25-300 MG CAP	TIER 3	PA
FOLCAPS OMEGA 3 (<i>prenatal vit w/ iron carbonyl-fe aspart glyc-fa-omega 3</i>) FOLS 27-1 MG	TIER 3	
FOLET ONE (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha</i>) 38-1-225 MG CAP	TIER 3	PA
<i>folic acid tab 1 mg</i>	TIER 1	
<i>folic acid tab 1 mg</i> (KP FOLIC ACID)	TIER 1	
FOLIVANE-OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) -130-92.4-1 MG CAP	TIER 1	
GALZIN (<i>zinc acetate (oral)</i>) 25 MG CAP, 50 MG CAP	TIER 3	
HEMENATAL OB (<i>prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa</i>) 28-6-1 MG TAB	TIER 3	
INATAL GT (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) TAB	TIER 3	
JENLIVA PRENATAL/POSTNATAL (<i>prenatal multivit-min w/fe-fa</i>) 1 MG CAP	TIER 3	
KOSHER PRENATAL PLUS IRON (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 30-1 MG TAB	TIER 3	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (LEVOCARNITINE SF) <i>gm/0ml (0%)</i>	TIER 1	
<i>levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levocarnitine tab 330 mg</i>	TIER 1	
M-NATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 G TAB	TIER 1	
M-VIT (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 1	
MACNATAL CN DHA (<i>prenatal w/o vit a w/ fe carbonyl-dss-fa-dha</i>) 28-1-250 MG CAP	TIER 3	
MARNATAL-F (<i>prenatal without vit a w/ iron polysaccharide complex-fa</i>) -60-1 MG CAP	TIER 3	
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 1	PH (Preventive Health)
MYNATAL (<i>prenatal multivit-min w/fe-fa</i>) CAP	TIER 3	
MYNATAL (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) 90-1 MG TAB	TIER 3	
MYNATAL ADVANCE (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) TAB	TIER 3	
MYNATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	TIER 1	
MYNATAL-Z (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 1	
MYNATE 90 PLUS (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) TAB ER	TIER 3	
NASCOBAL (<i>cyanocobalamin</i>) 500 MCG/0.1ML SOLUTION	TIER 3	QLC (1 bottle/week)
NATACHEW (<i>prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid</i>) NATA28-1 MG TAB	TIER 3	
NATALVIT (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	TIER 3	
NATELLE ONE (<i>prenatal without vit a w/ fe fum-fa-omega fatty acids</i>) 28-1-250 MG CAP	TIER 3	
NEEVO DHA (<i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>) 27-1.13 MG CAP	TIER 3	
NEONATAL 19 (<i>prenatal vitamin-folic acid</i>) 9 MG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NEONATAL COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB, 29-1 MG TAB	TIER 1	
NEONATAL FE (<i>prenatal multivitamins w/ iron-folic acid</i>) 90-1 MG TAB	TIER 3	
NEONATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
NESTABS (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>) NESS 32-1 MG	TIER 3	
NESTABS ONE (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha</i>) 38-1-225 MG CAP	TIER 3	
NEWGEN (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>) 32-1 MG TAB	TIER 1	
NEXA PLUS (<i>prenatal w/o vit a w/fe fumarate-docusate ca-folic acid-dha</i>) 29-1.25-350 MG CAP	TIER 3	PA
NIVA-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	TIER 1	
O-CAL FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	TIER 1	
O-CAL PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 3	
OB COMPLETE (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 50-1.25 MG TAB	TIER 3	
OB COMPLETE ONE (<i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil</i>) 50-1-476 MG CAP	TIER 3	
OB COMPLETE PETITE (<i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3</i>) 35-5-1-200 MG CAP	TIER 3	
OB COMPLETE PREMIER (<i>prenatal vit w/ iron carbonyl-fe aspart glycinate-fa</i>) 30-20-1 MG TAB	TIER 3	
OB COMPLETE/DHA (<i>prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid</i>) 30-10-1-200 MG CAP	TIER 3	
OBSTETRIX EC (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) 29-1 MG TAB	TIER 3	
OBSTETRIX ONE (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha</i>) 38-1-225 MG CAP	TIER 3	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ONE VITE WOMENS PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PNV FE FUM/DOCUSATE/FOLIC ACID (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) 29-1 MG TAB	TIER 3	
PNV FOLIC ACID + IRON (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PNV PRENATAL PLUS MULTIVITAMIN (<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>) S --MG	TIER 1	
PNV-DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	TIER 1	
PNV-DHA+DOCUSATE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -27-1.25-300 MG CAP	TIER 3	PA
PNV-OMEGA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	TIER 1	
PNV-SELECT (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -27-0.6-0.4 MG TAB	TIER 1	
PNV-VP-U (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) --106.5-1 MG CAP	TIER 1	
POLY-VI-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG CHEW TAB, --0.25 MG/ML SUSPENSION, --0.5 MG CHEW TAB, --1 MG CHEW TAB	TIER 3	PH (Preventive Health)
POLY-VI-FLOR FS (<i>pediatric multivitamins w/fl</i>) --0.25 MG STRIP, --0.5 MG STRIP, --1 MG STRIP	TIER 3	PH (Preventive Health)
POLY-VI-FLOR/IRON (<i>ped multivitamins w/fl & iron</i>) --0.25-7 MG/ML SUSPENSION, --0.5-10 MG CHEW TAB	TIER 3	PH (Preventive Health)
POT BICARB-POT CHLORIDE (<i>potassium bicarb & chloride</i>) -25 MEQ EFFER TAB	TIER 1	
<i>pot bicarbonate & chloride effer tab 25 meq</i> (EFFERVESCENT POT CHLORIDE)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium bicarbonate effer tab 25 meq</i> (EFFER-K)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-EFFERVESCENT)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-PRIME)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-VESCENT)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (KLOR-CON/EF)	TIER 1	
PREFERA OB (<i>prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa</i>) 34-1 MG TAB	TIER 3	
PREFERAOB ONE (<i>prenatal vit w/ fe polysacch cmplx-fe heme polypept-fa & dha</i>) 22-6-1-200 MG CAP	TIER 1	
PREMESISRX (<i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i>) MG TAB	TIER 3	
PRENA1 (<i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i>) 1.4 MG CHEW TAB	TIER 3	
PRENA1 PEARL (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>) 30-1.4-200 MG CAP	TIER 3	
PRENAISSANCE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) 29-1.25-325 MG CAP	TIER 1	
PRENAISSANCE NEXT (<i>prenatal w/ calcium-vit b6-folic acid-ginger</i>) 1.2 MG TAB	TIER 1	
PRENAISSANCE PLUS (<i>prenatal w/o vit a w/ fe carbonyl-dss-fa-dha</i>) 28-1-250 MG CAP	TIER 3	
PRENARA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 15-1 MG CAP	TIER 3	PA
PRENATA (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) 29-1 MG CHEW TAB	TIER 3	
PRENATABS FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG	TIER 1	
PRENATABS RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) 9 29-MG TAB	TIER 3	
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 VITAMIN PLUS LOW IRON (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATAL-U (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) -106.5-1 MG CAP	TIER 1	
PRENATE (<i>prenatal multivitamins & minerals w/ l-methylfolate-fa</i>) 0.6-0.4 MG CHEW TAB	TIER 3	
PRENATE AM (<i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i>) MG TAB	TIER 3	
PRENATE DHA (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>) 18-0.6-0.4-300 MG CAP	TIER 3	
PRENATE DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 28-0.6-0.4-300 MG CAP	TIER 3	
PRENATE ELITE (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) 26-0.6-0.4 MG TAB	TIER 3	
PRENATE ELITE (<i>prenatal w/ fe asparto glycinate-l methylfolate-folic acid</i>) 20-0.6-0.4 MG TAB	TIER 3	
PRENATE ENHANCE (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 28-0.6-0.4-400 MG CAP	TIER 3	
PRENATE ESSENTIAL (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>) 18-0.6-0.4-300 MG CAP	TIER 3	
PRENATE ESSENTIAL (<i>prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3</i>) 29-0.6-0.4-340 MG CAP	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENATE MINI (<i>prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha</i>) 18-0.6-0.4-350 MG CAP	TIER 3	
PRENATE PIXIE (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>) 10-0.6-0.4-200 MG CAP	TIER 3	
PRENATE RESTORE (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 27-0.6-0.4-400 MG CAP	TIER 3	
PRENATE STAR (<i>prenatal vitamins w/ fe asparto glycinate-folic acid</i>) 20-1 MG TAB	TIER 3	
PRENATRIX (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATRYL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATVITE COMPLETE (<i>prenatal multivit-min w/fe-fa</i>) 1 MG TAB	TIER 3	
PRENATVITE PLUS (<i>prenatal multivit-min w/fe-fa</i>) 1 MG TAB	TIER 3	
PREPLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRETAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) PRE29-1 MG	TIER 1	
PRIMACARE (<i>prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3</i>) 30-1-470 MG CAP	TIER 3	
PROVIDA DHA (<i>prenatal without a w/fe fum-fe polysacch complex-fa-dha</i>) 16-16-1.25-110 MG CAP	TIER 3	
PROVIDA OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 20-20-1.25 MG CAP	TIER 3	
PUREFE OB PLUS (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 162-115.2-1 MG CAP	TIER 3	
QUFLORA FE (<i>multiple vitamins w/minerals & fluoride-iron-folic acid</i>) 0.25 MG CHEW TAB	TIER 3	PH (Preventive Health), QLC (1 tab/day)
QUFLORA FE PEDIATRIC (<i>ped multivitamins w/fl & iron</i>) 0.25-9.5 MG/ML LIQUID	TIER 3	PH (Preventive Health)
QUFLORA GUMMIES (<i>pediatric multivitamins w/fl</i>) 0.125 MG CHEW TAB	TIER 3	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QUFLORA PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB	TIER 1	PH (Preventive Health), QLC (1 tab/day)
QUFLORA PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION	TIER 3	PH (Preventive Health)
QUFLORA PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 3	PH (Preventive Health), QLC (1 tab/day)
R-NATAL OB (<i>prenatal w/o vit a w/ fe carbonyl-folic acid-dha</i>) -20-1-320 MG CAP	TIER 3	
RADIOGARDASE (<i>prussian blue insoluble (feric hexacyanoferrate ii)</i>) 0.5 GM CAP	TIER 3	
RELNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	TIER 1	
RULAVITE DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 27-0.6-0.4-300 MG CAP	TIER 1	
SE-NATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) -9 29-MG TAB	TIER 3	
SE-NATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -9 29-MG CHEW TAB	TIER 3	
SELECT-OB (<i>prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa</i>) -29-0.6-0.4 MG CHEW TAB	TIER 3	
SELECT-OB (<i>prenatal vit w/ iron polysaccharide complex-folic acid</i>) -29-1 MG CHEW TAB	TIER 3	
SODIUM FLUORIDE 2.2 (1 F) MG TAB	TIER 3	PH (Preventive Health)
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (FLUOR-A-DAY) <i>luoride</i>	TIER 1	PH (Preventive Health)
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (FLUORITAB) <i>luoride</i>	TIER 1	PH (Preventive Health)
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (KARIDIUM) <i>luoride</i>	TIER 1	PH (Preventive Health)
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (NAFRINSE DROPS) <i>luoride</i>	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TARON-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) -53.5-38-1 MG AP	TIER 1	
TARON-PREX (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -30-1.2-265 MG CAP	TIER 3	
THRIVITE RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB	TIER 1	
TL FOLATE (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) 27-0.5-0.5 MG TAB	TIER 3	
TL-CARE DHA (<i>prenatal w/fe fumarate-fa-dss-fish oil</i>) -27-1-500 MG CAP	TIER 3	
TL-FLUORIVITE (<i>ped multivitamins w/fl & iron</i>) -0.25-7.5 MG CHEW TAB	TIER 3	PH (Preventive Health)
TL-SELECT (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -29-1.25-325 MG CAP	TIER 1	
TRI-VI-FLOR (<i>pediatric vitamins acd & l-methylfolate w/ fluoride</i>) --0.25 MG/ML SUSPENSION, --0.5 MG/ML SUSPENSION	TIER 3	PH (Preventive Health)
TRI-VI-FLORO (<i>pediatric vitamins acd & l-methylfolate w/ fluoride</i>) --0.25 MG/ML SUSPENSION, --0.5 MG/ML SUSPENSION	TIER 3	PH (Preventive Health)
TRI-VIT/FLUORIDE/IRON (<i>pediatric vitamins acd fluoride & iron</i>) -0.25-10 MG/ML SOLUTION	TIER 1	PH (Preventive Health)
TRIADVANCE (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) 90-1 MG TAB	TIER 3	
TRICARE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	TIER 1	
TRICARE PRENATAL DHA ONE (<i>prenatal multivit-min w/fe-fa</i>) 0.8 MG CAP	TIER 3	
TRICARE PRENATAL DHA ONE (<i>prenatal w/fe fumarate-fa-dss-fish oil</i>) 27-1-500 MG CAP	TIER 3	
TRINATAL GT (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) 90-1 MG TAB	TIER 3	
TRINATAL RX 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-MG TAB	TIER 1	
TRINATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRINAZ (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 12-1 MG TAB	TIER 4	PA, QLC (2 tabs/day)
TRISTART DHA (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 31-0.6-0.4-200 MG CAP	TIER 3	
TRISTART ONE (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 35-1-215 MG CAP	TIER 3	
ULTIMATECARE ONE (<i>prenatal vit w/ iron carbonyl-fe aspart glyc-fa-omega 3</i>) 27-1 MG CAP	TIER 3	
VEMAVITE-PRX 2 (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -7-1.5-300 MG CAP	TIER 3	PA
VIL-RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -29-1 MG TAB	TIER 1	
VINATE CARE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) 40-1 MG CHEW TAB	TIER 1	
VINATE DHA RF (<i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>) 27-1.13 MG CAP	TIER 3	
VINATE II (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) 29-1 MG TAB	TIER 3	
VINATE M (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>) 27-1 G TAB	TIER 1	
VINATE ONE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-1 MG TAB	TIER 1	
VIRT NATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 28-1 MG TAB	TIER 1	
VIRT-ADVANCE (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) -90-1 MG TAB	TIER 3	
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 (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -27-0.6-0.4 MG TAB	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	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
VIRT-SELECT (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -29-1.25-325 MG CAP	TIER 1	
VIRT-VITE GT (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) -90-1 MG TAB	TIER 3	
VITAFOL FE+ (<i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i>) 90-0.6-0.4-200 MG CAP	TIER 3	
VITAFOL GUMMIES (<i>prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids</i>) 3.33-0.333-34.8 MG CHEW TAB	TIER 3	
VITAFOL STRIPS (<i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i>) MG FILM	TIER 3	
VITAFOL ULTRA (<i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i>) 29-0.6-0.4-200 MG CAP	TIER 3	
VITAFOL-NANO (<i>prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid</i>) -18-0.6-0.4 MG TAB	TIER 3	
VITAFOL-OB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 1	
VITAFOL-ONE (<i>prenatal mv & min w/fe polysaccharide complex-fa-dha</i>) -29-1-200 MG CAP	TIER 3	
VITAMEDMD ONE RX/QUATREFOLIC (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 30-0.6-0.4-200 MG CAP	TIER 3	
VITAMEDMD REDICHEW RX (<i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i>) 1.4 MG TAB	TIER 3	
VITAPEARL (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>) 30-1.4-200 MG CAP	TIER 3	
VITATHELY WITH GINGER (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
VIVA DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VOL-NATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -28-1 MG TAB	TIER 1	
VOL-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	TIER 1	
VOL-TAB RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -29-1 MG	TIER 1	
VP-GGR-B6 PRENATAL (<i>prenatal w/ calcium-vit b6-folic acid-ginger</i>) --1.2 MG TAB	TIER 1	
VP-HEME OB (<i>prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa</i>) -28-6-1 MG TAB	TIER 3	
VP-HEME ONE (<i>prenatal vit w/ fe polysacch cmplx-fe heme polypept-fa & dha</i>) -22-6-1-200 MG CAP	TIER 1	
VP-PNV-DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) --28-1-215.8 MG CAP	TIER 3	
WESTAB PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) WES27-1 MG	TIER 1	
WESTGEL DHA (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 31-0.6-0.4-200 MG CAP	TIER 3	
ZALVIT (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 13-1 MG TAB	TIER 4	PA, QLC (2 tabs/day)
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	

GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)

ANTI-CONSTIPATION AGENTS (Drugs for Constipation)

AMITIZA (<i>lubiprostone</i>) 8 MCG CAP, 24 MCG CAP	TIER 3	PA, AL1 (At least 18 yrs old), QLC (2 caps/day)
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i> (GAVILYTE-H)	TIER 1	PH (Preventive Health)
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i> (PEG-PREP)	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CLENPIQ (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>) 10-3.5-12 MG-GM -GM/160ML SOLUTION	TIER 3	PA
KRISTALOSE (<i>lactulose</i>) 10 GM PACKET	TIER 3	PA, QLC (1 pack/day)
KRISTALOSE (<i>lactulose</i>) 20 GM PACKET	TIER 3	PA, QLC (2 packs/day)
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (ENULOSE)	TIER 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (GENERLAC)	TIER 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (LACTULOSE ENCEPHALOPATHY)	TIER 1	
LACTULOSE 10 GM PACKET	TIER 4	PA, QLC (1 pack/day)
<i>lactulose solution 10 gm/15ml</i>	TIER 1	
<i>lactulose solution 10 gm/15ml</i> (CONSTULOSE)	TIER 1	
LINZESS (<i>linaclotide</i>) 72 MCG CAP, 145 MCG CAP, 290 MCG CAP	TIER 2	QLC (1 cap/day)
LUBIPROSTONE 8 MCG CAP, 24 MCG CAP	TIER 3	PA, AL1 (At least 18 yrs old), QLC (2 caps/day)
MOTEGRITY (<i>prucalopride succinate</i>) 1 MG TAB, 2 MG TAB	TIER 3	PA, QLC (1 tab/day)
MOVANTIK (<i>naloxegol oxalate</i>) 12.5 MG TAB, 25 MG TAB	TIER 3	QLC (1 tab/day)
MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>) 100 GM RECON SOLN	TIER 3	PA
NULYTELY LEMON-LIME (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) -420 GM RECON SOLN	TIER 3	
NULYTELY WITH FLAVOR PACKS (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) 420 GM RECON SOLN	TIER 3	
OSMOPREP (<i>sodium phosphate monobasic-sodium phosphate dibasic</i>) 1.102-0.398 GM TAB	TIER 3	PA, PH (Preventive Health)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> (PEG-3350/ELECTROLYTES/ASCORBAT) - <i>kl--asorbate-</i>	TIER 1	PA, PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> (PEG-KCL-NACL-NASULF-NA ASC-C) <i>-kl-l-asorbate-</i>	TIER 1	PA, PH (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (GAVILYTE-N WITH FLAVOR PACK)	TIER 1	PH (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL)	TIER 1	PH (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (TRILYTE)	TIER 1	PH (Preventive Health)
PLENVU (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>) 140 GM RECON SOLN	TIER 3	PA
PREPOPIK (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>) 10-3.5-12 MG-GM-GM PACKET	TIER 3	PA, PH (Preventive Health)
RELISTOR (<i>methylnaltrexone bromide</i>) 150 MG TAB	TIER 4	PA, QLC (3 tabs/day)
RELISTOR (<i>methylnaltrexone bromide</i>) 8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION	TIER 4	PA
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>) SU17.5-3.13-1.6 GM/177ML SOLUTION	TIER 2	PH (Preventive Health)
SUTAB (<i>sodium sulfate-magnesium sulfate-potassium chloride</i>) SU1479-225-188 MG	TIER 3	PA
SYMPROIC (<i>naldemedine tosylate</i>) 0.2 MG TAB	TIER 3	PA, QLC (1 tab/day)
TRULANCE (<i>plecanatide</i>) 3 MG TAB	TIER 3	PA, QLC (1 tab/day)

ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	TIER 1	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	TIER 1	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (DIPHENOXYLATE-ATROPINE)	TIER 1	
DIPHENOXYLATE-ATROPINE (<i>diphenoxylate w/ atropine</i>) -2.5-0.025 MG/5ML LIQUID	TIER 1	
LOMOTIL (<i>diphenoxylate w/ atropine</i>) 2.5-0.025 MG TAB	TIER 3	
LOTRONEX (<i>alosetron hcl</i>) 0.5 MG TAB, 1 MG TAB	TIER 3	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MYTESI (<i>crofelemer</i>) 125 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
VIBERZI (<i>eluxadoline</i>) 75 MG TAB, 100 MG TAB	TIER 4	PA, QLC (2 tabs/day)
XERMELO (<i>telotristat etiprate</i>) 250 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
ZELNORM (<i>tegaserod maleate</i>) 6 MG TAB	TIER 3	PA, QLC (2 tabs/day)

ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)

ANASPAZ (<i>hyoscyamine sulfate</i>) 0.125 MG TAB DISP	TIER 3	
BENTYL (<i>dicyclomine hcl</i>) 10 MG CAP	TIER 3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> (CHLORDIAZEPOXIDE-CLIDINIUM)	TIER 3	QLC (8 caps/day)
CUVPOSA (<i>glycopyrrolate</i>) 1 MG/5ML SOLUTION	TIER 3	PA, QLC (45 ml/day)
<i>dicyclomine hcl cap 10 mg</i>	TIER 1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	TIER 1	
<i>dicyclomine hcl tab 20 mg</i>	TIER 1	
DONNATAL (<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>) 16.2 MG TAB	TIER 3	
DONNATAL (<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>) 16.2 MG/5ML ELIXIR	TIER 3	QLC (40 ml/day)
GLYCATE (<i>glycopyrrolate</i>) 1.5 MG TAB	TIER 3	PA, QLC (3 tabs/day)
GLYCOPYRROLATE 1.5 MG TAB	TIER 4	PA, QLC (3 tabs/day)
<i>glycopyrrolate tab 1 mg</i>	TIER 1	
<i>glycopyrrolate tab 2 mg</i>	TIER 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	TIER 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> (HYOSYNE)	TIER 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	TIER 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i> (OSCIMIN)	TIER 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i> (SYMAX-SL)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	TIER 1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i> (HYOSYNE)	TIER 1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	TIER 1	
<i>hyoscyamine sulfate tab 0.125 mg</i> (OSCIMIN)	TIER 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	TIER 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i> (ED-SPAZ)	TIER 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i> (NULEV)	TIER 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i> (OSCIMIN)	TIER 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (HYOSCYAMINE SULFATE ER)	TIER 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (OSCIMIN SR)	TIER 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (SYMEX-SR)	TIER 1	
LEVBIID (<i>hyoscyamine sulfate</i>) 0.375 MG TAB ER 12H	TIER 3	
LEVSIN (<i>hyoscyamine sulfate</i>) 0.125 MG TAB	TIER 3	
LEVSIN/SL (<i>hyoscyamine sulfate</i>) 0.125 MG TAB	TIER 3	
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>) 5-2.5 MG CAP	TIER 3	QLC (8 caps/day)
<i>methscopolamine bromide tab 2.5 mg</i>	TIER 1	
<i>methscopolamine bromide tab 5 mg</i>	TIER 1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i> (PB-HYOSCY-ATROPINE-SCOPOLAMINE)	TIER 1	QLC (40 ml/day)
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i> (PHENOBARBITAL-BELLADONNA ALK)	TIER 1	QLC (40 ml/day)
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i> (PHENOHYTRO)	TIER 1	QLC (40 ml/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> (PB-HYOSCY-ATROPINE-SCOPOLAMINE)	TIER 1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> (PHENOBARBITAL-BELLADONNA ALK)	TIER 1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> (PHENOHYTRO)	TIER 1	
PROPANTHELINE BROMIDE 15 MG TAB	TIER 1	
ROBINUL (<i>glycopyrrolate</i>) 1 MG TAB	TIER 3	
ROBINUL-FORTE (<i>glycopyrrolate</i>) -2 MG TAB	TIER 3	
SYMAX DUOTAB (<i>hyoscyamine sulfate</i>) DUO0.375 MG ER	TIER 3	

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

ACTIGALL (<i>ursodiol</i>) 300 MG CAP	TIER 3	
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i> (AMOXICILL-CLARITHRO-LANSOPRAZ)	TIER 1	QLC (one 14-day course/month)
CHENODAL (<i>chenodiol</i>) 250 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
COLYTE WITH FLAVOR PACKS (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) 240 GM RECON SOLN	TIER 3	PA
GAVILYTE-C (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) -240 GM REON SOLN	TIER 1	PH (Preventive Health)
GOLYTELY (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) 227.1 GM RECON SOLN, 236 GM RECON SOLN	TIER 3	
HELIDAC THERAPY (<i>metronidazole-tetracycline w/ bismuth subsalicylate</i>) MISC	TIER 3	QLC (224 tabs/30 days)
IMCIVREE (<i>setmelanotide acetate</i>) 10 MG/ML SOLUTION	TIER 4	PA, SP, QLC (9 ml (9 vials)/30 days)
MOTOFEN (<i>difenoxin w/ atropine</i>) 1-0.025 MG TAB	TIER 3	
MYALEPT (<i>metreleptin</i>) 11.3 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
OICALIVA (<i>obeticholic acid</i>) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OMECLAMOX-PAK (<i>amoxicillin-clarithromycin w/ omeprazole</i>) -500-500-20 MG MISC	TIER 3	QLC (1 pack/month)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (GAVILYTE-G) ---cl-	TIER 1	PH (Preventive Health)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (PEG-3350/ELECTROLYTES) ---cl-	TIER 1	PH (Preventive Health)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> (PEG 3350/ELECTROLYTES) ---cl-	TIER 1	PH (Preventive Health)
PREVPAC (<i>amoxicillin-clarithromycin w/ lansoprazole</i>) MISC	TIER 3	QLC (one 14-day course/month)
PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>) 140-125-125 MG CAP	TIER 3	QLC (120 caps/month)
RELTONE (<i>ursodiol</i>) 200 MG CAP, 400 MG CAP	TIER 4	PA, QLC (2 caps/day)
TALICIA (<i>amoxicillin-rifabutin-omeprazole</i>) 250-12.5-10 MG CAP DR	TIER 3	QLC (168 caps/28 days)
URSO 250 (<i>ursodiol</i>) MG TAB	TIER 3	
URSO FORTE (<i>ursodiol</i>) 500 MG TAB	TIER 3	
<i>ursodiol cap 300 mg</i>	TIER 1	
<i>ursodiol tab 250 mg</i>	TIER 1	
<i>ursodiol tab 500 mg</i>	TIER 1	
XENICAL (<i>orlistat</i>) 120 MG CAP	TIER 3	PA

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)

CIMETIDINE HCL 300 MG/5ML SOLUTION	TIER 1
<i>cimetidine tab 300 mg</i>	TIER 1
<i>cimetidine tab 400 mg</i>	TIER 1
<i>cimetidine tab 800 mg</i>	TIER 1
<i>famotidine for susp 40 mg/5ml</i>	TIER 1
<i>famotidine tab 40 mg</i>	TIER 1
NIZATIDINE 15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP	TIER 1

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nizatidine cap 150 mg</i>	TIER 1	
<i>nizatidine cap 300 mg</i>	TIER 1	
PEPCID (<i>famotidine</i>) 40 MG TAB	TIER 1	
PEPCID (<i>famotidine</i>) 40 MG/5ML RECON SUSP	TIER 3	
<i>ranitidine hcl cap 150 mg</i>	TIER 1	
<i>ranitidine hcl cap 300 mg</i>	TIER 1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	TIER 1	
<i>ranitidine hcl tab 300 mg</i>	TIER 1	
ZANTAC (<i>ranitidine hcl</i>) 300 MG TAB	TIER 3	

PROTECTANTS (Drugs for Acid Reflux and Ulcers)

CARAFATE (<i>sucralfate</i>) 1 GM TAB, 1 GM/10ML SUSPENSION	TIER 3	
CYTOTEC (<i>misoprostol</i>) 100 MCG TAB, 200 MCG TAB	TIER 3	
<i>misoprostol tab 100 mcg</i>	TIER 1	
<i>misoprostol tab 200 mcg</i>	TIER 1	
<i>sucralfate susp 1 gm/10ml gm/0ml</i>	TIER 2	
<i>sucralfate tab 1 gm</i>	TIER 1	

PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)

ACIPHEX (<i>rabeprazole sodium</i>) 20 MG TAB DR	TIER 3	
ACIPHEX SPRINKLE (<i>rabeprazole sodium</i>) 5 MG CAP SPRINK, 10 MG CAP SPRINK	TIER 3	ST, QLC (1 cap/day)
DEXILANT (<i>dexlansoprazole</i>) 30 MG CAP DR, 60 MG CAP DR	TIER 2	ST, QLC (1 cap/day)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	TIER 1	PA
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	TIER 2	ST, QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	TIER 2	ST, QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	TIER 2	ST, QLC (1 packet/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ESOMEPRAZOLE STRONTIUM 49.3 MG CAP DR	TIER 3	ST, QLC (6 caps/day)
<i>lansoprazole cap delayed release 30 mg</i>	TIER 1	
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	TIER 1	ST
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	TIER 1	ST
NEXIUM (<i>esomeprazole magnesium</i>) 10 MG PACKET, 20 MG PACKET, 40 MG PACKET	TIER 3	ST, QLC (1 packet/day)
NEXIUM (<i>esomeprazole magnesium</i>) 2.5 MG PACKET, 5 MG PACKET	TIER 3	PA, QLC (1 packet/day)
NEXIUM (<i>esomeprazole magnesium</i>) 40 MG CAP DR	TIER 3	PA
<i>omeprazole cap delayed release 10 mg</i>	TIER 1	
<i>omeprazole cap delayed release 20 mg</i>	TIER 1	
<i>omeprazole cap delayed release 40 mg</i>	TIER 1	
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	TIER 4	PA, QLC (1 cap/day)
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i> (OMEPPi)	TIER 4	PA, QLC (1 cap/day)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	TIER 4	PA, QLC (2 packs/day)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	TIER 4	PA, QLC (1 pack/day)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	TIER 1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	TIER 1	
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	TIER 2	
PREVACID (<i>lansoprazole</i>) 30 MG CAP DR	TIER 3	
PREVACID SOLUTAB (<i>lansoprazole</i>) 15 MG TAB DR DISP, 30 MG TAB DR DISP	TIER 3	ST
PRILOSEC (<i>omeprazole magnesium</i>) 10 MG PACKET	TIER 3	QLC (2 packs/day)
PRILOSEC (<i>omeprazole magnesium</i>) 2.5 MG PACKET	TIER 3	QLC (3 packs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROTONIX (<i>pantoprazole sodium</i>) 20 MG TAB DR, 40 MG PACKET, 40 MG TAB DR	TIER 3	
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	TIER 3	ST, QLC (1 cap/day)
<i>rabeprazole sodium ec tab 20 mg</i>	TIER 1	
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 20-1680 MG PACKET	TIER 4	PA, QLC (2 packs/day)
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 40-1100 MG CAP	TIER 4	PA, QLC (1 cap/day)
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 40-1680 MG PACKET	TIER 4	PA, QLC (1 pack/day)

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

BUPHENYL (<i>sodium phenylbutyrate</i>) 3 GM/TSP POWDER	TIER 4	PA, SP, QLC (20 gm/day)
BUPHENYL (<i>sodium phenylbutyrate</i>) 500 MG TAB	TIER 4	PA, SP, QLC (40 tabs/day)
CERDELGA (<i>eliglustat tartrate</i>) 84 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
CHOLBAM (<i>cholic acid</i>) 250 MG CAP	TIER 4	PA, SP, QLC (5 caps/day)
CHOLBAM (<i>cholic acid</i>) 50 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)
CREON (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-9500 CP DR PART, 6000 CP DR PART, 12000 CP DR PART, 24000-76000 CP DR PART	TIER 2	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	TIER 1	
CYSTADANE (<i>betaine</i>) POWDER	TIER 3	SP
CYSTADROPS (<i>cysteamine hcl</i>) 0.37 % SOLUTION	TIER 4	PA, SP, QLC (20 ml(4 bottles)/28 days)
CYSTAGON (<i>cysteamine bitartrate</i>) 150 MG CAP	TIER 4	PA, SP, QLC (26 caps/day)
CYSTAGON (<i>cysteamine bitartrate</i>) 50 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)
CYSTARAN (<i>cysteamine hcl</i>) 0.44 % SOLUTION	TIER 4	PA, SP, QLC (4 bottles/28 days)
ENDARI (<i>glutamine (sickle cell)</i>) 5 GM PACKET	TIER 4	PA, QLC (6 packets/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GALAFOLD (<i>migalastat hcl</i>) 123 MG CAP	TIER 4	PA, SP, QLC (14 caps/28 days)
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>) 100 MG/5ML CONC	TIER 3	
KEYEYIS (<i>dichlorphenamide</i>) 50 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 100 MG PACKET	TIER 4	PA, SP, QLC (14 packs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 100 MG TAB SOL	TIER 4	PA, SP, QLC (14 tabs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 500 MG PACKET	TIER 4	PA, SP, QLC (3 packs/day)
<i>miglustat cap 100 mg</i>	TIER 4	PA, SP, QLC (3 caps/day)
<i>nitisinone cap 10 mg</i>	TIER 4	PA, SP, QLC (14 caps/day)
<i>nitisinone cap 2 mg</i>	TIER 4	PA, SP, QLC (10 caps/day)
<i>nitisinone cap 5 mg</i>	TIER 4	PA, SP, QLC (2 caps/day)
NITYR (<i>nitisinone</i>) 10 MG TAB	TIER 4	PA, SP, QLC (14 tabs/day)
NITYR (<i>nitisinone</i>) 2 MG TAB	TIER 4	PA, SP, QLC (70 tabs/day)
NITYR (<i>nitisinone</i>) 5 MG TAB	TIER 4	PA, SP, QLC (28 tabs/day)
ORFADIN (<i>nitisinone</i>) 10 MG CAP	TIER 4	PA, SP, QLC (14 caps/day)
ORFADIN (<i>nitisinone</i>) 2 MG CAP	TIER 4	PA, SP, QLC (10 caps/day)
ORFADIN (<i>nitisinone</i>) 20 MG CAP	TIER 4	PA, SP, QLC (8 caps/day)
ORFADIN (<i>nitisinone</i>) 4 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (35 ml/day)
ORFADIN (<i>nitisinone</i>) 5 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 10 MG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/day)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 2.5 MG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 syringes/28 days)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 20 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (3 syringes/day)
PANCREAZE (<i>pancrelipase (lipase-protease-amylase)</i>) 2600 CP DR PART, 4200 CP DR PART, 10500 CP DR PART, 16800 CP DR PART, 21000 CP DR PART	TIER 3	
PERTZYE (<i>pancrelipase (lipase-protease-amylase)</i>) 4000 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 24000-86250 CP DR PART	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROCYSBI (<i>cysteamine bitartrate</i>) 25 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 300 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 75 MG CAP DR	TIER 4	PA, SP, QLC (26 caps/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 75 MG PACKET	TIER 4	PA, SP, QLC (4 packets/day)
RAVICTI (<i>glycerol phenylbutyrate</i>) 1.1 GM/ML LIQUID	TIER 4	PA, SP, QLC (17.5 ml/day)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	TIER 4	PA, SP, QLC (14 packs/day)
<i>sapropterin dihydrochloride powder packet 500 mg</i>	TIER 4	PA, SP, QLC (3 packs/day)
<i>sapropterin dihydrochloride soluble tab 100 mg</i>	TIER 4	PA, SP, QLC (14 tabs/day)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	TIER 4	PA, SP, QLC (20 gm/day)
<i>sodium phenylbutyrate tab 500 mg</i>	TIER 4	PA, SP, QLC (40 tabs/day)
STRENSIQ (<i>asfotase alfa</i>) 18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION	TIER 4	PA, SP, QLC (24 vials/28 days)
SUCRAID (<i>sacrosidase</i>) 8500 UNIT/ML SOLUTION	TIER 4	PA, SP, QLC (12 ml/day)
TEGSEDI (<i>inotersen sodium</i>) 284 MG/1.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
VIOKACE (<i>pancrelipase (lipase-protease-amylase)</i>) 10440 TAB, 20880 TAB	TIER 3	
VYNDAQEL (<i>tafamidis meglumine (cardiac)</i>) 20 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)
XURIDEN (<i>uridine triacetate</i>) 2 GM PACKET	TIER 4	PA, SP, QLC (4 packets/day)
ZAVESCA (<i>miglustat</i>) 100 MG CAP	TIER 4	PA, SP, QLC (3 caps/day)
ZENPEP (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-14000 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	TIER 2	
ZOKINVY (<i>lonafarnib</i>) 50 MG CAP, 75 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GENITOURINARY AGENTS (Drugs for Genital, Bladder, and Kidney)		
ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)		
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i> (DARIFENACIN HYDROBROMIDE ER)	TIER 1	ST, QLC (1 tab/day)
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> (DARIFENACIN HYDROBROMIDE ER)	TIER 1	ST, QLC (2 tabs/day)
DETROL (<i>tolterodine tartrate</i>) 1 MG TAB, 2 MG TAB	TIER 3	ST, QLC (2 tabs/day)
DETROL LA (<i>tolterodine tartrate</i>) 2 MG CAP ER 24H, 4 MG CAP ER 24H	TIER 3	ST, QLC (1 tab/day)
DITROPAN XL (<i>oxybutynin chloride</i>) 10 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
DITROPAN XL (<i>oxybutynin chloride</i>) 15 MG TAB ER 24H	TIER 3	QLC (2 tabs/day)
DITROPAN XL (<i>oxybutynin chloride</i>) 5 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
ENABLEX (<i>darifenacin hydrobromide</i>) 15 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
ENABLEX (<i>darifenacin hydrobromide</i>) 7.5 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
<i>flavoxate hcl tab 100 mg</i>	TIER 1	
GELNIQUE (<i>oxybutynin chloride</i>) 10 %	TIER 3	ST, QLC (1 pack/day)
GELNIQUE PUMP (<i>oxybutynin chloride</i>) 10 %	TIER 3	ST, QLC (one 30 gm gel pump/month)
GEMTESA (<i>vibegron</i>) 75 MG TAB	TIER 3	ST, QLC (1 tab/day)
MYRBETRIQ (<i>mirabegron</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
<i>oxybutynin chloride syrup 5 mg/5ml mg/ml</i>	TIER 1	
<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)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxybutynin chloride tab er 24hr 5 mg</i> (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (1 tab/day)
OXYTROL (<i>oxybutynin</i>) 3.9 MG/24HR PATCH TW	TIER 3	ST, QLC (8 patches/month)
<i>solifenacin succinate tab 10 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>solifenacin succinate tab 5 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 2 mg</i> (TOLTERODINE TARTRATE ER) 4hr	TIER 1	ST, QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 4 mg</i> (TOLTERODINE TARTRATE ER) 2hr	TIER 1	ST, QLC (1 tab/day)
<i>tolterodine tartrate tab 1 mg</i>	TIER 1	ST, QLC (2 tabs/day)
<i>tolterodine tartrate tab 2 mg</i>	TIER 1	ST, QLC (2 tabs/day)
TOVIAZ (<i>fesoterodine fumarate</i>) 4 MG TAB ER 24H, 8 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
<i>trospium chloride cap er 24hr 60 mg</i> (TROSPIUM CHLORIDE ER)	TIER 1	QLC (1 cap/day)
<i>trospium chloride tab 20 mg</i>	TIER 1	QLC (2 tabs/day)
VESICARE (<i>solifenacin succinate</i>) 5 MG TAB, 10 MG TAB	TIER 3	ST, QLC (1 tab/day)

BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

<i>alfuzosin hcl tab er 24hr 10 mg</i> (ALFUZOSIN HCL ER)	TIER 1	
AVODART (<i>dutasteride</i>) 0.5 MG CAP	TIER 3	QLC (1 cap/day)
CARDURA XL (<i>doxazosin mesylate (bph)</i>) 4 MG TAB ER 24H, 8 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
CIALIS (<i>tadalafil</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
<i>dutasteride cap 0.5 mg</i>	TIER 1	QLC (1 cap/day)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	TIER 2	PA, QLC (1 cap/day)
<i>finasteride tab 5 mg</i>	TIER 1	
FLOMAX (<i>tamsulosin hcl</i>) 0.4 MG CAP	TIER 3	
JALYN (<i>dutasteride-tamsulosin hcl</i>) 0.5-0.4 MG CAP	TIER 3	PA, QLC (1 cap/day)
PROSCAR (<i>finasteride</i>) 5 MG TAB	TIER 3	
RAPAFLO (<i>silodosin</i>) 4 MG CAP, 8 MG CAP	TIER 3	ST, QLC (1 cap/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>silodosin cap 4 mg</i>	TIER 1	ST, QLC (1 cap/day)
<i>silodosin cap 8 mg</i>	TIER 1	ST, QLC (1 cap/day)
<i>tadalafil tab 10 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>tadalafil tab 2.5 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>tadalafil tab 20 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>tadalafil tab 5 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>tamsulosin hcl cap 0.4 mg</i>	TIER 1	
UROXATRAL (<i>alfuzosin hcl</i>) 10 MG TAB ER 24H	TIER 3	

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

ADDYI (<i>flibanserin</i>) 100 MG TAB	TIER 3	PA, QLC (1 tab/day)
<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	
CAVERJECT (<i>alprostadil (vasodilator)</i>) 20 MCG RECON SOLN, 40 MCG RECON SOLN	TIER 3	PA, QLC (6 injections/month)
CAVERJECT IMPULSE (<i>alprostadil (vasodilator)</i>) 10 MCG KIT, 20 MCG KIT	TIER 3	PA, QLC (6 injections/month)
CUPRIMINE (<i>penicillamine</i>) 250 MG CAP	TIER 4	PA, QLC (16 caps/day)
CYTRA K CRYSTALS (<i>potassium citrate-citric acid</i>) 3300-1002 MG PACET	TIER 1	
CYTRA-3 (<i>pot & sod citrates w/citric ac</i>) - 550-500-4 MG/5ML SYRUP	TIER 1	
D-PENAMINE (<i>penicillamine</i>) -125 MG TAB	TIER 4	PA, QLC (32 tabs/day)
DEPEN TITRATABS (<i>penicillamine</i>) 250 MG	TIER 4	PA, QLC (16 tabs/day)
EDEX (<i>alprostadil (vasodilator)</i>) 10 MCG KIT, 20 MCG KIT, 40 MCG KIT	TIER 3	PA, QLC (6 injections/month)
ELMIRON (<i>pentosan polysulfate sodium</i>) 100 MG CAP	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
K-PHOS (<i>potassium phosphate monobasic</i>) -500 MG TAB	TIER 3	
K-PHOS NO 2 (<i>potassium & sodium acid phosphates</i>) -305-700 MG TAB	TIER 3	
K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) --155-852-130 MG TAB	TIER 3	
LEVITRA (<i>vardeafil hcl</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
LITHOSTAT (<i>acetohydroxamic acid</i>) 250 MG TAB	TIER 3	
MUSE (<i>alprostadil (vasodilator)</i>) 125 MCG PELLET, 250 MCG PELLET, 500 MCG PELLET, 1000 MCG PELLET	TIER 3	PA, QLC (6 suppositories/month)
ORACIT (<i>sodium citrate & citric acid</i>) 490-640 MG/5ML SOLUTION	TIER 3	
<i>penicillamine cap 250 mg</i>	TIER 4	PA, QLC (16 caps/day)
<i>penicillamine tab 250 mg</i>	TIER 4	PA, QLC (16 tabs/day)
<i>phenazopyridine hcl tab 100 mg</i>	TIER 1	
<i>phenazopyridine hcl tab 200 mg</i>	TIER 1	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i> (POT & SOD CIT-CIT AC)	TIER 1	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i> (TRICITRATES)	TIER 1	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i> (VIRTRATE-3)	TIER 1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (PHOSPHA 250 NEUTRAL) <i>ic</i>	TIER 1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (PHOSPHO-TRIN 250 NEUTRAL) <i>ic</i>	TIER 1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (PHOSPHOROUS) <i>ic</i>	TIER 1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (VIRT-PHOS 250 NEUTRAL) <i>ic</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i> (POTASSIUM CITRATE-CITRIC ACID)	TIER 1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i> (TARON-CRYSTALS)	TIER 1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i> (CYTRA-K)	TIER 1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i> (POTASSIUM CITRATE-CITRIC ACID)	TIER 1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i> (VIRTRATE-K)	TIER 1	
PYRIDIUM (<i>phenazopyridine hcl</i>) 100 MG TAB, 200 MG TAB	TIER 3	
RENACIDIN (<i>citric acid-gluconolactone-magnesium carbonate</i>) SOLUTION	TIER 3	PA, QLC (180 ml/day)
SHOHL'S MODIFIED (<i>sodium citrate & citric acid</i>) 500-334 MG/5ML SOLUTION	TIER 3	
<i>sildenafil citrate tab 100 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>sildenafil citrate tab 25 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>sildenafil citrate tab 50 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i> (CYTRA-2)	TIER 1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i> (SOD CITRATE-CITRIC ACID)	TIER 1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i> (VIRTRATE-2)	TIER 1	
STAXYN (<i>vardenafil hcl</i>) 10 MG TAB DISP	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
STENDRA (<i>avanafil</i>) 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
THIOLA (<i>tiopronin</i>) 100 MG TAB	TIER 4	PA, SP
THIOLA EC (<i>tiopronin</i>) EC 100 MG TAB DR, EC 300 MG TAB DR	TIER 4	PA, SP
URECHOLINE (<i>bethanechol chloride</i>) 5 MG TAB, 10 MG TAB, 25 MG TAB, 50 MG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>varedenafil hcl orally disintegrating tab 10 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>varedenafil hcl tab 10 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>varedenafil hcl tab 2.5 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>varedenafil hcl tab 20 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>varedenafil hcl tab 5 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
VIAGRA (<i>sildenafil citrate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
VYLEESI (<i>bremelanotide acetate</i>) 1.75 MG/0.3ML SOLN -INJ	TIER 4	PA, SP, QLC (8 doses/30 days)

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Glucocorticoids)

ACTHAR (<i>corticotropin</i>) 80 UNIT/ML GEL	TIER 4	PA, SP
<i>alclometasone dipropionate cream 0.05%</i>	TIER 1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	TIER 1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	TIER 1	
<i>betamethasone dipropionate oint 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	
CLOCORTOLONE PIVALATE 0.1 % CREAM	TIER 3	ST
CLOCORTOLONE PIVALATE PUMP 0.1 % CREAM	TIER 3	ST
CLODERM (<i>clocortolone pivalate</i>) 0.1 % CREAM	TIER 3	ST

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CLODERM PUMP (<i>clocortolone pivalate</i>) 0.1 % CREAM	TIER 3	ST
CORTISONE ACETATE 25 MG TAB	TIER 1	
DERMATOP (<i>prednicarbate</i>) 0.1 % CREAM, 0.1 % OINTMENT	TIER 3	
<i>desonide lotion 0.05%</i>	TIER 1	ST
<i>desonide lotion 0.05%</i> (LOKARA)	TIER 1	ST
DESOWEN (<i>desonide</i>) 0.05 % LOTION	TIER 3	ST
DEXABLISS (<i>dexamethasone</i>) 1.5 MG (39) TAB THPK	TIER 3	PA
DEXAMETHASONE 0.5 MG/5ML SOLUTION, 1 MG TAB, 2 MG TAB	TIER 1	
DEXAMETHASONE 1.5 MG (35) TAB THPK, 1.5 MG (51) TAB THPK	TIER 3	PA
<i>dexamethasone elixir 0.5 mg/5ml</i>	TIER 1	
<i>dexamethasone elixir 0.5 mg/5ml</i> (DECADRON)	TIER 1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	TIER 1	
<i>dexamethasone tab 0.5 mg</i>	TIER 1	
<i>dexamethasone tab 0.5 mg</i> (DECADRON)	TIER 1	
<i>dexamethasone tab 0.75 mg</i>	TIER 1	
<i>dexamethasone tab 0.75 mg</i> (DECADRON)	TIER 1	
<i>dexamethasone tab 1.5 mg</i>	TIER 1	
<i>dexamethasone tab 4 mg</i>	TIER 1	
<i>dexamethasone tab 4 mg</i> (DECADRON)	TIER 1	
<i>dexamethasone tab 6 mg</i>	TIER 1	
<i>dexamethasone tab 6 mg</i> (DECADRON)	TIER 1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	TIER 3	PA
<i>dexamethasone tab therapy pack 1.5 mg (21)</i> (DEXPAK 6 DAY)	TIER 3	PA
<i>dexamethasone tab therapy pack 1.5 mg (21)</i> (HIDEX 6-DAY)	TIER 3	PA
<i>dexamethasone tab therapy pack 1.5 mg (21)</i> (TAPERDEX 6-DAY)	TIER 3	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexamethasone tab therapy pack 1.5 mg (21)</i> (ZODEX 6-DAY)	TIER 3	PA
<i>dexamethasone tab therapy pack 1.5 mg (35)</i> (DEXPAK 10 DAY)	TIER 3	PA
<i>dexamethasone tab therapy pack 1.5 mg (51)</i> (DEXPAK 13 DAY)	TIER 3	PA
DIPROLENE AF (<i>betamethasone dipropionate augmented</i>) 0.05 % CREAM	TIER 3	
DXEVO 11-DAY (<i>dexamethasone</i>) -1.5 MG TAB THPK	TIER 3	PA
ELOCON (<i>mometasone furoate</i>) 0.1 % CREAM, 0.1 % OINTMENT	TIER 3	
EMFLAZA (<i>deflazacort</i>) 18 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
EMFLAZA (<i>deflazacort</i>) 22.75 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (6 bottles/month)
EMFLAZA (<i>deflazacort</i>) 6 MG TAB, 30 MG TAB, 36 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
<i>fludrocortisone acetate tab 0.1 mg</i>	TIER 1	
HEMADY (<i>dexamethasone</i>) 20 MG TAB	TIER 3	PA, QLC (2 tabs/day; max 24 tabs/28 days)
<i>hydrocortisone acetate suppos 25 mg</i>	TIER 1	
<i>hydrocortisone acetate suppos 25 mg</i> (ANUCORT-HC)	TIER 1	
<i>hydrocortisone acetate suppos 25 mg</i> (ANUSOL-HC)	TIER 4	PA
<i>hydrocortisone acetate suppos 25 mg</i> (HEMMOREX-HC)	TIER 1	
<i>hydrocortisone butyrate oint 0.1%</i>	TIER 1	
<i>hydrocortisone valerate oint 0.2%</i>	TIER 1	
ISTURISA (<i>osilodrostat phosphate</i>) 1 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)
ISTURISA (<i>osilodrostat phosphate</i>) 10 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
ISTURISA (<i>osilodrostat phosphate</i>) 5 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
KORLYM (<i>mifepristone (hyperglycemia)</i>) 300 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
LOCOID (<i>hydrocortisone butyrate</i>) 0.1 % OINTMENT	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LOCORT 11-DAY (<i>dexamethasone</i>) -1.5 MG (41) TAB THPK	TIER 3	PA, QLC (1 pack/month)
LOCORT 7-DAY (<i>dexamethasone</i>) -1.5 MG (2) TAB THPK	TIER 3	PA
MEDROL (<i>methylprednisolone</i>) 2 MG TAB	TIER 2	
MEDROL (<i>methylprednisolone</i>) 4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB, 32 MG TAB	TIER 3	
<i>methylprednisolone tab 16 mg</i>	TIER 1	
<i>methylprednisolone tab 32 mg</i>	TIER 1	
<i>methylprednisolone tab 4 mg</i>	TIER 1	
<i>methylprednisolone tab 8 mg</i>	TIER 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	TIER 1	
MICORT-HC (<i>hydrocortisone acetate (topical)</i>) -2.5 % CREAM	TIER 3	PA, QLC (56 tubes/month)
MILLIPRED (<i>prednisolone sodium phosphate</i>) 10 MG/5ML SOLUTION	TIER 3	
MILLIPRED (<i>prednisolone</i>) 5 MG TAB	TIER 2	PA
MILLIPRED DP (<i>prednisolone</i>) 5 MG (21) TAB THPK, 5 MG (48) TAB THPK	TIER 2	PA
MILLIPRED DP 12-DAY (<i>prednisolone</i>) -5 MG (48) TAB THPK	TIER 2	PA
<i>mometasone furoate cream 0.1%</i>	TIER 1	
<i>mometasone furoate oint 0.1%</i>	TIER 1	
ORAPRED ODT (<i>prednisolone sodium phosphate</i>) ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 30 MG TAB DISP	TIER 3	PA
PEDIAPRED (<i>prednisolone sodium phosphate</i>) 6.7 (5 BASE) MG/5ML SOLUTION	TIER 3	
PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT	TIER 1	
<i>prednicarbate cream 0.1%</i>	TIER 1	
PREDNISOLONE 15 MG/5ML SOLUTION	TIER 1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 2	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 2	PA
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 2	PA
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	PA
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	TIER 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	TIER 1	
PREDNISONE 5 MG/5ML SOLUTION	TIER 1	
PREDNISONE 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 20 mg</i> (DELTASONE)	TIER 1	
<i>prednisone tab 5 mg</i>	TIER 1	
<i>prednisone tab 50 mg</i>	TIER 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	TIER 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	TIER 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	TIER 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	TIER 1	
RAYOS (<i>prednisone</i>) 1 MG TAB DR	TIER 4	PA, QLC (3 tabs/day)
RAYOS (<i>prednisone</i>) 2 MG TAB DR	TIER 4	PA, QLC (2 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RAYOS (<i>prednisone</i>) 5 MG TAB DR	TIER 4	PA, QLC (12 tabs/day)
SERNIVO (<i>betamethasone dipropionate (topical)</i>) 0.05 % EMULSION	TIER 4	PA, QLC (1 bottle/month)
TAPERDEX 12-DAY (<i>dexamethasone</i>) -1.5 MG (49) TAB THPK	TIER 1	PA
TAPERDEX 7-DAY (<i>dexamethasone</i>) -1.5 MG (2) TAB THPK	TIER 3	PA
VERDESO (<i>desonide</i>) 0.05 % FOAM	TIER 3	PA
VERIPRED 20 (<i>prednisolone sodium phosphate</i>) MG/5ML SOLUTION	TIER 3	
ZCORT 7-DAY (<i>dexamethasone</i>) -1.5 MG (25) TAB THPK	TIER 3	PA
ZODEX 12-DAY (<i>dexamethasone</i>) -1.5 MG (49) TAB THPK	TIER 3	PA
ZONACORT 11 DAY (<i>dexamethasone</i>) 1.5 MG (41) TAB THPK	TIER 3	PA, QLC (1 pack/month)
ZONACORT 7 DAY (<i>dexamethasone</i>) 1.5 MG (2) TAB THPK	TIER 3	PA

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs to Replace/Stimulate Pituitary Gland Hormones)

CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	TIER 4	PA, SP
DDAVP (<i>desmopressin acetate spray</i>) 0.01 % SOLUTION	TIER 3	
DDAVP (<i>desmopressin acetate</i>) 0.1 MG TAB, 0.2 MG TAB	TIER 3	
DDAVP RHINAL TUBE (<i>desmopressin acetate refrigerated</i>) 0.01 % SOLUTION	TIER 3	
<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	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desmopressin acetate tab 0.1 mg</i>	TIER 1	
<i>desmopressin acetate tab 0.2 mg</i>	TIER 1	
EGRIFTA (<i>tesamorelin acetate</i>) 1 MG RECON SOLN	TIER 4	PA, SP, QLC (2 vials/day)
EGRIFTA SV (<i>tesamorelin acetate</i>) 2 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
FOLLISTIM AQ (<i>follitropin beta</i>) 300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION	TIER 4	PA, SP
GENOTROPIN (<i>somatropin</i>) 5 MG RECON SOLN, 12 MG RECON SOLN	TIER 4	PA, SP
GENOTROPIN MINIQUICK (<i>somatropin</i>) 0.2 MG RECON SOLN, 0.4 MG RECON SOLN, 0.6 MG RECON SOLN, 0.8 MG RECON SOLN, 1 MG RECON SOLN, 1.2 MG RECON SOLN, 1.4 MG RECON SOLN, 1.6 MG RECON SOLN, 1.8 MG RECON SOLN, 2 MG RECON SOLN	TIER 4	PA, SP
GONAL-F (<i>follitropin alfa</i>) -F 450 RECON SOLN, -F 1050 RECON SOLN	TIER 4	PA, SP
GONAL-F RFF (<i>follitropin alfa</i>) -75 UNIT RECON SOLN	TIER 4	PA, SP
GONAL-F RFF REDIJECT (<i>follitropin alfa</i>) -F 300 UNIT/0.5ML SOLUTION, -F 450 UNT/0.75ML SOLUTION, -F 900 UNIT/1.5ML SOLUTION	TIER 4	PA, SP
HUMATROPE (<i>somatropin</i>) 5 MG RECON SOLN, 6 MG RECON SOLN, 12 MG RECON SOLN, 24 MG RECON SOLN	TIER 4	PA, SP
INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION	TIER 4	PA, SP
MENOPUR (<i>menotropins</i>) 75 UNIT RECON SOLN	TIER 4	PA, SP
NOCDURNA (<i>desmopressin acetate</i>) 27.7 MCG SL TAB	TIER 3	PA, QLC (1 tab/day)
NOCDURNA (<i>desmopressin acetate</i>) 55.3 MCG SL TAB	TIER 3	PA, QLC (1 tab/day)
NOCTIVA (<i>desmopressin acetate</i>) 0.83 MCG/0.1ML EMULSION, 1.66 MCG/0.1ML EMULSION	TIER 3	PA, QLC (1 bottle/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NORDITROPIN FLEXPPO (<i>somatropin</i>) 5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN	TIER 4	PA, SP
NOVAREL (<i>chorionic gonadotropin</i>) 5000 RECON SOLN, 10000 RECON SOLN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 10 (<i>somatropin</i>) MG/2ML SOLN PEN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 20 (<i>somatropin</i>) MG/2ML SOLN PEN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 5 (<i>somatropin</i>) MG/2ML SOLN PEN	TIER 4	PA, SP
OMNITROPE (<i>somatropin</i>) 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART	TIER 4	PA, SP
ORIAHNN (<i>elagolix sodium-estradiol-norethindrone acetate</i>) 300-1-0.5 & 300 MG CAP THPK	TIER 4	PA, QLC (2 caps/day)
OVIDREL (<i>choriogonadotropin alfa</i>) 250 MCG/0.5ML INJECTABLE	TIER 4	PA, SP, QLC (1 syringe/28 days)
PREGNYL (<i>chorionic gonadotropin</i>) 10000 UNIT RECON SOLN	TIER 4	PA, SP
SAIZEN (<i>somatropin (non-refrigerated)</i>) 5 MG RECON SOLN, 8.8 MG RECON SOLN	TIER 4	PA, SP
SAIZEN CLICK.EASY (<i>somatropin (non-refrigerated)</i>) 8.8 MG RECON SOLN	TIER 4	PA, SP
SAIZENPREP (<i>somatropin (non-refrigerated)</i>) 8.8 MG RECON SOLN	TIER 4	PA, SP
SEROSTIM (<i>somatropin (non-refrigerated)</i>) 4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN	TIER 4	PA, SP
STIMATE (<i>desmopressin acetate</i>) 1.5 MG/ML SOLUTION	TIER 4	SP, QLC (2.5 ml/month)
ZOMACTON (FOR ZOMA-JET 10) (<i>somatropin</i>) CTON -MG RECON SOLN	TIER 4	PA, SP
ZOMACTON (<i>somatropin</i>) 5 MG RECON SOLN, 10 MG RECON SOLN	TIER 4	PA, SP
ZORBTIVE (<i>somatropin (non-refrigerated)</i>) 8.8 MG RECON SOLN	TIER 4	PA, SP

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)		
ANABOLIC STEROIDS		
ANADROL-50 (<i>oxymetholone</i>) -MG TAB	TIER 3	PA
OXANDRIN (<i>oxandrolone</i>) 2.5 MG TAB, 10 MG TAB	TIER 3	PA
<i>oxandrolone tab 10 mg</i>	TIER 1	PA
<i>oxandrolone tab 2.5 mg</i>	TIER 1	PA
ANDROGENS		
ANDRODERM (<i>testosterone</i>) 2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR	TIER 3	PA, QLC (1 patch/day)
ANDROGEL (<i>testosterone</i>) 20.25 MG/1.25GM (1.62%)	TIER 3	PA, QLC (1 packet/day)
ANDROGEL (<i>testosterone</i>) 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL	TIER 3	PA, QLC (300 grams/month)
ANDROGEL (<i>testosterone</i>) 40.5 MG/2.5GM (1.62%)	TIER 3	PA, QLC (2 packets/day)
ANDROGEL PUMP (<i>testosterone</i>) 20.25 MG/ACT (1.62%)	TIER 3	PA, QLC (2 bottles/month)
ANDROID (<i>methyltestosterone</i>) 10 MG CAP	TIER 2	PA
ANDROXY (<i>fluoxymesterone</i>) 10 MG TAB	TIER 1	PA, QLC (4 tabs/day)
AXIRON (<i>testosterone</i>) 30 MG/ACT SOLUTION	TIER 3	PA, QLC (2 bottles/month)
<i>danazol cap 100 mg</i>	TIER 1	
<i>danazol cap 200 mg</i>	TIER 1	
<i>danazol cap 50 mg</i>	TIER 1	
DEPO-TESTOSTERONE (<i>testosterone cypionate</i>) -100 MG/ML SOLUTION, -200 MG/ML SOLUTION	TIER 3	QLC (10 ml/month)
FORTESTA (<i>testosterone</i>) 10 MG/ACT (2%) GEL	TIER 3	PA, QLC (2 bottles/month)
JATENZO (<i>testosterone undecanoate</i>) 158 MG CAP, 198 MG CAP	TIER 3	PA, QLC (4 caps/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JATENZO (<i>testosterone undecanoate</i>) 237 MG CAP	TIER 3	PA, QLC (2 caps/day)
METHITEST (<i>methyltestosterone</i>) 10 MG TAB	TIER 2	PA
METHYLTESTOSTERONE 10 MG CAP	TIER 1	PA
NATESTO (<i>testosterone</i>) 5.5 MG/ACT GEL	TIER 3	PA, QLC (3 bottles/month)
STRIANT (<i>testosterone</i>) 30 MG MISC	TIER 3	PA, QLC (2 tabs/day)
TESTIM (<i>testosterone</i>) 50 MG/5GM (1%) GEL	TIER 3	PA, QLC (10 grams/day)
TESTOSTERONE 12.5 MG/ACT (1%) GEL, 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL	TIER 1	PA, QLC (300 grams/month)
TESTOSTERONE CYPIONATE 100 MG/ML SOLUTION, 200 MG/ML SOLUTION	TIER 1	QLC (10 ml/month)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	TIER 1	QLC (10 ml/month)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	TIER 1	QLC (10 ml/month)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	TIER 1	QLC (5 ml/month)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	TIER 1	QLC (5 ml/month)
<i>testosterone td gel 10mg/act (2%)</i>	TIER 1	PA, QLC (2 bottles/month)
<i>testosterone td gel 12.5 mg/act (1%)</i>	TIER 1	PA, QLC (300 grams/month)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	TIER 1	PA, QLC (1 packet/day)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	TIER 1	PA, QLC (2 bottles/month)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	TIER 1	PA, QLC (300 grams/month)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	TIER 1	PA, QLC (2 packets/day)
<i>testosterone td gel 50 mg/5gm (1%)</i>	TIER 1	PA, QLC (300 grams/month)
<i>testosterone td soln 30 mg/act</i>	TIER 1	PA, QLC (2 bottles/month)
TESTRED (<i>methyltestosterone</i>) 10 MG CAP	TIER 3	PA
VOGELXO (<i>testosterone</i>) 50 MG/5GM (1%)	TIER 3	PA, QLC (300 grams/month)
VOGELXO PUMP (<i>testosterone</i>) 12.5 MG/ACT (1%)	TIER 3	PA, QLC (300 grams/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XYOSTED (<i>testosterone enanthate</i>) 50 MG/0.5ML SOLN -INJ, 75 MG/0.5ML SOLN -INJ, 100 MG/0.5ML SOLN -INJ	TIER 3	PA, QLC (1 injection/week)
ESTROGENS (Contraceptives and Drugs for Menopause)		
ACTIVELLA (<i>estradiol & norethindrone acetate</i>) 0.5-0.1 MG TAB, 1-0.5 MG TAB	TIER 3	QLC (1 tab/day)
ALORA (<i>estradiol</i>) 0.025 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW	TIER 3	QLC (16 patches/28 days)
ANGELIQ (<i>drospirenone-estradiol</i>) 0.25-0.5 MG TAB, 0.5-1 MG TAB	TIER 3	QLC (1 tab/day)
ANNOVERA (<i>segesterone acetate-ethinyl estradiol</i>) 0.013-0.15 MG/24HR RING	TIER 3	PA, QLC (1 ring/364 days)
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>) 0.1-20 MG-MCG(21) TAB	TIER 3	PA
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) 3-0.02-0.451 MG TAB	TIER 3	
BIJUVA (<i>estradiol-progesterone</i>) 1-100 MG CAP	TIER 3	QLC (1 cap/day)
BREVICON (28) (<i>norethindrone & eth estradiol</i>) 0.5-35 MG-MCG TAB	TIER 3	
CLIMARA (<i>estradiol</i>) 0.025 MG/24HR PATCH WK, 0.0375 MG/24HR PATCH WK, 0.05 MG/24HR PATCH WK, 0.06 MG/24HR PATCH WK, 0.075 MG/24HR PATCH WK, 0.1 MG/24HR PATCH WK	TIER 3	QLC (8 patches/28 days)
CLIMARA PRO (<i>estradiol-levonorgestrel</i>) 0.045-0.015 MG/DAY PATCH WK	TIER 2	QLC (4 patches/month)
COMBIPATCH (<i>estradiol & norethindrone acetate</i>) 0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW	TIER 3	QLC (8 patches/month)
DELESTROGEN (<i>estradiol valerate</i>) 10 MG/ML OIL, 20 MG/ML OIL, 40 MG/ML OIL	TIER 3	
DEPO-ESTRADIOL (<i>estradiol cypionate</i>) -5 MG/ML OIL	TIER 3	
DESOGEN (<i>desogestrel & ethinyl estradiol</i>) 0.15-30 MG-MCG TAB	TIER 3	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (AZURETTE)	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (BEKYREE)	TIER 1	PH (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (DESOGESTREL-ETHINYL ESTRADIOL)	TIER 1	PH (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (KARIVA)	TIER 1	PH (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (KIMIDESS)	TIER 1	PH (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (PIMTREA)	TIER 1	PH (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (SIMLIYA)	TIER 1	PH (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (VIORELE)	TIER 1	PH (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (VOLNEA)	TIER 1	PH (Preventive Health)
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i> (CAZANT) <i>desog-0.025/25---</i>	TIER 1	PH (Preventive Health)
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i> (VELIVET) <i>desog-0.025/25---</i>	TIER 1	PH (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (APRI)	TIER 1	PH (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (CYRED EQ)	TIER 1	PH (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (CYRED)	TIER 1	PH (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (DESOGESTREL-ETHINYL ESTRADIOL)	TIER 1	PH (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (EMOQUETTE)	TIER 1	PH (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (ENSKYCE)	TIER 1	PH (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (ISIBLOOM)	TIER 1	PH (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (JULEBER)	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (KALLIGA)	TIER 1	PH (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (RECLIPSEN)	TIER 1	PH (Preventive Health)
DIVIGEL (<i>estradiol</i>) 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL	TIER 3	QLC (1 pack/day)
DIVIGEL (<i>estradiol</i>) 0.75 MG/0.75GM	TIER 3	QLC (1 pack/day)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (RAJANI)	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL) ---0.0-	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (TYDEMY) ---0.0-	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (GIANVI)	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (JASMIEL)	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (LO-ZUMANDIMINE)	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (LORYNA)	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (NIKKI)	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (VESTURA)	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (OCELLA)	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (SYEDA)	TIER 1	PH (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (ZARAH)	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (ZUMANDIMINE)	TIER 1	PH (Preventive Health)
ELESTRIN (<i>estradiol</i>) 0.52 MG/0.87 GM (0.06%) GEL	TIER 3	QLC (1 bottle/month)
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (COVARYX HS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EEMT HS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST HS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (COVARYX)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EEMT)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST DS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST)	TIER 1	
ESTRACE (<i>estradiol vaginal</i>) 0.1 MG/GM CREAM	TIER 3	
ESTRACE (<i>estradiol</i>) 0.5 MG TAB, 1 MG TAB, 2 MG TAB	TIER 3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (AMABELZ)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (LOPREEZA)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (MIMVEY LO)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (AMABELZ)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (LOPREEZA)	TIER 1	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (MIMVEY)	TIER 1	QLC (1 tab/day)
<i>estradiol tab 0.5 mg</i>	TIER 1	
<i>estradiol tab 1 mg</i>	TIER 1	
<i>estradiol tab 2 mg</i>	TIER 1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (DOTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (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)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (DOTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (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)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (DOTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (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)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (DOTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (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)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (DOTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (LYLLANA)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch weekly 0.025 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.0375 mg/24hr</i> (37.5 mcg/24hr)	TIER 1	QLC (8 patches/28 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estradiol td patch weekly 0.05 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.06 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	TIER 1	
<i>estradiol vaginal tab 10 mcg</i>	TIER 1	
<i>estradiol vaginal tab 10 mcg</i> (YUVAFEM)	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	TIER 2	
ESTROGEL (<i>estradiol</i>) 0.75 MG/1.25 GM (0.06%)	TIER 3	QLC (1 bottle/month)
ESTROPIRATE 0.75 MG TAB, 1.5 MG TAB, 3 MG TAB	TIER 1	
ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>) 1-20/1-30/1-35 MG-MCG TAB	TIER 3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	TIER 1	PH (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (KELNOR 1/35)	TIER 1	PH (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ZOVIA 1/35 (28))	TIER 1	PH (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ZOVIA 1/35E (28))	TIER 1	PH (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	TIER 1	PH (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (KELNOR 1/50)	TIER 1	PH (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (ZOVIA 1/50E (28))	TIER 1	PH (Preventive Health)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	TIER 1	PH (Preventive Health), QLC (1 ring/month)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (ELURYNG)	TIER 1	PH (Preventive Health), QLC (1 ring/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EVAMIST (<i>estradiol</i>) 1.53 MG/SPRAY SOLUTION	TIER 3	QLC (2 bottles/month)
FEMCON FE (<i>norethindrone & ethinyl estradiol-fe</i>) 0.4-35 MG-MCG CHEW TAB	TIER 3	
FEMHRT LOW DOSE (<i>norethindrone acetate-ethinyl estradiol</i>) 0.5-2.5 MG-MCG TAB	TIER 3	QLC (1 tab/day)
FEMRING (<i>estradiol acetate vaginal</i>) 0.05 MG/24HR RING, 0.1 MG/24HR RING	TIER 3	QLC (1 ring/3 months)
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>) 0.8-25 MG-MCG CHEW TAB	TIER 3	
IMVEXXY MAINTENANCE PACK (<i>estradiol vaginal</i>) 10 MCG INSERT	TIER 3	PA, QLC (8 inserts/28 days)
IMVEXXY MAINTENANCE PACK (<i>estradiol vaginal</i>) 4 MCG INSERT	TIER 3	PA, QLC (8 inserts/28 days)
IMVEXXY STARTER PACK (<i>estradiol vaginal</i>) 10 MCG INSERT	TIER 3	PA, QLC (18 inserts/28 days)
IMVEXXY STARTER PACK (<i>estradiol vaginal</i>) 4 MCG INSERT	TIER 3	PA, QLC (18 inserts/28 days)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (FAYOSIM)	TIER 1	PH (Preventive Health)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (LEVONORGEST-ETH EST & ETH EST)	TIER 1	PH (Preventive Health)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (RIVELSA)	TIER 1	PH (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (AMETHIA LO)	TIER 1	PH (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (CAMRESE LO)	TIER 1	PH (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	PH (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (LOJAIMIESS)	TIER 1	PH (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (AMETHIA)	TIER 1	PH (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (ASHLYNA)	TIER 1	PH (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (CAMRESE)	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (DAYSEE)	TIER 1	PH (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (JAIMIESS)	TIER 1	PH (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	PH (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (SIMPESS)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (ICLEVIA)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (INTROVALE)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (JOLESSA)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (QUASENSE)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (SETLAKIN)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (AFIRMELLE)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (AUBRA EQ)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (AUBRA)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (AVIANE)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (DELYLA)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (FALMINA)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LARISSIA)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LESSINA)	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LUTERA)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (ORSYTHIA)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (SRONYX)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (VIENVA)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (ALTAVERA)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (AYUNA)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (CHATEAL EQ)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (CHATEAL)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (KURVELO)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVORA 0.15/30 (28))	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LILLOW)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (MARLISSA)	TIER 1	PH (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (PORTIA-28)	TIER 1	PH (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (ENPRESSE-28)	TIER 1	PH (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONEST)	TIER 1	PH (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONORG-ETH ESTRAD TRIPHASIC)	TIER 1	PH (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (MYZILRA)	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (TRIVORA (28))	TIER 1	PH (Preventive Health)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	TIER 1	PH (Preventive Health), QLC (1 pack/month)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> (AMETHYST)	TIER 1	PH (Preventive Health), QLC (1 pack/month)
LO LOESTRIN FE (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>) ESTRIN 1 MG-10 MCG 10 MCG TAB	TIER 2	PH (Preventive Health)
LOESTRIN FE 1.5/30 (<i>norethin acet & estrad-fe</i>) /-MG-MCG TAB	TIER 3	
LOESTRIN FE 1/20 (<i>norethin acet & estrad-fe</i>) /-MG-MCG TAB	TIER 3	
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) 0.1-0.02 & 0.01 MG TAB	TIER 3	
MENEST (<i>esterified estrogens</i>) 0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB	TIER 3	
MENOSTAR (<i>estradiol</i>) 14 MCG/24HR PATCH WK	TIER 3	QLC (4 patches/28 days)
MINASTRIN 24 FE (<i>norethin acet & estrad-fe</i>) 1-20 MG-MCG() CHEW TAB	TIER 3	
MINIVELLE (<i>estradiol</i>) 0.025 MG/24HR PATCH TW, 0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW	TIER 3	QLC (16 patches/28 days)
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>) 0.15-0.02/0.01 MG (21/5) TAB	TIER 3	
NATAZIA (<i>estradiol valerate-dienogest</i>) 3/2-2/2-3/1 MG TAB	TIER 3	PA
NECON 1/50 (28) (<i>norethindrone & mestranol</i>) /-MG-MCG TAB	TIER 3	
NECON 10/11 (28) (<i>norethindrone-eth estradiol (biphasic)</i>) 35 MCG TAB	TIER 3	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (BALZIVA)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (BRIELLYN)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (GILDAGIA)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (PHILITH)	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (VYFEMLA)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (ZENCHENT)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (NECON 0.5/35 (28))	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (NORTREL 0.5/35 (28))	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (WERA)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (ALYACEN 1/35)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (CYCLAFEM 1/35)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (DASETTA 1/35)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (NORTREL 1/35 (21))	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (NORTREL 1/35 (28))	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (PIRMELLA 1/35)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (WYMZYA FE)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (ZENCHENT FE)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (KAITLIB FE)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (LAYOLIS FE)	TIER 1	PH (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (TILIA FE) ---20/-30/--	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (TRI-LEGEST FE) — 20/-30/-</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (AUROVELA 1/20)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (JUNEL 1/20)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (LARIN 1/20)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (LOESTRIN 1/20 (21))</i>	TIER 3	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (MICROGESTIN 1/20)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (NORETHINDRONE ACET-ETHINYL EST)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (AUROVELA 1.5/30)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (HAILEY 1.5/30)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (JUNEL 1.5/30)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (LARIN 1.5/30)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (LOESTRIN 1.5/30 (21))</i>	TIER 3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (MICROGESTIN 1.5/30)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (NORETHINDRONE ACET-ETHINYL EST)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (AUROVELA FE 1/20)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (BLISOVI FE 1/20)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (HAILEY FE 1/20)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (JUNEL FE 1/20)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (LARIN FE 1/20)</i>	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (LOESTRIN FE 1/20)	TIER 3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (MICROGESTIN FE 1/20)	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (TARINA FE 1/20 EQ)	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (TARINA FE 1/20)	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (AUROVELA FE 1.5/30)	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (BLISOVI FE 1.5/30)	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (HAILEY FE 1.5/30)	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (JUNEL FE 1.5/30)	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (LARIN FE 1.5/30)	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (LOESTRIN FE 1.5/30)	TIER 3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (MICROGESTIN FE 1.5/30)	TIER 1	PH (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (CHARLOTTE 24 FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (MELODETTA 24 FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (MIBELAS 24 FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (NORETHINDRONE ACET-ETHINYL EST)	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (GEMMILY)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (MERZEE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (AUROVELA 24 FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (BLISOVI 24 FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (HAILEY 24 FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (JUNEL FE 24)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (LARIN 24 FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (LOMEDIA 24 FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (MICROGESTIN 24 FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	PH (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (TARINA 24 FE)	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (FYAVOLV)	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (JEVANTIQUE LO)	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (FYAVOLV)	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (JINTELI)	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	TIER 1	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (ALYACEN 7/7/7) ---/1--	TIER 1	PH (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (CYCLAFEM 7/7/7) ---/1--	TIER 1	PH (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (DASETTA 7/7/7) - --/1--	TIER 1	PH (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (NECON 7/7/7) -- -/1--	TIER 1	PH (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (NORTREL 7/7/7) ---/1--	TIER 1	PH (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (NYLIA 7/7/7) ---/1--	TIER 1	PH (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (PIRMELLA 7/7/7) ---/1--	TIER 1	PH (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.5-35 mg-mcg</i> (ARANELLE) --/1--	TIER 1	PH (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.5-35 mg-mcg</i> (LEENA) --/1--	TIER 1	PH (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (ESTARYLLA)	TIER 1	PH (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (FEMYNOR)	TIER 1	PH (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (MILI)	TIER 1	PH (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (MONO-LINYAH)	TIER 1	PH (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (MONONESSA)	TIER 1	PH (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (NORGESTIMATE-ETH ESTRADIOL)	TIER 1	PH (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (NYMYO)	TIER 1	PH (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (PREVIFEM)	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (SPRINTEC 28)	TIER 1	PH (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (VYLIBRA)	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC) -- /0.215-/0.--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (TRI-LO-ESTARYLLA) --/0.215-/0.--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (TRI-LO-MARZIA) --/0.215-/0.--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (TRI-LO-MILI) --/0.215-/0.--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (TRI-LO-SPRINTEC) --/0.215-/0.--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (TRI-VYLIBRA LO) --/0.215-/0.--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (TRINESSA LO) --/0.215-/0.--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC) -- /0.215-/0.25--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI FEMYNOR) --/0.215-/0.25--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-ESTARYLLA) --/0.215-/0.25--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-LINYAH) --/0.215-/0.25--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-MILI) -- /0.215-/0.25--	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-NYMYO) --/0.215-/0.25--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-PREVIFEM) --/0.215-/0.25--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-SPRINTEC) --/0.215-/0.25--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-VYLIBRA) --/0.215-/0.25--	TIER 1	PH (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRINESSA (28)) --/0.215-/0.25--	TIER 1	PH (Preventive Health)
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (CRYSELLE-28)	TIER 1	PH (Preventive Health)
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (ELINEST)	TIER 1	PH (Preventive Health)
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (LOW-OGESTREL)	TIER 1	PH (Preventive Health)
NORINYL 1+35 (28) (<i>norethindrone & eth estradiol</i>) +-MG-MCG TAB	TIER 3	
NUVARING (<i>etonogestrel-ethinyl estradiol</i>) NUVA0.12-0.015 MG/24HR	TIER 3	QLC (1 ring/month)
OGESTREL (<i>norgestrel & ethinyl estradiol</i>) 0.5-50 MG-MCG TAB	TIER 1	PH (Preventive Health)
ORTHO TRI-CYCLEN (28) (<i>norgestimate-ethinyl estradiol (triphasic)</i>) - 0.18/0.215/0.25 MG-35 MCG TAB	TIER 3	
ORTHO TRI-CYCLEN LO (<i>norgestimate-ethinyl estradiol (triphasic)</i>) - 0.18/0.215/0.25 MG-25 MCG TAB	TIER 3	
ORTHO-CYCLEN (28) (<i>norgestimate-ethinyl estradiol</i>) -0.25-35 MG-MCG TAB	TIER 3	
ORTHO-NOVUM 1/35 (28) (<i>norethindrone & eth estradiol</i>) -/-MG-MCG TAB	TIER 3	
ORTHO-NOVUM 7/7/7 (28) (<i>norethindrone-eth estradiol (triphasic)</i>) - 0.5/0.75/1-35 MG-MCG TAB	TIER 3	
OVCON-35 (28) (<i>norethindrone & eth estradiol</i>) -0.4-MG-MCG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREFEST (<i>estradiol-norgestimate</i>) 1/1-0.09 MG (15/15) TAB	TIER 3	QLC (1 tab/day)
PREMARIN (<i>estrogens, conjugated vaginal</i>) 0.625 MG/GM CREAM	TIER 2	
PREMARIN (<i>estrogens, conjugated</i>) 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	TIER 3	
PREMPHASE (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.625-5 MG TAB	TIER 2	QLC (28 tabs/month)
PREMPRO (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB	TIER 2	QLC (28 tabs/month)
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) 42-21-21-7 DAYS TAB	TIER 3	
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) 3-0.03-0.451 MG TAB	TIER 3	
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) 0.15-0.03 & 0.01 MG TAB	TIER 3	
TAYTULLA (<i>norethin acet & estrad-fe</i>) 1-20 MG-MCG(24) CAP	TIER 3	PA
TRI-NORINYL (28) (<i>norethindrone-eth estradiol (triphasic)</i>) -0.5/1/0.5-35 MG-MCG TAB	TIER 3	
TWIRLA (<i>levonorgestrel-ethinyl estradiol</i>) 120-30 MCG/24HR PATCH WK	TIER 3	PA, QLC (3 patches/28 days)
TYBLUME (<i>levonorgestrel & eth estradiol</i>) 0.1-20 MG-MCG TAB	TIER 3	
VAGIFEM (<i>estradiol vaginal</i>) 10 MCG TAB	TIER 3	
VIVELLE-DOT (<i>estradiol</i>) -0.025 MG/24HR PATCH TW, -0.0375 MG/24HR PATCH TW, -0.05 MG/24HR PATCH TW, -0.075 MG/24HR PATCH TW, -0.1 MG/24HR PATCH TW	TIER 3	QLC (16 patches/28 days)
XULANE (<i>norelgestromin-ethinyl estradiol</i>) 150-35 MCG/24HR PATCH WK	TIER 1	PH (Preventive Health), QLC (3 patches/month)
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>) 3-0.03 MG TAB	TIER 3	
YAZ (<i>drospirenone-ethinyl estradiol</i>) 3-0.02 MG TAB	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROGESTINS		
AYGESTIN (<i>norethindrone acetate</i>) 5 MG TAB	TIER 3	
CRINONE (<i>progesterone (vaginal)</i>) 4 % GEL, 8 % GEL	TIER 3	PA
ELLA (<i>ulipristal acetate</i>) 30 MG TAB	TIER 3	PH (Preventive Health), QLC (1 tab/fill)
ENDOMETRIN (<i>progesterone (vaginal)</i>) 100 MG INSERT	TIER 2	PA
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	TIER 4	PA, SP, QLC (5 ml/month)
MAKENA (<i>hydroxyprogesterone caproate</i>) 250 MG/ML OIL	TIER 4	PA, SP, QLC (5 ml/month)
MAKENA (<i>hydroxyprogesterone caproate</i>) MKEN275 MG/1.1ML SOLN -INJ	TIER 4	PA, SP, QLC (1 injection/week)
<i>medroxyprogesterone acetate tab 10 mg</i>	TIER 1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	TIER 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	TIER 1	
MEGACE ES (<i>megestrol acetate (appetite)</i>) 625 MG/5ML SUSPENSION	TIER 3	
MEGACE ORAL (<i>megestrol acetate</i>) 40 MG/ML SUSPENSION	TIER 3	
<i>megestrol acetate susp 40 mg/ml</i>	TIER 1	
<i>megestrol acetate susp 625 mg/5ml</i>	TIER 1	
<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	
<i>norethindrone tab 0.35 mg</i>	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg (CAMILA)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg (DEBLITANE)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg (ERRIN)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg (HEATHER)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg (INCASSIA)</i>	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg (JENCYCLA)</i>	TIER 1	PH (Preventive Health)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone tab 0.35 mg</i> (JOLIVETTE)	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (LYLEQ)	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (LYZA)	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (NORA-BE)	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (NORLYDA)	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (NORLYROC)	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (SHAROBEL)	TIER 1	PH (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (TULANA)	TIER 1	PH (Preventive Health)
ORTHO MICRONOR (<i>norethindrone (contraceptive)</i>) 0.35 MG TAB	TIER 3	
PHEXXI (<i>lactic acid-citric acid-potassium bitartrate</i>) 1.8-1-0.4 % GEL	TIER 3	PA, QLC (1 box (12 applicators)/30 days)
<i>progesterone im in oil 50 mg/ml</i>	TIER 1	
<i>progesterone micronized cap 100 mg</i>	TIER 1	
<i>progesterone micronized cap 200 mg</i>	TIER 1	
PROMETRIUM (<i>progesterone micronized</i>) 100 MG CAP, 200 MG CAP	TIER 3	
PROVERA (<i>medroxyprogesterone acetate</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	
SLYND (<i>drospirenone</i>) 4 MG TAB	TIER 3	ST

