

Standard Drug Formulary

May 2020

Blue Shield of California

This formulary corresponds with the following plans:

Blue Shield Platinum 90 PPO, Blue Shield Gold 80 PPO, Blue Shield Silver 70 PPO, Blue Shield Silver 73 PPO, Blue Shield Silver 87 PPO, Blue Shield Silver 94 PPO, Blue Shield Bronze 60 PPO, Blue Shield Bronze 60 HDHP PPO, Blue Shield Minimum Coverage PPO, Blue Shield \$0 Cost Share PPO, Silver 1850 PPO, Blue Shield Silver 73 Trio HMO, Blue Shield Silver 87 Trio HMO, Blue Shield Silver 94 Trio HMO, Shield Spectrum PPOSM Plan 2000, Blue Shield \$0 Cost Share Trio HMO, Silver 70 Off Exchange PPO, Silver 70 Off Exchange Trio HMO, Blue Shield Trio Platinum 90 HMO, Blue Shield Trio Gold 80 HMO, Blue Shield Trio Silver 70 HMO, Bronze Full PPO, Bronze Full PPO Savings, Bronze Tandem PPO, Gold Access+ HMO, Gold Full PPO, Gold Local Access+ HMO, Gold Tandem PPO, Gold Trio HMO, Platinum Access + HMO, Platinum Full PPO, Platinum Local Access+ HMO, Platinum Tandem PPO, Platinum Trio HMO, Silver Access+ HMO, Silver Full PPO, Silver Full PPO Savings, Silver Local Access+ HMO, Silver Tandem PPO, Silver Tandem PPO Savings, Silver Trio HMO

This formulary was last updated on 05/01/2020. This formulary is subject to change and all previous versions of the formulary no longer apply. For the most current information about the *Standard Drug Formulary*, visit www.blueshieldca.com/pharmacy.

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

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Introduction to the formulary drug list

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

Definitions

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

Term
"Brand name drug" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
"Coinsurance" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
"Copayment" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
"Deductible" is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
"Drug Tier" is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
"Enrollee" is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below.
"Exception request" is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.
"Exigent circumstances" are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.
"Formulary" is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.
"Generic drug" is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in <i>bold and italicized lowercase letters</i> .
"Non-formulary drug" is a prescription drug that is not listed on the health plan's formulary.
"Out-of-pocket costs" are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
"Prescribing provider" is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
"Prescription" is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.
"Prescription drug" is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

Term
<p>"Preventive Health Drugs" are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge when specific criteria are met.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force.</p>
<p>"Prior authorization" is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.</p>
<p>"Step therapy" is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.</p>
<p>"Subscriber" means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.</p>

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

How do I find a drug on this list?

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

Example

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

What are drug tiers?

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

Shield Evidence of Coverage (EOC).

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

Drug Tier [†]	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost
3	Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	Drugs that 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 Evidence of Coverage. For additional information about specific plans, call the customer service number on your Blue Shield member ID card.

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

How to read the formulary

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

Coverage Requirements and Limits		Description
AL1	Age Limit	Prior authorization may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations.
GL	Gender Limit	Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
OAC	Oral Anti-Cancer	There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your <i>Summary of Benefits</i> for more detailed information.
PA	Prior Authorization	Prior authorization is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
PH	Preventive Health Drugs	Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, are covered at \$0 when specific criteria are met.*
QLC	Quantity Limit	The prescription quantity covered is limited. Prior authorization is required for amounts greater than the limit.

RO	Retail Only	This prescription can be dispensed at retail pharmacies only. It is not covered through mail service.
C	Short Cycle	Blue Shield's Short Cycle Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for 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 subject to change monthly. Formulary changes that may not have prior notice include the following:

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

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

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

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

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

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

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

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

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the 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 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 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 EOC.

Participating retail pharmacies

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

What are specialty drugs?

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

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

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.

Drug Listing

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ANTIGOUT AGENTS (Drugs for Gout)	18
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ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)	19
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ANTIPARASITICS (Drugs for Parasitic Infections)	23
ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)	24
ANTIPSYCHOTICS (Drugs for Mental Health)	26
ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)	27
ANTIVIRALS (Drugs for Viral Infections)	27
ANXIOLYTICS (Drugs for Anxiety)	33
BIPOLAR AGENTS (Drugs for Bipolar Disorder)	34
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DENTAL AND ORAL AGENTS (Drugs for the Mouth)	54
DERMATOLOGICAL AGENTS (Drugs for the Skin)	54
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HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drugs for the Thyroid)	86

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OTIC AGENTS (Drugs for the Ears)	95
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SKELETAL MUSCLE RELAXANTS (Drugs for the Muscles)	102
SLEEP DISORDER AGENTS (Drugs for Insomnia)	102

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS (Drugs for Pain)		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)		
<i>butalbital/aspirin/caffeine 50-325-40 capsule</i>	TIER 1	QLC (6 caps/day)
<i>butalbital/aspirin/caffeine 50-325-40 tablet</i>	TIER 1	QLC (6 tabs/day)
<i>celecoxib 400 mg capsule</i>	TIER 1	QLC (1 cap/day)
<i>celecoxib 50 mg capsule, 100 mg capsule, 200 mg capsule</i>	TIER 1	QLC (2 caps/day)
<i>diclofenac potassium 50 mg tablet</i>	TIER 1	
<i>diclofenac sodium 25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tab er 24h</i>	TIER 1	
<i>etodolac 200 mg capsule, 300 mg capsule, 400 mg tablet, 400 mg tab er 24h, 500 mg tab er 24h, 500 mg tablet, 600 mg tab er 24h</i>	TIER 1	
<i>flurbiprofen 50 mg tablet, 100 mg tablet</i>	TIER 1	
<i>ibuprofen (IBU) 400 mg tablet, 600 mg tablet, 800 mg tablet</i>	TIER 1	
<i>ibuprofen 400 mg tablet, 600 mg tablet, 800 mg tablet</i>	TIER 1	
<i>indomethacin 25 mg capsule, 50 mg capsule, 75 mg capsule er</i>	TIER 1	
<i>ketoprofen 25 mg capsule, 50 mg capsule, 75 mg capsule</i>	TIER 1	
<i>ketorolac tromethamine 10 mg tablet</i>	TIER 2	QLC (4 tabs/day, not to exceed 20 tabs/30 days)
<i>meloxicam 7.5 mg tablet, 15 mg tablet</i>	TIER 1	
<i>nabumetone 500 mg tablet, 750 mg tablet</i>	TIER 1	
<i>naproxen 250 mg tablet, 375 mg tablet, 375 mg tablet dr, 500 mg tablet dr, 500 mg tablet</i>	TIER 1	
<i>piroxicam 10 mg capsule, 20 mg capsule</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; C - Short Cycle;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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sulindac 150 mg tablet, 200 mg tablet

TIER 1

OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)

fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 50mcg/hr patch, 75mcg/hr patch, 100 mcg/hr patch

TIER 2

PA, QLC (20 patches/month)

methadone hcl (METHADONE INTENSOL) 10 mg/ml oral conc

TIER 3

PA, QLC (18 ml/day)

methadone hcl (METHADOSE) 40 mg tablet sol

TIER 3

PA, QLC (5 tabs/day)

methadone hcl 10 mg tablet

TIER 3

PA, QLC (18 tabs/day)

methadone hcl 10 mg/5 ml solution

TIER 3

PA, QLC (90 ml/day)

methadone hcl 40 mg tablet sol

TIER 3

PA, QLC (5 tabs/day)

methadone hcl 5 mg tablet

TIER 3

PA, QLC (36 tabs/day)

methadone hcl 5 mg/5 ml solution

TIER 3

PA, QLC (180 ml/day)

morphine sulfate 100 mg tablet er, 200 mg tablet er

TIER 1

QLC (3 tabs/day)

morphine sulfate 15 mg tablet er, 30 mg tablet er

TIER 1

QLC (6 tabs/day)

morphine sulfate 60 mg tablet er

TIER 1

QLC (5 tabs/day)

tramadol hcl 100 mg tab er 24h

TIER 1

ST, QLC (3 tabs/day)

tramadol hcl 100 mg tbmp 24hr, 200 mg tbmp 24hr, 200 mg tab er 24h, 300 mg tab er 24h, 300 mg tbmp 24hr

TIER 1

ST, QLC (1 tab/day)

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

acetaminophen with codeine phosphate -15mg tablet, -30mg tablet

TIER 1

QLC (168 tabs/month)

acetaminophen with codeine phosphate 120-12mg/5, 300mg/12.5

TIER 1

QLC (840 ml/month)

acetaminophen with codeine phosphate 300mg-60mg tablet

TIER 1

QLC (84 tabs/month)

*acetaminophen/cafeine/dihydrocodeine bitartrate
acetaminophen/caff/dihydrocod 320.5-30mg capsule*

TIER 1

PA, QLC (140 caps/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>butalbital/acetaminophen/caffeine/codeine phosphate butalbit/acetamin/caff/codeine 50-325-30 capsule</i>	TIER 1	QLC (84 caps/month)
<i>butorphanol tartrate 10 mg/ml spray</i>	TIER 1	QLC (4 canisters/month at 2 canisters/fill)
<i>codeine phosphate/butalbital/aspirin/caffeine (ASCOMP WITH CODEINE) codeine/butalbital/asa/caffein 30-50-325 capsule</i>	TIER 1	QLC (84 caps/month)
<i>codeine phosphate/butalbital/aspirin/caffeine codeine/butalbital/asa/caffein 30-50-325 capsule</i>	TIER 1	QLC (84 caps/month)
<i>codeine sulfate 15 mg tablet</i>	TIER 1	QLC (336 tabs/month)
<i>codeine sulfate 30 mg tablet</i>	TIER 1	QLC (168 tabs/month)
<i>codeine sulfate 60 mg tablet</i>	TIER 1	QLC (84 tabs/month)
<i>fentanyl citrate 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	TIER 2	PA, QLC (56 lozenges/month)
<i>hydrocodone bitartrate/acetaminophen (LORCET HD) hydrocodone/acetaminophen 10mg-325mg tablet</i>	TIER 1	QLC (126 tabs/month)
<i>hydrocodone bitartrate/acetaminophen (LORCET PLUS) hydrocodone/acetaminophen 7.5-325 mg tablet</i>	TIER 1	QLC (168 tabs/month)
<i>hydrocodone bitartrate/acetaminophen (LORCET) hydrocodone/acetaminophen 5 mg-325mg tablet</i>	TIER 1	QLC (168 tabs/month)
<i>hydrocodone bitartrate/acetaminophen (LORTAB) hydrocodone/acetaminophen 10mg-325mg tablet</i>	TIER 1	QLC (126 tabs/month)
<i>hydrocodone bitartrate/acetaminophen (LORTAB) hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet</i>	TIER 1	QLC (168 tabs/month)
<i>hydrocodone bitartrate/acetaminophen (VERDROCET) hydrocodone/acetaminophen 2.5-325 mg tablet</i>	TIER 1	QLC (168 tabs/month)

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SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone bitartrate/acetaminophen hydrocodone/acetaminophen 10-325/15 solution</i>	TIER 1	PA, QLC (868 ml/month)
<i>hydrocodone bitartrate/acetaminophen hydrocodone/acetaminophen 10mg-325mg tablet</i>	TIER 1	QLC (126 tabs/month)
<i>hydrocodone bitartrate/acetaminophen hydrocodone/acetaminophen 2.5-325 mg tablet, hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet</i>	TIER 1	QLC (168 tabs/month)
<i>hydrocodone/ibuprofen 7.5-200 mg tablet</i>	TIER 2	QLC (70 tabs/month)
<i>hydromorphone hcl 2 mg tablet</i>	TIER 1	QLC (154 tabs/month)
<i>hydromorphone hcl 4 mg tablet</i>	TIER 1	QLC (84 tabs/month)
<i>hydromorphone hcl 8 mg tablet</i>	TIER 1	QLC (42 tabs/month)
<i>meperidine hcl 100 mg tablet</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (126 tabs/month)
<i>meperidine hcl 50 mg tablet</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (252 tabs/month)
<i>morphine sulfate 10 mg supp.rect</i>	TIER 1	QLC (126 suppositories/month)
<i>morphine sulfate 10 mg/5 ml solution</i>	TIER 1	QLC (630 ml/month)
<i>morphine sulfate 15 mg tablet</i>	TIER 1	QLC (84 tabs/month)
<i>morphine sulfate 20 mg supp.rect</i>	TIER 1	QLC (70 suppositories/month)
<i>morphine sulfate 20 mg/5 ml solution</i>	TIER 1	QLC (84 ml/month)
<i>morphine sulfate 30 mg supp.rect</i>	TIER 1	QLC (42 suppositories/month)
<i>morphine sulfate 30 mg tablet</i>	TIER 1	QLC (42 tabs/month)
<i>morphine sulfate 5 mg supp.rect</i>	TIER 1	QLC (168 suppositories/month)
<i>oxycodone hcl 10 mg tablet</i>	TIER 1	QLC (84 tabs/month)
<i>oxycodone hcl 15 mg tablet</i>	TIER 1	QLC (56 tabs/month)
<i>oxycodone hcl 20 mg tablet</i>	TIER 1	QLC (42 tabs/month)
<i>oxycodone hcl 30 mg tablet</i>	TIER 1	QLC (28 tabs/month)
<i>oxycodone hcl 5 mg tablet</i>	TIER 1	QLC (168 tabs/month)
<i>oxycodone hcl 5 mg/5 ml solution</i>	TIER 2	QLC (840 ml/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone hcl/acetaminophen</i> (ENDOCET) 10mg-325mg tablet	TIER 2	QLC (84 tabs/month)
<i>oxycodone hcl/acetaminophen</i> (ENDOCET) 2.5-325 mg tablet, 5 mg-325mg tablet	TIER 2	QLC (168 tabs/month)
<i>oxycodone hcl/acetaminophen</i> (ENDOCET) 7.5-325 mg tablet	TIER 2	QLC (112 tabs/month)
<i>oxycodone hcl/acetaminophen</i> 10mg-325mg tablet	TIER 2	QLC (84 tabs/month)
<i>oxycodone hcl/acetaminophen</i> 2.5-325 mg tablet, 5 mg-325mg tablet	TIER 2	QLC (168 tabs/month)
<i>oxycodone hcl/acetaminophen</i> 7.5-325 mg tablet	TIER 2	QLC (112 tabs/month)
<i>oxycodone hcl/aspirin</i> 4.8355-325 tablet	TIER 2	QLC (168 tabs/month)
TRAMADOL HCL (<i>tramadol hcl</i>) 100 MG TABLET	TIER 1	QLC (4 tabs/day; max 56 tabs/30 days)
<i>tramadol hcl</i> 50 mg tablet	TIER 1	QLC (112 tabs/month)
<i>tramadol hcl/acetaminophen</i> 37.5-325mg tablet	TIER 1	QLC (112 tabs/month)

ANESTHETICS (Drugs for Numbing)

LOCAL ANESTHETICS (Skin Numbing Drugs)

<i>lidocaine</i> 5 % adh. patch	TIER 1	QLC (90 patches/month)
<i>lidocaine</i> 5 % oint. (g)	TIER 3	QLC (50 gm/month)
<i>lidocaine hcl</i> (GLYDO) 2 % jel/pf app	TIER 1	
<i>lidocaine hcl</i> 2 % jelly(ml), 2 % jel/pf app, 2 % solution, 40 mg/ml solution	TIER 1	
<i>lidocaine/prilocaine</i> 2.5 %-2.5% cream (g)	TIER 1	QLC (30 gm/month)

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

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

<i>acamprosate calcium</i> 333 mg tablet dr	TIER 2	
<i>disulfiram</i> 250 mg tablet, 500 mg tablet	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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naltrexone hcl 50 mg tablet

TIER 1

OPIOID DEPENDENCE TREATMENTS (Drugs for Opioid Dependence)

buprenorphine hcl 2 mg tab subl

TIER 1

QLC (12 tabs/day; not to exceed 7 days therapy/90 days)

buprenorphine hcl 8 mg tab subl

TIER 1

QLC (3 tabs/day; not to exceed 7 days supply over 90 days)

buprenorphine hcl/naloxone hcl /naloxone 12 mg-3 mg film

TIER 1

QLC (2 films/day)

buprenorphine hcl/naloxone hcl /naloxone 2 mg-0.5mg tab subl

TIER 1

QLC (12 tabs/day)

buprenorphine hcl/naloxone hcl /naloxone 2 mg-0.5mg, /naloxone 4mg-1mg

TIER 1

QLC (5 films/day)

buprenorphine hcl/naloxone hcl /naloxone 8 mg-2 mg film

TIER 1

QLC (3 films/day)

buprenorphine hcl/naloxone hcl /naloxone 8 mg-2 mg tab subl

TIER 1

QLC (3 tabs/day)

OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)

naloxone hcl 0.4 mg/ml vial

TIER 1

QLC (two 1 ml vials/month)

naloxone hcl 1 mg/ml syringe

TIER 1

QLC (2 syringes/month)

NARCAN (*naloxone hcl*) 4 MG NASAL SPRAY

TIER 3

QLC (2 doses/month)

SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)

bupropion hcl 150 mg tab er 12h

TIER 1

PH (Preventive Health), QLC (2 tabs/day)

CHANTIX (*varenicline tartrate*) 0.5 MG TABLET, 1 MG TABLET, 1 MG CONT MONTH BOX

TIER 3

PH (Preventive Health), QLC (2 tabs/day)

CHANTIX (*varenicline tartrate*) STARTING MONTH BOX

TIER 3

PH (Preventive Health), QLC (1 starting month box/28 days)

NICOTROL (*nicotine*) CARTRIDGE INHALER

TIER 3

PH (Preventive Health), QLC (16 cartridges/day)

NICOTROL NS (*nicotine*) 10 MG/ML SPRAY

TIER 3

PH (Preventive Health), QLC (2 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIBACTERIALS (Drugs for Bacterial Infections)		
AMINOGLYCOSIDES		
<i>gentamicin sulfate (GENTAK) 0.3 % oint. (g)</i>	TIER 1	
<i>gentamicin sulfate 0.1 % oint. (g), 0.1 % cream (g), 0.3 % oint. (g), 0.3 % drops</i>	TIER 1	
<i>neomycin sulfate 500 mg tablet</i>	TIER 1	
<i>paromomycin sulfate 250 mg capsule</i>	TIER 1	
<i>tobramycin 0.3 % drops</i>	TIER 1	
ANTIBACTERIALS, OTHER		
<i>bacitracin 500 unit/g oint. (g)</i>	TIER 1	
<i>clindamycin hcl 75 mg capsule, 150 mg capsule, 300 mg capsule</i>	TIER 1	
<i>clindamycin palmitate hcl 75 mg/5 ml soln recon</i>	TIER 1	
<i>clindamycin phosphate (CLINDACIN ETZ) 1 % med. swab</i>	TIER 1	
<i>clindamycin phosphate (CLINDACIN P) 1 % med. swab</i>	TIER 1	
<i>clindamycin phosphate 1 % gel (gram), 1 % lotion, 1 % med. swab, 1 % solution, 2 % cream/appl</i>	TIER 1	
<i>erythromycin base/benzoyl peroxide erythromycin/benzoyl 3 %-5 % gel (gram)</i>	TIER 1	
<i>linezolid 100 mg/5ml susp recon, 600 mg tablet</i>	TIER 1	PA
<i>mafenide acetate 50 g packet</i>	TIER 1	
<i>methenamine hippurate 1 g tablet</i>	TIER 1	
<i>metronidazole 0.75 % gel w/appl, 250 mg tablet, 375 mg capsule, 500 mg tablet</i>	TIER 1	
<i>mupirocin 2 % oint. (g)</i>	TIER 1	
<i>mupirocin calcium 2 % cream (g)</i>	TIER 1	
<i>neomycin sulfate/polymyxin b sulfate /polymyxin 40-200k/ml vial, /polymyxin 40-200k/ml ampul</i>	TIER 1	PA, QLC (1 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitrofurantoin macrocrystal 25 mg capsule, 50 mg capsule, 100 mg capsule</i>	TIER 1	
<i>nitrofurantoin monohydrate/macrocrystals monohyd/m-100 mg capsule</i>	TIER 1	
<i>tinidazole 250 mg tablet</i>	TIER 1	QLC (40 tabs/fill)
<i>tinidazole 500 mg tablet</i>	TIER 1	QLC (20 tabs/fill)
<i>trimethoprim 100 mg tablet</i>	TIER 1	
<i>vancomycin hcl 125 mg capsule, 250 mg capsule</i>	TIER 1	

BETA-LACTAM, CEPHALOSPORINS

<i>cefaclor 125 mg/5ml susp recon, 250 mg/5ml susp recon, 250 mg capsule, 375 mg/5ml susp recon, 500 mg capsule</i>	TIER 2	
<i>cefaclor 500 mg tab er 12h</i>	TIER 2	QLC (14 tabs/fill)
<i>cefadroxil 1 g tablet, 250 mg/5ml susp recon, 500 mg/5ml susp recon, 500 mg capsule</i>	TIER 2	
<i>cefdinir 125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule</i>	TIER 1	
<i>cefepodoxime proxetil 50 mg/5 ml susp recon, 100 mg/5ml susp recon, 100 mg tablet, 200 mg tablet</i>	TIER 2	
<i>cefprozil 125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet</i>	TIER 1	
<i>ceftibuten 180 mg/5ml susp recon, 400 mg capsule</i>	TIER 1	
<i>cefuroxime axetil 250 mg tablet, 500 mg tablet</i>	TIER 1	
<i>cephalexin 125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule, 750 mg capsule</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BETA-LACTAM, PENICILLINS		
<i>amoxicillin 125 mg/5ml susp recon, 125 mg tab chew, 200 mg/5ml susp recon, 250 mg tab chew, 250 mg/5ml susp recon, 250 mg capsule, 400 mg/5ml susp recon, 500 mg tablet, 500 mg capsule, 875 mg tablet</i>	TIER 1	
<i>amoxicillin 775 mg tbmp 24hr</i>	TIER 1	QLC (10 tabs/fill)
<i>amoxicillin/potassium clavulanate 200-28.5/5 susp recon, 250-125 mg tablet, 250-62.5/5 susp recon, 400-57mg/5 susp recon, 500-125 mg tablet, 600-42.9/5 susp recon</i>	TIER 1	
<i>amoxicillin/potassium clavulanate 200-28.5mg tab chew, 400-57mg tab chew, 1000-62.5 tab er 12h</i>	TIER 2	
<i>amoxicillin/potassium clavulanate 875-125 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>ampicillin trihydrate 125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule</i>	TIER 1	
<i>dicloxacillin sodium 250 mg capsule, 500 mg capsule</i>	TIER 1	
<i>penicillin v potassium 125 mg/5ml soln recon, 250 mg/5ml soln recon, 250 mg tablet, 500 mg tablet</i>	TIER 1	
MACROLIDES		
<i>azithromycin 1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 500 mg tablet, 600 mg tablet</i>	TIER 1	
<i>azithromycin 250 mg tablet</i>	TIER 1	QLC (12 tabs/30 days)
<i>clarithromycin 125 mg/5ml, 250 mg/5ml</i>	TIER 1	
<i>clarithromycin 250 mg tablet, 500 mg tablet, 500 mg tab er 24h</i>	TIER 1	QLC (42 tabs/fill)
<i>erythromycin base 250 mg capsule dr</i>	TIER 3	
<i>erythromycin base 5 mg/gram oint. (g)</i>	TIER 1	
<i>erythromycin base in ethanol (ERY) 2 % med. swab</i>	TIER 1	
<i>erythromycin base in ethanol 2 % solution, 2 % gel (gram), 2 % med. swab</i>	TIER 1	

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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QUINOLONES

<i>ciprofloxacin 250 mg/5ml sus mc rec</i>	TIER 1	QLC (2 bottles/fill)
<i>ciprofloxacin 500 mg/5ml sus mc rec</i>	TIER 1	QLC (3 bottles/fill)
<i>ciprofloxacin hcl 0.2 % dropperette, 0.3 % drops</i>	TIER 1	
<i>ciprofloxacin hcl 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin/ciprofloxacin hcl 1000 mg tbmp 24hr</i>	TIER 1	QLC (14 tabs/fill)
<i>ciprofloxacin/ciprofloxacin hcl 500 mg tbmp 24hr</i>	TIER 1	QLC (3 tabs/fill)
<i>gatifloxacin 0.5 % drops</i>	TIER 2	QLC (one 2.5 ml bottle/month)
<i>levofloxacin 0.5 % drops</i>	TIER 1	
<i>levofloxacin 250 mg tablet, 500 mg tablet, 750 mg tablet</i>	TIER 1	QLC (10 tabs/fill)
<i>levofloxacin 250mg/10ml, 500mg/20ml</i>	TIER 1	QLC (300 ml/fill)
MOXEZA (<i>moxifloxacin hcl</i>) 0.5% EYE DROPS	TIER 3	
<i>moxifloxacin hcl 0.5 % drops</i>	TIER 1	
<i>moxifloxacin hcl 0.5 % drops visc</i>	TIER 3	
<i>moxifloxacin hcl 400 mg tablet</i>	TIER 1	QLC (10 tabs/fill)
<i>ofloxacin 0.3 % drops</i>	TIER 1	
<i>ofloxacin 300 mg tablet, 400 mg tablet</i>	TIER 2	

SULFONAMIDES

<i>silver sulfadiazine 1 % cream (g)</i>	TIER 1	
<i>sulfacetamide sodium 10 % suspension, 10 % oint. (g), 10 % drops</i>	TIER 1	
<i>sulfadiazine 500 mg tablet</i>	TIER 1	
<i>sulfamethoxazole/trimethoprim 200-40mg/5 oral susp, 400mg-80mg tablet, 800-160 mg tablet</i>	TIER 1	
<i>sulfamethoxazole/trimethoprim 800-160/20 oral susp</i>	TIER 1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TETRACYCLINES		
<i>demeclocycline hcl 150 mg tablet, 300 mg tablet</i>	TIER 2	
<i>doxycycline hyclate (MORGIDOX) 50 mg capsule, 100 mg capsule</i>	TIER 1	
<i>doxycycline hyclate 20 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>doxycycline hyclate 50 mg capsule, 100 mg capsule, 100 mg tablet</i>	TIER 1	
<i>doxycycline monohydrate 25 mg/5 ml susp recon</i>	TIER 1	
<i>doxycycline monohydrate 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet</i>	TIER 2	
<i>minocycline hcl 50 mg capsule, 75 mg capsule, 100 mg capsule</i>	TIER 1	
<i>tetracycline hcl 250 mg capsule, 500 mg capsule</i>	TIER 2	

ANTICONVULSANTS (Drugs for Seizures)

ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)

BRIVIACT (<i>brivaracetam</i>) 10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET	TIER 4	ST, QLC (2 tabs/day)
BRIVIACT (<i>brivaracetam</i>) 10 MG/ML ORAL SOLN	TIER 4	ST, QLC (20 ml/day)
<i>levetiracetam</i> (ROWEEPRA XR) 500 mg tab er 24h	TIER 1	QLC (6 tabs/day)
<i>levetiracetam</i> (ROWEEPRA XR) 750 mg tab er 24h	TIER 1	QLC (4 tabs/day)
<i>levetiracetam</i> (ROWEEPRA) 500 mg tablet, 750 mg tablet, 1000 mg tablet	TIER 1	
<i>levetiracetam</i> 100 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/5ml solution, 750 mg tablet, 1000 mg tablet	TIER 1	
<i>levetiracetam</i> 500 mg tab er 24h	TIER 1	QLC (6 tabs/day)
<i>levetiracetam</i> 750 mg tab er 24h	TIER 1	QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide 250 mg/5ml solution, 250 mg capsule</i>	TIER 1	
<i>zonisamide 25 mg capsule, 50 mg capsule, 100 mg capsule</i>	TIER 1	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>diazepam 2.5 mg, 5-7.5-10mg, 12.5-15-20</i>	TIER 1	QLC (1 kit [2 doses]/fill)
<i>divalproex sodium 125 mg tablet dr, 125 mg cap dr spr, 250 mg tablet dr, 250 mg tab er 24h, 500 mg tab er 24h, 500 mg tablet dr</i>	TIER 1	
<i>gabapentin 100 mg capsule, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet</i>	TIER 1	
<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	TIER 2	PA
<i>phenobarbital 15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet</i>	TIER 1	
<i>primidone 50 mg tablet, 250 mg tablet</i>	TIER 1	
<i>valproic acid (as sodium salt) (valproate sodium) 250 mg/5ml, 500mg/10ml</i>	TIER 1	PA
<i>valproic acid 250 mg capsule</i>	TIER 1	
GLUTAMATE REDUCING AGENTS		
<i>felbamate 400 mg tablet, 600 mg tablet</i>	TIER 2	
<i>lamotrigine (SUBVENITE) 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	TIER 1	
<i>lamotrigine 200 mg tab er 24</i>	TIER 2	ST, QLC (3 tabs/day)
<i>lamotrigine 25 mg tab er 24, 50 mg tab er 24, 100 mg tab er 24</i>	TIER 2	ST, QLC (1 tab/day)
<i>lamotrigine 250 mg tab er 24, 300 mg tab er 24</i>	TIER 2	ST, QLC (2 tabs/day)
<i>lamotrigine 5 mg tb chw dsp, 25 mg tb chw dsp, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	TIER 1	
<i>topiramate 15 mg cap sprink, 25 mg tablet, 25 mg cap sprink, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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SODIUM CHANNEL AGENTS

