



# *Performance Drug Formulary*

September 2025

Blue Shield of California

This formulary corresponds with the following select ASO (administrative services only) plans: ASO PPO, PPO Preferred Savings, ASO EPO. Please review your plan's benefit document for more detailed information.

This formulary was last updated on 09/01/2025. This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Performance Drug Formulary*, visit [www.blueshieldca.com/pharmacy](https://www.blueshieldca.com/pharmacy).

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

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## Informational Section

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

### Definitions

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

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

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

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

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

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

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

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

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

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

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

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

### Example

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

### What are drug tiers?

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

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

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

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

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

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

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

### How to read the formulary

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

**What drugs have their cost waived?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Participating retail pharmacies**

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

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

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

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

**Home delivery pharmacy**

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

# Categorical List of Prescription Drugs

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANALGESICS (Drugs for Pain)</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)</b>		
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QLC (6 caps/day; max 48 caps/30 days)
<i>celecoxib cap 100 mg</i>	1	QLC (2 caps/day)
<i>celecoxib cap 200 mg</i>	1	QLC (2 caps/day)
<i>celecoxib cap 400 mg</i>	1	QLC (1 cap/day)
<i>celecoxib cap 50 mg</i>	1	QLC (2 caps/day)
<i>diclofenac potassium tab 50 mg</i>	1	
diclofenac potassium tab 50 mg (Cataflam)	1	
<i>diclofenac sodium soln 1.5%</i>	1	QLC (1 bottle/month)
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i> (DICLOFENAC SODIUM ER)	1	
ELYXYB ( <i>celecoxib (migraine)</i> ) 120 MG/4.8ML SOLUTION	4	PA, QLC (4.8 ml/day)
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i> (ETODOLAC ER)	1	
<i>etodolac tab er 24hr 500 mg</i> (ETODOLAC ER)	1	
<i>etodolac tab er 24hr 600 mg</i> (ETODOLAC ER)	1	
FLURBIPROFEN (50 MG TAB, 100 MG TAB)	1	

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



<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i> (INDOMETHACIN ER)	1	
<i>ketorolac tromethamine tab 10 mg</i>	2	QLC (20 tabs/30 days)
<i>meloxicam tab 15 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 375 mg</i> (EC- NAPROXEN)	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>naproxen tab ec 500 mg</i> (EC- NAPROXEN)	1	
<i>naproxen tab ec 500 mg</i> (NAPROXEN DR)	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<b>OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)</b>		
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	QLC (4 patches/28 days)

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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	QLC (4 patches/28 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	PA, QLC (20 patches/month)
METHADONE HCL 10 MG/5ML SOLUTION	1	PA, QLC (90 ml/day)
METHADONE HCL 5 MG/5ML SOLUTION	1	PA, QLC (180 ml/day)
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QLC (18 ml/day)
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	1	PA, QLC (18 ml/day)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QLC (90 ml/day)
<i>methadone hcl soln 5 mg/5ml mg/ml</i>	1	PA, QLC (180 ml/day)
<i>methadone hcl tab 10 mg</i>	1	PA, QLC (18 tabs/day)
<i>methadone hcl tab 5 mg</i>	1	PA, QLC (36 tabs/day)
<i>methadone hcl tab for oral susp 40 mg</i>	1	PA, QLC (5 tabs/day)
methadone hcl tab for oral susp 40 mg (Methadose)	1	PA, QLC (5 tabs/day)
<i>morphine sulfate tab er 100 mg</i> (MORPHINE SULFATE ER)	1	QLC (3 tabs/day)
<i>morphine sulfate tab er 15 mg</i> (MORPHINE SULFATE ER)	1	QLC (6 tabs/day)
<i>morphine sulfate tab er 200 mg</i> (MORPHINE SULFATE ER)	1	QLC (3 tabs/day)
<i>morphine sulfate tab er 30 mg</i> (MORPHINE SULFATE ER)	1	QLC (6 tabs/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>morphine sulfate tab er 60 mg</i> (MORPHINE SULFATE ER)	1	QLC (5 tabs/day)
NUCYNTA ER ( <i>tapentadol hcl</i> ) (ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H)	2	PA, QLC (2 tabs/day)
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 100 mg</i> (TRAMADOL HCL ER)	1	QLC (3 tabs/day)
<i>tramadol hcl tab er 24hr 200 mg</i> (TRAMADOL HCL ER)	1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 300 mg</i> (TRAMADOL HCL ER)	1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i> (TRAMADOL HCL (ER BIPHASIC))	1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i> (TRAMADOL HCL (ER BIPHASIC))	1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i> (TRAMADOL HCL (ER BIPHASIC))	1	PA, QLC (1 tab/day)
XTAMPZA ER ( <i>oxycodone</i> ) (ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER, ER 27 MG CP12 DETER, ER 36 MG CP12 DETER)	2	PA, QLC (2 caps/day)