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

CLOMIPHENE CITRATE 50 MG TAB	TIER 1	GL (Female), QLC (10 tabs/28 days)
<i>clomiphene citrate tab 50 mg</i>	TIER 1	GL (Female), QLC (10 tabs/28 days)
DUAVEE (<i>conjugated estrogens-bazedoxifene</i>) 0.45-20 MG TAB	TIER 2	QLC (1 tab/day)
EVISTA (<i>raloxifene hcl</i>) 60 MG TAB	TIER 3	PA, QLC (1 tab/day)
OSPHENA (<i>ospemifene</i>) 60 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>raloxifene hcl tab 60 mg</i>	TIER 1	PH (Preventive Health), QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for the Thyroid)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs to Replace Thyroid Hormone)		
ARMOUR THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB	TIER 2	
CYTOMEL (<i>lithyronine sodium</i>) 5 MCG TAB, 25 MCG TAB, 50 MCG TAB	TIER 3	
LEVOTHYROXINE SODIUM 13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP	TIER 3	
<i>levothyroxine sodium tab 100 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 100 mcg</i> (EUTHYROX)	TIER 3	
<i>levothyroxine sodium tab 100 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 100 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 100 mcg</i> (UNITHROID DIRECT)	TIER 3	
<i>levothyroxine sodium tab 100 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 112 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 112 mcg</i> (EUTHYROX)	TIER 3	
<i>levothyroxine sodium tab 112 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 112 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 112 mcg</i> (UNITHROID DIRECT)	TIER 3	
<i>levothyroxine sodium tab 112 mcg</i> (UNITHROID)	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levothyroxine sodium tab 125 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 125 mcg</i> (EUTHYROX)	TIER 3	
<i>levothyroxine sodium tab 125 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 125 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 125 mcg</i> (UNITHROID DIRECT)	TIER 3	
<i>levothyroxine sodium tab 125 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 137 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 137 mcg</i> (EUTHYROX)	TIER 3	
<i>levothyroxine sodium tab 137 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 137 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 137 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 150 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 150 mcg</i> (EUTHYROX)	TIER 3	
<i>levothyroxine sodium tab 150 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 150 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 150 mcg</i> (UNITHROID DIRECT)	TIER 3	
<i>levothyroxine sodium tab 150 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 175 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 175 mcg</i> (EUTHYROX)	TIER 3	
<i>levothyroxine sodium tab 175 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 175 mcg</i> (LEVOXYL)	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levothyroxine sodium tab 175 mcg</i> (UNITHROID DIRECT)	TIER 3	
<i>levothyroxine sodium tab 175 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 200 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 200 mcg</i> (EUTHYROX)	TIER 3	
<i>levothyroxine sodium tab 200 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 200 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 200 mcg</i> (UNITHROID DIRECT)	TIER 3	
<i>levothyroxine sodium tab 200 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 25 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 25 mcg</i> (EUTHYROX)	TIER 3	
<i>levothyroxine sodium tab 25 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 25 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 25 mcg</i> (UNITHROID DIRECT)	TIER 3	
<i>levothyroxine sodium tab 25 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 300 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 300 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 300 mcg</i> (UNITHROID DIRECT)	TIER 3	
<i>levothyroxine sodium tab 300 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 50 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 50 mcg</i> (EUTHYROX)	TIER 3	
<i>levothyroxine sodium tab 50 mcg</i> (LEVO-T)	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levothyroxine sodium tab 50 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 50 mcg</i> (UNITHROID DIRECT)	TIER 3	
<i>levothyroxine sodium tab 50 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 75 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 75 mcg</i> (EUTHYROX)	TIER 3	
<i>levothyroxine sodium tab 75 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 75 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 75 mcg</i> (UNITHROID DIRECT)	TIER 3	
<i>levothyroxine sodium tab 75 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 88 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 88 mcg</i> (EUTHYROX)	TIER 3	
<i>levothyroxine sodium tab 88 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 88 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 88 mcg</i> (UNITHROID DIRECT)	TIER 3	
<i>levothyroxine sodium tab 88 mcg</i> (UNITHROID)	TIER 3	
<i>liothyronine sodium tab 25 mcg</i>	TIER 1	
<i>liothyronine sodium tab 5 mcg</i>	TIER 1	
<i>liothyronine sodium tab 50 mcg</i>	TIER 1	
NATURE-THROID (<i>thyroid</i>) -16.25 MG TAB, -32.5 MG TAB, -48.75 MG TAB, -65 MG TAB, -81.25 MG TAB, -97.5 MG TAB, -113.75 MG TAB, -130 MG TAB, -146.25 MG TAB, -162.5 MG TAB, -195 MG TAB, -260 MG TAB, -325 MG TAB	TIER 3	

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

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	
THYQUIDITY (<i>levothyroxine sodium</i>) 100 MCG/5ML SOLUTION	TIER 3	QLC (300 ml/30 days)
<i>thyroid tab 120 mg (2 grain)</i>	TIER 2	
<i>thyroid tab 120 mg (2 grain)</i> (NP THYROID)	TIER 2	
<i>thyroid tab 15 mg (1/4 grain)</i>	TIER 2	
<i>thyroid tab 15 mg (1/4 grain)</i> (NP THYROID)	TIER 2	
<i>thyroid tab 30 mg (1/2 grain)</i>	TIER 2	
<i>thyroid tab 30 mg (1/2 grain)</i> (NP THYROID)	TIER 2	
<i>thyroid tab 60 mg (1 grain)</i>	TIER 2	
<i>thyroid tab 60 mg (1 grain)</i> (NP THYROID)	TIER 2	
<i>thyroid tab 90 mg (1 1/2 grain)</i>	TIER 2	
<i>thyroid tab 90 mg (1 1/2 grain)</i> (NP THYROID)	TIER 2	
THYROLAR-1 (<i>liotrix (t3-t4)</i>) -60 (2.5-50) MG (MCG) TAB	TIER 2	
THYROLAR-1/2 (<i>liotrix (t3-t4)</i>) -30 (6.25-25) MG (MCG) TAB	TIER 2	
THYROLAR-1/4 (<i>liotrix (t3-t4)</i>) -15 (3.1-12.5) MG (MCG) TAB	TIER 2	
THYROLAR-2 (<i>liotrix (t3-t4)</i>) -10 (5-100) MG (MCG) TAB	TIER 2	
THYROLAR-3 (<i>liotrix (t3-t4)</i>) -180 (7.5-150) MG (MCG) TAB	TIER 2	
TIROSINT (<i>levothyroxine sodium</i>) 13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TIROSINT-SOL (<i>levothyroxine sodium</i>) -SOL 13 MCG/ML SOLUTION, -SOL 25 MCG/ML SOLUTION, -SOL 50 MCG/ML SOLUTION, -SOL 75 MCG/ML SOLUTION, -SOL 88 MCG/ML SOLUTION, -SOL 100 MCG/ML SOLUTION, -SOL 112 MCG/ML SOLUTION, -SOL 125 MCG/ML SOLUTION, -SOL 137 MCG/ML SOLUTION, -SOL 150 MCG/ML SOLUTION, -SOL 175 MCG/ML SOLUTION, -SOL 200 MCG/ML SOLUTION	TIER 3	
WESTHROID (<i>thyroid</i>) 32.5 MG TAB, 65 MG TAB, 97.5 MG TAB, 130 MG TAB, 195 MG TAB	TIER 3	
WP THYROID 16.25 MG TAB, 32.5 MG TAB, 48.75 MG TAB, 65 MG TAB, 81.25 MG TAB, 97.5 MG TAB, 113.75 MG TAB, 130 MG TAB	TIER 3	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Drugs for Suppressing Hormones from the Pituitary Gland)

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Drugs to Suppress Pituitary Hormones)

BYNFEZIA PEN (<i>octreotide acetate</i>) 2500 MCG/ML (2.8 ML) SOLN	TIER 4	PA, SP
<i>cabergoline tab 0.5 mg</i>	TIER 1	QLC (16 tabs/month)
CETROTIDE (<i>cetrorelix acetate</i>) 0.25 MG KIT	TIER 4	PA, SP
GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	TIER 4	PA, SP
<i>leuprolide acetate inj kit 5 mg/ml</i>	TIER 4	PA, SP
MYCAPSSA (<i>octreotide acetate</i>) MYSSA 20 MG DR	TIER 4	PA, SP, QLC (4 caps/day)
OCTREOTIDE ACETATE 200 MCG/ML SOLUTION, 1000 MCG/ML SOLUTION	TIER 4	PA, SP
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	TIER 4	PA, SP

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	TIER 4	PA, SP
ORGOVYX (<i>relugolix</i>) 120 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
ORILISSA (<i>elagolix sodium</i>) 150 MG TAB	TIER 3	PA, QLC (1 tab/day)
ORILISSA (<i>elagolix sodium</i>) 200 MG TAB	TIER 3	PA, QLC (2 tabs/day)
SANDOSTATIN (<i>octreotide acetate</i>) 50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 200 MCG/ML SOLUTION, 500 MCG/ML SOLUTION, 1000 MCG/ML SOLUTION	TIER 4	PA, SP
SIGNIFOR (<i>pasireotide diaspertate</i>) 0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION	TIER 4	PA, SP, QLC (2 ampules/day)
SOMAVERT (<i>pegvisomant</i>) 10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
SYNAREL (<i>nafarelin acetate</i>) 2 MG/ML SOLUTION	TIER 4	PA, QLC (16 ml/30 days)

HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drugs for the Thyroid)

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	
SSKI (<i>potassium iodide (expectorant)</i>) 1 GM/ML SOLUTION	TIER 1	
TAPAZOLE (<i>methimazole</i>) 5 MG TAB, 10 MG TAB	TIER 3	

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

ANGIOEDEMA AGENTS

FIRAZYR (<i>icatibant acetate</i>) 30 MG/3ML SOLUTION	TIER 4	PA, SP, QLC (2 syringes per fill; not to exceed 12 syringes/2 months)
---	--------	---

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HAEGARDA (<i>c1 esterase inhibitor (human)</i>) 2000 RECON SOLN, 3000 RECON SOLN	TIER 4	PA, SP
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	TIER 4	PA, SP, QLC (2 syringes/fill; max 12 syringes/2 months)
ORLADEYO (<i>berotralstat hcl</i>) 110 MG CAP, 150 MG CAP	TIER 4	PA, SP, QLC (1 tab/day)
TAKHZYRO (<i>lanadelumab-flyo</i>) 300 MG/2ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/14 days)

IMMUNOLOGICAL AGENTS, OTHER

ACTEMRA (<i>tocilizumab</i>) 162 MG/0.9ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
ACTEMRA ACTPEN (<i>tocilizumab</i>) CTPEN 162 MG/0.9ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen injector/week)
ARCALYST (<i>rilonacept</i>) 220 MG RECON SOLN	TIER 4	PA, SP
BENLYSTA (<i>belimumab</i>) 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
COSENTYX (300 MG DOSE) (<i>secukinumab</i>) 150 /ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
COSENTYX (<i>secukinumab</i>) 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
COSENTYX SENSOREADY (300 MG) (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
COSENTYX SENSOREADY PEN (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
DUPIXENT (<i>dupilumab</i>) 200 MG/1.14ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN PEN	TIER 4	PA, SP, QLC (2 pens (4 ml)/ 28 days)
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
ENSPRYNG (<i>satralizumab-mwge</i>) 120 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
KEVZARA (<i>sarilumab</i>) 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
KEVZARA (<i>sarilumab</i>) KEVZR150 MG/1.14ML SOLN -INJ, KEVZR200 MG/1.14ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/14 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KINERET (<i>anakinra</i>) 100 MG/0.67ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/day)
OLUMIANT (<i>baricitinib</i>) 1 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
OLUMIANT (<i>baricitinib</i>) 2 MG TAB	TIER 4	PA, SP, 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, SP, QLC (1 syringe/week)
ORENCIA CLICKJECT (<i>abatacept</i>) ORENCI125 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 syringe/week)
OTEZLA (<i>apremilast</i>) 10 & 20 & 30 MG TAB THPK	TIER 4	PA, SP, QLC (1 pack/month)
PALFORZIA (12 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X & 0 CSPK	TIER 4	PA, SP, QLC (45 caps/14 days)
PALFORZIA (120 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) & 100 CSPK	TIER 4	PA, SP, QLC (30 caps/14 days)
PALFORZIA (160 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 3 X 20 & 100 CSPK	TIER 4	PA, SP, QLC (60 caps/14 days)
PALFORZIA (20 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) CSPK	TIER 4	PA, SP, QLC (15 caps/14 days)
PALFORZIA (200 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (00 X 100 CSPK	TIER 4	PA, SP, QLC (30 caps/14 days)
PALFORZIA (240 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (40 X 0 & X 100 CSPK	TIER 4	PA, SP, QLC (60 caps/14 days)
PALFORZIA (3 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X 1 CSPK	TIER 4	PA, SP, QLC (45 caps/14 days)
PALFORZIA (300 MG MAINTENANCE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (PACKET	TIER 4	PA, SP, QLC (1 packet/day)
PALFORZIA (300 MG TITRATION) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (PACKET	TIER 4	PA, SP, QLC (1 packet/day)
PALFORZIA (40 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 2 X 20 CSPK	TIER 4	PA, SP, QLC (30 caps/14 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PALFORZIA (6 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X 1 CSPK)	TIER 4	PA, SP, QLC (90 caps/14 days)
PALFORZIA (80 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 4 X 20 CSPK	TIER 4	PA, SP, QLC (60 caps/14 days)
RIDAURA (<i>auranofin</i>) 3 MG CAP	TIER 2	
SILIQ (<i>brodalumab</i>) 210 MG/1.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>) 75 /0.83ML PREF SY KT	TIER 4	PA, SP, QLC (1 kit/84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/84 days)
TALTZ (<i>ixekizumab</i>) 80 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
TALTZ (<i>ixekizumab</i>) TLTZ 80 MG/ML SOLN - INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PEN	TIER 4	PA, SP, QLC (1 injection/8 weeks)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/8 weeks)
XELJANZ (<i>tofacitinib citrate</i>) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)

IMMUNOSTIMULANTS

ACTIMMUNE (<i>interferon gamma-1b</i>) 2000000 UNIT/0.5ML SOLUTION	TIER 4	PA, SP
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	PA, SP
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (1 syringe/week)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/week)
PEGASYS PROCLICK (<i>peginterferon alfa-2a</i>) 135 MCG/0.5ML SOLUTION, 180 MCG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (1 pen/week)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYLATRON (<i>peginterferon alfa-2b (antineoplastic)</i>) 200 MCG KIT, 300 MCG KIT, 600 MCG KIT	TIER 4	PA, SP
IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)		
ARAVA (<i>leflunomide</i>) 10 MG TAB, 20 MG TAB	TIER 3	
ASTAGRAF XL (<i>tacrolimus</i>) 0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H	TIER 3	
AZASAN (<i>azathioprine</i>) 75 MG TAB, 100 MG TAB	TIER 3	
<i>azathioprine tab 50 mg</i>	TIER 1	
CELLCEPT (<i>mycophenolate mofetil</i>) 200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB	TIER 3	
CIMZIA PREFILLED (<i>certolizumab pegol</i>) 2 X 200 MG/ML KIT	TIER 4	PA, SP, QLC (1 kit/28 days)
CIMZIA STARTER KIT (<i>certolizumab pegol</i>) 6 X 200 MG/ML	TIER 4	PA, SP, QLC (3 kits/180 days per year)
<i>cyclosporine cap 100 mg</i>	TIER 1	
<i>cyclosporine cap 25 mg</i>	TIER 1	
CYCLOSPORINE MODIFIED (<i>cyclosporine modified (for microemulsion)</i>) 50 MG CAP	TIER 1	
<i>cyclosporine modified cap 100 mg</i>	TIER 1	
<i>cyclosporine modified cap 100 mg (GENGRAF)</i>	TIER 1	
<i>cyclosporine modified cap 25 mg</i>	TIER 1	
<i>cyclosporine modified cap 25 mg (GENGRAF)</i>	TIER 1	
<i>cyclosporine modified cap 50 mg</i>	TIER 1	
<i>cyclosporine modified cap 50 mg (GENGRAF)</i>	TIER 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	TIER 1	
<i>cyclosporine modified oral soln 100 mg/ml (GENGRAF)</i>	TIER 1	
ENBREL (<i>etanercept</i>) 25 MG RECON SOLN	TIER 4	PA, SP, QLC (8 vials/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 ml/28 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (4 ml/ 28 days)
ENBREL MINI (<i>etanercept</i>) 50 MG/ML SOLN CART	TIER 4	PA, SP, QLC (4 ml/ 28 days)
ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (4 ml/28 days)
ENVARSUS XR (<i>tacrolimus</i>) 0.75 MG TAB ER 24H	TIER 3	ST, QLC (11 tabs/day)
ENVARSUS XR (<i>tacrolimus</i>) 1 MG TAB ER 24H	TIER 3	ST, QLC (8 tabs/day)
ENVARSUS XR (<i>tacrolimus</i>) 4 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
<i>everolimus tab 0.25 mg</i>	TIER 1	QLC (2 tabs/day)
<i>everolimus tab 0.5 mg</i>	TIER 1	QLC (4 tabs/day)
<i>everolimus tab 0.75 mg</i>	TIER 1	QLC (2 tabs/day)
HUMIRA (<i>adalimumab</i>) 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes [1 kit]/28 days)
HUMIRA (<i>adalimumab</i>) 10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
HUMIRA (<i>adalimumab</i>) 80 MG/0.8ML PEN KIT	TIER 4	PA, SP, QLC (1 carton/year)
HUMIRA PEDIATRIC CROHNS START (<i>adalimumab</i>) 40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (3 or 6 syringes/year depending upon package size)
HUMIRA PEDIATRIC CROHNS START (<i>adalimumab</i>) 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	TIER 4	PA, SP, QLC (2 syr [1 kit]/year)
HUMIRA PEDIATRIC CROHNS START (<i>adalimumab</i>) 80 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (3 syr [1 kit]/year)
HUMIRA PEN (<i>adalimumab</i>) 40 MG/0.4ML KIT	TIER 4	PA, SP, QLC (2 pens [1 kit]/28 days)
HUMIRA PEN (<i>adalimumab</i>) 40 MG/0.8ML KIT	TIER 4	PA, SP, QLC (2 syringes/28 days)
HUMIRA PEN-CD/UC/HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML KIT	TIER 4	PA, SP, QLC (6 syringes/year)
HUMIRA PEN-CD/UC/HS STARTER (<i>adalimumab</i>) -80 MG/0.8ML KIT	TIER 4	PA, SP, QLC (1 carton/year)
HUMIRA PEN-PS/UV/ADOL HS START (<i>adalimumab</i>) -40 MG/0.8ML KIT	TIER 4	PA, SP, QLC (4 syringes/year)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMIRA PEN-PSOR/UEIT STARTER (<i>adalimumab</i>) -80 MG/0.8ML & 40MG/0.4ML KIT	TIER 4	PA, SP, QLC (1 carton/year)
IMURAN (<i>azathioprine</i>) 50 MG TAB	TIER 3	
<i>leflunomide tab 10 mg</i>	TIER 1	
<i>leflunomide tab 20 mg</i>	TIER 1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	TIER 1	OAC
<i>mycophenolate mofetil cap 250 mg</i>	TIER 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	TIER 1	
<i>mycophenolate mofetil tab 500 mg</i>	TIER 1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	TIER 1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	TIER 1	
MYFORTIC (<i>mycophenolate sodium</i>) 180 MG TAB DR, 360 MG TAB DR	TIER 3	
NEORAL (<i>cyclosporine modified (for microemulsion)</i>) 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	TIER 3	
OTREXUP (<i>methotrexate (antirheumatic)</i>) 7.5 MG/0.4ML SOLN -INJ, 10 MG/0.4ML SOLN -INJ, 12.5 MG/0.4ML SOLN -INJ, 15 MG/0.4ML SOLN -INJ, 17.5 MG/0.4ML SOLN -INJ, 20 MG/0.4ML SOLN -INJ, 22.5 MG/0.4ML SOLN -INJ, 25 MG/0.4ML SOLN -INJ	TIER 4	PA, SP, QLC (1 syringe/week)
PROGRAF (<i>tacrolimus</i>) 0.2 MG PACKET, 1 MG PACKET	TIER 3	PA

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROGRAF (<i>tacrolimus</i>) 0.5 MG CAP, 1 MG CAP, 5 MG CAP	TIER 3	
RAPAMUNE (<i>sirolimus</i>) 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB	TIER 3	
RASUVO (<i>methotrexate (antirheumatic)</i>) RSUVO 7.5 MG/0.15ML SOLN -INJ, RSUVO 10 MG/0.2ML SOLN -INJ, RSUVO 12.5 MG/0.25ML SOLN -INJ, RSUVO 15 MG/0.3ML SOLN -INJ, RSUVO 17.5 MG/0.35ML SOLN -INJ, RSUVO 20 MG/0.4ML SOLN -INJ, RSUVO 22.5 MG/0.45ML SOLN -INJ, RSUVO 25 MG/0.5ML SOLN -INJ, RSUVO 27.5 MG/0.55ML SOLN -INJ, RSUVO 30 MG/0.6ML SOLN -INJ	TIER 4	PA, SP, QLC (1 syringe/week)
REDITREX (<i>methotrexate (antirheumatic)</i>) 7.5 MG/0.3ML SOLN PRSYR, 10 MG/0.4ML SOLN PRSYR, 12.5 MG/0.05ML SOLN PRSYR, 15 MG/0.6ML SOLN PRSYR, 17.5 MG/0.7ML SOLN PRSYR, 20 MG/0.8ML SOLN PRSYR, 22.5 MG/0.9ML SOLN PRSYR, 25 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 syringes/28 days)
RINVOQ (<i>upadacitinib</i>) 15 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day)
SANDIMMUNE (<i>cyclosporine</i>) 100 MG/ML SOLUTION	TIER 2	
SANDIMMUNE (<i>cyclosporine</i>) 25 MG CAP, 100 MG CAP	TIER 3	
SIMPONI (<i>golimumab</i>) 50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/4 weeks)
<i>sirolimus oral soln 1 mg/ml</i>	TIER 1	
<i>sirolimus tab 0.5 mg</i>	TIER 1	
<i>sirolimus tab 1 mg</i>	TIER 1	
<i>sirolimus tab 2 mg</i>	TIER 1	
<i>tacrolimus cap 0.5 mg</i>	TIER 1	
<i>tacrolimus cap 1 mg</i>	TIER 1	
<i>tacrolimus cap 5 mg</i>	TIER 1	
TREXALL (<i>methotrexate sodium</i>) 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	TIER 3	OAC
XATMEP (<i>methotrexate</i>) 2.5 MG/ML SOLUTION	TIER 4	AL1 (Up to 8 yrs old), QLC (1 bottle/month), OAC

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XELJANZ XR (<i>tofacitinib citrate</i>) 11 MG TAB ER 24H, 22 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day)
ZORTRESS (<i>everolimus (immunosuppressant)</i>) 0.25 MG TAB, 0.75 MG TAB	TIER 3	QLC (2 tabs/day)
ZORTRESS (<i>everolimus (immunosuppressant)</i>) 0.5 MG TAB	TIER 3	QLC (4 tabs/day)
ZORTRESS (<i>everolimus (immunosuppressant)</i>) 1 MG TAB	TIER 2	QLC (2 tabs/day)

INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

AMINOSALICYLATES

APRISO (<i>mesalamine</i>) 0.375 GM CAP ER 24H	TIER 3	QLC (4 caps/day)
ASACOL HD (<i>mesalamine</i>) 800 MG TAB DR	TIER 3	ST, QLC (6 tabs/day)
AZULFIDINE (<i>sulfasalazine</i>) 500 MG TAB	TIER 3	
AZULFIDINE EN-TABS (<i>sulfasalazine</i>) -S 500 MG DR	TIER 3	
<i>balsalazide disodium cap 750 mg</i>	TIER 1	QLC (9 caps/day)
CANASA (<i>mesalamine</i>) 1000 MG SUPPOS	TIER 3	QLC (1 suppository/day)
COLAZAL (<i>balsalazide disodium</i>) 750 MG CAP	TIER 3	QLC (9 caps/day)
DELZICOL (<i>mesalamine</i>) 400 MG CAP DR	TIER 3	ST, QLC (6 caps/day)
DIPENTUM (<i>olsalazine sodium</i>) 250 MG CAP	TIER 3	ST, QLC (4 caps/day)
GIAZO (<i>balsalazide disodium</i>) 1.1 GM TAB	TIER 3	ST, QLC (6 tabs/day)
LIALDA (<i>mesalamine</i>) 1.2 GM TAB DR	TIER 3	QLC (4 tabs/day)
<i>mesalamine cap dr 400 mg</i>	TIER 1	ST, QLC (6 caps/day)
<i>mesalamine cap er 24hr 0.375 gm</i> (MESALAMINE ER)	TIER 1	QLC (4 caps/day)
<i>mesalamine enema 4 gm</i>	TIER 1	
<i>mesalamine suppos 1000 mg</i>	TIER 1	QLC (1 suppository/day)
<i>mesalamine tab delayed release 1.2 gm</i>	TIER 1	QLC (4 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mesalamine tab delayed release 800 mg</i>	TIER 1	ST, QLC (6 tabs/day)
PENTASA (<i>mesalamine</i>) 250 MG CAP ER	TIER 3	ST, QLC (4 caps/day)
PENTASA (<i>mesalamine</i>) 500 MG CAP ER	TIER 3	ST, QLC (8 caps/day)
SFROWASA (<i>mesalamine</i>) 4 GM/60ML ENEMA	TIER 3	
<i>sulfasalazine tab 500 mg</i>	TIER 1	
<i>sulfasalazine tab delayed release 500 mg</i>	TIER 1	

GLUCOCORTICOIDS

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)		
METABOLIC BONE DISEASE AGENTS		
ACTONEL (<i>risedronate sodium</i>) 150 MG TAB	TIER 3	ST, QLC (1 tab/month)
ACTONEL (<i>risedronate sodium</i>) 30 MG TAB	TIER 3	PA
ACTONEL (<i>risedronate sodium</i>) 35 MG TAB	TIER 3	ST, QLC (4 tabs/month)
ACTONEL (<i>risedronate sodium</i>) 5 MG TAB	TIER 3	ST, QLC (1 tab/day)
ALENDRONATE SODIUM 40 MG TAB	TIER 1	QLC (1 tab/day)
ALENDRONATE SODIUM 5 MG TAB	TIER 1	
<i>alendronate sodium oral soln 70 mg/75ml</i>	TIER 1	QLC (4 bottles/month)
<i>alendronate sodium tab 10 mg</i>	TIER 1	
<i>alendronate sodium tab 35 mg</i>	TIER 1	QLC (4 tabs/month)
<i>alendronate sodium tab 5 mg</i>	TIER 1	
<i>alendronate sodium tab 70 mg</i>	TIER 1	QLC (4 tabs/month)
ATELVIA (<i>risedronate sodium</i>) 35 MG TAB	TIER 3	ST, QLC (4 tabs/month)
BINOSTO (<i>alendronate sodium</i>) 70 MG EFFER TAB	TIER 3	ST, QLC (4 tabs/month)
BONIVA (<i>ibandronate sodium</i>) 150 MG TAB	TIER 3	ST, QLC (1 tab/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>calcitriol oral soln 1 mcg/ml</i>	TIER 1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	TIER 1	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	TIER 1	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	TIER 1	PA
DOXERCALCIFEROL 0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP	TIER 1	
<i>doxercalciferol cap 0.5 mcg</i>	TIER 1	
<i>doxercalciferol cap 1 mcg</i>	TIER 1	
<i>doxercalciferol cap 2.5 mcg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DRISDOL (<i>ergocalciferol</i>) 1.25 MG (50000 UT) CAP	TIER 3	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	TIER 1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (VITAMIN D (ERGOCALCIFEROL))	TIER 1	
ETIDRONATE DISODIUM 200 MG TAB, 400 MG TAB	TIER 2	
FORTEO (<i>teriparatide (recombinant)</i>) 600 MCG/2.4ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen/month)
FOSAMAX (<i>alendronate sodium</i>) 70 MG TAB	TIER 3	QLC (4 tabs/month)
FOSAMAX PLUS D (<i>alendronate sodium-cholecalciferol</i>) 70-2800 MG-TAB, 70-5600 MG-TAB	TIER 3	QLC (4 tabs/month)
HECTOROL (<i>doxercalciferol</i>) 0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP	TIER 3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	TIER 1	ST, QLC (1 tab/month)
MIACALCIN (<i>calcitonin (salmon)</i>) 200 UNIT/ACT SOLUTION	TIER 3	QLC (1 bottle/month)
MIACALCIN (<i>calcitonin (salmon)</i>) 200 UNIT/ML SOLUTION	TIER 4	
NATPARA (<i>parathyroid hormone (recombinant)</i>) 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE	TIER 4	PA, SP, QLC (2 cartridges/month)
<i>paricalcitol cap 1 mcg</i>	TIER 1	
<i>paricalcitol cap 2 mcg</i>	TIER 1	
<i>paricalcitol cap 4 mcg</i>	TIER 1	
RAYALDEE (<i>calcifediol</i>) 30 MCG CAP ER	TIER 4	PA
<i>risedronate sodium tab 150 mg</i>	TIER 1	ST, QLC (1 tab/month)
<i>risedronate sodium tab 30 mg</i>	TIER 1	PA
<i>risedronate sodium tab 35 mg</i>	TIER 1	ST, QLC (4 tabs/month)
<i>risedronate sodium tab 5 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>risedronate sodium tab delayed release 35 mg</i>	TIER 1	ST, QLC (4 tabs/month)
ROCALTROL (<i>calcitriol</i>) 0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SENSIPAR (<i>cinacalcet hcl</i>) 30 MG TAB, 60 MG TAB, 90 MG TAB	TIER 3	PA
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen injector/28 days)
TYMLOS (<i>abaloparatide</i>) 3120 MCG/1.56ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen/month)
XGEVA (<i>denosumab</i>) 120 MG/1.7ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/month)
ZEMPLAR (<i>paricalcitol</i>) 1 MCG CAP, 2 MCG CAP	TIER 3	

MISCELLANEOUS THERAPEUTIC AGENTS

1ST TIER UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC	TIER 2	
1ST TIER UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
1ST TIER UNILET COMFORTOUCH MISC	TIER 2	QLC (200 lancets/month)
ABOUTIME PEN NEEDLE PEN 30G 8 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ACCU-CHEK AVIVA PLUS (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK COMPACT PLUS (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK FASTCLIX LANCETS - MISC	TIER 2	QLC (204 lancets/month)
ACCU-CHEK GUIDE (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK MULTICLIX LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ACCU-CHEK SAFE-T PRO LANCETS -- LANCES MISC	TIER 2	QLC (200 lancets/month)
ACCU-CHEK SMARTVIEW (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK SOFT TOUCH LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ACCU-CHEK SOFTCLIX LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ACCUTREND GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ACTI-LANCE 28G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE LITE LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE SPECIAL LANCETS 17G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE UNIVERSAL 23G - MISC	TIER 2	QLC (200 lancets/month)
ACTIVE 1ST BLOOD LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ADVANCE INTUITION TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ADVANCE MICRO-DRAW TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
ADVANCED MOBILE LANCET MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE INSULIN PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 33G 4 MM MISC	TIER 2	
ADVOCATE INSULIN SYRINGE 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ADVOCATE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE REDI-CODE (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
ADVOCATE REDI-CODE+ TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
ADVOCATE SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AEROCHAMBER MINI CHAMBER DEVICE	TIER 2	
AEROCHAMBER MV MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU LARGE - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU MEDIUM - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU SMALL - MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
AGAMATRIX AMP TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AGAMATRIX JAZZ TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AGAMATRIX KEYNOTE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AGAMATRIX PRESTO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AGAMATRIX ULTRA-THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
AIMSCO TWIST LANCETS 32G MISC	TIER 2	QLC (200 lancets/month)
AIMSCO TWIST LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
ANTI-STICK INSULIN SYRINGE -STICK 28G 1/2" 0.5 ML MISC, -STICK 29G 1/2" 0.5 ML MISC, -STICK 29G 1/2" 1 ML MISC	TIER 2	
AQUALANCE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ARIAL CHAMBER DEVICE	TIER 2	
ASSURE 3 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE 4 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE COMFORT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS HIGH MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS LOW MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS MICRO MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ASSURE HAEMOLANCE PLUS NORMAL MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS PED MISC	TIER 2	QLC (200 lancets/month)
ASSURE ID INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
ASSURE ID SAFETY PEN NEEDLES PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 31G 5 MISC	TIER 2	
ASSURE II (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE II CHECK (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE LANCE LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE PLUS SAFETY 25G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE PLUS SAFETY 30G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE SAFETY LANCET 28G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ASSURE PLATINUM (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE PRISM MULTI TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE PRO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AT LAST LANCETS MISC	TIER 2	QLC (200 lancets/month)
AT LAST TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AURORA LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
AURORA LANCET THIN 23G MISC	TIER 2	QLC (200 lancets/month)
AURORA PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
AURORA UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC	TIER 2	
BAYER BREEZE 2 TEST (<i>glucose blood</i>) DISK	TIER 3	PA, QLC (200 strips/month)
BAYER MICROLET LANCETS MISC	TIER 2	QLC (200 lancets/month)
BD AUTOSHIELD 5MM MISC, 8MM MISC	TIER 2	
BD AUTOSHIELD DUO 30G X 5 MM MISC	TIER 2	
BD INSULIN SYR ULTRAFINE II 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BD INSULIN SYRINGE 25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G 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, U-100 1 ML MISC	TIER 2	
BD INSULIN SYRINGE HALF-UNIT -31G X 5/16" 0.3 ML MISC	TIER 2	
BD INSULIN SYRINGE MICROFINE 27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC	TIER 2	
BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC	TIER 2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	TIER 2	
BD INSULIN SYRINGE U/F 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 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	
BD INSULIN SYRINGE ULTRAFINE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
BD LANCET ULTRAFINE 30G MISC	TIER 2	QLC (200 lancets/month)
BD LANCET ULTRAFINE 33G MISC	TIER 2	QLC (200 lancets/month)
BD MICROTAINER LANCETS MISC	TIER 2	QLC (200 lancets/month)
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC	TIER 2	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	TIER 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	TIER 2	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	TIER 2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	TIER 2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	TIER 2	
BD SAFETY-LOK INSULIN SYRINGE -29G X 1/2" 1 ML MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BD SAFETYGLIDE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 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	TIER 2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	TIER 2	
BD VEO INSULIN SYRINGE U/F 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC	TIER 2	
BIOSCANNER GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
BREATHE EASE LARGE DEVICE	TIER 2	
BREATHE EASE MEDIUM DEVICE	TIER 2	
BREATHE EASE SMALL DEVICE	TIER 2	
BREATHERITE COLL SPACER ADULT MISC	TIER 2	
BREATHERITE COLL SPACER CHILD MISC	TIER 2	
BREATHERITE COLL SPACER INFANT MISC	TIER 2	
BREATHERITE MISC	TIER 2	
BREATHERITE RIGID SPACER/MASK MISC	TIER 2	
BREATHERITE SPACER NEONATE MISC	TIER 2	
BREATHERITE SPACER SMALL CHILD MISC	TIER 2	
BREATHERITE VALVED MDI CHAMBER DEVICE	TIER 2	
BREATHERITE/LARGE MASK MISC	TIER 2	
BREATHERITE/MEDIUM MASK MISC	TIER 2	
BREATHERITE/SMALL MASK MISC	TIER 2	
BREEZE 2 TEST (<i>glucose blood</i>) DISK	TIER 3	PA, QLC (200 strips/month)
BULLSEYE MINI SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
BULLSEYE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
CAREFINE PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CAREONE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CAREONE INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 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	
CAREONE LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
CAREONE LANCET THIN 23G MISC	TIER 2	QLC (200 lancets/month)
CAREONE UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
CAREONE UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
CARESENS LANCETS MISC	TIER 2	QLC (200 lancets/month)
CARESENS N GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CARETOUCH INSULIN SYRINGE 28G 5/16" 1 ML MISC, 29G 5/16" 1 ML MISC	TIER 2	
CARETOUCH PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC	TIER 2	
CARETOUCH SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CARETOUCH TWIST LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
CAYA (<i>diaphragm arc-spring</i>)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
CEQUR SIMPLICITY 2U DEVICE	TIER 3	PA, QLC (1 pen/year)
CHEK-STIX CONTROL (<i>acetone (urine) test</i>) - STRIP	TIER 2	
CHEMSTRIP K (<i>acetone (urine) test</i>) CHEM	TIER 2	
CHEMSTRIP UGK (<i>urine glucose-ketones test</i>) CHEM	TIER 2	
CLEANLET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CLEVER CHEK AUTO-CODE TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHEK AUTO-CODE VOICE (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHEK LANCETS MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHEK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHOICE AUTO-CODE TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHOICE COMFORT EZ 29G 12MM MISC, 33G 4 MM MISC	TIER 2	
CLEVER CHOICE HOLDING CHAMBER DEVICE	TIER 2	
CLEVER CHOICE LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE MICRO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHOICE NO CODING (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHOICE TALK SYSTEM (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CLICKFINE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
COAGUCHEK LANCETS MISC	TIER 2	QLC (200 lancets/month)
COMFORT ASSIST INSULIN SYRINGE 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
COMFORT ASSURED LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
COMFORT ASSURED LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMFORT EZ INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC	TIER 2	
COMFORT EZ PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC, PEN 33G 8 MISC	TIER 2	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
COMFORT LANCETS MISC	TIER 2	QLC (200 lancets/month)
COMFORT TOUCH INSULIN PEN NEED PEN 4 MISC, PEN 5 MISC, PEN 6 MISC	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	
CONTOUR NEXT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CONTOUR TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CONTROL AST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CONTROL TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
COOL BLOOD GLUCOSE TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
CVS ADVANCED GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CVS GLUCOSE METER TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
CVS KETONE CARE (<i>urine glucose-ketones test</i>) STRIP	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CVS LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ORIGINAL MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ULTRA-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
CVS ULTRA THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
D-CARE BLOOD GLUCOSE (<i>glucose blood</i>) -BLOO STRIP	TIER 3	PA, QLC (200 strips/month)
DIATHRIVE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
DIATHRIVE GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
DIATHRIVE LANCET ULTRA THIN 30 MISC	TIER 2	QLC (200 lancets/month)
DIATHRIVE LANCETS MISC	TIER 2	QLC (200 lancets/month)
DIATHRIVE PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
DIATHRIVE+ GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
DIATRUE PLUS TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
DROPLET INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 15/64" 0.3 ML MISC, 30G 15/64" 0.5 ML MISC, 30G 15/64" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 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	
DROPLET LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
DROPLET MICRON 34G X 3.5 MM MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DROPLET PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC	TIER 2	
DROPLET PERSONAL LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
DROPSAFE SAFETY PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
DRUG MART LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART ON-THE-GO LANCET 30G -- MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC	TIER 2	
DRUG MART UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNILET LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
DUO-CARE TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
E-Z JECT LANCET MICRO-THIN 33G -JCT - MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCET SUPER THIN 30G -JCT MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS 21G -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS THIN 26G -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
E-Z SPACER - DVIC	TIER 2	
E-Z SPACER THE BODY GUARDS PK - DVIC	TIER 2	
EASIVENT MASK LARGE MISC	TIER 2	
EASIVENT MASK MEDIUM MISC	TIER 2	
EASIVENT MASK SMALL MISC	TIER 2	
EASIVENT MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASY COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC, 32G 5/16" 1 ML MISC	TIER 2	
EASY COMFORT LANCETS MISC	TIER 2	QLC (200 lancets/month)
EASY COMFORT LANCETS TWIST TOP MISC	TIER 2	QLC (200 lancets/month)
EASY COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC	TIER 2	
EASY PLUS BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY PLUS II GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY STEP TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TALK BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TOUCH FLIPLOCK INSULIN SY SY 29G 1/2" 1 ML MISC, SY 30G 1/2" 1 ML MISC, SY 30G 5/16" 1 ML MISC, SY 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	
EASY TOUCH INSULIN SYRINGE 27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASY TOUCH LANCETS 28G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 30G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 32G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 32G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 33G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC	TIER 2	
EASY TOUCH SAFETY LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY PEN NEEDLES PEN 29G 5MM MISC, PEN 29G 8MM MISC, PEN 30G 8 MM MISC	TIER 2	
EASY TOUCH SHEATHLOCK SYRINGE 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TRAK BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TRAK II GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TWIST & CAP LANCETS MISC	TIER 2	QLC (200 lancets/month)
EASYGLUCO (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYGLUCO PLUS (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 test strips/month)
EASYMAX 15 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYMAX TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYPLUS BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYPRO BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASYPRO PLUS (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYTEST II LANCETS MISC	TIER 2	QLC (200 lancets/month)
EASYTEST LANCETS MISC	TIER 2	QLC (200 lancets/month)
ELEMENT COMPACT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ELEMENT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ELITE-THIN INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -28G 5/16" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -29G 5/16" 1 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 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	
EMBRACE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EMBRACE EVO BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EMBRACE LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
EMBRACE PRO GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EMBRACE TALK GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EQ BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
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	
EQL COLOR LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EQL COLOR LANCETS MICRO 33G MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EQL INSULIN SYRINGE 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EQL SUPER THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
EQL THIN LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EVENCARE + BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE G2 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE G3 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE MINI GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE PROVIEW GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVOLUTION AUTOCODE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVRYSDI (<i>risdiplam</i>) 0.75 MG/ML RECON SOLN	TIER 4	PA, SP, QLC (6.67 ml/day)
EXACTECH R-S-G TEST (<i>glucose blood</i>) -- TET TIP	TIER 3	PA, QLC (200 strips/month)
EXACTECH TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EXEL COMFORT POINT INSULIN SYR EEL 28G 1/2" 0.5 ML MISC, EEL 28G 1/2" 1 ML MISC, EEL 29G 1/2" 0.3 ML MISC, EEL 29G 1/2" 0.5 ML MISC, EEL 29G 1/2" 1 ML MISC, EEL 30G 5/16" 0.3 ML MISC, EEL 30G 5/16" 0.5 ML MISC, EEL 30G 5/16" 1 ML MISC	TIER 2	
EXEL COMFORT POINT PEN NEEDLE EEL PEN 29G 12MM MISC, EEL PEN 31G 4 MM MISC, EEL PEN 31G 6 MM MISC, EEL PEN 31G 8 MM MISC	TIER 2	
EZ SMART BLOOD GLUCOSE LANCETS MISC	TIER 2	QLC (200 lancets/month)
EZ SMART BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EZ SMART PLUS GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EZ-LETS LANCETS 21G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 23G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 26G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 30G - MISC	TIER 2	QLC (200 lancets/month)
FEMCAP (<i>cervical caps</i>) 22 DEVICE, 26 DEVICE, 30 DEVICE	TIER 2	PH (Preventive Health), QLC (one cervical cap/300 days)
FIFTY50 GLUCOSE TEST 2.0 (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FIFTY50 PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
FIFTY50 SAFETY SEAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
FIFTY50 SUPERIOR COMFORT SYR 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
FIFTY50 UNILET LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
FINE 30 MISC	TIER 2	QLC (200 lancets/month)
FINGERSTIX LANCETS MISC	TIER 2	QLC (200 lancets/month)
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	
FORA 6 CONNECT (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA D15G BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA D20 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA D40/G31 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA G20 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA G30/PREM V10 GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FORA GD20 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA GD50 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA GTEL BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA GTEL BLOOD KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
FORA LANCETS MISC	TIER 2	QLC (200 lancets/month)
FORA TN'G/TN'G VOICE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA V10 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA V12 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA V20 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA V30A BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORACARE GD40 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORACARE PREMIUM V10 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORACARE TEST N GO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORTISCARE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FREDS PHARMACY UNIFINE PENTIP+ 5 MISC, 8 MISC	TIER 2	
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
FREDS PHARMACY UNILET LANC 28G MISC	TIER 2	QLC (200 lancets/month)
FREDS PHARMACY UNILET LANC 30G MISC	TIER 2	QLC (200 lancets/month)
FREESTYLE INSULINX TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FREESTYLE LANCETS MISC	TIER 2	QLC (200 lancets/month)
FREESTYLE LITE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FREESTYLE PRECISION INS SYR 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FREESTYLE PRECISION NEO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FREESTYLE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FREESTYLE UNISTICK II LANCETS MISC	TIER 2	QLC (200 lancets/month)
GE100 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GENSTRIP 50 (<i>glucose blood</i>) GEN	TIER 3	PA, QLC (200 test strips/month)
GENTEEL BUTTERFLY TOUCH LANCET MISC	TIER 2	QLC (200 lancets/month)
GENTLE-LET GP LANCETS - MISC	TIER 2	QLC (200 lancets/month)
GENTLE-LET LANCETS - MISC	TIER 2	QLC (200 lancets/month)
GENULTIMATE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GHT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLOBAL EASE INJECT PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
GLOBAL EASY GLIDE INSULIN SYR 5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC	TIER 2	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	TIER 2	
GLOBAL INJECT EASE INSULIN SYR 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GLOBAL INJECT EASE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GLOBAL INJECT EASE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GLOBAL INSULIN SYRINGES 1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC	TIER 2	
GLUCO PERFECT 3 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD 01 SENSOR PLUS (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD EXPRESSION TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GLUCOCARD SHINE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD VITAL TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD X-SENSOR (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCOM LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCONAVII BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOPRO INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GLUCOSE METER TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOSOURCE LANCETS MISC	TIER 2	QLC (200 lancets/month)
GNP CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
GNP EASY TOUCH GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GNP INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GNP LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
GNP MICRO THIN LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GNP SUPER THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GNP ULTICARE PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
GNP ULTRA COM INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GOJJI BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GOJJI BLOOD KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
GOJJI BLOOD TEST STRIP/LANCETS (<i>glucose blood</i>) /LANCETS	TIER 3	PA, QLC (200 units/month)
GOJJI STERILE LANCETS MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	TIER 2	
GOODSENSE COLOR LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 26G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 30G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 33G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE PEN NEEDLE PENFINE PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
H-E-B INCONTROL LANCETS 28G --LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL LANCETS 30G --LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL LANCETS 33G --LANCTS MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
H-E-B INCONTROL PEN NEEDLES --PN 29G 12MM MISC, --PN 31G 5 MM MISC, --PN 31G 6 MM MISC, --PN 31G 8 MM MISC, --PN 32G 4 MM MISC	TIER 2	
H-E-B INCONTROL UNIFINE PENTIP --UNIFINPNTIP 32G X 4 MM MISC	TIER 2	
HAEMOLANCE LOW FLOW LANCETS F MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS HIGH FLOW MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS LOW FLOW F MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS MAX FLOW MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	TIER 2	QLC (200 lancets/month)
HARMONY BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
HEALTHWISE INSULIN SYR/NEEDLE 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 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	
HEALTHWISE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	TIER 2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	TIER 2	
HEALTHWISE SHORT PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
HEALTHY ACCENTS UNIFINE PENTIP 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
HEALTHY ACCENTS UNILET LANCETS MISC	TIER 2	QLC (200 lancets/month)
HM ULTICARE INSULIN SYRINGE 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	TIER 2	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
HUMAPEN LUXURA HD DEVICE	TIER 2	PA, QLC (1 pen/year)
HW EMBRACE PRO GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
HW EMBRACE TALK GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
HY-VEE LANCETS - MISC	TIER 2	QLC (200 lancets/month)
HY-VEE THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
IGLUCOSE TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
IN TOUCH BLOOD GLUCOSE TEST (<i>glucose blood</i>) IN STRIP	TIER 3	PA, QLC (200 strips/month)
IN TOUCH STERILE LANCETS 30G IN MISC	TIER 2	QLC (200 lancets/month)
INFINITY BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
INFINITY VOICE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
INPEN 100-BLUE-LILLY -- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-BLUE-NOVO -- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-GRAY-LILLY -- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-GREY-NOVO -- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-PINK-LILLY -- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-PINK-NOVO -- DEVICE	TIER 3	PA, QLC (1 pen/year)
INSPIRACHAMBER/LARGE DEVICE	TIER 2	
INSPIRACHAMBER/MEDIUM DEVICE	TIER 2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	TIER 2	
INSPIRACHAMBER/SMALL DEVICE	TIER 2	
INSPIREASE MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSULIN SYRINGE 27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
INSULIN SYRINGE-NEEDLE U-100 --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, --100 30G 5/16" 0.3 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 30G 5/16" 1 ML MISC, --100 31G 1/4" 0.3 ML MISC, --100 31G 1/4" 0.5 ML MISC, --100 31G 1/4" 1 ML MISC, --100 31G 5/16" 0.3 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC	TIER 2	
INSULIN SYRINGE/NEEDLE 27G 1/2" 0.5 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC	TIER 2	
INSUPEN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
INSUPEN SENSITIVE 6 MISC, 8 MISC	TIER 2	
INSUPEN ULTRAFIN 29G 12MM MISC, 30G 8 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC	TIER 2	
INTRAROSA (<i>prasterone vaginal</i>) 6.5 MG INSERT	TIER 3	PA, QLC (1 insert/day)
KETO-DIASTIX (<i>urine glucose-ketones test</i>) - STRIP	TIER 2	
KETONE TEST (<i>acetone (urine) test</i>) STRIP	TIER 2	
KETOSTIX (<i>acetone (urine) test</i>) STRIP	TIER 2	
KINNEY LANCETS MISC	TIER 2	QLC (200 lancets/month)
KINNEY THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
KINRAY INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
KMART VALU INSULIN SYRINGE 29G VAL-100 0.5 ML MISC, VAL-100 1 ML MISC	TIER 2	
KMART VALU INSULIN SYRINGE 30G VAL-100 0.5 ML MISC, VAL-100 1 ML MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KROGER BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
KROGER HEALTHPRO GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
KROGER HEALTHPRO LANCET 26G MISC	TIER 2	QLC (200 lancets/month)
KROGER INSULIN SYRINGE 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
KROGER LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS ULTRATHIN 30G MISC	TIER 2	QLC (200 lancets/month)
KROGER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
KROGER PREMIUM GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
KROGER TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
LANCETS MISC	TIER 2	QLC (200 lancets/month)
LANCETS SUPER THIN 28G MISC	TIER 2	QLC (200 lancets/month)
LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
LANCETS ULTRA FINE MISC	TIER 2	QLC (200 lancets/month)
LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEADER INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
LEADER UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC	TIER 2	
LEADER UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 8 MISC, 32G 4 MISC	TIER 2	
LIBERTY MEDICAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
LIBERTY NEXT GENERATION TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
LIBERTY TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
LIFESCAN UNISTIK 2 MISC	TIER 2	QLC (200 lancets/month)
LIFESCAN UNISTIK II LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITE TOUCH LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITEAIRE DEVICE	TIER 2	
LITETOUCH INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
LITETOUCH LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITETOUCH PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
LIVE BETTER LANCET SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
LIVE BETTER LANCET ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	TIER 2	
LONGS LANCETS STANDARD MISC	TIER 2	QLC (200 lancets/month)
LONGS LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
LONGS LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
MAXI-COMFORT INSULIN SYRINGE -1/2" 0.5 ML MISC, -1/2" 1 ML MISC	TIER 2	
MAXI-COMFORT SAFETY PEN NEEDLE -PEN 5MM MISC, -PEN 8MM MISC	TIER 2	
MAXICOMFORT II PEN NEEDLE MAICOMFORT 31G 6 MM MISC	TIER 2	
MAXICOMFORT SYR 27G X 1/2" MAICOMFORT 0.5 ML MISC, MAICOMFORT 1 ML MISC	TIER 2	
MEDIC INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC	TIER 2	
MEDICHOICE SAFETY LANCET EXTRA MISC	TIER 2	QLC (200 lancets/month)
MEDICHOICE SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
MEDICHOICE SAFETY LANCET NORM MISC	TIER 2	QLC (200 lancets/month)
MEDICINE SHOPPE PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
MEDISENSE THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE EXTRA 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE LITE 25G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS EXTRA 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS LITE 25G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS SPECIAL 0.8MM MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS SUPERLITE 30G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEIJER BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MEIJER ESSENTIAL GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
MEIJER LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 30G MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 33G MISC	TIER 2	QLC (200 lancets/month)
MEIJER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
MEIJER PREMIUM GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
MEIJER SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEIJER TRUETEST TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
MEIJER TRUETRACK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
<i>methylergonovine maleate tab 0.2 mg</i>	TIER 1	
<i>methylergonovine maleate tab 0.2 mg</i> (METHERGINE)	TIER 1	
MICROCHAMBER DEVICE, MISC	TIER 2	
MICRODOT PEN NEEDLE PEN 31G 6 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC	TIER 2	
MICRODOT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 test strips/month)
MICROLET LANCETS MISC	TIER 2	QLC (200 lancets/month)
MICROSPACER MISC	TIER 2	
MICROTAINER SAFETY FLOW LANCET MISC	TIER 2	QLC (200 lancets/month)
MM EASY TOUCH GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
MM INSULIN SYRINGE/NEEDLE 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 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	
MM PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MM TWIST LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, 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, 31G 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, 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
MONOLET LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOLET OPD LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOLETTOR SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
MOORE MONO INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC	TIER 2	
MPD SAFETY LANCET 21G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 23G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 28G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 30G MISC	TIER 2	QLC (200 lancets/month)
MS INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
MYGLUCOHEALTH LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
MYGLUCOHEALTH TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
NETGROUP LANCETS MISC	TIER 2	QLC (200 lancets/month)
NEUTEK 2TEK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
NEXGEN TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
NOVA MAX GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
NOVA MAX PLUS KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
NOVA SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVA SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
NOVA SUREFLEX LANCETS MISC	TIER 2	QLC (200 lancets/month)
NOVOFINE 30G 8 MISC, 32G 6 MISC	TIER 2	
NOVOFINE AUTOCOVER 30G X 8 MM MISC	TIER 2	
NOVOFINE PLUS 32G X 4 MM MISC	TIER 2	
NOVOPEN ECHO DEVICE	TIER 3	PA, QLC (1 pen/year)
NOVOTWIST 32G X 5 MM MISC	TIER 2	
ODACTRA (<i>dust mite mixed allergen extract</i>) 12 SQ-HDM SL TAB	TIER 3	PA, QLC (1 tab/day)
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	TIER 2	PH (Preventive Health)
OMNIPOD 10 PACK MISC	TIER 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 PACK MISC	TIER 3	PA, QLC (1 pod/2 days)
OMNIPOD DASH 5 PACK PODS MISC	TIER 3	PA, QLC (1 pod/2 days)
OMNIPOD DASH SYSTEM KIT	TIER 3	PA, QLC (1 pod/2 days)
ON CALL EXPRESS BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ON CALL LANCETS MISC	TIER 2	QLC (200 lancets/month)
ON CALL PLUS BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ON CALL PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
ON CALL VIVID BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ONE DROP TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ONETOUCH CLUB LANCETS FINE PT MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH COMBO PACK MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA PLUS LANCET30G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA PLUS LANCET33G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH FINEPOINT LANCETS MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH ULTRA (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ONETOUCH ULTRASOFT LANCETS MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH VERIO (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
OPTICHAMBER ADVANTAGE-LG MASK - MISC	TIER 2	
OPTICHAMBER ADVANTAGE-MED MASK - MISC	TIER 2	
OPTICHAMBER ADVANTAGE-SM MASK - MISC	TIER 2	
OPTICHAMBER DIAMOND MISC	TIER 2	
OPTICHAMBER DIAMOND-LG MASK - DEVICE	TIER 2	
OPTICHAMBER DIAMOND-MD MASK - MISC	TIER 2	
OPTICHAMBER DIAMOND-SM MASK - MISC	TIER 2	
OPTICHAMBER FACE MASK-LARGE - MISC	TIER 2	
OPTICHAMBER FACE MASK-MEDIUM - MISC	TIER 2	
OPTICHAMBER FACE MASK-SMALL - MISC	TIER 2	
OPTIHALER DEVICE, MISC	TIER 2	
OPTIUM TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
OPTIUMEZ TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
OPTUMRX BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
OSMOLEX ER (<i>amantadine hcl</i>) 129 & 193 MG TB24 THPK	TIER 3	PA, QLC (2 tabs/day)
PC LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
PC UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC	TIER 2	
PEN NEEDLES 1/2" 29G X 12MM MISC	TIER 2	
PEN NEEDLES 3/16" 31G X 5 MM MISC	TIER 2	
PEN NEEDLES 5/16" PEN 30G 8 MISC, PEN 31G 8 MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 33G 4 MM MISC	TIER 2	
PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
PERFECT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PERFECT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PHARMACIST CHOICE AUTOCODE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PHARMACIST CHOICE LANCETS MISC	TIER 2	QLC (200 lancets/month)
PHARMACIST CHOICE NO CODING (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PHARMACY COUNTER LANCETS MISC	TIER 2	QLC (200 lancets/month)
PIP LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PIP LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
POCKET CHAMBER DEVICE	TIER 2	
POCKET SPACER DEVICE	TIER 2	
POCKETCHEM EZ TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION PCX (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION PCX PLUS TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION POINT OF CARE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION QID TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION SOF-TACT TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION SURE-DOSE SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -30G 3/8" 0.5 ML MISC, -30G 5/16" 0.3 ML MISC	TIER 2	
PRECISION SUREDOSE PLUS SYR 1/2" 0.3 ML MISC, 1/2" 1 ML MISC	TIER 2	
PRECISION THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRECISION THINS GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
PRECISION ULTRA LANCET MISC	TIER 2	QLC (200 lancets/month)
PRECISION XTRA BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION XTRA KETONE (<i>ketone blood test</i>) STRIP	TIER 2	
PREFERRED PLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 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	
PREFERRED PLUS LANCETS COLORED MISC	TIER 2	QLC (200 lancets/month)
PREFERRED PLUS LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
PREFERRED PLUS UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
PREMIUM BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRESSURE ACTIVAT SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
PREVENT SAFETY PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
PRIMEAIRE HOLDING CHAMBER DEVICE	TIER 2	
PRO COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
PRO COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PRO COMFORT LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)
PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC	TIER 2	
PRO COMFORT SPACER ADULT MISC	TIER 2	
PRO COMFORT SPACER CHILD MISC	TIER 2	
PRO COMFORT SPACER INFANT DEVICE	TIER 2	
PRO VOICE V8/V9 GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PROCARE SPACER/ADULT MASK DEVICE	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROCARE SPACER/CHILD MASK DEVICE	TIER 2	
PRODIGY INSULIN SYRINGE 28G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
PRODIGY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PRODIGY NO CODING BLOOD GLUC (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRODIGY SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
PRODIGY TWIST TOP LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PSS SELECT GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
PSS SELECT SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
PTS PANELS GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PTS PANELS KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
PURE COMFORT PEN NEEDLE PEN 4 MISC, PEN 5 MISC, PEN 6 MISC, PEN 8 MISC	TIER 2	
PUSH BUTTON SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PUSH BUTTON SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
PX EXTRA SHORT PEN NEEDLES 31G 6 MM MISC	TIER 2	
PX INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 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	
PX LANCETS ULTRA THIN 28G MISC	TIER 2	QLC (200 lancets/month)
PX LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
PX MINI PEN NEEDLES 31G 5 MM MISC	TIER 2	
PX PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 8 MM MISC	TIER 2	
PX SHORTLENGTH PEN NEEDLES 31G 8 MM MISC	TIER 2	
QC LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
QC LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
QC PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QC UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
QC UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
QC UNILET LANCETS MICRO THIN MISC	TIER 2	QLC (200 lancets/month)
QUICKTEK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
QUINTET AC BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
QUINTET BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RA E-ZJECT COLOR LANCETS 33G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS 28G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS THIN 26G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS THIN 28G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS ULTRA THIN -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
RA PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
RA TRUETEST TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
READYLANCE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
REALITY INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC	TIER 2	
REALITY LANCETS MISC	TIER 2	QLC (200 lancets/month)
REALITY TRIGGER LANCETS MISC	TIER 2	QLC (200 lancets/month)
REFUAH PLUS BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RELI-ON INSULIN SYRINGE -0.3 ML MISC, -0.5 ML MISC, -X 1/2" 1 ML MISC	TIER 2	
RELION BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RELION CONFIRM/MICRO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 test strips/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RELION INSULIN SYRINGE 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, 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	
RELION KETONE (<i>acetone (urine) test</i>) STRIP	TIER 2	
RELION KETONE TEST (<i>acetone (urine) test</i>) STRIP	TIER 2	
RELION LANCETS MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS STANDARD 21G MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS ULTRA-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
RELION MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
RELION PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
RELION PREMIER TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RELION PRIME TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
RELION TRUE METRIX TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
RELION ULTIMA TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 test strips/month)
RELION ULTRA THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
RELION ULTRA THIN PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
REVEAL BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
REXALL BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
REXALL LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
RIGHTEST GL300 LANCETS MISC	TIER 2	QLC (200 lancets/month)
RIGHTEST GS100 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RIGHTEST GS300 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RIGHTEST GS550 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RITEFLO DEVICE	TIER 2	
RUZURGI (<i>amifampridine</i>) 10 MG TAB	TIER 4	PA, SP, QLC (10 tabs/day)
SAFE-T-LANCE -- MISC	TIER 2	QLC (200 lancets/month)
SAFE-T-LANCE PLUS -- MISC	TIER 2	QLC (200 lancets/month)
SAFESNAP INSULIN SYRINGE 28G 1/2" 1 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	TIER 2	
SAFETY INSULIN SYRINGES 27G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	
SAFETY LANCET 21G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 23G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 28G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 30G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAFETY LET LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAFETY SEAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS HEALTH TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPSCARE TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAXENDA (<i>liraglutide (weight management)</i>) 18 MG/3ML SOLN PEN	TIER 4	PA, QLC (5 pens/month)
SB INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
SB LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
SB LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SCHNUCKS INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	
SECURESAFE INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC	TIER 2	
SHOPKO ON-THE-GO LANCETS 30G -- MISC	TIER 2	QLC (200 lancets/month)
SHOPKO UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
SHOPKO UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
SHOPKO UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SHOPKO UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
SIDE BUTTON SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
SINGLE-LET - MISC	TIER 2	QLC (200 lancets/month)
SM INSULIN SYRINGE 31G X 5/16" 1 ML MISC	TIER 2	
SM LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE COLOR LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE PREMIUM TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
SMART SENSE STANDARD LANCETS MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE THIN LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE VALUE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
SMARTEST BLOOD GLUCOSE TEST (<i>glucose blood</i>) SMAR STRIP	TIER 3	PA, QLC (200 strips/month)
SMARTEST LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SOLUS V2 LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SOLUS V2 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
SOLUS V2 TWIST LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
STERILANCE TL MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
SUPREME TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
SURE COMFORT INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 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, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 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	
SURE COMFORT LANCETS 18G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT PEN NEEDLES PEN 29G 12.7MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC	TIER 2	
SURE EDGE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
SURE-FINE PEN NEEDLES -PEN 29G 12.7MM MISC, -PEN 31G 5 MM MISC, -PEN 31G 8 MM MISC	TIER 2	
SURE-JECT INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -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, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
SURE-LANCE FLAT LANCETS - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE LANCETS 26G - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE THIN LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE ULTRA THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
SURE-TEST EASYPLUS MINI TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
SURE-TOUCH LANCETS UNIVERSAL - MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SURECHEK BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
SURELITE LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE AST LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 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, 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	
TECHLITE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TECHLITE LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC	TIER 2	
TELCARE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
TGT BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
TGT LANCET MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
TGT LANCET THIN 26G MISC	TIER 2	QLC (200 lancets/month)
TGT LANCET ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
THINLETS GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
THINLETS LANCET MISC	TIER 2	QLC (200 lancets/month)
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC	TIER 2	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC	TIER 2	
TODAYS HEALTH THIN LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
TODAYS HEALTH THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TOPCARE CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOPCARE LANCETS MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
TOPCARE ULTRA COMFORT INS 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TOPCO INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC	TIER 2	
TRAVEL LANCETS ADVANCED 28G MISC	TIER 2	QLC (200 lancets/month)
TRAVEL LANCETS MISC	TIER 2	QLC (200 lancets/month)
TRUE COMFORT INSULIN SYRINGE 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
TRUE COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
TRUE COMFORT PRO INSULIN SYR 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC	TIER 2	
TRUE COMFORT PRO PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC	TIER 2	
TRUE COMFORT TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
TRUE FOCUS BLOOD GLUCOSE STRIP (<i>glucose blood</i>)	TIER 3	PA, QLC (200 strips/month)
TRUE METRIX BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
TRUE METRIX PRO BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
TRUEPLUS 5-BEVEL PEN NEEDLES 5-PEN 29G 12.7MM MISC, 5-PEN 31G 5 MM MISC, 5-PEN 31G 6 MM MISC, 5-PEN 31G 8 MM MISC, 5-PEN 32G 4 MM MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRUEPLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TRUEPLUS LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
TRUEPLUS SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
TRUETEST TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
TRUETRACK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
ULTICARE INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 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, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 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	
ULTICARE MICRO PEN NEEDLES PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ULTICARE MINI PEN NEEDLES PEN 31G 6 MISC, PEN 32G 6 MISC	TIER 2	
ULTICARE PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC	TIER 2	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
ULTICARE THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ULTIGUARD SAFEPAK PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTILET CLASSIC LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTILET INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 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, 31G 1/4" 0.3 ML MISC, 31G 1/4" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET INSULIN SYRINGE SHORT 30G 1/2" 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 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	
ULTILET LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTILET PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
ULTILET SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
ULTILET SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTIMA TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 test strips/month)
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	TIER 2	
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM MISC	TIER 2	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	TIER 2	
ULTRA THIN LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	TIER 2	
ULTRA-CARE LANCETS 30G - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-COMFORT INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -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, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
ULTRA-THIN II AUTO LANCET - MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTRA-THIN II INS SYR SHORT -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 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	
ULTRA-THIN II INSULIN SYRINGE -1/2" 0.3 ML MISC, -1/2" 0.5 ML MISC, -1/2" 1 ML MISC	TIER 2	
ULTRA-THIN II LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-THIN II MINI PEN NEEDLE -31G X 5 MM MISC	TIER 2	
ULTRA-THIN II PEN NEEDLE SHORT -31G X 8 MM MISC	TIER 2	
ULTRA-THIN II PEN NEEDLES -29G X 12.7MM MISC	TIER 2	
ULTRACARE INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 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, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTRACARE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC	TIER 2	
ULTRATRAK PRO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ULTRATRAK ULTIMATE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
UNIFINE PENTIPS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC	TIER 2	
UNIFINE PENTIPS PLUS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
UNIFINE SAFECONTROL PEN NEEDLE PEN 5 MISC, PEN 8 MISC	TIER 2	
UNILET COMFORTOUCH LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET EXCELITE II MISC	TIER 2	QLC (200 lancets/month)
UNILET EXCELITE MISC	TIER 2	QLC (200 lancets/month)
UNILET G.P. LANCET MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UNILET G.P. SUPERLITE LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET GP 28 ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
UNILET LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
UNILET SUPER-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
UNILET SUPERLITE LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET ULTRA-THIN 28G - MISC	TIER 2	QLC (200 lancets/month)
UNISTIK 3 GENTLE MISC	TIER 2	QLC (200 lancets/month)
UNISTIK PRO SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
UNISTIK SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK SAFETY LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 21G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 23G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 28G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 30G MISC	TIER 2	QLC (200 lancets/month)
UNISTRIPI1 GENERIC (<i>glucose blood</i>) UNI1	TIER 3	PA, QLC (200 strips/month)
UNIVERSAL 1 LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
UNIVERSAL 1 LANCETS THIN 33G MISC	TIER 2	QLC (200 lancets/month)
UNIVERSAL 1 LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
V-GO 20 - KIT	TIER 3	PA, QLC (1 device/day)
V-GO 30 - KIT	TIER 3	PA, QLC (1 device/day)
V-GO 40 - KIT	TIER 3	PA, QLC (1 device/day)
V-R MONO INSULIN SYRINGE -R 28G 1/2" 0.5 ML MISC, -R 28G 1/2" 1 ML MISC, -R 29G 1/2" 0.3 ML MISC, -R 29G 1/2" 0.5 ML MISC, -R 29G 1/2" 1 ML MISC	TIER 2	
VALUE HEALTH INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
VALUE PLUS LANCET STANDARD 21G MISC	TIER 2	QLC (200 lancets/month)
VALUE PLUS LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
VALUE PLUS LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK LANCET ULTRA THIN 28G MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VALUMARK PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
VALVED HOLDING CHAMBER DEVICE	TIER 2	
VANISHPOINT INSULIN SYRINGE 29G 1/2" 1 ML MISC, 29G 5/16" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 3/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
VERASENS BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
VICTORY AGM-4000 TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
VIDA MIA UNIFINE PENTIPS 29G 12MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
VIDA MIA UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
VIDA MIA UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
VISTOGARD (<i>uridine triacetate (emergency treatment)</i>) 10 GM PACKET	TIER 4	SP, QLC (20 packets/month)
VITALET PRO LANCETS MISC	TIER 2	QLC (200 lancets/month)
VITALET PRO PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
VIVAGUARD INO TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
VIVAGUARD LANCETS MISC	TIER 2	QLC (200 lancets/month)
VOCAL POINT BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
VORTEX HOLDING CHAMBER/MASK DEVICE	TIER 2	
VORTEX VALVED HOLDING CHAMBER DEVICE	TIER 2	
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	TIER 2	
W&F LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
W&F LANCETS COLORED 21G MISC	TIER 2	QLC (200 lancets/month)
WALGREENS ADV TRAVEL LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS MICRO THIN MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS MISC	TIER 2	QLC (200 lancets/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WALGREENS LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
WALGREENS THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS ULTRA THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
WATCHHALER DEVICE	TIER 2	
WAVESENSE PRESTO (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
WEGMANS UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC	TIER 2	
WIDE-SEAL DIAPHRAGM 60 (<i>diaphragm wide seal</i>)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 65 (<i>diaphragm wide seal</i>)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 70 (<i>diaphragm wide seal</i>)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 75 (<i>diaphragm wide seal</i>)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 80 (<i>diaphragm wide seal</i>)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 85 (<i>diaphragm wide seal</i>)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 90 (<i>diaphragm wide seal</i>)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 95 (<i>diaphragm wide seal</i>)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)