<i>carbamazepine</i> (EPITOL) 200 mg tablet	TIER 1	
<i>carbamazepine</i> 100 mg cpm 12hr, 100 mg/5ml oral susp, 100 mg tab chew, 100 mg tab er 12h, 200 mg cpm 12hr, 200 mg tab er 12h, 200 mg tablet, 300 mg cpm 12hr, 400 mg tab er 12h	TIER 1	
DILANTIN (<i>phenytoin sodium extended</i>) 30 MG CAPSULE, 100 MG CAPSULE	TIER 2	
DILANTIN (<i>phenytoin</i>) 50 MG INFATAB	TIER 2	
DILANTIN-125 (<i>phenytoin</i>) MG/5 ML SUSP	TIER 2	
<i>oxcarbazepine</i> 150 mg tablet, 300 mg tablet	TIER 1	QLC (2 tabs/day)
<i>oxcarbazepine</i> 300 mg/5ml oral susp	TIER 2	QLC (40 ml/day)
<i>oxcarbazepine</i> 600 mg tablet	TIER 1	QLC (4 tabs/day)
<i>phenytoin</i> 50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp	TIER 1	
<i>phenytoin sodium extended</i> 100 mg capsule, 200 mg capsule, 300 mg capsule	TIER 1	

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

ANTIDEMENTIA AGENTS, OTHER

<i>ergoloid mesylates</i> 1 mg tablet	TIER 1	
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CHOLINESTERASE INHIBITORS

<i>donepezil hcl</i> 23 mg tablet	TIER 1	ST, QLC (1 tab/day)
<i>donepezil hcl</i> 5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet	TIER 1	
<i>galantamine hbr</i> 4 mg tablet, 8 mg tablet, 8 mg cap24h pel, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel	TIER 2	
<i>rivastigmine</i> 4.6mg/24hr patch, 9.5mg/24hr patch, 13.3mg/24h patch	TIER 3	QLC (1 patch/day)
<i>rivastigmine tartrate</i> 1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl 2 mg/ml solution, 5 mg-10 mg tab ds pk</i>	TIER 1	
<i>memantine hcl 5 mg tablet, 10 mg tablet</i>	TIER 1	QLC (2 tabs/day)

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

<i>bupropion hcl 100 mg tab sr 12h, 100 mg tablet</i>	TIER 1	QLC (4 tabs/day)
<i>bupropion hcl 150 mg tab sr 12h, 150 mg tab er 24h</i>	TIER 1	QLC (3 tabs/day)
<i>bupropion hcl 200 mg tab sr 12h</i>	TIER 1	QLC (2 tabs/day)
<i>bupropion hcl 300 mg tab er 24h</i>	TIER 1	QLC (1 tab/day)
<i>bupropion hcl 75 mg tablet</i>	TIER 1	QLC (6 tabs/day)
<i>mirtazapine 7.5 mg tablet, 15 mg tab rapdis, 15 mg tablet, 30 mg tab rapdis, 30 mg tablet, 45 mg tab rapdis, 45 mg tablet</i>	TIER 1	
<i>perphenazine/amitriptyline hcl 2 mg-10 mg tablet, 2 mg-25 mg tablet, 4mg-10mg tablet, 4 mg-50 mg tablet, 4 mg-25 mg tablet</i>	TIER 1	

MONOAMINE OXIDASE INHIBITORS

<i>phenelzine sulfate 15 mg tablet</i>	TIER 1	
<i>tranylcypromine sulfate 10 mg tablet</i>	TIER 2	

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

<i>citalopram hydrobromide 10 mg tablet</i>	TIER 1	QLC (4 tabs/day)
<i>citalopram hydrobromide 10 mg/5 ml, 20 mg/10ml</i>	TIER 1	QLC (40 mg/day)
<i>citalopram hydrobromide 20 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>citalopram hydrobromide 40 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>desvenlafaxine succinate 25 mg tab er, 50 mg tab er, 100 mg tab er</i>	TIER 2	QLC (1 tab/day)
<i>escitalopram oxalate 10 mg tablet</i>	TIER 1	QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>escitalopram oxalate 20 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>escitalopram oxalate 5 mg tablet</i>	TIER 1	QLC (8 tabs/day)
<i>escitalopram oxalate 5 mg/5 ml solution</i>	TIER 2	QLC (24 ml/day)
<i>fluoxetine hcl 10 mg capsule, 10 mg tablet, 20 mg capsule, 20 mg tablet, 20 mg/5 ml solution, 40 mg capsule</i>	TIER 1	
<i>fluoxetine hcl 90 mg capsule dr</i>	TIER 1	QLC (4 caps/month)
<i>fluvoxamine maleate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	TIER 1	
<i>maprotiline hcl 25 mg tablet, 50 mg tablet, 75 mg tablet</i>	TIER 1	
<i>nefazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet</i>	TIER 1	
<i>paroxetine hcl 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet</i>	TIER 1	
<i>sertraline hcl 20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	TIER 1	
<i>trazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet</i>	TIER 1	
<i>venlafaxine hcl 25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet</i>	TIER 1	
<i>venlafaxine hcl 37.5 mg cap er, 150 mg cap er</i>	TIER 1	QLC (2 caps/day)
<i>venlafaxine hcl 75 mg cap er 24h</i>	TIER 1	QLC (3 caps/day)

TRICYCLICS

<i>amitriptyline hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet</i>	TIER 1	
<i>amoxapine 25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet</i>	TIER 1	
<i>clomipramine hcl 25 mg capsule, 50 mg capsule, 75 mg capsule</i>	TIER 3	
<i>desipramine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet</i>	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxepin hcl 10 mg/ml oral conc, 10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule</i>	TIER 1	
<i>imipramine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet</i>	TIER 1	
<i>nortriptyline hcl 10 mg capsule, 10 mg/5 ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule</i>	TIER 1	
<i>nortriptyline hcl 20 mg/10ml solution</i>	TIER 1	PA, NF
<i>protriptyline hcl 5 mg tablet, 10 mg tablet</i>	TIER 2	
<i>trimipramine maleate 25 mg capsule, 50 mg capsule, 100 mg capsule</i>	TIER 3	

ANTIEMETICS (Drugs for Nausea and Vomiting)

ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

<i>metoclopramide hcl 10 mg/10ml solution</i>	TIER 1	PA
<i>metoclopramide hcl 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet</i>	TIER 1	
<i>perphenazine 2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet</i>	TIER 1	
<i>prochlorperazine (COMPRO) 25 mg supp.rect</i>	TIER 2	
<i>prochlorperazine 25 mg supp.rect</i>	TIER 2	
<i>prochlorperazine maleate 5 mg tablet, 10 mg tablet</i>	TIER 1	
<i>promethazine hcl (PHENADOZ) 12.5 mg, 25 mg</i>	TIER 2	
<i>promethazine hcl (PROMETHEGAN) 12.5 mg, 25 mg, 50 mg</i>	TIER 2	
<i>promethazine hcl 12.5 mg, 25 mg, 50 mg</i>	TIER 2	
<i>promethazine hcl 50 mg tablet</i>	TIER 1	
<i>scopolamine 1 mg/3 day patch td 3</i>	TIER 1	
<i>trimethobenzamide hcl 300 mg capsule</i>	TIER 1	

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

<i>aprepitant 125 mg capsule</i>	TIER 2	PA, QLC (1 cap/7 days)
<i>aprepitant 125mg-80mg cap ds pk</i>	TIER 2	QLC (3 caps/7 days)
<i>aprepitant 40 mg capsule</i>	TIER 2	PA, QLC (1 cap/month)
<i>aprepitant 80 mg capsule</i>	TIER 2	PA, QLC (2 caps/7 days)
<i>granisetron hcl 1 mg tablet</i>	TIER 1	QLC (2 tabs/fill)
<i>ondansetron 4 mg tab rapdis, 8 mg tab rapdis</i>	TIER 1	QLC (3 tabs/day)
<i>ondansetron hcl 24 mg tablet</i>	TIER 1	QLC (1 tab/fill)
<i>ondansetron hcl 4 mg tablet, 8 mg tablet</i>	TIER 1	QLC (3 tabs/day)
<i>ondansetron hcl 4 mg/5 ml solution</i>	TIER 1	QLC (1 bottle/fill)

ANTIFUNGALS (Drugs for Fungal Infections)

ANTIFUNGALS

<i>ciclopirox (CICLODAN) 8 % solution</i>	TIER 1	
<i>ciclopirox 0.77 % gel (gram), 1 % shampoo, 8 % solution</i>	TIER 1	
<i>ciclopirox olamine (CICLODAN) 0.77 % cream (g)</i>	TIER 1	
<i>ciclopirox olamine 0.77 % cream (g), 0.77 % suspension</i>	TIER 1	
<i>clotrimazole 10 mg troche</i>	TIER 1	
<i>econazole nitrate 1 % cream (g)</i>	TIER 1	
<i>fluconazole 10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	TIER 1	
<i>griseofulvin, microsize 125 mg/5ml oral susp</i>	TIER 2	
<i>itraconazole 100 mg capsule</i>	TIER 2	PA
<i>ketoconazole 2 % cream (g), 2 % shampoo, 200 mg tablet</i>	TIER 1	
<i>miconazole nitrate 200 mg supp.vag</i>	TIER 1	
<i>nystatin (NYAMYC) 100000/g powder</i>	TIER 1	
<i>nystatin (NYATA) 100000/g powder</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nystatin</i> (NYSTOP) 100000/g powder	TIER 1	
<i>nystatin</i> 500k unit tablet, 100000/ml oral susp, 100000/g cream (g), 100000/g powder, 100000/g oint. (g)	TIER 1	
<i>nystatin/triamcinolone acetonide</i> 100000-0.1 oint. (g), 100000-0.1 cream (g)	TIER 1	
<i>terbinafine hcl</i> 250 mg tablet	TIER 1	QLC (30 tabs/month)
<i>terconazole</i> 0.4 % cream/appl, 0.8 % cream/appl	TIER 1	
<i>voriconazole</i> 50 mg tablet, 200 mg tablet, 200 mg/5ml susp recon	TIER 2	PA

ANTIGOUT AGENTS (Drugs for Gout)

ANTIGOUT AGENTS

<i>allopurinol</i> 100 mg tablet, 300 mg tablet	TIER 1	
<i>colchicine</i> 0.6 mg capsule	TIER 1	QLC (2 caps/day)
<i>colchicine</i> 0.6 mg tablet	TIER 1	QLC (4 tabs/day)
<i>febuxostat</i> 40 mg tablet, 80 mg tablet	TIER 3	ST, QLC (1 tab/day)
<i>probenecid</i> 500 mg tablet	TIER 1	
<i>probenecid/colchicine</i> 500-0.5 mg tablet	TIER 1	

ANTIMIGRAINE AGENTS (Drugs for Migraine)

ANTIMIGRAINE AGENTS, OTHER

AIMOVIG AUTOINJECTOR (<i>erenumab-aooe</i>) 140 MG/ML -	TIER 2	PA, QLC (1 injection/28 days)
AIMOVIG AUTOINJECTOR (<i>erenumab-aooe</i>) 70 MG/ML -	TIER 2	PA, QLC (1 injection/28 days)
EMGALITY PEN (<i>galcanezumab-gnlm</i>) 120 MG/ML -	TIER 2	PA, QLC (1 pen injector/30 days)
EMGALITY SYRINGE (<i>galcanezumab-gnlm</i>) 120 MG/ML -	TIER 2	PA, QLC (1 syringe/30 days)

ERGOT ALKALOIDS

<i>dihydroergotamine mesylate</i> 0.5mg/spry spray/pump	TIER 4	PA, QLC (8 vials/month)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dihydroergotamine mesylate 1 mg/ml ampul, 1 mg/ml vial</i>	TIER 4	PA, QLC (24 ml/28 days)
ERGOMAR (<i>ergotamine tartrate</i>) 2 MG TABLET SL	TIER 4	QLC (20 tabs/28 days)
<i>ergotamine tartrate/cafeine 1 mg-100mg tablet</i>	TIER 3	QLC (10 tabs/week)

SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS

<i>naratriptan hcl 1 mg tablet, 2.5 mg tablet</i>	TIER 1	QLC (18 tabs/month)
<i>rizatriptan benzoate 5 mg tab rapdis, 5 mg tablet, 10 mg tablet, 10 mg tab rapdis</i>	TIER 1	QLC (24 tabs/month)
<i>sumatriptan 5 mg, 20 mg</i>	TIER 2	QLC (18 nasal sprays/month)
<i>sumatriptan succinate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan succinate 4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml vial, 6 mg/0.5ml syringe</i>	TIER 2	QLC (16 injections/month at 4 injections/fill)
<i>zolmitriptan 2.5 mg tablet, 2.5 mg tab rapdis, 5 mg tab rapdis, 5 mg tablet</i>	TIER 2	QLC (18 tabs/month)

ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

PARASYMPATHOMIMETICS

<i>guanidine hcl 125 mg tablet</i>	TIER 1	
<i>pyridostigmine bromide 30 mg tablet</i>	TIER 1	QLC (6 tabs/day)
<i>pyridostigmine bromide 60 mg tablet</i>	TIER 1	QLC (25 tabs/day)

ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)

ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)

<i>dapsone 25 mg tablet, 100 mg tablet</i>	TIER 1	
<i>rifabutin 150 mg capsule</i>	TIER 2	

ANTITUBERCULARS (Drugs for Tuberculosis)

<i>ethambutol hcl 100 mg tablet, 400 mg tablet</i>	TIER 1	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isoniazid 50 mg/5 ml solution, 100 mg tablet, 300 mg tablet</i>	TIER 1	
PASER (<i>aminosalicylic acid</i>) GRANULES 4 GM PACKET	TIER 3	
PRIFTIN (<i>rifapentine</i>) 150 MG TABLET	TIER 2	
<i>pyrazinamide 500 mg tablet</i>	TIER 1	
<i>rifampin 150 mg capsule, 300 mg capsule</i>	TIER 1	
RIFATER (<i>rifampin/isoniazid/pyrazinamide</i>) TABLET	TIER 3	
TRECATOR (<i>ethionamide</i>) 250 MG TABLET	TIER 3	

ANTINEOPLASTICS (Drugs for Cancer)

ALKYLATING AGENTS

<i>cyclophosphamide 25 mg capsule, 50 mg capsule</i>	TIER 2	OAC
GLEOSTINE (<i>lomustine</i>) 5 MG CAPSULE, 10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE	TIER 2	OAC
HEXALEN (<i>altretamine</i>) 50 MG CAPSULE	TIER 4	OAC
LEUKERAN (<i>chlorambucil</i>) 2 MG TABLET	TIER 4	OAC
MATULANE (<i>procarbazine hcl</i>) 50 MG CAPSULE	TIER 4	SP, OAC

ANTIANDROGENS

<i>abiraterone acetate 250 mg tablet</i>	TIER 4	PA, C (Short Cycle), SP, QLC (4 tabs/day), OAC
<i>bicalutamide 50 mg tablet</i>	TIER 1	GL (Male), OAC
ERLEADA (<i>apalutamide</i>) 60 MG TABLET	TIER 4	PA, SP, QLC (4 tabs/day), OAC
<i>flutamide 125 mg capsule</i>	TIER 1	OAC
XTANDI (<i>enzalutamide</i>) 40 MG CAPSULE	TIER 4	PA, SP, C (Short Cycle), QLC (4 caps/day), OAC
ZYTIGA (<i>abiraterone acetate</i>) 500 MG TABLET	TIER 4	PA, SP, C (Short Cycle), QLC (2 tabs/day), OAC

ANTIANGIOGENIC AGENTS

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

ANTIESTROGENS/MODIFIERS

<i>tamoxifen citrate 10 mg tablet, 20 mg tablet</i>	TIER 1	PH (Preventive Health), OAC
<i>toremifene citrate 60 mg tablet</i>	TIER 4	OAC

ANTIMETABOLITES

<i>capecitabine 150 mg tablet, 500 mg tablet</i>	TIER 4	SP, OAC
DROXIA (<i>hydroxyurea</i>) 200 MG CAPSULE, 300 MG CAPSULE, 400 MG CAPSULE	TIER 2	
<i>fluorouracil 2 % solution, 5 % cream (g), 5 % solution</i>	TIER 1	
<i>hydroxyurea 500 mg capsule</i>	TIER 1	OAC
<i>mercaptopurine 50 mg tablet</i>	TIER 1	OAC
TABLOID (<i>thioguanine</i>) 40 MG TABLET	TIER 4	OAC

ANTINEOPLASTICS, OTHER

<i>leucovorin calcium 5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet</i>	TIER 1	
LYSODREN (<i>mitotane</i>) 500 MG TABLET	TIER 4	OAC
TIBSOVO (<i>ivosidenib</i>) 250 MG TABLET	TIER 4	PA, SP, QLC (2 tabs/day), OAC
ZOLINZA (<i>vorinostat</i>) 100 MG CAPSULE	TIER 4	PA, C (Short Cycle), SP, QLC (4 caps/day), OAC

AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole 1 mg tablet</i>	TIER 1	GL (Female), PH (Preventive Health), OAC
<i>exemestane 25 mg tablet</i>	TIER 1	GL (Female), OAC
<i>letrozole 2.5 mg tablet</i>	TIER 1	GL (Female), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENZYME INHIBITORS		
<i>etoposide 50 mg capsule</i>	TIER 4	OAC
MOLECULAR TARGET INHIBITORS		
AFINITOR (<i>everolimus</i>) 10 MG TABLET	TIER 4	PA, C (Short Cycle), SP, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 100 MG TABLET	TIER 4	PA, SP, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 300 MG TABLET	TIER 4	PA, SP, QLC (1 tab/day), OAC
COMETRIQ (<i>cabozantinib s-malate</i>) 100 MG DAILY-DOSE PK -	TIER 4	PA, C (Short Cycle), SP, QLC (56 caps/28 days), OAC
COMETRIQ (<i>cabozantinib s-malate</i>) 140 MG DAILY-DOSE PK -	TIER 4	PA, C (Short Cycle), SP, QLC (112 caps/28 days), OAC
COMETRIQ (<i>cabozantinib s-malate</i>) 60 MG DAILY-DOSE PACK -	TIER 4	PA, C (Short Cycle), SP, QLC (84 caps/28 days), OAC
<i>erlotinib hcl 100 mg tablet, 150 mg tablet</i>	TIER 4	PA, C (Short Cycle), SP, QLC (1 tab/day), OAC
<i>erlotinib hcl 25 mg tablet</i>	TIER 4	PA, C (Short Cycle), SP, QLC (3 tabs/day), OAC
<i>everolimus 2.5 mg tablet, 5 mg tablet</i>	TIER 4	PA, C (Short Cycle), SP, QLC (1 tab/day)
<i>everolimus 7.5 mg tablet</i>	TIER 4	PA, C (Short Cycle), SP, QLC (2 tabs/day)
GILOTRIF (<i>afatinib dimaleate</i>) 20 MG TABLET, 30 MG TABLET, 40 MG TABLET	TIER 3	PA, SP, QLC (1 tab/day), OAC
IBRANCE (<i>palbociclib</i>) 125 MG TABLET	TIER 4	PA, SP, QLC (1 tab/day; max 21 tabs/28 days)
IBRANCE (<i>palbociclib</i>) 75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE	TIER 4	PA, SP, QLC (1 cap/day, max 21 caps/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG TABLET, 100 MG TABLET	TIER 4	PA, SP, QLC (1 tab day; max 21 tabs/28 days)
<i>imatinib mesylate 100 mg tablet</i>	TIER 4	PA, SP, QLC (8 tabs/day), OAC
<i>imatinib mesylate 400 mg tablet</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
JAKAFI (<i>ruxolitinib phosphate</i>) 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET	TIER 4	PA, SP, C (Short Cycle), QLC (2 tabs/day), OAC
NEXAVAR (<i>sorafenib tosylate</i>) 200 MG TABLET	TIER 4	PA, SP, C (Short Cycle), QLC (4 tabs/day), OAC
SPRYCEL (<i>dasatinib</i>) 100 MG TABLET, 140 MG TABLET	TIER 4	PA, C (Short Cycle), SP, QLC (1 tab/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPRYCEL (<i>dasatinib</i>) 20 MG TABLET, 50 MG TABLET	TIER 4	PA, C (Short Cycle), SP, QLC (3 tabs/day), OAC
SPRYCEL (<i>dasatinib</i>) 70 MG TABLET, 80 MG TABLET	TIER 4	PA, C (Short Cycle), SP, QLC (2 tabs/day), OAC
STIVARGA (<i>regorafenib</i>) 40 MG TABLET	TIER 4	PA, SP, QLC (4 tabs/day), OAC
SUTENT (<i>sunitinib malate</i>) 12.5 MG CAPSULE	TIER 4	PA, C (Short Cycle), SP, QLC (3 caps/day), OAC
SUTENT (<i>sunitinib malate</i>) 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE	TIER 4	PA, C (Short Cycle), SP, QLC (1 cap/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) 50 MG CAPSULE, 75 MG CAPSULE	TIER 4	PA, SP, QLC (4 caps/day), OAC
TASIGNA (<i>nilotinib hcl</i>) 150 MG CAPSULE, 200 MG CAPSULE	TIER 4	PA, C (Short Cycle), SP, QLC (4 caps/day), OAC
TASIGNA (<i>nilotinib hcl</i>) 50 MG CAPSULE	TIER 4	PA, C (Short Cycle), SP, QLC (4 caps/day), OAC
TYKERB (<i>lapatinib ditosylate</i>) 250 MG TABLET	TIER 3	PA, SP, QLC (6 tabs/day), OAC
VOTRIENT (<i>pazopanib hcl</i>) 200 MG TABLET	TIER 4	PA, SP, C (Short Cycle), QLC (4 tabs/day), OAC
XALKORI (<i>crizotinib</i>) 200 MG CAPSULE, 250 MG CAPSULE	TIER 4	PA, SP, C (Short Cycle), QLC (2 caps/day), OAC

RETINOIDS

<i>bexarotene 75 mg capsule</i>	TIER 4	PA, C (Short Cycle), SP, QLC (8 caps/day), OAC
PANRETIN (<i>alitretinoin</i>) 0.1% GEL	TIER 4	PA
<i>tretinoin 10 mg capsule</i>	TIER 1	QLC (9 caps/day), OAC

TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

MESNEX (<i>mesna</i>) 400 MG TABLET	TIER 2	
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ANTIPARASITICS (Drugs for Parasitic Infections)

ANTIHELMINTHICS (Drugs for Worm Infection)

<i>albendazole 200 mg tablet</i>	TIER 3	QLC (4 tabs/day)
BILTRICIDE (<i>praziquantel</i>) 600 MG TABLET	TIER 3	
<i>ivermectin 3 mg tablet</i>	TIER 1	QLC (20 tabs/fill)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>praziquantel 600 mg tablet</i>	TIER 3	
ANTIPROTOZOALS (Drugs for Protozoal Infection)		
ALINIA (<i>nitazoxanide</i>) 500 MG TABLET	TIER 3	PA, QLC (6 tabs/fill)
<i>atovaquone/proguanil hcl 250-100 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>atovaquone/proguanil hcl 62.5-25 mg tablet</i>	TIER 1	QLC (3 tabs/day)
<i>chloroquine phosphate 250 mg tablet, 500 mg tablet</i>	TIER 1	QLC (25 tabs/30 days)
COARTEM (<i>artemether/lumefantrine</i>) TABLETS	TIER 3	QLC (24 tabs/fill)
DARAPRIM (<i>pyrimethamine</i>) 25 MG TABLET	TIER 3	PA, SP
<i>hydroxychloroquine sulfate 200 mg tablet</i>	TIER 1	QLC (3 tabs/day)
KRINTAFEL (<i>tafenoquine succinate</i>) 150 MG TABLET	TIER 3	QLC (2 tabs/28 days)
<i>mefloquine hcl 250 mg tablet</i>	TIER 1	QLC (5 tabs/fill)
<i>primaquine phosphate 26.3 mg tablet</i>	TIER 1	
<i>pyrimethamine 25 mg tablet</i>	TIER 3	PA, SP
<i>quinine sulfate 324 mg capsule</i>	TIER 1	QLC (6 caps/day)
PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice)		
<i>lindane 1 % lotion, 1 % shampoo</i>	TIER 1	
<i>malathion 0.5 % lotion</i>	TIER 2	
<i>permethrin 5 % cream (g)</i>	TIER 1	
ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)		
ANTICHOLINERGICS		
<i>benztropine mesylate 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	TIER 1	
<i>trihexyphenidyl hcl 2 mg/5 ml elixir, 2 mg tablet, 5 mg tablet</i>	TIER 1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl 50 mg/5 ml solution, 100 mg capsule, 100 mg tablet</i>	TIER 1	

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 SP – Specialty Pharmacy; ST – Step Therapy

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

DOPAMINE AGONISTS

<i>APOKYN (apomorphine hcl) 30 MG/3 ML CARTRIDGE</i>	TIER 4	PA, SP
<i>bromocriptine mesylate 2.5 mg tablet, 5 mg capsule</i>	TIER 1	
<i>pramipexole di-hcl -0.125 mg tablet, -0.25 mg tablet, -0.5 mg tablet, -0.75 mg tablet, -1 mg tablet, -1.5 mg tablet</i>	TIER 1	
<i>ropinirole hcl 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet</i>	TIER 1	
<i>ropinirole hcl 12 mg tab er 24h</i>	TIER 2	QLC (2 tabs/day)
<i>ropinirole hcl 2 mg tab er, 4 mg tab er, 6 mg tab er</i>	TIER 2	QLC (1 tab/day)
<i>ropinirole hcl 8 mg tab er 24h</i>	TIER 2	QLC (3 tabs/day)

DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa 25 mg tablet</i>	TIER 2	
<i>carbidopa/levodopa 10mg-100mg tab rapdis, 25mg-100mg tab rapdis, 25mg-250mg tab rapdis</i>	TIER 1	QLC (8 tabs/day)
<i>carbidopa/levodopa 10mg-100mg tablet, 25mg-100mg tablet, 25mg-100mg tablet er, 25mg-250mg tablet, 50mg-200mg tablet er</i>	TIER 1	

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

<i>rasagiline mesylate 0.5 mg tablet, 1 mg tablet</i>	TIER 2	QLC (1 tab/day)
<i>selegiline hcl 5 mg tablet, 5 mg capsule</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	TIER 2	
<i>fluphenazine hcl 1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	TIER 2	
<i>haloperidol 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	TIER 1	
<i>haloperidol lactate 2 mg/ml oral conc</i>	TIER 1	
<i>loxapine succinate 5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule</i>	TIER 1	
<i>pimozide 1 mg tablet, 2 mg tablet</i>	TIER 1	
<i>thioridazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	TIER 1	
<i>thiothixene 1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule</i>	TIER 1	
<i>trifluoperazine hcl 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	TIER 1	

2ND GENERATION/ATYPICAL

<i>aripiprazole 1 mg/ml solution</i>	TIER 2	QLC (25 ml/day)
<i>aripiprazole 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet</i>	TIER 2	QLC (1 tab/day)
<i>aripiprazole 2 mg tablet</i>	TIER 2	QLC (4 tabs/day)
<i>aripiprazole 5 mg tablet</i>	TIER 2	QLC (2 tabs/day)
<i>olanzapine 2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet</i>	TIER 1	
<i>olanzapine 5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 20 mg tab rapdis</i>	TIER 2	
<i>quetiapine fumarate 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet, 400 mg tablet</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>risperidone 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet, 3 mg tablet, 4 mg tablet</i>	TIER 1	
<i>ziprasidone hcl 20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule</i>	TIER 1	

TREATMENT-RESISTANT

<i>clozapine 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	TIER 1
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ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)

<i>baclofen 10 mg tablet</i>	TIER 1	QLC (8 tabs/day)
<i>baclofen 20 mg tablet</i>	TIER 1	QLC (4 tabs/day)
<i>baclofen 5 mg tablet</i>	TIER 2	QLC (3 tabs/day)
<i>dantrolene sodium 25 mg capsule, 50 mg capsule, 100 mg capsule</i>	TIER 2	
<i>tizanidine hcl 2 mg tablet, 4 mg tablet</i>	TIER 1	

ANTIVIRALS (Drugs for Viral Infections)

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

<i>valganciclovir hcl 450 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>valganciclovir hcl 50 mg/ml soln recon</i>	TIER 1	QLC (18 ml/day)
ZIRGAN (<i>ganciclovir</i>) 0.15% OPHTHALMIC GEL	TIER 3	QLC (1 tube/month)

ANTI-HEPATITIS B (HBV) AGENTS

<i>adefovir dipivoxil 10 mg tablet</i>	TIER 4	QLC (1 tab/day)
<i>entecavir 0.5 mg tablet, 1 mg tablet</i>	TIER 4	QLC (1 tab/day)
EPIVIR HBV (<i>lamivudine</i>) 25 MG/5 ML SOLN	TIER 2	QLC (3 bottles/month)
<i>lamivudine 100 mg tablet</i>	TIER 1	QLC (1 tab/day)

ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING AGENTS

EPCLUSA (<i>sofosbuvir/velpatasvir</i>) 400 MG-100 MG TABLET	TIER 4	PA, SP, QLC (1 tab/day)
HARVONI (<i>ledipasvir/sofosbuvir</i>) 45-200 MG TABLET, 90-400 MG TABLET	TIER 4	PA, SP, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MAVYRET (<i>glecaprevir/pibrentasvir</i>) 100-40 MG TABLET	TIER 4	PA, SP, QLC (3 tabs/day)
VOSEVI (<i>sofosbuvir/velpatasvir/voxilaprevir</i>) 400-100-100 MG TABLET	TIER 4	PA, SP, QLC (1 tab/day)