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

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE)	1	QLC (90 ml/day; max 1350 ml/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)	1	QLC (12 tabs/day; max 180 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)	1	QLC (12 tabs/day; max 180 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)	1	QLC (6 tabs/day; max 90 tabs/month)
ACETAMINOPHEN-CODEINE ( <i>acetaminophen w/ codeine</i> ) (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	1	QLC (90 ml/day; max 1350 ml/month)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
APAP-CAFF-DIHYDROCODEINE ( <i>acetaminophen-caff-dihydrocod</i> ) 320.5-30-16 MG CAP	1	PA, QLC (10 caps/day; max 140 caps/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD)	1	QLC (6 caps/day; max 90 caps/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine)	1	QLC (6 caps/day; max 90 caps/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (BUTALBITAL-ASA-CAFF-CODEINE)	1	QLC (6 caps/day; max 90 caps/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QLC (4 canisters/month at 2 canisters/fill)
CODEINE SULFATE 15 MG TAB	1	QLC (24 tabs/day; max 360 tabs/month)
CODEINE SULFATE 30 MG TAB	1	QLC (12 tabs/day; max 180 tabs/month)
CODEINE SULFATE 60 MG TAB	1	QLC (6 tabs/day; max 90 tabs/month)
<i>codeine sulfate tab 30 mg</i>	1	QLC (12 tabs/day; max 180 tabs/month)
FENTANYL CITRATE (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle</i>	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle</i>	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 200 mcg fentnyl citrte hndle</i>	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 400 mcg fentnyl citrte hndle</i>	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 600 mcg fentnyl citrte hndle</i>	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 800 mcg fentnyl citrte hndle</i>	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	1	QLC (8 tabs/day, max 120 tabs/30 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QLC (8 tabs/day; max 120 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QLC (5 tabs/day; max 75 tabs/month)
<i>hydromorphone hcl tab 2 mg</i>	1	QLC (11 tabs/day; max 165 tabs/month)
<i>hydromorphone hcl tab 4 mg</i>	1	QLC (6 tabs/day; max 90 tabs/month)
<i>hydromorphone hcl tab 8 mg</i>	1	QLC (3 tabs/day; max 45 tabs/month)
<i>meperidine hcl tab 50 mg</i>	1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 270 tabs/month)
MORPHINE SULFATE 10 MG SUPPOS	1	QLC (9 suppositories/day; max 135 suppositories/month)
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QLC (45 ml/day; max 675 ml/month)
MORPHINE SULFATE 15 MG TAB	1	QLC (6 tabs/day; max 90 tabs/month)
MORPHINE SULFATE 20 MG SUPPOS	1	QLC (5 suppositories/day; max 75 suppositories/month)
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QLC (25 ml/day; max 375 ml/month)
MORPHINE SULFATE 30 MG SUPPOS	1	QLC (3 suppositories/day; max 45 suppositories/month)
MORPHINE SULFATE 30 MG TAB	1	QLC (3 tabs/day; max 45 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	1	QLC (12 suppositories/day; max 180 suppositories/month)
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QLC (45 ml/day; max 675 ml/month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QLC (25 ml/day; max 375 ml/month)
<i>morphine sulfate tab 15 mg</i>	1	QLC (6 tabs/day; max 90 tabs/month)
<i>morphine sulfate tab 30 mg</i>	1	QLC (3 tabs/day; max 45 tabs/month)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>oxycodone hcl soln 5 mg/5ml mg/ml</i>	2	QLC (60 ml/day; max 900 ml/month)
<i>oxycodone hcl tab 10 mg</i>	1	QLC (84 tabs/month)
<i>oxycodone hcl tab 15 mg</i>	1	QLC (4 tabs/day; max 60 tabs/month)
<i>oxycodone hcl tab 20 mg</i>	1	QLC (3 tabs/day; max 45 tabs/month)
<i>oxycodone hcl tab 30 mg</i>	1	QLC (2 tabs/day; max 30 tabs/month)
<i>oxycodone hcl tab 5 mg</i>	1	QLC (12 tabs/day; max 180 tabs/month)
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	2	QLC (6 tabs/day; max 90 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	2	QLC (6 tabs/day; max 90 tabs/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	2	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	2	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	2	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	2	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	2	QLC (8 tabs/day; max 120 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	2	QLC (8 tabs/day; max 120 tabs/30 days)
OXYCODONE-ACETAMINOPHEN ( <i>oxycodone w/ acetaminophen</i> ) 5-325 MG/5ML SOLUTION	1	QLC (840 ml/month)
<i>tramadol hcl tab 100 mg</i>	1	QLC (4 tabs/day)
<i>tramadol hcl tab 50 mg</i>	1	QLC (8 tabs/day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QLC (8 tabs/day; max 112 tabs/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## ANESTHETICS (Drugs for Numbing)