OPHTHALMIC AGENTS (Drugs for the Eyes)

OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

ALCAINE (<i>proparacaine hcl</i>) 0.5 % SOLUTION	TIER 3
ATROPINE SULFATE (<i>atropine sulfate ophthalmic</i>) 1 % SOLUTION	TIER 1
<i>bacitracin-polymyxin b ophth oint</i> (AK-POLY-BAC) <i>acitracin</i>	TIER 1
<i>bacitracin-polymyxin b ophth oint</i> (POLYCIN) <i>acitracin</i>	TIER 1
<i>bacitracin-polymyxin b ophth oint acitracin</i>	TIER 1

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1% (BACITRA-NEOMYCIN-POLYMYXIN-HC)</i>	TIER 1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1% (NEO-POLYCIN HC)</i>	TIER 1	
BLEPHAMIDE (<i>sulfacetamide sod-prednisolone</i>) 10-0.2 % SUSPENSION	TIER 2	
BLEPHAMIDE S.O.P. (<i>sulfacetamide sod-prednisolone</i>) 10-0.2 % OINTMENT	TIER 2	
CEQUA (<i>cyclosporine (ophth)</i>) 0.09 % SOLUTION	TIER 3	PA, QLC (60 droperettes/30 days)
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>) 0.2-0.5 % SOLUTION	TIER 2	
CORTISPORIN (<i>neomycin-polymyxin-hc</i>) 3.5-10000-0.5 CREAM	TIER 3	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>) 22.3-6.8 MG/ML SOLUTION	TIER 3	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>) 2-0.5 % SOLUTION	TIER 3	QLC (2 droperettes/day)
CYCLOGYL (<i>cyclopentolate hcl</i>) 0.5 % SOLUTION, 1 % SOLUTION, 2 % SOLUTION	TIER 3	
CYCLOMYDRIL (<i>cyclopentolate w/ phenylephrine</i>) 0.2-1 % SOLUTION	TIER 3	
<i>cyclopentolate hcl ophth soln 0.5%</i>	TIER 1	
<i>cyclopentolate hcl ophth soln 1%</i>	TIER 1	
<i>cyclopentolate hcl ophth soln 2%</i>	TIER 1	
DORZOLAMIDE HCL-TIMOLOL MAL (<i>dorzolamide hcl-timolol maleate</i>) -22.3-6.8 MG/ML SOLUTION	TIER 1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	TIER 1	QLC (2 droperettes/day)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	TIER 1	
HOMATROPAIRE (<i>homatropine hbr</i>) 5 % SOLUTION	TIER 1	
<i>homatropine hbr ophth soln 5%</i>	TIER 1	
ISOPTO ATROPINE (<i>atropine sulfate (ophthalmic)</i>) 1 % SOLUTION	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LACRISERT (<i>artificial tear insert</i>) 5 MG	TIER 3	
MAXITROL (<i>neomycin-polymyx-dexameth</i>) 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION	TIER 3	
MYDRIACYL (<i>tropicamide</i>) 1 % SOLUTION	TIER 3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (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	
OXERVATE (<i>cenegermin-bkbj</i>) 0.002 % SOLUTION	TIER 4	PA, SP, QLC (28 ml/28 days)
<i>phenylephrine hcl ophth soln 10%</i>	TIER 1	
<i>phenylephrine hcl ophth soln 10%</i> (ALTAFRIN)	TIER 1	
<i>phenylephrine hcl ophth soln 2.5%</i>	TIER 1	
<i>phenylephrine hcl ophth soln 2.5%</i> (ALTAFRIN)	TIER 1	
PRED-G (<i>gentamicin-prednisolone acetate</i>) -0.3-1 % SUSPENSION	TIER 3	
PRED-G S.O.P. (<i>gentamicin-prednisolone acetate</i>) -0.3-0.6 % OINTMENT	TIER 3	
<i>proparacaine hcl ophth soln 0.5%</i>	TIER 1	
RESTASIS (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	TIER 2	QLC (2 dropperettes/day)
RESTASIS MULTIDOSE (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	TIER 2	QLC (2 dropperettes/day)
ROCKLATAN (<i>netarsudil dimesylate-latanoprost</i>) 0.02-0.005 % SOLUTION	TIER 3	PA, QLC (2.5 ml/25 days)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> (SULFACETAMIDE-PREDNISOLONE)	TIER 1	
SULFACETAMIDE-PREDNISOLONE (<i>sulfacetamide sod-prednisolone</i>) -10-0.23 % SOLUTION	TIER 1	
TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1 % OINTMENT	TIER 2	
TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1 % SUSPENSION	TIER 3	
TOBRADEX ST (<i>tobramycin-dexamethasone</i>) 0.3-0.05 % SUSPENSION	TIER 3	QLC (1 bottle/fill)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	TIER 1	
<i>tropicamide ophth soln 0.5%</i>	TIER 1	
<i>tropicamide ophth soln 1%</i>	TIER 1	
UPNEEQ (<i>oxymetazoline hcl (blepharoptosis)</i>) 0.1 % SOLUTION	TIER 3	PA, QLC (1 dropperette/day)
XIIDRA (<i>lifitegrast</i>) 5 % SOLUTION	TIER 2	QLC (2 dropperettes/day)
ZYLET (<i>loteprednol etabonate-tobramycin</i>) 0.5-0.3 % SUSPENSION	TIER 2	

OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)

ALOCRI (nedocromil sodium (ophth)) 2 % SOLUTION	TIER 3	
ALOMIDE (lodoxamide tromethamine) 0.1 % SOLUTION	TIER 2	
<i>azelastine hcl ophth soln 0.05%</i>	TIER 1	
BEPREVE (<i>bepotastine besilate</i>) 1.5 % SOLUTION	TIER 3	QLC (5 ml/month)
<i>cromolyn sodium ophth soln 4%</i>	TIER 1	
ELESTAT (<i>epinastine hcl (ophth)</i>) 0.05 % SOLUTION	TIER 3	
EMADINE (<i>emedastine difumarate</i>) 0.05 % SOLUTION	TIER 3	ST
<i>epinastine hcl ophth soln 0.05%</i>	TIER 1	
LASTACFT (<i>alcaftadine</i>) 0.25 % SOLUTION	TIER 2	QLC (1 bottle/month)
PAZEO (<i>olopatadine hcl</i>) 0.7 % SOLUTION	TIER 2	QLC (1 bottle/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)		
AZASITE (<i>azithromycin (ophth)</i>) 1 % SOLUTION	TIER 3	
BACITRACIN (<i>bacitracin (ophthalmic)</i>) 500 UNIT/GM OINTMENT	TIER 1	
BLEPH-10 (<i>sulfacetamide sodium (ophth)</i>) -% SOLUTION	TIER 3	
<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 oint 0.3%</i>	TIER 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	TIER 1	
<i>levofloxacin ophth soln 0.5%</i>	TIER 1	
MOXEZA (<i>moxifloxacin hcl (ophth)</i>) 0.5 % SOLUTION	TIER 3	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i> (MOXIFLOXACIN HCL (2X DAY))	TIER 2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	TIER 1	
NATACYN (<i>natamycin</i>) 5 % SUSPENSION	TIER 3	
OCUFLOX (<i>ofloxacin (ophth)</i>) 0.3 % SOLUTION	TIER 3	
<i>ofloxacin ophth soln 0.3%</i>	TIER 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	TIER 1	
POLYTRIM (<i>polymyxin b-trimethoprim</i>) 10000-0.1 UNIT/ML-% SOLUTION	TIER 3	
SULFACETAMIDE SODIUM (<i>sulfacetamide sodium (ophth)</i>) 10 % OINTMENT	TIER 1	
<i>sulfacetamide sodium ophth soln 10%</i>	TIER 1	
<i>tobramycin ophth soln 0.3%</i>	TIER 1	
TOBREX (<i>tobramycin (ophth)</i>) 0.3 % OINTMENT	TIER 2	
TOBREX (<i>tobramycin (ophth)</i>) 0.3 % SOLUTION	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIGAMOX (<i>moxifloxacin hcl (ophth)</i>) 0.5 % SOLUTION	TIER 3	
ZYMAXID (<i>gatifloxacin (ophth)</i>) 0.5 % SOLUTION	TIER 3	QLC (one 2.5 ml bottle/month)

OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)

ACULAR (<i>ketorolac tromethamine (ophth)</i>) 0.5 % SOLUTION	TIER 3	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>) 0.4 % SOLUTION	TIER 3	
ACUVAIL (<i>ketorolac tromethamine (ophth)</i>) 0.45 % SOLUTION	TIER 2	
ALREX (<i>loteprednol etabonate</i>) 0.2 % SUSPENSION	TIER 3	
BROMFENAC SODIUM (<i>bromfenac sodium (ophth)</i>) 0.09 % SOLUTION	TIER 1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> (BROMFENAC SODIUM (ONCE-DAILY))	TIER 1	
BROMSITE (<i>bromfenac sodium (ophth)</i>) 0.075 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
DEXAMETHASONE SODIUM PHOSPHATE (<i>dexamethasone sodium phosphate (ophth)</i>) 0.1 % SOLUTION	TIER 1	
<i>diclofenac sodium ophth soln 0.1%</i>	TIER 1	
DUREZOL (<i>difluprednate</i>) 0.05 % EMULSION	TIER 3	
EYSUVIS (<i>loteprednol etabonate</i>) 0.25 % SUSPENSION	TIER 3	PA, QLC (1 bottle (8.3 ml)/30 days)
FLAREX (<i>fluorometholone acetate</i>) 0.1 % SUSPENSION	TIER 3	
<i>fluorometholone ophth susp 0.1%</i>	TIER 1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	TIER 1	
FML (<i>fluorometholone (ophth)</i>) 0.1 % OINTMENT	TIER 2	
FML FORTE (<i>fluorometholone (ophth)</i>) 0.25 % SUSPENSION	TIER 2	
FML LIQUIFILM (<i>fluorometholone (ophth)</i>) 0.1 % SUSPENSION	TIER 3	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ILEVRO (<i>nepafenac</i>) 0.3 % SUSPENSION	TIER 3	QLC (1 bottle/month)
INVELTYS (<i>loteprednol etabonate</i>) 1 % SUSPENSION	TIER 3	PA
<i>ketorolac tromethamine ophth soln 0.4%</i>	TIER 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	TIER 1	
LOTEMAX (<i>loteprednol etabonate</i>) 0.5 % GEL	TIER 2	
LOTEMAX (<i>loteprednol etabonate</i>) 0.5 % OINTMENT	TIER 3	QLC (1 tube/month)
LOTEMAX (<i>loteprednol etabonate</i>) 0.5 % SUSPENSION	TIER 3	
LOTEMAX SM (<i>loteprednol etabonate</i>) 0.38 % GEL	TIER 3	
<i>loteprednol etabonate ophth susp 0.5%</i>	TIER 1	
MAXIDEX (<i>dexamethasone (ophth)</i>) 0.1 % SUSPENSION	TIER 3	
NEVANAC (<i>nepafenac</i>) 0.1 % SUSPENSION	TIER 3	
OCUFEN (<i>flurbiprofen sodium</i>) 0.03 % SOLUTION	TIER 3	
OMNIPRED (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION	TIER 3	
PRED FORTE (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION	TIER 3	
PRED MILD (<i>prednisolone acetate (ophth)</i>) 0.12 % SUSPENSION	TIER 2	
PREDNISOLONE ACETATE (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION	TIER 1	
PREDNISOLONE ACETATE P-F (<i>prednisolone acetate (ophth)</i>) REDNISOLONE -1 % SUSPENSION	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE (<i>prednisolone sodium phosphate (ophth)</i>) 1 % SOLUTION	TIER 1	
PROLENSA (<i>bromfenac sodium (ophth)</i>) 0.07 % SOLUTION	TIER 3	QLC (1 bottle/month)

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)

BETAGAN (<i>levobunolol hcl</i>) 0.5 % SOLUTION	TIER 3
---	--------

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>betaxolol hcl ophth soln 0.5%</i>	TIER 1	
BETIMOL (<i>timolol</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	TIER 2	
BETOPTIC-S (<i>betaxolol hcl (ophth)</i>) -0.25 % UPENION	TIER 2	
CARTEOLOL HCL (<i>carteolol hcl (ophth)</i>) 1 % SOLUTION	TIER 1	
<i>carteolol hcl ophth soln 1%</i>	TIER 1	
ISTALOL (<i>timolol maleate (ophth)</i>) 0.5 % SOLUTION	TIER 3	
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 1	
<i>levobunolol hcl ophth soln 0.5%</i>	TIER 1	
METIPRANOLOL 0.3 % SOLUTION	TIER 1	
TIMOLOL MALEATE (<i>timolol maleate (ophth)</i>) 0.25 % GEL F SOLN, 0.5 % GEL F SOLN	TIER 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	TIER 1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	TIER 1	
<i>timolol maleate ophth soln 0.25%</i>	TIER 1	
<i>timolol maleate ophth soln 0.5%</i>	TIER 1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	TIER 1	
<i>timolol maleate preservative free ophth soln 0.5%</i> (TIMOLOL MALEATE PF)	TIER 1	
TIMOPTIC (<i>timolol maleate (ophth)</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	TIER 3	
TIMOPTIC OCUDOSE (<i>timolol maleate (ophth)</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	TIER 3	
TIMOPTIC-XE (<i>timolol maleate (ophth)</i>) - 0.25 % GEL F SOLN, -0.5 % GEL F SOLN	TIER 3	

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

<i>acetazolamide cap er 12hr 500 mg</i> (ACETAZOLAMIDE ER)	TIER 1	
ALPHAGAN P (<i>brimonidine tartrate</i>) ALHAGAN 0.1 % SOLUTION	TIER 2	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALPHAGAN P (<i>brimonidine tartrate</i>) ALHAGAN 0.15 % SOLUTION	TIER 3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	TIER 1	
AZOPT (<i>brinzolamide</i>) 1 % SUSPENSION	TIER 2	
<i>brimonidine tartrate ophth soln 0.15%</i>	TIER 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	TIER 1	
DIAMOX SEQUELS (<i>acetazolamide</i>) 500 MG CAP ER 12H	TIER 3	
<i>dorzolamide hcl ophth soln 2%</i>	TIER 1	
IOPIDINE (<i>apraclonidine hcl</i>) 0.5 % SOLUTION, 1 % SOLUTION	TIER 3	
ISOPTO CARPINE (<i>pilocarpine hcl</i>) 1 % SOLUTION, 2 % SOLUTION, 4 % SOLUTION	TIER 3	
<i>methazolamide tab 25 mg</i>	TIER 1	
<i>methazolamide tab 50 mg</i>	TIER 1	
NEPTAZANE (<i>methazolamide</i>) 25 MG TAB, 50 MG TAB	TIER 3	
PHOSPHOLINE IODIDE (<i>echothiophate iodide</i>) 0.125 % RECON SOLN	TIER 3	
<i>pilocarpine hcl ophth soln 1%</i>	TIER 1	
<i>pilocarpine hcl ophth soln 2%</i>	TIER 1	
<i>pilocarpine hcl ophth soln 4%</i>	TIER 1	
RHOPRESSA (<i>netarsudil dimesylate</i>) 0.02 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
SIMBRINZA (<i>brinzolamide-brimonidine tartrate</i>) 1-0.2 % SUSPENSION	TIER 2	
TRUSOPT (<i>dorzolamide hcl</i>) 2 % SOLUTION	TIER 3	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

<i>bimatoprost ophth soln 0.03%</i>	TIER 1	ST, QLC (5 ml/month)
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)
TRAVATAN Z (<i>travoprost</i>) 0.004 % SOLUTION	TIER 3	ST, QLC (5 ml/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> (TRAVOPROST (BAK FREE))	TIER 2	ST, QLC (5 ml/month)
VYZULTA (<i>latanoprostene bunod</i>) 0.024 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
XALATAN (<i>latanoprost</i>) 0.005 % SOLUTION	TIER 3	QLC (5 ml/ month)
XELPROS (<i>latanoprost</i>) 0.005 % EMULSION	TIER 3	ST, QLC (1 bottle/month)
ZIOPTAN (<i>tafluprost</i>) 0.0015 % SOLUTION	TIER 3	PA, QLC (1 dropperette/day)

OTIC AGENTS (Drugs for the Ears)

OTIC AGENTS (Drugs for Ears)

CETRALAX (<i>ciprofloxacin hcl (otic)</i>) 0.2 % SOLUTION	TIER 3	
CIPRO HC (<i>ciprofloxacin-hydrocortisone</i>) 0.2-1 % SUSPENSION	TIER 3	
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>) 0.3-0.1 % SUSPENSION	TIER 3	
CIPROFLOXACIN HCL (<i>ciprofloxacin hcl (otic)</i>) 0.2 % SOLUTION	TIER 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	TIER 1	
CIPROFLOXACIN-FLUOCINOLONE PF (<i>ciprofloxacin-fluocinolone acetamide</i>) - 0.3-0.025 % SOLUTION	TIER 1	QLC (14 vials/7 days)
COLY-MYCIN S (<i>neomycin-colistin-hc-thonzonium</i>) -3.3-3-10-0.5 MG/ML UPENION	TIER 3	
CORTISPORIN-TC (<i>neomycin-colistin-hc-thonzonium</i>) -3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3	
DERMOTIC (<i>fluocinolone acetamide (otic)</i>) 0.01 % OIL	TIER 2	
FLOXIN OTIC (<i>ofloxacin (otic)</i>) 0.3 % SOLUTION	TIER 3	
<i>fluocinolone acetamide (otic) oil 0.01%</i>	TIER 3	PA
<i>fluocinolone acetamide (otic) oil 0.01%</i> (FLAC)	TIER 3	PA
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (ACETASOL HC)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (HYDROCORTISONE-ACETIC ACID)	TIER 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	TIER 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	TIER 1	
<i>ofloxacin otic soln 0.3%</i>	TIER 1	
OTOVEL (<i>ciprofloxacin-fluocinolone acetonide</i>) 0.3-0.025 % SOLUTION	TIER 3	QLC (14 vials/7 days)

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

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

AEROSPAN (<i>flunisolide hfa</i>) 80 MCG/ACT SOLN	TIER 3	ST, QLC (2 inhalers/month)
ALVESCO (<i>ciclesonide</i>) 160 MCG/ACT AERO SOLN	TIER 3	ST, QLC (2 inhalers/month)
ALVESCO (<i>ciclesonide</i>) 80 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 inhaler/month)
ARMONAIR DIGIHALER (<i>fluticasone propionate (inhalation)</i>) 55 MCG/ACT AER POW BA, 113 MCG/ACT AER POW BA, 232 MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
ARMONAIR RESPICLICK 113 (<i>fluticasone propionate (inhalation)</i>) MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
ARMONAIR RESPICLICK 232 (<i>fluticasone propionate (inhalation)</i>) MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
ARMONAIR RESPICLICK 55 (<i>fluticasone propionate (inhalation)</i>) MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
ARNUITY ELLIPTA (<i>fluticasone furoate (inhalation)</i>) 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
ASMANEX (120 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/INH AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
ASMANEX (14 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/INH AER POW BA	TIER 3	ST, QLC (1 inhaler/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ASMANEX (30 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 110 MCG/INH AER POW BA, 220 MCG/INH AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
ASMANEX (60 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/INH AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
ASMANEX HFA (<i>mometasone furoate (inhalation)</i>) 50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL	TIER 3	ST, QLC (1 inhaler/month)
BECONASE AQ (<i>beclomethasone diprop monohyd</i>) 42 MCG/SPRAY SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	TIER 1	QLC (4 ml/day)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	TIER 1	QLC (4 ml/day)
<i>budesonide inhalation susp 1 mg/2ml</i>	TIER 1	QLC (2 ml/day)
FLOVENT DISKUS (<i>fluticasone propionate (inhalation)</i>) 250 MCG/BLIST AER POW BA	TIER 2	QLC (4 inhalers/month)
FLOVENT DISKUS (<i>fluticasone propionate (inhalation)</i>) 50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA	TIER 2	QLC (1 inhaler/month)
FLOVENT HFA (<i>fluticasone propionate hfa</i>) 44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	TIER 2	QLC (2 inhalers/month)
FLUNISOLIDE (<i>flunisolide (nasal)</i>) 25 MCG/ACT (0.025%) SOLUTION	TIER 1	QLC (2 bottles/month)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	TIER 1	QLC (1 bottle/month)
<i>mometasone furoate nasal susp 50 mcg/act</i>	TIER 1	ST, QLC (1 bottle/month)
NASONEX (<i>mometasone furoate (nasal)</i>) 50 MCG/ACT SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
OMNARIS (<i>ciclesonide (nasal)</i>) 50 MCG/ACT SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
PULMICORT (<i>budesonide (inhalation)</i>) 0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION	TIER 3	QLC (4 ml/day)
PULMICORT (<i>budesonide (inhalation)</i>) 1 MG/2ML SUSPENSION	TIER 3	QLC (2 ml/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PULMICORT FLEXHALER (<i>budesonide (inhalation)</i>) 90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA	TIER 2	QLC (2 inhalers/month)
QNASL (<i>beclomethasone dipropionate (nasal)</i>) 80 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 bottle/month)
QNASL CHILDRENS (<i>beclomethasone dipropionate (nasal)</i>) 40 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 bottle/month)
QVAR (<i>beclomethasone dipropionate</i>) 40 MCG/ACT AERO SOLN	TIER 2	QLC (4 inhalers/month)
QVAR (<i>beclomethasone dipropionate</i>) 80 MCG/ACT AERO SOLN	TIER 2	QLC (2 inhalers/month)
QVAR REDHALER (<i>beclomethasone dipropionate hfa</i>) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA	TIER 2	QLC (2 inhalers/month)
XHANCE (<i>fluticasone propionate (nasal)</i>) 93 MCG/ACT EXHU	TIER 3	PA, QLC (2 bottles/month)
ZETONNA (<i>ciclesonide (nasal)</i>) 37 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 bottle/month)

ANTI-HISTAMINES

ASTEPRO (<i>azelastine hcl</i>) 0.15 % SOLUTION	TIER 3	QLC (1 bottle/month)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)</i>	TIER 1	QLC (1 bottle/25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray) mcg/)</i>	TIER 1	QLC (1 bottle/25 days)
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (AZELASTINE-FLUTICASONE)</i>	TIER 2	ST, QLC (1 bottle/month)
CARBINOXAMINE MALEATE 4 MG TAB, 4 MG/5ML SOLUTION	TIER 1	
CARBINOXAMINE MALEATE 6 MG TAB	TIER 4	PA, QLC (4 tabs/day)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	TIER 1	
<i>carbinoxamine maleate tab 4 mg</i>	TIER 1	
CLARINEX (<i>desloratadine</i>) 0.5 MG/ML SYRUP, 5 MG TAB	TIER 3	ST
CLEMASTINE FUMARATE 2.68 MG TAB	TIER 2	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	TIER 1	
<i>cyproheptadine hcl tab 4 mg</i>	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DES Loratadine 2.5 MG TAB DISP, 5 MG TAB DISP	TIER 1	ST
<i>desloratadine tab 5 mg</i>	TIER 1	ST
DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SOLUTION	TIER 4	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)
DYMISTA (<i>azelastine hcl-fluticasone propionate</i>) 137-50 MCG/ACT SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
<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	
KARBINAL ER (<i>carbinoxamine maleate</i>) 4 MG/5ML SUSP	TIER 3	PA, QLC (40 ml/day)
<i>olopatadine hcl nasal soln 0.6%</i>	TIER 1	ST, QLC (1 bottle/month)
PATANASE (<i>olopatadine hcl (nasal)</i>) 0.6 % SOLUTION	TIER 3	ST, QLC (1 bottle/month)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	TIER 1	
RYCLORA (<i>dexchlorpheniramine maleate</i>) 2 MG/5ML SOLUTION	TIER 4	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)
RYVENT (<i>carbinoxamine maleate</i>) 6 MG TAB	TIER 3	PA, QLC (4 tabs/day)
VISTARIL (<i>hydroxyzine pamoate</i>) 25 MG CAP, 50 MG CAP	TIER 3	
ZERVIAE (<i>cetirizine hcl (ophth)</i>) 0.24 % SOLUTION	TIER 3	PA, QLC (2 dropperettes/day)

ANTILEUKOTRIENES

ACCOLATE (<i>zafirlukast</i>) 10 MG TAB, 20 MG TAB	TIER 3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	TIER 1	QLC (1 pack/day)
<i>montelukast sodium tab 10 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
SINGULAIR (<i>montelukast sodium</i>) 4 MG CHEW TAB, 5 MG CHEW TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)
SINGULAIR (<i>montelukast sodium</i>) 4 MG PACKET	TIER 3	QLC (1 pack/day)
<i>zafirlukast tab 10 mg</i>	TIER 1	
<i>zafirlukast tab 20 mg</i>	TIER 1	
<i>zileuton tab er 12hr 600 mg</i> (ZILEUTON ER)	TIER 4	PA
ZYFLO (<i>zileuton</i>) 600 MG TAB	TIER 4	PA
ZYFLO CR (<i>zileuton</i>) 600 MG TAB ER 12H	TIER 4	PA

BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)

ATROVENT HFA (<i>ipratropium bromide hfa</i>) 17 MCG/ACT AERO SOLN	TIER 2	QLC (2 inhalers/month)
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>) 62.5 MCG/INH AER POW BA	TIER 2	QLC (1 inhaler/month)
<i>ipratropium bromide inhal soln 0.02%</i>	TIER 1	QLC (120 doses/month)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	TIER 1	QLC (1 bottle/month)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	TIER 1	QLC (3 bottles/month)
LONHALA MAGNAIR REFILL KIT (<i>glycopyrrolate (inhalation)</i>) 25 MCG/ML SOLUTION	TIER 4	PA, QLC (2 vials/day)
LONHALA MAGNAIR STARTER KIT (<i>glycopyrrolate (inhalation)</i>) 25 MCG/ML SOLUTION	TIER 4	PA, QLC (2 vials/day)
SEEBRI NEOHALER (<i>glycopyrrolate (inhalation)</i>) 15.6 MCG CAP	TIER 3	ST, QLC (1 inhaler[60 caps]/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)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TUDORZA PRESSAIR (<i>aclidinium bromide</i>) 400 MCG/ACT AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
YUPELRI (<i>revefenacin</i>) 175 MCG/3ML SOLUTION	TIER 4	PA, QLC (3 ml/day)

BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)

ADRENACLICK (<i>epinephrine (anaphylaxis)</i>) DRENCLICK 0.15 MG/0.15ML SOLN -INJ, DRENCLICK 0.3 MG/0.3ML SOLN -INJ	TIER 1	QLC (4 injections/fill; max 6 fills per year)
<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 3	PA, QLC (2 inhalers/month)
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	TIER 1	QLC (4 bottles/month)
ALBUTEROL SULFATE ER ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H	TIER 1	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> (ALBUTEROL SULFATE HFA)	TIER 1	QLC (2 inhalers/month)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	TIER 1	QLC (375 ml/month)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	TIER 1	QLC (4 bottles/month)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	TIER 1	QLC (5 boxes/month)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	TIER 1	QLC (5 boxes/month)
<i>albuterol sulfate syrup 2 mg/5ml</i>	TIER 1	
<i>albuterol sulfate tab 2 mg</i>	TIER 1	
<i>albuterol sulfate tab 4 mg</i>	TIER 1	
<i>albuterol sulfate tab er 12hr 4 mg</i> (ALBUTEROL SULFATE ER)	TIER 1	
<i>albuterol sulfate tab er 12hr 8 mg</i> (ALBUTEROL SULFATE ER)	TIER 1	
ARCAPTA NEOHALER (<i>indacaterol maleate</i>) ARTA 75 MCG	TIER 3	ST, QLC (1 cap/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AUVI-Q (<i>epinephrine (anaphylaxis)</i>) UVI-0.1 MG/0.1ML SOLN -INJ, UVI-0.15 MG/0.15ML SOLN -INJ, UVI-0.3 MG/0.3ML SOLN -INJ	TIER 4	PA, QLC (4 injections/fill; max 6 fills per year)
BROVANA (<i>arformoterol tartrate</i>) 15 MCG/2ML NEBU SOLN	TIER 3	QLC (120 ml/month)
EPINEPHRINE (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ	TIER 1	QLC (4 injections/fill; max 6 fills per year)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	TIER 1	QLC (4 injections/fill; max 6 fills per year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	TIER 1	QLC (4 injections/fill; 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/fill; 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/fill; 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)
METAPROTERENOL SULFATE 10 MG TAB, 10 MG/5ML SYRUP, 20 MG TAB	TIER 1	
PERFOROMIST (<i>formoterol fumarate</i>) 20 MCG/2ML NEBU SOLN	TIER 3	QLC (1 box/month)
PROAIR DIGIHALER (<i>albuterol sulfate</i>) 108 MCG/ACT AER POW BA	TIER 3	PA, QLC (2 inhalers/month)
PROAIR HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	TIER 3	QLC (2 inhalers/month)
PROAIR RESPICLICK (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AER POW BA	TIER 3	ST, QLC (2 inhalers/month)
PROVENTIL HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	TIER 3	QLC (2 inhalers/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SEREVENT DISKUS (<i>salmeterol xinafoate</i>) 50 MCG/DOSE AER POW BA	TIER 2	QLC (1 inhaler/month)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>) 2.5 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)
SYMJEPI (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.3ML SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR	TIER 3	PA, QLC (4 injections/fill; max 6 fills/year)
<i>terbutaline sulfate tab 2.5 mg</i>	TIER 1	
<i>terbutaline sulfate tab 5 mg</i>	TIER 1	
VENTOLIN HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	TIER 2	QLC (2 inhalers/month)
VOSPIRE ER (<i>albuterol sulfate</i>) ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H	TIER 3	
XOPENEX (<i>levalbuterol hcl</i>) 0.31 MG/3ML NEBU SOLN, 0.63 MG/3ML NEBU SOLN, 1.25 MG/3ML NEBU SOLN	TIER 3	QLC (90 nebs/month)
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>) 1.25 MG/0.5ML NEBU SOLN	TIER 3	QLC (90 vials/month)
XOPENEX HFA (<i>levalbuterol tartrate</i>) 45 MCG/ACT AEROSOL	TIER 3	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)

CYSTIC FIBROSIS AGENTS

BETHKIS (<i>tobramycin</i>) 300 MG/4ML NEBU SOLN	TIER 4	PA, SP, QLC (1 box (224 ml)/2 months)
CAYSTON (<i>aztreonam lysine</i>) 75 MG RECON SOLN	TIER 4	PA, SP, QLC (1 box/2 months)
KALYDECO (<i>ivacaftor</i>) 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
KALYDECO (<i>ivacaftor</i>) 25 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
KALYDECO (<i>ivacaftor</i>) 50 MG PACKET, 75 MG PACKET	TIER 4	PA, SP, QLC (2 packs/day)
KITABIS PAK (<i>tobramycin</i>) 300 MG/5ML NEBU SOLN	TIER 4	PA, SP, QLC (1 pack/56 days)
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 100-125 MG PACKET, 150-188 MG PACKET	TIER 4	PA, SP, QLC (2 packs/day)
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 100-125 MG TAB, 200-125 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
PULMOZYME (<i>dornase alfa</i>) 1 MG/ML SOLUTION	TIER 4	SP, QLC (5 ml/day)
SYMDEKO (<i>tezacaftor-ivacaftor</i>) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOBI (<i>tobramycin</i>) 300 MG/5ML NEBU SOLN	TIER 4	PA, SP, QLC (1 box/2 months)
TOBI PODHALER (<i>tobramycin</i>) 28 MG CAP	TIER 4	PA, SP, QLC (224 caps/2 months)
TOBRAMYCIN 300 MG/5ML NEBU SOLN	TIER 4	PA, SP, QLC (1 pack/56 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	TIER 4	PA, SP, QLC (1 box (224 ml)/2 months)
<i>tobramycin nebu soln 300 mg/5ml</i>	TIER 4	PA, SP, QLC (1 pack/56 days)
TRIKAFTA (<i>ellexacافتor-tezacافتor-ivacافتor</i>) 100-50-75 & 150 MG TAB THPK	TIER 4	PA, SP, QLC (3 tabs/day)

MAST CELL STABILIZERS (Drugs to Block Mast Cells)

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	TIER 1	QLC (2 boxes/month)
--	--------	---------------------

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	TIER 1	
DALIRESP (<i>roflumilast</i>) 250 MCG TAB	TIER 3	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
DALIRESP (<i>roflumilast</i>) 500 MCG TAB	TIER 3	PA, QLC (1 tab/day)
ELIXOPHYLLIN (<i>theophylline</i>) 80 MG/15ML ELIXIR	TIER 3	
THEO-24 (<i>theophylline</i>) -24 100 MG CAP ER 24H, -24 200 MG CAP ER 24H, -24 300 MG CAP ER 24H, -24 400 MG CAP ER 24H	TIER 2	
THEOCHRON (<i>theophylline</i>) 100 MG TAB ER 12H, 200 MG TAB ER 12H	TIER 1	
THEOPHYLLINE ER ER 300 MG TAB ER 12H, ER 450 MG TAB ER 12H	TIER 1	
<i>theophylline soln 80 mg/15ml</i>	TIER 1	
<i>theophylline tab er 12hr 100 mg</i> (THEOPHYLLINE ER)	TIER 1	
<i>theophylline tab er 12hr 200 mg</i> (THEOPHYLLINE ER)	TIER 1	
<i>theophylline tab er 12hr 300 mg</i> (THEOCHRON)	TIER 1	
<i>theophylline tab er 12hr 300 mg</i> (THEOPHYLLINE ER)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>theophylline tab er 12hr 450 mg</i> (THEOPHYLLINE ER)	TIER 1	
<i>theophylline tab er 24hr 400 mg</i> (THEOPHYLLINE ER)	TIER 1	
<i>theophylline tab er 24hr 600 mg</i> (THEOPHYLLINE ER)	TIER 1	

PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)

ADCIRCA (<i>tadalafil (pulmonary hypertension)</i>) 20 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
ADEMPAS (<i>riociguat</i>) 0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
<i>ambrisentan tab 10 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>ambrisentan tab 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>bosentan tab 125 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
<i>bosentan tab 62.5 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
LETAIRIS (<i>ambrisentan</i>) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
OPSUMIT (<i>macitentan</i>) 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ORENITRAM (<i>treprostinil diolamine</i>) 0.125 MG TAB ER, 0.25 MG TAB ER	TIER 4	PA, SP, QLC (9 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 1 MG TAB ER	TIER 4	PA, SP, QLC (42 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 2.5 MG TAB ER	TIER 4	PA, SP, QLC (16 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 5 MG TAB ER	TIER 4	PA, SP, QLC (8 tabs/day)
REVATIO (<i>sildenafil citrate (pulmonary hypertension)</i>) 10 MG/ML RECON SUSP	TIER 4	PA, SP, QLC (6 ml/day)
REVATIO (<i>sildenafil citrate (pulmonary hypertension)</i>) 20 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
<i>sildenafil citrate for suspension 10 mg/ml</i>	TIER 4	PA, SP, QLC (6 ml/day)
<i>sildenafil citrate tab 20 mg</i>	TIER 4	PA, SP, QLC (3 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (ALYQ)	TIER 4	PA, SP, QLC (2 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	TIER 4	PA, SP, QLC (2 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRACLEER (<i>bosentan</i>) 32 MG TAB SOL	TIER 4	PA, SP, QLC (4 tabs/day)
TRACLEER (<i>bosentan</i>) 62.5 MG TAB, 125 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
UPTRAVI (<i>selexipag</i>) 200 & 800 MCG TAB THPK	TIER 4	PA, SP, QLC (200 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 200 MCG TAB	TIER 4	PA, SP, QLC (pckg size #60= 2 tabs/day; pckg size #140= 140 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	TIER 4	PA, SP, QLC (2 tabs/day)

PULMONARY FIBROSIS AGENTS

ESBRIET (<i>pirfenidone</i>) 267 MG CAP	TIER 4	PA, SP, QLC (9 caps/day)
ESBRIET (<i>pirfenidone</i>) 267 MG TAB	TIER 4	PA, SP, QLC (9 tabs/day)
ESBRIET (<i>pirfenidone</i>) 801 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
OFEV (<i>nintedanib esylate</i>) 100 MG CAP, 150 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)

RESPIRATORY TRACT AGENTS, OTHER (Other Drugs for Breathing Conditions)

<i>acetylcysteine inhal soln 10%</i>	TIER 2	
<i>acetylcysteine inhal soln 20%</i>	TIER 2	
ADVAIR DISKUS (<i>fluticasone-salmeterol</i>) 100-50 MCG/DOSE AER POW BA, 250-50 MCG/DOSE AER POW BA, 500-50 MCG/DOSE AER POW BA	TIER 2	QLC (1 inhaler/month)
ADVAIR HFA (<i>fluticasone-salmeterol</i>) 45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL	TIER 2	QLC (1 inhaler/month)
AIRDUO DIGIHALER (<i>fluticasone-salmeterol</i>) 55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/30 days)
AIRDUO RESPICLICK 113/14 (<i>fluticasone-salmeterol</i>) /-MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)
AIRDUO RESPICLICK 232/14 (<i>fluticasone-salmeterol</i>) /-MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)
AIRDUO RESPICLICK 55/14 (<i>fluticasone-salmeterol</i>) /-MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>) 62.5-25 MCG/INH AER POW BA	TIER 2	QLC (1 inhaler/month)
<i>benzonatate cap 100 mg</i>	TIER 1	
<i>benzonatate cap 150 mg</i>	TIER 1	
<i>benzonatate cap 200 mg</i>	TIER 1	
BEVESPI AEROSPHERE (<i>glycopyrrolate-formoterol fumarate</i>) 9-4.8 MCG/ACT AEROSOL	TIER 3	ST, QLC (1 inhaler/month)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) 100-25 MCG/INH AER POW BA, 200-25 MCG/INH AER POW BA	TIER 2	QLC (1 inhaler/month)
BREZTRI AEROSPHERE (<i>budesonide-glycopyrrolate-formoterol fumarate</i>) 160-9-4.8 MCG/ACT AEROSOL	TIER 3	PA, QLC (1 inhaler/30 days)
BUDESONIDE-FORMOTEROL FUMARATE (<i>budesonide-formoterol fumarate dihydrate</i>) -80-4.5 MCG/ACT AEROSOL, -160-4.5 MCG/ACT AEROSOL	TIER 3	PA, QLC (1 inhaler/month)
CLARINEX-D 12 HOUR (<i>desloratadine-pseudoephedrine</i>) -2.5-0 MG TAB ER H	TIER 3	ST
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>) 20-100 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)
DUAKLIR PRESSAIR (<i>aclidinium bromide-formoterol fumarate</i>) 400-12 MCG/ACT AER POW BA	TIER 4	ST, QLC (1 inhaler/30 days)
DULERA (<i>mometasone furoate-formoterol fumarate dihydrate</i>) 50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL	TIER 3	PA, QLC (1 inhaler/month)
FASENRA PEN (<i>benralizumab</i>) 30 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/56 days)
FLOWTUSS (<i>hydrocodone-guaifenesin</i>) 2.5-200 MG/5ML SOLUTION	TIER 3	PA, AL1 (At least 18 yrs old), QLC (60 ml/day, max 7 days therapy/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/dose</i>	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i> (WIXELA INHUB)	TIER 1	QLC (1 inhaler/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose (WIXELA INHUB) -2-</i>	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose -2-</i>	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i>	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose (WIXELA INHUB)</i>	TIER 1	QLC (1 inhaler/month)
GRASTEK (<i>timothy grass pollen allergen extract</i>) 2800 BAU SL TAB	TIER 3	PA, QLC (1 tab/day)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml (CHERATUSSIN AC)</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml (G TUSSIN AC)</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml (GUAIA TUSSIN AC)</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml (GUAIFENESIN AC)</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml (IOPHEN C-NR)</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml (MAXI-TUSS AC)</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml (ROBAFEN AC)</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml (VIRTUSSIN A/C)</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml (VIRTUSSIN AC W/ALC)</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
HYCODAN (<i>hydrocodone w/ homatropine</i>) 5-1.5 MG/5ML SYRUP	TIER 3	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYCOFENIX (<i>pseudoeph w/hydrocodone-gg</i>) 30-2.5-200 MG/5ML SOLUTION	TIER 3	AL1 (At least 18 yrs old), QLC (40 ml/day; max 7 days therapy/month)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> (HYDROCOD POLST-CPM POLST ER)	TIER 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i> (HYDROCODONE-HOMATROPINE) -1.mg/ml	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i> (HYDROMET) -1.mg/ml	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i> (HYDROCODONE-HOMATROPINE)	TIER 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i> (TUSSIGON)	TIER 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
HYDROCODONE-GUAIFENESIN -2.5-200 MG/5ML SOLUTION	TIER 4	PA, AL1 (At least 18 yrs old), QLC (60 ml/day, max 7 days therapy/month)
HYPERSAL (<i>sodium chloride (inhalant)</i>) 3.5 % NEBU SOLN, 7 % NEBU SOLN	TIER 3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	TIER 1	QLC (6 boxes [30 doses/box]/month)
NEBUSAL (<i>sodium chloride (inhalant)</i>) 6 % SOLN	TIER 3	
NUCALA (<i>mepolizumab</i>) 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (3 syringes/28 days)
NUCALA (<i>mepolizumab</i>) NUCL100 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (3 auto-injectors/28 days)
OBREDON (<i>hydrocodone-guaifenesin</i>) 2.5-200 MG/5ML SOLUTION	TIER 3	PA, AL1 (At least 18 yrs old), QLC (60 ml/day, max 7 days therapy/month)
ORALAIR (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	TIER 3	PA, SP, QLC (1 tab/day)
ORALAIR ADULT SAMPLE KIT (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	TIER 3	PA, SP, QLC (1 tab/day)
ORALAIR ADULT STARTER PACK (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	TIER 3	PA, SP, QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE VC PLAIN) - mg/ml	TIER 1	
<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)
PROMETHAZINE-DM -6.25-15 MG/5ML SOLUTION	TIER 1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	TIER 1	
PROMETHAZINE-PHENYLEPH-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)
PROMETHAZINE-PHENYLEPHRINE (<i>promethazine & phenylephrine</i>) -6.25-5 MG/5ML SYRUP	TIER 1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE VC/CODEINE) ---mg/ml	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<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)
<i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i> (PSEUDOEPH-CHLORPHEN-HYDROCOD) ---mg/ml	TIER 1	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)
PSEUDOEPH-CHLORPHEN-HYDROCOD (<i>pseudoephed-cpm w/ hydrocod</i>) --60-4-5 MG/5ML SOLUTION	TIER 1	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (BROMFED DM)	TIER 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (PSEUDOEPH-BROMPHEN-DM)	TIER 1	
RAGWITEK (<i>short ragweed pollen allergen extract</i>) RGWITEK 12 MB 1-SL TB	TIER 3	PA, QLC (1 tab/day)
<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	
<i>sodium chloride soln nebu 3%</i> (NEBUSAL)	TIER 1	
<i>sodium chloride soln nebu 7%</i>	TIER 1	
<i>sodium chloride soln nebu 7%</i> (PULMOSAL)	TIER 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STIOLTO RESPIMAT (<i>tiotropium bromide-olodaterol hcl</i>) 2.5-2.5 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 inhaler/month)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) 80-4.5 MCG/ACT AEROSOL, 160-4.5 MCG/ACT AEROSOL	TIER 2	QLC (1 inhaler/month)
TESSALON PERLES (<i>benzonatate</i>) 100 MG CAP	TIER 3	
TRELEGY ELLIPTA (<i>fluticasone-umeclidinium-vilanterol</i>) 100-62.5-25 MCG/INH AER POW BA, 200-62.5-25 MCG/INH AER POW BA	TIER 2	QLC (60 blister packs/30 days)
TUSSICAPS (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>) 5-4 MG CAP ER 12H, 10-8 MG CAP ER 12H	TIER 3	PA, AL1 (At least 18 yrs old), QLC (2 caps/day; max 7 days therapy/month)
TUSSIONEX PENNKINETIC ER (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>) 10-8 MG/5ML SUSP	TIER 3	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
TUXARIN ER (<i>chlorpheniramine w/codeine</i>) 54.3-8 MG TAB 12H	TIER 3	AL1 (At least 18 yrs old), QLC (2 tabs/day; max 14 tabs/30 days)
TUZISTRA XR (<i>codeine polistirex-chlorpheniramine polistirex</i>) 14.7-2.8 MG/5ML SUSP	TIER 3	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)
UTIBRON NEOHALER (<i>indacaterol maleate-glycopyrrolate</i>) 27.5-15.6 MCG CAP	TIER 3	ST, QLC (1 inhaler[60 caps]/month)
VITUZ (<i>hydrocodone-chlorpheniramine</i>) 5-4 MG/5ML SOLUTION	TIER 3	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)
ZUTRIPRO (<i>pseudoephed-cpm w/hydrocod</i>) 60-4-5 MG/5ML SOLUTION	TIER 3	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)

SKELETAL MUSCLE RELAXANTS (Drugs for Muscle Tightness)

AMRIX (<i>cyclobenzaprine hcl</i>) 15 MG CAP ER 24H, 30 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)
<i>carisoprodol tab 250 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>carisoprodol tab 350 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>carisoprodol tab 350 mg</i> (VANADOM)	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carisoprodol w/ aspirin tab 200-325 mg</i> (CARISOPRODOL-ASPIRIN)	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)
CARISOPRODOL-ASPIRIN (<i>carisoprodol w/ aspirin</i>) -200-325 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)
CHLORZOXAZONE 250 MG TAB	TIER 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 375 mg</i>	TIER 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 375 mg</i> (LORZONE)	TIER 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 500 mg</i>	TIER 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 750 mg</i>	TIER 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 750 mg</i> (LORZONE)	TIER 4	PA, QLC (4 tabs/day)
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i> (CYCLOBENZAPRINE HCL ER)	TIER 2	ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i> (CYCLOBENZAPRINE HCL ER)	TIER 2	ST, AL1 (Up to 64 yrs old), QLC (1 CAP/DAY)
<i>cyclobenzaprine hcl tab 10 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>cyclobenzaprine hcl tab 5 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>cyclobenzaprine hcl tab 7.5 mg</i>	TIER 1	ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day)
FEXMID (<i>cyclobenzaprine hcl</i>) 7.5 MG TAB	TIER 3	ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day)
METAXALONE 400 MG TAB	TIER 2	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>metaxalone tab 400 mg</i>	TIER 2	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>metaxalone tab 800 mg</i>	TIER 2	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>metaxalone tab 800 mg</i> (METAXALL)	TIER 2	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>methocarbamol tab 500 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>methocarbamol tab 750 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
NORGESIC FORTE (<i>orphenadrine w/ aspirin & caff</i>) 50-770-60 MG TAB	TIER 3	QLC (4 tabs/day)
<i>orphenadrine citrate tab er 12hr 100 mg</i> (ORPHENADRINE CITRATE ER)	TIER 1	AL1 (Up to 64 yrs old)
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i> (ORPHENADRINE-ASA-CAFFEINE)	TIER 3	QLC (4 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i> (ORPHENGESIC FORTE)	TIER 3	QLC (4 tabs/day)
ORPHENADRINE-ASPIRIN-CAFFEINE (<i>orphenadrine w/ aspirin & caff</i>) --50-770-60 MG TAB	TIER 3	QLC (4 tabs/day)
ORPHENGESIC FORTE (<i>orphenadrine w/ aspirin & caff</i>) 770-60-50 MG TAB	TIER 3	QLC (4 tabs/day)
PARAFON FORTE DSC (<i>chlorzoxazone</i>) 500 MG TAB	TIER 4	PA, QLC (4 tabs/day)
ROBAXIN (<i>methocarbamol</i>) 500 MG TAB	TIER 3	AL1 (Up to 64 yrs old)
ROBAXIN-750 (<i>methocarbamol</i>) -MG TAB	TIER 3	AL1 (Up to 64 yrs old)
SKELAXIN (<i>metaxalone</i>) 800 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
SOMA (<i>carisoprodol</i>) 250 MG TAB, 350 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (4 tabs/day)

SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

SLEEP PROMOTING AGENTS (Drugs for Insomnia)

AMBIEN (<i>zolpidem tartrate</i>) 10 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
AMBIEN (<i>zolpidem tartrate</i>) 5 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
AMBIEN CR (<i>zolpidem tartrate</i>) 12.5 MG TAB ER	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
AMBIEN CR (<i>zolpidem tartrate</i>) 6.25 MG TAB ER	TIER 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
BELSOMRA (<i>suvorexant</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	TIER 3	ST, QLC (1 tab/day)
BUTISOL SODIUM (<i>butabarbital sodium</i>) 30 MG	TIER 3	
DAYVIGO (<i>lemborexant</i>) 5 MG TAB, 10 MG TAB	TIER 3	ST, QLC (1 tab/day)
DORAL (<i>quazepam</i>) 15 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	TIER 3	QLC (1 tab/day)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	TIER 3	QLC (1 tab/day)
EDLUAR (<i>zolpidem tartrate</i>) 5 MG SL TAB, 10 MG SL TAB	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estazolam tab 1 mg</i>	TIER 1	QLC (2 tabs/day)
<i>estazolam tab 2 mg</i>	TIER 1	QLC (1 tab/day)
<i>eszopiclone tab 1 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 2 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 3 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
FLURAZEPAM HCL 15 MG CAP	TIER 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
FLURAZEPAM HCL 30 MG CAP	TIER 1	AL1 (Up to 64 yrs old), QLC (1 cap/day)
HALCION (<i>triazolam</i>) 0.25 MG TAB	TIER 3	QLC (2 tabs/day)
HETLIOZ (<i>tasimelteon</i>) 20 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
INTERMEZZO (<i>zolpidem tartrate</i>) 1.75 MG SL TAB, 3.5 MG SL TAB	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
LUNESTA (<i>eszopiclone</i>) 1 MG TAB, 2 MG TAB, 3 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
QUAZEPAM 15 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>ramelteon tab 8 mg</i>	TIER 1	ST, QLC (1 tab/day)
RESTORIL (<i>temazepam</i>) 15 MG CAP	TIER 3	QLC (2 caps/day)
RESTORIL (<i>temazepam</i>) 22.5 MG CAP, 30 MG CAP	TIER 3	QLC (1 cap/day)
RESTORIL (<i>temazepam</i>) 7.5 MG CAP	TIER 3	QLC (4 caps/day)
ROZEREM (<i>ramelteon</i>) 8 MG TAB	TIER 3	ST, QLC (1 tab/day)
SECONAL (<i>secobarbital sodium</i>) 100 MG CAP	TIER 3	QLC (1 cap/day, not to exceed 14 caps/30 days)
SILENOR (<i>doxepin hcl (sleep)</i>) 3 MG TAB, 6 MG TAB	TIER 3	QLC (1 tab/day)
SONATA (<i>zaleplon</i>) 10 MG CAP	TIER 3	AL1 (Up to 64 yrs old), QLC (2 caps/day)
SONATA (<i>zaleplon</i>) 5 MG CAP	TIER 3	AL1 (Up to 64 yrs old), QLC (4 caps/day)
<i>temazepam cap 15 mg</i>	TIER 1	QLC (2 caps/day)
<i>temazepam cap 22.5 mg</i>	TIER 1	QLC (1 cap/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>temazepam cap 30 mg</i>	TIER 1	QLC (1 cap/day)
<i>temazepam cap 7.5 mg</i>	TIER 1	QLC (4 caps/day)
<i>triazolam tab 0.125 mg</i>	TIER 1	QLC (4 tabs/day)
<i>triazolam tab 0.25 mg</i>	TIER 1	QLC (2 tabs/day)
<i>zaleplon cap 10 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
<i>zaleplon cap 5 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (4 caps/day)
<i>zolpidem tartrate sl tab 1.75 mg</i>	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate sl tab 3.5 mg</i>	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab 10 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab 5 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
<i>zolpidem tartrate tab er 12.5 mg</i> (ZOLPIDEM TARTRATE ER)	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab er 6.25 mg</i> (ZOLPIDEM TARTRATE ER)	TIER 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
ZOLPIMIST (<i>zolpidem tartrate</i>) 5 MG/ACT SOLUTION	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 bottle/month)

WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)

<i>armodafinil tab 150 mg</i>	TIER 3	PA, QLC (1 tab/day)
<i>armodafinil tab 200 mg</i>	TIER 3	PA, QLC (1 tab/day)
<i>armodafinil tab 250 mg</i>	TIER 3	PA, QLC (1 tab/day)
<i>armodafinil tab 50 mg</i>	TIER 3	PA, QLC (2 tabs/day)
<i>modafinil tab 100 mg</i>	TIER 1	PA, QLC (3 tabs/day)
<i>modafinil tab 200 mg</i>	TIER 1	PA, QLC (2 tabs/day)
NUVIGIL (<i>armodafinil</i>) 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 3	PA, QLC (1 tab/day)
NUVIGIL (<i>armodafinil</i>) 50 MG TAB	TIER 3	PA, QLC (2 tabs/day)
PROVIGIL (<i>modafinil</i>) 100 MG TAB	TIER 3	PA, QLC (3 tabs/day)
PROVIGIL (<i>modafinil</i>) 200 MG TAB	TIER 3	PA, QLC (2 tabs/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SUNOSI (<i>solriamfetol hcl</i>) 75 MG TAB, 150 MG TAB	TIER 3	PA, QLC (1 tab/day)
WAKIX (<i>pitolisant hcl</i>) 4.45 MG TAB, 17.8 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
XYREM (<i>sodium oxybate</i>) 500 MG/ML SOLUTION	TIER 4	PA, SP, QLC (3 bottles/month)
XYWAV (<i>calcium, magnesium, potassium, & sodium oxybates</i>) 500 MG/ML SOLUTION	TIER 4	PA, SP, QLC (18 ml/day)

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

Alphabetical Index of Prescription Drugs



*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (MULTI-VIT/FLUORIDE/IRON) . . . 190

*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (MULTI-VIT/IRON/FLUORIDE) . . . 190

*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (MULTI-VITAMIN/FLUORIDE/IRON) 190

*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (MULTIVITAMIN/FLUORIDE/IRON) 190

*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg*** (MULTIVITAMIN/FLUORIDE) . . 190

*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg*** (MVC-FLUORIDE) 190

*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg*** (MULTIVITAMIN/FLUORIDE) . . . 190

*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg*** (MULTIVITAMINS/FLUORIDE) . . 190

*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg*** (MVC-FLUORIDE) 190

*pediatric multiple vitamins w/ fluoride chew tab 1 mg*** (MULTIVITAMIN/FLUORIDE) 190

*pediatric multiple vitamins w/ fluoride chew tab 1 mg*** (MVC-FLUORIDE) 190

*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml*** (MULTI-VIT/FLUORIDE) 190

*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml*** (MULTI-VITAMIN/FLUORIDE) . . 190

*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml*** (MULTIVITAMIN/FLUORIDE) . . 190

*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml*** (MULTI-VIT/FLUORIDE) 190

*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml*** (MULTI-VITAMIN/FLUORIDE) . . 191

*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml*** (MULTIVITAMIN/FLUORIDE) . . . 191

*pediatric vitamins acid w/ fluoride soln 0.25 mg/ml*** (TRI-VIT/FLUORIDE) 191

*pediatric vitamins acid w/ fluoride soln 0.25 mg/ml*** (TRI-VITAMIN/FLUORIDE) 191

*pediatric vitamins acid w/ fluoride soln 0.25 mg/ml*** (TRI-VITE/FLUORIDE) 191

*pediatric vitamins acid w/ fluoride soln 0.25 mg/ml*** (VITAMINS ACD-FLUORIDE) 191

*pediatric vitamins acid w/ fluoride soln 0.5 mg/ml*** (ADC/F (0.5MG/ML)) 191

*pediatric vitamins acid w/ fluoride soln 0.5 mg/ml*** (TRI-VIT/FLUORIDE) 191

*pediatric vitamins acid w/ fluoride soln 0.5 mg/ml*** (TRI-VITAMIN/FLUORIDE) 191

*pediatric vitamins acid w/ fluoride soln 0.5 mg/ml*** (TRI-VITE/FLUORIDE) 191

*sodium polystyrene sulfonate powder** . . 189

*sodium polystyrene sulfonate powder** (KIONEX) 189

1

1ST TIER UNIFINE PENTIPS 269

1ST TIER UNIFINE PENTIPS PLUS 269

1ST TIER UNILET COMFORTOUCH 269

A

abacavir sulfate soln 20 mg/ml (base equiv) 94

abacavir sulfate tab 300 mg (base equiv) . . 94

abacavir sulfate-lamivudine tab 600-300 mg 94

abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (ABACAVIR-LAMIVUDINE-ZIDOVUDINE) 94

ABILIFY (aripiprazole) 84

ABILIFY MYCITE (aripiprazole) 84,85

abiraterone acetate tab 250 mg 67

abiraterone acetate tab 500 mg 67

ABOUTTIME PEN NEEDLE 269

ABSORICA (isotretinoin) 167

ABSORICA LD (isotretinoin micronized) 176

ABSTRAL (fentanyl citrate) 11

acamprosate calcium tab delayed release 333 mg.....	20	acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg (PANLOR).....	12
ACANYA (clindamycin phosphate-benzoyl peroxide).....	167	acetazolamide cap er 12hr 500 mg (ACETAZOLAMIDE ER).....	321
acarbose tab 100 mg.....	102	acetazolamide tab 125 mg.....	134
acarbose tab 25 mg.....	103	acetazolamide tab 250 mg.....	134
acarbose tab 50 mg.....	103	acetic acid otic soln 2%.....	22
ACCOLATE (zafirlukast).....	327	ACETIC ACID-ALUMINUM ACETATE.....	22
ACCU-CHEK AVIVA PLUS (glucose blood) ..	269	acetylcysteine inhal soln 10%.....	334
ACCU-CHEK COMPACT PLUS (glucose blood).....	269	acetylcysteine inhal soln 20%.....	334
ACCU-CHEK FASTCLIX LANCETS.....	269	ACIPHEX (rabeprazole sodium).....	211
ACCU-CHEK GUIDE (glucose blood).....	269	ACIPHEX SPRINKLE (rabeprazole sodium) ..	211
ACCU-CHEK MULTICLIX LANCETS.....	269	acitretin cap 10 mg.....	167
ACCU-CHEK SAFE-T PRO LANCETS.....	269	acitretin cap 17.5 mg.....	167
ACCU-CHEK SMARTVIEW (glucose blood) ..	269	acitretin cap 25 mg.....	167
ACCU-CHEK SOFT TOUCH LANCETS.....	269	ACTEMRA (tocilizumab).....	258
ACCU-CHEK SOFTCLIX LANCETS.....	269	ACTEMRA ACTPEN (tocilizumab).....	258
ACCUPRIL (quinapril hcl).....	122	ACTHAR (corticotropin).....	221
ACCURETIC (quinapril-hydrochlorothiazide)	134	ACTI-LANCE 28G.....	270
ACCUTREND GLUCOSE (glucose blood) ...	269	ACTI-LANCE LITE LANCETS 28G.....	270
acebutolol hcl cap 200 mg.....	125	ACTI-LANCE SPECIAL LANCETS 17G.....	270
acebutolol hcl cap 400 mg.....	125	ACTI-LANCE UNIVERSAL 23G.....	270
ACEON (perindopril erbumine).....	122	ACTICLATE (doxycycline hyclate).....	32
acetaminophen w/ codeine soln 120-12 mg/5ml (ACETAMINOPHEN-CODEINE).....	11	ACTIGALL (ursodiol).....	209
acetaminophen w/ codeine tab 300-15 mg (ACETAMINOPHEN-CODEINE #2).....	11	ACTIMMUNE (interferon gamma-1b).....	260
acetaminophen w/ codeine tab 300-15 mg (ACETAMINOPHEN-CODEINE).....	11	ACTIQ (fentanyl citrate).....	12
acetaminophen w/ codeine tab 300-30 mg (ACETAMINOPHEN-CODEINE #3).....	11	ACTIVE 1ST BLOOD LANCETS 30G.....	270
acetaminophen w/ codeine tab 300-30 mg (ACETAMINOPHEN-CODEINE).....	11	ACTIVE OB (prenatal w/o vit a w/ fe carbonyl-folic acid-dha)	191
acetaminophen w/ codeine tab 300-60 mg (ACETAMINOPHEN-CODEINE #4).....	11	ACTIVELLA (estradiol & norethindrone acetate).....	231
acetaminophen w/ codeine tab 300-60 mg (ACETAMINOPHEN-CODEINE).....	11	ACTONEL (risedronate sodium).....	267
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg (DVORAH).....	11	ACTOPLUS MET (pioglitazone hcl-metformin hcl).....	103
		ACTOPLUS MET XR (pioglitazone hcl-metformin hcl).....	103
		ACTOS (pioglitazone hcl).....	103
		ACULAR (ketorolac tromethamine (ophth)).....	319
		ACULAR LS (ketorolac tromethamine (ophth)).....	319

ACUVAIL (ketorolac tromethamine (ophth))	319	ADVANCED MOBILE LANCET	270
acyclovir cap 200 mg	99	ADVOCATE INSULIN PEN NEEDLES	270
acyclovir cream 5%	184	ADVOCATE INSULIN SYRINGE	270
acyclovir oint 5%	184	ADVOCATE LANCETS	270
acyclovir susp 200 mg/5ml	99	ADVOCATE LANCETS 30G	270
acyclovir tab 400 mg	99	ADVOCATE REDI-CODE (glucose blood)	270
acyclovir tab 800 mg	99	ADVOCATE REDI-CODE+ TEST (glucose blood)	270
ACZONE (dapson (topical))	184	ADVOCATE SAFETY LANCETS	270
ADALAT CC (nifedipine)	128	ADVOCATE SAFETY LANCETS 26G	270
ADAPALENE	167	ADVOCATE TEST (glucose blood)	270
adapalene cream 0.1%	167	ADZENYS ER (amphetamine)	153
adapalene gel 0.3%	167	ADZENYS XR-ODT (amphetamine)	153
adapalene-benzoyl peroxide gel 0.1-2.5%	167	AEMCOLO (rifamycin sodium)	22
ADCIRCA (tadalafil (pulmonary hypertension))	333	AEROCHAMBER MINI CHAMBER	270
ADDERALL (amphetamine-dextroamphetamine)	153	AEROCHAMBER MV	270
ADDERALL XR (amphetamine-dextroamphetamine)	153	AEROCHAMBER PLUS FLO-VU	270
ADDYI (flibanserin)	218	AEROCHAMBER PLUS FLO-VU LARGE	270
adefovir dipivoxil tab 10 mg	90	AEROCHAMBER PLUS FLO-VU MEDIUM	270
ADEMPAS (riociguat)	333	AEROCHAMBER PLUS FLO-VU SMALL	270
ADHANSIA XR (methylphenidate hcl)	156	AEROCHAMBER PLUS FLO-VU W/MASK	271
ADIPEX-P (phentermine hcl)	161	AEROCHAMBER PLUS FLOW VU	271
ADLYXIN (lixisenatide)	103	AEROCHAMBER W/FLOWSIGNAL	271
ADLYXIN STARTER PACK (lixisenatide)	103	AEROCHAMBER Z-STAT PLUS	271
ADMELOG (insulin lispro)	109	AEROCHAMBER Z-STAT PLUS CHAMBR	271
ADMELOG SOLOSTAR (insulin lispro)	109	AEROCHAMBER Z-STAT PLUS/LARGE	271
ADOXA (doxycycline (monohydrate))	32	AEROCHAMBER Z-STAT PLUS/MEDIUM	271
ADOXA PAK 1/100 (doxycycline (monohydrate))	32	AEROCHAMBER Z-STAT PLUS/SMALL	271
ADOXA PAK 2/100 (doxycycline (monohydrate))	33	AEROSPAN (flunisolide hfa)	324
ADRENACLICK (epinephrine (anaphylaxis))	329	AEROVENT PLUS	271
ADVAIR DISKUS (fluticasone-salmeterol)	334	AFINITOR (everolimus)	71
ADVAIR HFA (fluticasone-salmeterol)	334	AFINITOR DISPERZ (everolimus)	71
ADVANCE INTUITION TEST (glucose blood)	270	AFREZZA (insulin regular (human))	110
ADVANCE MICRO-DRAW TEST (glucose blood)	270	AGAMATRIX AMP TEST (glucose blood)	271
		AGAMATRIX JAZZ TEST (glucose blood)	271
		AGAMATRIX KEYNOTE TEST (glucose blood)	271
		AGAMATRIX PRESTO TEST (glucose blood)	271
		AGAMATRIX ULTRA-THIN LANCETS	271
		AGGRENOLX (aspirin-dipyridamole)	118
		AGRYLIN (anagrelide hcl)	116