ANTI-HEPATITIS C (HCV) AGENTS, OTHER

INTRON A (<i>interferon alfa-2b, recomb.</i>) 10 MILLION UNITS VIL -, 18 MILLION UNITS VIL -, 18 MILLION UNIT/3 ML -, 25 MILLION UNIT/2.5ML -, 50 MILLION UNITS VIL -	TIER 4	PA, SP
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/0.5 ML SYRINGE -	TIER 4	PA, SP, QLC (1 syringe/week)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/ML VIAL -	TIER 4	PA, SP, QLC (1 vial/week)
PEGASYS PROCLICK (<i>peginterferon alfa-2a</i>) 135 MCG/0.5 -, 180 MCG/0.5 -	TIER 4	PA, SP, QLC (1 pen/week)
PEGINTRON (<i>peginterferon alfa-2b</i>) 50 MCG KIT -, 80 MCG KIT -, 120 MCG KIT -, 150 MCG KIT -	TIER 4	PA, SP
PEGINTRON REDIPEN (<i>peginterferon alfa-2b</i>) 50 MCG -, 80 MCG -, 120 MCG 4PK -, 120 MCG -, 150 MCG -	TIER 4	PA, SP
<i>ribavirin</i> (MODERIBA) 200 mg tablet	TIER 1	RO (Retail Only)
<i>ribavirin</i> (RIBASPHERE) 200 mg capsule, 200 mg tablet, 400 mg tablet, 600 mg tablet	TIER 1	RO (Retail Only)
<i>ribavirin</i> 200 mg capsule, 200 mg tablet	TIER 1	RO (Retail Only)

ANTI-HIV AGENTS

CIMDUO (<i>lamivudine/tenofovir disoproxil fumarate</i>) 300-300 MG TABLET	TIER 2	QLC (1 tab/day)
SYMFI (<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>) 600-300-300 MG TABLET	TIER 2	QLC (1 tab/day)
TEMIXYS (<i>lamivudine/tenofovir disoproxil fumarate</i>) 300-300 MG TABLET	TIER 2	QLC (1 tab/day)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (<i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumarate</i>) 50-200-25 MG TABLET	TIER 2	QLC (1 tab/day)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GENVOYA (<i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>) TABLET	TIER 3	QLC (1 tab/day)
ISENTRESS (<i>raltegravir potassium</i>) 100 MG POWDER PACKET	TIER 2	QLC (2 packets/day)
ISENTRESS (<i>raltegravir potassium</i>) 25 MG TABLET CHEW, 100 MG TABLET CHEW	TIER 2	QLC (6 tabs/day)
ISENTRESS (<i>raltegravir potassium</i>) 400 MG TABLET	TIER 2	QLC (4 tabs/day)
ISENTRESS HD (<i>raltegravir potassium</i>) 600 MG TABLET	TIER 2	QLC (2 tabs/day)
TIVICAY (<i>dolutegravir sodium</i>) 10 MG TABLET, 25 MG TABLET, 50 MG TABLET	TIER 3	QLC (2 tabs/day)

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

COMPLERA (<i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>) TABLET	TIER 3	QLC (1 tab/day)
EDURANT (<i>rilpivirine hcl</i>) 25 MG TABLET	TIER 2	QLC (2 tabs/day)
<i>efavirenz 200 mg capsule</i>	TIER 2	QLC (3 caps/day)
<i>efavirenz 50 mg capsule</i>	TIER 2	QLC (6 caps/day)
<i>efavirenz 600 mg tablet</i>	TIER 2	QLC (1 tab/day)
INTELENCE (<i>etravirine</i>) 100 MG TABLET	TIER 2	QLC (4 tabs/day)
INTELENCE (<i>etravirine</i>) 200 MG TABLET	TIER 2	QLC (2 tabs/day)
INTELENCE (<i>etravirine</i>) 25 MG TABLET	TIER 2	QLC (12 tabs/day)
<i>nevirapine 100 mg tab er 24h</i>	TIER 1	QLC (3 tabs/day)
<i>nevirapine 200 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>nevirapine 400 mg tab er 24h</i>	TIER 1	QLC (1 tab/day)
<i>nevirapine 50 mg/5 ml oral susp</i>	TIER 1	QLC (40 ml/day)
ODEFSEY (<i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>) TABLET	TIER 2	QLC (1 tab/day)
RESCRIPTOR (<i>delavirdine mesylate</i>) 100 MG TABLET	TIER 2	QLC (12 tabs/day)
RESCRIPTOR (<i>delavirdine mesylate</i>) 200 MG TABLET	TIER 2	QLC (6 tabs/day)
SYMFI LO (<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>) 400-300-300 MG TABLET	TIER 2	QLC (1 tab/day)

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate 20 mg/ml solution</i>	TIER 1	QLC (30 ml/day)
<i>abacavir sulfate 300 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>abacavir sulfate/lamivudine 600-300mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>abacavir sulfate/lamivudine/zidovudine abacavir/lamivudine/zidovudine 150-300 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>didanosine 125 mg capsule dr, 200 mg capsule dr, 250 mg capsule dr, 400 mg capsule dr</i>	TIER 1	QLC (1 cap/day)
EMTRIVA (<i>emtricitabine</i>) 10 MG/ML SOLUTION	TIER 2	QLC (24 ml/day)
EMTRIVA (<i>emtricitabine</i>) 200 MG CAPSULE	TIER 2	QLC (1 cap/day)
<i>lamivudine 10 mg/ml solution</i>	TIER 1	QLC (30 ml/day)
<i>lamivudine 150 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>lamivudine 300 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>lamivudine/zidovudine 150-300mg tablet, 150-300 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>stavudine 1 mg/ml soln recon</i>	TIER 1	QLC (80 ml/day)
<i>stavudine 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	TIER 1	QLC (2 caps/day)
<i>tenofovir disoproxil fumarate 300 mg tablet</i>	TIER 2	QLC (1 tab/day)
TRUVADA (<i>emtricitabine/tenofovir disoproxil fumarate</i>) 100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET, 200 MG-300 MG TABLET	TIER 2	QLC (1 tab/day)
VIDEX (<i>didanosine</i>) 2 GM SOLN, 4 GM SOLN	TIER 3	
VIREAD (<i>tenofovir disoproxil fumarate</i>) 150 MG TABLET, 200 MG TABLET, 250 MG TABLET	TIER 2	QLC (1 tab/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) POWDER	TIER 2	QLC (3 bottles/month)
<i>zidovudine 10 mg/ml syrup</i>	TIER 1	QLC (60 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zidovudine 100 mg capsule</i>	TIER 1	QLC (5 caps/day)
<i>zidovudine 300 mg tablet</i>	TIER 1	QLC (2 tabs/day)

ANTI-HIV AGENTS, OTHER

DESCOVY (<i>emtricitabine/tenofovir alafenamide fumarate</i>) 200-25 MG TABLET	TIER 2	QLC (1 tab/day)
FUZEON (<i>enfuvirtide</i>) 90 MG VIAL	TIER 4	SP, QLC (1 kit/month)
JULUCA (<i>dolutegravir sodium/rilpivirine hcl</i>) 50-25 MG TABLET	TIER 3	QLC (1 tab/day)
SELZENTRY (<i>maraviroc</i>) 20 MG/ML ORAL SOLN	TIER 2	PA, QLC (60 ml/day)
SELZENTRY (<i>maraviroc</i>) 25 MG TABLET	TIER 2	PA, QLC (8 tabs/day)
SELZENTRY (<i>maraviroc</i>) 300 MG TABLET	TIER 2	PA, QLC (4 tabs/day)
SELZENTRY (<i>maraviroc</i>) 75 MG TABLET, 150 MG TABLET	TIER 2	PA, QLC (2 tabs/day)
TRIUMEQ (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>) 600-50-300 MG TABLET	TIER 3	QLC (1 tab/day)

ANTI-HIV AGENTS, PROTEASE INHIBITORS

APTIVUS (<i>tipranavir</i>) 250 MG CAPSULE	TIER 2	QLC (4 caps/day)
APTIVUS (<i>tipranavir/vitamin e tpgs</i>) 100 MG/ML SOLUTION	TIER 2	QLC (10 ml/day)
<i>atazanavir sulfate 150 mg capsule, 200 mg capsule</i>	TIER 2	QLC (2 caps/day)
<i>atazanavir sulfate 300 mg capsule</i>	TIER 2	QLC (1 cap/day)
CRIXIVAN (<i>indinavir sulfate</i>) 200 MG CAPSULE	TIER 2	QLC (9 caps/day)
CRIXIVAN (<i>indinavir sulfate</i>) 400 MG CAPSULE	TIER 2	QLC (6 caps/day)
<i>fosamprenavir calcium 700 mg tablet</i>	TIER 2	QLC (4 tabs/day)
INVIRASE (<i>saquinavir mesylate</i>) 200 MG CAPSULE	TIER 2	QLC (4 caps/day)
INVIRASE (<i>saquinavir mesylate</i>) 500 MG TABLET	TIER 2	QLC (4 tabs/day)
KALETRA (<i>lopinavir/ritonavir</i>) 100-25 MG TABLET, 200-50 MG TABLET	TIER 2	QLC (4 tabs/day)
LEXIVA (<i>fosamprenavir calcium</i>) 50 MG/ML SUSPENSION	TIER 2	QLC (56 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lopinavir/ritonavir 400-100/5 solution</i>	TIER 2	QLC (10 ml/day)
NORVIR (<i>ritonavir</i>) 100 MG SOFTGEL CAP	TIER 2	QLC (12 caps/day)
NORVIR (<i>ritonavir</i>) 80 MG/ML SOLUTION	TIER 2	QLC (15 ml/day)
PREZCOBIX (<i>darunavir ethanolate/cobicistat</i>) 800 MG-150 MG TABLET	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 TABLET	TIER 2	QLC (4 tabs/day)
PREZISTA (<i>darunavir ethanolate</i>) 400 MG TABLET	TIER 2	QLC (2 tabs/day)
PREZISTA (<i>darunavir ethanolate</i>) 75 MG TABLET, 600 MG TABLET	TIER 2	QLC (2 tabs/day)
PREZISTA (<i>darunavir ethanolate</i>) 800 MG TABLET	TIER 2	QLC (1 tab/day)
REYATAZ (<i>atazanavir sulfate</i>) 50 MG POWDER PACKET	TIER 2	QLC (5 packs/day)
<i>ritonavir 100 mg tablet</i>	TIER 2	QLC (12 tabs/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 250 MG TABLET	TIER 2	QLC (9 tabs/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 625 MG TABLET	TIER 2	QLC (4 tabs/day)

ANTI-INFLUENZA AGENTS

<i>oseltamivir phosphate 30 mg capsule</i>	TIER 2	QLC (40 caps/6 months)
<i>oseltamivir phosphate 45 mg capsule, 75 mg capsule</i>	TIER 2	QLC (20 caps/6 months)
<i>oseltamivir phosphate 6 mg/ml susp recon</i>	TIER 2	QLC (6 bottles/6 months)
RELENZA (<i>zanamivir</i>) 5 MG DISKHALER	TIER 2	QLC (2 inhalers/6 months)
<i>rimantadine hcl 100 mg tablet</i>	TIER 1	

ANTIHERPETIC AGENTS

<i>acyclovir 200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet</i>	TIER 1	
<i>famciclovir 125 mg tablet, 250 mg tablet, 500 mg tablet</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>trifluridine 1 % drops</i>	TIER 1	
<i>valacyclovir hcl 500 mg tablet, 1000 mg tablet</i>	TIER 1	

ANXIOLYTICS (Drugs for Anxiety)

ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

<i>buspirone hcl 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet</i>	TIER 1
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BENZODIAZEPINES

<i>alprazolam (ALPRAZOLAM INTENSOL) 1 mg/ml oral conc</i>	TIER 1	QLC (4 ml/day)
<i>alprazolam 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam 2 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>chlordiazepoxide hcl 10 mg capsule</i>	TIER 1	QLC (30 caps/day)
<i>chlordiazepoxide hcl 25 mg capsule</i>	TIER 1	QLC (12 caps/day)
<i>chlordiazepoxide hcl 5 mg capsule</i>	TIER 1	QLC (60 caps/day)
<i>clonazepam 0.5 mg tablet</i>	TIER 1	QLC (40 tabs/day)
<i>clonazepam 1 mg tablet</i>	TIER 1	QLC (20 tabs/day)
<i>clonazepam 2 mg tablet</i>	TIER 1	QLC (10 tabs/day)
<i>clorazepate dipotassium 15 mg tablet</i>	TIER 1	QLC (6 tabs/day)
<i>clorazepate dipotassium 3.75 mg tablet</i>	TIER 1	QLC (24 tabs/day)
<i>clorazepate dipotassium 7.5 mg tablet</i>	TIER 1	QLC (12 tabs/day)
<i>diazepam 10 mg tablet</i>	TIER 1	QLC (6 tabs/day)
<i>diazepam 2 mg tablet</i>	TIER 1	QLC (30 tabs/day)
<i>diazepam 5 mg tablet</i>	TIER 1	QLC (12 tabs/day)
<i>diazepam 5 mg/5 ml solution</i>	TIER 1	PA, QLC (60 ml/day)
<i>diazepam 5 mg/ml oral conc</i>	TIER 1	QLC (12 bottles/month)
<i>lorazepam (LORAZEPAM INTENSOL) 2 mg/ml oral conc</i>	TIER 1	QLC (150 ml/month)
<i>lorazepam 0.5 mg tablet</i>	TIER 1	QLC (20 tabs/day)
<i>lorazepam 1 mg tablet</i>	TIER 1	QLC (10 tabs/day)

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lorazepam 2 mg tablet</i>	TIER 1	QLC (5 tabs/day)
<i>lorazepam 2 mg/ml oral conc</i>	TIER 1	QLC (150 ml/month)
<i>oxazepam 10 mg capsule</i>	TIER 2	QLC (12 caps/day)
<i>oxazepam 15 mg capsule</i>	TIER 2	QLC (8 caps/day)
<i>oxazepam 30 mg capsule</i>	TIER 2	QLC (4 caps/day)

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

<i>lithium carbonate 150 mg capsule, 300 mg tablet er, 300 mg capsule, 300 mg tablet, 450 mg tablet er, 600 mg capsule</i>	TIER 1
<i>lithium citrate 8 meq/5 ml solution</i>	TIER 1

BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

<i>acarbose 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	TIER 1	
FARXIGA (<i>dapagliflozin propanediol</i>) 5 MG TABLET, 10 MG TABLET	TIER 2	ST, QLC (1 tab/day)
<i>glimepiride 1 mg tablet, 2 mg tablet, 4 mg tablet</i>	TIER 1	
<i>glipizide 2.5 mg tab er 24, 5 mg tablet, 5 mg tab er 24, 10 mg tab er 24, 10 mg tablet</i>	TIER 1	
<i>glipizide/metformin hcl 2.5-250 mg tablet, 2.5-500 mg tablet, 5 mg-500mg tablet</i>	TIER 1	
<i>glyburide 1.25 mg tablet, 2.5 mg tablet, 5 mg tablet</i>	TIER 1	
<i>glyburide,micronized 1.5 mg tablet, 3 mg tablet, 6 mg tablet</i>	TIER 1	
<i>glyburide/metformin hcl 1.25-250mg tablet, 2.5-500 mg tablet, 5 mg-500mg tablet</i>	TIER 1	
GLYXAMBI (<i>empagliflozin/linagliptin</i>) 10 MG-5 MG TABLET, 25 MG-5 MG TABLET	TIER 2	ST, QLC (1 tab/day)
JANUMET (<i>sitagliptin phosphate/metformin hcl</i>) 50-500 MG TABLET, 50-1,000 MG TABLET	TIER 2	ST, QLC (2 tabs/day)

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JANUMET XR (<i>sitagliptin phosphate/metformin hcl</i>) 50-1,000 MG TABLET	TIER 2	ST, QLC (2 tabs/day)
JANUMET XR (<i>sitagliptin phosphate/metformin hcl</i>) 50-500 MG TABLET, 100-1,000 MG TABLET	TIER 2	ST, QLC (1 tab/day)
JANUVIA (<i>sitagliptin phosphate</i>) 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	TIER 2	ST, QLC (1 tab/day)
JARDIANCE (<i>empagliflozin</i>) 10 MG TABLET, 25 MG TABLET	TIER 2	ST, QLC (1 tab/day)
<i>metformin hcl 500 mg tablet, 500 mg tab er 24h, 750 mg tab er 24h, 850 mg tablet, 1000 mg tablet</i>	TIER 1	
<i>nateglinide 60 mg tablet, 120 mg tablet</i>	TIER 1	
OZEMPIC (<i>semaglutide</i>) 0.25-0.5 MG DOSE PEN	TIER 2	ST, QLC (1 pen/28 days)
OZEMPIC (<i>semaglutide</i>) 1 MG DOSE PEN	TIER 2	ST, QLC (2 pens/28 days)
<i>pioglitazone hcl 15 mg tablet, 30 mg tablet, 45 mg tablet</i>	TIER 1	
<i>pioglitazone hcl/metformin hcl /metformin -500mg tablet, /metformin - 850mg tablet</i>	TIER 2	ST, QLC (3 tabs/day)
<i>repaglinide 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	TIER 1	
<i>repaglinide/metformin hcl 1mg-tablet, 2 mg-tablet</i>	TIER 1	PA, QLC (5 tabs/day)
RYBELSUS (<i>semaglutide</i>) 3 MG TABLET, 7 MG TABLET, 14 MG TABLET	TIER 2	ST, QLC (1 tab/day)
SYNJARDY (<i>empagliflozin/metformin hcl</i>) 5-1,000 MG TABLET, 5-500 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET	TIER 2	ST, QLC (2 tabs/day)
SYNJARDY XR (<i>empagliflozin/metformin hcl</i>) 25-1,000 MG TABLET	TIER 2	ST, QLC (1 tab/day)
SYNJARDY XR (<i>empagliflozin/metformin hcl</i>) 5-MG TABLET, 10-MG TABLET, 12.5-MG TAB	TIER 2	ST, QLC (2 tabs/day)
TRULICITY (<i>dulaglutide</i>) 0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN	TIER 2	ST, QLC (1 pen/week)
VICTOZA 2-PAK (<i>liraglutide</i>) -18 MG/3 ML PEN	TIER 2	ST, QLC (3 pens/month)

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VICTOZA 3-PAK (<i>liraglutide</i>) -18 MG/ML PEN	TIER 2	ST, QLC (3 pens/month)
XIGDUO XR (<i>dapagliflozin propanediol/metformin hcl</i>) 2.5 MG-MG TAB, 5 MG-MG TABLET	TIER 2	ST, QLC (2 tabs/day)
XIGDUO XR (<i>dapagliflozin propanediol/metformin hcl</i>) 5 MG-500 MG TABLET, 10 MG-500 MG TABLET, 10 MG-1,000 MG TAB	TIER 2	ST, QLC (1 tab/day)

GLYCEMIC AGENTS (Drugs for Low Blood Sugar)

BAQSIMI (<i>glucagon</i>) 3 MG SPRAY TWO PACK, 3 MG SPRAY ONE PACK	TIER 3	QLC (2 sprayers/30 days)
GLUCAGEN (<i>glucagon, human recombinant</i>) 1 MG HYPOKIT	TIER 2	QLC (2 injections/fill)
GLUCAGON EMERGENCY KIT (<i>glucagon hcl</i>) 1 MG	TIER 2	QLC (2 kits/fill)
GLUCAGON EMERGENCY KIT (<i>glucagon, human recombinant</i>) 1 MG	TIER 2	QLC (2 kits/fill)

INSULINS

HUMALOG (<i>insulin lispro</i>) 100 UNIT/ML VIAL, 100 UNITS/ML CARTRIDGE	TIER 2	
HUMALOG JUNIOR KWIKPEN (<i>insulin lispro</i>) JR 100 UNIT/ML	TIER 2	
HUMALOG KWIKPEN U-100 (<i>insulin lispro</i>) UNITS/ML	TIER 2	
HUMALOG KWIKPEN U-200 (<i>insulin lispro</i>) UNITS/ML	TIER 2	
HUMALOG MIX 50-50 (<i>insulin lispro protamine and insulin lispro</i>) -VIAL (TIER 2	
HUMALOG MIX 50-50 KWIKPEN (<i>insulin lispro protamine and insulin lispro</i>) -(TIER 2	
HUMALOG MIX 75-25 (<i>insulin lispro protamine and insulin lispro</i>) -VIAL (TIER 2	
HUMALOG MIX 75-25 KWIKPEN (<i>insulin lispro protamine and insulin lispro</i>) -(TIER 2	
HUMULIN 70-30 (<i>insulin nph human isophane/insulin regular, human</i>) -VIAL	TIER 2	
HUMULIN N (<i>insulin nph human isophane</i>) 100 UIT/ML VIAL	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMULIN R (<i>insulin regular, human</i>) 100 UNIT/ML VIAL	TIER 2	
HUMULIN R U-500 (<i>insulin regular, human</i>) UNITS/ML VIAL	TIER 2	
<i>insulin lispro 100/ml insulin pen, 100/ml vial</i>	TIER 1	
LANTUS (<i>insulin glargine, human recombinant analog</i>) 100 UNIT/ML VIAL	TIER 2	QLC (40 ml/month)
LANTUS SOLOSTAR (<i>insulin glargine, human recombinant analog</i>) 100 UNIT/ML	TIER 2	QLC (45 ml/month)
LEVEMIR (<i>insulin detemir</i>) 100 UNIT/ML VIAL	TIER 2	QLC (40 ml/month)
LEVEMIR FLEXTOUCH (<i>insulin detemir</i>) 100 UNIT/ML	TIER 2	QLC (45 ml/month)
TOUJEO MAX SOLOSTAR (<i>insulin glargine, human recombinant analog</i>) SOLOSTR 300 UNIT/ML	TIER 2	QLC (6 pens/month)
TOUJEO SOLOSTAR (<i>insulin glargine, human recombinant analog</i>) 300 UNIT/ML	TIER 2	QLC (12 pens/month)
TRESIBA (<i>insulin degludec</i>) 100 UNIT/ML VIAL	TIER 2	QLC (3 vials/30 days)
TRESIBA FLEXTOUCH U-100 (<i>insulin degludec</i>) UNIT/ML	TIER 2	QLC (10 pens/month)
TRESIBA FLEXTOUCH U-200 (<i>insulin degludec</i>) UNIT/ML	TIER 2	QLC (9 pens/month)

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS (Drugs for Blood Disorders)

ANTICOAGULANTS (Blood Thinners)

ELIQUIS (<i>apixaban</i>) 2.5 MG TABLET	TIER 2	QLC (2 tabs/day; not to exceed 70 tabs/6 months)
ELIQUIS (<i>apixaban</i>) 5 MG TABLET	TIER 2	QLC (2 tabs/day)
ELIQUIS (<i>apixaban</i>) DVT-PE TREAT START 5MG	TIER 2	QLC (1 pack/6 months)
<i>enoxaparin sodium 300mg/3ml vial</i>	TIER 4	QLC (2 ml/day)
<i>enoxaparin sodium 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100 mg/ml, 120mg/0.8ml, 150 mg/ml</i>	TIER 4	QLC (2 syringes/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>heparin sodium, porcine 1000/ml vial, 5000/ml vial, 10000/ml vial, 20000/ml vial</i>	TIER 1	
<i>heparin sodium, porcine/pf 5000/ml, 5000/0.5ml</i>	TIER 1	
<i>warfarin sodium (JANTOVEN) 1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	TIER 1	
<i>warfarin sodium 1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	TIER 1	
XARELTO (<i>rivaroxaban</i>) 10 MG TABLET, 15 MG TABLET, 20 MG TABLET	TIER 2	QLC (1 tab/day)
XARELTO (<i>rivaroxaban</i>) 2.5 MG TABLET	TIER 2	QLC (2 tabs/day)
XARELTO (<i>rivaroxaban</i>) STARTER PACK	TIER 2	QLC (1 starter pack/6 months)

BLOOD FORMATION MODIFIERS (Blood Formation Drugs)

<i>anagrelide hcl 0.5 mg capsule, 1 mg capsule</i>	TIER 2	
CABLIVI (<i>caplacizumab-yhdp</i>) 11 MG KIT -	TIER 4	PA, SP, QLC (1 kit/day)
GRANIX (<i>tbo-filgrastim</i>) 300 MCG/0.5 ML SAFE SYR -, 300 MCG/ML VIAL -, 300 MCG/0.5 ML SYRINGE -, 480 MCG/0.8 ML SAFE SYR -, 480 MCG/0.8 ML SYRINGE -, 480 MCG/1.6 ML VIAL -	TIER 4	PA, SP
NEULASTA (<i>pegfilgrastim</i>) 6 MG/0.6 ML SYRINGE	TIER 4	PA, SP
RETACRIT (<i>epoetin alfa-epbx</i>) 2,000 UNIT/ML VIAL -, 3,000 UNIT/ML VIAL -, 4,000 UNIT/ML VIAL -, 10,000 UNIT/ML VIAL -, 40,000 UNIT/ML VIAL -	TIER 4	PA, SP
UDENYCA (<i>pegfilgrastim-cbqv</i>) 6 MG/0.6 ML SYRINGE -	TIER 4	PA, SP
ZARXIO (<i>filgrastim-sndz</i>) 300 MCG/0.5 ML SYRINGE -, 480 MCG/0.8 ML SYRINGE -	TIER 4	PA, SP

HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

<i>tranexamic acid 650 mg tablet</i>	TIER 1	QLC (30 tabs/month)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PLATELET MODIFYING AGENTS		
<i>aspirin/dipyridamole 25mg-200mg cpmg 12hr</i>	TIER 2	
BRILINTA (<i>ticagrelor</i>) 60 MG TABLET, 90 MG TABLET	TIER 2	QLC (2 tabs/day)
<i>cilostazol 50 mg tablet, 100 mg tablet</i>	TIER 1	
<i>clopidogrel bisulfate 75 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>dipyridamole 25 mg tablet, 50 mg tablet, 75 mg tablet</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>prasugrel hcl 5 mg tablet, 10 mg tablet</i>	TIER 1	QLC (1 tab/day)
CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine 0.1mg/24hr patch, 0.2mg/24hr patch, 0.3mg/24hr patch</i>	TIER 2	
<i>clonidine hcl 0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet</i>	TIER 1	
<i>guanfacine hcl 1 mg tablet, 2 mg tablet</i>	TIER 1	
<i>methyldopa 250 mg tablet, 500 mg tablet</i>	TIER 1	
<i>midodrine hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	TIER 1	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate 1 mg tablet, 2 mg tablet, 4 mg tablet, 8 mg tablet</i>	TIER 1	
<i>phenoxybenzamine hcl 10 mg capsule</i>	TIER 4	PA
<i>prazosin hcl 1 mg capsule, 2 mg capsule, 5 mg capsule</i>	TIER 1	
<i>terazosin hcl 1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule</i>	TIER 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan 75 mg tablet, 150 mg tablet, 300 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>losartan potassium 100 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>losartan potassium 25 mg tablet</i>	TIER 1	QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>losartan potassium 50 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>olmesartan medoxomil 20 mg tablet, 40 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>olmesartan medoxomil 5 mg tablet</i>	TIER 1	QLC (3 tabs/day)
<i>telmisartan 20 mg tablet, 40 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>telmisartan 80 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>valsartan 320 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>valsartan 40 mg tablet, 80 mg tablet, 160 mg tablet</i>	TIER 1	QLC (2 tabs/day)

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

<i>benazepril hcl 40 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>benazepril hcl 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>captopril 12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	TIER 1	
<i>enalapril maleate 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	TIER 1	
<i>fosinopril sodium 10 mg tablet, 20 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>fosinopril sodium 40 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>lisinopril 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet</i>	TIER 1	
<i>perindopril erbumine 2 mg tablet, 4 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>perindopril erbumine 8 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>quinapril hcl 5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	TIER 1	
<i>ramipril 1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	TIER 1	
<i>trandolapril 1 mg tablet, 2 mg tablet, 4 mg tablet</i>	TIER 1	

ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)

<i>amiodarone hcl (PACERONE) 200 mg tablet</i>	TIER 1	
<i>amiodarone hcl 100 mg tablet, 200 mg tablet, 400 mg tablet</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>disopyramide phosphate 100 mg capsule, 150 mg capsule</i>	TIER 1	
<i>dofetilide 125 mcg capsule, 250 mcg capsule, 500 mcg capsule</i>	TIER 3	
<i>flecainide acetate 50 mg tablet, 100 mg tablet, 150 mg tablet</i>	TIER 1	
<i>mexiletine hcl 150 mg capsule, 200 mg capsule, 250 mg capsule</i>	TIER 1	
MULTAQ (<i>dronedarone hcl</i>) 400 MG TABLET	TIER 3	QLC (2 tabs/day)
<i>propafenone hcl 150 mg tablet, 225 mg tablet, 300 mg tablet</i>	TIER 1	
<i>propafenone hcl 225 mg cap er, 325 mg cap er, 425 mg cap er</i>	TIER 3	
<i>quinidine sulfate 200 mg tablet, 300 mg tablet, 300 mg tablet er</i>	TIER 1	
<i>sotalol hcl</i> (SORINE) <i>80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	TIER 1	
<i>sotalol hcl 80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	TIER 1	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl 200 mg capsule, 400 mg capsule</i>	TIER 1	
<i>atenolol 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	TIER 1	
<i>betaxolol hcl 10 mg tablet, 20 mg tablet</i>	TIER 2	
<i>bisoprolol fumarate 5 mg tablet, 10 mg tablet</i>	TIER 1	
BYSTOLIC (<i>nebivolol hcl</i>) 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	TIER 2	QLC (1 tab/day)
BYSTOLIC (<i>nebivolol hcl</i>) 20 MG TABLET	TIER 2	QLC (2 tabs/day)
<i>carvedilol 3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet</i>	TIER 1	
<i>labetalol hcl 100 mg tablet, 200 mg tablet, 300 mg tablet</i>	TIER 1	
<i>metoprolol succinate 25 mg tab er, 50 mg tab er, 100 mg tab er, 200 mg tab er</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metoprolol tartrate 25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet</i>	TIER 1	
<i>nadolol 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	TIER 1	
<i>propranolol hcl 10 mg tablet, 20 mg/5 ml solution, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 60 mg tablet, 60 mg cap sa 24h, 80 mg tablet, 80 mg cap sa 24h, 120 mg cap sa 24h, 160 mg cap sa 24h</i>	TIER 1	