### LOCAL ANESTHETICS (Skin Numbing Drugs)

<i>lidocaine hcl soln 4%</i>	1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo)	1	
<i>lidocaine hcl viscous soln 2% (LIDOCAINE VISCOUS HCL)</i>	1	
<i>lidocaine oint 5%</i>	3	QLC (50 gm/month)
<i>lidocaine oint 5% (PREMIUM LIDOCAINE)</i>	3	QLC (50 gm/month)
<i>lidocaine patch 5%</i>	1	QLC (90 patches/month)
<i>lidocaine patch 5% (LIDOCAN)</i>	1	QLC (90 patches/month)
lidocaine patch 5% (Lidocan)	1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine li)	1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine lii)	1	QLC (90 patches/month)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QLC (30 gm/month)

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

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

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

### OPIOID DEPENDENCE (Drugs for Opioid Dependence)

BELBUCA ( <i>buprenorphine hcl</i> ) (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 750 MCG FILM, 900 MCG FILM)	2	PA, QLC (2 films/day)
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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
BELBUCA ( <i>buprenorphine hcl</i> ) 600 MCG FILM	2	PA, QLC (2 films/day)
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QLC (12 tabs/day)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QLC (3 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QLC (2 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QLC (3 films/day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QLC (12 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QLC (3 tabs/day)
LUCEMYRA ( <i>lofexidine hcl</i> ) 0.18 MG TAB	3	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)
ZUBSOLV ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB)	3	QLC (3 tabs/day)
ZUBSOLV ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) (2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB)	3	QLC (1 tab/day)
ZUBSOLV ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) 8.6-2.1 MG SL TAB	3	QLC (2 tabs/day)
<b>OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)</b>		
KLOXXADO ( <i>naloxone hcl</i> ) 8 MG/0.1ML LIQUID	2	PA, QLC (2 nasal sprays/30 days)
<i>naloxone hcl inj 0.4 mg/ml</i>	1	QLC (two 1 ml vials/month)
<i>naloxone hcl inj 4 mg/10ml</i>	1	QLC (two 1 ml vials/month)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	2	QLC (2 doses/month)
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	1	QLC (2 syringes/30 days)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml</i>	1	QLC (2 syringes/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>naltrexone hcl tab 50 mg</i>	1	
<b>SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)</b>		
APO-VARENICLINE ( <i>varenicline tartrate</i> ) (0.5 MG TAB, 1 MG TAB)	3	ACA (Preventive Health), QLC (2 tabs/day)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> (BUPROPION HCL ER (SMOKING DET))	1	ACA (Preventive Health), QLC (3 tabs/day)
NICOTROL ( <i>nicotine</i> ) 10 MG INHALER	3	ACA (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS ( <i>nicotine</i> ) 10 MG/ML SOLUTION	3	ACA (Preventive Health), QLC (2 ml/day)
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 1 mg (base equiv)</i> (VARENICLINE TARTRATE(CONTINUE))	1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> (VARENICLINE TARTRATE (STARTER))	1	ACA (Preventive Health), QLC (1 starting month box/28 days)
<b>ANTIBACTERIALS (Drugs for Bacterial Infections)</b>		
<b>AMINOGLYCOSIDES</b>		
ARIKAYCE ( <i>amikacin sulfate liposome</i> ) 590 MG/8.4ML SUSPENSION	4	PA, LA, QLC (1 vial/day)
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	PA
<b>ANTIBACTERIALS, OTHER</b>		
CAYSTON ( <i>aztreonam lysine</i> ) 75 MG RECON SOLN	4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin hcl cap 75 mg</i>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE ( <i>clindamycin phosphate (one dose)</i> ) 2 % CREAM	3	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	3	QLC (1 packet/30 days)
<i>linezolid for susp 100 mg/5ml</i>	1	PA
<i>linezolid tab 600 mg</i>	1	PA
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole cream 0.75%</i>	1	
metronidazole cream 0.75% (Rosadan)	1	
<i>metronidazole gel 0.75%</i>	1	
metronidazole gel 0.75% (Rosadan)	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO)	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<i>tinidazole tab 250 mg</i>	1	QLC (40 tabs/fill)
<i>tinidazole tab 500 mg</i>	1	QLC (20 tabs/fill)
TRIMETHOPRIM 100 MG TAB	1	
<i>trimethoprim tab 100 mg</i>	1	