AIMOVIG (140 MG DOSE) (erenumab-aooe).....	62	albuterol sulfate tab er 12hr 8 mg (ALBUTEROL SULFATE ER).....	329
AIMOVIG (erenumab-aooe).....	62	ALCAINE (proparacaine hcl).....	314
AIMSCO TWIST LANCETS 32G.....	271	alclometasone dipropionate cream 0.05%.....	221
AIMSCO TWIST LANCETS 33G.....	271	alclometasone dipropionate oint 0.05%....	170
AIRDUO DIGIHALER (fluticasone-salmeterol).....	334	ALDACTAZIDE (spironolactone & hydrochlorothiazide).....	134
AIRDUO RESPICLICK 113/14 (fluticasone-salmeterol).....	334	ALDACTONE (spironolactone).....	144
AIRDUO RESPICLICK 232/14 (fluticasone-salmeterol).....	334	ALDARA (imiquimod).....	176
AIRDUO RESPICLICK 55/14 (fluticasone-salmeterol).....	334	ALECENSA (alectinib hcl).....	71
AJOVY (fremanezumab-vfrm).....	62	ALENDRONATE SODIUM.....	267
AKLIEF (trifarotene).....	176	alendronate sodium oral soln 70 mg/75ml.....	267
AKTIPAK (benzoyl peroxide-erythromycin).....	167	alendronate sodium tab 10 mg.....	267
AKYNZEO (netupitant-palonosetron).....	56	alendronate sodium tab 35 mg.....	267
ALA SCALP (hydrocortisone (topical)).....	170	alendronate sodium tab 5 mg.....	267
albendazole tab 200 mg.....	76	alendronate sodium tab 70 mg.....	267
ALBENZA (albendazole).....	76	alfuzosin hcl tab er 24hr 10 mg (ALFUZOSIN HCL ER).....	217
albuterol hfa (generic Proair HFA).....	329	ALINIA (nitazoxanide).....	77
albuterol hfa (generic proventil hfa).....	329	aliskiren fumarate tab 150 mg (base equivalent).....	134
albuterol hfa (generic ventolin hfa).....	329	aliskiren fumarate tab 300 mg (base equivalent).....	134
ALBUTEROL SULFATE.....	329	ALKERAN (melphalan).....	67
ALBUTEROL SULFATE ER.....	329	ALKINDI SPRINKLE (hydrocortisone).....	266
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (ALBUTEROL SULFATE HFA).....	329	allopurinol tab 100 mg.....	61
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....	329	allopurinol tab 300 mg.....	61
albuterol sulfate soln nebu 0.5% (5 mg/ml).....	329	ALLZITAL (butalbital-acetaminophen).....	161
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv).....	329	almotriptan malate tab 12.5 mg.....	63
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv).....	329	almotriptan malate tab 6.25 mg.....	63
albuterol sulfate syrup 2 mg/5ml.....	329	ALOCRIIL (nedocromil sodium (ophth))....	317
albuterol sulfate tab 2 mg.....	329	ALOGLIPTIN BENZOATE.....	103
albuterol sulfate tab 4 mg.....	329	ALOGLIPTIN-METFORMIN HCL.....	103
albuterol sulfate tab er 12hr 4 mg (ALBUTEROL SULFATE ER).....	329	ALOGLIPTIN-PIOGLITAZONE.....	103
		ALOMIDE (Iodoxamide tromethamine)....	317
		ALORA (estradiol).....	231
		alosetron hcl tab 0.5 mg (base equiv)....	206
		alosetron hcl tab 1 mg (base equiv).....	206
		ALPHAGAN P (brimonidine tartrate)....	321,322
		ALPRAZOLAM INTENSOL.....	100

alprazolam orally disintegrating tab 0.25 mg.....	100	AMCINONIDE.....	170
alprazolam orally disintegrating tab 0.5 mg.....	100	AMERGE (naratriptan hcl).....	63
alprazolam orally disintegrating tab 1 mg.....	100	AMICAR (aminocaproic acid).....	117
alprazolam orally disintegrating tab 2 mg.....	100	amiloride & hydrochlorothiazide tab 5-50 mg (AMILORIDE-HYDROCHLOROTHIAZIDE).....	134
alprazolam tab 0.25 mg.....	100	amiloride hcl tab 5 mg.....	144
alprazolam tab 0.5 mg.....	100	aminocaproic acid oral soln 0.25 gm/ml.....	118
alprazolam tab 1 mg.....	100	aminocaproic acid tab 1000 mg.....	118
alprazolam tab 2 mg.....	100	aminocaproic acid tab 500 mg.....	118
alprazolam tab er 24hr 0.5 mg (ALPRAZOLAM ER).....	100	amiodarone hcl tab 100 mg.....	123
alprazolam tab er 24hr 0.5 mg (ALPRAZOLAM XR).....	100	amiodarone hcl tab 100 mg (PACERONE).....	123
alprazolam tab er 24hr 1 mg (ALPRAZOLAM ER).....	100	amiodarone hcl tab 200 mg.....	123
alprazolam tab er 24hr 1 mg (ALPRAZOLAM XR).....	100	amiodarone hcl tab 200 mg (PACERONE).....	123
alprazolam tab er 24hr 2 mg (ALPRAZOLAM ER).....	100	amiodarone hcl tab 400 mg.....	123
alprazolam tab er 24hr 2 mg (ALPRAZOLAM XR).....	100	amiodarone hcl tab 400 mg (PACERONE).....	124
alprazolam tab er 24hr 3 mg (ALPRAZOLAM ER).....	100	AMITIZA (lubiprostone).....	204
alprazolam tab er 24hr 3 mg (ALPRAZOLAM XR).....	100	amitriptyline hcl tab 10 mg.....	53
ALREX (loteprednol etabonate).....	319	amitriptyline hcl tab 100 mg.....	53
ALTABAX (retapamulin).....	22	amitriptyline hcl tab 150 mg.....	53
ALTACE (ramipril).....	122	amitriptyline hcl tab 25 mg.....	53
ALTOPREV (lovastatin).....	147	amitriptyline hcl tab 50 mg.....	53
ALTRENO (tretinoin).....	167	amitriptyline hcl tab 75 mg.....	53
ALUNBRIG (brigatinib).....	71	amlodipine besylate tab 10 mg (base equivalent).....	128
ALVESCO (ciclesonide).....	324	amlodipine besylate tab 2.5 mg (base equivalent).....	128
amantadine hcl cap 100 mg.....	78	amlodipine besylate tab 5 mg (base equivalent).....	128
amantadine hcl syrup 50 mg/5ml.....	78	amlodipine besylate-atorvastatin calcium tab 10-10 mg (AMLODIPINE-ATORVASTATIN).....	134
amantadine hcl tab 100 mg.....	78	amlodipine besylate-atorvastatin calcium tab 10-20 mg (AMLODIPINE-ATORVASTATIN).....	134
AMARYL (glimepiride).....	103	amlodipine besylate-atorvastatin calcium tab 10-40 mg (AMLODIPINE-ATORVASTATIN).....	134
AMBIEN (zolpidem tartrate).....	341	amlodipine besylate-atorvastatin calcium tab 10-80 mg (AMLODIPINE-ATORVASTATIN).....	134
AMBIEN CR (zolpidem tartrate).....	341	amlodipine besylate-atorvastatin calcium tab 2.5-10 mg (AMLODIPINE-ATORVASTATIN).....	134
ambrisentan tab 10 mg.....	333	amlodipine besylate-atorvastatin calcium tab 2.5-20 mg (AMLODIPINE-ATORVASTATIN).....	134
ambrisentan tab 5 mg.....	333		

amlodipine besylate-atorvastatin calcium tab 2.5-40 mg (AMLODIPINE-ATORVASTATIN) . . .	134
amlodipine besylate-atorvastatin calcium tab 5-10 mg (AMLODIPINE-ATORVASTATIN)	134
amlodipine besylate-atorvastatin calcium tab 5-20 mg (AMLODIPINE-ATORVASTATIN)	134
amlodipine besylate-atorvastatin calcium tab 5-40 mg (AMLODIPINE-ATORVASTATIN)	135
amlodipine besylate-atorvastatin calcium tab 5-80 mg (AMLODIPINE-ATORVASTATIN)	135
amlodipine besylate-benazepril hcl cap 10-20 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . .	135
amlodipine besylate-benazepril hcl cap 10-40 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . .	135
amlodipine besylate-benazepril hcl cap 2.5-10 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	135
amlodipine besylate-benazepril hcl cap 5-10 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . .	135
amlodipine besylate-benazepril hcl cap 5-20 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . .	135
amlodipine besylate-benazepril hcl cap 5-40 mg (AMLODIPINE BESY-BENAZEPRIL HCL) . . .	135
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (AMLODIPINE-OLMESARTAN) .	135
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (AMLODIPINE-OLMESARTAN) .	135
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (AMLODIPINE-OLMESARTAN) .	135
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (AMLODIPINE-OLMESARTAN) .	135
amlodipine besylate-valsartan tab 10-160 mg	135
amlodipine besylate-valsartan tab 10-320 mg	135
amlodipine besylate-valsartan tab 5-160 mg	135
amlodipine besylate-valsartan tab 5-320 mg	136
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	136
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	136
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (AMLODIPINE-VALSARTAN-HCTZ)	136
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	136
AMOXAPINE	53
AMOXICILLIN	28
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE) .	27
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE) .	27
amoxicillin & k clavulanate for susp 400-57 mg/5ml (AMOXICILLIN-POT CLAVULANATE) .	27
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (AMOXICILLIN-POT CLAVULANATE) .	27
amoxicillin & k clavulanate tab 250-125 mg (AMOXICILLIN-POT CLAVULANATE)	27
amoxicillin & k clavulanate tab 500-125 mg (AMOXICILLIN-POT CLAVULANATE)	27
amoxicillin & k clavulanate tab 875-125 mg (AMOXICILLIN-POT CLAVULANATE)	27
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg (AMOXICILLIN-POT CLAVULANATE ER)	27
amoxicillin (trihydrate) cap 250 mg	28
amoxicillin (trihydrate) cap 500 mg	28
amoxicillin (trihydrate) for susp 125 mg/5ml .	28
amoxicillin (trihydrate) for susp 200 mg/5ml .	28
amoxicillin (trihydrate) for susp 250 mg/5ml .	28
amoxicillin (trihydrate) for susp 400 mg/5ml .	28
amoxicillin (trihydrate) tab 500 mg	28
amoxicillin (trihydrate) tab 875 mg	28

amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack (AMOXICILL-CLARITHRO-LANSOPRAZ).....	209	amphetamine-dextroamphetamine tab 7.5 mg.....	154
AMOXICILLIN-POT CLAVULANATE (amoxicillin & pot clavulanate).....	28	AMPICILLIN.....	28
AMOXICILLIN-POT CLAVULANATE ER (amoxicillin & pot clavulanate).....	28	ampicillin cap 250 mg.....	28
AMPHETAMINE ER.....	153	ampicillin cap 500 mg.....	28
amphetamine sulfate tab 10 mg.....	153	AMPYRA (dalfampridine).....	164
amphetamine sulfate tab 5 mg.....	153	AMRIX (cyclobenzaprine hcl).....	339
amphetamine-dextroamphetamine cap er 24hr 10 mg (AMPHETAMINE-DEXTROAMPHET ER).....	153	AMZEEQ (minocycline hcl micronized (acne)).....	33
amphetamine-dextroamphetamine cap er 24hr 15 mg (AMPHETAMINE-DEXTROAMPHET ER).....	153	ANADROL-50 (oxymetholone).....	229
amphetamine-dextroamphetamine cap er 24hr 20 mg (AMPHETAMINE-DEXTROAMPHET ER).....	153	ANAFRANIL (clomipramine hcl).....	53
amphetamine-dextroamphetamine cap er 24hr 25 mg (AMPHETAMINE-DEXTROAMPHET ER).....	154	anagrelide hcl cap 0.5 mg.....	116
amphetamine-dextroamphetamine cap er 24hr 30 mg (AMPHETAMINE-DEXTROAMPHET ER).....	154	anagrelide hcl cap 1 mg.....	116
amphetamine-dextroamphetamine cap er 24hr 5 mg (AMPHETAMINE-DEXTROAMPHET ER).....	154	ANALPRAM-HC (hydrocortisone acetate w/ pramoxine).....	176,177
amphetamine-dextroamphetamine tab 10 mg.....	154	ANAPROX DS (naproxen sodium).....	1
amphetamine-dextroamphetamine tab 12.5 mg.....	154	ANASPAZ (hyoscyamine sulfate).....	207
amphetamine-dextroamphetamine tab 15 mg.....	154	anastrozole tab 1 mg.....	71
amphetamine-dextroamphetamine tab 20 mg.....	154	ANCOBON (flucytosine).....	58
amphetamine-dextroamphetamine tab 30 mg.....	154	ANDRODERM (testosterone).....	229
amphetamine-dextroamphetamine tab 5 mg.....	154	ANDROGEL (testosterone).....	229
		ANDROGEL PUMP (testosterone).....	229
		ANDROID (methyltestosterone).....	229
		ANDROXY (fluoxymesterone).....	229
		ANGELIQ (drospirenone-estradiol).....	231
		ANNOVERA (segesterone acetate-ethinyl estradiol).....	231
		ANORO ELLIPTA (umeclidinium-vilanterol) ..	335
		ANTABUSE (disulfiram).....	20
		ANTARA (fenofibrate micronized).....	146
		ANTI-STICK INSULIN SYRINGE.....	271
		ANUSOL-HC (hydrocortisone (rectal)).....	171
		ANZEMET (dolasetron mesylate).....	56
		APADAZ (benzhydrocodone hcl-acetaminophen).....	12
		APAP-CAFF-DIHYDROCODEINE (acetaminophen-caff-dihydrocod).....	12
		APEXICON E (diflorasone diacetate emollient base).....	171
		APIDRA (insulin glulisine).....	110
		APIDRA SOLOSTAR (insulin glulisine).....	110

APLENZIN (bupropion hydrobromide)	47	ARMONAIR DIGIHALER (fluticasone propionate (inhalation))	324
APOKYN (apomorphine hydrochloride)	79	ARMONAIR RESPICLICK 113 (fluticasone propionate (inhalation))	324
apraclonidine hcl ophth soln 0.5% (base equivalent)	322	ARMONAIR RESPICLICK 232 (fluticasone propionate (inhalation))	324
aprepitant capsule 125 mg	56	ARMONAIR RESPICLICK 55 (fluticasone propionate (inhalation))	324
aprepitant capsule 40 mg	56	ARMOUR THYROID	251
aprepitant capsule 80 mg	56	ARNUITY ELLIPTA (fluticasone furoate (inhalation))	324
aprepitant capsule therapy pack 80 & 125 mg	57	AROMASIN (exemestane)	71
APRISO (mesalamine)	265	ARTHROTEC (diclofenac w/ misoprostol)	1
APTENSIO XR (methylphenidate hcl)	156	ARYMO ER (morphine sulfate)	6
APTIOM (eslicarbazepine acetate)	43	ASACOL HD (mesalamine)	265
APTIVUS (tipranavir)	96	asenapine maleate sl tab 10 mg (base equiv)	85
AQUALANCE LANCETS 30G	271	asenapine maleate sl tab 2.5 mg (base equiv)	85
ARAKODA (tafenoquine succinate)	77	asenapine maleate sl tab 5 mg (base equiv)	85
ARANESP (ALBUMIN FREE) (darbepoetin alfa)	116	ASMANEX (120 METERED DOSES) (mometasone furoate (inhalation))	324
ARAVA (leflunomide)	261	ASMANEX (14 METERED DOSES) (mometasone furoate (inhalation))	324
ARAZLO (tazarotene (acne))	167	ASMANEX (30 METERED DOSES) (mometasone furoate (inhalation))	325
ARCALYST (rilonacept)	258	ASMANEX (60 METERED DOSES) (mometasone furoate (inhalation))	325
ARCAPTA NEOHALER (indacaterol maleate)	329	ASMANEX HFA (mometasone furoate (inhalation))	325
ARIAL CHAMBER	271	aspirin-dipyridamole cap er 12hr 25-200 mg (ASPIRIN-DIPYRIDAMOLE ER)	118
ARICEPT (donepezil hydrochloride)	45	ASPIRIN-OMEPRAZOLE	118
ARIKAYCE (amikacin sulfate liposome)	22	ASSURE 3 TEST (glucose blood)	271
ARIMIDEX (anastrozole)	71	ASSURE 4 TEST (glucose blood)	271
aripiprazole oral solution 1 mg/ml	85	ASSURE COMFORT LANCETS 28G	271
aripiprazole orally disintegrating tab 10 mg	85	ASSURE HAEMOLANCE PLUS HIGH	271
aripiprazole orally disintegrating tab 15 mg	85	ASSURE HAEMOLANCE PLUS LOW	271
aripiprazole tab 10 mg	85	ASSURE HAEMOLANCE PLUS MICRO	271
aripiprazole tab 15 mg	85	ASSURE HAEMOLANCE PLUS NORMAL	272
aripiprazole tab 2 mg	85		
aripiprazole tab 20 mg	85		
aripiprazole tab 30 mg	85		
aripiprazole tab 5 mg	85		
ARIXTRA (fondaparinux sodium)	113		
armodafinil tab 150 mg	343		
armodafinil tab 200 mg	343		
armodafinil tab 250 mg	343		
armodafinil tab 50 mg	343		

ASSURE HAEMOLANCE PLUS PED.....	272	atomoxetine hcl cap 40 mg (base equiv) ..	156
ASSURE ID INSULIN SAFETY SYR.....	272	atomoxetine hcl cap 60 mg (base equiv) ..	156
ASSURE ID SAFETY PEN NEEDLES.....	272	atomoxetine hcl cap 80 mg (base equiv) ..	156
ASSURE II (glucose blood).....	272	atorvastatin calcium tab 10 mg (base equivalent)	147
ASSURE II CHECK (glucose blood).....	272	atorvastatin calcium tab 20 mg (base equivalent)	147
ASSURE LANCE LANCETS.....	272	atorvastatin calcium tab 40 mg (base equivalent)	147
ASSURE LANCE LANCETS 21G.....	272	atorvastatin calcium tab 80 mg (base equivalent)	147
ASSURE LANCE PLUS SAFETY 25G.....	272	atovaquone susp 750 mg/5ml.....	77
ASSURE LANCE PLUS SAFETY 30G.....	272	atovaquone-proguanil hcl tab 250-100 mg.	77
ASSURE LANCE SAFETY LANCET 28G.....	272	atovaquone-proguanil hcl tab 62.5-25 mg.	77
ASSURE LANCETS.....	272	ATRALIN (tretinoin)	168
ASSURE PLATINUM (glucose blood).....	272	ATRIPLA (efavirenz-emtricitabine-tenofovir disoproxil fumarate).....	93
ASSURE PRISM MULTI TEST (glucose blood) ..	272	ATROPINE SULFATE (atropine sulfate (ophthalmic))	314
ASSURE PRO TEST (glucose blood).....	272	ATROVENT HFA (ipratropium bromide hfa) .	328
ASTAGRAF XL (tacrolimus).....	261	AUBAGIO (teriflunomide)	164
ASTEPRO (azelastine hcl).....	326	AUGMENTIN (amoxicillin & pot clavulanate) 28	
AT LAST LANCETS.....	272	AUGMENTIN ES-600 (amoxicillin & pot clavulanate).....	28
AT LAST TEST (glucose blood).....	272	AUGMENTIN XR (amoxicillin & pot clavulanate)	28
ATABEX EC (prenatal vit w/ docusate-iron carbonyl-folic acid).....	191	AURORA LANCET SUPER THIN 30G.....	272
ATABEX OB (prenatal vit w/ fe bisglycinate chelate-folic acid).....	191	AURORA LANCET THIN 23G.....	272
ATACAND (candesartan cilexetil).....	120	AURORA PEN NEEDLES.....	272
ATACAND HCT (candesartan cilexetil- hydrochlorothiazide)	136	AURORA UNIFINE PENTIPS.....	272
atazanavir sulfate cap 150 mg (base equiv) 96		AURYXIA (ferric citrate)	188
atazanavir sulfate cap 200 mg (base equiv) 97		AUSTEDO (deutetrabenazine)	161
atazanavir sulfate cap 300 mg (base equiv) 97		AUVI-Q (epinephrine (anaphylaxis)).....	330
ATELVIA (risedronate sodium).....	267	AVALIDE (irbesartan-hydrochlorothiazide) .	136
atenolol & chlorthalidone tab 100-25 mg (ATENOLOL-CHLORTHALIDONE)	136	AVANDIA (rosiglitazone maleate)	103
atenolol & chlorthalidone tab 50-25 mg (ATENOLOL-CHLORTHALIDONE).....	136	AVAPRO (irbesartan)	120
atenolol tab 100 mg.....	125	AVAR (sulfacetamide sodium w/ sulfur)	177
atenolol tab 25 mg.....	125	AVAR LS (sulfacetamide sodium w/ sulfur) .	177
atenolol tab 50 mg.....	125	AVAR LS CLEANSER (sulfacetamide sodium w/ sulfur)	177
ATIVAN (lorazepam).....	100		
atomoxetine hcl cap 10 mg (base equiv) ..	156		
atomoxetine hcl cap 100 mg (base equiv) 156			
atomoxetine hcl cap 18 mg (base equiv) ..	156		
atomoxetine hcl cap 25 mg (base equiv) ..	156		

AVAR-E LS (sulfacetamide sodium w/ sulfur) 177
 AVC VAGINAL (sulfanilamide vaginal) 32
 AVELOX (moxifloxacin hcl) 31
 AVELOX ABC PACK (moxifloxacin hcl) 31
 AVODART (dutasteride) 217
 AVONEX (interferon beta-1a) 164
 AVONEX PEN (interferon beta-1a) 164
 AVONEX PREFILLED (interferon beta-1a) 165
 AXERT (almotriptan malate) 63
 AXIRON (testosterone) 229
 AYGESTIN (norethindrone acetate) 249
 AYVAKIT (avapritinib) 69
 AZASAN (azathioprine) 261
 AZASITE (azithromycin (ophth)) 318
 azathioprine tab 50 mg 261
 azelaic acid gel 15% 168
 azelastine hcl nasal spray 0.1% (137 mcg/spray) 326
 azelastine hcl nasal spray 0.15% (205.5 mcg/spray) 326
 azelastine hcl ophth soln 0.05% 317
 azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (AZElastine-FLUTICASONE) 326
 AZELEX (azelaic acid (acne)) 168
 AZESCHEW PRENATAL/POSTNATAL (prenatal without a vit w/ fe fumarate-folic acid) 191
 AZESCO (prenatal vit w/ ferrous gluconate-folic acid) 191
 AZILECT (rasagiline mesylate) 83
 AZITHROMYCIN 29
 azithromycin for susp 100 mg/5ml 29
 azithromycin for susp 200 mg/5ml 29
 azithromycin tab 250 mg 29
 azithromycin tab 500 mg 29
 azithromycin tab 600 mg 29
 AZOPT (brinzolamide) 322
 AZOR (amlodipine besylate-olmesartan medoxomil) 136
 AZULFIDINE (sulfasalazine) 265

AZULFIDINE EN-TABS (sulfasalazine) 265

B

BACITRACIN (bacitracin (ophthalmic)) 318
 bacitracin-polymyxin b ophth oint 314
 bacitracin-polymyxin b ophth oint (AK-POLY-BAC) 314
 bacitracin-polymyxin b ophth oint (POLYCIN) 314
 bacitracin-polymyxin-neomycin-hc ophth oint 1% (BACITRA-NEOMYCIN-POLYMYXIN-HC) 315
 bacitracin-polymyxin-neomycin-hc ophth oint 1% (NEO-POLYCIN HC) 315
 baclofen tab 10 mg 89
 baclofen tab 20 mg 89
 baclofen tab 5 mg 89
 BACTRIM (sulfamethoxazole-trimethoprim) 32
 BACTRIM DS (sulfamethoxazole-trimethoprim) 32
 BACTROBAN (mupirocin calcium (topical)) 184
 BACTROBAN NASAL (mupirocin calcium) 184
 BAFIERTAM (monomethyl fumarate) 165
 BALCOLTRA (levonorgestrel-ethinyl estradiol-ferrous bisglycinate) 231
 balsalazide disodium cap 750 mg 265
 BALVERSA (erdafitinib) 71
 BANZEL (rufinamide) 43
 BAQSIMI ONE PACK (glucagon) 109
 BAQSIMI TWO PACK (glucagon) 109
 BARACLUDE (entecavir) 90
 BASAGLAR KWIKPEN (insulin glargine) 110
 BAXDELA (delafloxacin meglumine) 31
 BAYER BREEZE 2 TEST (glucose blood) 272
 BAYER MICROLET LANCETS 272
 BD AUTOSHIELD 272
 BD AUTOSHIELD DUO 272
 BD INSULIN SYR ULTRAFINE II 272
 BD INSULIN SYRINGE 273
 BD INSULIN SYRINGE HALF-UNIT 273
 BD INSULIN SYRINGE MICROFINE 273
 BD INSULIN SYRINGE U-500 273

BD INSULIN SYRINGE U/F.....	273	BENZAMYCIN (benzoyl peroxide-erythromycin).....	168
BD INSULIN SYRINGE U/F 1/2UNIT.....	273	BENZHYDROCODONE-ACETAMINOPHEN (benzhydrocodone hcl-acetaminophen)...	12
BD INSULIN SYRINGE ULTRAFINE.....	273	BENZNIDAZOLE.....	77
BD LANCET ULTRAFINE 30G.....	273	benzonatate cap 100 mg.....	335
BD LANCET ULTRAFINE 33G.....	273	benzonatate cap 150 mg.....	335
BD MICROTAINER LANCETS.....	273	benzonatate cap 200 mg.....	335
BD PEN NEEDLE MICRO U/F.....	273	benzoyl peroxide-erythromycin gel 5-3%...	168
BD PEN NEEDLE MINI U/F.....	273	BENZPHETAMINE HCL.....	161
BD PEN NEEDLE NANO 2ND GEN.....	273	benzphetamine hcl tab 50 mg.....	161
BD PEN NEEDLE NANO U/F.....	273	benztropine mesylate tab 0.5 mg.....	78
BD PEN NEEDLE ORIGINAL U/F.....	273	benztropine mesylate tab 1 mg.....	78
BD PEN NEEDLE SHORT U/F.....	273	benztropine mesylate tab 2 mg.....	78
BD SAFETY-LOK INSULIN SYRINGE.....	273	BEPREVE (bepotastine besilate).....	317
BD SAFETYGLIDE INSULIN SYRINGE.....	274	BESIVANCE (besifloxacin hcl).....	31
BD VEO INSULIN SYR U/F 1/2UNIT.....	274	BETAGAN (levobunolol hcl).....	320
BD VEO INSULIN SYRINGE U/F.....	274	BETAMETHASONE DIPROPIONATE AUG (betamethasone dipropionate augmented).....	171
BECONASE AQ (beclomethasone diprop monohyd).....	325	betamethasone dipropionate augmented cream 0.05%.....	221
BELBUCA (buprenorphine hcl).....	6	betamethasone dipropionate augmented gel 0.05% (ALPHATREX).....	171
BELSOMRA (suvorexant).....	341	betamethasone dipropionate augmented lotion 0.05%.....	221
benazepril & hydrochlorothiazide tab 10-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE).....	136	betamethasone dipropionate augmented oint 0.05%.....	171
benazepril & hydrochlorothiazide tab 20-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE).....	136	betamethasone dipropionate cream 0.05%.....	171
benazepril & hydrochlorothiazide tab 20-25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE).....	136	betamethasone dipropionate lotion 0.05%.....	171
benazepril & hydrochlorothiazide tab 5-6.25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE).....	137	betamethasone dipropionate oint 0.05%.....	221
benazepril hcl tab 10 mg.....	122	betamethasone valerate aerosol foam 0.12%.....	171
benazepril hcl tab 20 mg.....	122	betamethasone valerate cream 0.1% (base equivalent).....	171
benazepril hcl tab 40 mg.....	122	betamethasone valerate lotion 0.1% (base equivalent).....	171
benazepril hcl tab 5 mg.....	122	betamethasone valerate oint 0.1% (base equivalent).....	171
BENICAR (olmesartan medoxomil).....	120	BETAPACE (sotalol hcl).....	124
BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide).....	137		
BENLYSTA (belimumab).....	258		
BENTYL (dicyclomine hcl).....	207		
BENZACLIN (clindamycin phosphate-benzoyl peroxide).....	168		
BENZACLIN WITH PUMP (clindamycin phosphate-benzoyl peroxide).....	168		

BETAPACE AF (sotalol hcl (afib/af))	124	bisoprolol & hydrochlorothiazide tab 5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	137
BETASERON (interferon beta-1b)	165	bisoprolol fumarate tab 10 mg	125
betaxolol hcl ophth soln 0.5%	321	bisoprolol fumarate tab 5 mg	125
betaxolol hcl tab 10 mg	125	BLEPH-10 (sulfacetamide sodium (ophth))	318
betaxolol hcl tab 20 mg	125	BLEPHAMIDE (sulfacetamide sod-prednisolone)	315
bethanechol chloride tab 10 mg	218	BLEPHAMIDE S.O.P. (sulfacetamide sod-prednisolone)	315
bethanechol chloride tab 25 mg	218	BLOOD GLUCOSE TEST (glucose blood)	274
bethanechol chloride tab 5 mg	218	BONIVA (ibandronate sodium)	267
bethanechol chloride tab 50 mg	218	BONJESTA (doxylamine-pyridoxine)	55
BETHKIS (tobramycin)	331	bosentan tab 125 mg	333
BETIMOL (timolol)	321	bosentan tab 62.5 mg	333
BETOPTIC-S (betaxolol hcl (ophth))	321	BOSULIF (bosutinib)	71,72
BEVESPI AEROSPHERE (glycopyrrolate-formoterol fumarate)	335	BRAFTOVI (encorafenib)	72
BEVYXXA (betrixaban maleate)	113	BREATHE EASE LARGE	274
bexarotene cap 75 mg	76	BREATHE EASE MEDIUM	274
BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	231	BREATHE EASE SMALL	274
BIAXIN (clarithromycin)	29	BREATHERITE	274
bicalutamide tab 50 mg	67	BREATHERITE COLL SPACER ADULT	274
BIDIL (isosorbide dinitrate-hydralazine hcl)	137	BREATHERITE COLL SPACER CHILD	274
BIJUVA (estradiol-progesterone)	231	BREATHERITE COLL SPACER INFANT	274
BIKTARVY (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	92	BREATHERITE RIGID SPACER/MASK	274
BILTRICIDE (praziquantel)	76	BREATHERITE SPACER NEONATE	274
bimatoprost ophth soln 0.03%	322	BREATHERITE SPACER SMALL CHILD	274
BINOSTO (alendronate sodium)	267	BREATHERITE VALVED MDI CHAMBER	274
BIOSCANNER GLUCOSE TEST (glucose blood)	274	BREATHERITE/LARGE MASK	274
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit (GAVILYTE-H)	204	BREATHERITE/MEDIUM MASK	274
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit (PEG-PREP)	204	BREATHERITE/SMALL MASK	274
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	137	BREEZE 2 TEST (glucose blood)	274
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	137	BREO ELLIPTA (fluticasone furoate-vilanterol)	335
		BREVICON (28) (norethindrone & eth estradiol)	231
		BREZTRI AEROSPHERE (budesonide-glycopyrrolate-formoterol fumarate)	335
		BRILINTA (ticagrelor)	118
		brimonidine tartrate ophth soln 0.15%	322
		brimonidine tartrate ophth soln 0.2%	322

BRISDELLE (paroxetine mesylate (vasomotor))	49	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	21
BRIVIACT (brivaracetam)	36	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	21
BROMFENAC SODIUM (bromfenac sodium (ophth))	319	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	21
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) (BROMFENAC SODIUM (ONCE-DAILY))	319	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	21
bromocriptine mesylate cap 5 mg (base equivalent)	79	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	21
bromocriptine mesylate tab 2.5 mg (base equivalent)	79	buprenorphine td patch weekly 10 mcg/hr.	6
BROMSITE (bromfenac sodium (ophth))	319	buprenorphine td patch weekly 15 mcg/hr.	6
BROVANA (arformoterol tartrate)	330	buprenorphine td patch weekly 20 mcg/hr.	6
BRUKINSA (zanubrutinib)	69	buprenorphine td patch weekly 5 mcg/hr.	6
BRYHALI (halobetasol propionate)	171	buprenorphine td patch weekly 7.5 mcg/hr.	6
budesonide delayed release particles cap 3 mg	266	bupropion hcl (smoking deterrent) tab er 12hr 150 mg (BUPROPION HCL ER (SMOKING DET))	22
budesonide inhalation susp 0.25 mg/2ml.	325	BUPROPION HCL ER (XL)	47
budesonide inhalation susp 0.5 mg/2ml.	325	bupropion hcl tab 100 mg	47
budesonide inhalation susp 1 mg/2ml.	325	bupropion hcl tab 75 mg	47
budesonide tab er 24hr 9 mg (BUDESONIDE ER)	266	bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR))	47
BUDESONIDE-FORMOTEROL FUMARATE (budesonide-formoterol fumarate dihydrate)	335	bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR))	47
BULLSEYE MINI SAFETY LANCETS	274	bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR))	47
BULLSEYE SAFETY LANCETS	274	bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL))	47
bumetanide tab 0.5 mg	144	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL))	47
bumetanide tab 1 mg	144	bupirone hcl tab 10 mg	99
bumetanide tab 2 mg	144	bupirone hcl tab 15 mg	99
BUMEX (bumetanide)	144	bupirone hcl tab 30 mg	99
BUNAVAIL (buprenorphine hcl-naloxone hcl dihydrate)	20	bupirone hcl tab 5 mg	99
BUPHENYL (sodium phenylbutyrate)	213	bupirone hcl tab 7.5 mg	99
BUPRENORPHINE	6	BUTALBITAL-ACETAMINOPHEN	161
buprenorphine hcl sl tab 2 mg (base equiv)	20	butalbital-acetaminophen cap 50-300 mg	161
buprenorphine hcl sl tab 8 mg (base equiv)	20	butalbital-acetaminophen tab 50-300 mg	161
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	20	butalbital-acetaminophen tab 50-300 mg (BUPAP)	161

butalbital-acetaminophen tab 50-325 mg. 161
 butalbital-acetaminophen tab 50-325 mg
 (BUTALBITAL-APAP)..... 161
 butalbital-acetaminophen tab 50-325 mg
 (MARTEN-TAB)..... 161
 butalbital-acetaminophen-caff w/ cod cap
 50-300-40-30 mg (BUTALBITAL-APAP-CAFF-
 COD)..... 12
 butalbital-acetaminophen-caff w/ cod cap
 50-325-40-30 mg (BUTALBITAL-APAP-CAFF-
 COD)..... 12
 butalbital-acetaminophen-caffeine cap 50-
 300-40 mg (BUTALBITAL-APAP-CAFFEINE)... 161
 butalbital-acetaminophen-caffeine cap 50-
 300-40 mg (PHRENILIN FORTE)..... 161
 butalbital-acetaminophen-caffeine cap 50-
 325-40 mg (BUTALBITAL-APAP-CAFFEINE)... 161
 butalbital-acetaminophen-caffeine cap 50-
 325-40 mg (CAPACET)..... 161
 butalbital-acetaminophen-caffeine cap 50-
 325-40 mg (ESGIC)..... 162
 butalbital-acetaminophen-caffeine cap 50-
 325-40 mg (ZEBUTAL)..... 162
 butalbital-acetaminophen-caffeine soln 50-
 325-40 mg/15ml (VANATOL LQ)..... 162
 butalbital-acetaminophen-caffeine soln 50-
 325-40 mg/15ml (VANATOL S)..... 162
 butalbital-acetaminophen-caffeine tab 50-
 325-40 mg (BAC)..... 162
 butalbital-acetaminophen-caffeine tab 50-
 325-40 mg (BUTALBITAL-APAP-CAFFEINE)... 162
 butalbital-aspirin-caff w/ codeine cap 50-325-
 40-30 mg (ASCOMP-CODEINE)..... 12
 butalbital-aspirin-caff w/ codeine cap 50-325-
 40-30 mg (BUTALBITAL-ASA-CAFF-CODEINE). 12
 BUTALBITAL-ASPIRIN-CAFFEINE..... 1
 butalbital-aspirin-caffeine cap 50-325-40 mg.1
 butalbital-aspirin-caffeine cap 50-325-40 mg
 (BUTALBITAL-ASA-CAFFEINE)..... 1
 BUTISOL SODIUM (butabarbital sodium).... 341
 butorphanol tartrate nasal soln 10 mg/ml... 12

BUTRANS (buprenorphine).....6
 BYDUREON (exenatide)..... 103
 BYDUREON BCISE (exenatide)..... 103
 BYETTA 10 MCG PEN (exenatide)..... 103
 BYETTA 5 MCG PEN (exenatide)..... 103
 BYNFEZIA PEN (octreotide acetate)..... 256
 BYSTOLIC (nebivolol hcl)..... 125
 BYVALSON (nebivolol-valsartan)..... 137

C

C-NATE DHA (prenatal vit w/ ferrous
 fumarate-fa-omega 3 fatty acids)..... 191
 cabergoline tab 0.5 mg..... 256
 CABLIVI (caplacizumab-yhdp)..... 118
 CABOMETYX (cabozantinib s-malate)..... 72
 CADEAU DHA (prenatal vit w/ ferrous
 fumarate-l methylfolate-fa-dha)..... 191
 CADUET (amlodipine besylate-atorvastatin
 calcium)..... 137
 CAFERGOT (ergotamine w/ caffeine)..... 62
 caffeine citrate oral soln 60 mg/3ml (10
 mg/ml base equiv)..... 332
 CALAN (verapamil hcl)..... 129
 CALAN SR (verapamil hcl)..... 129
 CALCIPOTRIENE..... 177
 calcipotriene cream 0.005%..... 177
 calcipotriene oint 0.005%..... 177
 calcipotriene oint 0.005% (CALCITRENE)... 177
 calcipotriene soln 0.005% (50 mcg/ml).... 177
 calcipotriene-betamethasone dipropionate
 oint 0.005-0.064% (CALCIPOTRIENE-BETAMETH
 DIPROP)..... 177
 calcipotriene-betamethasone dipropionate
 susp 0.005-0.064% (CALCIPOTRIENE-BETAMETH
 DIPROP)..... 177
 calcitonin (salmon) nasal soln 200 unit/act. 267
 CALCITRIOL (calcitriol (topical))..... 177
 calcitriol cap 0.25 mcg..... 267
 calcitriol cap 0.5 mcg..... 267
 calcitriol oral soln 1 mcg/ml..... 267

calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (CALCIUM ACETATE (PHOS BINDER))	188	carbamazepine cap er 12hr 300 mg (CARBAMAZEPINE ER)	43
CALCIUM PNV (prenatal without vit a w/ fe fum-fa-omega fatty acids)	191	carbamazepine chew tab 100 mg	43
CALQUENCE (acalabrutinib)	72	carbamazepine susp 100 mg/5ml	43
CAMBIA (diclofenac potassium (migraine))	1	carbamazepine tab 200 mg	43
CANASA (mesalamine)	265	carbamazepine tab 200 mg (EPITOL)	43
candesartan cilexetil tab 16 mg	121	carbamazepine tab er 12hr 100 mg (CARBAMAZEPINE ER)	43
candesartan cilexetil tab 32 mg	121	carbamazepine tab er 12hr 200 mg (CARBAMAZEPINE ER)	43
candesartan cilexetil tab 4 mg	121	carbamazepine tab er 12hr 400 mg (CARBAMAZEPINE ER)	43
candesartan cilexetil tab 8 mg	121	CARBATROL (carbamazepine)	43
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (CANDESARTAN CILEXETIL-HCTZ)	137	carbidopa & levodopa orally disintegrating tab 10-100 mg (CARBIDOPA-LEVODOPA)	82
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (CANDESARTAN CILEXETIL-HCTZ)	137	carbidopa & levodopa orally disintegrating tab 25-100 mg (CARBIDOPA-LEVODOPA)	82
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (CANDESARTAN CILEXETIL-HCTZ)	137	carbidopa & levodopa orally disintegrating tab 25-250 mg (CARBIDOPA-LEVODOPA)	82
capecitabine tab 150 mg	68	carbidopa & levodopa tab 10-100 mg (CARBIDOPA-LEVODOPA)	82
capecitabine tab 500 mg	68	carbidopa & levodopa tab 25-100 mg (CARBIDOPA-LEVODOPA)	82
CAPEX (fluocinolone acetonide)	171	carbidopa & levodopa tab 25-250 mg (CARBIDOPA-LEVODOPA)	82
CAPITAL/CODEINE (acetaminophen w/ codeine)	13	carbidopa & levodopa tab er 25-100 mg (CARBIDOPA-LEVODOPA ER)	82
CAPLYTA (lumateperone tosylate)	85	carbidopa & levodopa tab er 50-200 mg (CARBIDOPA-LEVODOPA ER)	82
CAPRELSA (vandetanib)	72	carbidopa tab 25 mg	82
captopril tab 100 mg	122	CARBIDOPA-LEVODOPA-ENTACAPONE	79
captopril tab 12.5 mg	122	CARBINOXAMINE MALEATE	326
captopril tab 25 mg	122	carbinoxamine maleate soln 4 mg/5ml	326
captopril tab 50 mg	122	carbinoxamine maleate tab 4 mg	326
CAPTOPRIL-HYDROCHLOROTHIAZIDE (captopril & hydrochlorothiazide)	137	CARDIZEM (diltiazem hcl)	129
CARAC (fluorouracil (topical))	177	CARDIZEM CD (diltiazem hcl coated beads)	130
CARAFATE (sucralfate)	211	CARDIZEM LA (diltiazem hcl coated beads)	130
CARBAGLU (carglumic acid)	186	CARDURA (doxazosin mesylate)	120
carbamazepine cap er 12hr 100 mg (CARBAMAZEPINE ER)	43	CARDURA XL (doxazosin mesylate (bph))	217
carbamazepine cap er 12hr 200 mg (CARBAMAZEPINE ER)	43		

CAREFINE PEN NEEDLES.....	274	carvedilol phosphate cap er 24hr 20 mg (CARVEDILOL PHOSPHATE ER).....	126
CAREONE BLOOD GLUCOSE TEST (glucose blood).....	275	carvedilol phosphate cap er 24hr 40 mg (CARVEDILOL PHOSPHATE ER).....	126
CAREONE INSULIN SYRINGE.....	275	carvedilol phosphate cap er 24hr 80 mg (CARVEDILOL PHOSPHATE ER).....	126
CAREONE LANCET SUPER THIN 30G.....	275	carvedilol tab 12.5 mg.....	126
CAREONE LANCET THIN 23G.....	275	carvedilol tab 25 mg.....	126
CAREONE UNIFINE PENTIPS.....	275	carvedilol tab 3.125 mg.....	126
CAREONE UNIFINE PENTIPS PLUS.....	275	carvedilol tab 6.25 mg.....	126
CARESENS LANCETS.....	275	CASODEX (bicalutamide).....	67
CARESENS N GLUCOSE TEST (glucose blood).....	275	CATAPRES (clonidine hcl).....	119
CARETOUCH INSULIN SYRINGE.....	275	CATAPRES-TTS-1 (clonidine).....	119
CARETOUCH PEN NEEDLES.....	275	CATAPRES-TTS-2 (clonidine).....	119
CARETOUCH SAFETY LANCETS.....	275	CATAPRES-TTS-3 (clonidine).....	119
CARETOUCH SAFETY LANCETS 26G.....	275	CAVERJECT (alprostadil (vasodilator)).....	218
CARETOUCH TEST (glucose blood).....	275	CAVERJECT IMPULSE (alprostadil (vasodilator)).....	218
CARETOUCH TWIST LANCETS 28G.....	275	CAYA (diaphragm arc-spring).....	275
CARETOUCH TWIST LANCETS 30G.....	275	CAYSTON (aztreonam lysine).....	331
CARETOUCH TWIST LANCETS 33G.....	275	CEDAX (ceftibuten).....	25
carisoprodol tab 250 mg.....	339	CEFACLOR.....	26
carisoprodol tab 350 mg.....	339	cefaclor cap 250 mg.....	26
carisoprodol tab 350 mg (VANADOM).....	339	cefaclor cap 500 mg.....	26
carisoprodol w/ aspirin & codeine tab 200- 325-16 mg (CARISOPRODOL-ASPIRIN- CODEINE).....	13	CEFACLOR ER (cefaclor monohydrate).....	26
carisoprodol w/ aspirin tab 200-325 mg (CARISOPRODOL-ASPIRIN).....	340	CEFADROXIL.....	26
CARISOPRODOL-ASPIRIN (carisoprodol w/ aspirin).....	340	cefadroxil cap 500 mg.....	26
CARISOPRODOL-ASPIRIN-CODEINE (carisoprodol w/ aspirin & codeine).....	13	cefadroxil for susp 250 mg/5ml.....	26
CARNITOR (levocarnitine (metabolic modifiers)).....	192	cefadroxil for susp 500 mg/5ml.....	26
CARNITOR SF (levocarnitine (metabolic modifiers)).....	192	cefadroxil tab 1 gm.....	26
CAROSPIR (spironolactone).....	144	cefdinir cap 300 mg.....	26
CARTEOLOL HCL (carteolol hcl (ophth))...	321	cefdinir for susp 125 mg/5ml.....	26
carteolol hcl ophth soln 1%.....	321	cefdinir for susp 250 mg/5ml.....	26
carvedilol phosphate cap er 24hr 10 mg (CARVEDILOL PHOSPHATE ER).....	125	CEFDITOREN PIVOXIL.....	26
		cefixime cap 400 mg.....	26
		cefixime for susp 100 mg/5ml.....	26
		cefixime for susp 200 mg/5ml.....	26
		cefpodoxime proxetil for susp 100 mg/5ml..	26
		cefpodoxime proxetil for susp 50 mg/5ml..	26
		cefpodoxime proxetil tab 100 mg.....	26
		cefpodoxime proxetil tab 200 mg.....	26

cefprozil for susp 125 mg/5ml.....	26	CHEMSTRIP UGK (urine glucose-ketones test).....	275
cefprozil for susp 250 mg/5ml.....	26	CHENODAL (chenodiol).....	209
cefprozil tab 250 mg.....	26	chlordiazepoxide hcl cap 10 mg.....	100
cefprozil tab 500 mg.....	26	chlordiazepoxide hcl cap 25 mg.....	100
CEFTIBUTEN.....	26	chlordiazepoxide hcl cap 5 mg.....	100
CEFTIN (cefuroxime axetil).....	26	chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (CHLORDIAZEPOXIDE-CLIDINIUM).....	207
cefuroxime axetil tab 250 mg.....	26	CHLORDIAZEPOXIDE-AMITRIPTYLINE.....	48
cefuroxime axetil tab 500 mg.....	27	CHLOROQUINE PHOSPHATE.....	77
CELEBREX (celecoxib).....	1	chloroquine phosphate tab 250 mg.....	77
celecoxib cap 100 mg.....	1	chloroquine phosphate tab 500 mg.....	77
celecoxib cap 200 mg.....	1	CHLOROTHIAZIDE.....	145
celecoxib cap 400 mg.....	1	chlorothiazide tab 500 mg.....	145
celecoxib cap 50 mg.....	1	chlorpromazine hcl tab 10 mg.....	83
CELEXA (citalopram hydrobromide).....	49	chlorpromazine hcl tab 100 mg.....	83
CELLCEPT (mycophenolate mofetil).....	261	chlorpromazine hcl tab 200 mg.....	83
CELONTIN (methsuximide).....	41	chlorpromazine hcl tab 25 mg.....	83
CEM-UREA.....	177	chlorpromazine hcl tab 50 mg.....	83
CENTANY (mupirocin).....	184	CHLORPROPAMIDE.....	103
CEPHALEXIN.....	27	chlorthalidone tab 25 mg.....	145
cephalexin cap 250 mg.....	27	chlorthalidone tab 50 mg.....	145
cephalexin cap 500 mg.....	27	CHLORZOXAZONE.....	340
cephalexin cap 750 mg.....	27	chlorzoxazone tab 375 mg.....	340
cephalexin for susp 125 mg/5ml.....	27	chlorzoxazone tab 375 mg (LORZONE).....	340
cephalexin for susp 250 mg/5ml.....	27	chlorzoxazone tab 500 mg.....	340
CEQUA (cyclosporine (ophth)).....	315	chlorzoxazone tab 750 mg.....	340
CEQUR SIMPLICITY 2U.....	275	chlorzoxazone tab 750 mg (LORZONE).....	340
CERDELGA (eliglustat tartrate).....	213	CHOLBAM (cholic acid).....	213
CEROVEL (urea).....	177	cholestyramine light powder 4 gm/dose...148	
CESAMET (nabilone).....	57	cholestyramine light powder 4 gm/dose (PREVALITE).....	148
CETRAXAL (ciprofloxacin hcl (otic)).....	323	cholestyramine light powder packets 4 gm.....	149
CETROTIDE (cetorelix acetate).....	256	cholestyramine light powder packets 4 gm (PREVALITE).....	149
cevimeline hcl cap 30 mg.....	167	cholestyramine powder 4 gm/dose.....	149
CHANTIX (varenicline tartrate).....	22	cholestyramine powder packets 4 gm.....	149
CHANTIX CONTINUING MONTH PAK (varenicline tartrate).....	22	choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	146
CHANTIX STARTING MONTH PAK (varenicline tartrate).....	22		
CHEK-STIX CONTROL (acetone (urine) test).....	275		
CHEMET (succimer).....	187		
CHEMSTRIP K (acetone (urine) test).....	275		

choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	146	ciprofloxacin hcl tab 250 mg (base equiv) ..	31
CHORIONIC GONADOTROPIN.....	226	ciprofloxacin hcl tab 500 mg (base equiv) ..	31
CIALIS (tadalafil).....	217	ciprofloxacin hcl tab 750 mg (base equiv) ..	31
ciclopirox gel 0.77%.....	184	CIPROFLOXACIN-CIPROFLOX HCL ER (ciprofloxacin-ciprofloxacin hcl)	31
ciclopirox olamine cream 0.77% (base equiv)	58	ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	323
ciclopirox olamine cream 0.77% (base equiv) (CICLODAN)	58	CIPROFLOXACIN-FLUOCINOLONE PF (ciprofloxacin-fluocinolone acetone)	323
ciclopirox olamine susp 0.77% (base equiv) ..	58	citalopram hydrobromide oral soln 10 mg/5ml.....	49
ciclopirox shampoo 1%.....	184	citalopram hydrobromide tab 10 mg (base equiv)	49
ciclopirox solution 8%.....	184	citalopram hydrobromide tab 20 mg (base equiv)	49
ciclopirox solution 8% (CICLODAN)	184	citalopram hydrobromide tab 40 mg (base equiv)	49
cilostazol tab 100 mg.....	118	CITRANATAL HARMONY (prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha)	192
cilostazol tab 50 mg.....	118	CITRANATAL MEDLEY (prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha)	192
CILOXAN (ciprofloxacin hcl (ophth))	31	CITRANATAL RX (prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa)	192
CIMDUO (lamivudine-tenofovir disoproxil fumarate)	94	CLARINEX (desloratadine)	326
CIMETIDINE HCL.....	210	CLARINEX-D 12 HOUR (desloratadine-pseudoephedrine)	335
cimetidine tab 300 mg.....	210	CLARITHROMYCIN.....	29
cimetidine tab 400 mg.....	210	clarithromycin for susp 125 mg/5ml.....	29
cimetidine tab 800 mg.....	210	clarithromycin for susp 250 mg/5ml.....	29
CIMZIA PREFILLED (certolizumab pegol)	261	clarithromycin tab 250 mg.....	29
CIMZIA STARTER KIT (certolizumab pegol) ..	261	clarithromycin tab 500 mg.....	29
cinacalcet hcl tab 30 mg (base equiv)	267	clarithromycin tab er 24hr 500 mg (CLARITHROMYCIN ER)	29
cinacalcet hcl tab 60 mg (base equiv)	267	CLEANLET LANCETS 28G.....	275
cinacalcet hcl tab 90 mg (base equiv)	267	CLEMASTINE FUMARATE.....	326
CIPRO (ciprofloxacin hcl)	31	CLENPIQ (sodium picosulfate-magnesium oxide-anhydrous citric acid)	205
CIPRO (ciprofloxacin)	31	CLEOCIN (clindamycin hcl)	22
CIPRO HC (ciprofloxacin-hydrocortisone) ..	323	CLEOCIN (clindamycin palmitate hydrochloride)	23
CIPRODEX (ciprofloxacin-dexamethasone)	323	CLEOCIN (clindamycin phosphate vaginal) ..	23
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	31		
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	31		
CIPROFLOXACIN HCL.....	31		
CIPROFLOXACIN HCL (ciprofloxacin hcl (otic))	323		
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	31		

CLEOCIN-T (clindamycin phosphate (topical))	23,184	clindamycin phosphate soln 1%	185
CLEVER CHEK AUTO-CODE TEST (glucose blood)	276	clindamycin phosphate swab 1%	23
CLEVER CHEK AUTO-CODE VOICE (glucose blood)	276	clindamycin phosphate swab 1% (CLINDACIN ETZ)	23
CLEVER CHEK LANCETS	276	clindamycin phosphate swab 1% (CLINDACIN-P)	23
CLEVER CHEK TEST (glucose blood)	276	clindamycin phosphate vaginal cream 2%	23
CLEVER CHOICE AUTO-CODE TEST (glucose blood)	276	clindamycin phosphate-benzoyl peroxide gel 1-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	168
CLEVER CHOICE COMFORT EZ	276	clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	168
CLEVER CHOICE HOLDING CHAMBER	276	clindamycin phosphate-tretinoin gel 1.2-0.025% (CLINDAMYCIN-TRETINOIN)	168
CLEVER CHOICE LANCETS 21G	276	CLINDESSE (clindamycin phosphate (one dose))	23
CLEVER CHOICE LANCETS 23G	276	clobazam suspension 2.5 mg/ml	41
CLEVER CHOICE LANCETS 28G	276	clobazam tab 10 mg	41
CLEVER CHOICE MICRO TEST (glucose blood)	276	clobazam tab 20 mg	41
CLEVER CHOICE NO CODING (glucose blood)	276	clobetasol propionate cream 0.05%	171
CLEVER CHOICE TALK SYSTEM (glucose blood)	276	clobetasol propionate emollient base cream 0.05%	221
CLICKFINE PEN NEEDLES	276	clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE)	221
CLIMARA (estradiol)	231	clobetasol propionate emulsion foam 0.05%	171
CLIMARA PRO (estradiol-levonorgestrel)	231	clobetasol propionate emulsion foam 0.05% (TOVET)	171
CLINDAGEL (clindamycin phosphate (topical))	185	clobetasol propionate foam 0.05%	171
clindamycin hcl cap 150 mg	23	clobetasol propionate gel 0.05%	171
clindamycin hcl cap 300 mg	23	clobetasol propionate lotion 0.05%	171
clindamycin hcl cap 75 mg	23	clobetasol propionate oint 0.05%	171
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	23	clobetasol propionate shampoo 0.05% (CLODAN)	171
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	168	clobetasol propionate soln 0.05%	172
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (NEUAC)	168	clobetasol propionate soln 0.05% (CORMAX SCALP APPLICATION)	172
CLINDAMYCIN PHOSPHATE (clindamycin phosphate (topical))	185	clobetasol propionate spray 0.05%	172
clindamycin phosphate foam 1%	185		
clindamycin phosphate gel 1%	185		
clindamycin phosphate lotion 1%	185		

CLOBEX (clobetasol propionate).....	172	clozapine orally disintegrating tab 100 mg..	88
CLOBEX SPRAY (clobetasol propionate)...	172	clozapine orally disintegrating tab 25 mg...	88
CLOCORTOLONE PIVALATE.....	221	clozapine tab 100 mg.....	88
CLOCORTOLONE PIVALATE PUMP.....	221	clozapine tab 200 mg.....	88
CLODERM (clocortolone pivalate).....	221	clozapine tab 25 mg.....	88
CLODERM PUMP (clocortolone pivalate) ..	222	clozapine tab 50 mg.....	88
CLOMIPHENE CITRATE.....	250	CLOZARIL (clozapine).....	88
clomiphene citrate tab 50 mg.....	250	CO-NATAL FA (prenatal vit w/ ferrous	
clomipramine hcl cap 25 mg.....	53	fumarate-folic acid).....	192
clomipramine hcl cap 50 mg.....	53	COAGUCHEK LANCETS.....	276
clomipramine hcl cap 75 mg.....	53	COARTEM (artemether-lumefantrine).....	77
clonazepam orally disintegrating tab 0.125		CODEINE SULFATE.....	13
mg.....	100	codeine sulfate tab 15 mg.....	13
clonazepam orally disintegrating tab 0.25		codeine sulfate tab 30 mg.....	13
mg.....	101	codeine sulfate tab 60 mg.....	13
clonazepam orally disintegrating tab 0.5		COLAZAL (balsalazide disodium).....	265
mg.....	101	COLCHICINE.....	61
clonazepam orally disintegrating tab 1 mg	101	colchicine tab 0.6 mg.....	61
clonazepam orally disintegrating tab 2 mg	101	colchicine w/ probenecid tab 0.5-500 mg	
clonazepam tab 0.5 mg.....	101	(COLCHICINE-PROBENECID).....	61
clonazepam tab 1 mg.....	101	COLCRYS (colchicine).....	61
clonazepam tab 2 mg.....	101	colesevelam hcl packet for susp 3.75 gm..	149
clonidine hcl tab 0.1 mg.....	119	colesevelam hcl tab 625 mg.....	149
clonidine hcl tab 0.2 mg.....	119	COLESTID (colestipol hcl).....	149
clonidine hcl tab 0.3 mg.....	119	COLESTID FLAVORED (colestipol hcl).....	149
clonidine hcl tab er 12hr 0.1 mg (CLONIDINE		colestipol hcl granule packets 5 gm.....	149
HCL ER).....	156	colestipol hcl granules 5 gm.....	149
clonidine td patch weekly 0.1 mg/24hr....	119	colestipol hcl tab 1 gm.....	149
clonidine td patch weekly 0.2 mg/24hr....	119	COLY-MYCIN S (neomycin-colistin-hc-	
clonidine td patch weekly 0.3 mg/24hr....	119	thonzonium).....	323
clopidogrel bisulfate tab 75 mg (base		COLYTE WITH FLAVOR PACKS (peg 3350-kcl-	
equiv).....	118	sod bicarb-sod chloride-sod sulfate).....	209
clorazepate dipotassium tab 15 mg.....	101	COMBIGAN (brimonidine tartrate-timolol	
clorazepate dipotassium tab 3.75 mg.....	101	maleate).....	315
clorazepate dipotassium tab 7.5 mg.....	101	COMBIPATCH (estradiol & norethindrone	
clotrimazole troche 10 mg.....	58	acetate).....	231
clotrimazole w/ betamethasone cream 1-		COMBIVENT RESPIMAT (ipratropium-	
0.05% (CLOTRIMAZOLE-BETAMETHASONE) ..	177	albuterol).....	335
clotrimazole w/ betamethasone lotion 1-		COMBIVIR (lamivudine-zidovudine).....	94
0.05% (CLOTRIMAZOLE-BETAMETHASONE) ..	177	COMETRIQ (100 MG DAILY DOSE)	
CLOZAPINE.....	88	(cabozantinib s-malate).....	72

COMETRIQ (140 MG DAILY DOSE) (cabozantinib s-malate)	72
COMETRIQ (60 MG DAILY DOSE) (cabozantinib s-malate)	72
COMFORT ASSIST INSULIN SYRINGE	276
COMFORT ASSURED LANCETS 28G	276
COMFORT ASSURED LANCETS 33G	276
COMFORT EZ INSULIN SYRINGE	277
COMFORT EZ MICRO PEN NEEDLES	277
COMFORT EZ PEN NEEDLES	277
COMFORT EZ SHORT PEN NEEDLES	277
COMFORT LANCETS	277
COMFORT TOUCH INSULIN PEN NEED	277
COMPACT SPACE CHAMBER	277
COMPACT SPACE CHAMBER/LG MASK	277
COMPACT SPACE CHAMBER/MED MASK	277
COMPACT SPACE CHAMBER/SM MASK	277
COMPLERA (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	93
COMPLETENATE (prenatal vit w/ ferrous fumarate-folic acid)	192
COMTAN (entacapone)	79
CONCEPT DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	192
CONCEPT OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa)	192
CONCERTA (methylphenidate hcl)	156
CONDYLOX (podofilox)	177
CONJUPRI (levamlodipine maleate)	128
CONSENSI (amlodipine besylate- celecoxib)	137
CONTOUR NEXT TEST (glucose blood)	277
CONTOUR TEST (glucose blood)	277
CONTRAVE (naltrexone hcl-bupropion hcl)	162
CONTROL AST (glucose blood)	277
CONTROL TEST (glucose blood)	277
CONZIP (tramadol hcl)	6
COOL BLOOD GLUCOSE TEST STRIPS (glucose blood)	277
COPAXONE (glatiramer acetate)	165
COPEGUS (ribavirin (hepatitis c))	90
COPIKTRA (duvelisib)	72
CORDRAN (flurandrenolide)	172
COREG (carvedilol)	126
COREG CR (carvedilol phosphate)	126
CORGARD (nadolol)	126
CORLANOR (ivabradine hcl)	137
CORTEF (hydrocortisone)	266
CORTENEMA (hydrocortisone (intrarectal))	266
CORTIFOAM (hydrocortisone acetate (intrarectal))	266
CORTISONE ACETATE	222
CORTISPORIN (bacitracin-polymyxin- neomycin hc)	177
CORTISPORIN (neomycin-polymyxin-hc)	315
CORTISPORIN-TC (neomycin-colistin-hc- thonzonium)	323
CORZIDE (nadolol & bendroflumethiazide)	138
COSENTYX (300 MG DOSE) (secukinumab)	258
COSENTYX (secukinumab)	258
COSENTYX SENSOREADY (300 MG) (secukinumab)	258
COSENTYX SENSOREADY PEN (secukinumab)	258
COSOPT (dorzolamide hcl-timolol maleate)	315
COSOPT PF (dorzolamide hcl-timolol maleate)	315
COTELLIC (cobimetinib fumarate)	72
COTEMPLA XR-ODT (methylphenidate)	156
COUMADIN (warfarin sodium)	113
COZAAR (losartan potassium)	121
CREON (pancrelipase (lipase-protease- amylase))	213
CRESEMBA (isavuconazonium sulfate)	58
CRESTOR (rosuvastatin calcium)	147
CRINONE (progesterone (vaginal))	249
CRIVAN (indinavir sulfate)	97
cromolyn sodium ophth soln 4%	317
cromolyn sodium oral conc 100 mg/5ml	213
cromolyn sodium soln nebu 20 mg/2ml	332
CROTAN (crotamiton)	183

CUPRIMINE (penicillamine)	218	cyclosporine modified cap 100 mg	261
CUTIVATE (fluticasone propionate)	172	cyclosporine modified cap 100 mg	
CUVPOSA (glycopyrrolate)	207	(GENGRAF)	261
CVS ADVANCED GLUCOSE TEST (glucose		cyclosporine modified cap 25 mg	261
blood)	277	cyclosporine modified cap 25 mg	
CVS GLUCOSE METER TEST STRIPS (glucose		(GENGRAF)	261
blood)	277	cyclosporine modified cap 50 mg	261
CVS KETONE CARE (urine glucose-ketones		cyclosporine modified cap 50 mg	
test)	277	(GENGRAF)	261
CVS LANCETS 21G	278	cyclosporine modified oral soln 100 mg/ml	261
CVS LANCETS MICRO THIN 33G	278	cyclosporine modified oral soln 100 mg/ml	
CVS LANCETS ORIGINAL	278	(GENGRAF)	261
CVS LANCETS THIN 26G	278	CYMBALTA (duloxetine hcl)	163
CVS LANCETS ULTRA THIN 30G	278	cyproheptadine hcl syrup 2 mg/5ml	326
CVS LANCETS ULTRA-THIN 30G	278	cyproheptadine hcl tab 4 mg	326
CVS ULTRA THIN LANCETS	278	CYSTADANE (betaine)	213
cyanocobalamin inj 1000 mcg/ml	192	CYSTADROPS (cysteamine hcl)	213
cyclobenzaprine hcl cap er 24hr 15 mg		CYSTAGON (cysteamine bitartrate)	213
(CYCLOBENZAPRINE HCL ER)	340	CYSTARAN (cysteamine hcl)	213
cyclobenzaprine hcl cap er 24hr 30 mg		CYTOMEL (liothyronine sodium)	251
(CYCLOBENZAPRINE HCL ER)	340	CYTOTEC (misoprostol)	211
cyclobenzaprine hcl tab 10 mg	340	CYTRA K CRYSTALS (potassium citrate-citric	
cyclobenzaprine hcl tab 5 mg	340	acid)	218
cyclobenzaprine hcl tab 7.5 mg	340	CYTRA-3 (pot & sod citrates w/citric ac)	218
CYCLOGYL (cyclopentolate hcl)	315		
CYCLOMYDRIL (cyclopentolate w/		D	
phenylephrine)	315	D-CARE BLOOD GLUCOSE (glucose blood)	278
cyclopentolate hcl ophth soln 0.5%	315	D-PENAMINE (penicillamine)	218
cyclopentolate hcl ophth soln 1%	315	D.H.E. 45 (dihydroergotamine mesylate)	62
cyclopentolate hcl ophth soln 2%	315	DAKLINZA (daclatasvir dihydrochloride)	90
CYCLOPHOSPHAMIDE	67	dalfampridine tab er 12hr 10 mg	
cyclophosphamide cap 25 mg	67	(DALFAMPRIDINE ER)	165
cyclophosphamide cap 50 mg	67	DALIRESP (roflumilast)	332
CYCLOSERINE	66	danazol cap 100 mg	229
cycloserine cap 250 mg	66	danazol cap 200 mg	229
CYCLOSET (bromocriptine mesylate		danazol cap 50 mg	229
(diabetes))	103	DANTRIUM (dantrolene sodium)	89
cyclosporine cap 100 mg	261	dantrolene sodium cap 100 mg	89
cyclosporine cap 25 mg	261	dantrolene sodium cap 25 mg	89
CYCLOSPORINE MODIFIED (cyclosporine		dantrolene sodium cap 50 mg	89
modified (for microemulsion))	261	DAPSONE (dapsone (topical))	185

dapsone gel 5%.....	185	DEPAKOTE (divalproex sodium).....	36
dapsone tab 100 mg.....	66	DEPAKOTE ER (divalproex sodium).....	36
dapsone tab 25 mg.....	66	DEPAKOTE SPRINKLES (divalproex sodium)...	36
DARAPRIM (pyrimethamine).....	77	DEPEN TITRATABS (penicillamine).....	218
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (DARIFENACIN HYDROBROMIDE ER).....	216	DEPO-ESTRADIOL (estradiol cypionate)....	231
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (DARIFENACIN HYDROBROMIDE ER).....	216	DEPO-TESTOSTERONE (testosterone cypionate).....	229
DAURISMO (glasdegib maleate).....	72	DERMA-SMOOTH/FS BODY (fluocinolone acetone).....	172
DAXBIA (cephalexin).....	27	DERMA-SMOOTH/FS SCALP (fluocinolone acetone).....	172
DAYPRO (oxaprozin).....	1	DERMATOP (prednicarbate).....	222
DAYTRANA (methylphenidate).....	156	DERMOTIC (fluocinolone acetone (otic))	323
DAYVIGO (lemborexant).....	341	DESCOVY (emtricitabine-tenofovir alafenamide fumarate).....	94
DDAVP (desmopressin acetate spray)....	226	desipramine hcl tab 10 mg.....	53
DDAVP (desmopressin acetate).....	226	desipramine hcl tab 100 mg.....	53
DDAVP RHINAL TUBE (desmopressin acetate refrigerated).....	226	desipramine hcl tab 150 mg.....	53
deferasirox granules packet 180 mg.....	187	desipramine hcl tab 25 mg.....	53
deferasirox granules packet 360 mg.....	187	desipramine hcl tab 50 mg.....	53
deferasirox granules packet 90 mg.....	187	desipramine hcl tab 75 mg.....	54
deferasirox tab 180 mg.....	187	DESLOTATADINE.....	327
deferasirox tab 360 mg.....	187	desloratadine tab 5 mg.....	327
deferasirox tab 90 mg.....	187	desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY).....	226
deferasirox tab for oral susp 125 mg.....	187	desmopressin acetate nasal spray soln 0.01% (refrigerated) (DESMOPRESSIN ACE SPRAY REFRIG).....	226
deferasirox tab for oral susp 250 mg.....	187	desmopressin acetate tab 0.1 mg.....	227
deferasirox tab for oral susp 500 mg.....	187	desmopressin acetate tab 0.2 mg.....	227
deferiprone tab 500 mg.....	187	DESOGEN (desogestrel & ethinyl estradiol).	231
DELESTROGEN (estradiol valerate).....	231	desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (AZURETTE).....	231
DELSTRIGO (doravirine-lamivudine-tenofovir disoproxil fumarate).....	93	desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (BEKYREE).....	232
DELZICOL (mesalamine).....	265	desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (DESOGESTREL-ETHINYL ESTRADIOL).....	232
DEMADEX (torsemide).....	144	desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (KARIVA).....	232
demeclocycline hcl tab 150 mg.....	33		
demeclocycline hcl tab 300 mg.....	33		
DEMEROL (meperidine hcl).....	13		
DEMSE (metyrosine).....	138		
DENAVIR (penciclovir).....	185		
DEPAKENE (valproate sodium).....	36		
DEPAKENE (valproic acid).....	36		

desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (KIMIDESS).....	232
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (PIMTREA).....	232
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (SIMLIYA).....	232
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (VIORELE).....	232
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (VOLNEA).....	232
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (CAZIAN).....	232
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (VELIVET).....	232
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (APRI).....	232
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED EQ).....	232
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED).....	232
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL)...	232
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (EMOQUETTE).....	232
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ENSKYCE).....	232
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ISIBLOOM).....	232
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (JULEBER).....	232
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (KALLIGA).....	233
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (RECLIPSEN).....	233
DESONATE (desonide).....	172
desonide cream 0.05%.....	172
desonide gel 0.05%.....	172
desonide lotion 0.05%.....	222
desonide lotion 0.05% (LOKARA).....	222
desonide oint 0.05%.....	172
DESOWEN (desonide).....	172,222
desoximetasone cream 0.05%.....	172
desoximetasone cream 0.25%.....	172
desoximetasone gel 0.05%.....	172
desoximetasone oint 0.05%.....	172
desoximetasone oint 0.25%.....	172
desoximetasone spray 0.25%.....	172
DESOXYN (methamphetamine hcl).....	154
DESVENLAFAXINE ER.....	49
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER).....	49
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER).....	50
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER).....	50
DETROL (tolterodine tartrate).....	216
DETROL LA (tolterodine tartrate).....	216
DEXABLISS (dexamethasone).....	222
DEXAMETHASONE.....	222
dexamethasone elixir 0.5 mg/5ml.....	222
dexamethasone elixir 0.5 mg/5ml (DECADRON).....	222
DEXAMETHASONE INTENSOL.....	222
DEXAMETHASONE SODIUM PHOSPHATE (dexamethasone sodium phosphate (ophth)).....	319
dexamethasone tab 0.5 mg.....	222
dexamethasone tab 0.5 mg (DECADRON).....	222
dexamethasone tab 0.75 mg.....	222
dexamethasone tab 0.75 mg (DECADRON).....	222
dexamethasone tab 1.5 mg.....	222
dexamethasone tab 4 mg.....	222
dexamethasone tab 4 mg (DECADRON).....	222
dexamethasone tab 6 mg.....	222
dexamethasone tab 6 mg (DECADRON).....	222
dexamethasone tab therapy pack 1.5 mg (21).....	222

dexamethasone tab therapy pack 1.5 mg (21) (DEXPAK 6 DAY).....	222
dexamethasone tab therapy pack 1.5 mg (21) (HIDEX 6-DAY).....	222
dexamethasone tab therapy pack 1.5 mg (21) (TAPERDEX 6-DAY).....	222
dexamethasone tab therapy pack 1.5 mg (21) (ZODEX 6-DAY).....	223
dexamethasone tab therapy pack 1.5 mg (35) (DEXPAK 10 DAY).....	223
dexamethasone tab therapy pack 1.5 mg (51) (DEXPAK 13 DAY).....	223
DEXCHLORPHENIRAMINE MALEATE.....	327
DEXEDRINE (dextroamphetamine sulfate) ..	154
DEXILANT (dexlansoprazole).....	211
dexmethylphenidate hcl cap er 24 hr 10 mg (DEXMETHYLPHENIDATE HCL ER).....	157
dexmethylphenidate hcl cap er 24 hr 15 mg (DEXMETHYLPHENIDATE HCL ER).....	157
dexmethylphenidate hcl cap er 24 hr 20 mg (DEXMETHYLPHENIDATE HCL ER).....	157
dexmethylphenidate hcl cap er 24 hr 25 mg (DEXMETHYLPHENIDATE HCL ER).....	157
dexmethylphenidate hcl cap er 24 hr 30 mg (DEXMETHYLPHENIDATE HCL ER).....	157
dexmethylphenidate hcl cap er 24 hr 35 mg (DEXMETHYLPHENIDATE HCL ER).....	157
dexmethylphenidate hcl cap er 24 hr 40 mg (DEXMETHYLPHENIDATE HCL ER).....	157
dexmethylphenidate hcl cap er 24 hr 5 mg (DEXMETHYLPHENIDATE HCL ER).....	157
dexmethylphenidate hcl tab 10 mg.....	157
dexmethylphenidate hcl tab 2.5 mg.....	157
dexmethylphenidate hcl tab 5 mg.....	157
dextroamphetamine sulfate cap er 24hr 10 mg (DEXTROAMPHETAMINE SULFATE ER) ...	154
dextroamphetamine sulfate cap er 24hr 15 mg (DEXTROAMPHETAMINE SULFATE ER) ...	154
dextroamphetamine sulfate cap er 24hr 5 mg (DEXTROAMPHETAMINE SULFATE ER)	154
dextroamphetamine sulfate oral solution 5 mg/5ml.....	154
dextroamphetamine sulfate oral solution 5 mg/5ml (PROCENTRA).....	154
dextroamphetamine sulfate tab 10 mg.....	155
dextroamphetamine sulfate tab 10 mg (DEXEDRINE).....	155
dextroamphetamine sulfate tab 10 mg (ZENZEDI).....	155
dextroamphetamine sulfate tab 5 mg.....	155
dextroamphetamine sulfate tab 5 mg (DEXEDRINE).....	155
dextroamphetamine sulfate tab 5 mg (ZENZEDI).....	155
DIACOMIT (stiripentol).....	36
DIAMOX SEQUELS (acetazolamide).....	322
DIASTAT ACUDIAL (diazepam (anticonvulsant)).....	41
DIASTAT PEDIATRIC (diazepam (anticonvulsant)).....	41
DIATHRIVE BLOOD GLUCOSE TEST (glucose blood).....	278
DIATHRIVE GLUCOSE TEST (glucose blood) ..	278
DIATHRIVE LANCET ULTRA THIN 30.....	278
DIATHRIVE LANCETS.....	278
DIATHRIVE PEN NEEDLE.....	278
DIATHRIVE+ GLUCOSE TEST (glucose blood).....	278
DIATRUE PLUS TEST (glucose blood).....	278
DIAZEPAM.....	101
DIAZEPAM (diazepam (anticonvulsant))....	41
diazepam conc 5 mg/ml.....	101
diazepam conc 5 mg/ml (DIAZEPAM INTENSOL).....	101
diazepam tab 10 mg.....	101
diazepam tab 2 mg.....	101
diazepam tab 5 mg.....	101
diazoxide susp 50 mg/ml.....	109
DIBENZYLINE (phenoxybenzamine hcl).....	120
DICLEGIS (doxylamine-pyridoxine).....	55
DICLOFENAC.....	1