CALCIUM CHANNEL BLOCKING AGENTS

<i>amlodipine besylate 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	TIER 1	
<i>diltiazem hcl (CARTIA XT) 120 mg cap er, 180 mg cap er, 240 mg cap er, 300 mg cap er</i>	TIER 1	
<i>diltiazem hcl (DILT-XR) 120 mg cap er -, 180 mg cap er -, 240 mg cap er -</i>	TIER 1	
<i>diltiazem hcl (MATZIM LA) 180 mg tab er, 240 mg tab er, 300 mg tab er, 360 mg tab er, 420 mg tab er</i>	TIER 1	
<i>diltiazem hcl (TAZTIA XT) 120 mg cap, 180 mg cap, 240 mg cap, 300 mg cap, 360 mg cap</i>	TIER 1	
<i>diltiazem hcl (TIADYLT ER) 120 mg cap, 180 mg cap, 240 mg cap, 300 mg cap, 360 mg cap, 420 mg cap</i>	TIER 1	

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl 30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg tablet, 90 mg cap er 12h, 120 mg tablet, 120 mg cap er 24h, 120 mg cap er 12h, 120 mg cap sa 24h, 120 mg cap er deg, 180 mg tab er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg cap er 24h, 240 mg cap er deg, 240 mg tab er 24h, 240 mg cap er 24h, 240 mg cap sa 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 300 mg tab er 24h, 360 mg cap sa 24h, 360 mg tab er 24h, 360 mg cap er 24h, 420 mg tab er 24h, 420 mg cap sa 24h</i>	TIER 1	
<i>felodipine 2.5 mg tab er, 5 mg tab er, 10 mg tab er</i>	TIER 1	
<i>nicardipine hcl 20 mg capsule, 30 mg capsule</i>	TIER 1	
<i>nifedipine (AFEDITAB CR) 30 mg tablet er, 60 mg tablet er</i>	TIER 1	
<i>nifedipine (NIFEDICAL XL) 30 mg tab er 24, 60 mg tab er 24</i>	TIER 1	
<i>nifedipine 10 mg capsule, 20 mg capsule, 30 mg tablet er, 30 mg tab er 24, 60 mg tablet er, 60 mg tab er 24, 90 mg tablet er, 90 mg tab er 24</i>	TIER 1	
<i>nimodipine 30 mg capsule</i>	TIER 3	
<i>verapamil hcl 40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 200 mg cap24h pct, 240 mg tablet er, 240 mg cap24h pel, 300 mg cap24h pct, 360 mg cap24h pel</i>	TIER 1	

CARDIOVASCULAR AGENTS, OTHER

<i>amiloride hcl/hydrochlorothiazide amiloride/hydrochlorothiazide 5 mg-50 mg tablet</i>	TIER 1
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate/atorvastatin calcium amlodipine/atorvastatin 2.5mg-10mg tablet, amlodipine/atorvastatin 2.5mg-40mg tablet, amlodipine/atorvastatin 2.5mg-20mg tablet, amlodipine/atorvastatin 5 mg-10 mg tablet, amlodipine/atorvastatin 5 mg-40 mg tablet, amlodipine/atorvastatin 5 mg-20 mg tablet, amlodipine/atorvastatin 5 mg-80 mg tablet, amlodipine/atorvastatin 10 mg-20mg tablet, amlodipine/atorvastatin 10 mg-40mg tablet, amlodipine/atorvastatin 10 mg-80mg tablet, amlodipine/atorvastatin 10 mg-10mg tablet</i>	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate/benazepril hcl 10 mg-20mg capsule, 10 mg-40mg capsule</i>	TIER 1	QLC (1 cap/day)
<i>amlodipine besylate/benazepril hcl 2.5mg-10mg capsule, 5 mg-20 mg capsule, 5 mg-10 mg capsule</i>	TIER 1	
<i>amlodipine besylate/benazepril hcl 5 mg-40 mg capsule</i>	TIER 1	QLC (2 caps/day)
<i>amlodipine besylate/olmesartan medoxomil bes/olmesartan 5 mg-20 mg tablet, bes/olmesartan 5 mg-40 mg tablet, bes/olmesartan 10 mg-20mg tablet, bes/olmesartan 10 mg-40mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>amlodipine besylate/valsartan 5 mg-320mg tablet, 5 mg-160mg tablet, 10mg-160mg tablet, 10mg-320mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>amlodipine besylate/valsartan/hydrochlorothiazide amlodipine/valsartan/hcthiiazid 5-160-25mg tablet, amlodipine/valsartan/hcthiiazid 5-160-12.5 tablet, amlodipine/valsartan/hcthiiazid 10-320-25 tablet, amlodipine/valsartan/hcthiiazid 10-160-25 tablet, amlodipine/valsartan/hcthiiazid 10mg-160mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>atenolol/chlorthalidone 50 mg-tablet, 100mg-tablet</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>benazepril hcl/hydrochlorothiazide benazepril/hydrochlorothiazide 5-6.25mg tablet, benazepril/hydrochlorothiazide 10- 12.5mg tablet, benazepril/hydrochlorothiazide 20 mg- 25mg tablet, benazepril/hydrochlorothiazide 20-12.5 mg tablet</i>	TIER 1	
<i>bisoprolol fumarate/hydrochlorothiazide bisoprolol/hydrochlorothiazide 2.5-tablet, bisoprolol/hydrochlorothiazide 5-tablet, bisoprolol/hydrochlorothiazide 10-tablet</i>	TIER 1	
<i>captopril/hydrochlorothiazide 25 mg- 25mg tablet, 25 mg-15mg tablet, 50 mg- 25mg tablet, 50 mg-15mg tablet</i>	TIER 1	
<i>digoxin (DIGITEK) 125 mcg tablet</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>digoxin (DIGITEK) 250 mcg tablet</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
<i>digoxin (DIGOX) 125 mcg tablet</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>digoxin (DIGOX) 250 mcg tablet</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
<i>digoxin 125 mcg tablet</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>digoxin 250 mcg tablet</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
<i>digoxin 50 mcg/ml solution</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (2.5 ml/day)
<i>enalapril maleate/hydrochlorothiazide enalapril/hydrochlorothiazide 5mg- 12.5mg tablet, enalapril/hydrochlorothiazide 10 mg- 25mg tablet</i>	TIER 1	
<i>fosinopril sodium/hydrochlorothiazide fosinopril/hydrochlorothiazide 10-12.5mg tablet, fosinopril/hydrochlorothiazide 20- 12.5 mg tablet</i>	TIER 1	
<i>irbesartan/hydrochlorothiazide 150- 12.5mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>irbesartan/hydrochlorothiazide 300- 12.5mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>lisinopril/hydrochlorothiazide 10-12.5mg tablet, 20-12.5 mg tablet, 20 mg-25mg tablet</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; C - Short Cycle;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>losartan potassium/hydrochlorothiazide losartan/hydrochlorothiazide 100mg-25mg tablet, losartan/hydrochlorothiazide 100-12.5mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>losartan potassium/hydrochlorothiazide losartan/hydrochlorothiazide 50-12.5 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>methyldopa/hydrochlorothiazide -15mg tablet, -25mg tablet</i>	TIER 1	
<i>metoprolol tartrate/hydrochlorothiazide metoprolol/hydrochlorothiazide 50 mg-25mg tablet, metoprolol/hydrochlorothiazide 100mg-25mg tablet, metoprolol/hydrochlorothiazide 100mg-50mg tablet</i>	TIER 1	
<i>nadolol/bendroflumethiazide 40 mg-5 mg tablet, 80 mg-5 mg tablet</i>	TIER 1	
<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide olmesartan/amlodipin/hcthiiazid 20-5-12.5 tablet, olmesartan/amlodipin/hcthiiazid 40-10-12.5 tablet, olmesartan/amlodipin/hcthiiazid 40-5-12.5 tablet, olmesartan/amlodipin/hcthiiazid 40-10-25mg tablet, olmesartan/amlodipin/hcthiiazid 40-5-25 mg tablet</i>	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan medoxomil/hydrochlorothiazide olmesartan/hydrochlorothiazide 20-12.5 mg tablet, olmesartan/hydrochlorothiazide 40 mg-25mg tablet, olmesartan/hydrochlorothiazide 40-12.5 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>pentoxifylline 400 mg tablet er</i>	TIER 1	
<i>propranolol hcl/hydrochlorothiazide propranolol/hydrochlorothiazid 40 mg-tablet, propranolol/hydrochlorothiazid 80 mg-tablet</i>	TIER 1	
<i>quinapril hcl/hydrochlorothiazide quinapril/hydrochlorothiazide 10-12.5mg tablet, quinapril/hydrochlorothiazide 20 mg-25mg tablet, quinapril/hydrochlorothiazide 20-12.5 mg tablet</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>spironolactone/hydrochlorothiazide spironolact/hydrochlorothiazid 25 mg- 25mg tablet</i>	TIER 1	
<i>telmisartan/amlodipine besylate 40 mg- 10mg tablet, 40 mg-5 mg tablet, 80 mg- 10mg tablet, 80 mg-5 mg tablet</i>	TIER 2	ST, QLC (1 tab/day)
<i>telmisartan/hydrochlorothiazide 40-12.5 mg tablet</i>	TIER 2	ST, QLC (3 tabs/day)
<i>telmisartan/hydrochlorothiazide 80 mg- 25mg tablet, 80-12.5mg tablet</i>	TIER 2	ST, QLC (2 tabs/day)
<i>triamterene/hydrochlorothiazide 37.5-25 mg capsule, 37.5-25 mg tablet, 50 mg- 25mg capsule, 75 mg-50mg tablet</i>	TIER 1	
<i>valsartan/hydrochlorothiazide 320-12.5mg tablet, 320mg-25mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>valsartan/hydrochlorothiazide 80-12.5mg tablet, 160-12.5mg tablet, 160-25mg tablet</i>	TIER 1	QLC (2 tabs/day)

DIURETICS, CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide 125 mg tablet, 250 mg tablet, 500 mg capsule er</i>	TIER 1
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DIURETICS, LOOP

<i>bumetanide 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	TIER 1
<i>furosemide 10 mg/ml solution, 20 mg tablet, 40mg/5ml solution, 40 mg tablet, 80 mg tablet</i>	TIER 1
<i>torsemide 5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet</i>	TIER 1

DIURETICS, POTASSIUM-SPARING

<i>amiloride hcl 5 mg tablet</i>	TIER 1
<i>eplerenone 25 mg tablet, 50 mg tablet</i>	TIER 2
<i>spironolactone 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	TIER 1

DIURETICS, THIAZIDE

<i>chlorothiazide 250 mg tablet, 500 mg tablet</i>	TIER 1
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>chlorthalidone 25 mg tablet, 50 mg tablet</i>	TIER 1	
<i>hydrochlorothiazide 12.5 mg tablet, 12.5 mg capsule, 25 mg tablet, 50 mg tablet</i>	TIER 1	
<i>indapamide 1.25 mg tablet, 2.5 mg tablet</i>	TIER 1	
<i>metolazone 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	TIER 1	

DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)

<i>fenofibrate (LOFIBRA) 160 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>fenofibrate (LOFIBRA) 54 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>fenofibrate 160 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>fenofibrate 54 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>fenofibrate nanocrystallized 145 mg tablet, 145mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>fenofibrate nanocrystallized 48 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>fenofibrate,micronized (LOFIBRA) 200 mg capsule</i>	TIER 1	QLC (1 cap/day)
<i>fenofibrate,micronized (LOFIBRA) 67 mg capsule, 134 mg capsule</i>	TIER 1	QLC (1 cap/day)
<i>fenofibrate,micronized 67 mg capsule, 134 mg capsule, 200 mg capsule</i>	TIER 1	QLC (1 cap/day)
<i>fenofibric acid (choline) 45 mg capsule dr, 135 mg capsule dr</i>	TIER 1	QLC (1 cap/day)
<i>fenofibric acid 105 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>fenofibric acid 35 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>gemfibrozil 600 mg tablet</i>	TIER 1	QLC (2.5 tabs/day)

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

<i>atorvastatin calcium 10 mg tablet, 20 mg tablet</i>	TIER 1	PH (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium 40 mg tablet, 80 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>lovastatin 10 mg tablet, 20 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>lovastatin 40 mg tablet</i>	TIER 1	QLC (2 tabs/day)

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pravastatin sodium 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium 5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>simvastatin 5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	TIER 1	PH (Preventive Health), QLC (1 tab/day)
<i>simvastatin 80 mg tablet</i>	TIER 1	QLC (1 tab/day)

DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)

<i>cholestyramine (with sugar) suar) 4 powd pack, suar) 4 powder</i>	TIER 1	
<i>cholestyramine/aspartame (PREVALITE) 4 powd pack, 4 powder</i>	TIER 1	
<i>cholestyramine/aspartame 4 powd pack, 4 powder</i>	TIER 1	
<i>colesevelam hcl 3.75 g powd pack, 625 mg tablet</i>	TIER 2	
<i>colestipol hcl 1 tablet, 5 ranules, 5 packet</i>	TIER 1	
<i>ezetimibe 10 mg tablet</i>	TIER 2	QLC (1 tab/day)
<i>ezetimibe/simvastatin 10 mg-80mg tablet, 10 mg-40mg tablet, 10 mg-10mg tablet, 10 mg-20mg tablet</i>	TIER 2	ST, QLC (1 tab/day)
<i>niacin (NIACOR) 500 mg tablet</i>	TIER 1	
<i>niacin 500 mg tab er 24h</i>	TIER 1	QLC (4 tabs/day)
<i>niacin 750 mg tab er, 1000 mg tab er</i>	TIER 1	QLC (2 tabs/day)
<i>omega-3 acid ethyl esters (TRIKLO) omea-1 capsule</i>	TIER 1	QLC (4 caps/day)
<i>omega-3 acid ethyl esters omea-1 capsule</i>	TIER 1	QLC (4 caps/day)
PRALUENT PEN (<i>alirocumab</i>) 75 MG/ML PEN, 150 MG/ML PEN	TIER 4	PA, QLC (2 pens/month)
PRALUENT SYRINGE (<i>alirocumab</i>) 75 MG/ML SYRINGE, 150 MG/ML SYRINGE	TIER 4	PA, QLC (2 syringes/month)
REPATHA PUSHTRONEX (<i>evolocumab</i>) 420 MG/3.5ML PUSHTRONX	TIER 3	PA, QLC (1 injector/month)
REPATHA SURECLICK (<i>evolocumab</i>) 140 MG/ML	TIER 3	PA, QLC (2 pens/month)
REPATHA SYRINGE (<i>evolocumab</i>) 140 MG/ML	TIER 3	PA, QLC (2 syringes/month)

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VASCEPA (<i>icosapent ethyl</i>) 0.5 GM CAPSULE	TIER 3	PA, QLC (2 caps/day)
VASCEPA (<i>icosapent ethyl</i>) 1 GM CAPSULE	TIER 3	PA, QLC (4 caps/day)

VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)

<i>hydralazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	TIER 1	
<i>minoxidil 2.5 mg tablet, 10 mg tablet</i>	TIER 1	

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS (Drugs for Relaxing Arteries and Veins)

<i>isosorbide dinitrate</i> (ISOCHRON) 40 mg tablet er	TIER 1	
<i>isosorbide dinitrate 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet er, 40 mg tablet</i>	TIER 1	
<i>isosorbide mononitrate 10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h</i>	TIER 1	
<i>nitroglycerin</i> (MINITRAN) 0.1mg/hr patch, 0.2mg/hr patch, 0.4mg/hr patch, 0.6mg/hr patch	TIER 1	
<i>nitroglycerin</i> (NITRO-TIME) 2.5 mg capsule er -, 6.5 mg capsule er -, 9 mg capsule er -	TIER 1	
<i>nitroglycerin 0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4mg/hr patch td24, 0.4 mg tab subl, 0.6 mg tab subl, 0.6mg/hr patch td24, 2.5 mg capsule er, 6.5 mg capsule er, 9 mg capsule er</i>	TIER 1	
<i>nitroglycerin 400mcg/spr spray</i>	TIER 2	

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate dextroamphetamine/amphetamine 12.5 mg tablet</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate dextroamphetamine/amphetamine 20 mg tablet</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate dextroamphetamine/amphetamine 30 mg tablet</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate dextroamphetamine/amphetamine 5 mg cap er, dextroamphetamine/amphetamine 10 mg cap er, dextroamphetamine/amphetamine 15 mg cap er, dextroamphetamine/amphetamine 20 mg cap er, dextroamphetamine/amphetamine 25 mg cap er, dextroamphetamine/amphetamine 30 mg cap er</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 15 mg tablet</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate 10 mg capsule er</i>	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
<i>dextroamphetamine sulfate 10 mg tablet</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate 15 mg capsule er</i>	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>dextroamphetamine sulfate 5 mg capsule er</i>	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate 5 mg tablet</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
VYVANSE (<i>lisdexamfetamine dimesylate</i>) 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE	TIER 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
SP – Specialty Pharmacy; ST – Step Therapy

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl 10 mg capsule, 18 mg capsule, 25 mg capsule</i>	TIER 2	AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>atomoxetine hcl 40 mg capsule</i>	TIER 2	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>atomoxetine hcl 60 mg capsule, 80 mg capsule, 100 mg capsule</i>	TIER 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl 5 mg 50-50, 10 mg 50-50, 15 mg 50-50, 20 mg 50-50, 25 mg 50-50, 30 mg 50-50, 35 mg 50-50, 40 mg 50-50</i>	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>guanfacine hcl 1 mg tab er, 2 mg tab er, 3 mg tab er, 4 mg tab er</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl (RELEXXII) 72 mg tab er 24</i>	TIER 1	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl 10 mg 50-50, 20 mg 50-50, 30 mg 50-50</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl 10 mg/5 ml solution</i>	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
<i>methylphenidate hcl 18 mg tab er 24, 27 mg tab er 24, 54 mg tab er 24</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl 2.5 mg tab chew, 5 mg tab chew, 10 mg tab chew, 10 mg tablet</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl 20 mg tablet</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl 36 mg tab er 24</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl 40 mg 50-50, 60 mg 50-50</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl 5 mg tablet</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
<i>methylphenidate hcl 5 mg/5 ml solution</i>	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl 72 mg tab er 24</i>	TIER 1	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)

CENTRAL NERVOUS SYSTEM, OTHER

<i>benzphetamine hcl 25 mg tablet</i>	TIER 1	PA, QLC (3 tabs/day)
<i>benzphetamine hcl 50 mg tablet</i>	TIER 1	PA
<i>butalbital/acetaminophen 50mg-325mg tablet</i>	TIER 1	QLC (6 tabs/day)
<i>butalbital/acetaminophen/caffeine (FIORICET)</i> <i>butalb/acetaminophen/caffeine 50-300-40 capsule</i>	TIER 1	QLC (6 caps/day)
<i>butalbital/acetaminophen/caffeine butalb/acetaminophen/caffeine 50-300-40 capsule,</i> <i>butalb/acetaminophen/caffeine 50-325-40 capsule</i>	TIER 1	QLC (6 caps/day)
<i>butalbital/acetaminophen/caffeine butalb/acetaminophen/caffeine 50-325-40 tablet</i>	TIER 1	QLC (6 tabs/day)
<i>diethylpropion hcl 25 mg tablet, 75 mg tablet er</i>	TIER 1	PA
<i>phendimetrazine tartrate 35 mg tablet, 105 mg capsule er</i>	TIER 1	PA
<i>phentermine hcl (ADIPEX-P) 37.5 mg capsule -</i>	TIER 1	PA
<i>phentermine hcl (LOMAIRA) 8 mg tablet</i>	TIER 1	PA
<i>phentermine hcl 15 mg capsule, 30 mg capsule, 37.5 mg capsule, 37.5 mg tablet</i>	TIER 1	PA
<i>riluzole 50 mg tablet</i>	TIER 1	

FIBROMYALGIA AGENTS

<i>duloxetine hcl 20 mg capsule dr, 40 mg capsule dr, 60 mg capsule dr</i>	TIER 1	QLC (2 caps/day)
<i>duloxetine hcl 30 mg capsule dr</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin 20 mg/ml solution</i>	TIER 2	QLC (30 ml/day)
<i>pregabalin 225 mg capsule, 300 mg capsule</i>	TIER 2	QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pregabalin 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule</i>	TIER 2	QLC (3 caps/day)

MULTIPLE SCLEROSIS AGENTS

EXTAVIA (<i>interferon beta-1b</i>) 0.3 MG VIAL -, 0.3 MG KIT -	TIER 3	SP, QLC (1 kit/month)
GILENYA (<i>fingolimod hcl</i>) 0.5 MG CAPSULE	TIER 4	SP, QLC (1 cap/day)
<i>glatiramer acetate</i> (GLATOPA) 20 mg/ml syringe	TIER 4	SP, QLC (1 syringe/day)
<i>glatiramer acetate</i> (GLATOPA) 40 mg/ml syringe	TIER 4	SP, QLC (12 syringes/month)
<i>glatiramer acetate 20 mg/ml syringe</i>	TIER 4	SP, QLC (1 syringe/day)
<i>glatiramer acetate 40 mg/ml syringe</i>	TIER 4	SP, QLC (12 syringes/month)

DENTAL AND ORAL AGENTS (Drugs for the Mouth)

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg capsule</i>	TIER 1	
<i>pilocarpine hcl 5 mg tablet, 7.5 mg tablet</i>	TIER 1	
<i>triamcinolone acetonide</i> (ORALONE) 0.1 % paste (g)	TIER 1	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	TIER 1	

DERMATOLOGICAL AGENTS (Drugs for the Skin)

<i>acitretin 10 mg capsule, 17.5 mg capsule, 25 mg capsule</i>	TIER 3	
<i>adapalene 0.1 % cream (g), 0.1 % lotion, 0.3 % gel w/pump, 0.3 % gel (gram)</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>adapalene/benzoyl peroxide 0.1 %-2.5% gel w/pump</i>	TIER 3	ST, AL1 (Up to 40 yrs old)
<i>calcipotriene</i> (CALCITRENE) 0.005 % oint. (g)	TIER 1	
<i>calcipotriene 0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution</i>	TIER 1	
<i>calcitriol 3 mcg/g oint. (g)</i>	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clindamycin phosphate/benzoyl peroxide phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1.2(1) %-5% gel (gram)</i>	TIER 1	
<i>clotrimazole/betamethasone dipropionate 1 %-0.05 % lotion, 1 %-0.05 % cream (g)</i>	TIER 1	
COSENTYX (2 SYRINGES) (<i>secukinumab</i>) 300 MG DOSE-	TIER 4	PA, SP, QLC (2 syringes/28 days)
COSENTYX PEN (2 PENS) (<i>secukinumab</i>) 300 MG DOSE-	TIER 4	PA, SP, QLC (2 pens/28 days)
COSENTYX PEN (<i>secukinumab</i>) 150 MG/ML INJECT	TIER 4	PA, SP, QLC (1 pen/28 days)
COSENTYX SYRINGE (<i>secukinumab</i>) 150 MG/ML	TIER 4	PA, SP, QLC (1 syringe/28 days)
<i>diclofenac sodium 1 % gel (gram)</i>	TIER 2	QLC (5 tubes/month)
<i>hydrocortisone acetate</i> (MICORT-HC) 2.5 % crm/pe app -	TIER 1	
<i>hydrocortisone acetate/pramoxine hcl hydrocortisone/pramoxine 1 %-1 % cream/appl</i>	TIER 1	
<i>imiquimod 5 % cream pack</i>	TIER 1	QLC (24 packs/month, max of 48 packs/6 months)
<i>isotretinoin</i> (AMNESTEEM) 10 mg capsule, 20 mg capsule, 40 mg capsule	TIER 1	
<i>isotretinoin</i> (CLARAVIS) 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule	TIER 1	
<i>isotretinoin</i> (MYORISAN) 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule	TIER 1	
<i>isotretinoin</i> (ZENATANE) 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule	TIER 1	
<i>isotretinoin 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	TIER 1	
<i>methoxsalen 10 mg cap lq rap</i>	TIER 1	
<i>metronidazole</i> (ROSADAN) 0.75 % gel (gram), 0.75 % cream (g)	TIER 1	
<i>metronidazole 0.75 % lotion, 0.75 % cream (g), 0.75 % gel (gram), 1 % gel w/pump, 1 % gel (gram)</i>	TIER 1	

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PICATO (<i>ingenol mebutate</i>) 0.015% GEL	TIER 3	QLC (3 doses/month)
PICATO (<i>ingenol mebutate</i>) 0.05% GEL	TIER 3	QLC (2 doses/month)
<i>pimecrolimus 1 % cream (g)</i>	TIER 2	ST, AL1 (Up to 12 yrs old), QLC (1 tube/fill)
<i>podofilox 0.5 % solution</i>	TIER 1	
<i>salicylic acid 6 % crm er (g), 6 % shampoo, 26 % liquid, 27.5 % liq-film</i>	TIER 1	
<i>salicylic acid 6 % lotion</i>	TIER 3	
<i>salicylic acid 6 % lotion er</i>	TIER 1	QLC (400 gm/month)
<i>selenium sulfide 2.5 % lotion</i>	TIER 1	QLC (1 bottle/month)
SKYRIZI (2 SYRINGES) KIT (<i>risankizumab-raa</i>) 150 MG DOSE -SYRN -	TIER 4	PA, SP, QLC (1 kit/84 days)
<i>spinosad 0.9 % suspension</i>	TIER 1	QLC (1 bottle/fill)
STELARA (<i>ustekinumab</i>) 45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE	TIER 4	PA, SP, QLC (1 syringe/84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5 ML VIAL	TIER 4	PA, SP, QLC (1 vial/84 days)
<i>sulfacetamide sodium (SEB-PREV) 10 % cleanser -</i>	TIER 1	
<i>sulfacetamide sodium 10 % shampoo, 10 % cleanser</i>	TIER 1	
<i>sulfacetamide sodium/sulfur (ROSANIL) 10-5%(w/w) cleanser</i>	TIER 1	
<i>sulfacetamide sodium/sulfur (SSS 10-5) 10 %-5 % foam 10-, 10-5%(w/w) cream (g) 10-</i>	TIER 1	
<i>sulfacetamide sodium/sulfur (SULFACLEANSE 8-4) %- % suspension -</i>	TIER 1	PA
<i>sulfacetamide sodium/sulfur 8 %-4 % suspension</i>	TIER 1	PA
<i>sulfacetamide sodium/sulfur 9 %-4 % cleanser, 10 %-2 % cleanser, 10 %-2 % cream (g), 10-5%(w/v) lotion, 10-5%(w/w) cream (g), 10-5%(w/w) lotion, 10-5%(w/w) cleanser, 10 %-4 % med. pad, 10-5%(w/w) suspension</i>	TIER 1	
<i>sulfacetamide sodium/sulfur 9.8%-4.8% cleanser, 9.8%-4.8% cream (g), 9.8%-4.8% lotion</i>	TIER 1	PA, QLC (1 bottle/month)
<i>tacrolimus 0.03 % oint. (g)</i>	TIER 2	ST, AL1 (Up to 15 yrs old), QLC (1 tube/fill)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tacrolimus 0.1 % oint. (g)</i>	TIER 2	ST, AL1 (At least 15 yrs old), QLC (1 tube/fill)
TREMFYA (<i>guselkumab</i>) 100 MG/ML INJECTOR	TIER 4	PA, SP, QLC (1 injection/8 weeks)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SYRINGE	TIER 4	PA, SP, QLC (1 syringe/8 weeks)
<i>tretinoin 0.01 % gel (gram), 0.025 % gel (gram), 0.05 % gel (gram)</i>	TIER 2	AL1 (Up to 40 yrs old)
<i>tretinoin 0.025 % (g), 0.05 % (g), 0.1 % (g)</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>urea</i> (UMECTA) 40 % foam	TIER 1	ST
<i>urea 35 % foam, 39 % cream (g), 45 % gel (ml), 45 % lotion</i>	TIER 1	ST
<i>urea 40 % cream (g), 40 % lotion</i>	TIER 1	