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	1	QLC (2 tabs/day)
AMOXICILLIN (125 MG CHEW TAB, 250 MG CHEW TAB)	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AMOXICILLIN-POT CLAVULANATE ( <i>amoxicillin &amp; pot clavulanate</i> ) (200-28.5 MG CHEW TAB, 400-57 MG CHEW TAB)	2	
AMOXICILLIN-POT CLAVULANATE ER ( <i>amoxicillin &amp; pot clavulanate</i> ) 1000-62.5 MG TAB 12H	2	
<i>ampicillin cap 500 mg</i>	1	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN)	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<b>MACROLIDES</b>		
AZITHROMYCIN 1 GM PACKET	1	
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin tab 250 mg</i>	1	QLC (12 tabs/30 days)
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	1	
<i>clarithromycin tab 250 mg</i>	1	QLC (42 tabs/fill)
<i>clarithromycin tab 500 mg</i>	1	QLC (42 tabs/fill)
<i>clarithromycin tab er 24hr 500 mg</i> (CLARITHROMYCIN ER)	1	QLC (28 tabs/30 days)
DIFICID ( <i>fidaxomicin</i> ) 200 MG TAB	2	PA, QLC (20 tabs/month)
DIFICID ( <i>fidaxomicin</i> ) 40 MG/ML RECON SUSP	2	PA, QLC (136 ml/30 days)
<i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)	3	
<i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)	3	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>erythromycin tab delayed release 250 mg</i>	3	
erythromycin tab delayed release 250 mg (Ery-Tab)	3	
<i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)	3	
<i>erythromycin tab delayed release 333 mg</i>	3	
erythromycin tab delayed release 333 mg (Ery-Tab)	3	
<i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE)	3	
<i>erythromycin tab delayed release 500 mg</i>	3	
erythromycin tab delayed release 500 mg (Ery-Tab)	3	
<i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE)	3	
<i>fidaxomicin tab 200 mg</i>	2	PA, QLC (20 tabs/month)
<b>QUINOLONES</b>		
BAXDELA ( <i>delafloxacin meglumine</i> ) 450 MG TAB	4	PA, QLC (28 tabs/month)
BESIVANCE ( <i>besifloxacin hcl</i> ) 0.6 % SUSPENSION	2	QLC (5 ml/month)
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	QLC (2 bottles/fill)
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	QLC (3 bottles/fill)
CIPROFLOXACIN HCL 100 MG TAB	1	QLC (2 tabs/day)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>levofloxacin oral soln 25 mg/ml</i>	2	QLC (300 ml/30 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>levofloxacin tab 250 mg</i>	1	QLC (14 tabs/30 days)
<i>levofloxacin tab 500 mg</i>	1	QLC (1 tab/day)
<i>levofloxacin tab 750 mg</i>	1	QLC (14 tabs/30 days)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	QLC (21 tabs/30 days)
OFLOXACIN (300 MG TAB, 400 MG TAB)	3	
<i>ofloxacin tab 400 mg</i>	3	
<b>SULFONAMIDES</b>		
<i>sulfadiazine tab 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl tab 150 mg</i>	2	
<i>demeclocycline hcl tab 300 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	1	
doxycycline hyclate cap 100 mg (Morgidox)	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	QLC (2 tabs/day)
<i>doxycycline monohydrate cap 100 mg</i>	1	
doxycycline monohydrate cap 100 mg (Mondoxylene NI)	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
doxycycline monohydrate tab 100 mg (Avidoxy)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
ORACEA ( <i>doxycycline (rosacea)</i> ) 40 MG CAP DR	2	QLC (1 cap/day)
<i>tetracycline hcl cap 250 mg</i>	2	
<i>tetracycline hcl cap 500 mg</i>	2	