DICLOFENAC EPOLAMINE.....	1	DIFICID (fidaxomicin).....	29
diclofenac potassium tab 50 mg.....	1	DIFLORASONE DIACETATE.....	172
diclofenac potassium tab 50 mg (CATAFLAM).....	1	diflorasone diacetate oint 0.05%.....	172
diclofenac sodium (actinic keratoses) gel 3%.....	177	DIFLUCAN (fluconazole).....	58
diclofenac sodium ophth soln 0.1%.....	319	diflunisal tab 500 mg.....	2
diclofenac sodium soln 1.5%.....	1	DIGOXIN.....	138
diclofenac sodium soln 1.5% (KLOFENSAID II) .	1	digoxin oral soln 0.05 mg/ml.....	138
diclofenac sodium tab delayed release 25 mg.....	1	digoxin tab 125 mcg (0.125 mg).....	138
diclofenac sodium tab delayed release 50 mg.....	2	digoxin tab 125 mcg (0.125 mg) (DIGITEK) .	138
diclofenac sodium tab delayed release 75 mg.....	2	digoxin tab 250 mcg (0.25 mg).....	138
diclofenac sodium tab er 24hr 100 mg (DICLOFENAC SODIUM ER).....	2	digoxin tab 250 mcg (0.25 mg) (DIGITEK) .	138
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (DICLOFENAC- MISOPROSTOL).....	2	dihydroergotamine mesylate inj 1 mg/ml...	62
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (DICLOFENAC- MISOPROSTOL).....	2	dihydroergotamine mesylate nasal spray 4 mg/ml.....	62
dicloxacillin sodium cap 250 mg.....	28	DILANTIN (phenytoin sodium extended)....	44
dicloxacillin sodium cap 500 mg.....	28	DILANTIN (phenytoin).....	44
dicyclomine hcl cap 10 mg.....	207	DILANTIN INFATABS (phenytoin).....	44
dicyclomine hcl oral soln 10 mg/5ml.....	207	DILATRATE-SR (isosorbide dinitrate).....	151
dicyclomine hcl tab 20 mg.....	207	DILAUDID (hydromorphone hcl).....	13
DIDANOSINE.....	94	diltiazem hcl cap er 12hr 120 mg (DILTIAZEM HCL ER).....	130
didanosine delayed release capsule 200 mg.....	94	diltiazem hcl cap er 12hr 60 mg (DILTIAZEM HCL ER).....	130
didanosine delayed release capsule 250 mg.....	94	diltiazem hcl cap er 12hr 90 mg (DILTIAZEM HCL ER).....	130
didanosine delayed release capsule 400 mg.....	95	diltiazem hcl cap er 24hr 120 mg (DILT-XR) .	130
DIETHYLPROPION HCL.....	162	diltiazem hcl cap er 24hr 120 mg (DILTIAZEM HCL ER).....	130
DIETHYLPROPION HCL ER.....	162	diltiazem hcl cap er 24hr 180 mg (DILT-XR) .	130
diethylpropion hcl tab 25 mg.....	162	diltiazem hcl cap er 24hr 180 mg (DILTIAZEM HCL ER).....	130
diethylpropion hcl tab er 24hr 75 mg (DIETHYLPROPION HCL ER).....	162	diltiazem hcl cap er 24hr 240 mg (DILT-XR) .	130
DIFFERIN (adapalene).....	168	diltiazem hcl cap er 24hr 240 mg (DILTIAZEM HCL ER).....	130
		diltiazem hcl coated beads cap er 24hr 120 mg (CARTIA XT).....	130
		diltiazem hcl coated beads cap er 24hr 120 mg (DILTIAZEM CD).....	130
		diltiazem hcl coated beads cap er 24hr 120 mg (DILTIAZEM HCL ER COATED BEADS)....	130

diltiazem hcl coated beads cap er 24hr 180 mg (CARTIA XT)	130
diltiazem hcl coated beads cap er 24hr 180 mg (DILTIAZEM CD)	130
diltiazem hcl coated beads cap er 24hr 180 mg (DILTIAZEM HCL ER COATED BEADS)	130
diltiazem hcl coated beads cap er 24hr 240 mg (CARTIA XT)	130
diltiazem hcl coated beads cap er 24hr 240 mg (DILTIAZEM CD)	131
diltiazem hcl coated beads cap er 24hr 240 mg (DILTIAZEM HCL ER COATED BEADS)	131
diltiazem hcl coated beads cap er 24hr 300 mg (CARTIA XT)	131
diltiazem hcl coated beads cap er 24hr 300 mg (DILTIAZEM CD)	131
diltiazem hcl coated beads cap er 24hr 300 mg (DILTIAZEM HCL ER COATED BEADS)	131
diltiazem hcl coated beads cap er 24hr 360 mg (DILTIAZEM HCL ER COATED BEADS)	131
diltiazem hcl coated beads tab er 24hr 180 mg (DILTIAZEM HCL ER COATED BEADS)	131
diltiazem hcl coated beads tab er 24hr 180 mg (MATZIM LA)	131
diltiazem hcl coated beads tab er 24hr 240 mg (DILTIAZEM HCL ER COATED BEADS)	131
diltiazem hcl coated beads tab er 24hr 240 mg (MATZIM LA)	131
diltiazem hcl coated beads tab er 24hr 300 mg (DILTIAZEM HCL ER COATED BEADS)	131
diltiazem hcl coated beads tab er 24hr 300 mg (MATZIM LA)	131
diltiazem hcl coated beads tab er 24hr 360 mg (DILTIAZEM HCL ER COATED BEADS)	131
diltiazem hcl coated beads tab er 24hr 360 mg (MATZIM LA)	131
diltiazem hcl coated beads tab er 24hr 420 mg (DILTIAZEM HCL ER COATED BEADS)	131
diltiazem hcl coated beads tab er 24hr 420 mg (MATZIM LA)	131
diltiazem hcl extended release beads cap er 24hr 120 mg (DILTIAZEM HCL ER BEADS)	131
diltiazem hcl extended release beads cap er 24hr 120 mg (TAZTIA XT)	132
diltiazem hcl extended release beads cap er 24hr 120 mg (TIADYLT ER)	132
diltiazem hcl extended release beads cap er 24hr 180 mg (DILTIAZEM HCL ER BEADS)	132
diltiazem hcl extended release beads cap er 24hr 180 mg (TAZTIA XT)	132
diltiazem hcl extended release beads cap er 24hr 180 mg (TIADYLT ER)	132
diltiazem hcl extended release beads cap er 24hr 240 mg (DILTIAZEM HCL ER BEADS)	132
diltiazem hcl extended release beads cap er 24hr 240 mg (TAZTIA XT)	132
diltiazem hcl extended release beads cap er 24hr 240 mg (TIADYLT ER)	132
diltiazem hcl extended release beads cap er 24hr 300 mg (DILTIAZEM HCL ER BEADS)	132
diltiazem hcl extended release beads cap er 24hr 300 mg (TAZTIA XT)	132
diltiazem hcl extended release beads cap er 24hr 300 mg (TIADYLT ER)	132
diltiazem hcl extended release beads cap er 24hr 360 mg (DILTIAZEM HCL ER BEADS)	132
diltiazem hcl extended release beads cap er 24hr 360 mg (TAZTIA XT)	132
diltiazem hcl extended release beads cap er 24hr 360 mg (TIADYLT ER)	132
diltiazem hcl extended release beads cap er 24hr 420 mg (DILTIAZEM HCL ER BEADS)	132
diltiazem hcl extended release beads cap er 24hr 420 mg (TIADYLT ER)	132
diltiazem hcl tab 120 mg	132
diltiazem hcl tab 30 mg	132
diltiazem hcl tab 60 mg	132
diltiazem hcl tab 90 mg	133
dimethyl fumarate capsule delayed release 120 mg	165

dimethyl fumarate capsule delayed release 240 mg.....	165	dofetilide cap 250 mcg (0.25 mg).....	124
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (DIMETHYL FUMARATE STARTER PACK).....	165	dofetilide cap 500 mcg (0.5 mg).....	124
DIOVAN (valsartan).....	121	DOJOLVI (triheptanoin).....	192
DIOVAN HCT (valsartan- hydrochlorothiazide).....	138	DOLOPHINE (methadone hcl).....	6
DIPENTUM (olsalazine sodium).....	265	donepezil hydrochloride orally disintegrating tab 10 mg (DONEPEZIL HCL).....	45
diphenoxylate w/ atropine tab 2.5-0.025 mg (DIPHENOXYLATE-ATROPINE).....	206	donepezil hydrochloride orally disintegrating tab 5 mg (DONEPEZIL HCL).....	45
DIPHENOXYLATE-ATROPINE (diphenoxylate w/ atropine).....	206	donepezil hydrochloride tab 10 mg (DONEPEZIL HCL).....	45
DIPROLENE (betamethasone dipropionate augmented).....	172	donepezil hydrochloride tab 23 mg (DONEPEZIL HCL).....	45
DIPROLENE AF (betamethasone dipropionate augmented).....	223	donepezil hydrochloride tab 5 mg (DONEPEZIL HCL).....	45
dipyridamole tab 25 mg.....	118	DONNATAL (phenobarbital-hyoscyamine- atropine-scopolamine).....	207
dipyridamole tab 50 mg.....	118	DOPTLET (avatrombopag maleate).....	118
dipyridamole tab 75 mg.....	118	DORAL (quazepam).....	341
DISALCID (salsalate).....	2	DORYX (doxycycline hyclate).....	33
disopyramide phosphate cap 100 mg.....	124	DORYX MPC (doxycycline hyclate).....	33
disopyramide phosphate cap 150 mg.....	124	dorzolamide hcl ophth soln 2%.....	322
disulfiram tab 250 mg.....	20	DORZOLAMIDE HCL-TIMOLOL MAL (dorzolamide hcl-timolol maleate).....	315
disulfiram tab 500 mg.....	20	dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (DORZOLAMIDE HCL- TIMOLOL MAL PF).....	315
DITROPAN XL (oxybutynin chloride).....	216	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml.....	315
DIURIL (chlorothiazide).....	145	DOTHELLE DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3).....	192
divalproex sodium cap delayed release sprinkle 125 mg.....	36	DOVATO (dolutegravir sodium-lamivudine).....	92
divalproex sodium tab delayed release 125 mg.....	36	DOVONEX (calcipotriene).....	178
divalproex sodium tab delayed release 250 mg.....	36	doxazosin mesylate tab 1 mg.....	120
divalproex sodium tab delayed release 500 mg.....	37	doxazosin mesylate tab 2 mg.....	120
divalproex sodium tab er 24 hr 250 mg (DIVALPROEX SODIUM ER).....	37	doxazosin mesylate tab 4 mg.....	120
divalproex sodium tab er 24 hr 500 mg (DIVALPROEX SODIUM ER).....	37	doxazosin mesylate tab 8 mg.....	120
DIVIGEL (estradiol).....	233	DOXEPIN HCL.....	54
dofetilide cap 125 mcg (0.125 mg).....	124	DOXEPIN HCL (doxepin hcl (antipruritic)).....	172
		doxepin hcl (sleep) tab 3 mg (base equiv).....	341
		doxepin hcl (sleep) tab 6 mg (base equiv).....	341
		doxepin hcl cap 10 mg.....	54

doxepin hcl cap 100 mg.....	54	doxycycline monohydrate cap 50 mg	
doxepin hcl cap 25 mg.....	54	(MONDOXYNE NL).....	34
doxepin hcl cap 50 mg.....	54	doxycycline monohydrate cap 75 mg.....	34
doxepin hcl cap 75 mg.....	54	doxycycline monohydrate cap 75 mg	
doxepin hcl conc 10 mg/ml.....	54	(MONDOXYNE NL).....	34
DOXERCALCIFEROL.....	267	doxycycline monohydrate cap 75 mg	
doxercalciferol cap 0.5 mcg.....	267	(OKEBO).....	34
doxercalciferol cap 1 mcg.....	267	doxycycline monohydrate for susp 25	
doxercalciferol cap 2.5 mcg.....	267	mg/5ml.....	34
DOXYCYCLINE (doxycycline (rosacea))....	33	doxycycline monohydrate tab 100 mg.....	34
DOXYCYCLINE HYCLATE.....	33	doxycycline monohydrate tab 100 mg	
doxycycline hyclate cap 100 mg.....	33	(AVIDOXY).....	34
doxycycline hyclate cap 100 mg		doxycycline monohydrate tab 150 mg.....	34
(MORGIDOX).....	33	doxycycline monohydrate tab 50 mg.....	34
doxycycline hyclate cap 50 mg.....	33	doxycycline monohydrate tab 75 mg.....	34
doxycycline hyclate cap 50 mg		doxylamine-pyridoxine tab delayed release	
(MORGIDOX).....	33	10-10 mg.....	55
doxycycline hyclate tab 100 mg.....	33	DRISDOL (ergocalciferol).....	268
doxycycline hyclate tab 150 mg.....	33	DRIZALMA SPRINKLE (duloxetine hcl).....	163
doxycycline hyclate tab 20 mg.....	33	dronabinol cap 10 mg.....	57
doxycycline hyclate tab 75 mg.....	33	dronabinol cap 2.5 mg.....	57
doxycycline hyclate tab delayed release 100		dronabinol cap 5 mg.....	57
mg.....	33	DROPLET INSULIN SYRINGE.....	278
doxycycline hyclate tab delayed release 150		DROPLET LANCETS ULTRA THIN 30G.....	278
mg.....	33	DROPLET MICRON.....	278
doxycycline hyclate tab delayed release 150		DROPLET PEN NEEDLES.....	279
mg (SOLOXIDE).....	33	DROPLET PERSONAL LANCETS 30G.....	279
doxycycline hyclate tab delayed release 200		DROPSAFE SAFETY PEN NEEDLES.....	279
mg.....	33	drospirenone-ethinyl estrad-levomefolate tab	
doxycycline hyclate tab delayed release 50		3-0.02-0.451 mg (DROSPIREN-ETH ESTRAD-	
mg.....	33	LEVOMEFOL).....	233
doxycycline hyclate tab delayed release 75		drospirenone-ethinyl estrad-levomefolate tab	
mg.....	34	3-0.02-0.451 mg (RAJANI).....	233
doxycycline monohydrate cap 100 mg.....	34	drospirenone-ethinyl estrad-levomefolate tab	
doxycycline monohydrate cap 100 mg		3-0.03-0.451 mg (DROSPIREN-ETH ESTRAD-	
(MONDOXYNE NL).....	34	LEVOMEFOL).....	233
doxycycline monohydrate cap 100 mg		drospirenone-ethinyl estrad-levomefolate tab	
(OKEBO).....	34	3-0.03-0.451 mg (TYDEMY).....	233
doxycycline monohydrate cap 150 mg.....	34	drospirenone-ethinyl estradiol tab 3-0.02	
doxycycline monohydrate cap 50 mg.....	34	mg.....	233

drospirenone-ethinyl estradiol tab 3-0.02 mg
 (GIANVI) 233
 drospirenone-ethinyl estradiol tab 3-0.02 mg
 (JASMIEL) 233
 drospirenone-ethinyl estradiol tab 3-0.02 mg
 (LO-ZUMANDIMINE) 233
 drospirenone-ethinyl estradiol tab 3-0.02 mg
 (LORYNA) 233
 drospirenone-ethinyl estradiol tab 3-0.02 mg
 (NIKKI) 233
 drospirenone-ethinyl estradiol tab 3-0.02 mg
 (VESTURA) 233
 drospirenone-ethinyl estradiol tab 3-0.03
 mg 233
 drospirenone-ethinyl estradiol tab 3-0.03 mg
 (OCELLA) 233
 drospirenone-ethinyl estradiol tab 3-0.03 mg
 (SYEDA) 233
 drospirenone-ethinyl estradiol tab 3-0.03 mg
 (ZARAH) 233
 drospirenone-ethinyl estradiol tab 3-0.03 mg
 (ZUMANDIMINE) 234
 DROXIA (hydroxyurea (sickle cell anemia)) . 69
 DRUG MART LANCETS THIN 26G 279
 DRUG MART ON-THE-GO LANCET 30G 279
 DRUG MART UNIFINE PENTIPS 279
 DRUG MART UNIFINE PENTIPS PLUS 279
 DRUG MART UNILET LANCETS 28G 279
 DRUG MART UNILET LANCETS 30G 279
 DRUG MART UNILET LANCETS 33G 279
 DUAC (clindamycin phosphate-benzoyl
 peroxide (refrigerate)) 168
 DUAKLIR PRESSAIR (acridinium bromide-
 formoterol fumarate) 335
 DUAVEE (conjugated estrogens-
 bazedoxifene) 250
 DUETACT (pioglitazone hcl-glimepiride) 103
 DUEXIS (ibuprofen-famotidine) 2
 DULERA (mometasone furoate-formoterol
 fumarate dihydrate) 335

duloxetine hcl enteric coated pellets cap 20
 mg (base eq) 163
 duloxetine hcl enteric coated pellets cap 30
 mg (base eq) 164
 duloxetine hcl enteric coated pellets cap 40
 mg (base eq) 164
 duloxetine hcl enteric coated pellets cap 60
 mg (base eq) 164
 DUO-CARE TEST (glucose blood) 279
 DUOBRII (halobetasol propionate-
 tazarotene) 178
 DUPIXENT (dupilumab) 258
 DURAGESIC-100 (fentanyl) 6
 DURAGESIC-12 (fentanyl) 6
 DURAGESIC-25 (fentanyl) 6
 DURAGESIC-50 (fentanyl) 6
 DURAGESIC-75 (fentanyl) 6
 DUREZOL (difluprednate) 319
 DURLAZA (aspirin (platelet aggregation
 inhibitor)) 118
 dutasteride cap 0.5 mg 217
 dutasteride-tamsulosin hcl cap 0.5-0.4 mg. 217
 DUTOPROL (metoprolol &
 hydrochlorothiazide) 138
 DUZALLO (lesinurad-allopurinol) 61
 DXEVO 11-DAY (dexamethasone) 223
 DYANAVEL XR (amphetamine) 155
 DYZIDE (triamterene &
 hydrochlorothiazide) 138
 DYMISTA (azelastine hcl-fluticasone
 propionate) 327
 DYRENIUM (triamterene) 145

E

E-Z JECT LANCET MICRO-THIN 33G 279
 E-Z JECT LANCET SUPER THIN 30G 279
 E-Z JECT LANCETS 279
 E-Z JECT LANCETS 21G 279
 E-Z JECT LANCETS THIN 26G 279
 E-Z SPACER 279
 E-Z SPACER THE BODY GUARDS PK 279

E.E.S. 400 (erythromycin ethylsuccinate)	29	EASY TRAK BLOOD GLUCOSE TEST (glucose blood)	281
E.E.S. GRANULES (erythromycin ethylsuccinate)	29	EASY TRAK II GLUCOSE TEST (glucose blood)	281
EASIVENT	279	EASY TWIST & CAP LANCETS	281
EASIVENT MASK LARGE	279	EASYGLUCO (glucose blood)	281
EASIVENT MASK MEDIUM	279	EASYGLUCO PLUS (glucose blood)	281
EASIVENT MASK SMALL	279	EASYMAX 15 TEST (glucose blood)	281
EASY COMFORT INSULIN SYRINGE	280	EASYMAX TEST (glucose blood)	281
EASY COMFORT LANCETS	280	EASYPLUS BLOOD GLUCOSE TEST (glucose blood)	281
EASY COMFORT LANCETS TWIST TOP	280	EASYPRO BLOOD GLUCOSE TEST (glucose blood)	281
EASY COMFORT PEN NEEDLES	280	EASYPRO PLUS (glucose blood)	282
EASY GLIDE PEN NEEDLES	280	EASYTEST II LANCETS	282
EASY PLUS BLOOD GLUCOSE TEST (glucose blood)	280	EASYTEST LANCETS	282
EASY PLUS II GLUCOSE TEST (glucose blood)	280	EC-NAPROSYN (naproxen)	2
EASY STEP TEST (glucose blood)	280	econazole nitrate cream 1%	58
EASY TALK BLOOD GLUCOSE TEST (glucose blood)	280	ECOZA (econazole nitrate)	58
EASY TOUCH FLIPLOCK INSULIN SY	280	EDARBI (azilsartan medoxomil)	121
EASY TOUCH INSULIN SAFETY SYR	280	EDARBYCLOR (azilsartan medoxomil-chlorthalidone)	138
EASY TOUCH INSULIN SYRINGE	280	EDECRIN (ethacrynic acid)	144
EASY TOUCH LANCETS 21G	280	EDEX (alprostadil (vasodilator))	218
EASY TOUCH LANCETS 23G	280	EDLUAR (zolpidem tartrate)	341
EASY TOUCH LANCETS 26G	280	EDURANT (rilpivirine hcl)	93
EASY TOUCH LANCETS 28G	280	efavirenz cap 200 mg	93
EASY TOUCH LANCETS 28G/TWIST	281	efavirenz cap 50 mg	93
EASY TOUCH LANCETS 30G	281	efavirenz tab 600 mg	93
EASY TOUCH LANCETS 30G/TWIST	281	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (EFAVIRENZ-EMTRICITAB-TENOFOVIR)	93
EASY TOUCH LANCETS 32G	281	efavirenz-emtricitabine-tenofovir df tab 400-300-300 mg	93
EASY TOUCH LANCETS 32G/TWIST	281	efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	93
EASY TOUCH LANCETS 33G/TWIST	281	EFFER-K (potassium bicarbonate-citric acid)	192
EASY TOUCH PEN NEEDLES	281	EFFEXOR XR (venlafaxine hcl)	50
EASY TOUCH SAFETY LANCETS 21G	281	EFFIENT (prasugrel hcl)	118
EASY TOUCH SAFETY LANCETS 23G	281	EFUDEX (fluorouracil (topical))	178
EASY TOUCH SAFETY LANCETS 26G	281		
EASY TOUCH SAFETY LANCETS 28G	281		
EASY TOUCH SAFETY PEN NEEDLES	281		
EASY TOUCH SHEATHLOCK SYRINGE	281		
EASY TOUCH TEST (glucose blood)	281		

EGRIFTA (tesamorelin acetate).....	227	EMSAM (selegiline).....	49
EGRIFTA SV (tesamorelin acetate).....	227	emtricitabine caps 200 mg.....	95
ELAVIL (amitriptyline hcl).....	54	emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (EMTRICITABINE-TENOFOVIR DF).....	95
ELDEPRYL (selegiline hcl).....	83	EMTRIVA (emtricitabine).....	95
ELEMENT COMPACT TEST (glucose blood) ..	282	EMVERM (mebendazole).....	77
ELEMENT TEST (glucose blood).....	282	ENABLEX (darifenacin hydrobromide).....	216
ELESTAT (epinastine hcl (ophth)).....	317	enalapril maleate & hydrochlorothiazide tab 10-25 mg (ENALAPRIL- HYDROCHLOROTHIAZIDE).....	138
ELESTRIN (estradiol).....	234	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg (ENALAPRIL- HYDROCHLOROTHIAZIDE).....	138
eletriptan hydrobromide tab 20 mg (base equivalent).....	63	enalapril maleate tab 10 mg.....	122
eletriptan hydrobromide tab 40 mg (base equivalent).....	63	enalapril maleate tab 2.5 mg.....	122
ELIDEL (pimecrolimus).....	173	enalapril maleate tab 20 mg.....	122
ELIMITE (permethrin).....	183	enalapril maleate tab 5 mg.....	122
ELIQUIS (apixaban).....	113	ENBRACE HR (prenatal vit w/ fe glycine cysteinat-fa-omega 3 fatty acids).....	192
ELIQUIS DVT/PE STARTER PACK (apixaban) ..	113	ENBREL (etanercept).....	261,262
ELITE-OB (prenatal vit w/ iron carbonyl-folic acid).....	192	ENBREL MINI (etanercept).....	262
ELITE-THIN INSULIN SYRINGE.....	282	ENBREL SURECLICK (etanercept).....	262
ELIXOPHYLLIN (theophylline).....	332	ENDARI (glutamine (sickle cell)).....	213
ELLA (ulipristal acetate).....	249	ENDOMETRIN (progesterone (vaginal)).....	249
ELMIRON (pentosan polysulfate sodium) ..	218	enoxaparin sodium inj 100 mg/ml.....	113
ELOCON (mometasone furoate).....	223	enoxaparin sodium inj 120 mg/0.8ml.....	113
EMADINE (emedastine difumarate).....	317	enoxaparin sodium inj 150 mg/ml.....	113
EMBEDA (morphine-naltrexone).....	13	enoxaparin sodium inj 30 mg/0.3ml.....	114
EMBRACE BLOOD GLUCOSE TEST (glucose blood).....	282	enoxaparin sodium inj 300 mg/3ml.....	114
EMBRACE EVO BLOOD GLUCOSE TEST (glucose blood).....	282	enoxaparin sodium inj 40 mg/0.4ml.....	114
EMBRACE LANCETS ULTRA THIN 30G.....	282	enoxaparin sodium inj 60 mg/0.6ml.....	114
EMBRACE PRO GLUCOSE TEST (glucose blood).....	282	enoxaparin sodium inj 80 mg/0.8ml.....	114
EMBRACE TALK GLUCOSE TEST (glucose blood).....	282	ENSPRYNG (satralizumab-mwge).....	258
EMCYT (estramustine phosphate sodium) ..	68	ENSTILAR (calcipotriene-betamethasone dipropionate).....	178
EMEND (aprepitant).....	57	entacapone tab 200 mg.....	79
EMEND TRI-PACK (aprepitant).....	57	entecavir tab 0.5 mg.....	90
EMFLAZA (deflazacort).....	223	entecavir tab 1 mg.....	90
EMGALITY (300 MG DOSE) (galcanezumab- gnlm).....	62	ENTOCORT EC (budesonide).....	266
EMGALITY (galcanezumab-gnlm).....	63	ENTRESTO (sacubitril-valsartan).....	138

ENVARUS XR (tacrolimus)	262	ergotamine w/ caffeine tab 1-100 mg (ERGOTAMINE-CAFFEINE)	62
EPANED (enalapril maleate)	122	ERIVEDGE (vismodegib)	72
EPCLUSA (sofosbuvir-velpatasvir)	90	ERLEADA (apalutamide)	67
EPIDIOLEX (cannabidiol)	37	erlotinib hcl tab 100 mg (base equivalent) ..	72
EPIDUO (adapalene-benzoyl peroxide)	168	erlotinib hcl tab 150 mg (base equivalent) ..	72
peroxide)	168	erlotinib hcl tab 25 mg (base equivalent) ...	72
EPIFOAM (pramoxine-hc)	178	ERTACZO (sertaconazole nitrate)	58
epinastine hcl ophth soln 0.05%	317	ERY (erythromycin (acne aid))	185
EPINEPHRINE (epinephrine (anaphylaxis)) ..	330	ERYGEL (erythromycin (acne aid))	185
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	330	ERYPED 200 (erythromycin ethylsuccinate) ..	29
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	330	ERYPED 400 (erythromycin ethylsuccinate) ..	29
EPIPEN 2-PAK (epinephrine (anaphylaxis)) .	330	ERYTHROCIN STEARATE (erythromycin stearate)	29
EPIPEN JR 2-PAK (epinephrine (anaphylaxis))	330	ERYTHROMYCIN BASE	30
EPIVIR (lamivudine)	95	ERYTHROMYCIN ETHYLSUCCINATE	30
EPIVIR HBV (lamivudine (hcv))	90	erythromycin ethylsuccinate for susp 200 mg/5ml	30
eplerenone tab 25 mg	145	erythromycin ethylsuccinate for susp 400 mg/5ml	30
eplerenone tab 50 mg	145	erythromycin gel 2%	185
EPOGEN (epoetin alfa)	116	erythromycin ophth oint 5 mg/gm	318
EPROSARTAN MESYLATE	121	erythromycin pads 2%	185
EPZICOM (abacavir sulfate-lamivudine)	95	erythromycin soln 2%	185
EQ BLOOD GLUCOSE TEST (glucose blood) ..	282	erythromycin tab 250 mg (ERYTHROMYCIN BASE)	30
EQ SPACE CHAMBER ANTI-STATIC	282	erythromycin tab 500 mg (ERYTHROMYCIN BASE)	30
EQ SPACE CHAMBER ANTI-STATIC L	282	erythromycin tab delayed release 250 mg ..	30
EQ SPACE CHAMBER ANTI-STATIC M	282	erythromycin tab delayed release 250 mg (ERY-TAB)	30
EQ SPACE CHAMBER ANTI-STATIC S	282	erythromycin tab delayed release 250 mg (ERYTHROMYCIN BASE)	30
EQL COLOR LANCETS 21G	282	erythromycin tab delayed release 333 mg ..	30
EQL COLOR LANCETS MICRO 33G	282	erythromycin tab delayed release 333 mg (ERY-TAB)	30
EQL INSULIN SYRINGE	283	erythromycin tab delayed release 333 mg (ERYTHROMYCIN BASE)	30
EQL SUPER THIN LANCETS 30G	283	erythromycin tab delayed release 500 mg ..	30
EQL THIN LANCETS 26G	283	erythromycin tab delayed release 500 mg (ERY-TAB)	30
EQUETRO (carbamazepine (antipsychotic))	102		
ergocalciferol cap 1.25 mg (50000 unit) ...	268		
ergocalciferol cap 1.25 mg (50000 unit) (VITAMIN D (ERGOCALCIFEROL))	268		
ERGOLOID MESYLATES	45		
ERGOMAR (ergotamine tartrate)	62		

erythromycin tab delayed release 500 mg (ERYTHROMYCIN BASE)	30
erythromycin w/ delayed release particles cap 250 mg (ERYTHROMYCIN BASE)	30
ESBRIET (pirfenidone)	334
ESCAVITE (ped multivitamins w/fl & iron) ...	192
ESCAVITE D (ped multivitamins w/fl & iron) .	192
ESCAVITE LQ (ped multivitamins w/fl & iron)	192
escitalopram oxalate soln 5 mg/5ml (base equiv)	50
escitalopram oxalate tab 10 mg (base equiv)	50
escitalopram oxalate tab 20 mg (base equiv)	50
escitalopram oxalate tab 5 mg (base equiv)	50
ESGIC (butalbital-acetaminophen-caffeine)	162
esomeprazole magnesium cap delayed release 40 mg (base eq)	211
esomeprazole magnesium for delayed release susp packet 10 mg	211
esomeprazole magnesium for delayed release susp packet 20 mg	211
esomeprazole magnesium for delayed release susp packet 40 mg	211
ESOMEPRAZOLE STRONTIUM	212
estazolam tab 1 mg	342
estazolam tab 2 mg	342
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (COVARYX HS)	234
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EEMT HS)	234
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST HS)	234
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (COVARYX)	234
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EEMT)	234
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST DS)	234
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST) ..	234
ESTRACE (estradiol vaginal)	234
ESTRACE (estradiol)	234
estradiol & norethindrone acetate tab 0.5-0.1 mg (AMABELZ)	234
estradiol & norethindrone acetate tab 0.5-0.1 mg (ESTRADIOL-NORETHINDRONE ACET) ...	234
estradiol & norethindrone acetate tab 0.5-0.1 mg (LOPREEZA)	234
estradiol & norethindrone acetate tab 0.5-0.1 mg (MIMVEY LO)	234
estradiol & norethindrone acetate tab 1-0.5 mg (AMABELZ)	234
estradiol & norethindrone acetate tab 1-0.5 mg (ESTRADIOL-NORETHINDRONE ACET) ...	234
estradiol & norethindrone acetate tab 1-0.5 mg (LOPREEZA)	234
estradiol & norethindrone acetate tab 1-0.5 mg (MIMVEY)	235
estradiol tab 0.5 mg	235
estradiol tab 1 mg	235
estradiol tab 2 mg	235
estradiol td patch twice weekly 0.025 mg/24hr	235
estradiol td patch twice weekly 0.025 mg/24hr (DOTI)	235
estradiol td patch twice weekly 0.025 mg/24hr (LYLLANA)	235
estradiol td patch twice weekly 0.0375 mg/24hr	235
estradiol td patch twice weekly 0.0375 mg/24hr (DOTI)	235
estradiol td patch twice weekly 0.0375 mg/24hr (LYLLANA)	235
estradiol td patch twice weekly 0.05 mg/24hr	235

estradiol td patch twice weekly 0.05 mg/24hr (DOTI)	235	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL)	236
estradiol td patch twice weekly 0.05 mg/24hr (LYLLANA)	235	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (KELNOR 1/35)	236
estradiol td patch twice weekly 0.075 mg/24hr	235	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ZOVIA 1/35 (28))	236
estradiol td patch twice weekly 0.075 mg/24hr (DOTI)	235	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ZOVIA 1/35E (28))	236
estradiol td patch twice weekly 0.075 mg/24hr (LYLLANA)	235	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL)	236
estradiol td patch twice weekly 0.1 mg/24hr (DOTI)	235	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (KELNOR 1/50)	236
estradiol td patch twice weekly 0.1 mg/24hr (LYLLANA)	235	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (ZOVIA 1/50E (28))	236
estradiol td patch weekly 0.025 mg/24hr ..	235	ETIDRONATE DISODIUM	268
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	235	etodolac cap 200 mg	2
estradiol td patch weekly 0.05 mg/24hr ..	236	etodolac cap 300 mg	2
estradiol td patch weekly 0.06 mg/24hr ..	236	etodolac tab 400 mg	2
estradiol td patch weekly 0.075 mg/24hr ..	236	etodolac tab 500 mg	2
estradiol td patch weekly 0.1 mg/24hr ..	236	etodolac tab er 24hr 400 mg (ETODOLAC ER)2	
estradiol vaginal cream 0.1 mg/gm	236	etodolac tab er 24hr 500 mg (ETODOLAC ER)2	
estradiol vaginal tab 10 mcg	236	etodolac tab er 24hr 600 mg (ETODOLAC ER)2	
estradiol vaginal tab 10 mcg (YUVAFEM) ..	236	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	236
estradiol valerate im in oil 20 mg/ml	236	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (ELURYNG)	236
estradiol valerate im in oil 40 mg/ml	236	ETOPOSIDE	71
ESTRING (estradiol vaginal)	236	EUCRISA (crisaborole)	173
ESTROGEL (estradiol)	236	EURAX (crotamiton)	184
ESTROPIPATE	236	EVAMIST (estradiol)	237
ESTROSTEP FE (norethindrone acetate-ethinyl estradiol-fe)	236	EVEKEO (amphetamine sulfate)	155
eszopiclone tab 1 mg	342	EVEKEO ODT (amphetamine sulfate)	155
eszopiclone tab 2 mg	342	EVENCARE + BLOOD GLUCOSE TEST (glucose blood)	283
eszopiclone tab 3 mg	342	EVENCARE BLOOD GLUCOSE TEST (glucose blood)	283
ethacrynic acid tab 25 mg	144	EVENCARE G2 TEST (glucose blood)	283
ethambutol hcl tab 100 mg	66	EVENCARE G3 TEST (glucose blood)	283
ethambutol hcl tab 400 mg	66		
ethosuximide cap 250 mg	41		
ethosuximide soln 250 mg/5ml	41		

EVENCARE MINI GLUCOSE TEST (glucose blood).....	283
EVENCARE PROVIEW GLUCOSE TEST (glucose blood).....	283
everolimus tab 0.25 mg.....	262
everolimus tab 0.5 mg.....	262
everolimus tab 0.75 mg.....	262
everolimus tab 2.5 mg.....	72
everolimus tab 5 mg.....	72
everolimus tab 7.5 mg.....	72
EVISTA (raloxifene hcl).....	250
EVOCLIN (clindamycin phosphate (topical)).....	185
EVOLUTION AUTOCODE (glucose blood) ..	283
EVOTAZ (atazanavir sulfate-cobicistat).....	97
EVOXAC (cevimeline hcl).....	167
EVRYSDI (risdiplam).....	283
EVZIO (naloxone hcl).....	21
EXACTECH R-S-G TEST (glucose blood).....	283
EXACTECH TEST (glucose blood).....	283
EXALGO (hydromorphone hcl).....	7
EXEL COMFORT POINT INSULIN SYR.....	283
EXEL COMFORT POINT PEN NEEDLE.....	283
EXELDERM (sulconazole nitrate).....	58
EXELON (rivastigmine).....	46
exemestane tab 25 mg.....	71
EXFORGE (amlodipine besylate-valsartan).....	139
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide).....	139
EXJADE (deferasirox).....	187
EXTAVIA (interferon beta-1b).....	165
EXTINA (ketoconazole (topical)).....	58
EXTRA-VIRT PLUS DHA (prenatal w/o vit a w/fe fumarate-docusate ca-folic acid-dha)....	193
EYSUVIS (loteprednol etabonate).....	319
EZ SMART BLOOD GLUCOSE LANCETS.....	283
EZ SMART BLOOD GLUCOSE TEST (glucose blood).....	283
EZ SMART PLUS GLUCOSE TEST (glucose blood).....	283
EZ-LETS LANCETS 21G.....	284

EZ-LETS LANCETS 23G.....	284
EZ-LETS LANCETS 26G.....	284
EZ-LETS LANCETS 28G.....	284
EZ-LETS LANCETS 30G.....	284
EZALLOR SPRINKLE (rosuvastatin calcium) ..	147
ezetimibe tab 10 mg.....	149
ezetimibe-simvastatin tab 10-10 mg.....	149
ezetimibe-simvastatin tab 10-20 mg.....	149
ezetimibe-simvastatin tab 10-40 mg.....	149
ezetimibe-simvastatin tab 10-80 mg.....	149

F

FABIOR (tazarotene (acne)).....	168
FACTIVE (gemifloxacin mesylate).....	31
FALESSA (levonorgestrel-ethinyl estradiol & folic acid).....	193
famciclovir tab 125 mg.....	99
famciclovir tab 250 mg.....	99
famciclovir tab 500 mg.....	99
famotidine for susp 40 mg/5ml.....	210
famotidine tab 40 mg.....	210
FAMVIR (famciclovir).....	99
FANAPT (iloperidone).....	85
FANAPT TITRATION PACK (iloperidone).....	85
FARESTON (toremifene citrate).....	68
FARXIGA (dapagliflozin propanediol).....	104
FARYDAK (panobinostat lactate).....	72
FASENRA PEN (benralizumab).....	335
FAZACLO (clozapine).....	89
febuxostat tab 40 mg.....	61
febuxostat tab 80 mg.....	61
felbamate susp 600 mg/5ml.....	37
felbamate tab 400 mg.....	37
felbamate tab 600 mg.....	37
FELBATOL (felbamate).....	37
FELDENE (piroxicam).....	2
felodipine tab er 24hr 10 mg (FELODIPINE ER).....	128
felodipine tab er 24hr 2.5 mg (FELODIPINE ER).....	128

felodipine tab er 24hr 5 mg (FELODIPINE ER).....	128	fentanyl td patch 72hr 12 mcg/hr.....	7
FEMARA (letrozole).....	71	fentanyl td patch 72hr 25 mcg/hr.....	7
FEMCAP (cervical caps).....	284	fentanyl td patch 72hr 37.5 mcg/hr.....	7
FEMCON FE (norethindrone & ethinyl estradiol-fe).....	237	fentanyl td patch 72hr 50 mcg/hr.....	7
FEMHRT LOW DOSE (norethindrone acetate-ethinyl estradiol).....	237	fentanyl td patch 72hr 62.5 mcg/hr.....	7
FEMRING (estradiol acetate vaginal).....	237	fentanyl td patch 72hr 75 mcg/hr.....	7
FENOFIBRATE.....	146	fentanyl td patch 72hr 87.5 mcg/hr.....	7
fenofibrate micronized cap 130 mg.....	146	FENTORA (fentanyl citrate).....	14
fenofibrate micronized cap 134 mg.....	146	FENTORA (fentanyl citrate).....	14
fenofibrate micronized cap 200 mg.....	146	FERRIPROX (deferiprone).....	188
fenofibrate micronized cap 43 mg.....	146	FERRIPROX TWICE-A-DAY (deferiprone)....	188
fenofibrate micronized cap 67 mg.....	146	FETZIMA (levomilnacipran hcl).....	50
fenofibrate tab 120 mg.....	146	FETZIMA TITRATION (levomilnacipran hcl)...	50
fenofibrate tab 145 mg.....	146	FEXMID (cyclobenzaprine hcl).....	340
fenofibrate tab 160 mg.....	146	FIASP (insulin aspart (with niacinamide))...	110
fenofibrate tab 40 mg.....	146	FIASP FLEXTOUCH (insulin aspart (with niacinamide)).....	110
fenofibrate tab 48 mg.....	146	FIASP PENFILL (insulin aspart (with niacinamide)).....	110
fenofibrate tab 54 mg.....	146	FIBRICOR (fenofibric acid).....	146
FENOFIBRIC ACID.....	146	FIFTY50 GLUCOSE TEST 2.0 (glucose blood)...	284
FENOGLIDE (fenofibrate).....	146	FIFTY50 PEN NEEDLES.....	284
FENOPROFEN CALCIUM.....	2	FIFTY50 SAFETY SEAL LANCETS.....	284
fenopropfen calcium tab 600 mg.....	2	FIFTY50 SUPERIOR COMFORT SYR.....	284
fenopropfen calcium tab 600 mg (PROFENO)...	2	FIFTY50 UNILET LANCETS 33G.....	284
FENORTHO (fenopropfen calcium).....	2,3	FINACEA (azelaic acid).....	168
FENTANYL CITRATE.....	13	finasteride tab 5 mg.....	217
fentanyl citrate lozenge on a handle 1200 mcg.....	13	FINE 30.....	284
fentanyl citrate lozenge on a handle 1600 mcg.....	13	FINGERSTIX LANCETS.....	284
fentanyl citrate lozenge on a handle 200 mcg.....	14	FINTEPLA (fenfluramine hcl (anticonvulsant))37	
fentanyl citrate lozenge on a handle 400 mcg.....	14	FIORICET (butalbital-acetaminophen-caffeine).....	162
fentanyl citrate lozenge on a handle 600 mcg.....	14	FIORICET/CODEINE (butalbital-acetaminophen-caffeine w/ codeine).....	14
fentanyl citrate lozenge on a handle 800 mcg.....	14	FIORINAL (butalbital-aspirin-caffeine).....	3
fentanyl td patch 72hr 100 mcg/hr.....	7	FIORINAL/CODEINE #3 (butalbital-aspirin-caffeine w/cod).....	14
		FIRAZYR (icatibant acetate).....	257
		FIRDAPSE (amifampridine phosphate).....	162
		FIRVANQ (vancomycin hcl).....	23
		FLAGYL (metronidazole).....	23

FLAREX (fluorometholone acetate).....	319	fluocinolone acetonide oint 0.025%.....	173
flavoxate hcl tab 100 mg.....	216	fluocinolone acetonide soln 0.01%.....	173
flecainide acetate tab 100 mg.....	124	fluocinonide cream 0.05%.....	173
flecainide acetate tab 150 mg.....	124	fluocinonide cream 0.1%.....	173
flecainide acetate tab 50 mg.....	124	fluocinonide emulsified base cream 0.05%.	173
FLECTOR (diclofenac epolamine).....	3	fluocinonide gel 0.05%.....	173
FLEXICHAMBER.....	284	fluocinonide oint 0.05%.....	173
FLEXICHAMBER ADULT MASK/SMALL.....	284	fluocinonide soln 0.05%.....	173
FLEXICHAMBER CHILD MASK/LARGE.....	284	fluorometholone ophth susp 0.1%.....	319
FLEXICHAMBER CHILD MASK/SMALL.....	284	FLUOROPLEX (fluorouracil (topical)).....	178
FLOLIPID (simvastatin).....	147	FLUOROURACIL (fluorouracil (topical)).....	178
FLOMAX (tamsulosin hcl).....	217	fluorouracil cream 5%.....	178
FLORIVA (pediatric multiple vitamins & minerals w/ fluoride).....	193	FLUOXETINE HCL.....	50
FLORIVA (sodium fluoride-vitamin d).....	193	FLUOXETINE HCL (PMDD).....	50
FLORIVA PLUS (pediatric multivitamins w/fl)	193	fluoxetine hcl cap 10 mg.....	50
FLOVENT DISKUS (fluticasone propionate (inhalation)).....	325	fluoxetine hcl cap 20 mg.....	50
FLOVENT HFA (fluticasone propionate hfa)	325	fluoxetine hcl cap 40 mg.....	50
FLOWTUSS (hydrocodone-guaifenesin)....	335	fluoxetine hcl solution 20 mg/5ml.....	50
FLOXIN OTIC (ofloxacin (otic)).....	323	fluoxetine hcl tab 10 mg.....	50
fluconazole for susp 10 mg/ml.....	58	fluoxetine hcl tab 20 mg.....	50
fluconazole for susp 40 mg/ml.....	58	fluoxetine hcl tab 60 mg.....	50
fluconazole tab 100 mg.....	58	FLUPHENAZINE HCL.....	83
fluconazole tab 150 mg.....	58	fluphenazine hcl tab 1 mg.....	83
fluconazole tab 200 mg.....	58	fluphenazine hcl tab 10 mg.....	83
fluconazole tab 50 mg.....	58	fluphenazine hcl tab 2.5 mg.....	83
flucytosine cap 250 mg.....	58	fluphenazine hcl tab 5 mg.....	83
flucytosine cap 500 mg.....	58	flurandrenolide cream 0.05%.....	173
fludrocortisone acetate tab 0.1 mg.....	223	flurandrenolide cream 0.05% (NOLIX).....	173
FLUMADINE (rimantadine hydrochloride)...	98	flurandrenolide lotion 0.05%.....	173
FLUNISOLIDE (flunisolide (nasal)).....	325	flurandrenolide lotion 0.05% (NOLIX).....	173
fluocinolone acetonide (otic) oil 0.01%....	323	flurandrenolide oint 0.05%.....	173
fluocinolone acetonide (otic) oil 0.01% (FLAC).....	323	FLURAZEPAM HCL.....	342
fluocinolone acetonide cream 0.01%.....	173	FLURBIPROFEN.....	3
fluocinolone acetonide cream 0.025%.....	173	FLURBIPROFEN SODIUM.....	319
fluocinolone acetonide oil 0.01% (body oil) (FLUOCINOLONE ACETONIDE BODY).....	173	flurbiprofen sodium ophth soln 0.03%.....	319
fluocinolone acetonide oil 0.01% (scalp oil) (FLUOCINOLONE ACETONIDE SCALP).....	173	flurbiprofen tab 100 mg.....	3
		flurbiprofen tab 50 mg.....	3
		flutamide cap 125 mg.....	68
		fluticasone propionate cream 0.05%.....	173
		fluticasone propionate lotion 0.05%.....	173

fluticasone propionate lotion 0.05% (BESER)	173	FOLET ONE (prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha)	193
fluticasone propionate nasal susp 50 mcg/act	325	folic acid tab 1 mg	193
fluticasone propionate oint 0.005%	173	folic acid tab 1 mg (KP FOLIC ACID)	193
FLUTICASONE-SALMETEROL	335	FOLIVANE-OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa)	193
fluticasone-salmeterol aer powder ba 100-50 mcg/dose	335	FOLLISTIM AQ (follitropin beta)	227
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (WIXELA INHUB)	335	fondaparinux sodium subcutaneous inj 10 mg/0.8ml	114
fluticasone-salmeterol aer powder ba 250-50 mcg/dose	336	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	114
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (WIXELA INHUB)	336	fondaparinux sodium subcutaneous inj 5 mg/0.4ml	114
fluticasone-salmeterol aer powder ba 500-50 mcg/dose	336	fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	114
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (WIXELA INHUB)	336	FORA 6 CONNECT (glucose blood)	284
fluvastatin sodium cap 20 mg (base equivalent)	147	FORA BLOOD GLUCOSE TEST (glucose blood)	284
fluvastatin sodium cap 40 mg (base equivalent)	147	FORA D15G BLOOD GLUCOSE TEST (glucose blood)	284
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (FLUVASTATIN SODIUM ER)	147	FORA D20 BLOOD GLUCOSE TEST (glucose blood)	284
fluvoxamine maleate cap er 24hr 100 mg (FLUVOXAMINE MALEATE ER)	50	FORA D40/G31 BLOOD GLUCOSE (glucose blood)	284
fluvoxamine maleate cap er 24hr 150 mg (FLUVOXAMINE MALEATE ER)	50	FORA G20 BLOOD GLUCOSE TEST (glucose blood)	284
fluvoxamine maleate tab 100 mg	51	FORA G30/PREM V10 GLUCOSE TEST (glucose blood)	284
fluvoxamine maleate tab 25 mg	51	FORA GD20 TEST (glucose blood)	285
fluvoxamine maleate tab 50 mg	51	FORA GD50 BLOOD GLUCOSE TEST (glucose blood)	285
FML (fluorometholone (ophth))	319	FORA GTEL BLOOD GLUCOSE TEST (glucose blood)	285
FML FORTE (fluorometholone (ophth))	319	FORA GTEL BLOOD KETONE TEST (ketone blood test)	285
FML LIQUIFILM (fluorometholone (ophth))	319	FORA LANCETS	285
FOCALIN (dexmethylphenidate hcl)	157	FORA TN'G/TN'G VOICE (glucose blood)	285
FOCALIN XR (dexmethylphenidate hcl)	157	FORA V10 BLOOD GLUCOSE TEST (glucose blood)	285
FOLCAL DHA (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	193	FORA V12 BLOOD GLUCOSE TEST (glucose blood)	285
FOLCAPS OMEGA 3 (prenatal vit w/ iron carbonyl-fe aspart glyc-fa-omega 3)	193		

FORA V20 BLOOD GLUCOSE TEST (glucose blood)..... 285

FORA V30A BLOOD GLUCOSE TEST (glucose blood)..... 285

FORACARE GD40 TEST (glucose blood).... 285

FORACARE PREMIUM V10 TEST (glucose blood)..... 285

FORACARE TEST N GO TEST (glucose blood)..... 285

FORFIVO XL (bupropion hcl).....48

FORTAMET (metformin hcl)..... 104

FORTEO (teriparatide (recombinant)).....268

FORTESTA (testosterone)..... 229

FORTISCARE TEST (glucose blood).....285

FOSAMAX (alendronate sodium).....268

FOSAMAX PLUS D (alendronate sodium-cholecalciferol).....268

fosamprenavir calcium tab 700 mg (base equiv).....97

fosfomycin tromethamine powd pack 3 gm (base equivalent).....23

fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg (FOSINOPRIL SODIUM-HCTZ)....139

fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (FOSINOPRIL SODIUM-HCTZ)....139

fosinopril sodium tab 10 mg.....122

fosinopril sodium tab 20 mg.....122

fosinopril sodium tab 40 mg.....122

FOSRENOL (lanthanum carbonate).....188

FRAGMIN (dalteparin sodium)..... 114

FREDS PHARMACY UNIFINE PENTIP+..... 285

FREDS PHARMACY UNIFINE PENTIPS.....285

FREDS PHARMACY UNILET LANC 28G.....285

FREDS PHARMACY UNILET LANC 30G.....285

FREESTYLE INSULINX TEST (glucose blood) ...285

FREESTYLE LANCETS.....285

FREESTYLE LITE TEST (glucose blood)..... 285

FREESTYLE PRECISION INS SYR.....285

FREESTYLE PRECISION NEO TEST (glucose blood)..... 286

FREESTYLE TEST (glucose blood)..... 286

FREESTYLE UNISTICK II LANCETS.....286

FROVA (frovatriptan succinate).....63

frovatriptan succinate tab 2.5 mg (base equivalent).....63

FULPHILA (pegfilgrastim-jmdb)..... 116

FURADANTIN (nitrofurantoin)..... 23

FUROSEMIDE..... 144

furosemide oral soln 10 mg/ml..... 144

furosemide tab 20 mg.....144

furosemide tab 40 mg.....144

furosemide tab 80 mg.....144

FUZEON (enfuvirtide)..... 96

FYCOMPA (perampanel).....37

G

gabapentin cap 100 mg.....41

gabapentin cap 300 mg.....41

gabapentin cap 400 mg.....41

gabapentin oral soln 250 mg/5ml.....41

gabapentin tab 600 mg.....41

gabapentin tab 800 mg.....42

GABITRIL (tiagabine hcl).....42

GALAFOLD (migalastat hcl).....214

GALANTAMINE HYDROBROMIDE..... 46

galantamine hydrobromide cap er 24hr 16 mg (GALANTAMINE HYDROBROMIDE ER) ...46

galantamine hydrobromide cap er 24hr 24 mg (GALANTAMINE HYDROBROMIDE ER) ...46

galantamine hydrobromide cap er 24hr 8 mg (GALANTAMINE HYDROBROMIDE ER)46

galantamine hydrobromide tab 12 mg..... 46

galantamine hydrobromide tab 4 mg.....46

galantamine hydrobromide tab 8 mg.....46

GALZIN (zinc acetate (oral))..... 193

GANIRELIX ACETATE.....256

ganirelix acetate soln prefilled syringe 250 mcg/0.5ml..... 256

GASTROCROM (cromolyn sodium (mastocytosis)).....214

gatifloxacin ophth soln 0.5%.....318

GAVILYTE-C (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	209	glimepiride tab 1 mg	104
GAVRETO (pralsetinib)	71	glimepiride tab 2 mg	104
GE100 BLOOD GLUCOSE TEST (glucose blood)	286	glimepiride tab 4 mg	104
GELNIQUE (oxybutynin chloride)	216	glipizide tab 10 mg	104
GELNIQUE PUMP (oxybutynin chloride)	216	glipizide tab 5 mg	104
gemfibrozil tab 600 mg	146	glipizide tab er 24hr 10 mg (GLIPIZIDE ER) ..	104
GEMTESA (vibegron)	216	glipizide tab er 24hr 10 mg (GLIPIZIDE XL) ..	104
GENERESS FE (norethindrone & ethinyl estradiol-fe)	237	glipizide tab er 24hr 2.5 mg (GLIPIZIDE ER) ..	104
GENOTROPIN (somatropin)	227	glipizide tab er 24hr 2.5 mg (GLIPIZIDE XL) ..	104
GENOTROPIN MINIQUICK (somatropin)	227	glipizide tab er 24hr 5 mg (GLIPIZIDE ER)	104
GENSTRIP 50 (glucose blood)	286	glipizide tab er 24hr 5 mg (GLIPIZIDE XL)	104
GENTAK (gentamicin sulfate (ophth))	318	glipizide-metformin hcl tab 2.5-250 mg	104
gentamicin sulfate cream 0.1%	22	glipizide-metformin hcl tab 2.5-500 mg	104
gentamicin sulfate oint 0.1%	22	glipizide-metformin hcl tab 5-500 mg	104
gentamicin sulfate ophth oint 0.3%	318	GLOBAL EASE INJECT PEN NEEDLES	286
gentamicin sulfate ophth soln 0.3%	318	GLOBAL EASY GLIDE INSULIN SYR	286
GENTEEL BUTTERFLY TOUCH LANCET	286	GLOBAL EASY GLIDE PEN NEEDLES	286
GENTLE-LET GP LANCETS	286	GLOBAL INJECT EASE INSULIN SYR	286
GENTLE-LET LANCETS	286	GLOBAL INJECT EASE LANCETS 28G	286
GENULTIMATE TEST (glucose blood)	286	GLOBAL INJECT EASE LANCETS 30G	286
GENVOYA (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)	92	GLOBAL INSULIN SYRINGES	286
GEODON (ziprasidone hcl)	85	GLOPERBA (colchicine)	61
GHT TEST (glucose blood)	286	GLUCAGEN HYPOKIT (glucagon hcl (rdna))	109
GIAZO (balsalazide disodium)	265	glucagon (rdna) for inj kit 1 mg (GLUCAGON EMERGENCY)	109
GILENYA (fingolimod hcl)	165	GLUCAGON EMERGENCY (glucagon (rdna))	109
GILOTRIF (afatinib dimaleate)	72	GLUCAGON EMERGENCY (glucagon hcl) ..	109
GIMOTI (metoclopramide hcl)	55	GLUCO PERFECT 3 TEST (glucose blood) ...	286
glatiramer acetate soln prefilled syringe 20 mg/ml	165	GLUCOCARD 01 SENSOR PLUS (glucose blood)	286
glatiramer acetate soln prefilled syringe 20 mg/ml (GLATOPA)	165	GLUCOCARD EXPRESSION TEST (glucose blood)	286
glatiramer acetate soln prefilled syringe 40 mg/ml	165	GLUCOCARD SHINE TEST (glucose blood) ..	287
glatiramer acetate soln prefilled syringe 40 mg/ml (GLATOPA)	165	GLUCOCARD VITAL TEST (glucose blood) ..	287
GLEEVEC (imatinib mesylate)	72,73	GLUCOCARD X-SENSOR (glucose blood) ..	287
GLEOSTINE (lomustine)	67	GLUCOCOM LANCETS 28G	287
		GLUCOCOM LANCETS 30G	287
		GLUCOCOM LANCETS 33G	287
		GLUCOCOM TEST (glucose blood)	287

GLUCONAVII BLOOD GLUCOSE TEST (glucose blood).....	287	GOCOVRI (amantadine hcl).....	79
GLUCOPHAGE (metformin hcl).....	104	GOJJI BLOOD GLUCOSE TEST (glucose blood).....	288
GLUCOPHAGE XR (metformin hcl).....	104	GOJJI BLOOD KETONE TEST (ketone blood test).....	288
GLUCOPRO INSULIN SYRINGE.....	287	GOJJI BLOOD TEST STRIP/LANCETS (glucose blood).....	288
GLUCOSE METER TEST (glucose blood).....	287	GOJJI STERILE LANCETS.....	288
GLUCOSOURCE LANCETS.....	287	GOLYTELY (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate).....	209
GLUCOTROL (glipizide).....	104	GONAL-F (follitropin alfa).....	227
GLUCOTROL XL (glipizide).....	104	GONAL-F RFF (follitropin alfa).....	227
GLUCOVANCE (glyburide-metformin).....	104	GONAL-F RFF REDIJECT (follitropin alfa).....	227
GLUMETZA (metformin hcl).....	104	GONITRO (nitroglycerin).....	151
glyburide micronized tab 1.5 mg.....	104	GOODSENSE BLOOD GLUCOSE (glucose blood).....	288
glyburide micronized tab 3 mg.....	104	GOODSENSE CLICKFINE PEN NEEDLE.....	288
glyburide micronized tab 6 mg.....	104	GOODSENSE COLOR LANCETS 33G.....	288
glyburide tab 1.25 mg.....	105	GOODSENSE LANCETS 26G UNIV.....	288
glyburide tab 2.5 mg.....	105	GOODSENSE LANCETS 30G.....	288
glyburide tab 5 mg.....	105	GOODSENSE LANCETS 30G UNIV.....	288
glyburide-metformin tab 1.25-250 mg.....	105	GOODSENSE LANCETS 33G.....	288
glyburide-metformin tab 2.5-500 mg.....	105	GOODSENSE LANCETS 33G UNIV.....	288
glyburide-metformin tab 5-500 mg.....	105	GOODSENSE PEN NEEDLE PENFINE.....	288
GLYCATE (glycopyrrolate).....	207	GORDONS UREA.....	178
GLYCOPYRROLATE.....	207	GRALISE (gabapentin (once-daily)).....	162
glycopyrrolate tab 1 mg.....	207	GRALISE STARTER (gabapentin (once-daily))	42
glycopyrrolate tab 2 mg.....	207	granisetron hcl tab 1 mg.....	57
GLYNASE (glyburide micronized).....	105	GRANIX (tbo-filgrastim).....	116
GLYSET (miglitol).....	105	GRASTEK (timothy grass pollen allergen extract).....	336
GLYXAMBI (empagliflozin-linagliptin).....	105	GRIS-PEG (griseofulvin ultramicrosize).....	59
GNP CLICKFINE PEN NEEDLES.....	287	griseofulvin microsize susp 125 mg/5ml.....	59
GNP EASY TOUCH GLUCOSE TEST (glucose blood).....	287	griseofulvin microsize tab 500 mg.....	59
GNP INSULIN SYRINGE.....	287	griseofulvin ultramicrosize tab 125 mg.....	59
GNP LANCETS.....	287	griseofulvin ultramicrosize tab 250 mg.....	59
GNP LANCETS 21G.....	287	guaifenesin-codeine soln 100-10 mg/5ml..	336
GNP LANCETS MICRO THIN 33G.....	287	guaifenesin-codeine soln 100-10 mg/5ml (CHERATUSSIN AC).....	336
GNP LANCETS SUPER THIN 30G.....	287	guaifenesin-codeine soln 100-10 mg/5ml (G TUSSIN AC).....	336
GNP LANCETS THIN.....	287		
GNP LANCETS THIN 26G.....	287		
GNP MICRO THIN LANCETS 33G.....	287		
GNP SUPER THIN LANCETS 30G.....	288		
GNP ULTICARE PEN NEEDLES.....	288		
GNP ULTRA COM INSULIN SYRINGE.....	288		

guaifenesin-codeine soln 100-10 mg/5ml (GUAIAUSSIN AC).....	336
guaifenesin-codeine soln 100-10 mg/5ml (GUAIFENESIN AC).....	336
guaifenesin-codeine soln 100-10 mg/5ml (IOPHEN C-NR).....	336
guaifenesin-codeine soln 100-10 mg/5ml (MAXI-TUSS AC).....	336
guaifenesin-codeine soln 100-10 mg/5ml (ROBAFEN AC).....	336
guaifenesin-codeine soln 100-10 mg/5ml (VIRTUSSIN A/C).....	336
guaifenesin-codeine soln 100-10 mg/5ml (VIRTUSSIN AC W/ALC).....	336
guanfacine hcl tab 1 mg.....	119
guanfacine hcl tab 2 mg.....	119
guanfacine hcl tab er 24hr 1 mg (base equiv) (GUANFACINE HCL ER).....	157
guanfacine hcl tab er 24hr 2 mg (base equiv) (GUANFACINE HCL ER).....	157
guanfacine hcl tab er 24hr 3 mg (base equiv) (GUANFACINE HCL ER).....	157
guanfacine hcl tab er 24hr 4 mg (base equiv) (GUANFACINE HCL ER).....	157
GUANIDINE HCL.....	65
GVOKE HYPOPEN 1-PACK (glucagon).....	109
GVOKE HYPOPEN 2-PACK (glucagon).....	109
GVOKE PFS (glucagon).....	109
GYNAZOLE-1 (butoconazole nitrate (one dose)).....	59

H

H-E-B INCONTROL LANCETS 28G.....	288
H-E-B INCONTROL LANCETS 30G.....	288
H-E-B INCONTROL LANCETS 33G.....	288
H-E-B INCONTROL PEN NEEDLES.....	289
H-E-B INCONTROL UNIFINE PENTIP.....	289
HAEGARDA (c1 esterase inhibitor (human)).....	258
HAEMOLANCE.....	289
HAEMOLANCE LOW FLOW LANCETS.....	289

HAEMOLANCE PLUS.....	289
HAEMOLANCE PLUS HIGH FLOW.....	289
HAEMOLANCE PLUS LOW FLOW.....	289
HAEMOLANCE PLUS MAX FLOW.....	289
HAEMOLANCE PLUS PEDIATRIC FLOW.....	289
halcinonide cream 0.1%.....	173
HALCION (triazolam).....	342
HALOBETASOL PROPIONATE.....	173
halobetasol propionate cream 0.05%.....	173
halobetasol propionate oint 0.05%.....	173
HALOG (halcinonide).....	173,178
haloperidol lactate oral conc 2 mg/ml.....	83
haloperidol tab 0.5 mg.....	83
haloperidol tab 1 mg.....	83
haloperidol tab 10 mg.....	83
haloperidol tab 2 mg.....	83
haloperidol tab 20 mg.....	84
haloperidol tab 5 mg.....	84
HARMONY BLOOD GLUCOSE TEST (glucose blood).....	289
HARVONI (ledipasvir-sofosbuvir).....	90
HEALTHWISE INSULIN SYR/NEEDLE.....	289
HEALTHWISE LANCETS 30G.....	289
HEALTHWISE MICRON PEN NEEDLES.....	289
HEALTHWISE MINI PEN NEEDLES.....	289
HEALTHWISE PEN NEEDLES.....	289
HEALTHWISE SHORT PEN NEEDLES.....	289
HEALTHWISE UNIFINE PENTIPS.....	289
HEALTHY ACCENTS UNIFINE PENTIP.....	289
HEALTHY ACCENTS UNILET LANCETS.....	289
HECTOROL (doxercalciferol).....	268
HELIDAC THERAPY (metronidazole- tetracycline w/ bismuth subsalicylate).....	209
HEMADY (dexamethasone).....	223
HEMANGEOL (propranolol hcl).....	126
HEMENATAL OB (prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa).....	193
HEPARIN SODIUM (PORCINE).....	114
heparin sodium (porcine) inj 1000 unit/ml.....	114
heparin sodium (porcine) inj 10000 unit/ml.....	114
heparin sodium (porcine) inj 20000 unit/ml.....	114

heparin sodium (porcine) inj 5000 unit/ml..	114	HUMULIN N (insulin nph (human	
HEPARIN SODIUM (PORCINE) PF.....	114	(isophane)).....	111
heparin sodium (porcine) pf inj 5000		HUMULIN N KWIKPEN (insulin nph (human	
unit/0.5ml.....	114	(isophane)).....	111
HEPSERA (adefovir dipivoxil).....	90	HUMULIN R (insulin regular (human)).....	111
HETLIOZ (fasimelteon).....	342	HUMULIN R U-500 (CONCENTRATED) (insulin	
HEXALEN (altretamine).....	67	regular (human)).....	111
HIPREX (methenamine hippurate).....	23	HUMULIN R U-500 KWIKPEN (insulin regular	
HM ULTICARE INSULIN SYRINGE.....	289	(human)).....	111
HM ULTICARE MINI PEN NEEDLES.....	290	HW EMBRACE PRO GLUCOSE TEST (glucose	
HM ULTICARE SHORT PEN NEEDLES.....	290	blood).....	290
HOMATROPAIRE (homatropine hbr).....	315	HW EMBRACE TALK GLUCOSE TEST (glucose	
homatropine hbr ophth soln 5%.....	315	blood).....	290
HORIZANT (gabapentin enacarbil).....	162	HY-VEE LANCETS.....	290
HUMALOG (insulin lispro).....	110	HY-VEE THIN LANCETS.....	290
HUMALOG JUNIOR KWIKPEN (insulin lispro) .	110	HYCANTIN (topotecan hcl).....	71
HUMALOG KWIKPEN (insulin lispro).....	110	HYCODAN (hydrocodone w/	
HUMALOG MIX 50/50 (insulin lispro protamine		homatropine).....	336
& lispro).....	110	HYCOFENIX (pseudoeph w/hydrocodone-	
HUMALOG MIX 50/50 KWIKPEN (insulin lispro		gg).....	337
protamine & lispro).....	110	hydralazine hcl tab 10 mg.....	151
HUMALOG MIX 75/25 (insulin lispro protamine		hydralazine hcl tab 100 mg.....	151
& lispro).....	110	hydralazine hcl tab 25 mg.....	151
HUMALOG MIX 75/25 KWIKPEN (insulin lispro		hydralazine hcl tab 50 mg.....	151
protamine & lispro).....	110	HYDREA (hydroxyurea).....	69
HUMAPEN LUXURA HD.....	290	HYDRO 35 (urea in lactic acid vehicle)	178
HUMATROPE (somatropin).....	227	HYDRO 40 (urea).....	178
HUMIRA (adalimumab).....	262	hydrochlorothiazide cap 12.5 mg.....	145
HUMIRA PEDIATRIC CROHNS START		hydrochlorothiazide tab 12.5 mg.....	145
(adalimumab).....	262	hydrochlorothiazide tab 25 mg.....	145
HUMIRA PEN (adalimumab).....	262	hydrochlorothiazide tab 50 mg.....	145
HUMIRA PEN-CD/UC/HS STARTER		hydrocod polst-chlorphen polst er susp 10-8	
(adalimumab).....	262	mg/5ml (HYDROCOD POLST-CPM POLST	
HUMIRA PEN-PS/UV/ADOL HS START		ER).....	337
(adalimumab).....	262	hydrocodone bitartrate cap er 12hr 10 mg	
HUMIRA PEN-PSOR/UEIT STARTER		(HYDROCODONE BITARTRATE ER).....	7
(adalimumab).....	263	hydrocodone bitartrate cap er 12hr 15 mg	
HUMULIN 70/30 (insulin nph isophane & reg		(HYDROCODONE BITARTRATE ER).....	7
(human)).....	110	hydrocodone bitartrate cap er 12hr 20 mg	
HUMULIN 70/30 KWIKPEN (insulin nph isophane		(HYDROCODONE BITARTRATE ER).....	7
& reg (human)).....	111		

hydrocodone bitartrate cap er 12hr 30 mg (HYDROCODONE BITARTRATE ER).....	7	hydrocodone-acetaminophen tab 7.5-325 mg.....	15
hydrocodone bitartrate cap er 12hr 40 mg (HYDROCODONE BITARTRATE ER).....	7	hydrocodone-acetaminophen tab 7.5-325 mg (LORCET PLUS).....	15
hydrocodone bitartrate cap er 12hr 50 mg (HYDROCODONE BITARTRATE ER).....	7	HYDROCODONE-GUAIFENESIN.....	337
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml (HYDROCODONE-HOMATROPINE).....	337	hydrocodone-ibuprofen tab 10-200 mg.....	15
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml (HYDROMET).....	337	hydrocodone-ibuprofen tab 10-200 mg (REPREXAIN).....	15
hydrocodone w/ homatropine tab 5-1.5 mg (HYDROCODONE-HOMATROPINE).....	337	hydrocodone-ibuprofen tab 10-200 mg (XYLON).....	15
hydrocodone w/ homatropine tab 5-1.5 mg (TUSSIGON).....	337	hydrocodone-ibuprofen tab 5-200 mg.....	15
hydrocodone-acetaminophen soln 10-325 mg/15ml.....	14	hydrocodone-ibuprofen tab 5-200 mg (IBUDONE).....	15
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	14	hydrocodone-ibuprofen tab 7.5-200 mg.....	15
hydrocodone-acetaminophen tab 10-300 mg.....	14	hydrocortisone acetate suppos 25 mg.....	223
hydrocodone-acetaminophen tab 10-300 mg (VICODIN HP).....	14	hydrocortisone acetate suppos 25 mg (ANUCORT-HC).....	223
hydrocodone-acetaminophen tab 10-325 mg.....	14	hydrocortisone acetate suppos 25 mg (ANUSOL-HC).....	223
hydrocodone-acetaminophen tab 10-325 mg (LORCET HD).....	14	hydrocortisone acetate suppos 25 mg (HEMMOREX-HC).....	223
hydrocodone-acetaminophen tab 2.5-325 mg.....	14	hydrocortisone acetate w/ pramoxine perianal cream 1-1% (HYDROCORTISONE ACE-PRAMOXINE).....	178
hydrocodone-acetaminophen tab 5-300 mg.....	14	hydrocortisone acetate w/ pramoxine perianal cream 1-1% (PRAMCORT).....	178
hydrocodone-acetaminophen tab 5-300 mg (VICODIN).....	14	HYDROCORTISONE BUTYRATE.....	173
hydrocodone-acetaminophen tab 5-325 mg.....	14	hydrocortisone butyrate cream 0.1%.....	174
hydrocodone-acetaminophen tab 5-325 mg (LORCET).....	14	hydrocortisone butyrate hydrophilic lipo base cream 0.1% (HYDROCORTISONE BUTYR LIPO BASE).....	174
hydrocodone-acetaminophen tab 7.5-300 mg.....	15	hydrocortisone butyrate lotion 0.1%.....	174
hydrocodone-acetaminophen tab 7.5-300 mg (VICODIN ES).....	15	hydrocortisone butyrate oint 0.1%.....	223
		hydrocortisone butyrate soln 0.1%.....	174
		hydrocortisone cream 2.5%.....	174
		hydrocortisone cream 2.5% (ALA-CORT)...	174
		hydrocortisone enema 100 mg/60ml.....	266
		hydrocortisone enema 100 mg/60ml (COLOCORT).....	266
		hydrocortisone lotion 2.5%.....	174
		hydrocortisone oint 1%.....	174

hydrocortisone oint 1% (HYDROCORTISONE IN ABSORBASE)	174	hydroxyzine hcl syrup 10 mg/5ml	327
hydrocortisone oint 2.5%	174	hydroxyzine hcl tab 10 mg	327
hydrocortisone perianal cream 1% (HYDROCORTISONE (PERIANAL))	174	hydroxyzine hcl tab 25 mg	327
hydrocortisone perianal cream 1% (PROCTO-PAK)	174	hydroxyzine hcl tab 50 mg	327
hydrocortisone perianal cream 2.5% (HYDROCORTISONE (PERIANAL))	174	HYDROXYZINE PAMOATE	327
hydrocortisone perianal cream 2.5% (PROCTO-MED HC)	174	hydroxyzine pamoate cap 25 mg	327
hydrocortisone perianal cream 2.5% (PROCTOSOL HC)	174	hydroxyzine pamoate cap 50 mg	327
hydrocortisone perianal cream 2.5% (PROCTOZONE-HC)	174	hyoscyamine sulfate elixir 0.125 mg/5ml ...	207
hydrocortisone tab 10 mg	266	hyoscyamine sulfate elixir 0.125 mg/5ml (HYOSYNE)	207
hydrocortisone tab 20 mg	266	hyoscyamine sulfate sl tab 0.125 mg	207
hydrocortisone tab 5 mg	266	hyoscyamine sulfate sl tab 0.125 mg (OSCIMIN)	207
hydrocortisone valerate cream 0.2%	174	hyoscyamine sulfate sl tab 0.125 mg (SYMAX-SL)	207
hydrocortisone valerate oint 0.2%	223	hyoscyamine sulfate soln 0.125 mg/ml	208
hydrocortisone w/ acetic acid otic soln 1-2% (ACETASOL HC)	323	hyoscyamine sulfate soln 0.125 mg/ml (HYOSYNE)	208
hydrocortisone w/ acetic acid otic soln 1-2% (HYDROCORTISONE-ACETIC ACID)	324	hyoscyamine sulfate tab 0.125 mg	208
HYDROMORPHONE HCL	15	hyoscyamine sulfate tab 0.125 mg (OSCIMIN)	208
hydromorphone hcl liqd 1 mg/ml	15	hyoscyamine sulfate tab disint 0.125 mg ...	208
hydromorphone hcl tab 2 mg	15	hyoscyamine sulfate tab disint 0.125 mg (ED-SPAZ)	208
hydromorphone hcl tab 4 mg	15	hyoscyamine sulfate tab disint 0.125 mg (NULEV)	208
hydromorphone hcl tab 8 mg	15	hyoscyamine sulfate tab disint 0.125 mg (OSCIMIN)	208
hydromorphone hcl tab er 24hr 12 mg (HYDROMORPHONE HCL ER)	7	hyoscyamine sulfate tab er 12hr 0.375 mg (HYOSCYAMINE SULFATE ER)	208
hydromorphone hcl tab er 24hr 16 mg (HYDROMORPHONE HCL ER)	7	hyoscyamine sulfate tab er 12hr 0.375 mg (OSCIMIN SR)	208
hydromorphone hcl tab er 24hr 32 mg (HYDROMORPHONE HCL ER)	7	hyoscyamine sulfate tab er 12hr 0.375 mg (SYMAX-SR)	208
hydromorphone hcl tab er 24hr 8 mg (HYDROMORPHONE HCL ER)	7	HYPERSAL (sodium chloride (inhalant))	337
hydroxychloroquine sulfate tab 200 mg	77	HYSINGLA ER (hydrocodone bitartrate)	8
hydroxyprogesterone caproate im in oil 250 mg/ml	249	HYZAAR (losartan potassium & hydrochlorothiazide)	139
hydroxyurea cap 500 mg	69		