ELECTROLYTES/MINERALS/METALS/VITAMINS

CHEMET (<i>succimer</i>) 100 MG CAPSULE	TIER 2	
<i>cyanocobalamin (vitamin b-12)</i> <i>cyanocoalamin -1000mcg/ml vial</i>	TIER 1	
<i>fluoride/iron/vitamins a,c,and d a,c,d 0.25 mg/ml drops</i>	TIER 1	PH (Preventive Health)
<i>folic acid 1 mg tablet</i>	TIER 1	
<i>folic acid/pyridoxine hcl/ca phos dibasic & tribasic/ginger</i> (VP-GGR-B6) <i>acid/b6/ca phos/ginger 1.2-40-100 tablet</i> --	TIER 1	
<i>folic acid/pyridoxine hcl/ca phos dibasic & tribasic/ginger</i> (ZINGIBER) <i>acid/b6/ca phos/ginger 1.2-40-100 tablet</i>	TIER 1	
<i>levocarnitine (with sugar) 100 mg/ml solution</i>	TIER 1	
<i>levocarnitine 330 mg tablet</i>	TIER 1	
<i>multivitamin combination no.47/ferrous fum/folate no.1/dha</i> (PNV-DHA) <i>47/iron/folate /dha 27--300mg capsule -</i>	TIER 1	
<i>multivitamin combination no.47/ferrous fum/folate no.1/dha</i> (VIRT-PN DHA) <i>47/iron/folate /dha 27--300mg capsule -</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>multivitamin combination no.47/ferrous fum/folate no.1/dha (ZATEAN-PN DHA) 47/iron/folate /dha 27–300mg capsule -</i>	TIER 1	
<i>multivitamin combination no.51/ferrous fumarate/folic acid (PNV-VP-U) no.51/iron/folic 106.5-1mg capsule --</i>	TIER 1	
<i>multivitamin combination no.51/ferrous fumarate/folic acid no.51/iron/folic 106.5-1mg capsule</i>	TIER 1	
<i>multivitamin no.39/iron carb.bisgl/methylfolate/docusate/dha (OBSTETRIX ONE) multivit39/iron/mfolat/dss/dha 38-1-25 mg capsule</i>	TIER 1	
<i>multivitamin no.53/ferrous fum/folic acid/docusate/dha (TARON-PREX PRENATAL) mvn no.53/iron/folic/dss/dha 30-1.2-55 capsule -</i>	TIER 1	
<i>multivitamin with minerals no.69/iron,carbonyl/folic acid (ELITE-OB) - min69/iron/folic 50-1.25 mg tablet -</i>	TIER 1	
<i>multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha (PNV-OMEGA) mv-mins 7/iron/folic no./dha 28–300mg capsule -</i>	TIER 1	
<i>multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha (VIRT-PN PLUS) mv-mins 7/iron/folic no./dha 28–300mg capsule -</i>	TIER 1	
<i>multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha (ZATEAN-PN PLUS) mv-mins 7/iron/folic no./dha 28–300mg capsule -</i>	TIER 1	
<i>mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa (DOTHELLE DHA) mvn-min75/iron/iron ps/om3/dha 35-1-200mg capsule</i>	TIER 1	
<i>mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa (TARON-C DHA) mvn-min75/iron/iron ps/om3/dha 35-1-200mg capsule -</i>	TIER 1	
<i>mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa (VIRT-C DHA) mvn-min75/iron/iron ps/om3/dha 35-1-200mg capsule -</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid (FOLIVANE-OB) mvn-74/iron fum/iron/fa 85 mg-1 mg capsule -</i>	TIER 1	
<i>pediatric multivit with a,c,d3 no.21/sodium fluoride (TRI-VITE WITH FLUORIDE) mvit no.21/fluoride 0.25 mg/ml drops -</i>	TIER 1	PH (Preventive Health)
<i>pediatric multivit with a,c,d3 no.21/sodium fluoride no.21/fluoride 0.25 mg/ml drops, no.21/fluoride 0.5 mg/ml drops</i>	TIER 1	PH (Preventive Health)
<i>pediatric multivitamin no.16/sodium fluoride -0.25 mg tab che, -0.5 mg tab che, -1 mg tab che</i>	TIER 1	PH (Preventive Health)
<i>pediatric multivitamin no.2/sodium fluoride -0.25 mg/ml drops, -0.5 mg/ml drops</i>	TIER 1	PH (Preventive Health)
<i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate 45/fluoride/iron 0.25-10/ml drops</i>	TIER 1	PH (Preventive Health)
<i>pediatric multivitamin no.75/sodium fluoride/ferrous sulfate 75/fluoride/iron 0.25-10/ml drops</i>	TIER 1	PH (Preventive Health)
<i>pediatric multivitamin no.82 with sodium fluoride -0.25 mg/ml drops, -0.5 mg/ml drops</i>	TIER 1	PH (Preventive Health)
<i>pediatric multivitamins no.17 with sodium fluoride -0.25 mg tab che, -0.5 mg tab che, -1 mg tab che</i>	TIER 1	PH (Preventive Health)
<i>potassium bicarbonate/citric acid (EFFER-K) 25 meq tablet eff -</i>	TIER 1	
<i>potassium bicarbonate/citric acid (K EFFERVESCENT) 25 meq tablet eff</i>	TIER 1	
<i>potassium bicarbonate/citric acid (KLOR-CON-EF) 25 meq tablet eff --</i>	TIER 1	
<i>potassium bicarbonate/citric acid 25 meq tablet eff</i>	TIER 1	
<i>potassium chloride (KLOR-CON M10) meq tab er prt -</i>	TIER 1	
<i>potassium chloride (KLOR-CON M20) meq tab er prt -</i>	TIER 1	
<i>potassium chloride (KLOR-CON SPRINKLE) 8 capsule er -, 10 capsule er -</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium chloride</i> (KLOR-CON) 20 meq packet -	TIER 1	
<i>potassium chloride</i> 8 meq capsule er, 8 meq tablet er, 10 meq tablet er, 10 meq capsule er, 10 meq tab er prt, 20 meq tablet er, 20 meq packet, 20 meq tab er prt, 20meq/15ml liquid, 40meq/15ml liquid	TIER 1	
<i>potassium chloride/potassium bicarbonate/citric acid chloride/bicarb/cit</i> 25 meq tablet eff	TIER 1	
<i>prenatal vit no.21/iron polysacch.heme polypep/folic acid</i> (HEMENATAL OB) pnv 2/iron ps,heme ppep/folic 28-6-mg tablet	TIER 1	
<i>prenatal vit no.21/iron polysacch.heme polypep/folic acid</i> (VP-HEME OB) pnv 2/iron ps,heme ppep/folic 28-6-mg tablet -	TIER 1	
<i>prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha</i> (PRENA1 PEARL) prenatal71/on/folic 30-1.4-200 cap dr	TIER 1	
<i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i> (MYNATAL ADVANCE) vits5/iron/folic/dss 90--50 mg tablet	TIER 1	
<i>prenatal vit with calcium no.40/iron fumarate/folate no.1</i> (PNV-SELECT) prenatal,calc.40/iron/folate 27 mg-mg tablet -	TIER 1	
<i>prenatal vit with calcium no.40/iron fumarate/folate no.1</i> (VIRT-PN) prenatal,calc.40/iron/folate 27 mg-mg tablet -	TIER 1	
<i>prenatal vit with calcium no.69/iron/folic acid/docusate/dha</i> (PRENAISSANCE PLUS) pnv 69/iron/folic/docusate/dha 28-1-50 mg capsule	TIER 1	
<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i> (TRINATAL RX 1) vit27,calcium/iron/fa 60 mg-mg tablet)	TIER 1	
<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i> (VINATE ONE) vit27,calcium/iron/fa 60 mg-1 mg tablet	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prenatal vitamin no.19/iron polysac,iron heme/folic acid/dha (VP-HEME ONE) pnv 9/iron ps,heme/folic/dha 22-6--200 capsule -</i>	TIER 1	
<i>prenatal vitamin no.86/iron bis-glycinate/folic acid (NEWGEN) vit86/iron/folic 32 mg-1 mg tablet</i>	TIER 1	
<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid (PNV 29-1) vit,calc76/iron/folic mg-mg tablet -)</i>	TIER 1	
<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid (THRIVITE RX) vit,calc76/iron/folic 29 mg-1 mg tablet</i>	TIER 1	
<i>prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3 (C-NATE DHA) pnv /iron fum/folic acid/om3 28--200mg capsule -</i>	TIER 1	
<i>prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3 (VIRT-NATE DHA) pnv /iron fum/folic acid/om3 28--200mg capsule -</i>	TIER 1	
<i>prenatal vitamins no.14/ferrous fumarate/folic acid (COMPLETENATE) 4/iron fum/folic 29 mg-mg tab chew</i>	TIER 1	
<i>prenatal vitamins no.66/iron,carbonyl/folic acid/dha (R-NATAL OB) pnv no.66/iron,carb/folic/dha 20-1-320mg capsule -</i>	TIER 3	
<i>prenatal vitamins with calcium/ferrous fum/docusate/folic ac (MYNATE 90 PLUS) pnv/frous -50-1mg tablet</i>	TIER 1	
<i>prenatal vitamins with calcium/ferrous fumarate/folic acid (MYNATAL PLUS) vit/iron fum/folic 65 mg-1 mg tablet</i>	TIER 1	
<i>prenatal vitamins with calcium/ferrous fumarate/folic acid (MYNATAL-Z) vit/iron fum/folic 65 mg-1 mg tablet -</i>	TIER 1	
<i>prenatal vitamins with calcium/iron,carb/docusate/folic acid (MYNATAL) pnv/iron,carb/docusat/folic 90-50-1mg tablet</i>	TIER 1	
<i>prenatal vits no.115/iron fumarate/folic acid/docusate sod. fum/folic/dss 29--25 mg tablet</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prenatal vits no.119/iron fumarate/folic acid/docusate sod. pnv9/iron fum/folic/docusate 29-25 mg tablet</i>	TIER 1	
<i>prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha (VP-CH-PNV) 34/iron/folic/dss/dha 30-1-50 mg capsule</i> --	TIER 1	
<i>prenatal vits with calcium 118/ferrous fumarate/folic acid pnv no.8/iron fumarate/fa 29 mg-mg tab chew</i>	TIER 1	
<i>prenatal vits with calcium 136/ferrous fumarate/folic acid (VINATE-M) vit36/iron/folic acid 27 mg-mg tablet -</i>	TIER 1	
<i>prenatal vits with calcium no.115/iron fumarate/folic acid no5/iron/folic 29 mg-mg tab chew</i>	TIER 1	
<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid (M-NATAL PLUS) pnv,calcium 72/iron/folic 27 mg-1 mg tablet -</i>	TIER 1	
<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid (PREPLUS) pnv,calcium 72/iron/folic 27 mg-1 mg tablet</i>	TIER 1	
<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid pnv,calcium 72/iron/folic 27 mg-1 mg tablet</i>	TIER 1	
<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid pnv,calcium 72/iron,carb/folic 29 mg-1 mg tablet</i>	TIER 1	
<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid (VIRT-NATE) vit,cal 73/iron/folic 28 mg-1 mg tablet -</i>	TIER 1	
<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid (VOL-NATE) vit,cal 73/iron/folic 28 mg-1 mg tablet -</i>	TIER 1	
<i>prenatal vits with calcium no.74/ferrous fumarate/folic acid vit,cal 74/iron/folic 27 mg-1 mg tablet</i>	TIER 1	
<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid (PRETAB) vit,calc78/iron/folic 29 mg-1 mg tablet</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prenatal vits with calcium no.80/iron fum/folic acid/dss/dha (PRENAISSANCE) pnv fum/folic/dss/dha 29-1.25-55 capsule</i>	TIER 1	
<i>prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha (PNV-DHA + DOCUSATE) pnv 66/iron/folic/docusate/dha 27-1.25-55 capsule -</i>	TIER 1	
RADIOGARDASE (<i>prussian blue (insoluble)</i>) 0.5 GM CAPSULE	TIER 3	
<i>sodium polystyrene sulfonate (KIONEX) powder</i>	TIER 1	
<i>sodium polystyrene sulfonate 15 g/60 ml oral susp, 30 g/120ml enema, 50 g/200ml enema, powder</i>	TIER 1	
<i>sodium polystyrene sulfonate/sorbitol solution (KIONEX) sulfon/sorb 15 g/60 ml oral susp</i>	TIER 1	
VINATE CARE (<i>multivitamin combination no.43/ferrous fumarate/folic acid</i>) CHEWABLE TABLET	TIER 1	

GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)

ANTISPASMODICS, GASTROINTESTINAL (Drugs to Prevent Bowel and Stomach Spasms)

<i>dicyclomine hcl 10 mg/5 ml solution, 10 mg capsule, 20 mg tablet</i>	TIER 1	
<i>glycopyrrolate 1 mg tablet, 2 mg tablet</i>	TIER 1	
<i>hyoscyamine sulfate (ED-SPAZ) 0.125 mg tab rapdis -</i>	TIER 1	
<i>hyoscyamine sulfate (HYOSYNE) 0.125mg/ml drops, 125mcg/5ml elixir</i>	TIER 1	
<i>hyoscyamine sulfate (NULEV) 0.125 mg tab rapdis</i>	TIER 1	
<i>hyoscyamine sulfate (OSCIMIN SL) 0.125 mg tab subl</i>	TIER 1	
<i>hyoscyamine sulfate (OSCIMIN SR) 0.375 mg tab er 12h</i>	TIER 1	
<i>hyoscyamine sulfate (OSCIMIN) 0.125 mg tab rapdis, 0.125 mg tablet</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hyoscyamine sulfate</i> (SYMAX) <i>0.125 mg tab rapdis</i>	TIER 1	
<i>hyoscyamine sulfate</i> (SYMAX-SL) <i>0.125 mg tab subl-</i>	TIER 1	
<i>hyoscyamine sulfate</i> (SYMAX-SR) <i>0.375 mg tab er 12h -</i>	TIER 1	
<i>hyoscyamine sulfate</i> <i>0.125 mg tab subl, 0.125 mg tab rapdis, 0.125 mg tablet, 0.125mg/ml drops, 0.375 mg tab er 12h, 125mcg/5ml elixir</i>	TIER 1	
<i>propantheline bromide</i> <i>15 mg tablet</i>	TIER 1	

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

<i>cromolyn sodium</i> <i>20 mg/ml oral conc</i>	TIER 2	
<i>diphenoxylate hcl/atropine sulfate</i> <i>2.5-.025/5 liquid, 2.5-.025mg tablet</i>	TIER 1	
MOVANTIK (<i>naloxegol oxalate</i>) <i>12.5 MG TABLET, 25 MG TABLET</i>	TIER 3	QLC (1 tab/day)
MYALEPT (<i>metreleptin</i>) <i>11.3 MG (5 MG/ML) VIAL</i>	TIER 4	PA, SP, QLC (1 vial/day)
<i>ursodiol</i> <i>250 mg tablet, 300 mg capsule, 500 mg tablet</i>	TIER 1	

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine</i> <i>300 mg tablet, 400 mg tablet, 800 mg tablet</i>	TIER 1	
<i>famotidine</i> (PEPCID) <i>40 mg tablet</i>	TIER 1	
<i>famotidine</i> <i>40 mg tablet</i>	TIER 1	
<i>famotidine</i> <i>40mg/5ml oral susp</i>	TIER 2	
<i>nizatidine</i> <i>150 mg capsule, 300 mg capsule</i>	TIER 1	
PEPCID (<i>famotidine</i>) <i>40 MG TABLET</i>	TIER 1	
<i>ranitidine hcl</i> <i>15 mg/ml syrup, 150 mg capsule, 300 mg tablet, 300 mg capsule</i>	TIER 1	

IRRITABLE BOWEL SYNDROME AGENTS

LINZESS (<i>linaclotide</i>) <i>72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE</i>	TIER 2	QLC (1 cap/day)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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LAXATIVES (Drugs for Bowel Cleansing and Constipation)

<i>bisacodyl/sodium chlor/sodium bicarb/potassium chl/peg 3350</i> (PEG- PREP) <i>bisac/nacl/nahco3/kcl/pe330 m-210 kit</i> -	TIER 1	PH (Preventive Health)
<i>lactulose</i> (CONSTULOSE) <i>10 g/15 ml solution</i>	TIER 1	
<i>lactulose</i> (ENULOSE) <i>10 g/15 ml solution</i>	TIER 1	
<i>lactulose</i> (GENERLAC) <i>10 g/15 ml solution</i>	TIER 1	
<i>lactulose 10 g/15 ml, 20 g/30 ml</i>	TIER 1	
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> (GAVILYTE-C) <i>peg3350/sod sulf,bicarb,cl/kcl 240-22.72g soln recon</i> -	TIER 1	PH (Preventive Health)
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> (GAVILYTE-G) <i>peg3350/sod sulf,bicarb,cl/kcl 236-22.74g soln recon</i> -	TIER 1	PH (Preventive Health)
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride peg3350/sod sulf,bicarb,cl/kcl 236-22.74g soln, peg3350/sod sulf,bicarb,cl/kcl 240-22.72g soln</i>	TIER 1	PH (Preventive Health)
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i> (GAVILYTE-N) <i>chloride/nahco3/kcl/peg 420g soln recon</i> -	TIER 1	PH (Preventive Health)
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i> (TRILYTE WITH FLAVOR PACKETS) <i>chloride/nahco3/kcl/peg 420g soln recon</i>	TIER 1	PH (Preventive Health)
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg chloride/nahco3/kcl/peg 420g soln recon</i>	TIER 1	PH (Preventive Health)
SUPREP (<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>) SUBOWEL KIT	TIER 3	PH (Preventive Health)

PROTECTANTS

<i>misoprostol 100 mcg tablet, 200 mcg tablet</i>	TIER 1
<i>sucralfate 1 g tablet</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; C - Short Cycle;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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sucralfate 1 g/10 ml oral susp

TIER 3

PROTON PUMP INHIBITORS

lansoprazole 30 mg capsule dr

TIER 1

omeprazole 10 mg capsule dr, 20 mg capsule dr, 40 mg capsule dr

TIER 1

pantoprazole sodium 20 mg tablet dr, 40 mg tablet dr

TIER 1

rabeprazole sodium 20 mg tablet dr

TIER 2

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

GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

CERDELGA (*eliglustat tartrate*) 84 MG CAPSULE

TIER 4

PA, SP, QLC (2 caps/day)

CREON (*lipase/protease/amylase*) DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE, DR 36,000 CAPSULE

TIER 2

NITYR (*nitisinone*) 10 MG TABLET

TIER 4

PA, SP, QLC (14 tabs/day)

NITYR (*nitisinone*) 2 MG TABLET

TIER 4

PA, SP, QLC (70 tabs/day)

NITYR (*nitisinone*) 5 MG TABLET

TIER 4

PA, SP, QLC (28 tabs/day)

ZENPEP (*lipase/protease/amylase*) DR 3,000 CAPSULE, DR 5,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE, DR 40,000 CAPSULE

TIER 2

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

ANTISPASMODICS, URINARY (Drugs for Bladder Spasms)

flavoxate hcl 100 mg tablet

TIER 1

oxybutynin chloride 10 mg tab er 24

TIER 1

QLC (3 tabs/day)

oxybutynin chloride 15 mg tab er 24

TIER 1

QLC (2 tabs/day)

oxybutynin chloride 5 mg tab er 24

TIER 1

QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxybutynin chloride 5 mg/5 ml syrup, 5 mg tablet</i>	TIER 1	
<i>tolterodine tartrate 1 mg tablet, 2 mg tablet</i>	TIER 2	ST, QLC (2 tabs/day)
<i>tolterodine tartrate 2 mg cap er, 4 mg cap er</i>	TIER 2	ST, QLC (1 tab/day)
<i>trospium chloride 20 mg tablet</i>	TIER 2	QLC (2 tabs/day)

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl 10 mg tab er 24h</i>	TIER 1	
<i>dutasteride 0.5 mg capsule</i>	TIER 1	QLC (1 cap/day)
<i>finasteride 5 mg tablet</i>	TIER 1	
<i>tamsulosin hcl 0.4 mg capsule</i>	TIER 1	

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

<i>bethanechol chloride 5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet</i>	TIER 1	
ELMIRON (<i>pentosan polysulfate sodium</i>) 100 MG CAPSULE	TIER 3	
<i>penicillamine 250 mg tablet</i>	TIER 4	PA, QLC (16 tabs/day)
<i>phenazopyridine hcl 100 mg tablet, 200 mg tablet</i>	TIER 1	
<i>potassium citrate 5 tablet er, 10 tablet er, 15 tablet er</i>	TIER 1	
<i>potassium citrate/citric acid (CYTRA-K) 1100-334/5 solution -, 3300-1002 packet -</i>	TIER 1	
<i>potassium citrate/citric acid (VIRTRATE-K) 1100-334/5 solution -</i>	TIER 1	
<i>potassium citrate/citric acid 1100-334/5 solution</i>	TIER 1	
<i>sildenafil citrate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	TIER 1	PA, GL (Male), RO (Retail Only), QLC (6 tabs/month)
<i>sodium phosphate, dibasic/pot phos, monob/sod phosphate mono (PHOSPHA 250 NEUTRAL) di, /k mg tablet</i>	TIER 1	
<i>sodium phosphate, dibasic/pot phos, monob/sod phosphate mono (VIRT-PHOS 250 NEUTRAL) di, /k mg tablet -</i>	TIER 1	

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SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
THIOLA (<i>tiopronin</i>) 100 MG TABLET	TIER 4	PA, SP
THIOLA EC (<i>tiopronin</i>) EC 100 MG TABLET, EC 300 MG TABLET	TIER 4	PA, SP

PHOSPHATE BINDERS (Drugs to Lower Phosphate)

<i>calcium acetate 667 mg capsule</i>	TIER 1
<i>sevelamer carbonate 0.8 g powd pack, 2.4 g powd pack, 800 mg tablet</i>	TIER 1

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

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

<i>alclometasone dipropionate 0.05 % oint. (g), 0.05 % cream (g)</i>	TIER 1	
<i>betamethasone dipropionate 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % cream (g), 0.05 % lotion</i>	TIER 1	
<i>betamethasone dipropionate/propylene glycol betamethasone/propylene 0.05 % lotion, betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % oint. (g)</i>	TIER 1	
<i>betamethasone valerate 0.1 % lotion, 0.1 % cream (g), 0.1 % oint. (g)</i>	TIER 1	
<i>clobetasol propionate (CORMAX) 0.05 % solution</i>	TIER 1	
<i>clobetasol propionate 0.05 % gel (gram), 0.05 % solution, 0.05 % cream (g), 0.05 % oint. (g)</i>	TIER 1	
<i>clobetasol propionate/emollient base (TOVET EMOLLIENT) 0.05 % foam</i>	TIER 1	PA
<i>clobetasol propionate/emollient base 0.05 % cream (g)</i>	TIER 1	
<i>cortisone acetate 25 mg tablet</i>	TIER 1	
<i>desonide 0.05 % oint. (g), 0.05 % cream (g)</i>	TIER 1	

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desoximetasone 0.05 % (g), 0.25 % (g)</i>	TIER 3	ST
<i>dexamethasone (DECADRON) 0.5 mg tablet, 0.5 mg/5ml elixir, 0.75 mg tablet, 4 mg tablet, 6 mg tablet</i>	TIER 1	
<i>dexamethasone (DEXAMETHASONE INTENSOL) 1 mg/ml drops</i>	TIER 1	
<i>dexamethasone 0.5 mg/5ml solution, 0.5 mg tablet, 0.5 mg/5ml elixir, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet</i>	TIER 1	
<i>diflorasone diacetate (PSORCON) 0.05 % cream (g)</i>	TIER 3	ST
<i>diflorasone diacetate 0.05 % cream (g)</i>	TIER 3	ST
<i>fludrocortisone acetate 0.1 mg tablet</i>	TIER 1	
<i>fluocinolone acetonide 0.01 % cream (g), 0.025 % cream (g), 0.025 % oint. (g)</i>	TIER 1	
<i>fluocinolone acetonide 0.01 % oil, 0.01 % solution</i>	TIER 2	
<i>fluocinolone acetonide/shower cap fluocinolone/shower 0.01 % oil</i>	TIER 2	
<i>fluocinonide 0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution</i>	TIER 1	
<i>fluocinonide/emollient base 0.05 % cream (g)</i>	TIER 1	
<i>fluticasone propionate 0.005 % oint. (g), 0.05 % cream (g)</i>	TIER 1	
<i>halobetasol propionate 0.05 % cream (g), 0.05 % oint. (g)</i>	TIER 1	
<i>hydrocortisone (ALA-CORT) 2.5 % cream (g) -</i>	TIER 1	
<i>hydrocortisone (ANUSOL-HC) 2.5 % crm/pe app -</i>	TIER 1	
<i>hydrocortisone (PROCTO-MED HC) 2.5 % crm/pe app -</i>	TIER 1	
<i>hydrocortisone (PROCTO-PAK) 1 % crm/pe app -</i>	TIER 1	
<i>hydrocortisone (PROCTOSOL-HC) 2.5 % crm/pe app -</i>	TIER 1	
<i>hydrocortisone (PROCTOZONE-HC) 2.5 % crm/pe app -</i>	TIER 1	

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocortisone 1 % crm/pe app, 2.5 % cream (g), 2.5 % crm/pe app, 2.5 % oint. (g), 2.5 % lotion, 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	TIER 1	
<i>hydrocortisone acetate 25 mg supp.rect</i>	TIER 1	
<i>hydrocortisone acetate/urea (U-CORT) 1 %-10 % cream (g) -</i>	TIER 1	
<i>hydrocortisone butyrate 0.1 % cream (g), 0.1 % solution, 0.1 % oint. (g)</i>	TIER 1	
<i>hydrocortisone valerate 0.2 % oint. (g), 0.2 % cream (g)</i>	TIER 1	
<i>methylprednisolone 4 mg tablet, 4 mg tab ds pk, 8 mg tablet, 16 mg tablet, 32 mg tablet</i>	TIER 1	
<i>mometasone furoate 0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution</i>	TIER 1	
<i>prednicarbate 0.1 % cream (g), 0.1 % oint. (g)</i>	TIER 1	
<i>prednisolone 15 mg/5 ml solution</i>	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE (<i>prednisolone sodium phosphate</i>) 15 MG/5 ML SOLN	TIER 1	PA
<i>prednisolone sodium phosphate 5 mg/5 ml, 15 mg/5 ml, 25 mg/5 ml</i>	TIER 1	
<i>prednisone (PREDNISON INTENSOL) 5 mg/ml oral conc</i>	TIER 1	
<i>prednisone 1 mg tablet, 2.5 mg tablet, 5 mg tab ds pk, 5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg tab ds pk, 20 mg tablet, 50 mg tablet</i>	TIER 1	
<i>triamcinolone acetonide (TRIDERM) 0.1 % (g), 0.5 % (g)</i>	TIER 1	
<i>triamcinolone acetonide 0.025 % oint. (g), 0.025 % cream (g), 0.025 % lotion, 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.5 % cream (g), 0.5 % oint. (g)</i>	TIER 1	

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)

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

*desmopressin acetate (non-refrigerated)
(nonrefrigerated) 10/spray spray/pump*

TIER 1

PRESCRIPTION DRUG NAME

DRUG TIER

COVERAGE REQUIREMENTS AND LIMITS

*desmopressin acetate 0.1 mg/ml solution,
0.1 mg tablet, 0.2 mg tablet, 10/spray
spray/pump*

TIER 1

NUTROPIN AQ (*somatropin*) 20 MG/2ML
PEN CART, PEN CARTRIDGE

TIER 4

PA, SP

NUTROPIN AQ NUSPIN (*somatropin*) 5, 10,
20

TIER 4

PA, SP

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

ANABOLIC STEROIDS

oxandrolone 2.5 mg tablet, 10 mg tablet

TIER 4

PA

ANDROGENS

*danazol 50 mg capsule, 100 mg capsule,
200 mg capsule*

TIER 1

fluoxymesterone (ANDROXY) 10 mg tablet

TIER 1

PA, QLC (4 tabs/day)

METHITEST (*methyltestosterone*) 10 MG
TABLET

TIER 3

PA

testosterone 1.25g-1.62 gel packet

TIER 1

PA, QLC (1 packet/day)

*testosterone 12.5/1.25g gel md pmp,
25mg(1%) gel packet, 50 mg (1%) gel
packet*

TIER 1

PA, QLC (300 grams/month)

testosterone 2.5g-1.62% gel packet

TIER 1

PA, QLC (2 packets/day)

testosterone 20.25/1.25 gel md pmp

TIER 1

PA, QLC (2 bottles/month)

*testosterone cypionate 100 mg/ml vial,
200 mg/ml vial*

TIER 1

QLC (10 ml/month)

testosterone enanthate 200 mg/ml vial

TIER 1

QLC (5 ml/month)

ESTROGENS (Contraceptives and Drugs for Menopause)

CLIMARA PRO (*estradiol/levonorgestrel*)
PATCH

TIER 3

QLC (4 patches/month)

*desogestrel-ethinyl estradiol (APRI) -0.15-
0.03 tablet*

TIER 1

PH (Preventive Health)