## ANTICONVULSANTS (Drugs for Seizures)

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

BRIVIACT ( <i>brivaracetam</i> ) (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	4	ST, QLC (2 tabs/day)
BRIVIACT ( <i>brivaracetam</i> ) 10 MG/ML SOLUTION	4	ST, QLC (20 ml/day)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i> (DIVALPROEX SODIUM ER)	1	
<i>divalproex sodium tab er 24 hr 500 mg</i> (DIVALPROEX SODIUM ER)	1	
EPIDIOLEX ( <i>cannabidiol</i> ) 100 MG/ML SOLUTION	4	PA, LA, S (Specialty Drug), QLC (4 bottles/28 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
FYCOMPA ( <i>perampanel</i> ) (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	2	ST, QLC (1 tab/day)
FYCOMPA ( <i>perampanel</i> ) 0.5 MG/ML SUSPENSION	2	ST, QLC (24 ml/day)
FYCOMPA ( <i>perampanel</i> ) 2 MG TAB	2	ST, QLC (3 tabs/day)
<i>lamotrigine tab 100 mg</i>	1	
lamotrigine tab 100 mg (Subvenite)	1	
<i>lamotrigine tab 150 mg</i>	1	
lamotrigine tab 150 mg (Subvenite)	1	
<i>lamotrigine tab 200 mg</i>	1	
lamotrigine tab 200 mg (Subvenite)	1	
<i>lamotrigine tab 25 mg</i>	1	
lamotrigine tab 25 mg (Subvenite)	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i> (LAMOTRIGINE ER)	2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 200 mg</i> (LAMOTRIGINE ER)	2	ST, QLC (3 tabs/day)
<i>lamotrigine tab er 24hr 25 mg</i> (LAMOTRIGINE ER)	2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 250 mg</i> (LAMOTRIGINE ER)	2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 300 mg</i> (LAMOTRIGINE ER)	2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 50 mg</i> (LAMOTRIGINE ER)	2	ST, QLC (1 tab/day)
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab 250 mg</i>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>levetiracetam tab 500 mg</i>	1	
levetiracetam tab 500 mg (Roweepra)	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i> (LEVETIRACETAM ER)	1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 750 mg</i> (LEVETIRACETAM ER)	1	QLC (4 tabs/day)
SPRITAM ( <i>levetiracetam</i> ) 1000 MG TAB	3	PA, QLC (3 tabs/day)
SPRITAM ( <i>levetiracetam</i> ) 250 MG TAB	3	PA, QLC (6 tabs/day)
SPRITAM ( <i>levetiracetam</i> ) 500 MG TAB	3	PA, QLC (6 tabs/day)
SPRITAM ( <i>levetiracetam</i> ) 750 MG TAB	3	PA, QLC (4 tabs/day)
<i>topiramate cap er 24hr 100 mg</i> (TOPIRAMATE ER)	2	PA, QLC (3 caps/day)
<i>topiramate cap er 24hr 200 mg</i> (TOPIRAMATE ER)	2	PA, QLC (2 caps/day)
<i>topiramate cap er 24hr 25 mg</i> (TOPIRAMATE ER)	2	PA, QLC (3 caps/day)
<i>topiramate cap er 24hr 50 mg</i> (TOPIRAMATE ER)	2	PA, QLC (7 caps/day)
<i>topiramate cap er 24hr sprinkle 100 mg</i> (TOPIRAMATE ER)	2	PA, QLC (1 cap/day)
<i>topiramate cap er 24hr sprinkle 150 mg</i> (TOPIRAMATE ER)	2	PA, QLC (2 caps/day)
<i>topiramate cap er 24hr sprinkle 200 mg</i> (TOPIRAMATE ER)	2	PA, QLC (2 caps/day)
<i>topiramate cap er 24hr sprinkle 25 mg</i> (TOPIRAMATE ER)	2	PA, QLC (1 cap/day)
<i>topiramate cap er 24hr sprinkle 50 mg</i> (TOPIRAMATE ER)	2	PA, QLC (1 cap/day)
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> (VALPROIC ACID)	1	
<i>valproic acid cap 250 mg</i>	1	
XCOPRI ( <i>cenobamate</i> ) (150 MG TAB, 200 MG TAB)	4	PA, QLC (2 tabs/day)