I	
ibandronate sodium tab 150 mg (base equivalent)	268
IBRANCE (palbociclib)	73
IBUDONE (hydrocodone-ibuprofen)	15
ibuprofen tab 400 mg	3
ibuprofen tab 600 mg	3
ibuprofen tab 800 mg	3
icatibant acetate inj 30 mg/3ml (base equivalent)	258
ICLUSIG (ponatinib hcl)	73
icosapent ethyl cap 1 gm	149
IDHIFA (enasidenib mesylate)	69
IGLUCOSE TEST STRIPS (glucose blood)	290
ILEVRO (nepafenac)	320
imatinib mesylate tab 100 mg (base equivalent)	73
imatinib mesylate tab 400 mg (base equivalent)	73
IMBRUVICA (ibrutinib)	73
IMCIVREE (setmelanotide acetate)	209
imipramine hcl tab 10 mg	54
imipramine hcl tab 25 mg	54
imipramine hcl tab 50 mg	54
imipramine pamoate cap 100 mg	54
imipramine pamoate cap 125 mg	54
imipramine pamoate cap 150 mg	54
imipramine pamoate cap 75 mg	54
imiquimod cream 5%	178
IMIQUIMOD PUMP	178
IMITREX (sumatriptan succinate)	63
IMITREX (sumatriptan)	63
IMITREX STATDOSE REFILL (sumatriptan succinate)	63
IMITREX STATDOSE SYSTEM (sumatriptan succinate)	63
IMPAVIDO (miltefosine)	77
IMPEKLO (clobetasol propionate)	174
IMPOYZ (clobetasol propionate)	174
IMURAN (azathioprine)	263
IMVEXXY MAINTENANCE PACK (estradiol vaginal)	237
IMVEXXY STARTER PACK (estradiol vaginal)	237
IN TOUCH BLOOD GLUCOSE TEST (glucose blood)	290
IN TOUCH STERILE LANCETS 30G	290
INATAL GT (prenatal vit w/ docusate-iron carbonyl-folic acid)	193
INBRIJA (levodopa)	82
INCRELEX (mecasermin)	227
INCRUSE ELLIPTA (umeclidinium bromide)	328
indapamide tab 1.25 mg	145
indapamide tab 2.5 mg	145
INDERAL LA (propranolol hcl)	126
INDERAL XL (propranolol hcl sustained-release beads)	126
INDOCIN (indomethacin)	3
INDOMETHACIN	3
indomethacin cap 25 mg	3
indomethacin cap 50 mg	3
indomethacin cap er 75 mg (INDOMETHACIN ER)	3
INFINITY BLOOD GLUCOSE TEST (glucose blood)	290
INFINITY VOICE (glucose blood)	290
INGREZZA (valbenazine tosylate)	162
INLYTA (axitinib)	73
INNOPRAN XL (propranolol hcl sustained-release beads)	126
INPEN 100-BLUE-LILLY	290
INPEN 100-BLUE-NOVO	290
INPEN 100-GRAY-LILLY	290
INPEN 100-GREY-NOVO	290
INPEN 100-PINK-LILLY	290
INPEN 100-PINK-NOVO	290
INQOVI (decitabine-cedazuridine)	69
INREBIC (fedratinib hcl)	69
INSPIRACHAMBER/LARGE	290
INSPIRACHAMBER/MEDIUM	290
INSPIRACHAMBER/MOUTHPIECE	290
INSPIRACHAMBER/SMALL	290

INSPIREASE.....	290	irbesartan tab 150 mg.....	121
INSPIRA (eplerenone).....	145	irbesartan tab 300 mg.....	121
INSULIN ASP PROT & ASP FLEXPEN (insulin aspart protamine & aspart (human)).....	111	irbesartan tab 75 mg.....	121
INSULIN ASPART.....	111	irbesartan-hydrochlorothiazide tab 150-12.5 mg.....	139
INSULIN ASPART FLEXPEN.....	111	irbesartan-hydrochlorothiazide tab 300-12.5 mg.....	139
INSULIN ASPART PENFILL.....	111	IRESSA (gefitinib).....	73
INSULIN ASPART PROT & ASPART (insulin aspart protamine & aspart (human)).....	111	ISENTRESS (raltegravir potassium).....	92
INSULIN LISPRO.....	111	ISENTRESS HD (raltegravir potassium).....	92
INSULIN LISPRO (1 UNIT DIAL).....	111	ISONIAZID.....	66
INSULIN LISPRO JUNIOR KWIKPEN.....	111	isoniazid tab 100 mg.....	66
INSULIN LISPRO PROT & LISPRO (insulin lispro protamine & lispro).....	111	isoniazid tab 300 mg.....	66
INSULIN SYRINGE.....	291	ISOPTO ATROPINE (atropine sulfate (ophthalmic)).....	315
INSULIN SYRINGE-NEEDLE U-100.....	291	ISOPTO CARPINE (pilocarpine hcl).....	322
INSULIN SYRINGE/NEEDLE.....	291	ISORDIL TITRADOSE (isosorbide dinitrate)...	151
INSUPEN PEN NEEDLES.....	291	ISOSORBIDE DINITRATE ER.....	151
INSUPEN SENSITIVE.....	291	isosorbide dinitrate tab 10 mg.....	151
INSUPEN ULTRAFIN.....	291	isosorbide dinitrate tab 20 mg.....	151
INTELENCE (etravirine).....	93	isosorbide dinitrate tab 30 mg.....	151
INTERMEZZO (zolpidem tartrate).....	342	isosorbide dinitrate tab 40 mg.....	151
INTRAROSA (prasterone vaginal).....	291	isosorbide dinitrate tab 5 mg.....	151
INTRON A (interferon alfa-2b).....	260	isosorbide mononitrate tab 10 mg.....	151
INTUNIV (guanfacine hcl (adhd)).....	157	isosorbide mononitrate tab 20 mg.....	151
INVEGA (paliperidone).....	85	isosorbide mononitrate tab er 24hr 120 mg (ISOSORBIDE MONONITRATE ER).....	151
INVELTYS (loteprednol etabonate).....	320	isosorbide mononitrate tab er 24hr 30 mg (ISOSORBIDE MONONITRATE ER).....	151
INVIRASE (saquinavir mesylate).....	97	isosorbide mononitrate tab er 24hr 60 mg (ISOSORBIDE MONONITRATE ER).....	151
INVOKAMET (canagliflozin-metformin hcl)...	105	isotretinoin cap 10 mg.....	168
INVOKAMET XR (canagliflozin-metformin hcl).....	105	isotretinoin cap 10 mg (ACCUTANE).....	168
INVOKANA (canagliflozin).....	105	isotretinoin cap 10 mg (AMNESTEEM).....	168
IOPIDINE (apraclonidine hcl).....	322	isotretinoin cap 10 mg (CLARAVIS).....	169
ipratropium bromide inhal soln 0.02%.....	328	isotretinoin cap 10 mg (MYORISAN).....	169
ipratropium bromide nasal soln 0.03% (21 mcg/spray).....	328	isotretinoin cap 10 mg (ZENATANE).....	169
ipratropium bromide nasal soln 0.06% (42 mcg/spray).....	328	isotretinoin cap 20 mg.....	169
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	337	isotretinoin cap 20 mg (ACCUTANE).....	169
IPRIVASK (desirudin).....	114	isotretinoin cap 20 mg (AMNESTEEM).....	169
		isotretinoin cap 20 mg (CLARAVIS).....	169

isotretinoin cap 20 mg (MYORISAN)	169
isotretinoin cap 20 mg (ZENATANE)	169
isotretinoin cap 30 mg	169
isotretinoin cap 30 mg (AC CUTANE)	169
isotretinoin cap 30 mg (CLARAVIS)	169
isotretinoin cap 30 mg (MYORISAN)	169
isotretinoin cap 30 mg (ZENATANE)	169
isotretinoin cap 40 mg	169
isotretinoin cap 40 mg (AC CUTANE)	169
isotretinoin cap 40 mg (AMNESTEEM)	169
isotretinoin cap 40 mg (CLARAVIS)	169
isotretinoin cap 40 mg (MYORISAN)	169
isotretinoin cap 40 mg (ZENATANE)	169
isradipine cap 2.5 mg	128
isradipine cap 5 mg	128
ISTALOL (timolol maleate (ophth))	321
ISTURISA (osilodrostat phosphate)	223
itraconazole cap 100 mg	59
itraconazole oral soln 10 mg/ml	59
IVERMECTIN (ivermectin (rosacea))	184
ivermectin cream 1%	184
ivermectin lotion 0.5%	184
ivermectin tab 3 mg	77

J

JADENU (deferasirox)	188
JADENU SPRINKLE (deferasirox)	188
JAKAFI (ruxolitinib phosphate)	73
JALYN (dutasteride-tamsulosin hcl)	217
JANUMET (sitagliptin-metformin hcl)	105
JANUMET XR (sitagliptin-metformin hcl)	105
JANUVIA (sitagliptin phosphate)	105
JARDIANCE (empagliflozin)	105
JATENZO (testosterone undecanoate)	229,230
JENLIVA PRENATAL/POSTNATAL (prenatal multivit-min w/fe-fa)	193
JENTADUETO (linagliptin-metformin hcl)	105
JENTADUETO XR (linagliptin-metformin hcl)	105,106
JORNAY PM (methylphenidate hcl)	158
JUBLIA (efinaconazole)	59

JULUCA (dolutegravir sodium-rilpivirine hcl) .	92
JUXTAPID (lomitapide mesylate)	149
JYNARQUE (tolvaptan)	188

K

K-PHOS (potassium phosphate monobasic)	219
K-PHOS NO 2 (potassium & sodium acid phosphates)	219
K-PHOS-NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic) ..	219
K-TAB (potassium chloride)	186
KADIAN (morphine sulfate)	8
KALETRA (lopinavir-ritonavir)	97
KALYDECO (ivacaftor)	331
KAPSPARGO SPRINKLE (metoprolol succinate)	126
KAPVAY (clonidine hcl (adhd))	158
KARBINAL ER (carbinoxamine maleate) ...	327
KATERZIA (amlodipine benzoate)	128
KAYEXALATE (sodium polystyrene sulfonate)	189
KAZANO (alogliptin-metformin hcl)	106
KEFLEX (cephalexin)	27
KENALOG (triamcinolone acetonide (topical))	174
KEPPRA (levetiracetam)	37
KEPPRA XR (levetiracetam)	37
KERALAC (urea)	178
KERYDIN (tavaborole)	59
KESIMPTA (ofatumumab (ms))	165
KETO-DIASTIX (urine glucose-ketones test) ..	291
ketoconazole cream 2%	59
ketoconazole foam 2%	59
ketoconazole foam 2% (KETODAN)	59
ketoconazole shampoo 2%	59
ketoconazole tab 200 mg	59
KETONE TEST (acetone (urine) test)	291
KETOPROFEN	3
ketoprofen cap 50 mg	3
ketoprofen cap 75 mg	3

KETOPROFEN ER.....	3	KROGER BLOOD GLUCOSE TEST (glucose blood).....	292
KETOROLAC TROMETHAMINE.....	3	KROGER HEALTHPRO GLUCOSE TEST (glucose blood).....	292
ketorolac tromethamine ophth soln 0.4%..	320	KROGER HEALTHPRO LANCET 26G.....	292
ketorolac tromethamine ophth soln 0.5%..	320	KROGER INSULIN SYRINGE.....	292
ketorolac tromethamine tab 10 mg.....	3	KROGER LANCETS.....	292
KETOSTIX (acetone (urine) test).....	291	KROGER LANCETS 21G.....	292
KEVEYIS (dichlorphenamide).....	214	KROGER LANCETS MICRO THIN 33G.....	292
KEVZARA (sarilumab).....	258	KROGER LANCETS SUPER THIN.....	292
KHEDEZLA (desvenlafaxine).....	51	KROGER LANCETS THIN.....	292
KINERET (anakinra).....	259	KROGER LANCETS THIN 26G.....	292
KINNEY LANCETS.....	291	KROGER LANCETS ULTRATHIN 30G.....	292
KINNEY THIN LANCETS.....	291	KROGER PEN NEEDLES.....	292
KINRAY INSULIN SYRINGE.....	291	KROGER PREMIUM GLUCOSE TEST (glucose blood).....	292
KISQALI (200 MG DOSE) (ribociclib succinate).....	73	KROGER TEST (glucose blood).....	292
KISQALI (400 MG DOSE) (ribociclib succinate).....	73	KUVAN (sapropterin dihydrochloride).....	214
KISQALI (600 MG DOSE) (ribociclib succinate).....	73	KYNAMRO (mipomersen sodium).....	149
KISQALI FEMARA (400 MG DOSE) (ribociclib succinate-letrozole).....	69	KYNMOBI (apomorphine hydrochloride)....	80
KISQALI FEMARA (600 MG DOSE) (ribociclib succinate-letrozole).....	69		
KISQALI FEMARA(200 MG DOSE) (ribociclib succinate-letrozole).....	69	L	
KITABIS PAK (tobramycin).....	331	labetalol hcl tab 100 mg.....	126
KLARON (sulfacetamide sodium (acne))....	32	labetalol hcl tab 200 mg.....	126
KLONOPIN (clonazepam).....	101	labetalol hcl tab 300 mg.....	126
KLOR-CON M15 (potassium chloride microencapsulated crystals er).....	186	LACRISERT (artificial tear insert).....	316
KMART VALU INSULIN SYRINGE 29G.....	291	LACTULOSE.....	205
KMART VALU INSULIN SYRINGE 30G.....	291	lactulose (encephalopathy) solution 10 gm/15ml (ENULOSE).....	205
KOMBIGLYZE XR (saxagliptin-metformin hcl).....	106	lactulose (encephalopathy) solution 10 gm/15ml (GENERLAC).....	205
KORLYM (mifepristone (hyperglycemia))...	223	lactulose (encephalopathy) solution 10 gm/15ml (LACTULOSE ENCEPHALOPATHY).....	205
KOSELUGO (selumetinib sulfate).....	69	lactulose solution 10 gm/15ml.....	205
KOSHER PRENATAL PLUS IRON (prenatal vit w/ iron carbonyl-folic acid).....	193	lactulose solution 10 gm/15ml (CONSTULOSE).....	205
KRINTAFEL (tafenoquine succinate).....	77	LAMICTAL (lamotrigine).....	37
KRISTALOSE (lactulose).....	205	LAMICTAL ODT (lamotrigine).....	37
		LAMICTAL STARTER (lamotrigine).....	37
		LAMICTAL XR (lamotrigine).....	38
		LAMISIL (terbinafine hcl).....	59

lamivudine oral soln 10 mg/ml.....	95	lamotrigine tab er 24hr 100 mg (LAMOTRIGINE ER).....	39
lamivudine tab 100 mg (hbv).....	90	lamotrigine tab er 24hr 200 mg (LAMOTRIGINE ER).....	39
lamivudine tab 150 mg.....	95	lamotrigine tab er 24hr 25 mg (LAMOTRIGINE ER).....	39
lamivudine tab 300 mg.....	95	lamotrigine tab er 24hr 250 mg (LAMOTRIGINE ER).....	39
lamivudine-zidovudine tab 150-300 mg.....	95	lamotrigine tab er 24hr 300 mg (LAMOTRIGINE ER).....	39
lamotrigine orally disintegrating tab 100 mg	38	lamotrigine tab er 24hr 50 mg (LAMOTRIGINE ER).....	39
lamotrigine orally disintegrating tab 200 mg	38	LAMPIT (nifurtimox).....	77
lamotrigine orally disintegrating tab 25 mg	38	LANCETS.....	292
lamotrigine orally disintegrating tab 50 mg	38	LANCETS 28G.....	292
lamotrigine tab 100 mg.....	38	LANCETS 30G.....	292
lamotrigine tab 100 mg (SUBVENITE).....	38	LANCETS 33G.....	292
lamotrigine tab 150 mg.....	38	LANCETS MICRO THIN 33G.....	292
lamotrigine tab 150 mg (SUBVENITE).....	38	LANCETS SUPER THIN 28G.....	292
lamotrigine tab 200 mg.....	38	LANCETS THIN.....	292
lamotrigine tab 200 mg (SUBVENITE).....	38	LANCETS ULTRA FINE.....	292
lamotrigine tab 25 mg.....	38	LANCETS ULTRA THIN.....	292
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (LAMOTRIGINE STARTER KIT-ORANGE).....	38	LANCETS ULTRA THIN 30G.....	292
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (SUBVENITE STARTER KIT-ORANGE)	38	LANOXIN (digoxin).....	139
lamotrigine tab 25 mg (SUBVENITE).....	38	lansoprazole cap delayed release 30 mg.	212
lamotrigine tab 35 x 25 mg starter kit (LAMOTRIGINE STARTER KIT-BLUE).....	38	lansoprazole tab delayed release orally disintegrating 15 mg.....	212
lamotrigine tab 35 x 25 mg starter kit (SUBVENITE STARTER KIT-BLUE).....	38	lansoprazole tab delayed release orally disintegrating 30 mg.....	212
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (LAMOTRIGINE STARTER KIT-GREEN).....	38	lanthanum carbonate chew tab 1000 mg (elemental).....	188
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (SUBVENITE STARTER KIT-GREEN)...	38	lanthanum carbonate chew tab 500 mg (elemental).....	188
lamotrigine tab chewable dispersible 25 mg.....	39	lanthanum carbonate chew tab 750 mg (elemental).....	188
lamotrigine tab chewable dispersible 5 mg	39	LANTUS (insulin glargine).....	111
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....	39	LANTUS SOLOSTAR (insulin glargine).....	111
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit.....	39	lapatinib ditosylate tab 250 mg (base equiv).....	73
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit.....	39	LASIX (furosemide).....	144
		LASTACAPT (alcaftadine).....	317

LATANOPROST.....	322	levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....	330
latanoprost ophth soln 0.005%.....	322	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	330
LATUDA (lurasidone hcl).....	85	LEVALBUTEROL TARTRATE.....	330
LAZANDA (fentanyl citrate).....	15	LEVAQUIN (levofloxacin).....	32
LEADER INSULIN SYRINGE.....	293	LEVBID (hyoscyamine sulfate).....	208
LEADER UNIFINE PENTIPS.....	293	LEVEMIR (insulin detemir).....	111
LEADER UNIFINE PENTIPS PLUS.....	293	LEVEMIR FLEXTOUCH (insulin detemir).....	111
LEDIPASVIR-SOFOSBUVIR.....	90	levetiracetam oral soln 100 mg/ml.....	39
leflunomide tab 10 mg.....	263	levetiracetam tab 1000 mg.....	39
leflunomide tab 20 mg.....	263	levetiracetam tab 1000 mg (ROWEEPRA)....	39
LENVIMA (10 MG DAILY DOSE) (lenvatinib mesylate).....	73	levetiracetam tab 250 mg.....	39
LENVIMA (12 MG DAILY DOSE) (lenvatinib mesylate).....	73	levetiracetam tab 500 mg.....	39
LENVIMA (14 MG DAILY DOSE) (lenvatinib mesylate).....	73	levetiracetam tab 500 mg (ROWEEPRA)....	39
LENVIMA (18 MG DAILY DOSE) (lenvatinib mesylate).....	74	levetiracetam tab 750 mg.....	39
LENVIMA (20 MG DAILY DOSE) (lenvatinib mesylate).....	74	levetiracetam tab 750 mg (ROWEEPRA)....	39
LENVIMA (24 MG DAILY DOSE) (lenvatinib mesylate).....	74	levetiracetam tab er 24hr 500 mg (LEVETIRACETAM ER).....	39
LENVIMA (4 MG DAILY DOSE) (lenvatinib mesylate).....	74	levetiracetam tab er 24hr 500 mg (ROWEEPRA XR).....	39
LENVIMA (8 MG DAILY DOSE) (lenvatinib mesylate).....	74	levetiracetam tab er 24hr 750 mg (LEVETIRACETAM ER).....	39
LESCOL XL (fluvastatin sodium).....	147	levetiracetam tab er 24hr 750 mg (ROWEEPRA XR).....	39
LETAIRIS (ambrisentan).....	333	LEVITRA (vardenafil hcl).....	219
letrozole tab 2.5 mg.....	71	LEVOBUNOLOL HCL.....	321
leucovorin calcium tab 10 mg.....	69	levobunolol hcl ophth soln 0.5%.....	321
leucovorin calcium tab 15 mg.....	69	levocarnitine oral soln 1 gm/10ml (10%)....	193
leucovorin calcium tab 25 mg.....	70	levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF).....	193
leucovorin calcium tab 5 mg.....	70	levocarnitine tab 330 mg.....	194
LEUKERAN (chlorambucil).....	67	levofloxacin ophth soln 0.5%.....	318
LEUKINE (sargramostim).....	116	levofloxacin oral soln 25 mg/ml.....	32
leuprolide acetate inj kit 5 mg/ml.....	256	levofloxacin tab 250 mg.....	32
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv).....	330	levofloxacin tab 500 mg.....	32
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....	330	levofloxacin tab 750 mg.....	32
		levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (FAYOSIM).....	237

levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (LEVONORGEST-ETH EST & ETH EST)	237
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (RIVELSA)	237
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (AMETHIA LO)	237
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (CAMRESE LO)	237
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY)	237
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (LOJAIMIESS)	237
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (AMETHIA)	237
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (ASHLYNA)	237
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (CAMRESE)	237
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (DAYSEE)	238
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (JAIMIESS)	238
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY)	238
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (SIMPESSE)	238
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (ICLEVIA)	238
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (INTROVALE)	238
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (JOLESSA)	238
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (LEVONORGEST-ETH ESTRAD 91-DAY)	238
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (QUASENSE)	238
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (SETLAKIN)	238
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AFIRMELLE)	238
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AUBRA EQ)	238
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AUBRA)	238
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AVIANE)	238
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (DELYLA)	238
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (FALMINA)	238
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LARISSIA)	238
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LESSINA)	238
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LEVONORGESTREL-ETHINYL ESTRAD)	239
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LUTERA)	239
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (ORSYTHIA)	239
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (SRONYX)	239
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (VIENVA)	239
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ALTavera)	239
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (AYUNA)	239
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CHATEAL EQ)	239
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CHATEAL)	239
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (KURVELO)	239

levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LEVONORGESTREL-ETHINYL ESTRAD).....	239	levothyroxine sodium tab 112 mcg (EUTHYROX).....	251
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LEVORA 0.15/30 (28)).....	239	levothyroxine sodium tab 112 mcg (LEVO-T).....	251
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LILLOW).....	239	levothyroxine sodium tab 112 mcg (LEVOXYL).....	251
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (MARLISSA).....	239	levothyroxine sodium tab 112 mcg (UNITHROID DIRECT).....	251
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (PORTIA-28).....	239	levothyroxine sodium tab 112 mcg (UNITHROID).....	251
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (ENPRESSE-28).....	239	levothyroxine sodium tab 125 mcg.....	252
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONEST).....	239	levothyroxine sodium tab 125 mcg (EUTHYROX).....	252
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONORG-ETH ESTRAD TRIPHASIC).....	239	levothyroxine sodium tab 125 mcg (LEVO-T).....	252
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (MYZILRA).....	239	levothyroxine sodium tab 125 mcg (LEVOXYL).....	252
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (TRIVORA (28)).....	240	levothyroxine sodium tab 125 mcg (UNITHROID DIRECT).....	252
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	240	levothyroxine sodium tab 125 mcg (UNITHROID).....	252
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (AMETHYST).....	240	levothyroxine sodium tab 137 mcg.....	252
LEVORPHANOL TARTRATE.....	8	levothyroxine sodium tab 137 mcg (EUTHYROX).....	252
levorphanol tartrate tab 2 mg.....	8	levothyroxine sodium tab 137 mcg (LEVO-T).....	252
LEVOthyroxine sodium.....	251	levothyroxine sodium tab 137 mcg (LEVOXYL).....	252
levothyroxine sodium tab 100 mcg.....	251	levothyroxine sodium tab 137 mcg (UNITHROID).....	252
levothyroxine sodium tab 100 mcg (EUTHYROX).....	251	levothyroxine sodium tab 150 mcg.....	252
levothyroxine sodium tab 100 mcg (LEVO-T).....	251	levothyroxine sodium tab 150 mcg (EUTHYROX).....	252
levothyroxine sodium tab 100 mcg (LEVOXYL).....	251	levothyroxine sodium tab 150 mcg (LEVO-T).....	252
levothyroxine sodium tab 100 mcg (UNITHROID DIRECT).....	251	levothyroxine sodium tab 150 mcg (LEVOXYL).....	252
levothyroxine sodium tab 100 mcg (UNITHROID).....	251	levothyroxine sodium tab 150 mcg (UNITHROID DIRECT).....	252
levothyroxine sodium tab 112 mcg.....	251	levothyroxine sodium tab 150 mcg (UNITHROID).....	252

levothyroxine sodium tab 175 mcg	252	levothyroxine sodium tab 50 mcg	
levothyroxine sodium tab 175 mcg		(EUTHYROX)	253
(EUTHYROX)	252	levothyroxine sodium tab 50 mcg (LEVO-T)	253
levothyroxine sodium tab 175 mcg (LEVO-		levothyroxine sodium tab 50 mcg	
T)	252	(LEVOXYL)	254
levothyroxine sodium tab 175 mcg		levothyroxine sodium tab 50 mcg (UNITHROID	
(LEVOXYL)	252	DIRECT)	254
levothyroxine sodium tab 175 mcg		levothyroxine sodium tab 50 mcg	
(UNITHROID DIRECT)	253	(UNITHROID)	254
levothyroxine sodium tab 175 mcg		levothyroxine sodium tab 75 mcg	254
(UNITHROID)	253	levothyroxine sodium tab 75 mcg	
levothyroxine sodium tab 200 mcg	253	(EUTHYROX)	254
levothyroxine sodium tab 200 mcg		levothyroxine sodium tab 75 mcg (LEVO-T)	254
(EUTHYROX)	253	levothyroxine sodium tab 75 mcg	
levothyroxine sodium tab 200 mcg (LEVO-		(LEVOXYL)	254
T)	253	levothyroxine sodium tab 75 mcg (UNITHROID	
levothyroxine sodium tab 200 mcg		DIRECT)	254
(LEVOXYL)	253	levothyroxine sodium tab 75 mcg	
levothyroxine sodium tab 200 mcg		(UNITHROID)	254
(UNITHROID DIRECT)	253	levothyroxine sodium tab 88 mcg	254
levothyroxine sodium tab 200 mcg		levothyroxine sodium tab 88 mcg	
(UNITHROID)	253	(EUTHYROX)	254
levothyroxine sodium tab 25 mcg	253	levothyroxine sodium tab 88 mcg (LEVO-T)	254
levothyroxine sodium tab 25 mcg		levothyroxine sodium tab 88 mcg	
(EUTHYROX)	253	(LEVOXYL)	254
levothyroxine sodium tab 25 mcg (LEVO-T)	253	levothyroxine sodium tab 88 mcg (UNITHROID	
levothyroxine sodium tab 25 mcg		DIRECT)	254
(LEVOXYL)	253	levothyroxine sodium tab 88 mcg	
levothyroxine sodium tab 25 mcg (UNITHROID		(UNITHROID)	254
DIRECT)	253	LEVSIN (hyoscyamine sulfate)	208
levothyroxine sodium tab 25 mcg		LEVSIN/SL (hyoscyamine sulfate)	208
(UNITHROID)	253	LEXAPRO (escitalopram oxalate)	51
levothyroxine sodium tab 300 mcg	253	LEXETTE (halobetasol propionate)	174
levothyroxine sodium tab 300 mcg (LEVO-		LEXIVA (fosamprenavir calcium)	97
T)	253	LIALDA (mesalamine)	265
levothyroxine sodium tab 300 mcg		LIBERTY MEDICAL LANCETS	293
(UNITHROID DIRECT)	253	LIBERTY NEXT GENERATION TEST (glucose	
levothyroxine sodium tab 300 mcg		blood)	293
(UNITHROID)	253	LIBERTY TEST (glucose blood)	293
levothyroxine sodium tab 50 mcg	253	LIBRAX (chlordiazepoxide hcl-clidinium	
		bromide)	208

LICART (diclofenac epolamine).....	3	LITETOUCH INSULIN SYRINGE.....	293
lidocaine hcl soln 4%.....	19	LITETOUCH LANCETS.....	293
LIDOCAINE HCL URETHRAL/MUCOSAL.....	19	LITETOUCH PEN NEEDLES.....	293
lidocaine hcl urethral/mucosal gel 2%.....	19	LITHIUM.....	102
lidocaine hcl urethral/mucosal gel prefilled		LITHIUM CARBONATE.....	102
syringe 2%.....	19	lithium carbonate cap 150 mg.....	102
lidocaine hcl urethral/mucosal gel prefilled		lithium carbonate cap 300 mg.....	102
syringe 2% (GLYDO).....	19	lithium carbonate cap 600 mg.....	102
lidocaine hcl viscous soln 2% (LIDOCAINE		lithium carbonate tab 300 mg.....	102
VISCOUS HCL).....	20	lithium carbonate tab er 300 mg (LITHIUM	
lidocaine oint 5%.....	20	CARBONATE ER).....	102
lidocaine oint 5% (LIDOCAINE PAK).....	20	lithium carbonate tab er 450 mg (LITHIUM	
lidocaine oint 5% (PREMIUM LIDOCAINE)....	20	CARBONATE ER).....	102
lidocaine patch 5%.....	20	LITHOBID (lithium carbonate).....	102
lidocaine-prilocaine cream 2.5-2.5%.....	20	LITHOSTAT (acetohydroxamic acid).....	219
LIDODERM (lidocaine).....	20	LIVALO (pitavastatin calcium).....	148
LIFESCAN UNISTIK 2.....	293	LIVE BETTER LANCET SUPER THIN.....	293
LIFESCAN UNISTIK II LANCETS.....	293	LIVE BETTER LANCET ULTRA THIN.....	293
LINDANE.....	184	LO LOESTRIN FE (norethindrone acetate-	
linezolid for susp 100 mg/5ml.....	23	ethinyl estradiol-fe fum (biphasic)).....	240
linezolid tab 600 mg.....	23	LOCOID (hydrocortisone butyrate)....	174,223
LINZESS (linaclotide).....	205	LOCOID LIPOCREAM (hydrocortisone	
liothyronine sodium tab 25 mcg.....	254	butyrate hydrophilic lipo base).....	175
liothyronine sodium tab 5 mcg.....	254	LOCORT 11-DAY (dexamethasone).....	224
liothyronine sodium tab 50 mcg.....	254	LOCORT 7-DAY (dexamethasone).....	224
LIPITOR (atorvastatin calcium).....	148	LODINE (etodolac).....	3
LIPOFEN (fenofibrate).....	146	LODOSYN (carbidopa).....	82
lisinopril & hydrochlorothiazide tab 10-12.5 mg		LOESTRIN FE 1.5/30 (norethin acet & estrad-	
(LISINOPRIL-HYDROCHLOROTHIAZIDE).....	139	fe).....	240
lisinopril & hydrochlorothiazide tab 20-12.5 mg		LOESTRIN FE 1/20 (norethin acet & estrad-	
(LISINOPRIL-HYDROCHLOROTHIAZIDE).....	139	fe).....	240
lisinopril & hydrochlorothiazide tab 20-25 mg		LOFIBRA (fenofibrate micronized).....	147
(LISINOPRIL-HYDROCHLOROTHIAZIDE).....	139	LOKELMA (sodium zirconium cyclosilicate).....	189
lisinopril tab 10 mg.....	122	LOMAIRA (phentermine hcl).....	162
lisinopril tab 2.5 mg.....	122	LOMOTIL (diphenoxylate w/ atropine)....	206
lisinopril tab 20 mg.....	122	LONGS INSULIN SYRINGE.....	293
lisinopril tab 30 mg.....	122	LONGS LANCETS STANDARD.....	293
lisinopril tab 40 mg.....	122	LONGS LANCETS THIN.....	293
lisinopril tab 5 mg.....	122	LONGS LANCETS ULTRA THIN.....	293
LITE TOUCH LANCETS.....	293	LONHALA MAGNAIR REFILL KIT (glycopyrrolate	
LITEAIRE.....	293	(inhalation)).....	328

LONHALA MAGNAIR STARTER KIT (glycopyrrolate (inhalation))	328
LONSURF (trifluridine-tipiracil)	70
LOPID (gemfibrozil)	147
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	97
LOPRESSOR (metoprolol tartrate)	126
LOPRESSOR HCT (metoprolol & hydrochlorothiazide)	139
LOPROX (ciclopirox olamine)	59
LOPROX (ciclopirox)	185
lorazepam conc 2 mg/ml	101
lorazepam conc 2 mg/ml (LORAZEPAM INTENSOL)	101
lorazepam tab 0.5 mg	101
lorazepam tab 1 mg	101
lorazepam tab 2 mg	101
LORBRENA (lorlatinib)	74
LORTAB (hydrocodone-acetaminophen)	15
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (LOSARTAN POTASSIUM-HCTZ)	139
losartan potassium & hydrochlorothiazide tab 100-25 mg (LOSARTAN POTASSIUM-HCTZ)	139
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (LOSARTAN POTASSIUM-HCTZ)	140
losartan potassium tab 100 mg	121
losartan potassium tab 25 mg	121
losartan potassium tab 50 mg	121
LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	240
LOTEMAX (loteprednol etabonate)	320
LOTEMAX SM (loteprednol etabonate)	320
LOTENSIN (benazepril hcl)	122,123
LOTENSIN HCT (benazepril & hydrochlorothiazide)	140
loteprednol etabonate ophth susp 0.5%	320
LOTREL (amlodipine besylate-benazepril hcl)	140
LOTRISONE (clotrimazole w/ betamethasone)	178
LOTRONEX (aloseptron hcl)	206

lovastatin tab 10 mg	148
lovastatin tab 20 mg	148
lovastatin tab 40 mg	148
LOVAZA (omega-3-acid ethyl esters)	149
LOVENOX (enoxaparin sodium)	115
loxapine succinate cap 10 mg	84
loxapine succinate cap 25 mg	84
loxapine succinate cap 5 mg	84
loxapine succinate cap 50 mg	84
LUBIPROSTONE	205
LUCEMYRA (lofexidine hcl)	21
LULICONAZOLE	59
LUMIGAN (bimatoprost)	322
LUNESTA (eszopiclone)	342
LUXIQ (betamethasone valerate)	175
LUZU (luliconazole)	59
LYNPARZA (olaparib)	74
LYRICA (pregabalin)	164
LYRICA CR (pregabalin (once-daily))	164
LYSODREN (mitotane)	70
LYSTEDA (tranexamic acid)	118
LYUMJEV (insulin lispro-aabc)	112
LYUMJEV KWIKPEN (insulin lispro-aabc)	112

M

M-NATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid)	194
M-VIT (prenatal vit w/ ferrous fumarate-folic acid)	194
MACNATAL CN DHA (prenatal w/o vit a w/ fe carbonyl-dss-fa-dha)	194
MACROBID (nitrofurantoin monohyd macro)	23
MACRODANTIN (nitrofurantoin macrocrystal)	24
mafenide acetate packet for topical soln 5% (50 gm)	185
MAGELLAN INSULIN SAFETY SYR	294
MAKENA (hydroxyprogesterone caproate)	249
MALARONE (atovaquone-proguanil hcl)	77,78
malathion lotion 0.5%	184

MAPROTILINE HCL.....	48	MEDICINE SHOPPE PEN NEEDLES.....	294
MARATHON MEDICAL PENTIPS.....	294	MEDISENSE THIN LANCETS.....	294
MARINOL (dronabinol).....	57	MEDLANCE EXTRA 21G.....	294
MARNATAL-F (prenatal without vit a w/ iron polysaccharide complex-fa).....	194	MEDLANCE LITE 25G.....	294
MARPLAN (isocarboxazid).....	49	MEDLANCE PLUS EXTRA 21G.....	294
MATULANE (procarbazine hcl).....	67	MEDLANCE PLUS LANCETS.....	294
MAVENCLAD (10 TABS) (cladribine (multiple sclerosis)).....	165	MEDLANCE PLUS LITE 25G.....	294
MAVENCLAD (4 TABS) (cladribine (multiple sclerosis)).....	165	MEDLANCE PLUS SPECIAL 0.8MM.....	294
MAVENCLAD (5 TABS) (cladribine (multiple sclerosis)).....	165	MEDLANCE PLUS SUPERLITE 30G.....	294
MAVENCLAD (6 TABS) (cladribine (multiple sclerosis)).....	165	MEDLANCE PLUS UNIVERSAL 21G.....	294
MAVENCLAD (7 TABS) (cladribine (multiple sclerosis)).....	166	MEDLANCE UNIVERSAL 21G.....	294
MAVENCLAD (8 TABS) (cladribine (multiple sclerosis)).....	166	MEDROL (methylprednisolone).....	224
MAVENCLAD (9 TABS) (cladribine (multiple sclerosis)).....	166	medroxyprogesterone acetate tab 10 mg.....	249
MAVIK (trandolapril).....	123	medroxyprogesterone acetate tab 2.5 mg.....	249
MAVYRET (glecaprevir-pibrentasvir).....	90	medroxyprogesterone acetate tab 5 mg.....	249
MAXALT (rizatriptan benzoate).....	63	mefenamic acid cap 250 mg.....	3
MAXALT-MLT (rizatriptan benzoate).....	63	MEFLOQUINE HCL.....	78
MAXI-COMFORT INSULIN SYRINGE.....	294	mefloquine hcl tab 250 mg.....	78
MAXI-COMFORT SAFETY PEN NEEDLE.....	294	MEGACE ES (megestrol acetate (appetite)).....	249
MAXICOMFORT II PEN NEEDLE.....	294	MEGACE ORAL (megestrol acetate).....	249
MAXICOMFORT SYR 27G X 1/2".....	294	megestrol acetate susp 40 mg/ml.....	249
MAXIDEX (dexamethasone (ophth)).....	320	megestrol acetate susp 625 mg/5ml.....	249
MAXITROL (neomycin-polymyx-dexameth).....	316	megestrol acetate tab 20 mg.....	249
MAXZIDE (triamterene & hydrochlorothiazide).....	140	megestrol acetate tab 40 mg.....	249
MAXZIDE-25 (triamterene & hydrochlorothiazide).....	140	MEIJER BLOOD GLUCOSE TEST (glucose blood).....	294
MAYZENT (siponimod fumarate).....	166	MEIJER ESSENTIAL GLUCOSE TEST (glucose blood).....	295
MECLOFENAMATE SODIUM.....	3	MEIJER LANCETS.....	295
MEDIC INSULIN SYRINGE.....	294	MEIJER LANCETS THIN.....	295
MEDICHOICE SAFETY LANCET.....	294	MEIJER LANCETS UNIVERSAL 21G.....	295
MEDICHOICE SAFETY LANCET EXTRA.....	294	MEIJER LANCETS UNIVERSAL 30G.....	295
MEDICHOICE SAFETY LANCET NORM.....	294	MEIJER LANCETS UNIVERSAL 33G.....	295
		MEIJER PEN NEEDLES.....	295
		MEIJER PREMIUM GLUCOSE TEST (glucose blood).....	295
		MEIJER SUPER THIN LANCETS.....	295
		MEIJER TRUETEST TEST (glucose blood).....	295
		MEIJER TRUETRACK TEST (glucose blood).....	295
		MEKINIST (trametinib dimethyl sulfoxide).....	74

MEKTOVI (binimetinib).....	74	METAXALONE.....	340
meloxicam cap 10 mg.....	3	metaxalone tab 400 mg.....	340
meloxicam cap 5 mg.....	4	metaxalone tab 800 mg.....	340
meloxicam tab 15 mg.....	4	metaxalone tab 800 mg (METAXALL).....	340
meloxicam tab 7.5 mg.....	4	metformin hcl oral soln 500 mg/5ml.....	106
melphalan tab 2 mg.....	67	metformin hcl tab 1000 mg.....	106
memantine hcl cap er 24hr 14 mg (MEMANTINE HCL ER).....	46	metformin hcl tab 500 mg.....	106
memantine hcl cap er 24hr 21 mg (MEMANTINE HCL ER).....	46	metformin hcl tab 850 mg.....	106
memantine hcl cap er 24hr 28 mg (MEMANTINE HCL ER).....	46	metformin hcl tab er 24hr 500 mg (METFORMIN HCL ER).....	106
memantine hcl cap er 24hr 7 mg (MEMANTINE HCL ER).....	47	metformin hcl tab er 24hr 750 mg (METFORMIN HCL ER).....	106
memantine hcl oral solution 2 mg/ml.....	47	metformin hcl tab er 24hr modified release 1000 mg (METFORMIN HCL ER (MOD)).....	106
memantine hcl tab 10 mg.....	47	metformin hcl tab er 24hr modified release 500 mg (METFORMIN HCL ER (MOD)).....	106
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	47	metformin hcl tab er 24hr osmotic 1000 mg (METFORMIN HCL ER (OSM)).....	106
memantine hcl tab 5 mg.....	47	metformin hcl tab er 24hr osmotic 500 mg (METFORMIN HCL ER (OSM)).....	106
MENEST (esterified estrogens).....	240	METHADONE HCL.....	8
MENOPUR (menotropins).....	227	methadone hcl conc 10 mg/ml.....	8
MENOSTAR (estradiol).....	240	methadone hcl conc 10 mg/ml (METHADONE HCL INTENSOL).....	8
MEPERIDINE HCL.....	15	methadone hcl soln 10 mg/5ml.....	8
meperidine hcl tab 100 mg.....	15	methadone hcl soln 5 mg/5ml.....	8
meperidine hcl tab 50 mg.....	16	methadone hcl tab 10 mg.....	8
MEPHYTON (phytonadione).....	118	methadone hcl tab 5 mg.....	8
meprobamate tab 200 mg.....	99	methadone hcl tab for oral susp 40 mg.....	8
meprobamate tab 400 mg.....	99	methadone hcl tab for oral susp 40 mg (METHADOSE).....	8
MEPRON (atovaquone).....	78	METHADOSE (methadone hcl).....	8
mercaptopurine tab 50 mg.....	69	METHADOSE SUGAR-FREE (methadone hcl) ..	8
mesalamine cap dr 400 mg.....	265	methamphetamine hcl tab 5 mg.....	155
mesalamine cap er 24hr 0.375 gm (MESALAMINE ER).....	265	methazolamide tab 25 mg.....	322
mesalamine enema 4 gm.....	265	methazolamide tab 50 mg.....	322
mesalamine suppos 1000 mg.....	265	methenamine hippurate tab 1 gm.....	24
mesalamine tab delayed release 1.2 gm ..	265	methimazole tab 10 mg.....	257
mesalamine tab delayed release 800 mg ..	266	methimazole tab 5 mg.....	257
MESNEX (mesna).....	76	METHITEST (methyltestosterone).....	230
MESTINON (pyridostigmine bromide).....	65	methocarbamol tab 500 mg.....	340
METADATE CD (methylphenidate hcl).....	158		
METAPROTERENOL SULFATE.....	330		

methocarbamol tab 750 mg.....	340	methylphenidate hcl cap er 24hr 30 mg (xr)	
METHOTREXATE SODIUM.....	263	(METHYLPHENIDATE HCL ER (XR)).....	158
methotrexate sodium inj 50 mg/2ml (25		methylphenidate hcl cap er 24hr 40 mg (la)	
mg/ml).....	263	(METHYLPHENIDATE HCL ER (LA)).....	158
methotrexate sodium inj pf 1000 mg/40ml (25		methylphenidate hcl cap er 24hr 40 mg (xr)	
mg/ml) (METHOTREXATE SODIUM (PF)).....	263	(METHYLPHENIDATE HCL ER (XR)).....	158
methotrexate sodium inj pf 250 mg/10ml (25		methylphenidate hcl cap er 24hr 50 mg (xr)	
mg/ml) (METHOTREXATE SODIUM (PF)).....	263	(METHYLPHENIDATE HCL ER (XR)).....	159
methotrexate sodium inj pf 50 mg/2ml (25		methylphenidate hcl cap er 24hr 60 mg (la)	
mg/ml) (METHOTREXATE SODIUM (PF)).....	263	(METHYLPHENIDATE HCL ER (LA)).....	159
methotrexate sodium tab 2.5 mg (base		methylphenidate hcl cap er 24hr 60 mg (xr)	
equiv).....	263	(METHYLPHENIDATE HCL ER (XR)).....	159
methoxsalen rapid cap 10 mg.....	178	methylphenidate hcl cap er 30 mg (cd)	
methscopolamine bromide tab 2.5 mg....	208	(METHYLPHENIDATE HCL ER (CD)).....	159
methscopolamine bromide tab 5 mg.....	208	methylphenidate hcl cap er 40 mg (cd)	
METHYLCLOTHIAZIDE.....	145	(METHYLPHENIDATE HCL ER (CD)).....	159
methyldopa tab 250 mg.....	119	methylphenidate hcl cap er 50 mg (cd)	
methyldopa tab 500 mg.....	119	(METHYLPHENIDATE HCL ER (CD)).....	159
METHYLDOPA-HYDROCHLOROTHIAZIDE		methylphenidate hcl cap er 60 mg (cd)	
(methyldopa & hydrochlorothiazide).....	140	(METHYLPHENIDATE HCL ER (CD)).....	159
methylergonovine maleate tab 0.2 mg....	295	methylphenidate hcl chew tab 10 mg....	159
methylergonovine maleate tab 0.2 mg		methylphenidate hcl chew tab 2.5 mg....	159
(METHERGINE).....	295	methylphenidate hcl chew tab 5 mg.....	159
METHYLIN (methylphenidate hcl).....	158	METHYLPHENIDATE HCL ER.....	159
methylphenidate hcl cap er 10 mg (cd)		methylphenidate hcl soln 10 mg/5ml.....	159
(METHYLPHENIDATE HCL ER (CD)).....	158	methylphenidate hcl soln 5 mg/5ml.....	159
methylphenidate hcl cap er 20 mg (cd)		methylphenidate hcl tab 10 mg.....	159
(METHYLPHENIDATE HCL ER (CD)).....	158	methylphenidate hcl tab 20 mg.....	159
methylphenidate hcl cap er 24hr 10 mg (la)		methylphenidate hcl tab 5 mg.....	159
(METHYLPHENIDATE HCL ER (LA)).....	158	methylphenidate hcl tab er 10 mg	
methylphenidate hcl cap er 24hr 10 mg (xr)		(METHYLPHENIDATE HCL ER).....	159
(METHYLPHENIDATE HCL ER (XR)).....	158	methylphenidate hcl tab er 20 mg	
methylphenidate hcl cap er 24hr 15 mg (xr)		(METADATE ER).....	159
(METHYLPHENIDATE HCL ER (XR)).....	158	methylphenidate hcl tab er 20 mg	
methylphenidate hcl cap er 24hr 20 mg (la)		(METHYLPHENIDATE HCL ER).....	159
(METHYLPHENIDATE HCL ER (LA)).....	158	methylphenidate hcl tab er 24hr 27 mg	
methylphenidate hcl cap er 24hr 20 mg (xr)		(METHYLPHENIDATE HCL ER).....	160
(METHYLPHENIDATE HCL ER (XR)).....	158	methylphenidate hcl tab er 24hr 36 mg	
methylphenidate hcl cap er 24hr 30 mg (la)		(METHYLPHENIDATE HCL ER).....	160
(METHYLPHENIDATE HCL ER (LA)).....	158	methylphenidate hcl tab er 24hr 54 mg	
		(METHYLPHENIDATE HCL ER).....	160

methyphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER) ..	160
methyphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER) ..	160
methyphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER) ..	160
methyphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER) ..	160
methyprednisolone tab 16 mg	224
methyprednisolone tab 32 mg	224
methyprednisolone tab 4 mg	224
methyprednisolone tab 8 mg	224
methyprednisolone tab therapy pack 4 mg (21)	224
METHYLTESTOSTERONE	230
METIPRANOLOL	321
METOCLOPRAMIDE HCL	55
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	55
metoclopramide hcl tab 10 mg (base equivalent)	55
metoclopramide hcl tab 5 mg (base equivalent)	55
metolazone tab 10 mg	145
metolazone tab 2.5 mg	145
metolazone tab 5 mg	145
metoprolol & hydrochlorothiazide tab 100-25 mg (METOPROLOL-HYDROCHLOROTHIAZIDE)	140
metoprolol & hydrochlorothiazide tab 100-50 mg (METOPROLOL-HYDROCHLOROTHIAZIDE)	140
metoprolol & hydrochlorothiazide tab 50-25 mg (METOPROLOL-HYDROCHLOROTHIAZIDE)	140
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	126
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	127
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	127
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	127
metoprolol tartrate tab 100 mg	127
metoprolol tartrate tab 25 mg	127
metoprolol tartrate tab 37.5 mg	127
metoprolol tartrate tab 50 mg	127
metoprolol tartrate tab 75 mg	127
METOPROLOL-HCTZ ER (metoprolol & hydrochlorothiazide)	140
METOPROLOL-HYDROCHLOROTHIAZIDE (metoprolol & hydrochlorothiazide)	140
METROCREAM (metronidazole (topical))	24
METROGEL (metronidazole (topical))	24
METROGEL-VAGINAL (metronidazole vaginal)	24
METROLOTION (metronidazole (topical))	24
metronidazole cap 375 mg	24
metronidazole cream 0.75%	24
metronidazole cream 0.75% (ROSADAN)	24
metronidazole gel 0.75%	24
metronidazole gel 0.75% (ROSADAN)	24
metronidazole gel 1%	24
metronidazole lotion 0.75%	24
metronidazole tab 250 mg	24
metronidazole tab 500 mg	24
metronidazole vaginal gel 0.75%	24
metronidazole vaginal gel 0.75% (VANDAZOLE)	24
metyrosine cap 250 mg	140
mexiletine hcl cap 150 mg	124
mexiletine hcl cap 200 mg	124
mexiletine hcl cap 250 mg	124
MIACALCIN (calcitonin (salmon))	268
MICARDIS (telmisartan)	121
MICARDIS HCT (telmisartan-hydrochlorothiazide)	140

MICONAZOLE 3 (miconazole nitrate vaginal)	59	minocycline hcl tab er 24hr 115 mg (MINOCYCLINE HCL ER)	35
MICONAZOLE-ZINC OXIDE-PETROLAT (miconazole-zinc oxide-white petrolatum) ..	59	minocycline hcl tab er 24hr 135 mg (COREMINO)	35
MICORT-HC (hydrocortisone acetate (topical))	224	minocycline hcl tab er 24hr 135 mg (MINOCYCLINE HCL ER)	35
MICROCHAMBER	295	minocycline hcl tab er 24hr 45 mg (COREMINO)	35
MICRODOT PEN NEEDLE	295	minocycline hcl tab er 24hr 45 mg (MINOCYCLINE HCL ER)	35
MICRODOT TEST (glucose blood)	295	minocycline hcl tab er 24hr 55 mg (MINOCYCLINE HCL ER)	35
MICROLET LANCETS	295	minocycline hcl tab er 24hr 65 mg (MINOCYCLINE HCL ER)	35
MICROSPACER	295	minocycline hcl tab er 24hr 80 mg (MINOCYCLINE HCL ER)	35
MICROTAINER SAFETY FLOW LANCET	295	minocycline hcl tab er 24hr 90 mg (COREMINO)	35
MICROZIDE (hydrochlorothiazide)	145	minocycline hcl tab er 24hr 90 mg (MINOCYCLINE HCL ER)	35
midodrine hcl tab 10 mg	119	MINOLIRA (minocycline hcl)	35
midodrine hcl tab 2.5 mg	119	minoxidil tab 10 mg	151
midodrine hcl tab 5 mg	119	minoxidil tab 2.5 mg	151
MIGERGOT (ergotamine w/ caffeine)	62	MIRAPEX (pramipexole dihydrochloride)	80
miglitol tab 100 mg	106	MIRAPEX ER (pramipexole dihydrochloride) .	80
miglitol tab 25 mg	106	MIRCERA (methoxy polyethylene glycol-epoetin beta)	116
miglitol tab 50 mg	106	MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	240
miglustat cap 100 mg	214	mirtazapine orally disintegrating tab 15 mg .	48
MIGRANAL (dihydroergotamine mesylate) ..	62	mirtazapine orally disintegrating tab 30 mg .	48
MILLIPRED (prednisolone sodium phosphate)	224	mirtazapine orally disintegrating tab 45 mg .	48
MILLIPRED (prednisolone)	224	mirtazapine tab 15 mg	48
MILLIPRED DP (prednisolone)	224	mirtazapine tab 30 mg	48
MILLIPRED DP 12-DAY (prednisolone)	224	mirtazapine tab 45 mg	48
MINASTRIN 24 FE (norethin acet & estradfe)	240	mirtazapine tab 7.5 mg	48
MINIPRESS (prazosin hcl)	120	MIRVASO (brimonidine tartrate (topical)) ..	169
MINIVELLE (estradiol)	240	misoprostol tab 100 mcg	211
MINOCIN (minocycline hcl)	34	misoprostol tab 200 mcg	211
minocycline hcl cap 100 mg	34	MITIGARE (colchicine)	61
minocycline hcl cap 50 mg	34		
minocycline hcl cap 75 mg	34		
MINOCYCLINE HCL ER	34		
minocycline hcl tab 100 mg	34		
minocycline hcl tab 50 mg	34		
minocycline hcl tab 75 mg	34		
minocycline hcl tab er 24hr 105 mg (MINOCYCLINE HCL ER)	34		

MM EASY TOUCH GLUCOSE (glucose blood).....	295	montelukast sodium oral granules packet 4 mg (base equiv).....	328
MM INSULIN SYRINGE/NEEDLE.....	295	montelukast sodium tab 10 mg (base equiv).....	328
MM PEN NEEDLES.....	295	MONUROL (fosfomycin tromethamine).....	24
MM TWIST LANCETS.....	296	MOORE MONO INSULIN SYRINGE.....	296
MOBIC (meloxicam).....	4	MORPHABOND ER (morphine sulfate).....	8
modafinil tab 100 mg.....	343	MORPHINE SULFATE.....	16
modafinil tab 200 mg.....	343	morphine sulfate cap er 24hr 10 mg (MORPHINE SULFATE ER).....	8
MODERIBA (1000 MG PACK) (ribavirin (hepatitis c)).....	90	morphine sulfate cap er 24hr 100 mg (MORPHINE SULFATE ER).....	9
MODERIBA (1200 MG PACK) (ribavirin (hepatitis c)).....	90	morphine sulfate cap er 24hr 20 mg (MORPHINE SULFATE ER).....	9
MODERIBA (600 MG PACK) (ribavirin (hepatitis c)).....	91	morphine sulfate cap er 24hr 30 mg (MORPHINE SULFATE ER).....	9
MODERIBA (800 MG PACK) (ribavirin (hepatitis c)).....	91	morphine sulfate cap er 24hr 50 mg (MORPHINE SULFATE ER).....	9
moexipril hcl tab 15 mg.....	123	morphine sulfate cap er 24hr 60 mg (MORPHINE SULFATE ER).....	9
moexipril hcl tab 7.5 mg.....	123	morphine sulfate cap er 24hr 80 mg (MORPHINE SULFATE ER).....	9
moexipril-hydrochlorothiazide tab 15-12.5 mg.....	141	MORPHINE SULFATE ER.....	9
moexipril-hydrochlorothiazide tab 15-25 mg.....	141	MORPHINE SULFATE ER BEADS (morphine sulfate beads).....	9
moexipril-hydrochlorothiazide tab 7.5-12.5 mg.....	141	morphine sulfate oral soln 10 mg/5ml.....	16
MOLINDONE HCL.....	84	morphine sulfate oral soln 100 mg/5ml (20 mg/ml) (MORPHINE SULFATE (CONCENTRATE)).....	16
mometasone furoate cream 0.1%.....	224	morphine sulfate oral soln 20 mg/5ml.....	16
mometasone furoate nasal susp 50 mcg/act.....	325	morphine sulfate tab 15 mg.....	16
mometasone furoate oint 0.1%.....	224	morphine sulfate tab 30 mg.....	16
mometasone furoate solution 0.1% (lotion).....	175	morphine sulfate tab er 100 mg (MORPHINE SULFATE ER).....	9
MONODOX (doxycycline (monohydrate)).....	35	morphine sulfate tab er 15 mg (MORPHINE SULFATE ER).....	9
MONOJECT INSULIN SYRINGE.....	296	morphine sulfate tab er 200 mg (MORPHINE SULFATE ER).....	9
MONOJECT ULTRA COMFORT SYRINGE.....	296	morphine sulfate tab er 30 mg (MORPHINE SULFATE ER).....	9
MONOLET LANCETS.....	296		
MONOLET OPD LANCETS.....	296		
MONOLETTOR SAFETY LANCETS.....	296		
montelukast sodium chew tab 4 mg (base equiv).....	327		
montelukast sodium chew tab 5 mg (base equiv).....	327		

morphine sulfate tab er 60 mg (MORPHINE
 SULFATE ER)9
 MOTEGRITY (prucalopride succinate)205
 MOTOFEN (difenoxy w/ atropine)209
 MOVANTIK (naloxegol oxalate)205
 MOVIPREP (peg 3350-kcl-nacl-na sulfate-na
 ascorbate-ascorbic acid)205
 MOXATAG (amoxicillin)29
 MOXEZA (moxifloxacin hcl (ophth))318
 moxifloxacin hcl ophth soln 0.5% (base eq) (2
 times daily) (MOXIFLOXACIN HCL (2X
 DAY))318
 moxifloxacin hcl ophth soln 0.5% (base
 equiv)318
 moxifloxacin hcl tab 400 mg (base equiv) ..32
 MOZOBIL (plerixafor)116
 MPD SAFETY LANCET 21G296
 MPD SAFETY LANCET 23G296
 MPD SAFETY LANCET 28G296
 MPD SAFETY LANCET 30G296
 MS CONTIN (morphine sulfate)9
 MS INSULIN SYRINGE296
 MULPLETA (lusutrombopag)116
 MULTAQ (dronedarone hcl)124
 MULTIVITAMIN/FLUORIDE (multiple vitamins &
 fluoride-folic acid)186
 MULTIVITAMIN/FLUORIDE (pediatric
 multivitamins w/fl)194
 mupirocin calcium cream 2%185
 mupirocin oint 2%185
 MUSE (alprostadil (vasodilator))219
 MYALEPT (metreleptin)209
 MYAMBUTOL (ethambutol hcl)66
 MYCAPSSA (octreotide acetate)256
 MYCOBUTIN (rifabutin)66
 mycophenolate mofetil cap 250 mg263
 mycophenolate mofetil for oral susp 200
 mg/ml263
 mycophenolate mofetil tab 500 mg263
 mycophenolate sodium tab dr 180 mg
 (mycophenolic acid equiv)263

mycophenolate sodium tab dr 360 mg
 (mycophenolic acid equiv)263
 MYDAYIS (amphetamine-
 dextroamphetamine)155
 MYDRIACYL (tropicamide)316
 MYFORTIC (mycophenolate sodium)263
 MYGLUCOHEALTH LANCETS 30G296
 MYGLUCOHEALTH TEST (glucose blood) ...296
 MYLERAN (busulfan)67
 MYNATAL (prenatal multivit-min w/fe-fa) ...194
 MYNATAL (prenatal vit w/ docusate-iron
 carbonyl-folic acid)194
 MYNATAL ADVANCE (prenatal vit w/
 docusate-iron carbonyl-folic acid)194
 MYNATAL PLUS (prenatal vit w/ ferrous
 fumarate-folic acid)194
 MYNATAL-Z (prenatal vit w/ ferrous fumarate-
 folic acid)194
 MYNATE 90 PLUS (prenatal vit w/ docusate-fe
 fumarate-folic acid)194
 MYRBETRIQ (mirabegron)216
 MYSOLINE (primidone)42
 MYTESI (crofelemer)207

N

nabumetone tab 500 mg4
 nabumetone tab 500 mg (RELAFEN)4
 nabumetone tab 750 mg4
 nabumetone tab 750 mg (RELAFEN)4
 nadolol & bendroflumethiazide tab 80-5 mg
 (NADOLOL-BENDROFLUMETHIAZIDE)141
 nadolol tab 20 mg127
 nadolol tab 40 mg127
 nadolol tab 80 mg127
 NADOLOL-BENDROFLUMETHIAZIDE (nadolol &
 bendroflumethiazide)141
 NAFTIFINE HCL59
 naftifine hcl cream 1%59
 naftifine hcl cream 2%59
 naftifine hcl gel 1%59
 NAFTIN (naftifine hcl)59

NALFON (fenoprofen calcium)	4	NATACHEW (prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid)	194
NALOCET (oxycodone w/ acetaminophen)	16	NATACYN (natamycin)	318
NALOXONE HCL	21	NATALVIT (prenatal vit w/ ferrous fumarate- folic acid)	194
naloxone hcl inj 0.4 mg/ml	21	NATAZIA (estradiol valerate-dienogest)	240
naloxone hcl inj 4 mg/10ml	21	nateglinide tab 120 mg	106
naloxone hcl soln prefilled syringe 2 mg/2ml	21	nateglinide tab 60 mg	106
naltrexone hcl tab 50 mg	21	NATELLE ONE (prenatal without vit a w/ fe fum-fa-omega fatty acids)	194
NAMENDA (memantine hcl)	47	NATESTO (testosterone)	230
NAMENDA TITRATION PAK (memantine hcl)	47	NATPARA (parathyroid hormone (recombinant))	268
NAMENDA XR (memantine hcl)	47	NATROBA (spinosad)	184
NAMENDA XR TITRATION PACK (memantine hcl)	47	NATURE-THROID (thyroid)	254
NAMZARIC (memantine hcl-donepezil hcl)	45	NAYZILAM (midazolam (anticonvulsant))	20
NAPRELAN (naproxen sodium)	4	NEBUSAL (sodium chloride (inhalant))	337
NAPROSYN (naproxen)	4	NECON 1/50 (28) (norethindrone & mestranol)	240
NAPROXEN SODIUM ER	4	NECON 10/11 (28) (norethindrone-eth estradiol (biphasic))	240
naproxen sodium tab 275 mg	4	NEEVO DHA (prenatal without vit a w/ fe fumarate-l methylfolate-omegas)	194
naproxen sodium tab 550 mg	4	NEFAZODONE HCL	51
naproxen sodium tab er 24hr 375 mg (base equiv) (NAPROXEN SODIUM ER)	4	nefazodone hcl tab 250 mg	51
naproxen sodium tab er 24hr 500 mg (base equiv) (NAPROXEN SODIUM ER)	4	nefazodone hcl tab 50 mg	51
naproxen susp 125 mg/5ml	4	NEO-SYNALAR (neomycin sulfate-fluocinolone acetone)	178
naproxen tab 250 mg	4	neomycin sulfate tab 500 mg	22
naproxen tab 375 mg	4	neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin (NEO-POLYCIN)	316
naproxen tab 500 mg	4	neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin (NEOMYCIN- BACITRACIN ZN-POLYMYX)	316
naproxen tab ec 375 mg	4	NEOMYCIN-POLYMYXIN B GU (neomycin/polymyxin b gu)	24
naproxen tab ec 375 mg (EC-NAPROXEN)	4	neomycin-polymyxin b gu irrigation soln	24
naproxen tab ec 500 mg	4	neomycin-polymyxin-dexamethasone ophth oint 0.1%	316
naproxen tab ec 500 mg (EC-NAPROXEN)	5	neomycin-polymyxin-dexamethasone ophth susp 0.1%	316
naproxen-esomeprazole magnesium tab dr 375-20 mg	5		
naproxen-esomeprazole magnesium tab dr 500-20 mg	5		
naratriptan hcl tab 1 mg (base equiv)	64		
naratriptan hcl tab 2.5 mg (base equiv)	64		
NARCAN (naloxone hcl)	21		
NARDIL (phenelzine sulfate)	49		
NASCOBAL (cyanocobalamin)	194		
NASONEX (mometasone furoate (nasal))	325		

NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	316	NEXA PLUS (prenatal w/o vit a w/fe fumarate-docusate ca-folic acid-dha).....	195
NEOMYCIN-POLYMYXIN-HC (neomycin-polymyxin-hc (ophth)).....	316	NEXAVAR (sorafenib tosylate).....	74
neomycin-polymyxin-hc otic soln 1%.....	324	NEXGEN TEST (glucose blood).....	296
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	324	NEXIUM (esomeprazole magnesium).....	212
NEONATAL 19 (prenatal vitamin-folic acid)	194	NEXLETOL (bempedoic acid).....	141
NEONATAL COMPLETE (prenatal vit w/ ferrous fumarate-folic acid).....	195	NEXLIZET (bempedoic acid-ezetimibe).....	149
NEONATAL FE (prenatal multivitamins w/ iron-folic acid).....	195	NIACIN (ANTIHYPERTENSIVE).....	149
NEONATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	195	niacin tab er 1000 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERTENSIVE)).....	149
NEORAL (cyclosporine modified (for microemulsion)).....	263	niacin tab er 500 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERTENSIVE)).....	149
NEOSPORIN GU IRRIGANT (neomycin/polymyxin b gu).....	24	niacin tab er 750 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERTENSIVE)).....	150
NEPTAZANE (methazolamide).....	322	NIACOR (niacin (antihyperlipidemic)).....	150
NERLYNX (neratinib maleate).....	74	NIASPAN (niacin (antihyperlipidemic)).....	150
NESINA (alogliptin benzoate).....	106	nicardipine hcl cap 20 mg.....	128
NESTABS (prenatal vit without vit a w/ fe bisglycinate-folic acid).....	195	nicardipine hcl cap 30 mg.....	128
NESTABS ONE (prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha).....	195	NICOTROL (nicotine).....	22
NETGROUP LANCETS.....	296	NICOTROL NS (nicotine).....	22
NEULASTA (pegfilgrastim).....	117	nifedipine cap 10 mg.....	128
NEUPOGEN (filgrastim).....	117	nifedipine cap 20 mg.....	128
NEUPRO (rotigotine).....	80	nifedipine tab er 24hr 30 mg (AFEDITAB CR).....	128
NEURONTIN (gabapentin).....	42	nifedipine tab er 24hr 30 mg (NIFEDIPINE ER).....	128
NEUTEK 2TEK TEST (glucose blood).....	296	nifedipine tab er 24hr 60 mg (AFEDITAB CR).....	128
NEVANAC (nepafenac).....	320	nifedipine tab er 24hr 60 mg (NIFEDIPINE ER).....	129
NEVIRAPINE ER.....	93	nifedipine tab er 24hr 90 mg (NIFEDIPINE ER).....	129
nevirapine susp 50 mg/5ml.....	93	nifedipine tab er 24hr osmotic release 30 mg (NIFEDIPINE ER OSMOTIC RELEASE).....	129
nevirapine tab 200 mg.....	93	nifedipine tab er 24hr osmotic release 60 mg (NIFEDIPINE ER OSMOTIC RELEASE).....	129
nevirapine tab er 24hr 100 mg (NEVIRAPINE ER).....	93	nifedipine tab er 24hr osmotic release 90 mg (NIFEDIPINE ER OSMOTIC RELEASE).....	129
nevirapine tab er 24hr 400 mg (NEVIRAPINE ER).....	93	NILANDRON (nilutamide).....	68
NEWGEN (prenatal vit without vit a w/ fe bisglycinate-folic acid).....	195	nilutamide tab 150 mg.....	68
		nimodipine cap 30 mg.....	129