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desogestrel-ethinyl estradiol</i> (CAZANT) -7 days x 3 tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol</i> (CYRED EQ) - 0.15-0.03 tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol</i> (CYRED) - 0.15-0.03 tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol</i> (EMOQUETTE) -0.15-0.03 tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol</i> (ENSKYCE) - 0.15-0.03 tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol</i> (ISIBLOOM) - 0.15-0.03 tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol</i> (JULEBER) - 0.15-0.03 tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol</i> (KALLIGA) - 0.15-0.03 tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol</i> (RECLIPSEN) - 0.15-0.03 tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol</i> (VELIVET) -7 days x 3 tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol</i> -0.15-0.03 tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (AZURETTE) - e.estradiol/e.estradiol 21-5 (28) tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (BEKYREE) -e.estradiol/e.estradiol 21-5 (28) tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (KARIVA) -e.estradiol/e.estradiol 21-5 (28) tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (KIMIDESS) - e.estradiol/e.estradiol 21-5 (28) tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (PIMTREA) -e.estradiol/e.estradiol 21-5 (28) tablet	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (SIMLIYA) -e.estradiol/e.estradiol 21-5 (28) tablet	TIER 1	PH (Preventive Health)

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desogestrel-ethinyl estradiol/ethinyl estradiol (VIORELE) -e.estradiol/e.estradiol 21-5 (28) tablet</i>	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol/ethinyl estradiol (VOLNEA) -e.estradiol/e.estradiol 21-5 (28) tablet</i>	TIER 1	PH (Preventive Health)
<i>desogestrel-ethinyl estradiol/ethinyl estradiol -e.estradiol/e.estradiol 21-5 (28) tablet</i>	TIER 1	PH (Preventive Health)
<i>drospirenone/ethinyl estradiol/levomefolate calcium (RAJANI) drospir/eth estra/levomefol 3-0.02(24) tablet</i>	TIER 1	PH (Preventive Health)
<i>drospirenone/ethinyl estradiol/levomefolate calcium drospir/eth estra/levomefol 3-0.03(21) tablet, drospir/eth estra/levomefol 3-0.02(24) tablet</i>	TIER 1	PH (Preventive Health)
<i>estradiol (DOTTI) .025mg/24h patch, .0375mg/24 patch, 0.05mg/24h patch, .075mg/24h patch, 0.1mg/24hr patch</i>	TIER 1	QLC (16 patches/28 days)
<i>estradiol (YUVAFEM) 10 mcg tablet</i>	TIER 1	
<i>estradiol .025mg/24h patch, .0375mg/24 patch, 0.05mg/24h patch, .075mg/24h patch, 0.1mg/24hr patch</i>	TIER 1	QLC (16 patches/28 days)
<i>estradiol .025mg/24h patch, .0375mg/24 patch, 0.05mg/24h patch, 0.06mg/24h patch, .075mg/24h patch, 0.1mg/24hr patch</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol 0.01 % cream/appl</i>	TIER 2	
<i>estradiol 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg tablet</i>	TIER 1	
<i>estradiol/norethindrone acetate (AMABELZ) 0.5-0.1 mg tablet, 1 mg-0.5mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>estradiol/norethindrone acetate (LOPREEZA) 0.5-0.1 mg tablet, 1 mg-0.5mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>estradiol/norethindrone acetate (MIMVEY LO) 0.5-0.1 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>estradiol/norethindrone acetate (MIMVEY) 1 mg-0.5mg tablet</i>	TIER 1	QLC (1 tab/day)

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 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estradiol/norethindrone acetate 0.5-0.1 mg tablet, 1 mg-0.5mg tablet</i>	TIER 1	QLC (1 tab/day)
ESTRING (<i>estradiol</i>) 2 MG VAGINAL	TIER 3	
<i>estrogens, esterified/methyltestosterone</i> (COVARYX H.S.) <i>estrogen, ester/me-0.625-1.25 tablet</i>	TIER 1	
<i>estrogens, esterified/methyltestosterone</i> (COVARYX) <i>estrogen, ester/me-1.25-2.5mg tablet</i>	TIER 1	
<i>estrogens, esterified/methyltestosterone</i> (EEMT H.S.) <i>estrogen, ester/me-0.625-1.25 tablet</i>	TIER 1	
<i>estrogens, esterified/methyltestosterone</i> (EEMT) <i>estrogen, ester/me-1.25-2.5mg tablet</i>	TIER 1	
<i>estrogens, esterified/methyltestosterone</i> <i>estrogen, ester/me-0.625-1.25 tablet, estrogen, ester/me-1.25-2.5mg tablet</i>	TIER 1	
<i>estropipate 0.75 mg tablet, 1.5 mg tablet, 3 mg tablet</i>	TIER 1	
<i>ethinyl estradiol/drospirenone</i> (GIANVI) <i>0.02-3(28) tablet</i>	TIER 1	PH (Preventive Health)
<i>ethinyl estradiol/drospirenone</i> (JASMIEL) <i>0.02-3(28) tablet</i>	TIER 1	PH (Preventive Health)
<i>ethinyl estradiol/drospirenone</i> (LO-ZUMANDIMINE) <i>0.02-3(28) tablet -</i>	TIER 1	PH (Preventive Health)
<i>ethinyl estradiol/drospirenone</i> (LORYNA) <i>0.02-3(28) tablet</i>	TIER 1	PH (Preventive Health)
<i>ethinyl estradiol/drospirenone</i> (NIKKI) <i>0.02-3(28) tablet</i>	TIER 1	PH (Preventive Health)
<i>ethinyl estradiol/drospirenone</i> (OCELLA) <i>0.03mg-3mg tablet</i>	TIER 1	PH (Preventive Health)
<i>ethinyl estradiol/drospirenone</i> (SYEDA) <i>0.03mg-3mg tablet</i>	TIER 1	PH (Preventive Health)
<i>ethinyl estradiol/drospirenone</i> (VESTURA) <i>0.02-3(28) tablet</i>	TIER 1	PH (Preventive Health)
<i>ethinyl estradiol/drospirenone</i> (ZARAH) <i>0.03mg-3mg tablet</i>	TIER 1	PH (Preventive Health)
<i>ethinyl estradiol/drospirenone</i> (ZUMANDIMINE) <i>0.03mg-3mg tablet</i>	TIER 1	PH (Preventive Health)

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ethinyl estradiol/drospirenone 0.02-3(28) tablet, 0.03mg-3mg tablet</i>	TIER 1	PH (Preventive Health)
<i>ethynodiol diacetate-ethinyl estradiol (KELNOR 1-35) ethynodiol -estralol mg-35mcg tablet -</i>	TIER 1	PH (Preventive Health)
<i>ethynodiol diacetate-ethinyl estradiol (KELNOR 1-50) ethynodiol -estralol mg-50mcg tablet -</i>	TIER 1	PH (Preventive Health)
<i>ethynodiol diacetate-ethinyl estradiol (ZOVIA 1-35E) ethynodiol -estralol mg-35mcg tablet -</i>	TIER 1	PH (Preventive Health)
<i>ethynodiol diacetate-ethinyl estradiol ethynodiol -estralol 1 mg-50mcg tablet, ethynodiol -estralol 1 mg-35mcg tablet</i>	TIER 1	PH (Preventive Health)
<i>etonogestrel/ethinyl estradiol (ELURYNG) .12-.015mg vag ring</i>	TIER 2	PH (Preventive Health), QLC (1 ring/month)
<i>etonogestrel/ethinyl estradiol .12-.015mg vag ring</i>	TIER 2	PH (Preventive Health), QLC (1 ring/month)
<i>levonorgestrel/ethinyl estradiol (AFIRMELLE) levonorgestrel/ethin.estradiol 0.1-0.02mg tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (ALTAVERA) levonorgestrel/ethin.estradiol 0.15-0.03 tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (AMETHYST) levonorgestrel/ethin.estradiol 90-20 mcg tablet</i>	TIER 1	PH (Preventive Health), QLC (1 pack/month)
<i>levonorgestrel/ethinyl estradiol (AUBRA EQ) levonorgestrel/ethin.estradiol 0.1-0.02mg tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (AUBRA) levonorgestrel/ethin.estradiol 0.1-0.02mg tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (AVIANE) levonorgestrel/ethin.estradiol 0.1-0.02mg tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (AYUNA) levonorgestrel/ethin.estradiol 0.15-0.03 tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (CHATEAL EQ) levonorgestrel/ethin.estradiol 0.15-0.03 tablet</i>	TIER 1	PH (Preventive Health)

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel/ethinyl estradiol</i> (CHATEAL) <i>levonorgestrel/ethin.estradiol 0.15-0.03 tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (DELYLA) <i>levonorgestrel/ethin.estradiol 0.1-0.02mg tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (ENPRESSE) <i>levonorgestrel/ethin.estradiol 6-5-10 tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (FALMINA) <i>levonorgestrel/ethin.estradiol 0.1-0.02mg tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (INTROVALE) <i>levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (JOLESSA) <i>levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (KURVELO) <i>levonorgestrel/ethin.estradiol 0.15-0.03 tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (LARISSIA) <i>levonorgestrel/ethin.estradiol 0.1-0.02mg tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (LESSINA) <i>levonorgestrel/ethin.estradiol 0.1-0.02mg tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (LEVONEST) <i>levonorgestrel/ethin.estradiol 6-5-10 tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (LEVORA-28) <i>levonorgestrel/ethin.estradiol 0.15-0.03 tablet -</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (LILLOW) <i>levonorgestrel/ethin.estradiol 0.15-0.03 tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (LUTERA) <i>levonorgestrel/ethin.estradiol 0.1-0.02mg tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol</i> (MARLISSA) <i>levonorgestrel/ethin.estradiol 0.15-0.03 tablet</i>	TIER 1	PH (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel/ethinyl estradiol (MYZILRA) levonorgestrel/ethin.estradiol 6-5-10 tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (ORSYTHIA) levonorgestrel/ethin.estradiol 0.1-0.02mg tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (PORTIA) levonorgestrel/ethin.estradiol 0.15-0.03 tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (QUASENSE) levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (SETLAKIN) levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (SRONYX) levonorgestrel/ethin.estradiol 0.1-0.02mg tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (TRIVORA-28) levonorgestrel/ethin.estradiol 6-5-10 tablet -</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol (VIENVA) levonorgestrel/ethin.estradiol 0.1-0.02mg tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (AMETHIA LO) - norgest/e.estradiol-e.estradiol 100-20(84) tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (AMETHIA) - norgest/e.estradiol-e.estradiol 150-30(84) tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (ASHLYNA) - norgest/e.estradiol-e.estradiol 150-30(84) tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (CAMRESE LO) - norgest/e.estradiol-e.estradiol 100-20(84) tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (CAMRESE) - norgest/e.estradiol-e.estradiol 150-30(84) tbdspk 3mo</i>	TIER 1	PH (Preventive Health)

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (DAYSEE) - norgest/e.estradiol-e.estradiol 150-30(84) tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (FAYOSIM) - norgest/e.estradiol-e.estradiol 0.15mg(84) tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (JAIMIESS) - norgest/e.estradiol-e.estradiol 150-30(84) tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (LOJAIMIESS) - norgest/e.estradiol-e.estradiol 100-20(84) tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (RIVELSA) - norgest/e.estradiol-e.estradiol 0.15mg(84) tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol (SIMPESS) - norgest/e.estradiol-e.estradiol 150-30(84) tbdspk 3mo</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol -norgest/io-0.15mg(84), -norgest/io-100-20(84), -norgest/io-150-30(84)</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol levonorgestrel/ethin.estradiol 0.1-0.02mg tablet, levonorgestrel/ethin.estradiol 0.15-0.03 tablet, levonorgestrel/ethin.estradiol 0.15-0.03 tbdspk 3mo, levonorgestrel/ethin.estradiol 6-5-10 tablet</i>	TIER 1	PH (Preventive Health)
<i>levonorgestrel/ethinyl estradiol levonorgestrel/ethin.estradiol 90-20 mcg tablet</i>	TIER 1	PH (Preventive Health), QLC (1 pack/month)
<i>norelgestromin/ethinyl estradiol (XULANE) norelgestromin/ethin.estradiol 150-35/24h patch tdkw</i>	TIER 1	PH (Preventive Health), QLC (3 patches/month)
<i>norethindrone acetate-ethinyl estradiol (AUROVELA) -1mg-20mcg tablet, -1.5-0.03mg tablet</i>	TIER 1	PH (Preventive Health)

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone acetate-ethinyl estradiol (FYAVOLV) -0.5mg-2.5 tablet, -1mg-5mcg tablet</i>	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol (GILDESS) -1.5-0.03mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol (HAILEY) -1.5-0.03mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol (JEVANTIQUE LO) -0.5mg-2.5 tablet</i>	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol (JINTELI) -1mg-5mcg tablet</i>	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol (JUNEL) -1mg-20mcg tablet, -1.5-0.03mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol (LARIN) -1mg-20mcg tablet, -1.5-0.03mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol (MICROGESTIN) -1mg-20mcg tablet, -1.5-0.03mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol - 0.5mg-2.5 tablet, -1mg-5mcg tablet</i>	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol - 1mg-20mcg tablet, -1.5-0.03mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (AUROVELA 24 FE) -e.estradiol-iron 1mg-20() tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (AUROVELA FE) --1mg-20(21) tablet, --1.5-30(21) tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (BLISOVI 24 FE) -e.estradiol-iron 1mg-20() tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (BLISOVI FE) -- 1mg-20(21) tablet, --1.5-30(21) tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (GILDESS 24 FE) -e.estradiol-iron 1mg-20() tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (HAILEY 24 FE) - e.estradiol-iron 1mg-20() tablet</i>	TIER 1	PH (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (JUNEL FE 24) - e.estradiol-iron 1mg-20(24) tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (JUNEL FE) -- 1mg-20(21) tablet, --1.5-30(21) tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (LARIN 24 FE) - e.estradiol-iron 1mg-20() tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (LARIN FE) -- 1mg-20(21) tablet, --1.5-30(21) tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (LOMEDIA 24 FE) -e.estradiol-iron 1mg-20() tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (MELODETTA 24 FE) -e.estradiol-iron 1mg-20() tab chew</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (MIBELAS 24 FE) -e.estradiol-iron 1mg-20() tab chew</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (MICROGESTIN FE) --1mg-20(21) tablet, --1.5-30(21) tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (TARINA 24 FE) - e.estradiol-iron 1mg-20() tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (TARINA FE 1-20 EQ) -e.estradiol-iron mg-(2) tablet -</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (TARINA FE) - e.estradiol-iron 1mg-20(21) tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (TILIA FE) - e.estradiol-iron 5-7-9-7 tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (TRI-LEGEST FE) - e.estradiol-iron 5-7-9-7 tablet -</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate --1mg-20(21) tablet, --1mg-20(24) tab chew, --1mg-20(24) tablet, --1.5-30(21) tablet</i>	TIER 1	PH (Preventive Health)

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; C - Short Cycle;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone-ethinyl estradiol</i> (ALYACEN) -1 mg-35mcg tablet, -7 days x 3 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (ARANELLE) -ethin. 7-9-5 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (BALZIVA) - ethin. 0.4-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (BRIELLYN) -ethin. 0.4-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (CYCLAFEM) -1 mg-35mcg tablet, -7 days x 3 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (DASETTA) -1 mg-35mcg tablet, -7 days x 3 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (GILDAGIA) -ethin. 0.4-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (LEENA) - ethin. 7-9-5 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (NECON) - 0.5-0.035 tablet, -7 days x 3 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (NORTREL) -0.5-0.035 tablet, -1 mg-35mcg tablet, -7 days x 3 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (PHILITH) - ethin. 0.4-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (PIRMELLA) -1 mg-35mcg tablet, -7 days x 3 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (VYFEMLA) -ethin. 0.4-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (WERA) - ethin. 0.5-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol</i> (ZENCHENT) -ethin. 0.4-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i> (KAITLIB FE) -estradiol/iron 0.8-25(24) tab chew	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i> (WYMZYA FE) -estradiol/iron 0.4-35(21) tab chew	TIER 1	PH (Preventive Health)
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i> -estradiol/iron 0.4-35(21) tab chew, -estradiol/iron 0.8-25(24) tab chew	TIER 1	PH (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norgestimate-ethinyl estradiol</i> (ESTARYLLA) -0.25-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (FEMYNOR) -0.25-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (MILI) -0.25-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (MONO-LINYAH) -0.25-0.035 tablet -	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (MONONESSA) -0.25-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (PREVIFEM) -0.25-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (SPRINTEC) -0.25-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRI FEMYNOR) -7daysx3 28 tablet	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRI-ESTARYLLA) -7daysx3 28 tablet -	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRI-LINYAH) -7daysx3 28 tablet -	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRI-LO-ESTARYLLA) -7daysx3 lo tablet --	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRI-LO-MARZIA) -7daysx3 lo tablet --	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRI-LO-MILI) -7daysx3 lo tablet --	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRI-LO-SPRINTEC) -7daysx3 lo tablet --	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRI-MILI) -7daysx3 28 tablet -	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRI-PREVIFEM) -7daysx3 28 tablet -	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRI-SPRINTEC) -7daysx3 28 tablet -	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRI-VYLIBRA LO) -7daysx3 lo tablet -	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRI-VYLIBRA) -7daysx3 28 tablet -	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (TRINESSA LO) -7daysx3 lo tablet	TIER 1	PH (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norgestimate-ethinyl estradiol</i> (TRINESSA) - 7daysx3 28 tablet	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> (VYLIBRA) - 0.25-0.035 tablet	TIER 1	PH (Preventive Health)
<i>norgestimate-ethinyl estradiol</i> -0.25-0.035 tablet, -7daysx3 28 tablet, -7daysx3 lo tablet	TIER 1	PH (Preventive Health)
<i>norgestrel-ethinyl estradiol</i> (CRYSSELLE) - 0.3-0.03mg tablet	TIER 1	PH (Preventive Health)
<i>norgestrel-ethinyl estradiol</i> (ELINEST) -0.3-0.03mg tablet	TIER 1	PH (Preventive Health)
<i>norgestrel-ethinyl estradiol</i> (LOW-OGESTREL) -0.3-0.03mg tablet -	TIER 1	PH (Preventive Health)
<i>norgestrel-ethinyl estradiol</i> (OGESTREL) - 0.5 mg-50 tablet	TIER 1	PH (Preventive Health)
PREMARIN (<i>estrogens, conjugated</i>) 0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL	TIER 3	
PREMPRO (<i>estrogens, conjugated/medroxyprogesterone acetate</i>) 0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-5 MG TABLET, 0.625-2.5 MG TABLET	TIER 3	QLC (28 tabs/month)

PROGESTERONE AGONISTS/ANTAGONISTS

ELLA (<i>ulipristal acetate</i>) 30 MG TABLET	TIER 3	PH (Preventive Health), QLC (1 tab/fill)
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PROGESTINS

ENDOMETRIN (<i>progesterone, micronized</i>) 100 MG SUPPOSITORY	TIER 3	PA
<i>levonorgestrel</i> (AFTERA) 1.5 mg tablet	TIER 1	PH (Preventive Health), QLC (1 tab/fill)
<i>levonorgestrel</i> (ECONTRA EZ) 1.5 mg tablet	TIER 1	PH (Preventive Health), QLC (1 tab/fill)
<i>levonorgestrel</i> (ECONTRA ONE-STEP) 1.5 mg tablet -	TIER 1	PH (Preventive Health), QLC (1 tab/fill)
<i>levonorgestrel</i> (FALLBACK SOLO) 1.5 mg tablet	TIER 1	PH (Preventive Health), QLC (1 tab/fill)
<i>levonorgestrel</i> (MY CHOICE) 1.5 mg tablet	TIER 1	PH (Preventive Health), QLC (1 tab/fill)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel</i> (MY WAY) <i>1.5 mg tablet</i>	TIER 1	PH (Preventive Health), QLC (1 tab/fill)
<i>levonorgestrel</i> (NEW DAY) <i>1.5 mg tablet</i>	TIER 1	PH (Preventive Health), QLC (1 tab/fill)
<i>levonorgestrel</i> (OPCICON ONE-STEP) <i>1.5 mg tablet -</i>	TIER 1	PH (Preventive Health), QLC (1 tab/fill)
<i>levonorgestrel</i> (OPTION 2) <i>1.5 mg tablet</i>	TIER 1	PH (Preventive Health), QLC (1 tab/fill)
<i>levonorgestrel 1.5 mg tablet</i>	TIER 1	PH (Preventive Health), QLC (1 tab/fill)
<i>medroxyprogesterone acetate 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	TIER 1	
<i>megestrol acetate 20 mg tablet, 40 mg tablet</i>	TIER 1	OAC
<i>megestrol acetate 400mg/10ml oral susp</i>	TIER 1	
<i>norethindrone</i> (CAMILA) <i>0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone</i> (DEBLITANE) <i>0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone</i> (ERRIN) <i>0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone</i> (HEATHER) <i>0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone</i> (INCASSIA) <i>0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone</i> (JENCYCLA) <i>0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone</i> (JOLIVETTE) <i>0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone</i> (LYZA) <i>0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone</i> (NORA-BE) <i>0.35 mg tablet -</i>	TIER 1	PH (Preventive Health)
<i>norethindrone</i> (NORLYDA) <i>0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone</i> (NORLYROC) <i>0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone</i> (SHAROBEL) <i>0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone</i> (TULANA) <i>0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone 0.35 mg tablet</i>	TIER 1	PH (Preventive Health)
<i>norethindrone acetate 5 mg tablet</i>	TIER 1	
<i>progesterone 50 mg/ml vial</i>	TIER 1	
<i>progesterone, micronized 100 mg capsule, 200 mg capsule</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
<i>clomiphene citrate 50 mg tablet</i>	TIER 1	GL (Female), QLC (10 tabs/28 days)
<i>raloxifene hcl 60 mg tablet</i>	TIER 1	GL (Female), PH (Preventive Health), QLC (1 tab/day)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for the Thyroid)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs to Replace Thyroid Hormone)		
ARMOUR THYROID (<i>thyroid,pork</i>) 15 MG TABLET, 30 MG TABLET, 60 MG TABLET, 90 MG TABLET, 120 MG TABLET, 180 MG TABLET, 240 MG TABLET, 300 MG TABLET	TIER 3	
<i>levothyroxine sodium 25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet</i>	TIER 1	
LEVOXYL (<i>levothyroxine sodium</i>) 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET	TIER 3	
<i>liothyronine sodium 5 mcg tablet, 25 mcg tablet, 50 mcg tablet</i>	TIER 1	
SYNTHROID (<i>levothyroxine sodium</i>) 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET	TIER 2	
<i>thyroid,pork</i> (NP THYROID) 15 mg tablet, 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet	TIER 3	
<i>thyroid,pork</i> (THYROID) 30 mg tablet, 60 mg tablet, 90 mg tablet	TIER 3	
<i>thyroid,pork</i> 15 mg tablet, 120 mg tablet	TIER 3	
TIROSINT (<i>levothyroxine sodium</i>) 175 MCG CAPSULE, 200 MCG CAPSULE	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TIROSINT-SOL (<i>levothyroxine sodium</i>) -SOL 13 MCG/ML SOLN, -SOL 25 MCG/ML SOLN, -SOL 50 MCG/ML SOLN, -SOL 75 MCG/ML SOLN, -SOL 88 MCG/ML SOLN, -SOL 100 MCG/ML SOLN, -SOL 112 MCG/ML SOLN, -SOL 125 MCG/ML SOLN, -SOL 137 MCG/ML SOLN, -SOL 150 MCG/ML SOLN, -SOL 175 MCG/ML SOLN, -SOL 200 MCG/ML SOLN	TIER 3	

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

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

<i>cabergoline 0.5 mg tablet</i>	TIER 1	QLC (16 tabs/month)
<i>leuprolide acetate 1 mg/0.2ml kit</i>	TIER 4	PA, SP
<i>octreotide acetate 50 mcg/ml syringe, 50 mcg/ml vial, 50 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 100 mcg/ml ampul, 200 mcg/ml vial, 500 mcg/ml syringe, 500 mcg/ml ampul, 500 mcg/ml vial, 1000mcg/ml vial</i>	TIER 4	PA, SP
SYNAREL (<i>nafarelin acetate</i>) 2 MG/ML NASAL SPRAY	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 5 mg tablet, 10 mg tablet</i>	TIER 1	
<i>potassium iodide (SSKI) 1 g/ml solution</i>	TIER 1	
<i>propylthiouracil 50 mg tablet</i>	TIER 1	

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

ANGIOEDEMA AGENTS

<i>icatibant acetate 30 mg/3 ml syringe</i>	TIER 4	PA, SP, QLC (2 syringes/fill; max 12 syringes/2 months)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IMMUNE SUPPRESSANTS (Drugs to Suppress the Immune System)		
<i>azathioprine 50 mg tablet</i>	TIER 1	
<i>cyclosporine 25 mg capsule, 100 mg capsule</i>	TIER 1	
<i>cyclosporine, modified (GENGRAF) 25 mg capsule, 50 mg capsule, 100 mg/ml solution, 100 mg capsule</i>	TIER 1	
<i>cyclosporine, modified 25 mg capsule, 50 mg capsule, 100 mg/ml solution, 100 mg capsule</i>	TIER 1	
ENBREL (<i>etanercept</i>) 25 MG KIT	TIER 4	PA, SP, QLC (8 vials/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE	TIER 4	PA, SP, QLC (4 ml/28 days)
ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML	TIER 4	PA, SP, QLC (4 ml/28 days)
HUMIRA (<i>adalimumab</i>) 10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE	TIER 4	PA, SP, QLC (2 syringes/28 days)
HUMIRA PEDIATRIC CROHN'S (<i>adalimumab</i>) 40 MG/0.8 ML	TIER 4	PA, SP, QLC (3 or 6 syringes/year depending upon package size)
HUMIRA PEN (<i>adalimumab</i>) 40 MG/0.8 ML	TIER 4	PA, SP, QLC (2 syringes/28 days)
HUMIRA PEN CROHN'S-UC-HS (<i>adalimumab</i>) --40 MG	TIER 4	PA, SP, QLC (6 syringes/year)
HUMIRA PEN PSOR-UVEITS-ADOL HS (<i>adalimumab</i>) --40 MG	TIER 4	PA, SP, QLC (4 syringes/year)
HUMIRA(CF) (<i>adalimumab</i>) 10 MG/0.1 ML SYRING, 20 MG/0.2 ML SYRING, 40 MG/0.4 ML SYRING	TIER 4	PA, SP, QLC (2 syringes [1 kit]/28 days)
HUMIRA(CF) PEDIATRIC CROHN'S (<i>adalimumab</i>) 80-40 MG	TIER 4	PA, SP, QLC (2 syr [1 kit]/year)
HUMIRA(CF) PEDIATRIC CROHN'S (<i>adalimumab</i>) 80MG/0.8	TIER 4	PA, SP, QLC (3 syr [1 kit]/year)
HUMIRA(CF) PEN (<i>adalimumab</i>) 40 MG/0.4 ML	TIER 4	PA, SP, QLC (2 pens [1 kit]/28 days)
HUMIRA(CF) PEN CROHN'S-UC-HS (<i>adalimumab</i>) CRHN--80MG	TIER 4	PA, SP, QLC (1 carton/year)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (<i>adalimumab</i>) --AHS 80-40	TIER 4	PA, SP, QLC (1 carton/year)
<i>methotrexate sodium 2.5 mg tablet</i>	TIER 1	OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methotrexate sodium 25 mg/ml vial</i>	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium/pf 25 mg/ml vial</i>	TIER 1	QLC (8 ml/month)
<i>mycophenolate mofetil 200 mg/ml susp recon, 250 mg capsule, 500 mg tablet</i>	TIER 1	
<i>mycophenolate sodium 180 mg tablet dr, 360 mg tablet dr</i>	TIER 3	
<i>sirolimus 0.5 mg tablet, 1 mg/ml solution, 1 mg tablet, 2 mg tablet</i>	TIER 2	
<i>tacrolimus 0.5 mg capsule, 1 mg capsule, 5 mg capsule</i>	TIER 1	
XELJANZ (<i>tofacitinib citrate</i>) 5 MG TABLET, 10 MG TABLET	TIER 4	PA, SP, QLC (2 tabs/day)
XELJANZ XR (<i>tofacitinib citrate</i>) 11 MG TABLET, 22 MG TABLET	TIER 4	PA, SP, QLC (1 tab/day)

IMMUNOMODULATORS (Drugs that Changes the Immune System)

ACTIMMUNE (<i>interferon gamma-1b, recomb.</i>) 100 MCG/0.5 ML VIAL -	TIER 4	PA, SP
ARCALYST (<i>rilonacept</i>) 220 MG INJECTION	TIER 4	PA, SP
<i>leflunomide 10 mg tablet, 20 mg tablet</i>	TIER 1	
OTEZLA (<i>apremilast</i>) 28 DAY PACK, PACK	TIER 4	PA, SP, QLC (1 pack/month)
OTEZLA (<i>apremilast</i>) 30 MG TABLET	TIER 4	PA, SP, QLC (2 tabs/day)
RIDAURA (<i>auranofin</i>) 3 MG CAPSULE	TIER 2	

VACCINES

XOFLUZA (<i>baloxavir marboxil</i>) 20 MG TAB (40 MG DOSE)	TIER 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)
XOFLUZA (<i>baloxavir marboxil</i>) 40 MG TAB (80 MG DOSE)	TIER 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)

INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

AMINOSALICYLATES

<i>balsalazide disodium 750 mg capsule</i>	TIER 1	QLC (9 caps/day)
<i>mesalamine 1.2 g tablet dr</i>	TIER 2	QLC (4 tabs/day)
<i>mesalamine 4 g/60 ml enema</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GLUCOCORTICOIDS		
<i>budesonide 3 mg capdr - er</i>	TIER 1	PA, QLC (3 caps/day)
<i>hydrocortisone (COLOCORT) 100mg/60ml enema</i>	TIER 1	
<i>hydrocortisone 100mg/60ml enema</i>	TIER 1	
SULFONAMIDES		
<i>sulfasalazine 500 mg tablet dr, 500 mg tablet</i>	TIER 1	
METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)		
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium 35 mg tablet, 70 mg tablet</i>	TIER 1	QLC (4 tabs/month)
<i>alendronate sodium 40 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>alendronate sodium 5 mg tablet, 10 mg tablet</i>	TIER 1	
<i>alendronate sodium 70 mg/75ml solution</i>	TIER 1	QLC (4 bottles/month)
<i>calcitonin, salmon, synthetic 200/spray spray/pump</i>	TIER 1	QLC (1 bottle/month)
<i>calcitriol 0.25 mcg capsule, 0.5 mcg capsule</i>	TIER 1	
<i>cinacalcet hcl 30 mg tablet, 60 mg tablet, 90 mg tablet</i>	TIER 4	PA
<i>ergocalciferol (vitamin d2) 1250 mcg capsule</i>	TIER 1	
<i>ibandronate sodium 150 mg tablet</i>	TIER 1	ST, QLC (1 tab/month)
<i>risedronate sodium 150 mg tablet</i>	TIER 1	ST, QLC (1 tab/month)
<i>risedronate sodium 30 mg tablet</i>	TIER 1	PA
<i>risedronate sodium 35 mg tablet, 35 mg tablet dr</i>	TIER 1	ST, QLC (4 tabs/month)
<i>risedronate sodium 5 mg tablet</i>	TIER 1	ST, QLC (1 tab/day)
TYMLOS (<i>abaloparatide</i>) 80 MCG DOSE PEN INJECTR	TIER 4	PA, SP, QLC (1 pen/month)
XGEVA (<i>denosumab</i>) 120 MG/1.7 ML VIAL	TIER 4	PA, SP, QLC (1 vial/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>accu-chek blood glucose test strips</i>	TIER 2	QLC (200 strips/month)
<i>blood ketone test, strips s</i>	TIER 2	
<i>cervical cap cap 22mm, cap 26mm, cap 30mm</i>	TIER 2	PH (Preventive Health)
<i>diaphragms, contoured s, 65 mm-80mm</i>	TIER 2	PH (Preventive Health)
<i>diaphragms, wide seal s, 60mm, s, 65mm, s, 70mm, s, 75mm, s, 80mm, s, 85mm, s, 90mm, s, 95mm</i>	TIER 2	PH (Preventive Health)
<i>inhaler, assist devices spacer</i>	TIER 2	
<i>inhaler, assist devices, accessories inhaler,assist device,accesory each</i>	TIER 2	
<i>inhaler,assist device with large mask device,lg spacer</i>	TIER 2	
<i>inhaler,assist device with medium mask device,med spacer</i>	TIER 2	
<i>inhaler,assist device with small mask dev,small spacer</i>	TIER 2	
<i>insulin admin. supplies insulin pen</i>	TIER 2	PA, QLC (1 pen/year)
<i>insulin syringe-needle,safety,disposal unit,0.5 ml 29 g x1/2" disp, 30 gx5/16" disp</i>	TIER 2	
<i>lancets , 17 gauge, 18 gauge, 21 gauge, 23 gauge, 25 gauge, 26 gauge, 28 gauge, 30 gauge, 31 gauge, 32 gauge, 33 gauge</i>	TIER 2	QLC (200 lancets/month)
<i>methylergonovine maleate (METHERGINE) 0.2 mg tablet</i>	TIER 1	
<i>methylergonovine maleate 0.2 mg tablet</i>	TIER 1	
<i>nebulizer and compressor each</i>	TIER 2	
<i>needles, safety 25gx1 1/2" dis</i>	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pen needle, diabetic 29 gauge, 29g x 3/8", 29 g x1/2", 30 gx5/16", 30 gx3/16", 31 gx5/16", 31 g x1/3", 31 g x1/4", 31 gx3/16", 31 g x1/6", 32gx 5/32", 32 gx 1/4", 32 gx 1/5", 32 gx 1/6", 32 gx3/16", 32 gx5/16", 33 gx3/16", 33 g x1/4", 33 gx5/16", 33 gx5/32"</i>	TIER 2	
<i>pen needle, diabetic disposable, safety 30 gx5/16", 30 gx3/16"</i>	TIER 2	
<i>pen needle, diabetic, safety 29gx 5/16", 29gx3/16", 29 g x1/2", 30 gx5/16", 30 gx 1/3", 30 gx3/16", 31 gx5/16", 31 g x1/4", 31 gx3/16"</i>	TIER 2	
RUZURGI (<i>amifampridine</i>) 10 MG TABLET	TIER 4	PA, SP, QLC (10 tabs/day)
<i>syringe w-needle 0.3 ml,insulin,safety w-self-cont.dis.unit syr,nal ml,ins,safe,d.unit 30 gx5/16" disp</i>	TIER 2	
<i>syringe with needle 1 ml,insulin,safety w-self-con.disp.unit 1 28gx1/2" disp, 1 29 g x1/2" disp</i>	TIER 2	
<i>syringe with needle, insulin, safety, 0.3 ml 29 g x1/2" disp, 30 gx5/16" disp, 31gx15/64" disp</i>	TIER 2	
<i>syringe with needle, insulin, safety, 0.5 ml 29 g x1/2" disp, 30 gx5/16" disp, 31gx15/64" disp</i>	TIER 2	
<i>syringe with needle, insulin, safety, 1 ml 29 g x1/2" disp, 30 gx5/16" disp, 30gx1/2" disp, 30 gx3/16" disp, 31gx15/64" disp, 31 gx5/16" disp</i>	TIER 2	
<i>syringe with needle,disposable,insulin 1 ml 25gx5/8" disp, 25gx1" disp, 26gx1/2" disp, 27gx1/2" disp, 27gx5/8" disp, 28 gx5/16" disp, 28gx1/2" disp, 28 gauge disp, 29 gauge disp, 29gx7/16" disp, 29gx 5/16" disp, 29 g x1/2" disp, 30 gx5/16" disp, 30gx1/2" disp, 30 g x3/8" disp, 30 gauge disp, 30gx15/64" disp, 31 gx5/16" disp, 31gx3/8" disp, 31gx15/64" disp, 31 g x1/4" disp, 32 gx5/16" disp, disp</i>	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>syringe with needle,insulin 0.3 ml (half unit mark) -0.3 ml 30gx1/2" disp, -0.3 ml 31 g x1/4" disp, -0.3 ml 31gx15/64" disp, -0.3 ml 29 g x1/2" disp, -0.3 ml 31 gx5/16" disp, -0.3 ml 30 gx5/16" disp</i>	TIER 2	
<i>syringe with needle,insulin 0.5 ml (half unit mark) -0.5 ml 30gx1/2" disp, -0.5 ml 30gx15/64" disp, -0.5 ml 31gx15/64" disp, -0.5 ml 30 gx5/16" disp, -0.5 ml 31 gx5/16" disp, -0.5 ml 29 g x1/2" disp</i>	TIER 2	
<i>syringe with needle,insulin disposable 29 x1/2"</i>	TIER 2	
<i>syringe with needle,insulin,0.3 ml g-ml 29 gauge disp, g-ml 29 g x1/2" disp, g-ml 30 g x3/8" disp, g-ml 30gx1/2" disp, g-ml 30 gauge disp, g-ml 30gx15/64" disp, g-ml 30 gx5/16" disp, g-ml 31gx3/8" disp, g-ml 31 gx5/16" disp, g-ml 31 g x1/4" disp, g-ml 31gx15/64" disp</i>	TIER 2	
<i>syringe with needle,insulin,0.5 ml -ml 27gx1/2" disp, -ml 28 gauge disp, -ml 28gx1/2" disp, -ml 29 g x1/2" disp, -ml 29 gauge disp, -ml 30 gx5/16" disp, -ml 30 gauge disp, -ml 30 g x3/8" disp, -ml 30gx1/2" disp, -ml 31 gx5/16" disp, -ml 31gx15/64" disp, -ml 31gx3/8" disp, -ml 31 g x1/4" disp, -ml 32 gx5/16" disp</i>	TIER 2	
<i>syringe without needle,insulin disposable, 1 ml ge,insulin,needleless</i>	TIER 2	
<i>syringe, insulin u-500 with needle, disposable, 0.5 ml ge,insl -500,ndl,0.5ml 31gx15/64"</i>	TIER 2	
<i>urine acetone test,strips test,s</i>	TIER 2	
<i>urine glucose-acet test strip -</i>	TIER 2	

OPHTHALMIC AGENTS (Drugs for the Eyes)

OPHTHALMIC AGENTS, OTHER (Other Drugs for the Eyes)

<i>atropine sulfate 1 % drops</i>	TIER 1
<i>bacitracin/polymyxin b sulfate (AK-POLY-BAC) 500-10k/g oint. (g) --</i>	TIER 1
<i>bacitracin/polymyxin b sulfate (POLYCIN) 500-10k/g oint. (g)</i>	TIER 1

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bacitracin/polymyxin b sulfate 500-10k/g oint. (g)</i>	TIER 1	
<i>cyclopentolate hcl 0.5 % drops, 1 % drops, 2 % drops</i>	TIER 1	
<i>homatropine hbr (HOMATROPAIRE) 5 % drops</i>	TIER 1	
<i>homatropine hbr 5 % drops</i>	TIER 1	
<i>naphazoline hcl 0.1 % drops</i>	TIER 1	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone (NEO-POLYCIN HC) neomycin/bacit/p-myx/hydrocort 3.5-10k-1 oint. (g) -</i>	TIER 1	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone neomycin/bacit/p-myx/hydrocort 3.5-10k-1 oint. (g)</i>	TIER 1	
<i>neomycin sulfate/bacitracin/polymyxin b (NEO-POLYCIN) sulf/bacitracin/poly 3.5mg-400 oint. (g) -</i>	TIER 1	
<i>neomycin sulfate/bacitracin/polymyxin b sulf/bacitracin/poly 3.5mg-400 oint. (g)</i>	TIER 1	
<i>neomycin sulfate/polymyxin b sulfate/gramicidin d neomycin/polymyxn b/gramicidin 1.75mg-10k drops</i>	TIER 1	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone neomycin/polymyxin b/hydrocort 3.5-10k-10 drops susp</i>	TIER 1	
<i>neomycin/polymyxin b sulfate/dexamethasone b/dexametha 0.1 % drops susp, b/dexametha 3.5-10k-.1 oint. (g)</i>	TIER 1	
<i>phenylephrine hcl 2.5 % drops, 10 % drops</i>	TIER 1	
<i>polymyxin b sulfate/trimethoprim sulf/trimethoprim 10000-1/ml drops</i>	TIER 1	
<i>proparacaine hcl 0.5 % drops</i>	TIER 1	
RESTASIS (<i>cyclosporine</i>) 0.05% EYE EMULSION	TIER 2	QLC (2 dropperettes/day)
RESTASIS MULTIDOSE (<i>cyclosporine</i>) 0.05% EYE	TIER 2	QLC (1 bottle/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium/prednisolone sodium phosphate</i> <i>sulfacetamide/prednisolone 10 %-0.23% drops</i>	TIER 1	
TOBRADEX (<i>tobramycin/dexamethasone</i>) EYE OINTMENT	TIER 3	
<i>tobramycin/dexamethasone 0.3 %-0.1% drops susp</i>	TIER 1	
<i>tropicamide 0.5 % drops, 1 % drops</i>	TIER 1	

OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)

<i>azelastine hcl 0.05 % drops</i>	TIER 1	
<i>cromolyn sodium 4 % drops</i>	TIER 1	
<i>epinastine hcl 0.05 % drops</i>	TIER 1	
LASTACFT (<i>alcaftadine</i>) 0.25% EYE DROPS	TIER 3	QLC (1 bottle/month)

OPHTHALMIC ANTI-INFLAMMATORIES (Drugs to Reduce Eye Swelling)

<i>dexamethasone sodium phosphate 0.1 % drops</i>	TIER 1	
<i>diclofenac sodium 0.1 % drops</i>	TIER 1	
<i>fluorometholone 0.1 % drops susp</i>	TIER 1	
<i>flurbiprofen sodium 0.03 % drops</i>	TIER 1	
<i>ketorolac tromethamine 0.4 % drops, 0.5 % drops</i>	TIER 1	
<i>prednisolone acetate 1 % drops susp</i>	TIER 1	
<i>prednisolone sodium phosphate 1 % drops</i>	TIER 1	

OPHTHALMIC ANTIGLAUCOMA AGENTS (Drugs for Glaucoma)

<i>apraclonidine hcl 0.5 % drops</i>	TIER 1	
<i>betaxolol hcl 0.5 % drops</i>	TIER 1	
<i>brimonidine tartrate 0.15 % drops</i>	TIER 3	
<i>brimonidine tartrate 0.2 % drops</i>	TIER 1	
<i>carteolol hcl 1 % drops</i>	TIER 1	
<i>dorzolamide hcl 2 % drops</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dorzolamide hcl/timolol maleate 22.3-6.8/1 drops</i>	TIER 1	
<i>dorzolamide hcl/timolol maleate/pf dorzolamide/timolol/pf 2 %-0.5 % droperette</i>	TIER 2	QLC (2 droperettes/day)
<i>levobunolol hcl 0.5 % drops</i>	TIER 1	
<i>methazolamide 25 mg tablet, 50 mg tablet</i>	TIER 1	
<i>metipranolol 0.3 % drops</i>	TIER 1	
<i>pilocarpine hcl 1 % drops, 2 % drops, 4 % drops</i>	TIER 1	
SIMBRINZA (<i>brinzolamide/brimonidine tartrate</i>) 1%-0.2% EYE DROPS	TIER 3	
<i>timolol maleate 0.25 % sol-gel, 0.25 % drops, 0.5 % drops, 0.5 % sol-gel</i>	TIER 1	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

<i>latanoprost 0.005 % drops</i>	TIER 1	QLC (5 ml/month)
LUMIGAN (<i>bimatoprost</i>) 0.01% EYE DROPS	TIER 2	ST, QLC (5 ml/month)
<i>travoprost (benzalkonium) 0.004 % drops</i>	TIER 1	ST, QLC (1 bottle/month)
<i>travoprost 0.004 % drops</i>	TIER 2	ST, QLC (5 ml/month)
XELPROS (<i>latanoprost</i>) 0.005% EYE DROP	TIER 3	ST, QLC (1 bottle/month)

OTIC AGENTS (Drugs for the Ears)

OTIC AGENTS (Drugs for Ear Infection)

<i>acetic acid 2 % solution</i>	TIER 1	
<i>acetic acid/aluminum acetate 2 % drops</i>	TIER 1	
CIPRODEX (<i>ciprofloxacin hcl/dexamethasone</i>) OTIC SUSPENSION	TIER 3	
DERMOTIC (<i>fluocinolone acetonide oil</i>) OIL 0.01% EAR DROPS	TIER 2	
<i>hydrocortisone/acetic acid</i> (ACETASOL HC) 1 %-2 % drops	TIER 1	
<i>hydrocortisone/acetic acid 1 %-2 % drops</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone neomycin/polymyxin b/hydrocort 3.5--1 solution, neomycin/polymyxin b/hydrocort 3.5--1 drops susp</i>	TIER 1	

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS (Inhaled Drugs to Prevent Swelling of the Airways)

<i>budesonide 0.25mg/2ml -, 0.5 mg/2ml -</i>	TIER 1	QLC (4 ml/day)
<i>budesonide 1 mg/2 ml ampul-neb</i>	TIER 1	QLC (2 ml/day)
FLOVENT DISKUS (<i>fluticasone propionate</i>) 250 MCG	TIER 2	QLC (4 inhalers/month)
FLOVENT DISKUS (<i>fluticasone propionate</i>) 50 MCG, 100 MCG	TIER 2	QLC (1 inhaler/month)
FLOVENT HFA (<i>fluticasone propionate</i>) HFA 44 MCG INHALER, HFA 110 MCG INHALER, HFA 220 MCG INHALER	TIER 2	QLC (2 inhalers/month)
<i>flunisolide 25 mcg spray</i>	TIER 1	QLC (2 bottles/month)
<i>fluticasone propionate 50 mcg spray susp</i>	TIER 1	QLC (1 bottle/month)
QVAR (<i>beclomethasone dipropionate</i>) 40 MCG ORAL INHALER	TIER 2	QLC (4 inhalers/month)
QVAR (<i>beclomethasone dipropionate</i>) 80 MCG ORAL INHALER	TIER 2	QLC (2 inhalers/month)
QVAR REDHALER (<i>beclomethasone dipropionate</i>) 40 MCG, 80 MCG	TIER 2	QLC (2 inhalers/month)

ANTIHISTAMINES

<i>azelastine hcl 137 mcg spray/pump</i>	TIER 1	QLC (1 bottle/25 days)
<i>azelastine hcl 205.5 mcg spray/pump</i>	TIER 1	QLC (1 bottle/25 days)
<i>clemastine fumarate 2.68 mg tablet</i>	TIER 1	
<i>cyproheptadine hcl 2 mg/5 ml syrup, 4 mg tablet</i>	TIER 1	
<i>desloratadine 5 mg tablet</i>	TIER 1	ST
<i>hydroxyzine hcl 10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet</i>	TIER 1	
<i>hydroxyzine hcl 50 mg/25ml solution</i>	TIER 1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydroxyzine pamoate 25 mg capsule, 50 mg capsule, 100 mg capsule</i>	TIER 1	
<i>promethazine hcl 6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet</i>	TIER 1	

ANTILEUKOTRIENES

<i>montelukast sodium 4 mg gran pack</i>	TIER 1	QLC (1 pack/day)
<i>montelukast sodium 4 mg tab chew, 5 mg tab chew, 10 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>zafirlukast 10 mg tablet, 20 mg tablet</i>	TIER 2	

BRONCHODILATORS, ANTICHOLINERGIC (Anticholinergic Drugs to Open the Airway)

ATROVENT HFA (<i>ipratropium bromide</i>) 17 MCG INHALER	TIER 3	QLC (2 inhalers/month)
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>) 62.5 MCG INH	TIER 2	QLC (1 inhaler/month)
<i>ipratropium bromide 0.2 mg/ml solution</i>	TIER 1	QLC (120 doses/month)
<i>ipratropium bromide 21 mcg spray</i>	TIER 1	QLC (1 bottle/month)
<i>ipratropium bromide 42 mcg spray</i>	TIER 1	QLC (3 bottles/month)
SPIRIVA (<i>tiotropium bromide</i>) 18 MCG CP-HANDIHALER	TIER 2	QLC (30 caps/month)
SPIRIVA RESPIMAT (<i>tiotropium bromide</i>) 1.25 MCG, 2.5 MCG	TIER 2	QLC (1 inhaler/month)

BRONCHODILATORS, SYMPATHOMIMETIC (Sympathomimetic Drugs to Open the Airway)

<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 sulfate 0.63mg/3ml vial-, 1.25mg/3ml vial-, 2.5 mg/0.5 vial-</i>	TIER 1	QLC (5 boxes/month)
<i>albuterol sulfate 2 mg/5 ml syrup</i>	TIER 1	
<i>albuterol sulfate 2.5 mg/3ml vial-neb</i>	TIER 1	QLC (375 ml/month)
<i>albuterol sulfate 5 mg/ml solution</i>	TIER 1	QLC (4 bottles/month)
<i>albuterol sulfate 90 mcg hfa aer ad</i>	TIER 1	QLC (2 inhalers/month)
<i>epinephrine 0.15mg/0.3, 0.15/0.15, 0.3mg/0.3</i>	TIER 1	QLC (4 injections/fill; max 6 fills per year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPIPEN 2-PAK (<i>epinephrine</i>) -0.3 MG AUTO-INJECT	TIER 2	QLC (4 injections/fill; max 6 fills per year)
EPIPEN JR 2-PAK (<i>epinephrine</i>) -0.15 MG INJECT	TIER 2	QLC (4 injections/fill; max 6 fills per year)
<i>levalbuterol hcl 0.31mg/3ml vial-, 0.63mg/3ml vial-, 1.25mg/3ml vial-</i>	TIER 1	QLC (90 nebs/month)
<i>levalbuterol hcl 1.25mg/0.5 vial-neb</i>	TIER 1	QLC (90 vials/month)
<i>levalbuterol tartrate 45 mcg hfa aer ad</i>	TIER 1	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>) INHAL SPRAY	TIER 2	QLC (1 inhaler/month)
VENTOLIN HFA (<i>albuterol sulfate</i>) 90 MCG INHALER	TIER 2	QLC (2 inhalers/month)

CYSTIC FIBROSIS AGENTS

CAYSTON (<i>aztreonam lysine</i>) 75 MG INHAL SOLUTION	TIER 4	PA, SP, QLC (1 box/2 months)
KALYDECO (<i>ivacaftor</i>) 150 MG TABLET	TIER 4	PA, SP, QLC (2 tabs/day)
KALYDECO (<i>ivacaftor</i>) 25 MG GRANULES PACKET	TIER 4	PA, SP, QLC (2 packets/day)
KALYDECO (<i>ivacaftor</i>) 50 MG GRANULES PACKET, 75 MG GRANULES PACKET	TIER 4	PA, SP, QLC (2 packs/day)
SYMDEKO (<i>tezacaftor/ivacaftor</i>) 50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS	TIER 4	PA, SP, QLC (2 tabs/day)
<i>tobramycin/nebulizer 300 mg/5ml ampul-</i>	TIER 3	PA, SP, QLC (1 pack/56 days)

MAST CELL STABILIZERS (Drugs to Block Mast Cells)

<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	TIER 1	QLC (2 boxes/month)
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)

<i>caffeine citrate 60 mg/3 ml solution</i>	TIER 1	
<i>theophylline anhydrous</i> (THEOCHRON) <i>100 mg tab er, 200 mg tab er, 300 mg tab er</i>	TIER 1	
<i>theophylline anhydrous 80 mg/15ml elixir, 100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>theophylline anhydrous 80 mg/15ml solution</i>	TIER 1	PA

PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)

<i>ambrisentan 5 mg tablet, 10 mg tablet</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>bosentan 62.5 mg tablet, 125 mg tablet</i>	TIER 4	PA, SP, QLC (2 tabs/day)
<i>sildenafil citrate 20 mg tablet</i>	TIER 1	PA, SP, QLC (3 tabs/day)
<i>tadalafil (ALYQ) 20 mg tablet</i>	TIER 4	PA, SP, QLC (2 tabs/day)
<i>tadalafil 20 mg tablet</i>	TIER 4	PA, SP, QLC (2 tabs/day)
TRACLEER (<i>bosentan</i>) 32 MG TABLET FOR SUSP	TIER 4	PA, SP, QLC (4 tabs/day)

RESPIRATORY TRACT AGENTS, OTHER (Other Drugs for Breathing Conditions)

<i>acetylcysteine 100 mg/ml vial</i>	TIER 1	
<i>acetylcysteine 200 mg/ml vial</i>	TIER 2	
ADVAIR HFA (<i>fluticasone propionate/salmeterol xinafoate</i>) HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER	TIER 2	QLC (1 inhaler/month)
ANORO ELLIPTA (<i>umeclidinium bromide/vilanterol trifenate</i>) 62.5-25 MCG INH	TIER 2	QLC (1 inhaler/month)
<i>benzonatate 100 mg capsule, 150 mg capsule, 200 mg capsule</i>	TIER 1	
BREO ELLIPTA (<i>fluticasone furoate/vilanterol trifenate</i>) 100-25 MCG, 200-25 MCG	TIER 2	QLC (1 inhaler/month)
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan (BROMFED DM) brompheniramine/pseudoephed/dm 2-30-10/5 syrup</i>	TIER 1	
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan brompheniramine/pseudoephed/dm 2-30-10/5 syrup</i>	TIER 1	
<i>codeine phosphate/guaifenesin (CHERATUSSIN AC) 10-100mg/5 liquid</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>codeine phosphate/guaifenesin</i> (G TUSSIN AC) 10-100mg/5 liquid	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>codeine phosphate/guaifenesin</i> (GUAIA TUSSIN AC) 10-100mg/5, 20-200/10	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>codeine phosphate/guaifenesin</i> (GUAIFENESIN AC) 10-100mg/5 liquid	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>codeine phosphate/guaifenesin</i> (ROBAFEN AC) 10-100mg/5 liquid	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>codeine phosphate/guaifenesin</i> (VIRTUSSIN AC) 10-100mg/5 liquid	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>codeine phosphate/guaifenesin</i> 10-100mg/5, 20-200/10	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
COMBIVENT RESPIMAT (<i>ipratropium bromide/albuterol sulfate</i>) 20-100 MCG	TIER 3	QLC (1 inhaler/month)
ESBRIET (<i>pirfenidone</i>) 267 MG CAPSULE	TIER 4	PA, SP, QLC (9 caps/day)
ESBRIET (<i>pirfenidone</i>) 267 MG TABLET	TIER 4	PA, SP, QLC (9 tabs/day)
ESBRIET (<i>pirfenidone</i>) 801 MG TABLET	TIER 4	PA, SP, QLC (3 tabs/day)
<i>fluticasone propionate/salmeterol xinafoate</i> (WIXELA INHUB) <i>propion/salmeterol</i> 100-50 mcg w/dev, <i>propion/salmeterol</i> 250-50 mcg w/dev, <i>propion/salmeterol</i> 500-50 mcg w/dev	TIER 1	QLC (1 inhaler/month)
<i>fluticasone propionate/salmeterol xinafoate propion/salmeterol</i> 250-50 mcg w/dev, <i>propion/salmeterol</i> 500-50 mcg w/dev	TIER 1	QLC (1 inhaler/month)
<i>fluticasone propionate/salmeterol xinafoate propion/salmeterol</i> 55-14 mcg aer pow ba, <i>propion/salmeterol</i> 100-50 mcg blst w/dev, <i>propion/salmeterol</i> 113-14 mcg aer pow ba, <i>propion/salmeterol</i> 232-14 mcg aer pow ba	TIER 1	QLC (1 inhaler/month)
<i>hydrocodone bitart/chlorpheniramine maleate/pseudoephedrine</i> <i>hydrocodone/cpm/pseudoephed</i> 5-4-60mg/5 solution	TIER 1	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)

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<i>hydrocodone bitartrate/homatropine methylbromide</i> (HYDROMET) <i>bit/homatrop -5-1.5 mg/5 syrup</i>	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>hydrocodone bitartrate/homatropine methylbromide</i> (TUSSIGON) <i>bit/homatrop -5 mg-1.5mg tablet</i>	TIER 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
<i>hydrocodone bitartrate/homatropine methylbromide bit/homatrop -5 mg-1.5mg tablet</i>	TIER 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
<i>hydrocodone bitartrate/homatropine methylbromide bit/homatrop -5-1.5 mg/5 syrup</i>	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>hydrocodone polistirex/chlorpheniramine polistirex hydrocodone/chlorphen -10-8mg/5ml sus er 12h</i>	TIER 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
<i>ipratropium bromide/albuterol sulfate ipratropium/albuterol 0.5-3mg/3 ampul-neb</i>	TIER 1	QLC (6 boxes [30 doses/box]/month)
<i>phenylephrine hcl/promethazine hcl /prometh 5-6.25mg/5 syrup</i>	TIER 1	
<i>promethazine hcl/codeine 6.25-10/5 syrup</i>	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>promethazine hcl/dextromethorphan hbr promethazine/dextromethorphan 6.25-15/5 syrup</i>	TIER 1	
<i>promethazine/phenylephrine hcl/codeine promethazine/phenyleph/codeine 6.25-5-10 syrup</i>	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>sodium chloride for inhalation</i> (NEBUSAL) <i>3 % vial-neb</i>	TIER 1	
<i>sodium chloride for inhalation</i> (PULMOSAL) <i>7 % vial-neb</i>	TIER 1	
<i>sodium chloride for inhalation 0.9 % vial-, 3 % vial-, 7 % vial-, 10 % vial-</i>	TIER 1	
<i>tobramycin in 0.225 % sodium chloride 0.225% 300 mg/5ml ampul-neb</i>	TIER 3	PA, SP, QLC (1 box/2 months)
TRELEGY ELLIPTA (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>) 100-62.5-25	TIER 2	QLC (1 inhaler/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SKELETAL MUSCLE RELAXANTS (Drugs for the Muscles)		
SKELETAL MUSCLE RELAXANTS (Drugs to Relax the Muscles)		
<i>carisoprodol 350 mg tablet</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>cyclobenzaprine hcl 5 mg tablet, 10 mg tablet</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>methocarbamol 500 mg tablet, 750 mg tablet</i>	TIER 1	AL1 (Up to 64 yrs old)
SLEEP DISORDER AGENTS (Drugs for Insomnia)		
GABA RECEPTOR MODULATORS		
<i>estazolam 1 mg tablet</i>	TIER 1	QLC (2 tabs/day)
<i>estazolam 2 mg tablet</i>	TIER 1	QLC (1 tab/day)
<i>eszopiclone 1 mg tablet, 2 mg tablet, 3 mg tablet</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>temazepam 15 mg capsule</i>	TIER 1	QLC (2 caps/day)
<i>temazepam 22.5 mg capsule</i>	TIER 3	QLC (1 cap/day)
<i>temazepam 30 mg capsule</i>	TIER 1	QLC (1 cap/day)
<i>temazepam 7.5 mg capsule</i>	TIER 3	QLC (4 caps/day)
<i>zaleplon 10 mg capsule</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
<i>zaleplon 5 mg capsule</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (4 caps/day)
<i>zolpidem tartrate 10 mg tablet</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate 12.5 mg tab mphase</i>	TIER 2	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate 5 mg tablet</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
<i>zolpidem tartrate 6.25 mg tab mphase</i>	TIER 2	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
SLEEP DISORDERS, OTHER		
<i>modafinil 100 mg tablet</i>	TIER 1	PA, QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>modafinil 200 mg tablet</i>	TIER 1	PA, QLC (2 tabs/day)