XCOPRI ( <i>cenobamate</i> ) (25 MG TAB, 50 MG TAB, 100 MG TAB)	4	PA, QLC (1 tab/day)
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<b>GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS</b>		
<i>clobazam suspension 2.5 mg/ml</i>	2	ST, QLC (16 ml/day)
<i>clobazam tab 10 mg</i>	2	ST, QLC (4 tabs/day)
<i>clobazam tab 20 mg</i>	2	ST, QLC (2 tabs/day)
DIAZEPAM ( <i>diazepam (anticonvulsant)</i> ) 2.5 MG GEL	1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 10 mg</i>	1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 20 mg</i>	1	QLC (1 kit [2 doses]/fill)
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
NAYZILAM ( <i>midazolam (anticonvulsant)</i> ) 5 MG/0.1ML SOLUTION	4	PA, QLC (5 fills/30 days)
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
PRIMIDONE 125 MG TAB	1	
<i>primidone tab 250 mg</i>	1	
<i>primidone tab 50 mg</i>	1	
VALTOCO 10 MG DOSE ( <i>diazepam (anticonvulsant)</i> ) /0.1ML LIQUID	4	PA, QLC (10 sprays/30 days)
VALTOCO 15 MG DOSE ( <i>diazepam (anticonvulsant)</i> ) 2 X 7.5 /0.1ML LIQD THPK	4	PA, QLC (10 sprays/30 days)
VALTOCO 20 MG DOSE ( <i>diazepam (anticonvulsant)</i> ) 0 X 10 /0.1ML LIQD THPK	4	PA, QLC (10 sprays/30 days)
VALTOCO 5 MG DOSE ( <i>diazepam (anticonvulsant)</i> ) /0.1ML LIQUID	4	PA, QLC (10 sprays/30 days)
<b>SODIUM CHANNEL AGENTS</b>		
CARBAMAZEPINE 200 MG CHEW TAB	2	PA
<i>carbamazepine cap er 12hr 100 mg</i> (CARBAMAZEPINE ER)	1	
<i>carbamazepine cap er 12hr 200 mg</i> (CARBAMAZEPINE ER)	1	
<i>carbamazepine cap er 12hr 300 mg</i> (CARBAMAZEPINE ER)	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
carbamazepine tab 200 mg (Epitol)	1	
<i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER)	1	
<i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER)	1	
<i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER)	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
DILANTIN ( <i>phenytoin sodium extended</i> ) (30 MG CAP, 100 MG CAP)	2	
DILANTIN ( <i>phenytoin</i> ) 125 MG/5ML SUSPENSION	2	
DILANTIN INFATABS ( <i>phenytoin</i> ) 50 MG CHEW	2	
DILANTIN-125 ( <i>phenytoin</i> ) MG/5ML SUSPENSION	2	
<i>lacosamide oral solution 10 mg/ml</i>	1	QLC (40 ml/day)
<i>lacosamide tab 100 mg</i>	1	QLC (2 tabs/day)
<i>lacosamide tab 150 mg</i>	1	QLC (2 tabs/day)
<i>lacosamide tab 200 mg</i>	1	QLC (2 tabs/day)
<i>lacosamide tab 50 mg</i>	1	QLC (2 tabs/day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	QLC (40 ml/day)
<i>oxcarbazepine tab 150 mg</i>	1	QLC (16 tabs/day)
<i>oxcarbazepine tab 300 mg</i>	1	QLC (8 tabs/day)
<i>oxcarbazepine tab 600 mg</i>	1	QLC (4 tabs/day)
<i>oxcarbazepine tab er 24hr 150 mg</i> (OXCARBAZEPINE ER)	2	ST, QLC (1 tab/day)
<i>oxcarbazepine tab er 24hr 300 mg</i> (OXCARBAZEPINE ER)	2	ST, QLC (1 tab/day)
<i>oxcarbazepine tab er 24hr 600 mg</i> (OXCARBAZEPINE ER)	2	ST, QLC (4 tabs/day)
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin chew tab 50 mg</i> (PHENYTOIN INFATABS)	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
phenytoin sodium extended cap 200 mg (Phenytek)	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
phenytoin sodium extended cap 300 mg (Phenytek)	1	
<i>phenytoin susp 125 mg/5ml</i>	1	