NINLARO (ixazomib citrate).....	70	nitroglycerin td patch 24hr 0.6 mg/hr.....	152
NISOLDIPINE ER.....	129	nitroglycerin td patch 24hr 0.6 mg/hr (MINITRAN).....	152
nisoldipine tab er 24hr 17 mg (NISOLDIPINE ER).....	129	nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	152
nisoldipine tab er 24hr 34 mg (NISOLDIPINE ER).....	129	NITROLINGUAL (nitroglycerin).....	152
nisoldipine tab er 24hr 8.5 mg (NISOLDIPINE ER).....	129	NITROMIST (nitroglycerin).....	152
nitazoxanide tab 500 mg.....	78	NITROSTAT (nitroglycerin).....	152
nitisinone cap 10 mg.....	214	NITYR (nitisinone).....	214
nitisinone cap 2 mg.....	214	NIVA-PLUS (prenatal vit w/ ferrous fumarate- folic acid).....	195
nitisinone cap 5 mg.....	214	NIVESTYM (filgrastim-aafi).....	117
NITRO-BID (nitroglycerin).....	151	NIZATIDINE.....	210
NITRO-DUR (nitroglycerin).....	151, 152	nizatidine cap 150 mg.....	211
NITRO-TIME (nitroglycerin).....	152	nizatidine cap 300 mg.....	211
nitrofurantoin macrocrystalline cap 100 mg.....	24	NIZORAL (ketoconazole (topical)).....	59
nitrofurantoin macrocrystalline cap 25 mg.....	24	NOCDURNA (desmopressin acetate).....	227
nitrofurantoin macrocrystalline cap 50 mg.....	24	NOCTIVA (desmopressin acetate).....	227
nitrofurantoin monohydrate macrocrystalline cap 100 mg (NITROFURANTOIN MONOHD MACRO).....	25	NORCO (hydrocodone-acetaminophen).....	16
nitrofurantoin susp 25 mg/5ml.....	25	NORDITROPIN FLEXPPO (somatropin).....	228
NITROGLYCERIN.....	152	norethindrone & ethinyl estradiol tab 0.4 mg- 35 mcg (BALZIVA).....	240
nitroglycerin cap er 2.5 mg (NITROGLYCERIN ER).....	152	norethindrone & ethinyl estradiol tab 0.4 mg- 35 mcg (BRIELLYN).....	240
nitroglycerin cap er 6.5 mg (NITROGLYCERIN ER).....	152	norethindrone & ethinyl estradiol tab 0.4 mg- 35 mcg (GILDAGIA).....	240
nitroglycerin cap er 9 mg (NITROGLYCERIN ER).....	152	norethindrone & ethinyl estradiol tab 0.4 mg- 35 mcg (PHILITH).....	240
nitroglycerin sl tab 0.3 mg.....	152	norethindrone & ethinyl estradiol tab 0.4 mg- 35 mcg (VYFEMLA).....	241
nitroglycerin sl tab 0.4 mg.....	152	norethindrone & ethinyl estradiol tab 0.4 mg- 35 mcg (ZENCHENT).....	241
nitroglycerin sl tab 0.6 mg.....	152	norethindrone & ethinyl estradiol tab 0.5 mg- 35 mcg (NECON 0.5/35 (28)).....	241
nitroglycerin td patch 24hr 0.1 mg/hr.....	152	norethindrone & ethinyl estradiol tab 0.5 mg- 35 mcg (NORTREL 0.5/35 (28)).....	241
nitroglycerin td patch 24hr 0.1 mg/hr (MINITRAN).....	152	norethindrone & ethinyl estradiol tab 0.5 mg- 35 mcg (WERA).....	241
nitroglycerin td patch 24hr 0.2 mg/hr.....	152	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (ALYACEN 1/35).....	241
nitroglycerin td patch 24hr 0.2 mg/hr (MINITRAN).....	152		
nitroglycerin td patch 24hr 0.4 mg/hr.....	152		
nitroglycerin td patch 24hr 0.4 mg/hr (MINITRAN).....	152		

norethindrone & ethinyl estradiol tab 1 mg-35 mcg (CYCLAFEM 1/35).....	241
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (DASETTA 1/35).....	241
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (NORTREL 1/35 (21)).....	241
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (NORTREL 1/35 (28)).....	241
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (PIRMELLA 1/35).....	241
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (NORETHIN-ETH ESTRADIOL-FE).....	241
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (WYMZYA FE).....	241
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (ZENCHENT FE).....	241
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (KAITLIB FE).....	241
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (LAYOLIS FE).....	241
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (NORETHIN-ETH ESTRADIOL-FE).....	241
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (TILIA FE).....	241
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (TRI-LEGEST FE).....	242
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (AUROVELA 1/20).....	242
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (JUNEL 1/20).....	242
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (LARIN 1/20).....	242
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (LOESTRIN 1/20 (21)).....	242
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (MICROGESTIN 1/20).....	242
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (NORETHINDRONE ACET-ETHINYL EST).....	242
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (AUROVELA 1.5/30).....	242
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (HAILEY 1.5/30).....	242
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (JUNEL 1.5/30).....	242
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (LARIN 1.5/30).....	242
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (LOESTRIN 1.5/30 (21)).....	242
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (MICROGESTIN 1.5/30).....	242
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (NORETHINDRONE ACET-ETHINYL EST).....	242
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (AUROVELA FE 1/20).....	242
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (BLISOVI FE 1/20).....	242
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (HAILEY FE 1/20).....	242
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (JUNEL FE 1/20).....	242
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (LARIN FE 1/20).....	242
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (LOESTRIN FE 1/20).....	243
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (MICROGESTIN FE 1/20).....	243
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (NORETHIN ACE-ETH ESTRAD-FE).....	243
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (TARINA FE 1/20 EQ).....	243
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (TARINA FE 1/20).....	243
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (AUROVELA FE 1.5/30).....	243
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (BLISOVI FE 1.5/30).....	243

norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (HAILEY FE 1.5/30)	243	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (LARIN 24 FE)	244
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (JUNEL FE 1.5/30)	243	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (LOMEDIA 24 FE)	244
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (LARIN FE 1.5/30)	243	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (MICROGESTIN 24 FE)	244
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (LOESTRIN FE 1.5/30)	243	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD- FE)	244
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (MICROGESTIN FE 1.5/30)	243	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (TARINA 24 FE)	244
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (NORETHIN ACE-ETH ESTRAD- FE)	243	norethindrone acetate tab 5 mg	249
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (CHARLOTTE 24 FE)	243	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (FYAVOLV)	244
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (MELODETTA 24 FE)	243	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (JEVANTIQUE LO)	244
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (MIBELAS 24 FE)	243	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (NORETHINDRONE-ETH ESTRADIOL)	244
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE)	243	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (FYAVOLV)	244
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (NORETHINDRONE ACET- ETHINYL EST)	243	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (JINTELI)	244
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (GEMMILY)	244	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (NORETHINDRONE-ETH ESTRADIOL)	244
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (MERZEE)	244	norethindrone tab 0.35 mg	249
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD- FE)	244	norethindrone tab 0.35 mg (CAMILA)	249
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (AUROVELA 24 FE)	244	norethindrone tab 0.35 mg (DEBLITANE)	249
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (BLISOVI 24 FE)	244	norethindrone tab 0.35 mg (ERRIN)	249
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (HAILEY 24 FE)	244	norethindrone tab 0.35 mg (HEATHER)	249
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (JUNEL FE 24)	244	norethindrone tab 0.35 mg (INCASSIA)	249
		norethindrone tab 0.35 mg (JENCYCLA)	249
		norethindrone tab 0.35 mg (JOLIVETTE)	250
		norethindrone tab 0.35 mg (LYLEQ)	250
		norethindrone tab 0.35 mg (LYZA)	250
		norethindrone tab 0.35 mg (NORA-BE)	250
		norethindrone tab 0.35 mg (NORLYDA)	250
		norethindrone tab 0.35 mg (NORLYROC)	250
		norethindrone tab 0.35 mg (SHAROBEL)	250
		norethindrone tab 0.35 mg (TULANA)	250

norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (ALYACEN 7/7/7)	245
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (CYCLAFEM 7/7/7)	245
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (DASETTA 7/7/7)	245
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NECON 7/7/7)	245
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NORTREL 7/7/7)	245
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NYLIA 7/7/7)	245
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (PIRMELLA 7/7/7)	245
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (ARANELLE)	245
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (LEENA)	245
NORGESIC FORTE (orphenadrine w/ aspirin & caff)	340
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (ESTARYLLA)	245
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (FEMYNOR)	245
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MILI)	245
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONO-LINYAH)	245
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONONESSA)	245
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NORGESTIMATE-ETH ESTRADIOL) . .	245
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NYMYO)	245
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (PREVIFEM)	245
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (SPRINTEC 28)	246
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (VYLIBRA)	246
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC)	246
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-ESTARYLLA) . . .	246
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MARZIA)	246
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MILI)	246
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-SPRINTEC)	246
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-VYLIBRA LO)	246
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRINESSA LO)	246
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC)	246
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI FEMYNOR)	246
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-ESTARYLLA)	246
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-LINYAH)	246
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-MILI)	246
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-NYMYO)	247
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-PREVIFEM)	247
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-SPRINTEC)	247
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-VYLIBRA)	247
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRINESSA (28))	247
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (CRYSELLE-28)	247
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (ELINEST)	247

norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (LOW-OGESTREL)	247	NOVOLIN N FLEXPEN RELION (insulin nph (human) (isophane))	112
NORINYL 1+35 (28) (norethindrone & eth estradiol)	247	NOVOLIN N RELION (insulin nph (human) (isophane))	112
NORITATE (metronidazole (topical))	25	NOVOLIN R (insulin regular (human))	112
NORPACE (disopyramide phosphate)	124	NOVOLIN R FLEXPEN (insulin regular (human))	112
NORPACE CR (disopyramide phosphate) ..	124	NOVOLIN R FLEXPEN RELION (insulin regular (human))	112
NORPRAMIN (desipramine hcl)	54	NOVOLIN R RELION (insulin regular (human))	112
NORTHERA (droxidopa)	119	NOVOLOG (insulin aspart)	112
NORTRIPTYLINE HCL	54	NOVOLOG FLEXPEN (insulin aspart)	112
nortriptyline hcl cap 10 mg	54	NOVOLOG MIX 70/30 (insulin aspart protamine & aspart (human))	112
nortriptyline hcl cap 25 mg	54	NOVOLOG MIX 70/30 FLEXPEN (insulin aspart protamine & aspart (human))	113
nortriptyline hcl cap 50 mg	54	NOVOLOG PENFILL (insulin aspart)	113
nortriptyline hcl cap 75 mg	54	NOVOPEN ECHO	297
nortriptyline hcl soln 10 mg/5ml	54	NOVOTWIST	297
NORVASC (amlodipine besylate)	129	NOXAFIL (posaconazole)	60
NORVIR (ritonavir)	97	NUBEQA (darolutamide)	68
NOURIANZ (istradefylline)	79	NUCALA (mepolizumab)	337
NOVA MAX GLUCOSE TEST (glucose blood)	296	NUCYNTA (tapentadol hcl)	16
NOVA MAX PLUS KETONE TEST (ketone blood test)	296	NUCYNTA ER (tapentadol hcl)	10
NOVA SAFETY LANCETS 23G	296	NUDEXTA (dextromethorphan hbr-quinidine sulfate)	162
NOVA SAFETY LANCETS 28G	297	NULYTELY LEMON-LIME (peg 3350-potassium chloride-sod bicarbonate-sod chloride) ...	205
NOVA SUREFLEX LANCETS	297	NULYTELY WITH FLAVOR PACKS (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	205
NOVAREL (chorionic gonadotropin)	228	NUPLAZID (pimavanserin tartrate)	85,86
NOVOFINE	297	NURTEC (rimegepant sulfate)	62
NOVOFINE AUTOCOVER	297	NUTROPIN AQ NUSPIN 10 (somatropin)	228
NOVOFINE PLUS	297	NUTROPIN AQ NUSPIN 20 (somatropin)	228
NOVOLIN 70/30 (insulin nph isophane & reg (human))	112	NUTROPIN AQ NUSPIN 5 (somatropin)	228
NOVOLIN 70/30 FLEXPEN (insulin nph isophane & reg (human))	112	NUVARING (etonogestrel-ethinyl estradiol) ..	247
NOVOLIN 70/30 FLEXPEN RELION (insulin nph isophane & reg (human))	112	NUVESSA (metronidazole vaginal)	25
NOVOLIN 70/30 RELION (insulin nph isophane & reg (human))	112	NUVIGIL (armodafinil)	343
NOVOLIN N (insulin nph (human) (isophane))	112	NUZYRA (omadacycline tosylate)	35
NOVOLIN N FLEXPEN (insulin nph (human) (isophane))	112		

NYMALIZE (nimodipine)	129
nystatin cream 100000 unit/gm	60
nystatin oint 100000 unit/gm	60
nystatin susp 100000 unit/ml	60
nystatin tab 500000 unit	60
nystatin topical powder 100000 unit/gm	60
nystatin topical powder 100000 unit/gm (NYAMYC)	60
nystatin topical powder 100000 unit/gm (NYATA)	60
nystatin topical powder 100000 unit/gm (NYSTOP)	60
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	178
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	179
NYVEPRIA (pegfilgrastim-apgf)	117

O

O-CAL FA (prenatal vit w/ ferrous fumarate- folic acid)	195
O-CAL PRENATAL (prenatal vit w/ ferrous fumarate-folic acid)	195
OB COMPLETE (prenatal vit w/ iron carbonyl- folic acid)	195
OB COMPLETE ONE (prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil)	195
OB COMPLETE PETITE (prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3)	195
OB COMPLETE PREMIER (prenatal vit w/ iron carbonyl-fe aspart glycinate-fa)	195
OB COMPLETE/DHA (prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid)	195
OBREDON (hydrocodone-guaifenesin)	337
OBSTETRIX EC (prenatal vit w/ docusate-iron carbonyl-folic acid)	195
OBSTETRIX ONE (prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha)	195
OALIVA (obeticholic acid)	209
OCTREOTIDE ACETATE	256
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	256
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	256
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	256
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	257
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	257
OCUFEN (flurbiprofen sodium)	320
OCUFLOX (ofloxacin (ophth))	318
ODACTRA (dust mite mixed allergen extract)	297
ODEFSEY (emtricitabine- rilpivirine-tenofovir alafenamide fumarate)	93
ODOMZO (sonidegib phosphate)	74
OFEV (nintedanib esylate)	334
OFLOXACIN	32
ofloxacin ophth soln 0.3%	318
ofloxacin otic soln 0.3%	324
ofloxacin tab 400 mg	32
OGESTREL (norgestrel & ethinyl estradiol) ..	247
olanzapine orally disintegrating tab 10 mg ..	86
olanzapine orally disintegrating tab 15 mg ..	86
olanzapine orally disintegrating tab 20 mg ..	86
olanzapine orally disintegrating tab 5 mg	86
olanzapine tab 10 mg	86
olanzapine tab 15 mg	86
olanzapine tab 2.5 mg	86
olanzapine tab 20 mg	86
olanzapine tab 5 mg	86
olanzapine tab 7.5 mg	86
olanzapine-fluoxetine hcl cap 12-25 mg	48
olanzapine-fluoxetine hcl cap 12-50 mg	48
olanzapine-fluoxetine hcl cap 3-25 mg	48
olanzapine-fluoxetine hcl cap 6-25 mg	48
olanzapine-fluoxetine hcl cap 6-50 mg	48
olmesartan medoxomil tab 20 mg	121
olmesartan medoxomil tab 40 mg	121
olmesartan medoxomil tab 5 mg	121

olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (OLMESARTAN MEDOXOMIL- HCTZ).....	141
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (OLMESARTAN MEDOXOMIL- HCTZ).....	141
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (OLMESARTAN MEDOXOMIL- HCTZ).....	141
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (OLMESARTAN-AMLODIPINE- HCTZ).....	141
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (OLMESARTAN- AMLODIPINE-HCTZ).....	141
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (OLMESARTAN-AMLODIPINE- HCTZ).....	141
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (OLMESARTAN-AMLODIPINE- HCTZ).....	141
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (OLMESARTAN-AMLODIPINE- HCTZ).....	141
olopatadine hcl nasal soln 0.6%.....	327
OLUMIANT (baricitinib).....	259
OLUX (clobetasol propionate).....	175
OLUX-E (clobetasol propionate emulsion) ..	175
OLYSIO (simeprevir sodium).....	91
OMECLAMOX-PAK (amoxicillin-clarithromycin w/ omeprazole).....	210
omega-3-acid ethyl esters cap 1 gm.....	150
omega-3-acid ethyl esters cap 1 gm (TRIKLO).....	150
omeprazole cap delayed release 10 mg..	212
omeprazole cap delayed release 20 mg..	212
omeprazole cap delayed release 40 mg..	212
omeprazole-sodium bicarbonate cap 40-1100 mg.....	212
omeprazole-sodium bicarbonate cap 40-1100 mg (OMEPII).....	212
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg.....	212
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg.....	212
OMNARIS (ciclesonide (nasal)).....	325
OMNIFLEX DIAPHRAGM (diaphragms).....	297
OMNIPOD 10 PACK.....	297
OMNIPOD 5 PACK.....	297
OMNIPOD DASH 5 PACK PODS.....	297
OMNIPOD DASH SYSTEM.....	297
OMNIPRED (prednisolone acetate (ophth)).....	320
OMNITROPE (somatropin).....	228
ON CALL EXPRESS BLOOD GLUCOSE (glucose blood).....	297
ON CALL LANCETS.....	297
ON CALL PLUS BLOOD GLUCOSE (glucose blood).....	297
ON CALL PLUS LANCETS.....	297
ON CALL VIVID BLOOD GLUCOSE (glucose blood).....	297
ONDANSETRON HCL.....	57
ondansetron hcl oral soln 4 mg/5ml.....	57
ondansetron hcl tab 24 mg.....	57
ondansetron hcl tab 4 mg.....	57
ondansetron hcl tab 8 mg.....	57
ondansetron orally disintegrating tab 4 mg.	57
ondansetron orally disintegrating tab 8 mg.	57
ONE DROP TEST (glucose blood).....	297
ONE VITE WOMENS PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	196
ONETOUCH CLUB LANCETS FINE PT.....	297
ONETOUCH COMBO PACK.....	297
ONETOUCH DELICA LANCETS 30G.....	297
ONETOUCH DELICA LANCETS 33G.....	297
ONETOUCH DELICA PLUS LANCET30G.....	297
ONETOUCH DELICA PLUS LANCET33G.....	297
ONETOUCH FINEPOINT LANCETS.....	297
ONETOUCH ULTRA (glucose blood).....	297
ONETOUCH ULTRASOFT LANCETS.....	298
ONETOUCH VERIO (glucose blood).....	298

ONEXTON (clindamycin phosphate-benzoyl peroxide).....	169	ORFADIN (nitisinone).....	214
ONFI (clobazam).....	42	ORGOVYX (relugolix).....	257
ONGENTYS (opicapone).....	79	ORIAHNN (elagolix sodium-estradiol-norethindrone acetate).....	228
ONGLYZA (saxagliptin hcl).....	106	ORLISSA (elagolix sodium).....	257
ONMEL (itraconazole).....	60	ORKAMBI (lumacaftor-ivacaftor).....	331
ONUREG (azacitidine).....	70	ORLADEYO (berotralstat hcl).....	258
ONZETRA XSAIL (sumatriptan succinate)....	64	orphenadrine citrate tab er 12hr 100 mg (ORPHENADRINE CITRATE ER).....	340
OPANA (oxymorphone hcl).....	16	orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (ORPHENADRINE-ASA-CAFFEINE).....	340
OPANA ER (oxymorphone hcl).....	10	orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (ORPHENGESIC FORTE).....	341
OPSUMIT (macitentan).....	333	ORPHENADRINE-ASPIRIN-CAFFEINE (orphenadrine w/ aspirin & caff).....	341
OPTICHAMBER ADVANTAGE-LG MASK.....	298	ORPHENGESIC FORTE (orphenadrine w/ aspirin & caff).....	341
OPTICHAMBER ADVANTAGE-MED MASK....	298	ORTHO MICRONOR (norethindrone (contraceptive)).....	250
OPTICHAMBER ADVANTAGE-SM MASK.....	298	ORTHO TRI-CYCLEN (28) (norgestimate-ethinyl estradiol (triphasic)).....	247
OPTICHAMBER DIAMOND.....	298	ORTHO TRI-CYCLEN LO (norgestimate-ethinyl estradiol (triphasic)).....	247
OPTICHAMBER DIAMOND-LG MASK.....	298	ORTHO-CYCLEN (28) (norgestimate-ethinyl estradiol).....	247
OPTICHAMBER DIAMOND-MD MASK.....	298	ORTHO-NOVUM 1/35 (28) (norethindrone & eth estradiol).....	247
OPTICHAMBER DIAMOND-SM MASK.....	298	ORTHO-NOVUM 7/7/7 (28) (norethindrone-eth estradiol (triphasic)).....	247
OPTICHAMBER FACE MASK-LARGE.....	298	ORTIKOS (budesonide).....	266
OPTICHAMBER FACE MASK-MEDIUM.....	298	oseltamivir phosphate cap 30 mg (base equiv).....	98
OPTICHAMBER FACE MASK-SMALL.....	298	oseltamivir phosphate cap 45 mg (base equiv).....	98
OPTIHALER.....	298	oseltamivir phosphate cap 75 mg (base equiv).....	98
OPTIUM TEST (glucose blood).....	298	oseltamivir phosphate for susp 6 mg/ml (base equiv).....	98
OPTIUMEZ TEST (glucose blood).....	298	OSENI (alogliptin-pioglitazone).....	107
OPTUMRX BLOOD GLUCOSE TEST (glucose blood).....	298	OSMOLEX ER (amantadine hcl).....	79,298
ORACEA (doxycycline (rosacea)).....	35		
ORACIT (sodium citrate & citric acid).....	219		
ORALAIR (grass mixed pollens allergen extract).....	337		
ORALAIR ADULT SAMPLE KIT (grass mixed pollens allergen extract).....	337		
ORALAIR ADULT STARTER PACK (grass mixed pollens allergen extract).....	337		
ORAP (pimozide).....	84		
ORAPRED ODT (prednisolone sodium phosphate).....	224		
ORAVIG (miconazole (mouth-throat)).....	60		
ORENCIA (abatacept).....	259		
ORENCIA CLICKJECT (abatacept).....	259		
ORENITRAM (treprostinil diolamine).....	333		

OSMOPREP (sodium phosphate monobasic-sodium phosphate dibasic).....	205	oxybutynin chloride tab er 24hr 5 mg (OXYBUTYNIN CHLORIDE ER).....	217
OSPHERA (ospemifene).....	250	oxycodone hcl cap 5 mg.....	16
OTEZLA (apremilast).....	179,259	oxycodone hcl conc 100 mg/5ml (20 mg/ml).....	16
OTOVEL (ciprofloxacin-fluocinolone acetone).....	324	OXYCODONE HCL ER.....	10
OTREXUP (methotrexate (antirheumatic))..	263	oxycodone hcl soln 5 mg/5ml.....	16
OVACE PLUS (sulfacetamide sodium).....	179	oxycodone hcl tab 10 mg.....	16
OVACE PLUS WASH (sulfacetamide sodium).....	179	oxycodone hcl tab 15 mg.....	16
OVACE WASH (sulfacetamide sodium)....	179	oxycodone hcl tab 20 mg.....	17
OVCON-35 (28) (norethindrone & eth estradiol).....	247	oxycodone hcl tab 30 mg.....	17
OVIDE (malathion).....	184	oxycodone hcl tab 5 mg.....	17
OVIDREL (choriogonadotropin alfa).....	228	oxycodone w/ acetaminophen tab 10-325 mg (ENDOCET).....	17
OXANDRIN (oxandrolone).....	229	oxycodone w/ acetaminophen tab 10-325 mg (OXYCODONE-ACETAMINOPHEN).....	17
oxandrolone tab 10 mg.....	229	oxycodone w/ acetaminophen tab 2.5-325 mg (ENDOCET).....	17
oxandrolone tab 2.5 mg.....	229	oxycodone w/ acetaminophen tab 2.5-325 mg (OXYCODONE-ACETAMINOPHEN).....	17
oxaprozin tab 600 mg.....	5	oxycodone w/ acetaminophen tab 5-325 mg (ENDOCET).....	17
OXAYDO (oxycodone hcl).....	16	oxycodone w/ acetaminophen tab 5-325 mg (OXYCODONE-ACETAMINOPHEN).....	17
oxazepam cap 10 mg.....	101	oxycodone w/ acetaminophen tab 7.5-325 mg (ENDOCET).....	17
oxazepam cap 15 mg.....	101	oxycodone w/ acetaminophen tab 7.5-325 mg (OXYCODONE-ACETAMINOPHEN).....	17
oxazepam cap 30 mg.....	101	OXYCODONE-ACETAMINOPHEN (oxycodone w/ acetaminophen).....	17
OXBRYTA (voxelotor).....	118	OXYCODONE-ACETAMINOPHEN (oxycodone w/ acetaminophen).....	17
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	44	OXYCODONE-ASPIRIN.....	17
oxcarbazepine tab 150 mg.....	44	oxycodone-aspirin tab 4.8355-325 mg.....	17
oxcarbazepine tab 300 mg.....	44	OXYCODONE-IBUPROFEN.....	17
oxcarbazepine tab 600 mg.....	44	OXYCONTIN (oxycodone hcl).....	10
OXERVATE (cenegermin-bkbj).....	316	OXYMORPHONE HCL ER.....	10
oxiconazole nitrate cream 1%.....	60	oxymorphone hcl tab 10 mg.....	17
OXISTAT (oxiconazole nitrate).....	60	oxymorphone hcl tab 5 mg.....	17
OXSORALEN ULTRA (methoxsalen rapid)...	179	OXYTROL (oxybutynin).....	217
OXTELLAR XR (oxcarbazepine).....	44		
oxybutynin chloride syrup 5 mg/5ml.....	216		
oxybutynin chloride tab 5 mg.....	216		
oxybutynin chloride tab er 24hr 10 mg (OXYBUTYNIN CHLORIDE ER).....	216		
oxybutynin chloride tab er 24hr 15 mg (OXYBUTYNIN CHLORIDE ER).....	216		

OZEMPIC (0.25 OR 0.5 MG/DOSE) (semaglutide)	107
OZEMPIC (1 MG/DOSE) (semaglutide)	107
OZOBAX (baclofen)	89

P

PALFORZIA (12 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder- dnfp)	259	PALFORZIA (80 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder- dnfp)	260
PALFORZIA (120 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder- dnfp)	259	paliperidone tab er 24hr 1.5 mg (PALIPERIDONE ER)	86
PALFORZIA (160 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder- dnfp)	259	paliperidone tab er 24hr 3 mg (PALIPERIDONE ER)	86
PALFORZIA (20 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder- dnfp)	259	paliperidone tab er 24hr 6 mg (PALIPERIDONE ER)	86
PALFORZIA (200 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder- dnfp)	259	paliperidone tab er 24hr 9 mg (PALIPERIDONE ER)	86
PALFORZIA (240 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder- dnfp)	259	PALYNZIQ (pegvaliase-pqpz)	214
PALFORZIA (3 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder- dnfp)	259	PAMELOR (nortriptyline hcl)	54
PALFORZIA (300 MG MAINTENANCE) (peanut (arachis hypogaea) allergen powder- dnfp)	259	PANCREAZE (pancrelipase (lipase-protease- amylase))	214
PALFORZIA (300 MG TITRATION) (peanut (arachis hypogaea) allergen powder- dnfp)	259	PANDEL (hydrocortisone probutate)	175
PALFORZIA (40 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder- dnfp)	259	PANRETIN (alitretinoin)	76
PALFORZIA (6 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder- dnfp)	260	pantoprazole sodium ec tab 20 mg (base equiv)	212
		pantoprazole sodium ec tab 40 mg (base equiv)	212
		pantoprazole sodium for delayed release susp packet 40 mg	212
		PARAFON FORTE DSC (chlorzoxazone)	341
		paricalcitol cap 1 mcg	268
		paricalcitol cap 2 mcg	268
		paricalcitol cap 4 mcg	268
		PARLODEL (bromocriptine mesylate)	80
		PARNATE (tranylcypromine sulfate)	49
		PAROMOMYCIN SULFATE	22
		paromomycin sulfate cap 250 mg	22
		paroxetine hcl tab 10 mg	51
		paroxetine hcl tab 20 mg	51
		paroxetine hcl tab 30 mg	51
		paroxetine hcl tab 40 mg	51
		paroxetine hcl tab er 24hr 12.5 mg (PAROXETINE HCL ER)	51
		paroxetine hcl tab er 24hr 25 mg (PAROXETINE HCL ER)	51
		paroxetine hcl tab er 24hr 37.5 mg (PAROXETINE HCL ER)	51

paroxetine mesylate cap 7.5 mg (base equiv).....	51	peg 3350-kcl-sod bicarb-nacl for soln 420 gm (GAVILYTE-N WITH FLAVOR PACK).....	206
PASER (aminosalicylic acid).....	66	peg 3350-kcl-sod bicarb-nacl for soln 420 gm (PEG 3350-KCL-NA BICARB-NACL).....	206
PATANASE (olopatadine hcl (nasal)).....	327	peg 3350-kcl-sod bicarb-nacl for soln 420 gm (TRILYTE).....	206
PAXIL (paroxetine hcl).....	51	PEG-INTRON REDIPEN (peginterferon alfa-2b).....	91
PAXIL CR (paroxetine hcl).....	51	PEGANONE (ethotoin).....	44
PAZEO (olopatadine hcl).....	317	PEGASYS (peginterferon alfa-2a).....	260
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PB-HYOSCY-ATROPINE-SCOPOLAMINE).....	208	PEGASYS PROCLICK (peginterferon alfa-2a).....	260
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PHENOBARBITAL-BELLADONNA ALK).....	208	PEGINTRON (peginterferon alfa-2b).....	91
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PHENOHYTRO).....	208	PEMAZYRE (pemigatinib).....	74
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PB-HYOSCY-ATROPINE-SCOPOLAMINE).....	209	PEN NEEDLES.....	299
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PHENOBARBITAL-BELLADONNA ALK).....	209	PEN NEEDLES 1/2".....	298
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PHENOHYTRO).....	209	PEN NEEDLES 3/16".....	298
PC LANCETS SUPER THIN 30G.....	298	PEN NEEDLES 5/16".....	298
PC UNIFINE PENTIPS.....	298	penicillamine cap 250 mg.....	219
PCE (erythromycin base (coated)).....	30	penicillamine tab 250 mg.....	219
PEDIAPRED (prednisolone sodium phosphate).....	224	PENICILLIN V POTASSIUM.....	29
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (GAVILYTE-G).....	210	penicillin v potassium tab 250 mg.....	29
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/ELECTROLYTES).....	210	penicillin v potassium tab 500 mg.....	29
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (PEG 3350/ELECTROLYTES).....	210	PENLAC (ciclopirox).....	185
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (PEG-3350/ELECTROLYTES/ASCORBAT).....	205	PENNSAID (diclofenac sodium (topical)).....	5
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (PEG-KCL-NACL-NASULF-NA ASC-C).....	206	PENTASA (mesalamine).....	266
		pentazocine w/ naloxone tab 50-0.5 mg (PENTAZOCINE-NALOXONE HCL).....	18
		PENTIPS.....	299
		pentoxifylline tab er 400 mg (PENTOXIFYLLINE ER).....	141
		PEPCID (famotidine).....	211
		PERCOCET (oxycodone w/ acetaminophen).....	18
		PERFECT LANCETS 28G.....	299
		PERFECT LANCETS 30G.....	299
		PERFOROMIST (formoterol fumarate).....	330
		perindopril erbumine tab 2 mg.....	123
		perindopril erbumine tab 4 mg.....	123
		perindopril erbumine tab 8 mg.....	123
		permethrin cream 5%.....	184

perphenazine tab 16 mg.....	55	phenytoin chew tab 50 mg (PHENYTOIN	
perphenazine tab 2 mg.....	55	INFATABS).....	44
perphenazine tab 4 mg.....	55	phenytoin sodium extended cap 100 mg...	44
perphenazine tab 8 mg.....	55	phenytoin sodium extended cap 200 mg...	44
PERPHENAZINE-AMITRIPTYLINE.....	48	phenytoin sodium extended cap 300 mg...	44
PERTZYE (pancrelipase (lipase-protease-		phenytoin susp 125 mg/5ml.....	44
amylase)).....	214	PHEXXI (lactic acid-citric acid-potassium	
PEXEVA (paroxetine mesylate).....	52	bitartrate).....	250
PHARMACIST CHOICE AUTOCODE (glucose		PHOSLYRA (calcium acetate (phosphate	
blood).....	299	binder)).....	189
PHARMACIST CHOICE LANCETS.....	299	PHOSPHOLINE IODIDE (echothiophate	
PHARMACIST CHOICE NO CODING (glucose		iodide).....	322
blood).....	299	phytonadione tab 5 mg.....	118
PHARMACY COUNTER LANCETS.....	299	PICATO (ingenol mebutate).....	179
phenazopyridine hcl tab 100 mg.....	219	PIFELTRO (doravirine).....	93
phenazopyridine hcl tab 200 mg.....	219	pilocarpine hcl ophth soln 1%.....	322
PHENDIMETRAZINE TARTRATE ER.....	163	pilocarpine hcl ophth soln 2%.....	322
phendimetrazine tartrate tab 35 mg.....	163	pilocarpine hcl ophth soln 4%.....	322
phenelzine sulfate tab 15 mg.....	49	pilocarpine hcl tab 5 mg.....	167
phenobarbital elixir 20 mg/5ml.....	42	pilocarpine hcl tab 7.5 mg.....	167
phenobarbital tab 100 mg.....	42	pimecrolimus cream 1%.....	175
phenobarbital tab 15 mg.....	42	PIMOZIDE.....	84
phenobarbital tab 16.2 mg.....	42	pindolol tab 10 mg.....	127
phenobarbital tab 30 mg.....	42	pindolol tab 5 mg.....	127
phenobarbital tab 32.4 mg.....	42	pioglitazone hcl tab 15 mg (base equiv)...	107
phenobarbital tab 60 mg.....	42	pioglitazone hcl tab 30 mg (base equiv)...	107
phenobarbital tab 64.8 mg.....	42	pioglitazone hcl tab 45 mg (base equiv)...	107
phenobarbital tab 97.2 mg.....	42	pioglitazone hcl-glimepiride tab 30-2 mg..	107
phenoxybenzamine hcl cap 10 mg.....	120	pioglitazone hcl-glimepiride tab 30-4 mg..	107
phentermine hcl cap 15 mg.....	163	pioglitazone hcl-metformin hcl tab 15-500	
phentermine hcl cap 30 mg.....	163	mg.....	107
phentermine hcl cap 37.5 mg.....	163	pioglitazone hcl-metformin hcl tab 15-850	
phentermine hcl tab 37.5 mg.....	163	mg.....	107
phenylephrine hcl ophth soln 10%.....	316	PIP LANCETS 28G.....	299
phenylephrine hcl ophth soln 10%		PIP LANCETS 30G.....	299
(ALTAFRIN).....	316	PIQRAY (200 MG DAILY DOSE) (alpelisib)...	74
phenylephrine hcl ophth soln 2.5%.....	316	PIQRAY (250 MG DAILY DOSE) (alpelisib)...	74
phenylephrine hcl ophth soln 2.5%		PIQRAY (300 MG DAILY DOSE) (alpelisib)...	74
(ALTAFRIN).....	316	piroxicam cap 10 mg.....	5
PHENYTEK (phenytoin sodium extended)...	44	piroxicam cap 20 mg.....	5
phenytoin chew tab 50 mg.....	44	PLAQUENIL (hydroxychloroquine sulfate)...	78

PLAVIX (clopidogrel bisulfate)	118	POMALYST (pomalidomide)	68
PLEGRIDY (peginterferon beta-1a)	166	PONSTEL (mefenamic acid)	5
PLEGRIDY STARTER PACK (peginterferon beta-1a)	166	posaconazole tab delayed release 100 mg .60	
PLENVU (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	206	pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (POT & SOD CIT-CIT AC)	219
PLEXION (sulfacetamide sodium w/ sulfur)	179	pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (TRICITRATES)	219
PLEXION CLEANSER (sulfacetamide sodium w/ sulfur)	179	pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (VIRTRATE-3)	219
PLEXION CLEANSING CLOTH (sulfacetamide sodium w/ sulfur)	179	POT BICARB-POT CHLORIDE (potassium bicarb & chloride)	196
PNV FE FUM/DOCUSATE/FOLIC ACID (prenatal vit w/ docusate-fe fumarate-folic acid)	196	pot bicarbonate & chloride effer tab 25 meq (EFFERVESCENT POT CHLORIDE)	196
PNV FOLIC ACID + IRON (prenatal vit w/ ferrous fumarate-folic acid)	196	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHA 250 NEUTRAL)	219
PNV PRENATAL PLUS MULTIVITAMIN (prenatal vit w/ ferrous fumarate-folic acid)	196	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHO-TRIN 250 NEUTRAL)	219
PNV TABS 29-1 (prenatal vit w/ iron carbonyl-folic acid)	196	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHOROUS)	219
PNV-DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	196	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (VIRT-PHOS 250 NEUTRAL)	219
PNV-DHA+DOCUSATE (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	196	potassium bicarbonate effer tab 25 meq	196
PNV-OMEGA (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	196	potassium bicarbonate effer tab 25 meq (EFFER-K)	197
PNV-SELECT (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	196	potassium bicarbonate effer tab 25 meq (K-EFFERVESCENT)	197
PNV-VP-U (prenatal without a vit w/ fe fumarate-folic acid)	196	potassium bicarbonate effer tab 25 meq (K-PRIME)	197
POCKET CHAMBER	299	potassium bicarbonate effer tab 25 meq (K-VESCENT)	197
POCKET SPACER	299	potassium bicarbonate effer tab 25 meq (KLOR-CON/EF)	197
POCKETCHEM EZ TEST (glucose blood)	299	potassium chloride cap er 10 meq (KLOR-CON SPRINKLE)	186
podofilox soln 0.5%	179	potassium chloride cap er 10 meq (POTASSIUM CHLORIDE ER)	186
POLY-VI-FLOR (pediatric multivitamins w/fl)	196		
POLY-VI-FLOR FS (pediatric multivitamins w/fl)	196		
POLY-VI-FLOR/IRON (ped multivitamins w/fl & iron)	196		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	318		
POLYTRIM (polymyxin b-trimethoprim)	318		

potassium chloride cap er 8 meq (KLOR-CON SPRINKLE)	186	potassium citrate & citric acid soln 1100-334 mg/5ml (POTASSIUM CITRATE-CITRIC ACID) 220	
potassium chloride cap er 8 meq (POTASSIUM CHLORIDE ER)	186	potassium citrate & citric acid soln 1100-334 mg/5ml (VIRTRATE-K)	220
POTASSIUM CHLORIDE ER	186	potassium citrate tab er 10 meq (1080 mg) (POTASSIUM CITRATE ER)	187
potassium chloride microencapsulated crys er tab 10 meq (KLOR-CON M10)	186	potassium citrate tab er 15 meq (1620 mg) (POTASSIUM CITRATE ER)	187
potassium chloride microencapsulated crys er tab 10 meq (POTASSIUM CHLORIDE CRYs ER)	186	potassium citrate tab er 5 meq (540 mg) (POTASSIUM CITRATE ER)	187
potassium chloride microencapsulated crys er tab 20 meq (KLOR-CON M20)	186	POTIGA (ezogabine)	40
potassium chloride microencapsulated crys er tab 20 meq (POTASSIUM CHLORIDE CRYs ER)	186	PRADAXA (dabigatran etexilate mesylate) 115	
potassium chloride oral soln 10% (20 meq/15ml)	186	PRALUENT (alirocumab)	150
potassium chloride oral soln 20% (40 meq/15ml)	186	Praluent 150 mg/ml pen (NDC 00024)	150
potassium chloride powder packet 20 meq	186	PRALUENT 150 MG/ML PEN (NDC 72733) ...	150
potassium chloride powder packet 20 meq (KLOR-CON)	186	PRALUENT 75 MG/ML PEN (NDC 00024) ...	150
potassium chloride tab er 10 meq (KLOR-CON 10)	187	PRALUENT 75 MG/ML PEN (NDC 72733) ...	150
potassium chloride tab er 10 meq (POTASSIUM CHLORIDE ER)	187	pramipexole dihydrochloride tab 0.125 mg .	80
potassium chloride tab er 20 meq (1500 mg) (POTASSIUM CHLORIDE ER)	187	pramipexole dihydrochloride tab 0.25 mg .	80
potassium chloride tab er 8 meq (600 mg) (KLOR-CON)	187	pramipexole dihydrochloride tab 0.5 mg ...	80
potassium chloride tab er 8 meq (600 mg) (POTASSIUM CHLORIDE ER)	187	pramipexole dihydrochloride tab 0.75 mg .	80
potassium citrate & citric acid powder pack 3300-1002 mg (POTASSIUM CITRATE-CITRIC ACID)	220	pramipexole dihydrochloride tab 1 mg	80
potassium citrate & citric acid powder pack 3300-1002 mg (TARON-CRYSTALS)	220	pramipexole dihydrochloride tab 1.5 mg ...	80
potassium citrate & citric acid soln 1100-334 mg/5ml (CYTRA-K)	220	pramipexole dihydrochloride tab er 24hr 0.375 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER) .	80
		pramipexole dihydrochloride tab er 24hr 0.75 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER) .	80
		pramipexole dihydrochloride tab er 24hr 1.5 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER) .	80
		pramipexole dihydrochloride tab er 24hr 2.25 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER) .	80
		pramipexole dihydrochloride tab er 24hr 3 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	80
		pramipexole dihydrochloride tab er 24hr 3.75 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER) .	81
		pramipexole dihydrochloride tab er 24hr 4.5 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER) .	81
		PRAMOSONE (pramoxine-hc)	179
		PRANDIN (repaglinide)	107
		prasugrel hcl tab 10 mg (base equiv)	118
		prasugrel hcl tab 5 mg (base equiv)	118

PRAVACHOL (pravastatin sodium)	148	prednisolone sod phos orally disintegr tab 10 mg (base eq) (PREDNISOLONE SODIUM PHOSPHATE)	224
pravastatin sodium tab 10 mg	148	prednisolone sod phos orally disintegr tab 15 mg (base eq) (PREDNISOLONE SODIUM PHOSPHATE)	225
pravastatin sodium tab 20 mg	148	prednisolone sod phos orally disintegr tab 30 mg (base eq) (PREDNISOLONE SODIUM PHOSPHATE)	225
pravastatin sodium tab 40 mg	148	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (PREDNISOLONE SODIUM PHOSPHATE)	225
pravastatin sodium tab 80 mg	148	prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	225
praziquantel tab 600 mg	77	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	225
prazosin hcl cap 1 mg	120	prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	225
prazosin hcl cap 2 mg	120	PREDNISOLONE SODIUM PHOSPHATE	225
prazosin hcl cap 5 mg	120	PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate (ophth))	320
PRECISION PCX (glucose blood)	299	prednisolone syrup 15 mg/5ml (usp solution equivalent)	225
PRECISION PCX PLUS TEST (glucose blood)	299	PREDNISON	225
PRECISION POINT OF CARE TEST (glucose blood)	299	PREDNISON INTENSOL	225
PRECISION QID TEST (glucose blood)	299	prednisone tab 1 mg	225
PRECISION SOF-TACT TEST (glucose blood)	299	prednisone tab 10 mg	225
PRECISION SURE-DOSE SYRINGE	299	prednisone tab 2.5 mg	225
PRECISION SUREDOSE PLUS SYR	299	prednisone tab 20 mg	225
PRECISION THIN LANCETS	299	prednisone tab 20 mg (DELTASONE)	225
PRECISION THINS GP LANCETS	300	prednisone tab 5 mg	225
PRECISION ULTRA LANCET	300	prednisone tab 50 mg	225
PRECISION XTRA BLOOD GLUCOSE (glucose blood)	300	prednisone tab therapy pack 10 mg (21)	225
PRECISION XTRA KETONE (ketone blood test)	300	prednisone tab therapy pack 10 mg (48)	225
PRECOSE (acarbose)	107	prednisone tab therapy pack 5 mg (21)	225
PRED FORTE (prednisolone acetate (ophth))	320	prednisone tab therapy pack 5 mg (48)	225
PRED MILD (prednisolone acetate (ophth))	320	PREFERA OB (prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa)	197
PRED-G (gentamicin-prednisolone acetate)	316		
PRED-G S.O.P. (gentamicin-prednisolone acetate)	316		
PREDNICARBATE	224		
prednicarbate cream 0.1%	224		
PREDNISOLONE	224		
PREDNISOLONE ACETATE (prednisolone acetate (ophth))	320		
PREDNISOLONE ACETATE P-F (prednisolone acetate (ophth))	320		

PREFERAOB ONE (prenatal vit w/ fe polysacch cmplx-fe heme polypept-fa & dha)	197	PRENATA (prenatal without a vit w/ fe fumarate-folic acid)	197
PREFERRED PLUS INSULIN SYRINGE	300	PRENATABS FA (prenatal vit w/ ferrous fumarate-folic acid)	197
PREFERRED PLUS LANCETS COLORED	300	PRENATABS RX (prenatal vit w/ iron carbonyl- folic acid)	197
PREFERRED PLUS LANCETS THIN	300	PRENATAL (prenatal vit w/ ferrous fumarate- folic acid)	198
PREFERRED PLUS UNIFINE PENTIPS	300	PRENATAL 19 (prenatal vit w/ docusate-fe fumarate-folic acid)	198
PREFEST (estradiol-norgestimate)	248	PRENATAL 19 (prenatal vit w/ ferrous fumarate-folic acid)	198
pregabalin cap 100 mg	164	PRENATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid)	198
pregabalin cap 150 mg	164	PRENATAL PLUS IRON (prenatal vit w/ iron carbonyl-folic acid)	198
pregabalin cap 200 mg	164	PRENATAL VITAMIN PLUS LOW IRON (prenatal vit w/ ferrous fumarate-folic acid)	198
pregabalin cap 225 mg	164	PRENATAL-U (prenatal without a vit w/ fe fumarate-folic acid)	198
pregabalin cap 25 mg	164	PRENATE (prenatal multivitamins & minerals w/ l-methylfolate-fa)	198
pregabalin cap 300 mg	164	PRENATE AM (prenatal w/ calcium-vit b6-vit b12-folic acid-ginger)	198
pregabalin cap 50 mg	164	PRENATE DHA (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha)	198
pregabalin cap 75 mg	164	PRENATE DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	198
pregabalin soln 20 mg/ml	164	PRENATE ELITE (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	198
PREGNYL (chorionic gonadotropin)	228	PRENATE ELITE (prenatal w/ fe asparto glycinate-l methylfolate-folic acid)	198
PREMARIN (estrogens, conjugated vaginal)	248	PRENATE ENHANCE (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	198
PREMARIN (estrogens, conjugated)	248	PRENATE ESSENTIAL (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha)	198
PREMESISRX (prenatal w/ calcium-vit b6-vit b12-folic acid-ginger)	197	PRENATE ESSENTIAL (prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3)	198
PREMIUM BLOOD GLUCOSE TEST (glucose blood)	300	PRENATE MINI (prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha)	199
PREMPHASE (conjugated estrogens- medroxyprogesterone acetate)	248		
PREMPRO (conjugated estrogens- medroxyprogesterone acetate)	248		
PRENA1 (prenatal w/ vit b2-b6-b12- cholecalciferol-folic acid)	197		
PRENA1 PEARL (prenatal without a w/ fe fumarate-sod feredetate-fa-dha)	197		
PRENAISSANCE (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	197		
PRENAISSANCE NEXT (prenatal w/ calcium-vit b6-folic acid-ginger)	197		
PRENAISSANCE PLUS (prenatal w/o vit a w/ fe carbonyl-dss-fa-dha)	197		
PRENARA (prenatal vit w/ ferrous fumarate- folic acid)	197		

PRENATE PIXIE (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha)	199	primidone tab 50 mg	42
PRENATE RESTORE (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	199	PRIMLEV (oxycodone w/ acetaminophen) . . .	18
PRENATE STAR (prenatal vitamins w/ fe asparto glycinate-folic acid)	199	PRIMSOL (trimethoprim hcl)	25
PRENATRIX (prenatal vit w/ ferrous fumarate-folic acid)	199	PRINIVIL (lisinopril)	123
PRENATRYL (prenatal vit w/ ferrous fumarate-folic acid)	199	PRISTIQ (desvenlafaxine succinate)	52
PRENATVITE COMPLETE (prenatal multivit-min w/fe-fa)	199	PRO COMFORT INSULIN SYRINGE	300
PRENATVITE PLUS (prenatal multivit-min w/fe-fa)	199	PRO COMFORT LANCETS 30G	300
PREPLUS (prenatal vit w/ ferrous fumarate-folic acid)	199	PRO COMFORT LANCETS 31G	300
PREPOPIK (sodium picosulfate-magnesium oxide-anhydrous citric acid)	206	PRO COMFORT PEN NEEDLES	300
PRESSURE ACTIVAT SAFETY LANCET	300	PRO COMFORT SPACER ADULT	300
PRESTALIA (perindopril arginine-amlodipine besylate)	141	PRO COMFORT SPACER CHILD	300
PRETAB (prenatal vit w/ ferrous fumarate-folic acid)	199	PRO COMFORT SPACER INFANT	300
PRETOMANID	66	PRO VOICE V8/V9 GLUCOSE (glucose blood)	300
PREVACID (lansoprazole)	212	PROAIR DIGIHALER (albuterol sulfate)	330
PREVACID SOLUTAB (lansoprazole)	212	PROAIR HFA (albuterol sulfate)	330
PREVENT SAFETY PEN NEEDLES	300	PROAIR RESPICLICK (albuterol sulfate)	330
PREVPAC (amoxicillin-clarithromycin w/ lansoprazole)	210	probenecid tab 500 mg	61
PREVYMIS (letermovir)	89	PROCARDIA (nifedipine)	129
PREZCOBIX (darunavir-cobicistat)	97	PROCARDIA XL (nifedipine)	129
PREZISTA (darunavir ethanolate)	97	PROCARE SPACER/ADULT MASK	300
PRIFTIN (rifapentine)	66	PROCARE SPACER/CHILD MASK	301
PRILOSEC (omeprazole magnesium)	212	prochlorperazine maleate tab 10 mg (base equivalent)	55
PRIMACARE (prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3)	199	prochlorperazine maleate tab 5 mg (base equivalent)	55
PRIMAQUINE PHOSPHATE	78	prochlorperazine suppos 25 mg	55
primaquine phosphate tab 26.3 mg (15 mg base)	78	prochlorperazine suppos 25 mg (COMPRO) . . .	55
PRIMEAIRE HOLDING CHAMBER	300	PROCROT (epoetin alfa)	117
primidone tab 250 mg	42	PROCTOCORT (hydrocortisone (rectal)) . . .	175
		PROCTOFOAM HC (hydrocortisone acetate w/ pramoxine)	179
		PROCYSBI (cysteamine bitartrate)	215
		PRODIGY INSULIN SYRINGE	301
		PRODIGY LANCETS 28G	301
		PRODIGY NO CODING BLOOD GLUC (glucose blood)	301
		PRODIGY SAFETY LANCETS 26G	301
		PRODIGY TWIST TOP LANCETS 28G	301
		progesterone im in oil 50 mg/ml	250
		progesterone micronized cap 100 mg	250

progesterone micronized cap 200 mg.....	250
PROGLYCEM (diazoxide).....	109
PROGRAF (tacrolimus).....	263,264
PROLATE (oxycodone w/ acetaminophen) .	18
PROLENSA (bromfenac sodium (ophth))...	320
PROMACTA (eltrombopag olamine).....	117
promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE VC PLAIN).....	338
promethazine hcl suppos 12.5 mg.....	55
promethazine hcl suppos 12.5 mg (PHENADOZ).....	55
promethazine hcl suppos 12.5 mg (PHENERGAN).....	55
promethazine hcl suppos 12.5 mg (PROMETHEGAN).....	56
promethazine hcl suppos 25 mg.....	56
promethazine hcl suppos 25 mg (PHENADOZ).....	56
promethazine hcl suppos 25 mg (PHENERGAN).....	56
promethazine hcl suppos 25 mg (PROMETHEGAN).....	56
promethazine hcl suppos 50 mg.....	56
promethazine hcl suppos 50 mg (PHENERGAN).....	56
promethazine hcl syrup 6.25 mg/5ml.....	327
promethazine hcl tab 12.5 mg.....	56
promethazine hcl tab 25 mg.....	56
promethazine hcl tab 50 mg.....	56
promethazine w/ codeine syrup 6.25-10 mg/5ml (PROMETHAZINE-CODEINE).....	338
PROMETHAZINE-DM.....	338
promethazine-dm syrup 6.25-15 mg/5ml...	338
PROMETHAZINE-PHENYLEPH-CODEINE (promethazine-phenylephrine-codeine)...	338
PROMETHAZINE-PHENYLEPHRINE (promethazine & phenylephrine).....	338
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE VC/CODEINE).....	338
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE- PHENYLEPH-CODEINE).....	338
PROMETHEGAN (promethazine hcl).....	56
PROMETRIUM (progesterone micronized) ..	250
propafenone hcl cap er 12hr 225 mg (PROPAFENONE HCL ER).....	124
propafenone hcl cap er 12hr 325 mg (PROPAFENONE HCL ER).....	124
propafenone hcl cap er 12hr 425 mg (PROPAFENONE HCL ER).....	124
propafenone hcl tab 150 mg.....	124
propafenone hcl tab 225 mg.....	124
propafenone hcl tab 300 mg.....	124
PROPANTHELINE BROMIDE.....	209
proparacaine hcl ophth soln 0.5%.....	316
PROPRANOLOL HCL.....	127
propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER).....	127
propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER).....	127
propranolol hcl cap er 24hr 60 mg (PROPRANOLOL HCL ER).....	127
propranolol hcl cap er 24hr 80 mg (PROPRANOLOL HCL ER).....	127
propranolol hcl tab 10 mg.....	127
propranolol hcl tab 20 mg.....	127
propranolol hcl tab 40 mg.....	127
propranolol hcl tab 60 mg.....	127
propranolol hcl tab 80 mg.....	127
PROPRANOLOL-HCTZ (propranolol & hydrochlorothiazide).....	142
propylthiouracil tab 50 mg.....	257
PROSCAR (finasteride).....	217
PROTONIX (pantoprazole sodium).....	213
PROTOPIC (tacrolimus (topical)).....	175
protriptyline hcl tab 10 mg.....	54
protriptyline hcl tab 5 mg.....	54
PROVENTIL HFA (albuterol sulfate).....	330
PROVERA (medroxyprogesterone acetate).....	250

PROVIDA DHA (prenatal without a w/fe fum-
 fe polysacch complex-fa-dha) 199
 PROVIDA OB (prenatal without a vit w/ fe
 fum-iron polysacch complex -fa) 199
 PROVIGIL (modafinil) 343
 PROZAC (fluoxetine hcl) 52
 PROZAC WEEKLY (fluoxetine hcl) 52
 PRUDOXIN (doxepin hcl (antipruritic)) 175
 pseudoeph-chlorphen w/ hydrocodone soln
 60-4-5 mg/5ml (PSEUDOEPH-CHLORPHEN-
 HYDROCOD) 338
 PSEUDOEPH-CHLORPHEN-HYDROCOD
 (pseudoephed-cpm w/ hydrocod) 338
 pseudoephed-bromphen-dm syrup 30-2-10
 mg/5ml (BROMFED DM) 338
 pseudoephed-bromphen-dm syrup 30-2-10
 mg/5ml (PSEUDOEPH-BROMPHEN-DM) 338
 PSORCON (diflorasone diacetate) 175
 PSS SELECT GP LANCETS 301
 PSS SELECT SAFETY LANCETS 301
 PTS PANELS GLUCOSE TEST (glucose blood) 301
 PTS PANELS KETONE TEST (ketone blood
 test) 301
 PULMICORT (budesonide (inhalation)) 325
 PULMICORT FLEXHALER (budesonide
 (inhalation)) 326
 PULMOZYME (dornase alfa) 331
 PURE COMFORT PEN NEEDLE 301
 PUREFE OB PLUS (prenatal without a vit w/ fe
 fum-iron polysacch complex -fa) 199
 PURIXAN (mercaptopurine) 69
 PUSH BUTTON SAFETY LANCETS 301
 PUSH BUTTON SAFETY LANCETS 28G 301
 PX EXTRA SHORT PEN NEEDLES 301
 PX INSULIN SYRINGE 301
 PX LANCETS ULTRA THIN 301
 PX LANCETS ULTRA THIN 28G 301
 PX MINI PEN NEEDLES 301
 PX PEN NEEDLE 301
 PX SHORTLENGTH PEN NEEDLES 301

PYLERA (bismuth subcitrate potassium-
 metronidazole-tetracycline) 210
 PYRAZINAMIDE 66
 pyrazinamide tab 500 mg 66
 PYRIDIDIUM (phenazopyridine hcl) 220
 PYRIDOSTIGMINE BROMIDE 65
 pyridostigmine bromide oral soln 60 mg/5ml 65
 pyridostigmine bromide tab 60 mg 65
 pyridostigmine bromide tab er 180 mg
 (PYRIDOSTIGMINE BROMIDE ER) 65
 pyrimethamine tab 25 mg 78

Q

QBRELIS (lisinopril) 123
 QBREXZA (glycopyrronium tosylate) 179
 QC LANCETS SUPER THIN 30G 301
 QC LANCETS ULTRA THIN 301
 QC PEN NEEDLES 301
 QC UNIFINE PENTIPS 302
 QC UNILET LANCETS 28G 302
 QC UNILET LANCETS MICRO THIN 302
 QDOLO (tramadol hcl) 18
 QINLOCK (ripretinib) 70
 QMIIZ ODT (meloxicam) 5
 QNASL (beclomethasone dipropionate
 (nasal)) 326
 QNASL CHILDRENS (beclomethasone
 dipropionate (nasal)) 326
 QSYMIA (phentermine hcl-topiramate) 163
 QTERN (dapagliflozin-saxagliptin) 107
 QUALAQUIN (quinine sulfate) 78
 QUARTETTE (levonorgestrel-ethinyl estradiol
 (91-day)) 248
 QUAZEPAM 342
 QUDEXY XR (topiramate) 40
 QUESTRAN (cholestyramine) 150
 QUESTRAN LIGHT (cholestyramine light) 150
 quetiapine fumarate tab 100 mg 86
 quetiapine fumarate tab 200 mg 86
 quetiapine fumarate tab 25 mg 86
 quetiapine fumarate tab 300 mg 86

quetiapine fumarate tab 400 mg..... 86
 quetiapine fumarate tab 50 mg..... 86
 quetiapine fumarate tab er 24hr 150 mg
 (QUETIAPINE FUMARATE ER)..... 86
 quetiapine fumarate tab er 24hr 200 mg
 (QUETIAPINE FUMARATE ER)..... 86
 quetiapine fumarate tab er 24hr 300 mg
 (QUETIAPINE FUMARATE ER)..... 86
 quetiapine fumarate tab er 24hr 400 mg
 (QUETIAPINE FUMARATE ER)..... 86
 quetiapine fumarate tab er 24hr 50 mg
 (QUETIAPINE FUMARATE ER)..... 87
 QUFLORA FE (multiple vitamins w/minerals &
 fluoride-iron-folic acid)..... 199
 QUFLORA FE PEDIATRIC (ped multivitamins
 w/fl & iron)..... 199
 QUFLORA GUMMIES (pediatric multivitamins
 w/fl)..... 199
 QUFLORA PEDIATRIC (pediatric multivitamins
 w/fl)..... 200
 QUICKTEK TEST (glucose blood)..... 302
 QUILLICHEW ER (methylphenidate hcl)..... 160
 QUILLIVANT XR (methylphenidate hcl)..... 160
 quinapril hcl tab 10 mg..... 123
 quinapril hcl tab 20 mg..... 123
 quinapril hcl tab 40 mg..... 123
 quinapril hcl tab 5 mg..... 123
 quinapril-hydrochlorothiazide tab 10-12.5
 mg..... 142
 quinapril-hydrochlorothiazide tab 20-12.5
 mg..... 142
 quinapril-hydrochlorothiazide tab 20-25
 mg..... 142
 quinidine gluconate tab er 324 mg
 (QUINIDINE GLUCONATE ER)..... 124
 QUINIDINE SULFATE..... 124
 quinine sulfate cap 324 mg..... 78
 QUINTET AC BLOOD GLUCOSE TEST (glucose
 blood)..... 302
 QUINTET BLOOD GLUCOSE TEST (glucose
 blood)..... 302

QVAR (beclomethasone dipropionate) ... 326
 QVAR REDIHALER (beclomethasone
 dipropionate hfa)..... 326

R

R-NATAL OB (prenatal w/o vit a w/ fe
 carbonyl-folic acid-dha)..... 200
 RA E-ZJECT COLOR LANCETS 33G..... 302
 RA E-ZJECT LANCETS 28G..... 302
 RA E-ZJECT LANCETS THIN 26G..... 302
 RA E-ZJECT LANCETS THIN 28G..... 302
 RA E-ZJECT LANCETS ULTRA THIN..... 302
 RA INSULIN SYRINGE..... 302
 RA PEN NEEDLES..... 302
 RA TRUETEST TEST (glucose blood)..... 302
 RABEPRAZOLE SODIUM..... 213
 rabeprazole sodium ec tab 20 mg..... 213
 RADIOGARDASE (prussian blue insoluble
 (ferric hexacyanoferrate ii))..... 200
 RAGWITEK (short ragweed pollen allergen
 extract)..... 338
 raloxifene hcl tab 60 mg..... 250
 ramelteon tab 8 mg..... 342
 ramipril cap 1.25 mg..... 123
 ramipril cap 10 mg..... 123
 ramipril cap 2.5 mg..... 123
 ramipril cap 5 mg..... 123
 RANEXA (ranolazine)..... 142
 ranitidine hcl cap 150 mg..... 211
 ranitidine hcl cap 300 mg..... 211
 ranitidine hcl syrup 15 mg/ml (75 mg/5ml) . 211
 ranitidine hcl tab 300 mg..... 211
 ranolazine tab er 12hr 1000 mg (RANOLAZINE
 ER)..... 142
 ranolazine tab er 12hr 500 mg (RANOLAZINE
 ER)..... 142
 RAPAFLU (silodosin)..... 217
 RAPAMUNE (sirolimus)..... 264
 rasagiline mesylate tab 0.5 mg (base equiv) 83
 rasagiline mesylate tab 1 mg (base equiv) . 83
 RASUVO (methotrexate (antirheumatic)).. 264

RAVICTI (glycerol phenylbutyrate).....	215	RELION SHORT PEN NEEDLES.....	303
RAYALDEE (calcifediol).....	268	RELION TRUE METRIX TEST STRIPS (glucose blood).....	303
RAYOS (prednisone).....	225,226	RELION ULTIMA TEST (glucose blood).....	303
RAZADYNE (galantamine hydrobromide)...	46	RELION ULTRA THIN LANCETS 30G.....	303
RAZADYNE ER (galantamine hydrobromide)	46	RELION ULTRA THIN PLUS LANCETS.....	303
READYLANCE SAFETY LANCETS.....	302	RELISTOR (methylnaltrexone bromide).....	206
REALITY INSULIN SYRINGE.....	302	RELNATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	200
REALITY LANCETS.....	302	RELPAK (eletriptan hydrobromide).....	64
REALITY TRIGGER LANCETS.....	302	RELTONE (ursodiol).....	210
REBETOL (ribavirin (hepatitis c)).....	91	REMERON (mirtazapine).....	48
REBIF (interferon beta-1a).....	166	REMERON SOLTAB (mirtazapine).....	48
REBIF REBIDOSE (interferon beta-1a).....	166	RENACIDIN (citric acid-gluconolactone-magnesium carbonate).....	220
REBIF REBIDOSE TITRATION PACK (interferon beta-1a).....	166	RENAGEL (sevelamer hcl).....	189
REBIF TITRATION PACK (interferon beta-1a)	166	REVELA (sevelamer carbonate).....	189
RECTIV (nitroglycerin (intra-anal)).....	152	repaglinide tab 0.5 mg.....	107
REDITREX (methotrexate (antirheumatic))..	264	repaglinide tab 1 mg.....	107
REFUAH PLUS BLOOD GLUCOSE TEST (glucose blood).....	302	repaglinide tab 2 mg.....	107
REGIMEX (benzphetamine hcl).....	163	REPAGLINIDE-METFORMIN HCL.....	107
REGLAN (metoclopramide hcl).....	56	REPATHA (evolocumab).....	150
REGRANEX (becaplermin).....	179	REPATHA PUSHTRONEX SYSTEM (evolocumab).....	150
RELAFEN DS (nabumetone).....	5	REPATHA SURECLICK (evolocumab).....	150
RELENZA DISKHALER (zanamivir).....	98	REPRESXAIN (hydrocodone-ibuprofen).....	18
RELEXII (methylphenidate hcl).....	160	REQUIP (ropinirole hydrochloride).....	81
RELI-ON INSULIN SYRINGE.....	302	REQUIP XL (ropinirole hydrochloride).....	81
RELION BLOOD GLUCOSE TEST (glucose blood).....	302	RESCRIPTOR (delavirdine mesylate).....	93,94
RELION CONFIRM/MICRO TEST (glucose blood).....	302	RESTASIS (cyclosporine (ophth)).....	316
RELION INSULIN SYRINGE.....	303	RESTASIS MULTIDOSE (cyclosporine (ophth)).....	316
RELION KETONE (acetone (urine) test).....	303	RESTORIL (temazepam).....	342
RELION KETONE TEST (acetone (urine) test)	303	RETACRIT (epoetin alfa-epbx).....	117
RELION LANCETS MICRO-THIN 33G.....	303	RETEVMO (selpercatinib).....	70
RELION LANCETS STANDARD 21G.....	303	RETIN-A (tretinoin).....	169
RELION LANCETS THIN 26G.....	303	RETIN-A MICRO (tretinoin microsphere).....	169
RELION LANCETS ULTRA-THIN 30G.....	303	RETIN-A MICRO PUMP (tretinoin microsphere).....	169
RELION MINI PEN NEEDLES.....	303	RETROVIR (zidovudine).....	95
RELION PEN NEEDLES.....	303		
RELION PREMIER TEST (glucose blood).....	303		
RELION PRIME TEST (glucose blood).....	303		

REVATIO (sildenafil citrate (pulmonary hypertension))	333	RIGHTEST GS550 BLOOD GLUCOSE (glucose blood)	304
REVEAL BLOOD GLUCOSE TEST (glucose blood)	303	RILUTEK (riluzole)	163
REVLIMID (lenalidomide)	68	riluzole tab 50 mg	163
REXALL BLOOD GLUCOSE TEST (glucose blood)	303	RIMANTADINE HCL (rimantadine hydrochloride)	98
REXALL LANCETS ULTRA THIN 30G	303	RINVOQ (upadacitinib)	264
REXULTI (brexpiprazole)	87	RIOMET (metformin hcl)	107
REYATAZ (atazanavir sulfate)	98	RIOMET ER (metformin hcl)	107
REYVOW (lasmiditan succinate)	64	risedronate sodium tab 150 mg	268
RHOFADE (oxymetazoline hcl (topical))	170	risedronate sodium tab 30 mg	268
RHOPRESSA (netarsudil dimesylate)	322	risedronate sodium tab 35 mg	268
RIBASPHERE (ribavirin (hepatitis c))	91	risedronate sodium tab 5 mg	268
RIBASPHERE RIBAPAK (1000 PACK) (ribavirin (hepatitis c))	91	risedronate sodium tab delayed release 35 mg	268
RIBASPHERE RIBAPAK (1200 PACK) (ribavirin (hepatitis c))	91	RISPERDAL (risperidone)	87
RIBASPHERE RIBAPAK (600 PACK) (ribavirin (hepatitis c))	91	RISPERDAL M-TAB (risperidone)	87
RIBASPHERE RIBAPAK (800 PACK) (ribavirin (hepatitis c))	91	RISPERIDONE	87
ribavirin cap 200 mg	91	risperidone orally disintegrating tab 0.25 mg	87
ribavirin cap 200 mg (RIBASPHERE)	91	risperidone orally disintegrating tab 0.5 mg	87
ribavirin tab 200 mg	91	risperidone orally disintegrating tab 0.5 mg (RISPERIDONE M-TAB)	87
ribavirin tab 200 mg (MODERIBA)	91	risperidone orally disintegrating tab 1 mg	87
ribavirin tab 200 mg (RIBASPHERE)	91	risperidone orally disintegrating tab 1 mg (RISPERIDONE M-TAB)	87
RIDAURA (auranofin)	260	risperidone orally disintegrating tab 2 mg	87
rifabutin cap 150 mg	66	risperidone orally disintegrating tab 2 mg (RISPERIDONE M-TAB)	87
RIFADIN (rifampin)	66	risperidone orally disintegrating tab 3 mg	87
RIFAMATE (isoniazid & rifampin)	66	risperidone orally disintegrating tab 3 mg (RISPERIDONE M-TAB)	87
rifampin cap 150 mg	66	risperidone orally disintegrating tab 4 mg	87
rifampin cap 300 mg	66	risperidone orally disintegrating tab 4 mg (RISPERIDONE M-TAB)	87
RIFATER (isoniazid-rifampin w/ pyrazinamide)	66	risperidone soln 1 mg/ml	87
RIGHTEST GL300 LANCETS	303	risperidone tab 0.25 mg	87
RIGHTEST GS100 BLOOD GLUCOSE (glucose blood)	303	risperidone tab 0.5 mg	87
RIGHTEST GS300 BLOOD GLUCOSE (glucose blood)	304	risperidone tab 1 mg	87
		risperidone tab 2 mg	87
		risperidone tab 3 mg	87
		risperidone tab 4 mg	87

RITALIN (methylphenidate hcl).....	160	ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL).....	81
RITALIN LA (methylphenidate hcl).....	160	ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL).....	81
RITEFLO.....	304	ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (ROPINIROLE HCL ER)....	81
ritonavir tab 100 mg.....	98	ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIROLE HCL ER)....	81
rivastigmine tartrate cap 1.5 mg (base equivalent).....	46	ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (ROPINIROLE HCL ER)....	81
rivastigmine tartrate cap 3 mg (base equivalent).....	46	ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIROLE HCL ER)....	81
rivastigmine tartrate cap 4.5 mg (base equivalent).....	46	ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (ROPINIROLE HCL ER)....	81
rivastigmine tartrate cap 6 mg (base equivalent).....	46	ROSULA (sulfacetamide sodium w/ sulfur) .	179
rivastigmine td patch 24hr 13.3 mg/24hr....	46	ROSULA WASH (sulfacetamide sodium w/ sulfur).....	179
rivastigmine td patch 24hr 4.6 mg/24hr....	46	rosuvastatin calcium tab 10 mg.....	148
rivastigmine td patch 24hr 9.5 mg/24hr....	46	rosuvastatin calcium tab 20 mg.....	148
rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....	64	rosuvastatin calcium tab 40 mg.....	148
rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....	64	rosuvastatin calcium tab 5 mg.....	148
rizatriptan benzoate tab 10 mg (base equivalent).....	64	ROXICODONE (oxycodone hcl).....	18
rizatriptan benzoate tab 5 mg (base equivalent).....	64	ROZEREM (ramelteon).....	342
ROBAXIN (methocarbamol).....	341	ROZLYTREK (entrectinib).....	70
ROBAXIN-750 (methocarbamol).....	341	RUBRACA (rucaparib camsylate).....	74
ROBINUL (glycopyrrolate).....	209	rufinamide susp 40 mg/ml.....	44
ROBINUL-FORTE (glycopyrrolate).....	209	RUKOBIA (fostemsavir tromethamine).....	96
ROCALTROL (calcitriol).....	268	RULAVITE DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....	200
ROCKLATAN (netarsudil dimesylate- latanoprost).....	316	RUZURGI (amifampridine).....	304
ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL).....	81	RYBELSUS (semaglutide).....	107
ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL).....	81	RYCLORA (dexchlorpheniramine maleate)	327
ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL).....	81	RYDAPT (midostaurin).....	74
ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL).....	81	RYTARY (carbidopa-levodopa).....	82
ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL).....	81	RYTHMOL SR (propafenone hcl).....	125
		RYVENT (carbinoxamine maleate).....	327
S			
		SABRIL (vigabatrin).....	42
		SAFE-T-LANCE.....	304
		SAFE-T-LANCE PLUS.....	304

SAFESNAP INSULIN SYRINGE.....	304	SAPHRIS (asenapine maleate).....	88
SAFETY INSULIN SYRINGES.....	304	sapropterin dihydrochloride powder packet	
SAFETY LANCET 21G/PRESSURE ACT.....	304	100 mg.....	215
SAFETY LANCET 23G/PRESSURE ACT.....	304	sapropterin dihydrochloride powder packet	
SAFETY LANCET 28G/PRESSURE ACT.....	304	500 mg.....	215
SAFETY LANCET 30G/PRESSURE ACT.....	304	sapropterin dihydrochloride soluble tab 100	
SAFETY LANCETS.....	304	mg.....	215
SAFETY LANCETS 21G.....	304	SAPS HEALTH TWIST TOP LANCETS.....	304
SAFETY LANCETS 28G.....	304	SAPS TWIST TOP LANCETS.....	304
SAFETY LET LANCETS.....	304	SAPSCARE TWIST TOP LANCETS.....	304
SAFETY SEAL LANCETS.....	304	SARAFEM (fluoxetine hcl (pmd)).....	52
SAFYRAL (drospirenone-ethinyl estradiol-		SAVAYSA (edoxaban tosylate).....	115
levomefolate calcium).....	248	SAVELLA (milnacipran hcl).....	164
SAIZEN (somatropin (non-refrigerated))....	228	SAVELLA TITRATION PACK (milnacipran hcl)	164
SAIZEN CLICK.EASY (somatropin (non-		SAXENDA (liraglutide (weight	
refrigerated)).....	228	management)).....	304
SAIZENPREP (somatropin (non-		SB INSULIN SYRINGE.....	304
refrigerated)).....	228	SB LANCETS THIN.....	304
SALAGEN (pilocarpine hcl (oral)).....	167	SB LANCETS ULTRA THIN.....	304
SALEX (salicylic acid).....	180	SCHNUCKS INSULIN SYRINGE.....	305
SALICYLIC ACID.....	180	scopolamine td patch 72hr 1 mg/3days....	56
salicylic acid cream 6%.....	180	SE-NATAL 19 (prenatal vit w/ docusate-fe	
salicylic acid film forming liquid 27.5%.....	180	fumarate-folic acid).....	200
salicylic acid film forming liquid 27.5%		SE-NATAL 19 (prenatal vit w/ ferrous fumarate-	
(SALICYLIC ACID WART REMOVER).....	180	folic acid).....	200
salicylic acid foam 6%.....	180	SEASONIQUE (levonorgestrel-ethinyl estradiol	
salicylic acid lotion 6%.....	180	(91-day)).....	248
salicylic acid lotion 6% (SALACYN).....	180	SECONAL (secobarbital sodium).....	342
salicylic acid lotion 6% (SALITECH FORTE)...	180	SECTRAL (acebutolol hcl).....	127
salicylic acid shampoo 6%.....	180	SECUADO (asenapine).....	88
salicylic acid shampoo 6% (KERALYT).....	180	SECURESAFE INSULIN SYRINGE.....	305
salicylic acid soln 26%.....	180	SECURESAFE SAFETY PEN NEEDLES.....	305
salicylic acid soln 26% (SALISOL FORTE)....	180	SEEBRI NEOHALER (glycopyrrolate	
salsalate tab 500 mg.....	5	(inhalation)).....	328
salsalate tab 750 mg.....	5	SEGLUROMET (ertugliflozin-metformin hcl)...	107
SALVAX (salicylic acid).....	180	SELECT-OB (prenatal vit w/ iron	
SAMSCA (tolvaptan).....	188	polysaccharide cmplx-l methylfolate-fa)...	200
SANCUSO (granisetron).....	57	SELECT-OB (prenatal vit w/ iron	
SANDIMMUNE (cyclosporine).....	264	polysaccharide complex-folic acid).....	200
SANDOSTATIN (octreotide acetate).....	257	SELEGILINE HCL.....	83
SANTYL (collagenase).....	180	selegiline hcl cap 5 mg.....	83

selegiline hcl tab 5 mg.....	83	silodosin cap 8 mg.....	218
selenium sulfide lotion 2.5%.....	175	SILVADENE (silver sulfadiazine).....	180
SELZENTRY (maraviroc).....	96	silver sulfadiazine cream 1%.....	180
SEMGLEE (insulin glargine).....	113	silver sulfadiazine cream 1% (SSD).....	180
SENSIPAR (cinacalcet hcl).....	269	SIMBRINZA (brinzolamide-brimonidine	
SEREVENT DISKUS (salmeterol xinafoate)...	331	tartrate).....	322
SERNIVO (betamethasone dipropionate		SIMPONI (golimumab).....	264
(topical)).....	226	SIMVASTATIN.....	148
SEROQUEL (quetiapine fumarate).....	88	simvastatin tab 10 mg.....	148
SEROQUEL XR (quetiapine fumarate).....	88	simvastatin tab 20 mg.....	148
SEROSTIM (somatropin (non-refrigerated))..	228	simvastatin tab 40 mg.....	148
sertraline hcl oral concentrate for solution 20		simvastatin tab 5 mg.....	148
mg/ml.....	52	simvastatin tab 80 mg.....	148
sertraline hcl tab 100 mg.....	52	SINEMET (carbidopa-levodopa).....	82
sertraline hcl tab 25 mg.....	52	SINEMET CR (carbidopa-levodopa).....	82
sertraline hcl tab 50 mg.....	52	SINGLE-LET.....	305
sevelamer carbonate packet 0.8 gm.....	189	SINGULAIR (montelukast sodium).....	328
sevelamer carbonate packet 2.4 gm.....	189	sirolimus oral soln 1 mg/ml.....	264
sevelamer carbonate tab 800 mg.....	189	sirolimus tab 0.5 mg.....	264
SEVELAMER HCL.....	189	sirolimus tab 1 mg.....	264
sevelamer hcl tab 800 mg.....	189	sirolimus tab 2 mg.....	264
SEYSARA (sarecycline hcl).....	35	SITAVIG (acyclovir).....	99
SFROWASA (mesalamine).....	266	SIVEXTRO (tedizolid phosphate).....	25
SHOHL'S MODIFIED (sodium citrate & citric		SKELAXIN (metaxalone).....	341
acid).....	220	SKLICE (ivermectin (pediculicide)).....	184
SHOPKO ON-THE-GO LANCETS 30G.....	305	SKYRIZI (150 MG DOSE) (risankizumab-rzaa)	260
SHOPKO UNIFINE PENTIPS.....	305	SLYND (drospirenone).....	250
SHOPKO UNIFINE PENTIPS PLUS.....	305	SM INSULIN SYRINGE.....	305
SHOPKO UNILET LANCETS 28G.....	305	SM LANCETS 33G.....	305
SHOPKO UNILET LANCETS 30G.....	305	SMART SENSE COLOR LANCETS 33G.....	305
SIDE BUTTON SAFETY LANCET.....	305	SMART SENSE PREMIUM TEST (glucose	
SIGNIFOR (pasireotide diaspertate).....	257	blood).....	305
SIKLOS (hydroxyurea (sickle cell anemia))...	69	SMART SENSE STANDARD LANCETS.....	305
sildenafil citrate for suspension 10 mg/ml..	333	SMART SENSE SUPER THIN LANCETS.....	305
sildenafil citrate tab 100 mg.....	220	SMART SENSE THIN LANCETS 26G.....	305
sildenafil citrate tab 20 mg.....	333	SMART SENSE VALUE TEST (glucose blood) ..	305
sildenafil citrate tab 25 mg.....	220	SMARTEST BLOOD GLUCOSE TEST (glucose	
sildenafil citrate tab 50 mg.....	220	blood).....	305
SILENOR (doxepin hcl (sleep)).....	342	SMARTEST LANCETS 28G.....	305
SILIQ (brodalumab).....	260	sodium chloride soln nebu 0.9%.....	338
silodosin cap 4 mg.....	218	sodium chloride soln nebu 10%.....	338

sodium chloride soln nebu 3%.....	338	SOLUS V2 TEST (glucose blood).....	305
sodium chloride soln nebu 3% (NEBUSAL) ..	338	SOLUS V2 TWIST LANCETS 30G.....	305
sodium chloride soln nebu 7%.....	338	SOMA (carisoprodol).....	341
sodium chloride soln nebu 7% (PULMOSAL) 338		SOMAVERT (pegvisomant).....	257
sodium citrate & citric acid soln 500-334		SONATA (zaleplon).....	342
mg/5ml (CYTRA-2).....	220	SOOLANTRA (ivermectin (rosacea)).....	184
sodium citrate & citric acid soln 500-334		SORIATANE (acitretin).....	170
mg/5ml (SOD CITRATE-CITRIC ACID).....	220	SORILUX (calcipotriene).....	180
sodium citrate & citric acid soln 500-334		sotalol hcl (afib/afl) tab 120 mg (SOTALOL	
mg/5ml (VIRTRATE-2).....	220	HCL (AF)).....	125
SODIUM FLUORIDE.....	200	sotalol hcl (afib/afl) tab 160 mg (SOTALOL	
sodium fluoride soln 0.125 mg/drop f (0.275		HCL (AF)).....	125
mg/drop naf) (FLUOR-A-DAY).....	200	sotalol hcl (afib/afl) tab 80 mg (SOTALOL HCL	
sodium fluoride soln 0.125 mg/drop f (0.275		(AF)).....	125
mg/drop naf) (FLUORITAB).....	200	sotalol hcl tab 120 mg.....	125
sodium fluoride soln 0.125 mg/drop f (0.275		sotalol hcl tab 120 mg (SORINE).....	125
mg/drop naf) (KARIDIUM).....	200	sotalol hcl tab 160 mg.....	125
sodium fluoride soln 0.125 mg/drop f (0.275		sotalol hcl tab 160 mg (SORINE).....	125
mg/drop naf) (NAFRINSE DROPS).....	200	sotalol hcl tab 240 mg.....	125
sodium phenylbutyrate oral powder 3		sotalol hcl tab 240 mg (SORINE).....	125
gm/teaspoonful.....	215	sotalol hcl tab 80 mg.....	125
sodium phenylbutyrate tab 500 mg.....	215	sotalol hcl tab 80 mg (SORINE).....	125
sodium polystyrene sulfonate oral susp 15		SOTYLIZE (sotalol hcl).....	125
gm/60ml.....	189	SOVALDI (sofosbuvir).....	91
sodium polystyrene sulfonate oral susp 15		SPECTRACEF (cefditoren pivoxil).....	27
gm/60ml (KIONEX).....	189	SPINOSAD.....	184
sodium polystyrene sulfonate rectal susp 30		SPIRIVA HANDIHALER (tiotropium bromide	
gm/120ml.....	189	monohydrate).....	328
SODIUM SULFACETAMIDE-BAKUCHIOL		SPIRIVA RESPIMAT (tiotropium bromide	
(sulfacetamide sodium in bakuchiol		monohydrate).....	328
vehicle).....	180	spironolactone & hydrochlorothiazide tab 25-	
SOFOSBUVIR-VELPATASVIR.....	91	25 mg (SPIRONOLACTONE-HCTZ).....	142
SOLARAZE (diclofenac sodium (actinic		spironolactone tab 100 mg.....	145
keratoses)).....	180	spironolactone tab 25 mg.....	145
solifenacin succinate tab 10 mg.....	217	spironolactone tab 50 mg.....	145
solifenacin succinate tab 5 mg.....	217	SPORANOX (itraconazole).....	60
SOLQUA (insulin glargine-lixisenatide).....	108	SPORANOX PULSEPAK (itraconazole).....	60
SOLODYN (minocycline hcl).....	35	SPRITAM (levetiracetam).....	40
SOLOSEC (secnidazole).....	25	SPRIX (ketorolac tromethamine).....	5
SOLTAMOX (tamoxifen citrate).....	68	SPRYCEL (dasatinib).....	75
SOLUS V2 LANCETS 28G.....	305	SPS (sodium polystyrene sulfonate).....	189