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amantadine hcl	24	atovaquone/proguanil hcl	24
		atropine sulfate	92
		ATROVENT HFA (ipratropium bromide)	97
		azathioprine	87
		azelastine hcl	94,96

azithromycin.....9

B

bacitracin.....7

bacitracin/polymyxin b sulfate.....93

bacitracin/polymyxin b sulfate (AK-POLY-BAC).....92

bacitracin/polymyxin b sulfate (POLYCIN) ..92

baclofen.....27

balsalazide disodium.....88

BAQSIMI (glucagon).....36

benazepril hcl.....40

benazepril hcl/hydrochlorothiazide.....45

benzonatate.....99

benzphetamine hcl.....53

benztropine mesylate.....24

betamethasone dipropionate.....68

betamethasone dipropionate/propylene glycol.....68

betamethasone valerate.....68

betaxolol hcl.....41,94

bethanechol chloride.....67

bexarotene.....23

bicalutamide.....20

BIKTARVY (bictegravir sodium/emtricitabine/tenofovir alafenamide fumar).....28

BILTRICIDE (praziquantel).....23

bisacodyl/sodium chlor/sodium

bicarb/potassium chl/peg 3350 (PEG-PREP) .65

bisoprolol fumarate.....41

bisoprolol fumarate/hydrochlorothiazide...45

blood ketone test, strips.....90

bosentan.....99

BREO ELLIPTA (fluticasone furoate/vilanterol trifenate).....99

BRILINTA (ticagrelor).....39

brimonidine tartrate.....94

BRIVIACT (brivaracetam).....11

bromocriptine mesylate.....25

brompheniramine maleate/pseudoephedrine hcl/dextromethorphan.....99

brompheniramine maleate/pseudoephedrine hcl/dextromethorphan (BROMFED DM).....99

budesonide.....89,96

bumetanide.....47

buprenorphine hcl.....6

buprenorphine hcl/naloxone hcl.....6

bupropion hcl.....6,14

buspirone hcl.....33

butalbital/acetaminophen.....53

butalbital/acetaminophen/caffeine.....53

butalbital/acetaminophen/caffeine (FIORICET).....53

butalbital/acetaminophen/caffeine/codeine phosphate.....3

butalbital/aspirin/caffeine.....1

butorphanol tartrate.....3

BYSTOLIC (nebivolol hcl).....41

C

cabergoline.....86

CABLIVI (caplacizumab-yhdp).....38

caffeine citrate.....98

calcipotriene.....54

calcipotriene (CALCITRENE).....54

calcitonin,salmon,synthetic.....89

calcitriol.....54,89

calcium acetate.....68

capecitabine.....21

CAPRELSA (vandetanib).....22

captopril.....40

captopril/hydrochlorothiazide.....45

carbamazepine.....13

carbamazepine (EPITOL).....13

carbidopa.....25

carbidopa/levodopa.....25

carbidopa/levodopa/entacapone.....25

carisoprodol.....102

carteolol hcl.....94

carvedilol.....41

CAYSTON (aztreonam lysine)	98	clindamycin hcl	7
cefaclor	8	clindamycin palmitate hcl	7
cefadroxil	8	clindamycin phosphate	7
cefdinir	8	clindamycin phosphate (CLINDACIN ETZ)	7
cefepodoxime proxetil	8	clindamycin phosphate (CLINDACIN P)	7
cefprozil	8	clindamycin phosphate/benzoyl peroxide ..	55
ceftibuten	8	clobetasol propionate	68
cefuroxime axetil	8	clobetasol propionate (CORMAX)	68
celecoxib	1	clobetasol propionate/emollient base	68
cephalexin	8	clobetasol propionate/emollient base (TOVET EMOLLIENT)	68
CERDELGA (eliglustat tartrate)	66	clomiphene citrate	85
cervical cap	90	clomipramine hcl	15
cevimeline hcl	54	clonazepam	33
CHANTIX (varenicline tartrate)	6	clonidine	39
CHEMET (succimer)	57	clonidine hcl	39
chlordiazepoxide hcl	33	clopidogrel bisulfate	39
chloroquine phosphate	24	clorazepate dipotassium	33
chlorothiazide	47	clotrimazole	17
chlorpromazine hcl	26	clotrimazole/betamethasone dipropionate ..	55
chlorthalidone	48	clozapine	27
cholestyramine (with sugar)	49	COARTEM (artemether/lumefantrine)	24
cholestyramine/aspartame	49	codeine	
cholestyramine/aspartame (PREVALITE)	49	phosphate/butalbital/aspirin/caffeine	3
ciclopirox	17	codeine	
ciclopirox (CICLODAN)	17	phosphate/butalbital/aspirin/caffeine (ASCOMP WITH CODEINE)	3
ciclopirox olamine	17	codeine phosphate/guaifenesin	100
ciclopirox olamine (CICLODAN)	17	codeine phosphate/guaifenesin	
cilostazol	39	(CHERATUSSIN AC)	99
CIMDUO (lamivudine/tenofovir disoproxil fumarate)	28	codeine phosphate/guaifenesin (G TUSSIN AC)	100
cimetidine	64	codeine phosphate/guaifenesin	
cinacalcet hcl	89	(GUAIIATUSSIN AC)	100
CIPRODEX (ciprofloxacin		codeine phosphate/guaifenesin	
hcl/dexamethasone)	95	(GUAIFENESIN AC)	100
ciprofloxacin	10	codeine phosphate/guaifenesin (ROBAFEN AC)	100
ciprofloxacin hcl	10	codeine phosphate/guaifenesin (VIRTUSSIN AC)	100
ciprofloxacin/ciprofloxacin hcl	10	codeine sulfate	3
citalopram hydrobromide	14		
clarithromycin	9		
clemastine fumarate	96		
CLIMARA PRO (estradiol/levonorgestrel)	71		

colchicine.....	18
colesevelam hcl.....	49
colestipol hcl.....	49
COMBIVENT RESPIMAT (ipratropium bromide/albuterol sulfate).....	100
COMETRIQ (cabozantinib s-malate).....	22
COMPLERA (emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate).....	29
cortisone acetate.....	68
COSENTYX (2 SYRINGES) (secukinumab)....	55
COSENTYX PEN (2 PENS) (secukinumab)....	55
COSENTYX PEN (secukinumab).....	55
COSENTYX SYRINGE (secukinumab).....	55
CREON (lipase/protease/amylase).....	66
CRIVAN (indinavir sulfate).....	31
cromolyn sodium.....	64,94,98
cyanocobalamin (vitamin b-12).....	57
cyclobenzaprine hcl.....	102
cyclopentolate hcl.....	93
cyclophosphamide.....	20
cyclosporine.....	87
cyclosporine, modified.....	87
cyclosporine, modified (GENGRAF).....	87
cyproheptadine hcl.....	96

D

danazol.....	71
dantrolene sodium.....	27
dapsone.....	19
DARAPRIM (pyrimethamine).....	24
demeclocycline hcl.....	11
DERMOTIC (fluocinolone acetonide oil)....	95
DESCOVY (emtricitabine/tenofovir alafenamide fumarate).....	31
desipramine hcl.....	15
desloratadine.....	96
desmopressin acetate.....	71
desmopressin acetate (non-refrigerated)...	70
desogestrel-ethinyl estradiol.....	72
desogestrel-ethinyl estradiol (APRI).....	71
desogestrel-ethinyl estradiol (CAZANT)....	72
desogestrel-ethinyl estradiol (CYRED EQ)...	72
desogestrel-ethinyl estradiol (CYRED).....	72
desogestrel-ethinyl estradiol (EMOQUETTE)...	72
desogestrel-ethinyl estradiol (ENSKYCE)....	72
desogestrel-ethinyl estradiol (ISIBLOOM)....	72
desogestrel-ethinyl estradiol (JULEBER)....	72
desogestrel-ethinyl estradiol (KALLIGA)....	72
desogestrel-ethinyl estradiol (RECLIPSEN)...	72
desogestrel-ethinyl estradiol (VELIVET)....	72
desogestrel-ethinyl estradiol/ethinyl estradiol.....	73
desogestrel-ethinyl estradiol/ethinyl estradiol (AZURETTE).....	72
desogestrel-ethinyl estradiol/ethinyl estradiol (BEKYREE).....	72
desogestrel-ethinyl estradiol/ethinyl estradiol (KARIVA).....	72
desogestrel-ethinyl estradiol/ethinyl estradiol (KIMIDESS).....	72
desogestrel-ethinyl estradiol/ethinyl estradiol (PIMTREA).....	72
desogestrel-ethinyl estradiol/ethinyl estradiol (SIMLIYA).....	72
desogestrel-ethinyl estradiol/ethinyl estradiol (VIORELE).....	73
desogestrel-ethinyl estradiol/ethinyl estradiol (VOLNEA).....	73
desonide.....	68
desoximetasone.....	69
desvenlafaxine succinate.....	14
dexamethasone.....	69
dexamethasone (DECADRON).....	69
dexamethasone (DEXAMETHASONE INTENSOL).....	69
dexamethasone sodium phosphate.....	94
dexmethylphenidate hcl.....	52
dextroamphetamine sulf- saccharate/amphetamine sulf- aspartate.....	50,51
dextroamphetamine sulfate.....	51
diaphragms, contoured.....	90

diaphragms, wide seal.....	90
diazepam.....	12,33
diclofenac potassium.....	1
diclofenac sodium.....	1,55,94
dicloxacillin sodium.....	9
dicyclomine hcl.....	63
didanosine.....	30
diethylpropion hcl.....	53
diflorasone diacetate.....	69
diflorasone diacetate (PSORCON).....	69
digoxin.....	45
digoxin (DIGITEK).....	45
digoxin (DIGOX).....	45
dihydroergotamine mesylate.....	18,19
DILANTIN (phenytoin sodium extended).....	13
DILANTIN (phenytoin).....	13
DILANTIN-125 (phenytoin).....	13
diltiazem hcl.....	43
diltiazem hcl (CARTIA XT).....	42
diltiazem hcl (DILT-XR).....	42
diltiazem hcl (MATZIM LA).....	42
diltiazem hcl (TAZIA XT).....	42
diltiazem hcl (TIADYLT ER).....	42
diphenoxylate hcl/atropine sulfate.....	64
dipyridamole.....	39
disopyramide phosphate.....	41
disulfiram.....	5
divalproex sodium.....	12
dofetilide.....	41
donepezil hcl.....	13
dorzolamide hcl.....	94
dorzolamide hcl/timolol maleate.....	95
dorzolamide hcl/timolol maleate/pf.....	95
doxazosin mesylate.....	39
doxepin hcl.....	16
doxycycline hyclate.....	11
doxycycline hyclate (MORGIDOX).....	11
doxycycline monohydrate.....	11
drospirenone/ethinyl estradiol/levomefolate calcium.....	73

drospirenone/ethinyl estradiol/levomefolate calcium (RAJANI).....	73
DROXIA (hydroxyurea).....	21
duloxetine hcl.....	53
dutasteride.....	67

E

econazole nitrate.....	17
EDURANT (rilpivirine hcl).....	29
efavirenz.....	29
ELIQUIS (apixaban).....	37
ELLA (ulipristal acetate).....	83
ELMIRON (pentosan polysulfate sodium)....	67
EMGALITY PEN (galcanezumab-gnlm).....	18
EMGALITY SYRINGE (galcanezumab-gnlm) ..	18
EMTRIVA (emtricitabine).....	30
enalapril maleate.....	40
enalapril maleate/hydrochlorothiazide....	45
ENBREL (etanercept).....	87
ENBREL SURECLICK (etanercept).....	87
ENDOMETRIN (progesterone, micronized) ...	83
enoxaparin sodium.....	37
entacapone.....	25
entecavir.....	27
EPCLUSA (sofosbuvir/velpatasvir).....	27
epinastine hcl.....	94
epinephrine.....	97
EPIPEN 2-PAK (epinephrine).....	98
EPIPEN JR 2-PAK (epinephrine).....	98
EPIVIR HBV (lamivudine).....	27
eplerenone.....	47
ergocalciferol (vitamin d2).....	89
ergoloid mesylates.....	13
ERGOMAR (ergotamine tartrate).....	19
ergotamine tartrate/cafeine.....	19
ERLEADA (apalutamide).....	20
erlotinib hcl.....	22
erythromycin base.....	9
erythromycin base in ethanol.....	9
erythromycin base in ethanol (ERY).....	9
erythromycin base/benzoyl peroxide.....	7

ESBRIET (pirfenidone)	100	ethynodiol diacetate-ethinyl estradiol (KELNOR 1-35)	75
escitalopram oxalate	14,15	ethynodiol diacetate-ethinyl estradiol (KELNOR 1-50)	75
estazolam	102	ethynodiol diacetate-ethinyl estradiol (ZOVIA 1-35E)	75
estradiol	73	etodolac	1
estradiol (DOTI)	73	etonogestrel/ethinyl estradiol	75
estradiol (YUVAFEM)	73	etonogestrel/ethinyl estradiol (ELURYNG)	75
estradiol/norethindrone acetate	74	etoposide	22
estradiol/norethindrone acetate (AMABELZ)	73	everolimus	22
estradiol/norethindrone acetate (LOPREEZA)	73	exemestane	21
estradiol/norethindrone acetate (MIMVEY LO)	73	EXTAVIA (interferon beta-1b)	54
estradiol/norethindrone acetate (MIMVEY)	73	ezetimibe	49
ESTRING (estradiol)	74	ezetimibe/simvastatin	49
estrogens,esterified/methyltestosterone	74		
estrogens,esterified/methyltestosterone (COVARYX H.S.)	74	F	
estrogens,esterified/methyltestosterone (COVARYX)	74	famciclovir	32
estrogens,esterified/methyltestosterone (EEMT H.S.)	74	famotidine	64
estrogens,esterified/methyltestosterone (EEMT)	74	famotidine (PEPCID)	64
estropipate	74	FARXIGA (dapagliflozin propanediol)	34
eszopiclone	102	febuxostat	18
ethambutol hcl	19	felbamate	12
ethinyl estradiol/drospirenone	75	felodipine	43
ethinyl estradiol/drospirenone (GIANVI)	74	fenofibrate	48
ethinyl estradiol/drospirenone (JASMIEL)	74	fenofibrate (LOFIBRA)	48
ethinyl estradiol/drospirenone (LO- ZUMANDIMINE)	74	fenofibrate nanocrystallized	48
ethinyl estradiol/drospirenone (LORYNA)	74	fenofibrate,micronized	48
ethinyl estradiol/drospirenone (NIKKI)	74	fenofibrate,micronized (LOFIBRA)	48
ethinyl estradiol/drospirenone (OCELLA)	74	fenofibric acid	48
ethinyl estradiol/drospirenone (SYEDA)	74	fenofibric acid (choline)	48
ethinyl estradiol/drospirenone (VESTURA)	74	fentanyl	2
ethinyl estradiol/drospirenone (ZARAH)	74	fentanyl citrate	3
ethinyl estradiol/drospirenone (ZUMANDIMINE)	74	finasteride	67
ethosuximide	12	flavoxate hcl	66
ethynodiol diacetate-ethinyl estradiol	75	flecainide acetate	41
		FLOVENT DISKUS (fluticasone propionate)	96
		FLOVENT HFA (fluticasone propionate)	96
		fluconazole	17
		fludrocortisone acetate	69
		flunisolide	96

fluocinolone acetonide	69
fluocinolone acetonide/shower cap	69
fluocinonide	69
fluocinonide/emollient base	69
fluoride/iron/vitamins a,c,and d	57
fluorometholone	94
fluorouracil	21
fluoxetine hcl	15
fluoxymesterone (ANDROXY)	71
fluphenazine hcl	26
flurbiprofen	1
flurbiprofen sodium	94
flutamide	20
fluticasone propionate	69,96
fluticasone propionate/salmeterol	
xinafoate	100
fluticasone propionate/salmeterol xinafoate (WIXELA INHUB)	100
fluvoxamine maleate	15
folic acid	57
folic acid/pyridoxine hcl/ca phos dibasic & tribasic/ginger (VP-GGR-B6)	57
folic acid/pyridoxine hcl/ca phos dibasic & tribasic/ginger (ZINGIBER)	57
fosamprenavir calcium	31
fosinopril sodium	40
fosinopril sodium/hydrochlorothiazide	45
furosemide	47
FUZEON (enfuvirtide)	31

G

gabapentin	12
galantamine hbr	13
gatifloxacin	10
gemfibrozil	48
gentamicin sulfate	7
gentamicin sulfate (GENTAK)	7
GENVOYA	
(elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)	29
GILENYA (fingolimod hcl)	54

GILOTRIF (afatinib dimaleate)	22
glatiramer acetate	54
glatiramer acetate (GLATOPA)	54
GLEOSTINE (lomustine)	20
glimepiride	34
glipizide	34
glipizide/metformin hcl	34
GLUCAGEN (glucagon,human recombinant)	36
GLUCAGON EMERGENCY KIT (glucagon hcl)	36
GLUCAGON EMERGENCY KIT (glucagon,human recombinant)	36
glyburide	34
glyburide,micronized	34
glyburide/metformin hcl	34
glycopyrrolate	63
GLYXAMBI (empagliflozin/linagliptin)	34
granisetron hcl	17
GRANIX (tbo-filgrastim)	38
griseofulvin, microsize	17
guanfacine hcl	39,52
guanidine hcl	19

H

halobetasol propionate	69
haloperidol	26
haloperidol lactate	26
HARVONI (ledipasvir/sofosbuvir)	27
heparin sodium,porcine	38
heparin sodium,porcine/pf	38
HEXALEN (altretamine)	20
homatropine hbr	93
homatropine hbr (HOMATROPAIRE)	93
HUMALOG (insulin lispro)	36
HUMALOG JUNIOR KWIKPEN (insulin lispro)	36
HUMALOG KWIKPEN U-100 (insulin lispro)	36
HUMALOG KWIKPEN U-200 (insulin lispro)	36
HUMALOG MIX 50-50 (insulin lispro protamine and insulin lispro)	36

HUMALOG MIX 50-50 KWIKPEN (insulin lispro protamine and insulin lispro)	36	hydrocodone bitartrate/homatropine methylbromide	101
HUMALOG MIX 75-25 (insulin lispro protamine and insulin lispro)	36	hydrocodone bitartrate/homatropine methylbromide (HYDROMET)	101
HUMALOG MIX 75-25 KWIKPEN (insulin lispro protamine and insulin lispro)	36	hydrocodone bitartrate/homatropine methylbromide (TUSSIGON)	101
HUMIRA (adalimumab)	87	hydrocodone polistirex/chlorpheniramine polistirex	101
HUMIRA PEDIATRIC CROHN'S (adalimumab)	87	hydrocodone/ibuprofen	4
HUMIRA PEN (adalimumab)	87	hydrocortisone	70,89
HUMIRA PEN CROHN'S-UC-HS (adalimumab)	87	hydrocortisone (ALA-CORT)	69
HUMIRA PEN PSOR-UEITS-ADOL HS (adalimumab)	87	hydrocortisone (ANUSOL-HC)	69
HUMIRA(CF) (adalimumab)	87	hydrocortisone (COLOCORT)	89
HUMIRA(CF) PEDIATRIC CROHN'S (adalimumab)	87	hydrocortisone (PROCTO-MED HC)	69
HUMIRA(CF) PEN (adalimumab)	87	hydrocortisone (PROCTO-PAK)	69
HUMIRA(CF) PEN CROHN'S-UC-HS (adalimumab)	87	hydrocortisone (PROCTOSOL-HC)	69
HUMIRA(CF) PEN PSOR-UV-ADOL HS (adalimumab)	87	hydrocortisone (PROCTOZONE-HC)	69
HUMULIN 70-30 (insulin nph human isophane/insulin regular, human)	36	hydrocortisone acetate	70
HUMULIN N (insulin nph human isophane)	36	hydrocortisone acetate (MICORT-HC)	55
HUMULIN R (insulin regular, human)	37	hydrocortisone acetate/pramoxine hcl	55
HUMULIN R U-500 (insulin regular, human)	37	hydrocortisone acetate/urea (U-CORT)	70
hydralazine hcl	50	hydrocortisone butyrate	70
hydrochlorothiazide	48	hydrocortisone valerate	70
hydrocodone bitart/chlorpheniramine maleate/pseudoephedrine	100	hydrocortisone/acetic acid	95
hydrocodone bitartrate/acetaminophen	4	hydrocortisone/acetic acid (ACETASOL HC)	95
hydrocodone bitartrate/acetaminophen (LORCET HD)	3	hydromorphone hcl	4
hydrocodone bitartrate/acetaminophen (LORCET PLUS)	3	hydroxychloroquine sulfate	24
hydrocodone bitartrate/acetaminophen (LORCET)	3	hydroxyurea	21
hydrocodone bitartrate/acetaminophen (LORTAB)	3	hydroxyzine hcl	96
hydrocodone bitartrate/acetaminophen (VERDROCET)	3	hydroxyzine pamoate	97
		hyoscyamine sulfate	64
		hyoscyamine sulfate (ED-SPAZ)	63
		hyoscyamine sulfate (HYOSYNE)	63
		hyoscyamine sulfate (NULEV)	63
		hyoscyamine sulfate (OSCIMIN SL)	63
		hyoscyamine sulfate (OSCIMIN SR)	63
		hyoscyamine sulfate (OSCIMIN)	63
		hyoscyamine sulfate (SYMAY)	64
		hyoscyamine sulfate (SYMAY-SL)	64
		hyoscyamine sulfate (SYMAY-SR)	64

I	
ibandronate sodium.....	89
IBRANCE (palbociclib).....	22
ibuprofen.....	1
ibuprofen (IBU).....	1
icatibant acetate.....	86
imatinib mesylate.....	22
imipramine hcl.....	16
imiquimod.....	55
INCRUSE ELLIPTA (umeclidinium bromide) ...	97
indapamide.....	48
indomethacin.....	1
inhaler, assist devices.....	90
inhaler, assist devices, accessories.....	90
inhaler,assist device with large mask.....	90
inhaler,assist device with medium mask.....	90
inhaler,assist device with small mask.....	90
insulin admin. supplies.....	90
insulin lispro.....	37
insulin syringe-needle,safety,disposal unit,0.5 ml.....	90
INTELENCE (etravirine).....	29
INTRON A (interferon alfa-2b,recomb.).....	28
INVIRASE (saquinavir mesylate).....	31
ipratropium bromide.....	97
ipratropium bromide/albuterol sulfate.....	101
irbesartan.....	39
irbesartan/hydrochlorothiazide.....	45
ISENTRESS (raltegravir potassium).....	29
ISENTRESS HD (raltegravir potassium).....	29
isoniazid.....	20
isosorbide dinitrate.....	50
isosorbide dinitrate (ISOCHRON).....	50
isosorbide mononitrate.....	50
isotretinoin.....	55
isotretinoin (AMNESTEEM).....	55
isotretinoin (CLARAVIS).....	55
isotretinoin (MYORISAN).....	55
isotretinoin (ZENATANE).....	55
itraconazole.....	17
ivermectin.....	23
J	
JAKAFI (ruxolitinib phosphate).....	22
JANUMET (sitagliptin phosphate/metformin hcl).....	34
JANUMET XR (sitagliptin phosphate/metformin hcl).....	35
JANUVIA (sitagliptin phosphate).....	35
JARDIANCE (empagliflozin).....	35
JULUCA (dolutegravir sodium/rilpivirine hcl) .	31
K	
KALETRA (lopinavir/ritonavir).....	31
KALYDECO (ivacaftor).....	98
ketoconazole.....	17
ketoprofen.....	1
ketorolac tromethamine.....	1,94
KRINTAFEL (tafenoquine succinate).....	24
L	
labetalol hcl.....	41
lactulose.....	65
lactulose (CONSTULOSE).....	65
lactulose (ENULOSE).....	65
lactulose (GENERLAC).....	65
lamivudine.....	27,30
lamivudine/zidovudine.....	30
lamotrigine.....	12
lamotrigine (SUBVENITE).....	12
lancets.....	90
lansoprazole.....	66
LANTUS (insulin glargine,human recombinant analog).....	37
LANTUS SOLOSTAR (insulin glargine,human recombinant analog).....	37
LASTACAPT (alcaftadine).....	94
latanoprost.....	95
leflunomide.....	88
letrozole.....	21
leucovorin calcium.....	21

LEUKERAN (chlorambucil)	20	levonorgestrel/ethinyl estradiol (LESSINA) . . .	76
leuprolide acetate	86	levonorgestrel/ethinyl estradiol (LEVONEST) .	76
levalbuterol hcl	98	levonorgestrel/ethinyl estradiol (LEVORA-28)	76
levalbuterol tartrate	98	levonorgestrel/ethinyl estradiol (LILLOW) . . .	76
LEVEMIR (insulin detemir)	37	levonorgestrel/ethinyl estradiol (LUTERA) . . .	76
LEVEMIR FLEXTOUCH (insulin detemir)	37	levonorgestrel/ethinyl estradiol (MARLISSA) .	76
levetiracetam	11	levonorgestrel/ethinyl estradiol (MYZILRA) . .	77
levetiracetam (ROWEEPRA XR)	11	levonorgestrel/ethinyl estradiol (ORSYTHIA) .	77
levetiracetam (ROWEEPRA)	11	levonorgestrel/ethinyl estradiol (PORTIA) . . .	77
levobunolol hcl	95	levonorgestrel/ethinyl estradiol (QUASENSE) .	77
levocarnitine	57	levonorgestrel/ethinyl estradiol (SETLAKIN) . .	77
levocarnitine (with sugar)	57	levonorgestrel/ethinyl estradiol (SRONYX) . . .	77
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levonorgestrel (FALLBACK SOLO)	83	levonorgestrel/ethinyl estradiol and ethinyl estradiol (ASHLYNA)	77
levonorgestrel (MY CHOICE)	83	levonorgestrel/ethinyl estradiol and ethinyl estradiol (CAMRESE LO)	77
levonorgestrel (MY WAY)	84	levonorgestrel/ethinyl estradiol and ethinyl estradiol (CAMRESE)	77
levonorgestrel (NEW DAY)	84	levonorgestrel/ethinyl estradiol and ethinyl estradiol (DAYSEE)	78
levonorgestrel (OPCICON ONE-STEP)	84	levonorgestrel/ethinyl estradiol and ethinyl estradiol (FAYOSIM)	78
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lindane	24
linezolid	7
LINZESS (linaclotide)	64
liothyronine sodium	85
lisinopril	40
lisinopril/hydrochlorothiazide	45
lithium carbonate	34
lithium citrate	34
lopinavir/ritonavir	32
lorazepam	33,34
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lovastatin	48
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M

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malathion	24
maprotiline hcl	15
MATULANE (procarbazine hcl)	20
MAVYRET (glecaprevir/pibrentasvir)	28
medroxyprogesterone acetate	84
mefloquine hcl	24
megestrol acetate	84
meloxicam	1
memantine hcl	14
meperidine hcl	4
mercaptopurine	21
mesalamine	88
MESNEX (mesna)	23
metformin hcl	35
methadone hcl	2
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methadone hcl (METHADOSE)	2
methazolamide	95
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moxifloxacin hcl	10
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multivitamin combination no.47/ferrous fum/folate no.1/dha (VIRT-PN DHA)	57
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mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa (TARON-C DHA)	58
mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa (VIRT-C DHA)	58
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N

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naltrexone hcl	6
naphazoline hcl	93
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naratriptan hcl	19
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nateglinide	35
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needles, safety	90
nefazodone hcl	15
neomycin sulfate	7
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone	93
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone (NEO-POLYCIN HC)	93
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norethindrone (TULANA).....	84	estradiol/ferrous fumarate (JUNEL FE)	80
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Blue Shield Pharmacy Services
P.O. Box 70850
Oakland, CA 94612

Blue Shield of California

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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.

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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 ílínígó 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/អតិថិជនដែលមាននៅលើខ្នងប័ណ្ណសម្គាល់ 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)

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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 զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

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

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

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

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

សេវាកម្មភាសាភូមិភាគខ្មែរ៖ 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' béesh bee hodílnih dóó námboo éí díí ninaaltsoos dootł'ízhígí bee néího'dílníngí bine'déé' bikáá' éí doodagó éí (866)346-7198jí' hodílnih. Hózhó shíká anáá'doowoł nínízingo éí díí béeso ách'áah naa'nil bit haz'áají' 1-800-927-4357jí' hodílnih. Navajo

ບໍລິການແປພາສາໂດຍບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍເອົາຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານຟັງ ແລະ ສົ່ງເອກະສານບາງຢ່າງທີ່ເປັນພາສາຂອງທ່ານ. ສໍາລັບຄວາມຊ່ວຍເຫຼືອ, ໃຫ້ໂທຫາພວກເຮົາຕາມເບີໂທລະສັບທີ່ມີ ໃນບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ໂທຫາເບີ 1-866-346-7198. ສໍາລັບຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໂທຫາ ພະແນກ ປະກັນໄພຂອງ ລັດຄາລິຟໍເນຍໄດ້ທີ່ເບີ 1-800-927-4357. Laotian