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

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

### **ANTIDEMENTIA AGENTS, OTHER**

ERGOLOID MESYLATES 1 MG TAB	3	
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### **CHOLINESTERASE INHIBITORS**

<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> (DONEPEZIL HCL)	1	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> (DONEPEZIL HCL)	1	
<i>donepezil hydrochloride tab 10 mg</i> (DONEPEZIL HCL)	1	
<i>donepezil hydrochloride tab 23 mg</i> (DONEPEZIL HCL)	1	ST, QLC (1 tab/day)
<i>donepezil hydrochloride tab 5 mg</i> (DONEPEZIL HCL)	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER)	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i> (GALANTAMINE HYDROBROMIDE ER) <i>hr</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i> (GALANTAMINE HYDROBROMIDE ER)	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	3	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	3	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	3	QLC (1 patch/day)

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

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

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

### **ANTIDEPRESSANTS, OTHER**

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
LYBALVI ( <i>olanzapine-samidorphan l-malate</i> ) (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	4	ST, QLC (1 tab/day)
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	1	
ZURZUVAE ( <i>zuranolone</i> ) (20 MG CAP, 25 MG CAP)	2	LA, QLC (2 caps/day; max 28 caps/365 days)
ZURZUVAE ( <i>zuranolone</i> ) 30 MG CAP	2	LA, QLC (1 cap/day; max 14 caps/365 days)
<b>MONOAMINE OXIDASE INHIBITORS</b>		
PHENELZINE SULFATE 15 MG TAB	1	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	QLC (40 mg/day)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	QLC (4 tabs/day)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	2	QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	2	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	2	QLC (1 tab/day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>	2	QLC (24 ml/day)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	QLC (4 tabs/day)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	QLC (8 tabs/day)
FETZIMA ( <i>levomilnacipran hcl</i> ) (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	3	PA, QLC (1 cap/day)
FETZIMA TITRATION ( <i>levomilnacipran hcl</i> ) 20 & 40 MG CP24 THPK	3	PA, QLC (1 cap/day)
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	1	QLC (1 tab/day)
FLUOXETINE HCL 90 MG CAP DR	1	QLC (4 caps/month)
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	2	
<i>fluoxetine hcl tab 20 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	1	QLC (3 tabs/day)
<i>fluvoxamine maleate tab 25 mg</i>	1	QLC (12 tabs/day)
<i>fluvoxamine maleate tab 50 mg</i>	1	QLC (6 tabs/day)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
TRINTELLIX ( <i>vortioxetine hbr</i> ) (5 MG TAB, 10 MG TAB, 20 MG TAB)	3	ST, QLC (1 tab/day)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	1	QLC (2 caps/day)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	1	QLC (2 caps/day)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	1	QLC (3 caps/day)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<b>TRICYCLICS</b>		
<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>protriptyline hcl tab 10 mg</i>	2	
<i>protriptyline hcl tab 5 mg</i>	2	
<i>trimipramine maleate cap 100 mg</i>	3	
<i>trimipramine maleate cap 25 mg</i>	3	
<i>trimipramine maleate cap 50 mg</i>	3	

## ANTIEMETICS (Drugs for Nausea and Vomiting)

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

BONJESTA ( <i>doxylamine-pyridoxine</i> ) 20-20 MG TAB ER	3	QLC (2 tabs/day)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	2	
prochlorperazine suppos 25 mg (Compro)	2	
<i>promethazine hcl suppos 12.5 mg</i>	2	
promethazine hcl suppos 12.5 mg (Promethegan)	2	
<i>promethazine hcl suppos 25 mg</i>	2	
promethazine hcl suppos 25 mg (Promethegan)	2	
<i>promethazine hcl tab 12.5 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
PROMETHEGAN ( <i>promethazine hcl</i> ) 50 MG SUPPOS	2	QLC (1 suppository/day)
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	

### EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)

ANZEMET ( <i>dolasetron mesylate</i> ) 50 MG TAB	3	QLC (2 tabs/fill)
<i>aprepitant capsule 125 mg</i>	2	QLC (4 caps/28 days)
<i>aprepitant capsule 40 mg</i>	2	QLC (1 cap/month)
<i>aprepitant capsule 80 mg</i>	2	QLC (8 caps/28 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	2	QLC (12 caps/28 days)
<i>granisetron hcl tab 1 mg</i>	1	QLC (12 tabs/30 days)
ONDANSETRON HCL 24 MG TAB	1	QLC (1 tab/30 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QLC (1 bottle (50 ml)/ 30 days)
<i>ondansetron hcl tab 4 mg</i>	1	QLC (6 tabs/day)
<i>ondansetron hcl tab 8 mg</i>	1	QLC (3 tabs/day)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QLC (6 tabs/day)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QLC (3 tabs/day)
VARUBI (180 MG DOSE) ( <i>rolapitant hcl</i> ) 2 X 90 TAB THPK	2	LA, QLC (2 tabs/14 days)