SSKI (potassium iodide (expectorant)).....	257	sucralfate susp 1 gm/10ml.....	211
SSS 10-5 (sulfacetamide sodium w/ sulfur) ..	180	sucralfate tab 1 gm.....	211
STALEVO 100 (carbidopa-levodopa-entacapone).....	79	SULAR (nisoldipine).....	129
STALEVO 125 (carbidopa-levodopa-entacapone).....	79	SULCONAZOLE NITRATE.....	60
STALEVO 150 (carbidopa-levodopa-entacapone).....	79	SULFACETAMIDE SODIUM (sulfacetamide sodium (ophth)).....	318
STALEVO 200 (carbidopa-levodopa-entacapone).....	79	sulfacetamide sodium cleansing gel 10%..	180
STALEVO 50 (carbidopa-levodopa-entacapone).....	79	sulfacetamide sodium liquid 10%.....	180
STALEVO 75 (carbidopa-levodopa-entacapone).....	79	sulfacetamide sodium liquid 10% (SEB-PREV WASH).....	180
STARLIX (nateglinide).....	108	sulfacetamide sodium liquid 10% (SODIUM SULFACETAMIDE WASH).....	180
stavudine cap 15 mg.....	95	sulfacetamide sodium lotion 10% (acne) (SULFACETAMIDE SODIUM (ACNE)).....	32
stavudine cap 20 mg.....	95	sulfacetamide sodium ophth soln 10%.....	318
stavudine cap 30 mg.....	95	sulfacetamide sodium shampoo 10% (SODIUM SULFACETAMIDE).....	181
stavudine cap 40 mg.....	95	sulfacetamide sodium w/ sulfur cleanser 10-2% (SULFACETAMIDE SODIUM-SULFUR).....	181
STAXYN (vardenafil hcl).....	220	sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR).....	181
STEGLATRO (ertugliflozin l-pyrogutamic acid).....	108	sulfacetamide sodium w/ sulfur cleansing pad 10-4% (SULFACETAMIDE SODIUM-SULFUR) ..	181
STEGLUJAN (ertugliflozin-sitagliptin).....	108	sulfacetamide sodium w/ sulfur cream 10-2% (SULFACETAMIDE SODIUM-SULFUR).....	181
STELARA (ustekinumab).....	260	sulfacetamide sodium w/ sulfur cream 10-5% (AVAR-E EMOLLIENT).....	181
STENDRA (avanafil).....	220	sulfacetamide sodium w/ sulfur cream 10-5% (AVAR-E GREEN).....	181
STERILANCE TL.....	305	sulfacetamide sodium w/ sulfur cream 10-5% (SSS 10-5).....	181
STIMATE (desmopressin acetate).....	228	sulfacetamide sodium w/ sulfur cream 10-5% (SULFACETAMIDE SODIUM-SULFUR).....	181
STIOLTO RESPIMAT (tiotropium bromide-olodaterol hcl).....	339	sulfacetamide sodium w/ sulfur cream 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR).....	181
STIVARGA (regorafenib).....	75	sulfacetamide sodium w/ sulfur emulsion 10-1% (BP 10-1).....	181
STRATTERA (atomoxetine hcl).....	160,161	sulfacetamide sodium w/ sulfur emulsion 10-1% (CERISA WASH).....	181
STRENSIQ (asfotase alfa).....	215	sulfacetamide sodium w/ sulfur emulsion 10-1% (SULFAMEZ WASH).....	181
STRIANT (testosterone).....	230		
STRIBILD (elvitegravir-cobicistat-emtricitabine-tenofovir df).....	92		
STRIVERDI RESPIMAT (olodaterol hcl).....	331		
STROMECTOL (ivermectin).....	77		
SUBOXONE (buprenorphine hcl-naloxone hcl dihydrate).....	21		
SUBSYS (fentanyl).....	18		
SUCRAID (sacrosidase).....	215		

sulfacetamide sodium w/ sulfur emulsion 10-5% (AVAR CLEANSER).....	181	SUMATRIPTAN SUCCINATE.....	64
sulfacetamide sodium w/ sulfur emulsion 10-5% (ROSANIL CLEANSER).....	181	sumatriptan succinate inj 6 mg/0.5ml.....	64
sulfacetamide sodium w/ sulfur emulsion 10-5% (SULFACETAMIDE SODIUM-SULFUR).....	181	sumatriptan succinate solution auto-injector 4 mg/0.5ml.....	64
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR).....	181	sumatriptan succinate solution auto-injector 6 mg/0.5ml.....	64
sulfacetamide sodium w/ sulfur susp 8-4% (SULFACETAMIDE SODIUM-SULFUR).....	181	sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL) .64	
sulfacetamide sodium w/ sulfur susp 8-4% (SULFACLEANSE 8/4).....	181	sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL) .64	
sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SOD-SULFUR WASH).....	182	sumatriptan succinate tab 100 mg.....	64
sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SODIUM-SULFUR).....	182	sumatriptan succinate tab 25 mg.....	64
sulfacetamide sodium w/ sulfur wash 9-4% (ZENCIA).....	182	sumatriptan succinate tab 50 mg.....	64
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% (SULFACETAMIDE-PREDNISOLONE).....	317	sumatriptan-naproxen sodium tab 85-500 mg.....	64
SULFACETAMIDE SODIUM-SULFUR (sulfacetamide sodium w/ sulfur).....	182	SUMAVEL DOSEPRO (sumatriptan succinate).....	64
SULFACETAMIDE-PREDNISOLONE (sulfacetamide sod-prednisolone).....	317	SUMAXIN (sulfacetamide sodium w/ sulfur).....	182
SULFADIAZINE.....	32	SUMAXIN TS (sulfacetamide sodium w/ sulfur).....	182
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	32	SUMAXIN WASH (sulfacetamide sodium w/ sulfur).....	182
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (SULFATRIM PEDIATRIC).....	32	SUNOSI (solriamfetol hcl).....	344
sulfamethoxazole-trimethoprim tab 400-80 mg.....	32	SUPER THIN LANCETS.....	306
sulfamethoxazole-trimethoprim tab 800-160 mg.....	32	SUPRAX (cefixime).....	27
SULFAMYLON (mafenide acetate).....	185	SUPREME TEST (glucose blood).....	306
sulfasalazine tab 500 mg.....	266	SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate).....	206
sulfasalazine tab delayed release 500 mg.....	266	SURE COMFORT INSULIN SYRINGE.....	306
sulindac tab 150 mg.....	5	SURE COMFORT LANCETS 18G.....	306
sulindac tab 200 mg.....	5	SURE COMFORT LANCETS 21G.....	306
sumatriptan nasal spray 20 mg/act.....	64	SURE COMFORT LANCETS 23G.....	306
sumatriptan nasal spray 5 mg/act.....	64	SURE COMFORT LANCETS 28G.....	306
		SURE COMFORT LANCETS 30G.....	306
		SURE COMFORT PEN NEEDLES.....	306
		SURE EDGE TEST (glucose blood).....	306
		SURE-FINE PEN NEEDLES.....	306
		SURE-JECT INSULIN SYRINGE.....	306
		SURE-LANCE FLAT LANCETS.....	306
		SURE-LANCE LANCETS 26G.....	306
		SURE-LANCE THIN LANCETS 28G.....	306

SURE-LANCE ULTRA THIN LANCETS.....	306
SURE-TEST EASYPLUS MINI TEST (glucose blood).....	306
SURE-TOUCH LANCETS UNIVERSAL.....	306
SURECHEK BLOOD GLUCOSE TEST (glucose blood).....	307
SURELITE LANCETS.....	307
SURMONTIL (trimipramine maleate).....	54
SUSTIVA (efavirenz).....	94
SUTAB (sodium sulfate-magnesium sulfate- potassium chloride).....	206
SUTENT (sunitinib malate).....	75
SYLATRON (peginterferon alfa-2b (antineoplastic)).....	261
SYMAX DUOTAB (hyoscyamine sulfate)....	209
SYMBICORT (budesonide-formoterol fumarate dihydrate).....	339
SYMBYAX (olanzapine-fluoxetine hcl).....	48
SYMDEKO (tezacaftor-ivacaftor).....	331
SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate).....	94
SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate).....	94
SYMJEPI (epinephrine (anaphylaxis)).....	331
SYMLINPEN 120 (pramlintide acetate).....	108
SYMLINPEN 60 (pramlintide acetate).....	108
SYMPAZAN (clobazam).....	42
SYMPROIC (naldemedine tosylate).....	206
SYMTUZA (darunavir-cobicistat-emtricitabine- tenofovir alafenamide).....	98
SYNALAR (fluocinolone acetonide).....	175
SYNAREL (nafarelin acetate).....	257
SYNDROS (dronabinol).....	57
SYNERA (lidocaine-tetracaine).....	20
SYNJARDY (empagliflozin-metformin hcl)...	108
SYNJARDY XR (empagliflozin-metformin hcl).....	108
SYNRIBO (omacetaxine mepesuccinate)...	70
SYNTHROID (levothyroxine sodium).....	255
SYPRINE (trientine hcl).....	188

T

TABLOID (thioguanine).....	69
TABRECTA (capmatinib hcl).....	70
TACLONEX (calcipotriene-betamethasone dipropionate).....	182
tacrolimus cap 0.5 mg.....	264
tacrolimus cap 1 mg.....	264
tacrolimus cap 5 mg.....	264
tacrolimus oint 0.03%.....	175
tacrolimus oint 0.1%.....	175
tadalafil tab 10 mg.....	218
tadalafil tab 2.5 mg.....	218
tadalafil tab 20 mg.....	218
tadalafil tab 20 mg (pah) (ALYQ).....	333
tadalafil tab 20 mg (pah) (TADALAFIL (PAH)).....	333
tadalafil tab 5 mg.....	218
TAFINLAR (dabrafenib mesylate).....	75
TAGRISSO (osimertinib mesylate).....	75
TAKHZYRO (lanadelumab-flyo).....	258
TALICIA (amoxicillin-rifabutin-omeprazole)...	210
TALTZ (ixekizumab).....	260
TALZENNA (talazoparib tosylate).....	75
TAMIFLU (oseltamivir phosphate).....	98
tamoxifen citrate tab 10 mg (base equivalent).....	68
tamoxifen citrate tab 20 mg (base equivalent).....	68
tamsulosin hcl cap 0.4 mg.....	218
TANZEUM (albiglutide).....	108
TAPAZOLE (methimazole).....	257
TAPERDEX 12-DAY (dexamethasone).....	226
TAPERDEX 7-DAY (dexamethasone).....	226
TARCEVA (erlotinib hcl).....	75
TARGADOX (doxycycline hyclate).....	35
TARGRETIN (bexarotene (topical)).....	76
TARGRETIN (bexarotene).....	76
TARKA (trandolapril-verapamil hcl).....	142
TARON-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3).....	201

TARON-PREX (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	201	temazepam cap 7.5 mg	343
TASIGNA (nilotinib hcl)	75	TEMIXYS (lamivudine-tenofovir disoproxil fumarate)	95
TASMAR (tolcapone)	79	TEMODAR (temozolomide)	67
tavaborole soln 5%	60	TEMOVATE (clobetasol propionate)	175
TAVALISSE (fostamatinib disodium)	119	temozolomide cap 100 mg	67
TAYTULLA (norethin acet & estrad-fe)	248	temozolomide cap 140 mg	67
tazarotene cream 0.1%	170	temozolomide cap 180 mg	67
TAZORAC (tazarotene)	170	temozolomide cap 20 mg	67
TAZVERIK (tazemetostat hbr)	70	temozolomide cap 250 mg	67
TECFIDERA (dimethyl fumarate)	166	temozolomide cap 5 mg	67
TECHLITE AST LANCETS	307	TENCON (butalbital-acetaminophen)	163
TECHLITE INSULIN SYRINGE	307	TENEX (guanfacine hcl)	119
TECHLITE LANCETS	307	tenofovir disoproxil fumarate tab 300 mg	95
TECHLITE LANCETS 30G	307	TENORETIC 100 (atenolol & chlorthalidone)	142
TECHLITE PEN NEEDLES	307	TENORETIC 50 (atenolol & chlorthalidone)	142
TECHNIVIE (ombitasvir-paritaprevir-ritonavir)	91	TENORMIN (atenolol)	128
TEGRETOL (carbamazepine)	44	TERAZOL 7 (terconazole vaginal)	60
TEGRETOL-XR (carbamazepine)	44	terazosin hcl cap 1 mg (base equivalent)	120
TEGSEDI (inotersen sodium)	215	terazosin hcl cap 10 mg (base equivalent)	120
TEKTURNA (aliskiren fumarate)	142	terazosin hcl cap 2 mg (base equivalent)	120
TEKTURNA HCT (aliskiren-hydrochlorothiazide)	142	terazosin hcl cap 5 mg (base equivalent)	120
TELCARE BLOOD GLUCOSE TEST (glucose blood)	307	terbinafine hcl tab 250 mg	60
telmisartan tab 20 mg	121	terbutaline sulfate tab 2.5 mg	331
telmisartan tab 40 mg	121	terbutaline sulfate tab 5 mg	331
telmisartan tab 80 mg	121	terconazole vaginal cream 0.4%	60
telmisartan-amlodipine tab 40-10 mg	142	terconazole vaginal cream 0.8%	60
telmisartan-amlodipine tab 40-5 mg	142	terconazole vaginal cream 0.8% (ZAZOLE)	60
telmisartan-amlodipine tab 80-10 mg	142	terconazole vaginal suppos 80 mg	60
telmisartan-amlodipine tab 80-5 mg	142	terconazole vaginal suppos 80 mg (ZAZOLE)	61
telmisartan-hydrochlorothiazide tab 40-12.5 mg (TELMISARTAN-HCTZ)	142	TERIPARATIDE (RECOMBINANT)	269
telmisartan-hydrochlorothiazide tab 80-12.5 mg (TELMISARTAN-HCTZ)	142	TESSALON PERLES (benzonatate)	339
telmisartan-hydrochlorothiazide tab 80-25 mg (TELMISARTAN-HCTZ)	142	TESTIM (testosterone)	230
temazepam cap 15 mg	342	TESTOSTERONE	230
temazepam cap 22.5 mg	342	TESTOSTERONE CYPIONATE	230
temazepam cap 30 mg	343	testosterone cypionate im inj in oil 100 mg/ml	230
		testosterone cypionate im inj in oil 200 mg/ml	230
		TESTOSTERONE ENANTHATE	230

testosterone enanthate im inj in oil 200 mg/ml.....	230	THINLETS GP LANCETS.....	307
testosterone td gel 10mg/act (2%).....	230	THINLETS LANCET.....	307
testosterone td gel 12.5 mg/act (1%).....	230	THIOLA (tiopronin).....	220
testosterone td gel 20.25 mg/1.25gm (1.62%).....	230	THIOLA EC (tiopronin).....	220
testosterone td gel 20.25 mg/act (1.62%)..	230	thioridazine hcl tab 10 mg.....	84
testosterone td gel 25 mg/2.5gm (1%).....	230	thioridazine hcl tab 100 mg.....	84
testosterone td gel 40.5 mg/2.5gm (1.62%)	230	thioridazine hcl tab 25 mg.....	84
testosterone td gel 50 mg/5gm (1%).....	230	thioridazine hcl tab 50 mg.....	84
testosterone td soln 30 mg/act.....	230	thiothixene cap 1 mg.....	84
TESTRED (methyltestosterone).....	230	thiothixene cap 10 mg.....	84
tetrabenazine tab 12.5 mg.....	163	thiothixene cap 2 mg.....	84
tetrabenazine tab 25 mg.....	163	thiothixene cap 5 mg.....	84
tetracycline hcl cap 250 mg.....	35	THRIVITE RX (prenatal vit w/ iron carbonyl-folic acid).....	201
tetracycline hcl cap 500 mg.....	36	THYQUIDITY (levothyroxine sodium).....	255
TEXACORT (hydrocortisone (topical)).....	175	thyroid tab 120 mg (2 grain).....	255
TGT BLOOD GLUCOSE TEST (glucose blood).....	307	thyroid tab 120 mg (2 grain) (NP THYROID)	255
TGT LANCET MICRO THIN 33G.....	307	thyroid tab 15 mg (1/4 grain).....	255
TGT LANCET THIN 26G.....	307	thyroid tab 15 mg (1/4 grain) (NP THYROID)	255
TGT LANCET ULTRA THIN 30G.....	307	thyroid tab 30 mg (1/2 grain).....	255
THALOMID (thalidomide).....	68	thyroid tab 30 mg (1/2 grain) (NP THYROID)	255
THEO-24 (theophylline).....	332	thyroid tab 60 mg (1 grain).....	255
THEOCHRON (theophylline).....	332	thyroid tab 60 mg (1 grain) (NP THYROID)..	255
THEOPHYLLINE ER.....	332	thyroid tab 90 mg (1 1/2 grain).....	255
theophylline soln 80 mg/15ml.....	332	thyroid tab 90 mg (1 1/2 grain) (NP THYROID)	255
theophylline tab er 12hr 100 mg (THEOPHYLLINE ER).....	332	THYROLAR-1 (liotrix (t3-t4)).....	255
theophylline tab er 12hr 200 mg (THEOPHYLLINE ER).....	332	THYROLAR-1/2 (liotrix (t3-t4)).....	255
theophylline tab er 12hr 300 mg (THEOCHRON).....	332	THYROLAR-1/4 (liotrix (t3-t4)).....	255
theophylline tab er 12hr 300 mg (THEOPHYLLINE ER).....	332	THYROLAR-2 (liotrix (t3-t4)).....	255
theophylline tab er 12hr 450 mg (THEOPHYLLINE ER).....	333	THYROLAR-3 (liotrix (t3-t4)).....	255
theophylline tab er 24hr 400 mg (THEOPHYLLINE ER).....	333	tiagabine hcl tab 12 mg.....	42
theophylline tab er 24hr 600 mg (THEOPHYLLINE ER).....	333	tiagabine hcl tab 16 mg.....	42
		tiagabine hcl tab 2 mg.....	42
		tiagabine hcl tab 4 mg.....	42
		TIAZAC (diltiazem hcl extended release beads).....	133
		TIBSOVO (ivosidenib).....	75
		TIGAN (trimethobenzamide hcl).....	56

TIGLUTIK (riluzole)	163	TL-SELECT (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	201
TIKOSYN (dofetilide)	125	TOBI (tobramycin)	332
TIMOLOL MALEATE (timolol maleate (ophth))	321	TOBI PODHALER (tobramycin)	332
timolol maleate ophth gel forming soln 0.25%	321	TOBRADEX (tobramycin-dexamethasone)	317
timolol maleate ophth gel forming soln 0.5%	321	TOBRADEX ST (tobramycin-dexamethasone)	317
timolol maleate ophth soln 0.25%	321	TOBRAMYCIN	332
timolol maleate ophth soln 0.5%	321	tobramycin nebu soln 300 mg/4ml	332
timolol maleate ophth soln 0.5% (once-daily)	321	tobramycin nebu soln 300 mg/5ml	332
timolol maleate preservative free ophth soln 0.5% (TIMOLOL MALEATE PF)	321	tobramycin ophth soln 0.3%	318
timolol maleate tab 10 mg	63	tobramycin-dexamethasone ophth susp 0.3-0.1%	317
timolol maleate tab 20 mg	63	TOBREX (tobramycin (ophth))	318
timolol maleate tab 5 mg	63	TODAYS HEALTH MINI PEN NEEDLES	307
TIMOPTIC (timolol maleate (ophth))	321	TODAYS HEALTH PEN NEEDLES	307
TIMOPTIC OCUDOSE (timolol maleate (ophth))	321	TODAYS HEALTH SHORT PEN NEEDLE	307
TIMOPTIC-XE (timolol maleate (ophth))	321	TODAYS HEALTH THIN LANCETS 28G	307
TINDAMAX (tinidazole)	25	TODAYS HEALTH THIN LANCETS 30G	307
tinidazole tab 250 mg	25	TOFRANIL (imipramine hcl)	54
tinidazole tab 500 mg	25	TOLAK (fluorouracil (topical))	182
TIROSINT (levothyroxine sodium)	255	TOLAZAMIDE	108
TIROSINT-SOL (levothyroxine sodium)	256	TOLBUTAMIDE	108
TIVICAY (dolutegravir sodium)	92	tolcapone tab 100 mg	79
TIVICAY PD (dolutegravir sodium)	92	TOLMETIN SODIUM	5
TIVORBEX (indomethacin)	5	TOLSURA (itraconazole)	61
tizanidine hcl cap 2 mg (base equivalent)	89	tolterodine tartrate cap er 24hr 2 mg (TOLTERODINE TARTRATE ER)	217
tizanidine hcl cap 4 mg (base equivalent)	89	tolterodine tartrate cap er 24hr 4 mg (TOLTERODINE TARTRATE ER)	217
tizanidine hcl cap 6 mg (base equivalent)	89	tolterodine tartrate tab 1 mg	217
tizanidine hcl tab 2 mg (base equivalent)	89	tolterodine tartrate tab 2 mg	217
tizanidine hcl tab 4 mg (base equivalent)	89	TOLVAPTAN	188
TL FOLATE (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	201	tolvaptan tab 30 mg	188
TL-CARE DHA (prenatal w/fe fumarate-fa-dss-fish oil)	201	TOPAMAX (topiramate)	40
TL-FLUORIVITE (ped multivitamins w/fl & iron)	201	TOPAMAX SPRINKLE (topiramate)	40
		TOPCARE CLICKFINE PEN NEEDLES	307
		TOPCARE LANCETS MICRO-THIN 33G	308
		TOPCARE ULTRA COMFORT INS SYR	308
		TOPCO INSULIN SYRINGE	308
		TOPICORT (desoximetasone)	175

TOPICORT SPRAY (desoximetasone)	175	trandolapril-verapamil hcl tab er 1-240 mg (TRANDOLAPRIL-VERAPAMIL HCL ER)	143
TOPIRAMATE ER	40	trandolapril-verapamil hcl tab er 2-180 mg (TRANDOLAPRIL-VERAPAMIL HCL ER)	143
topiramate sprinkle cap 15 mg	40	trandolapril-verapamil hcl tab er 2-240 mg (TRANDOLAPRIL-VERAPAMIL HCL ER)	143
topiramate sprinkle cap 25 mg	40	trandolapril-verapamil hcl tab er 4-240 mg (TRANDOLAPRIL-VERAPAMIL HCL ER)	143
topiramate tab 100 mg	40	tranexamic acid tab 650 mg	118
topiramate tab 200 mg	40	TRANSDERM SCOP (1.5 MG) (scopolamine)	56
topiramate tab 25 mg	40	TRANSDERM-SCOP (1.5 MG) (scopolamine)	56
topiramate tab 50 mg	40	TRANXENE-T (clorazepate dipotassium)	102
TOPROL XL (metoprolol succinate)	128	tranylcypromine sulfate tab 10 mg	49
toremifene citrate tab 60 mg (base equivalent)	68	TRAVATAN Z (travoprost)	322
torsemide tab 10 mg	144	TRAVEL LANCETS	308
torsemide tab 100 mg	144	TRAVEL LANCETS ADVANCED 28G	308
torsemide tab 20 mg	144	travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE))	323
torsemide tab 5 mg	144	trazodone hcl tab 100 mg	52
TOSYMRA (sumatriptan)	65	trazodone hcl tab 150 mg	52
TOUJEO MAX SOLOSTAR (insulin glargine)	113	trazodone hcl tab 300 mg	52
TOUJEO SOLOSTAR (insulin glargine)	113	trazodone hcl tab 50 mg	52
TOVIAZ (fesoterodine fumarate)	217	TRECTOR (ethionamide)	66
TRACLEER (bosentan)	334	TRELEGY ELLIPTA (fluticasone-umeclidinium- vilanterol)	339
TRADJENTA (linagliptin)	108	TREMFYA (guselkumab)	260
TRAMADOL HCL	19	TRESIBA (insulin degludec)	113
TRAMADOL HCL ER	10	TRESIBA FLEXTOUCH (insulin degludec)	113
tramadol hcl tab 50 mg	19	TRETIN-X (tretinoin)	170
tramadol hcl tab er 24hr 100 mg (TRAMADOL HCL ER)	10	tretinoin cap 10 mg	76
tramadol hcl tab er 24hr 200 mg (TRAMADOL HCL ER)	10	tretinoin cream 0.025%	170
tramadol hcl tab er 24hr 300 mg (TRAMADOL HCL ER)	10	tretinoin cream 0.025% (AVITA)	170
tramadol hcl tab er 24hr biphasic release 100 mg (TRAMADOL HCL ER (BIPHASIC))	11	tretinoin cream 0.05%	170
tramadol hcl tab er 24hr biphasic release 200 mg (TRAMADOL HCL ER (BIPHASIC))	11	tretinoin cream 0.1%	170
tramadol hcl tab er 24hr biphasic release 300 mg (TRAMADOL HCL ER (BIPHASIC))	11	tretinoin gel 0.01%	170
tramadol-acetaminophen tab 37.5-325 mg	19	tretinoin gel 0.025%	170
trandolapril tab 1 mg	123	tretinoin gel 0.025% (AVITA)	170
trandolapril tab 2 mg	123	tretinoin gel 0.05%	170
trandolapril tab 4 mg	123	tretinoin microsphere gel 0.04%	170
TRANDOLAPRIL-VERAPAMIL HCL ER	143	tretinoin microsphere gel 0.04% (TRETINOIN MICROSPHERE PUMP)	170

tretinoin microsphere gel 0.1%.....	170	triamterene & hydrochlorothiazide tab 75-50 mg (TRIAMTERENE-HCTZ).....	143
tretinoin microsphere gel 0.1% (TRETINOIN MICROSPHERE PUMP).....	170	triamterene cap 100 mg.....	145
TREXALL (methotrexate sodium).....	264	triamterene cap 50 mg.....	145
TREXIMET (sumatriptan-naproxen sodium)...	65	TRIAMTERENE-HCTZ (triamterene & hydrochlorothiazide).....	143
TREZIX (acetaminophen-caff-dihydrocod)..	19	TRIANEX (triamcinolone acetonide (topical)).....	176
TRI-NORINYL (28) (norethindrone-eth estradiol (triphasic)).....	248	triazolam tab 0.125 mg.....	343
TRI-VI-FLOR (pediatric vitamins acid & l-methylfolate w/ fluoride).....	201	triazolam tab 0.25 mg.....	343
TRI-VI-FLORO (pediatric vitamins acid & l-methylfolate w/ fluoride).....	201	TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide).....	143
TRI-VIT/FLUORIDE/IRON (pediatric vitamins acid fluoride & iron).....	201	TRICARE (prenatal vit w/ ferrous fumarate-folic acid).....	201
TRIADVANCE (prenatal vit w/ docusate-iron carbonyl-folic acid).....	201	TRICARE PRENATAL DHA ONE (prenatal multivit-min w/fe-fa).....	201
triamcinolone acetonide aerosol soln 0.147 mg/gm.....	176	TRICARE PRENATAL DHA ONE (prenatal w/fe fumarate-fa-dss-fish oil).....	201
triamcinolone acetonide cream 0.025%...	176	TRICOR (fenofibrate).....	147
triamcinolone acetonide cream 0.1%.....	176	TRIDESILON (desonide).....	176
triamcinolone acetonide cream 0.1% (TRIDERM).....	176	trientine hcl cap 250 mg.....	188
triamcinolone acetonide cream 0.5%.....	176	trientine hcl cap 250 mg (CLOVIQUE).....	188
triamcinolone acetonide cream 0.5% (TRIDERM).....	176	trifluoperazine hcl tab 1 mg (base equivalent).....	84
triamcinolone acetonide dental paste 0.1%.....	167	trifluoperazine hcl tab 10 mg (base equivalent).....	84
triamcinolone acetonide dental paste 0.1% (ORALONE).....	167	trifluoperazine hcl tab 2 mg (base equivalent).....	84
triamcinolone acetonide lotion 0.025%...	176	trifluoperazine hcl tab 5 mg (base equivalent).....	84
triamcinolone acetonide lotion 0.1%.....	176	TRIFLURIDINE.....	99
triamcinolone acetonide oint 0.025%.....	176	trifluridine ophth soln 1%.....	99
triamcinolone acetonide oint 0.05%.....	176	TRIGLIDE (fenofibrate).....	147
triamcinolone acetonide oint 0.05% (TRIANEX).....	176	trihexyphenidyl hcl oral soln 0.4 mg/ml.....	78
triamcinolone acetonide oint 0.1%.....	176	trihexyphenidyl hcl tab 2 mg.....	78
triamcinolone acetonide oint 0.5%.....	176	trihexyphenidyl hcl tab 5 mg.....	78
triamterene & hydrochlorothiazide cap 37.5-25 mg (TRIAMTERENE-HCTZ).....	143	TRIJARDY XR (empagliflozin-linagliptin-metformin).....	108
triamterene & hydrochlorothiazide tab 37.5-25 mg (TRIAMTERENE-HCTZ).....	143	TRIKAFTA (elexacaftor-tezacaftor-ivacaftor).....	332
		TRILEPTAL (oxcarbazepine).....	44

TRILIPIX (choline fenofibrate).....	147	TRUEPLUS 5-BEVEL PEN NEEDLES.....	308
trimethobenzamide hcl cap 300 mg.....	56	TRUEPLUS INSULIN SYRINGE.....	309
trimethoprim tab 100 mg.....	25	TRUEPLUS LANCETS 26G.....	309
trimipramine maleate cap 100 mg.....	54	TRUEPLUS LANCETS 28G.....	309
trimipramine maleate cap 25 mg.....	55	TRUEPLUS LANCETS 30G.....	309
trimipramine maleate cap 50 mg.....	55	TRUEPLUS LANCETS 33G.....	309
TRIMPEX (trimethoprim hcl).....	25	TRUEPLUS PEN NEEDLES.....	309
TRINATAL GT (prenatal vit w/ docusate-iron carbonyl-folic acid).....	201	TRUEPLUS SAFETY LANCETS 28G.....	309
TRINATAL RX 1 (prenatal vit w/ ferrous fumarate-folic acid).....	201	TRUETEST TEST (glucose blood).....	309
TRINATE (prenatal vit w/ ferrous fumarate-folic acid).....	201	TRUETRACK TEST (glucose blood).....	309
TRINAZ (prenatal vit w/ ferrous gluconate-folic acid).....	202	TRULANCE (plecanatide).....	206
TRINTELLIX (vortioxetine hbr).....	52	TRULICITY (dulaglutide).....	108
TRISTART DHA (prenatal without a w/ fe carbonyl-l methylfolate-fa-dha).....	202	TRUSOPT (dorzolamide hcl).....	322
TRISTART ONE (prenatal without a w/ fe carbonyl-l methylfolate-fa-dha).....	202	TRUVADA (emtricitabine-tenofovir disoproxil fumarate).....	95
TRIUMEQ (abacavir-dolutegravir- lamivudine).....	95	TUDORZA PRESSAIR (aclidinium bromide) ..	329
TRIZIVIR (abacavir sulfate-lamivudine- zidovudine).....	95	TUKYSA (tucatinib).....	75
TROKENDI XR (topiramate).....	40	TURALIO (pexidartinib hcl).....	75
tropicamide ophth soln 0.5%.....	317	TUSSICAPS (hydrocodone polistirex- chlorpheniramine polistirex).....	339
tropicamide ophth soln 1%.....	317	TUSSIONEX PENNKINETIC ER (hydrocodone polistirex-chlorpheniramine polistirex).....	339
tropium chloride cap er 24hr 60 mg (TROSPIMUM CHLORIDE ER).....	217	TUXARIN ER (chlorpheniramine w/ codeine).....	339
tropium chloride tab 20 mg.....	217	TUZISTRA XR (codeine polistirex- chlorpheniramine polistirex).....	339
TRUE COMFORT INSULIN SYRINGE.....	308	TWIRLA (levonorgestrel-ethinyl estradiol)...	248
TRUE COMFORT PEN NEEDLES.....	308	TWYNSTA (telmisartan-amlodipine).....	143
TRUE COMFORT PRO INSULIN SYR.....	308	TYBLUME (levonorgestrel & eth estradiol) ..	248
TRUE COMFORT PRO PEN NEEDLES.....	308	TYBOST (cobicistat).....	96
TRUE COMFORT TWIST TOP LANCETS.....	308	TYKERB (lapatinib ditosylate).....	75
TRUE FOCUS BLOOD GLUCOSE STRIP (glucose blood).....	308	TYLENOL WITH CODEINE #3 (acetaminophen w/ codeine).....	19
TRUE METRIX BLOOD GLUCOSE TEST (glucose blood).....	308	TYLENOL WITH CODEINE #4 (acetaminophen w/ codeine).....	19
TRUE METRIX PRO BLOOD GLUCOSE (glucose blood).....	308	TYMLOS (abaloparatide).....	269
		U	
		UBRELVY (ubrogepant).....	62
		UCERIS (budesonide (intrarectal)).....	266
		UCERIS (budesonide).....	266

UDENYCA (pegfilgrastim-cbqv)	117	ULTRAVATE (halobetasol propionate)	176
ULESFIA (benzyl alcohol (pediculicide))	182	UNIFINE PENTIPS	311
ULORIC (febuxostat)	61	UNIFINE PENTIPS PLUS	311
ULTICARE INSULIN SAFETY SYR	309	UNIFINE SAFECONTROL PEN NEEDLE	311
ULTICARE INSULIN SYRINGE	309	UNILET COMFORTOUCH LANCET	311
ULTICARE MICRO PEN NEEDLES	309	UNILET EXCELITE	311
ULTICARE MINI PEN NEEDLES	309	UNILET EXCELITE II	311
ULTICARE PEN NEEDLES	309	UNILET G.P. LANCET	311
ULTICARE SHORT PEN NEEDLES	309	UNILET G.P. SUPERLITE LANCET	312
ULTICARE THIN LANCETS 30G	309	UNILET GP 28 ULTRA THIN	312
ULTIGUARD SAFEPAK PEN NEEDLE	309	UNILET LANCET	312
ULTILET CLASSIC LANCETS	310	UNILET MICRO-THIN 33G	312
ULTILET INSULIN SYRINGE	310	UNILET SUPER-THIN 30G	312
ULTILET INSULIN SYRINGE SHORT	310	UNILET SUPERLITE LANCET	312
ULTILET LANCETS	310	UNILET ULTRA-THIN 28G	312
ULTILET PEN NEEDLE	310	UNISTIK 3 GENTLE	312
ULTILET SAFETY LANCETS	310	UNISTIK PRO SAFETY LANCET	312
ULTILET SAFETY LANCETS 23G	310	UNISTIK SAFETY LANCETS 28G	312
ULTIMA TEST (glucose blood)	310	UNISTIK SAFETY LANCETS 30G	312
ULTIMATECARE ONE (prenatal vit w/ iron carbonyl-fe aspart glyc-fa-omega 3)	202	UNISTIK TOUCH SAFETY LANC 21G	312
ULTRA COMFORT INSULIN SYRINGE	310	UNISTIK TOUCH SAFETY LANC 23G	312
ULTRA FLO INSULIN PEN NEEDLES	310	UNISTIK TOUCH SAFETY LANC 28G	312
ULTRA FLO INSULIN SYRINGE	310	UNISTIK TOUCH SAFETY LANC 30G	312
ULTRA THIN LANCETS 31G	310	UNISTRIP1 GENERIC (glucose blood)	312
ULTRA THIN PEN NEEDLES	310	UNIVERSAL 1 LANCETS THIN 26G	312
ULTRA-CARE LANCETS 30G	310	UNIVERSAL 1 LANCETS THIN 33G	312
ULTRA-COMFORT INSULIN SYRINGE	310	UNIVERSAL 1 LANCETS ULTRA THIN	312
ULTRA-THIN II AUTO LANCET	310	UPNEEQ (oxymetazoline hcl (blepharoptosis))	317
ULTRA-THIN II INS SYR SHORT	311	UPTRAVI (selexipag)	334
ULTRA-THIN II INSULIN SYRINGE	311	URAMAXIN (urea in ammonium lactate vehicle)	182
ULTRA-THIN II LANCETS	311	URAMAXIN (urea)	182
ULTRA-THIN II MINI PEN NEEDLE	311	URAMAXIN GT (urea)	182
ULTRA-THIN II PEN NEEDLE SHORT	311	URE-K (urea)	182
ULTRA-THIN II PEN NEEDLES	311	UREA	182
ULTRACARE INSULIN SYRINGE	311	urea cream 39%	182
ULTRACARE PEN NEEDLES	311	urea cream 39% (REA LO 39)	182
ULTRACET (tramadol-acetaminophen)	19	urea cream 39% (UREDEB)	182
ULTRAM (tramadol hcl)	19	urea cream 39% (XUREA)	182
ULTRATRAK PRO TEST (glucose blood)	311	urea cream 40%	183
ULTRATRAK ULTIMATE TEST (glucose blood)	311		

urea cream 40% (REA LO 40)	183
urea cream 40% (UREMEZ-40)	183
urea cream 41%	183
urea cream 41% (METOPIC)	183
urea cream 47%	183
urea cream 50%	183
urea cream 50% (REMEVEN)	183
urea foam 40% (UMECTA MOUSSE)	183
urea gel 45% (UREA NAIL)	183
UREA HYDRATING (urea in lactic acid vehicle)	183
urea lotion 40%	183
urea lotion 40% (REA LO 40)	183
urea lotion 40% (UREA-C40)	183
UREA NAIL (urea in zinc undecylenate-lactic acid vehicle)	183
URECHOLINE (bethanechol chloride)	220
UROCIT-K 10 (potassium citrate (alkalinizer))	187
UROCIT-K 15 (potassium citrate (alkalinizer))	187
UROCIT-K 5 (potassium citrate (alkalinizer))	187
UROXATRAL (alfuzosin hcl)	218
URSO 250 (ursodiol)	210
URSO FORTE (ursodiol)	210
ursodiol cap 300 mg	210
ursodiol tab 250 mg	210
ursodiol tab 500 mg	210
UTIBRON NEOHALER (indacaterol maleate-glycopyrrolate)	339
UTOPIC (urea)	183

V

V-GO 20	312
V-GO 30	312
V-GO 40	312
V-R MONO INSULIN SYRINGE	312
VAGIFEM (estradiol vaginal)	248
valacyclovir hcl tab 1 gm	99
valacyclovir hcl tab 500 mg	99
VALCHLOR (mechlorethamine hcl (topical))	67

VALCYTE (valganciclovir hcl)	89
valganciclovir hcl for soln 50 mg/ml (base equiv)	89
valganciclovir hcl tab 450 mg (base equivalent)	89
VALIUM (diazepam)	102
valproate sodium oral soln 250 mg/5ml (base equiv)	40
valproate sodium oral soln 250 mg/5ml (base equiv) (VALPROIC ACID)	40
valproic acid cap 250 mg	41
valsartan tab 160 mg	121
valsartan tab 320 mg	121
valsartan tab 40 mg	121
valsartan tab 80 mg	121
valsartan-hydrochlorothiazide tab 160-12.5 mg	143
valsartan-hydrochlorothiazide tab 160-25 mg	143
valsartan-hydrochlorothiazide tab 320-12.5 mg	143
valsartan-hydrochlorothiazide tab 320-25 mg	143
valsartan-hydrochlorothiazide tab 80-12.5 mg	143
VALTOCO 10 MG DOSE (diazepam (anticonvulsant))	42
VALTOCO 15 MG DOSE (diazepam (anticonvulsant))	42
VALTOCO 20 MG DOSE (diazepam (anticonvulsant))	43
VALTOCO 5 MG DOSE (diazepam (anticonvulsant))	43
VALTrex (valacyclovir hcl)	99
VALUE HEALTH INSULIN SYRINGE	312
VALUE PLUS LANCET STANDARD 21G	312
VALUE PLUS LANCETS SUPER THIN	312
VALUE PLUS LANCETS THIN 26G	312
VALUMARK LANCET SUPER THIN 30G	312
VALUMARK LANCET ULTRA THIN 28G	312
VALUMARK PEN NEEDLES	313

VALVED HOLDING CHAMBER.....	313	venlafaxine hcl tab 37.5 mg (base equivalent).....	52
VANCOGIN (vancomycin hcl).....	25	venlafaxine hcl tab 50 mg (base equivalent).....	52
VANCOGIN HCL (vancomycin hcl).....	25	venlafaxine hcl tab 75 mg (base equivalent).....	53
VANCOMYCIN HCL.....	25	venlafaxine hcl tab er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER).....	53
vancomycin hcl cap 125 mg (base equivalent).....	25	venlafaxine hcl tab er 24hr 225 mg (base equivalent) (VENLAFAXINE HCL ER).....	53
vancomycin hcl cap 250 mg (base equivalent).....	25	venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER).....	53
VANISHPOINT INSULIN SYRINGE.....	313	venlafaxine hcl tab er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER).....	53
VANOS (fluocinonide).....	176	VENTOLIN HFA (albuterol sulfate).....	331
vardenafil hcl orally disintegrating tab 10 mg.....	221	verapamil hcl cap er 24hr 100 mg (VERAPAMIL HCL ER).....	133
vardenafil hcl tab 10 mg.....	221	verapamil hcl cap er 24hr 120 mg (VERAPAMIL HCL ER).....	133
vardenafil hcl tab 2.5 mg.....	221	verapamil hcl cap er 24hr 180 mg (VERAPAMIL HCL ER).....	133
vardenafil hcl tab 20 mg.....	221	verapamil hcl cap er 24hr 200 mg (VERAPAMIL HCL ER).....	133
vardenafil hcl tab 5 mg.....	221	verapamil hcl cap er 24hr 240 mg (VERAPAMIL HCL ER).....	133
VARUBI (180 MG DOSE) (rolapitant hcl).....	57	verapamil hcl cap er 24hr 300 mg (VERAPAMIL HCL ER).....	133
VASCEPA (icosapent ethyl).....	150	VERAPAMIL HCL ER.....	133
VASERETIC (enalapril maleate & hydrochlorothiazide).....	143	verapamil hcl tab 120 mg.....	133
VASOTEC (enalapril maleate).....	123	verapamil hcl tab 40 mg.....	133
VECAMEYL (mecamylamine hcl).....	143	verapamil hcl tab 80 mg.....	133
VECTICAL (calcitriol (topical)).....	183	verapamil hcl tab er 120 mg (VERAPAMIL HCL ER).....	133
VELPHORO (sucroferric oxyhydroxide).....	189	verapamil hcl tab er 180 mg (VERAPAMIL HCL ER).....	133
VELTASSA (patiromer sorbitex calcium).....	189	verapamil hcl tab er 240 mg (VERAPAMIL HCL ER).....	133
VELTIN (clindamycin phosphate-tretinoin) ..	170	VERASENS BLOOD GLUCOSE TEST (glucose blood).....	313
VEMAVITE-PRX 2 (prenatal w/o vit a w/ fe fumarate-dss-fa-dha).....	202	VERDESO (desonide).....	226
VEMLIDY (tenofovir alafenamide fumarate) ..	90		
VENCLEXTA (venetoclax).....	75		
VENCLEXTA STARTING PACK (venetoclax) ..	75		
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER).....	52		
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER).....	52		
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER).....	52		
venlafaxine hcl tab 100 mg (base equivalent).....	52		
venlafaxine hcl tab 25 mg (base equivalent).....	52		

VERDROCET (hydrocodone-acetaminophen)	19	VINATE DHA RF (prenatal without vit a w/ fe fumarate-l methylfolate-omegas)	202
VEREGEN (sinecatechins)	183	VINATE II (prenatal vit w/ fe bisglycinate chelate-folic acid)	202
VERELAN (verapamil hcl)	133	VINATE M (prenatal vit w/ selenium-fe fumarate-folic acid)	202
VERELAN PM (verapamil hcl)	133	VINATE ONE (prenatal vit w/ ferrous fumarate-folic acid)	202
VERIPRED 20 (prednisolone sodium phosphate)	226	VIOKACE (pancrelipase (lipase-protease-amylase))	215
VERSACLOZ (clozapine)	89	VIRACEPT (nelfinavir mesylate)	98
VERZENIO (abemaciclib)	75	VIRAMUNE (nevirapine)	94
VESICARE (solifenacin succinate)	217	VIRAMUNE XR (nevirapine)	94
VFEND (voriconazole)	61	VIRASAL (salicylic acid)	183
VIAGRA (sildenafil citrate)	221	VIREAD (tenofovir disoproxil fumarate)	96
VIBERZI (eluxadoline)	207	VIROPTIC (trifluridine)	99
VIBRAMYCIN (doxycycline (monohydrate))	36	VIRT NATE (prenatal vit w/ ferrous fumarate-folic acid)	202
VIBRAMYCIN (doxycycline calcium)	36	VIRT-ADVANCE (prenatal vit w/ docusate-iron carbonyl-folic acid)	202
VIBRAMYCIN (doxycycline hyclate)	36	VIRT-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	202
VICTORY AGM-4000 TEST (glucose blood)	313	VIRT-NATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	202
VICTOZA (liraglutide)	108	VIRT-PN (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	202
VIDA MIA UNIFINE PENTIPS	313	VIRT-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	202
VIDA MIA UNILET LANCETS 28G	313	VIRT-PN PLUS (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	203
VIDA MIA UNILET LANCETS 30G	313	VIRT-SELECT (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	203
VIDEX (didanosine)	96	VIRT-VITE GT (prenatal vit w/ docusate-iron carbonyl-folic acid)	203
VIDEX EC (didanosine)	96	VISTARIL (hydroxyzine pamoate)	327
VIEKIRA PAK (ombitasvir-paritaprevir-ritonavir-dasabuvir)	92	VISTOGARD (uridine triacetate (emergency treatment))	313
VIEKIRA XR (ombitasvir-paritaprevir-ritonavir-dasabuvir)	92	VITAFOL FE+ (prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha)	203
vigabatrin powd pack 500 mg	43	VITAFOL GUMMIES (prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids)	203
vigabatrin powd pack 500 mg (VIGADRONE)	43		
vigabatrin tab 500 mg	43		
VIGAMOX (moxifloxacin hcl (ophth))	319		
VIIBRYD (vilazodone hcl)	53		
VIIBRYD STARTER PACK (vilazodone hcl)	53		
VIL-RX (prenatal vit w/ iron carbonyl-folic acid)	202		
VIMOVO (naproxen-esomeprazole magnesium)	5		
VIMPAT (lacosamide)	45		
VINATE CARE (prenatal without a vit w/ fe fumarate-folic acid)	202		

VITAFOL STRIPS (prenatal w/ vit b6-b12-cholecalciferol-folic acid).....	203
VITAFOL ULTRA (prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha).....	203
VITAFOL-NANO (prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid).....	203
VITAFOL-OB (prenatal vit w/ ferrous fumarate-folic acid).....	203
VITAFOL-ONE (prenatal mv & min w/fe polysaccharide complex-fa-dha).....	203
VITALET PRO LANCETS.....	313
VITALET PRO PLUS LANCETS.....	313
VITAMEDMD ONE RX/QUATREFOLIC (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....	203
VITAMEDMD REDICHEW RX (prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid).....	203
VITAPEARL (prenatal without a w/ fe fumarate-sod ferredetate-fa-dha).....	203
VITATHELY WITH GINGER (prenatal vit w/ ferrous fumarate-folic acid).....	203
VITEKTA (elvitegravir).....	92
VITRAKVI (larotrectinib sulfate).....	75,76
VITUZ (hydrocodone-chlorpheniramine)...	339
VIVA DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	203
VIVAGUARD INO TEST STRIPS (glucose blood).....	313
VIVAGUARD LANCETS.....	313
VIVELLE-DOT (estradiol).....	248
VIVLODEX (meloxicam).....	5
VIZIMPRO (dacomitinib).....	76
VOCAL POINT BLOOD GLUCOSE TEST (glucose blood).....	313
VOGELXO (testosterone).....	230
VOGELXO PUMP (testosterone).....	230
VOL-NATE (prenatal vit w/ ferrous fumarate-folic acid).....	204
VOL-PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	204
VOL-TAB RX (prenatal vit w/ iron carbonyl-folic acid).....	204
voriconazole for susp 40 mg/ml.....	61
voriconazole tab 200 mg.....	61
voriconazole tab 50 mg.....	61
VORTEX HOLDING CHAMBER/MASK.....	313
VORTEX VALVED HOLDING CHAMBER.....	313
VOSEVI (sofosbuvir-velpatasvir-voxilaprevir) .	92
VOSPIRE ER (albuterol sulfate).....	331
VOTRIENT (pazopanib hcl).....	76
VP INSULIN SYRINGE.....	313
VP-GGR-B6 PRENATAL (prenatal w/ calcium-vit b6-folic acid-ginger).....	204
VP-HEME OB (prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa).....	204
VP-HEME ONE (prenatal vit w/ fe polysacch cmplx-fe heme polypept-fa & dha).....	204
VP-PNV-DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	204
VRAYLAR (cariprazine hcl).....	88
VTOL LQ (butalbital-acetaminophen-caffeine).....	163
VUMERITY (diroximel fumarate).....	166
VUMERITY (STARTER) (diroximel fumarate) ..	166
VUSION (miconazole-zinc oxide-white petrolatum).....	61
VYLEESI (bremelanotide acetate).....	221
VYNDAMAX (tafamidis).....	144
VYNDAQEL (tafamidis meglumine (cardiac)).....	215
VYTORIN (ezetimibe-simvastatin).....	150
VYVANSE (lisdexamfetamine dimesylate) ..	155
VYZULTA (latanoprostene bunod).....	323
W	
W&F LANCETS 26G.....	313
W&F LANCETS COLORED 21G.....	313
WAKIX (pitolisant hcl).....	344
WALGREENS ADV TRAVEL LANCETS.....	313
WALGREENS LANCETS.....	313
WALGREENS LANCETS MICRO THIN.....	313

WALGREENS LANCETS SUPER THIN.....	314
WALGREENS THIN LANCETS.....	314
WALGREENS ULTRA THIN LANCETS.....	314
warfarin sodium tab 1 mg.....	115
warfarin sodium tab 1 mg (JANTOVEN)....	115
warfarin sodium tab 10 mg.....	115
warfarin sodium tab 10 mg (JANTOVEN)...	115
warfarin sodium tab 2 mg.....	115
warfarin sodium tab 2 mg (JANTOVEN)....	115
warfarin sodium tab 2.5 mg.....	115
warfarin sodium tab 2.5 mg (JANTOVEN)...	115
warfarin sodium tab 3 mg.....	115
warfarin sodium tab 3 mg (JANTOVEN)....	115
warfarin sodium tab 4 mg.....	115
warfarin sodium tab 4 mg (JANTOVEN)....	115
warfarin sodium tab 5 mg.....	115
warfarin sodium tab 5 mg (JANTOVEN)....	115
warfarin sodium tab 6 mg.....	115
warfarin sodium tab 6 mg (JANTOVEN)....	115
warfarin sodium tab 7.5 mg.....	115
warfarin sodium tab 7.5 mg (JANTOVEN)...	115
WATCHHALER.....	314
WAVESENSE PRESTO (glucose blood).....	314
WEGMANS UNIFINE PENTIPS PLUS.....	314
WELCHOL (colesevelam hcl).....	150
WELLBUTRIN SR (bupropion hcl).....	48
WELLBUTRIN XL (bupropion hcl).....	49
WESTAB PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	204
WESTGEL DHA (prenatal without a w/ fe carbonyl-l methylfolate-fa-dha).....	204
WESTHROID (thyroid).....	256
WIDE-SEAL DIAPHRAGM 60 (diaphragm wide seal).....	314
WIDE-SEAL DIAPHRAGM 65 (diaphragm wide seal).....	314
WIDE-SEAL DIAPHRAGM 70 (diaphragm wide seal).....	314
WIDE-SEAL DIAPHRAGM 75 (diaphragm wide seal).....	314

WIDE-SEAL DIAPHRAGM 80 (diaphragm wide seal).....	314
WIDE-SEAL DIAPHRAGM 85 (diaphragm wide seal).....	314
WIDE-SEAL DIAPHRAGM 90 (diaphragm wide seal).....	314
WIDE-SEAL DIAPHRAGM 95 (diaphragm wide seal).....	314
WINLEVI (clascoterone).....	170
WP THYROID.....	256
WYNZORA (calcipotriene-betamethasone dipropionate).....	183

X

XADAGO (safinamide mesylate).....	83
XALATAN (latanoprost).....	323
XALKORI (crizotinib).....	76
XANAX (alprazolam).....	102
XANAX XR (alprazolam).....	102
XARELTO (rivaroxaban).....	115
XARELTO STARTER PACK (rivaroxaban)....	116
XARTEMIS XR (oxycodone w/ acetaminophen).....	19
XATMEP (methotrexate).....	264
XCOPRI (250 MG DAILY DOSE) (cenobamate).....	41
XCOPRI (350 MG DAILY DOSE) (cenobamate).....	41
XCOPRI (cenobamate).....	41
XELJANZ (tofacitinib citrate).....	260
XELJANZ XR (tofacitinib citrate).....	265
XELODA (capecitabine).....	69
XELPROS (latanoprost).....	323
XENAZINE (tetrabenazine).....	163
XENICAL (orlistat).....	210
XENLETA (lefamulin acetate).....	98
XEPI (ozenoxacin).....	185
XERESE (acyclovir-hydrocortisone).....	183
XERMELO (telotristat etiprate).....	207
XGEVA (denosumab).....	269
XHANCE (fluticasone propionate (nasal)) ..	326

XIFAXAN (rifaximin)	25
XIGDUO XR (dapagliflozin-metformin hcl) ..	109
XIIDRA (lifitegrast)	317
XIMINO (minocycline hcl)	36
XODOL (hydrocodone-acetaminophen) ...	19
XOFLUZA (40 MG DOSE) (baloxavir marboxil)	98
XOFLUZA (80 MG DOSE) (baloxavir marboxil)	98
XOLEGEL (ketoconazole (topical))	61
XOPENEX (levalbuterol hcl)	331
XOPENEX CONCENTRATE (levalbuterol hcl)	331
XOPENEX HFA (levalbuterol tartrate)	331
XOSPATA (gilteritinib fumarate)	76
XPOVIO (100 MG ONCE WEEKLY) (selinexor)	70
XPOVIO (40 MG ONCE WEEKLY) (selinexor) ..	70
XPOVIO (40 MG TWICE WEEKLY) (selinexor) ..	70
XPOVIO (60 MG ONCE WEEKLY) (selinexor) ..	70
XPOVIO (60 MG TWICE WEEKLY) (selinexor) ..	70
XPOVIO (80 MG ONCE WEEKLY) (selinexor) ..	70
XPOVIO (80 MG TWICE WEEKLY) (selinexor) ..	70
XTAMPZA ER (oxycodone)	11
XTANDI (enzalutamide)	68
XULANE (norelgestromin-ethinyl estradiol) ..	248
XULTOPHY (insulin degludec-liraglutide) ...	109
XURIDEN (uridine triacetate)	215
XYOSTED (testosterone enanthate)	231
XYREM (sodium oxybate)	344
XYWAV (calcium, magnesium, potassium, & sodium oxybates)	344

Y

YASMIN 28 (drospirenone-ethinyl estradiol)	248
YAZ (drospirenone-ethinyl estradiol)	248
YONSA (abiraterone acetate)	68
YOSPRALA (aspirin-omeprazole)	119
YUPELRI (revefenacin)	329

Z

zafirlukast tab 10 mg	328
zafirlukast tab 20 mg	328

zaleplon cap 10 mg	343
zaleplon cap 5 mg	343
ZALVIT (prenatal vit w/ ferrous gluconate-folic acid)	204
ZAMICET (hydrocodone-acetaminophen) ..	19
ZANAFLEX (tizanidine hcl)	89
ZANTAC (ranitidine hcl)	211
ZARONTIN (ethosuximide)	41
ZARXIO (filgrastim-sndz)	117
ZATEAN-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	204
ZATEAN-PN PLUS (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	204
ZAVESCA (miglustat)	215
ZCORT 7-DAY (dexamethasone)	226
ZEBETA (bisoprolol fumarate)	128
ZEGERID (omeprazole-sodium bicarbonate)	213
ZEJULA (niraparib tosylate)	76
ZELAPAR (selegiline hcl)	83
ZELBORAF (vemurafenib)	76
ZELNORM (tegaserod maleate)	207
ZEMBRACE SYMTOUCH (sumatriptan succinate)	65
ZEMPLAR (paricalcitol)	269
ZENPEP (pancrelipase (lipase-protease- amylase))	215
ZENZEDI (dextroamphetamine sulfate)	155
ZEPATIER (elbasvir-grazoprevir)	92
ZEPOSIA (ozanimod hcl)	166
ZEPOSIA 7-DAY STARTER PACK (ozanimod hcl)	166
ZEPOSIA STARTER KIT (ozanimod hcl)	166
ZERIT (stavudine)	96
ZERVIAE (cetirizine hcl (ophth))	327
ZESTORETIC (lisinopril & hydrochlorothiazide)	144
ZESTRIL (lisinopril)	123
ZETIA (ezetimibe)	150
ZETONNA (ciclesonide (nasal))	326
ZIAC (bisoprolol & hydrochlorothiazide)	144

ZIAGEN (abacavir sulfate)	96	ZOMACTON (FOR ZOMA-JET 10)	
ZIANA (clindamycin phosphate-tretinoin) . .	170	(somatropin)	228
zidovudine cap 100 mg	96	ZOMACTON (somatropin)	228
zidovudine syrup 10 mg/ml	96	ZOMIG (zolmitriptan)	65
zidovudine tab 300 mg	96	ZOMIG ZMT (zolmitriptan)	65
ZIEXTENZO (pegfilgrastim-bmez)	117	ZONACORT 11 DAY (dexamethasone)	226
zileuton tab er 12hr 600 mg (ZILEUTON ER) .	328	ZONACORT 7 DAY (dexamethasone)	226
ZILXI (minocycline hcl micronized		ZONALON (doxepin hcl (antipruritic))	176
(rosacea))	170	ZONEGRAN (zonisamide)	45
ZIOPTAN (tafluprost)	323	zonisamide cap 100 mg	45
ziprasidone hcl cap 20 mg	88	zonisamide cap 25 mg	45
ziprasidone hcl cap 40 mg	88	zonisamide cap 50 mg	45
ziprasidone hcl cap 60 mg	88	ZONTIVITY (vorapaxar sulfate)	116
ziprasidone hcl cap 80 mg	88	ZORBTIVE (somatropin (non-refrigerated)) .	228
ZIPSOR (diclofenac potassium)	5	ZORTRESS (everolimus	
ZIRGAN (ganciclovir ophthalmic)	90	(immunosuppressant))	265
ZITHROMAX (azithromycin)	30	ZORVOLEX (diclofenac)	5
ZITHROMAX TRI-PAK (azithromycin)	30	ZOVIRAX (acyclovir topical)	185
ZITHROMAX Z-PAK (azithromycin)	30	ZOVIRAX (acyclovir)	99
ZMAX (azithromycin)	31	ZTLIDO (lidocaine)	20
ZOCOR (simvastatin)	148	ZUBSOLV (buprenorphine hcl-naloxone hcl	
ZODEX 12-DAY (dexamethasone)	226	dihydrate)	21
ZOFRAN (ondansetron hcl)	57	ZUPLENZ (ondansetron)	58
ZOFRAN ODT (ondansetron)	57	ZURAMPIC (lesinurad)	61
ZOHYDRO ER (hydrocodone bitartrate)	11	ZUTRIPRO (pseudoephed-cpm w/	
ZOKINVY (lonafarnib)	215	hydrocod)	339
ZOLINZA (vorinostat)	71	ZYBAN (bupropion hcl (smoking deterrent)) .	22
zolmitriptan orally disintegrating tab 2.5 mg.	65	ZYCLARA (imiquimod)	183
zolmitriptan orally disintegrating tab 5 mg . .	65	ZYCLARA PUMP (imiquimod)	183
zolmitriptan tab 2.5 mg	65	ZYDELIG (idelalisib)	76
zolmitriptan tab 5 mg	65	ZYFLO (zileuton)	328
ZOLOFT (sertraline hcl)	53	ZYFLO CR (zileuton)	328
zolpidem tartrate sl tab 1.75 mg	343	ZYKADIA (ceritinib)	76
zolpidem tartrate sl tab 3.5 mg	343	ZYLET (loteprednol etabonate-tobramycin)	317
zolpidem tartrate tab 10 mg	343	ZYLOPRIM (allopurinol)	61
zolpidem tartrate tab 5 mg	343	ZYMAXID (gatifloxacin (ophth))	319
zolpidem tartrate tab er 12.5 mg (ZOLPIDEM		ZYPITAMAG (pitavastatin magnesium)	148
TARTRATE ER)	343	ZYPREXA (olanzapine)	88
zolpidem tartrate tab er 6.25 mg (ZOLPIDEM		ZYPREXA ZYDIS (olanzapine)	88
TARTRATE ER)	343	ZYTIGA (abiraterone acetate)	68
ZOLPIMIST (zolpidem tartrate)	343	ZYVOX (linezolid)	25

Blue Shield of California

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

Blue Shield of California 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 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 of California:

- 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 of California Civil Rights Coordinator.

If you believe that Blue Shield of California 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
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 can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Notice of the Availability of Language Assistance Services

Blue Shield of California

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198. (Spanish)

重要通知： 您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需免費幫助，請立即撥打登列在您的Blue Shield ID卡背面上的會員/客戶服務部的電話，或者撥打電話 (866) 346-7198。(Chinese)

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số (866) 346-7198. (Vietnamese)

MAHALAGA: Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa numerong telepono ng Miyembro/Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Baa' ákohwiindzindooígí: Díí naaltsoosish yíiniłta'go bíinígah? Doo bíinígahgóó éí, naaltsoos nich'í' yiidóolta'hígíí ła' nihee hółó. Díí naaltsoos áldó' t'áá Diné k'ehjí ádoólnííł nínízingo bíighah. Doo ɓaah ílinígó shíká' adoowoł nínízingó nihich'í' béésh bee hodíłnih dóó námboo éí díí Blue Shield bee néího'díłzinígí bine'dée' bikáá' éí doodagó éí (866) 346-7198 jì' hodíłnih. (Navajo)

중요: 이 서신을 읽을 수 있으세요? 읽으실 수 경우, 도움을 드릴 수 있는 사람이 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시려면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전환하세요. (Korean)

ԿԱՐԵՎՈՐ Է: Կարողանում ե՞ք կարդալ այս նամակը: Եթե ոչ, ապա մենք կօգնենք ձեզ: Դուք պետք է նաև կարողանաք ստանալ այս նամակը ձեր լեզվով: Ծառայությունն անվճար է: Խնդրում ենք անմիջապես զանգահարել Հաճախորդների սպասարկման բաժնի հեռախոսահամարով, որը նշված է ձեր Blue Shield ID քարտի ետևի մասում, կամ (866) 346-7198 համարով: (Armenian)

ВАЖНО: Не можете прочесть данное письмо? Мы поможем вам, если необходимо. Вы также можете получить это письмо написанное на вашем родном языке. Позвоните в Службу клиентской/членской поддержки прямо сейчас по телефону, указанному сзади идентификационной карты Blue Shield, или по телефону (866) 346-7198, и вам помогут совершенно бесплатно. (Russian)

重要： お客様は、この手紙を読むことができますか？もし読むことができない場合、弊社が、お客様をサポートする人物を手配いたします。また、お客様の母国語で書かれた手紙をお送りすることも可能です。無料のサポートを希望される場合は、Blue Shield IDカードの裏面に記載されている会員/お客様サービスの電話番号、または、(866) 346-7198にお電話をおかけください。 (Japanese)

مهم: آیا می‌توانید این نامه را بخوانید؟ اگر پاسختان منفی است، می‌توانیم کسی را برای کمک به شما در اختیاراتان قرار دهیم. حتی می‌توانید نسخه مکتوب این نامه را به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، لطفاً بدون فوت وقت از طریق شماره تلفنی که در پشت کارت شناسایی Blue Shield تان درج شده است و یا از طریق شماره تلفن (866) 346-7198 با خدمات اعضا/مشتری تماس بگیرید. (Persian)

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿਚ ਮਦਦ ਲਈ ਅਸੀਂ ਕਿਸੇ ਵਿਅਕਤੀ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ। ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਵਿਚ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਤੁਹਾਡੇ Blue Shield ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ/ਕਸਟਮਰ ਸਰਵਿਸ ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ, ਜਾਂ (866) 346-7198 ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

ប្រការសំខាន់៖ តើអ្នកអាចលិខិតនេះ បានដែរឬទេ? បើមិនអាចទេ យើងអាចឱ្យគេជួយអ្នកក្នុងការអានលិខិតនេះ។ អ្នកក៏អាចទទួលបានលិខិតនេះជាភាសារបស់អ្នកផងដែរ។ សម្រាប់ជំនួយដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទភ្លាមៗទៅកាន់លេខទូរស័ព្ទសេវាសមាជិក/អតិថិជនដែលមាននៅលើខ្ទង់ប័ណ្ណសម្គាល់ Blue Shield របស់អ្នក ឬតាមរយៈលេខ (866) 346-7198។ (Khmer)

المهم: هل تستطيع قراءة هذا الخطاب؟ أن لم تستطع قراءته، يمكننا إحضار شخص ما ليساعدك في قراءته. قد تحتاج أيضاً إلى الحصول على هذا الخطاب مكتوباً بلغتك. للحصول على المساعدة بدون تكلفة، يرجى الاتصال الآن على رقم هاتف خدمة العملاء/أحد الأعضاء المدون على الجانب الخلفي من بطاقة الهوية Blue Shield أو على الرقم (866) 346-7198. (Arabic)

TSEEM CEEB: Koj pos tuaj yeem nyeem tau tsab ntawv no? Yog hais tias nyeem tsis tau, peb tuaj yeem nrhiav ib tug neeg los pab nyeem nws rau koj. Tej zaum koj kuj yuav tau txais muab tsab ntawv no sau ua koj hom lus. Rau kev pab txhais dawb, thov hu kiag rau tus xov tooj Kev Pab Cuam Tub Koom Xeeb/Tub Lag Luam uas nyob rau sab nraum nrob qaum ntawm koj daim npav Blue Shield ID, los yog hu rau tus xov tooj (866) 346-7198. (Hmong)

สำคัญ: คุณอ่านจดหมายฉบับนี้ได้หรือไม่ หากไม่ได้ โปรดขอความช่วยเหลือจากผู้อ่านได้
คุณอาจได้รับจดหมายฉบับนี้เป็นภาษาของคุณ หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย
โปรดติดต่อฝ่ายบริการลูกค้า/สมาชิกทางเบอร์โทรศัพท์ในบัตรประจำตัว Blue Shield ของคุณ หรือโทร
(866) 346-7198 (Thai)

महत्वपूर्ण: क्या आप इस पत्र को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी मदद के लिए किसी व्यक्ति का प्रबंध कर सकते हैं। आप इस पत्र को अपनी भाषा में भी प्राप्त कर सकते हैं। निःशुल्क मदद प्राप्त करने के लिए अपने Blue Shield ID कार्ड के पीछे दिए गये मँबर/कस्टमर सर्विस टेलीफोन नंबर, या (866) 346-7198 पर कॉल करें। (Hindi)

ສິ່ງສຳຄັນ: ທ່ານສາມາດອ່ານຈົດໝາຍນີ້ໄດ້ບໍ່? ຖ້າອ່ານບໍ່ໄດ້, ພວກເຮົາສາມາດໃຫ້ບາງຄົນຊ່ວຍອ່ານໃຫ້ທ່ານຟັງໄດ້.
ທ່ານຍັງສາມາດຂໍໃຫ້ແປຈົດໝາຍນີ້ເປັນພາສາຂອງທ່ານໄດ້. ສຳລັບຄວາມຊ່ວຍເຫຼືອແບບບໍ່ເສຍຄ່າ, ກະລຸນາ
ໂທຫາເບີໂທຂອງຝ່າຍບໍລິການສະມາຊິກ/ລູກຄ້າໃນທັນທີເບີໂທລະສັບຢູ່ດ້ານຫຼັງບັດສະມາຊິກ Blue Shield ຂອງທ່ານ,
ຫຼືໂທໄປຫາເບີ(866) 346-7198. (Laotian)

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 գնդահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով գնդահարեք 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 ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាភូតិកផ្នែក៖ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយសូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក 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 بنا 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 คุณสามารถรับบริการจากสาม 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 hólóqodoo nínízingo éí bííghah. Naaltsoos naanínáhájeehígí shich'í' yíidooltah éí doodagó ła' shich'í' ádoolníí nínízingo bííghah. Shíká a'doowoł nínízingo nihich'í' béeesh bee hodíílnih dóó námboo éí díí ninaaltsoos dootł'ízhígí bee néího'díłzinígí bine'déé' bikáá' éí doodagó éí (866)346-7198jí' hodíílnih. Hózhó shíká anáá'doowoł nínízingo éí díí béeso ách'áah naa'nil bit haz'áají' 1-800-927-4357jí' hodíílnih. Navajo

ບໍລິການແປພາສາໂດຍບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍເອົາຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານຟັງ ແລະ ສົ່ງເອກະສານບາງຢ່າງທີ່ເປັນພາສາຂອງທ່ານ. ສໍາລັບຄວາມຊ່ວຍເຫຼືອ, ໃຫ້ໂທຫາພວກເຮົາຕາມເບີໂທລະສັບທີ່ມີ ໃນບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ໂທຫາເບີ 1-866-346-7198. ສໍາລັບຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໂທຫາ ພະແນກ ປະກັນໄພຂອງ ລັດຄາລິຟໍເນຍໄດ້ທີ່ເບີ 1-800-927-4357. Laotian

Blue Shield Pharmacy Services
P.O. Box 70850
Oakland, CA 94612