### ANTIFUNGALS (Drugs for Fungal Infections)

<i>clotrimazole troche 10 mg</i>	1	
<i>econazole nitrate cream 1%</i>	1	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>fluconazole tab 200 mg</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
GYNAZOLE-1 ( <i>butoconazole nitrate (one dose)</i> ) 2 % CREAM	3	
<i>itraconazole cap 100 mg</i>	2	QLC (4 caps/day)
JUBLIA ( <i>efinaconazole</i> ) 10 % SOLUTION	2	QLC (1 bottle (4ml)/month)
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
MICONAZOLE 3 ( <i>miconazole nitrate vaginal</i> ) 200 MG SUPPOS	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
nystatin topical powder 100000 unit/gm (Klayesta)	1	
nystatin topical powder 100000 unit/gm (Nyamyc)	1	
nystatin topical powder 100000 unit/gm (Nystop)	1	
<i>terbinafine hcl tab 250 mg</i>	1	QLC (30 tabs/month)
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	2	PA
<i>voriconazole tab 200 mg</i>	2	PA
<i>voriconazole tab 50 mg</i>	2	PA

## ANTIGOUT AGENTS (Drugs for Gout)

<i>allopurinol tab 100 mg</i>	1	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine cap 0.6 mg</i>	2	QLC (2 caps/day)
<i>colchicine tab 0.6 mg</i>	1	QLC (4 tabs/day)
<i>colchicine w/ probenecid tab 0.5-500 mg</i> (COLCHICINE-PROBENECID)	1	
<i>probenecid tab 500 mg</i>	1	

## ANTIMIGRAINE AGENTS (Drugs for Migraine)

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

AIMOVIG ( <i>erenumab-aooe</i> ) 140 MG/ML SOLN A-INJ	2	PA, QLC (1 injection/28 days)
AIMOVIG ( <i>erenumab-aooe</i> ) 70 MG/ML SOLN A-INJ	2	PA, QLC (1 injection/28 days)
AJOVY ( <i>fremanezumab-vfrm</i> ) 225 MG/1.5ML SOLN A-INJ	2	PA, QLC (3 autoinjectors/84 days)
AJOVY ( <i>fremanezumab-vfrm</i> ) 225 MG/1.5ML SOLN PRSYR	2	PA, QLC (3 syringes/84 days)
EMGALITY (300 MG DOSE) ( <i>galcanezumab-gnlm</i> ) 100 /ML SOLN PRSYR	2	PA, QLC (3 syringes/30 days)
EMGALITY ( <i>galcanezumab-gnlm</i> ) 120 MG/ML SOLN A-INJ	2	PA, QLC (1 pen injector/30 days)
EMGALITY ( <i>galcanezumab-gnlm</i> ) 120 MG/ML SOLN PRSYR	2	PA, QLC (1 syringe/30 days)
NURTEC ( <i>rimegepant sulfate</i> ) 75 MG TAB DISP	2	PA, QLC (16 tabs/30 days)
QULIPTA ( <i>atogepant</i> ) (10 MG TAB, 30 MG TAB, 60 MG TAB)	2	PA, QLC (1 tab/day)
UBRELVY ( <i>ubrogepant</i> ) (50 MG TAB, 100 MG TAB)	2	PA, QLC (2 tabs/day; max 16 tabs/30 days)

### ERGOT ALKALOIDS (Drugs for Acute Migraine)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)

<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QLC (18 tabs/month)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QLC (18 tabs/month)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QLC (18 tabs/month)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QLC (18 tabs/month)
REYVOW ( <i>lasmiditan succinate</i> ) (50 MG TAB, 100 MG TAB)	2	PA, QLC (8 tabs/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QLC (24 tabs/month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QLC (24 tabs/month)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QLC (18 nasal sprays/month)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QLC (18 nasal sprays/month)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	2	QLC (8 injections/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QLC (8 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	2	QLC (12 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	2	QLC (8 injections/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QLC (12 injections/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QLC (8 injections/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	2	QLC (12 injections/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	2	QLC (8 injections/30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QLC (18 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sumatriptan succinate tab 25 mg</i>	1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 50 mg</i>	1	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QLC (18 tabs/month)
<i>zolmitriptan tab 2.5 mg</i>	2	QLC (18 tabs/month)
<i>zolmitriptan tab 5 mg</i>	2	QLC (18 tabs/month)

## ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

### PARASYMPATHOMIMETICS

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

## ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)

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

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

### ANTITUBERCULARS (Drugs for Tuberculosis)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
TRECATOR ( <i>ethionamide</i> ) 250 MG TAB	3	

## ANTINEOPLASTICS (Drugs for Cancer)

### ALKYLATING AGENTS

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

### ANTIANDROGENS

<i>abiraterone acetate tab 250 mg</i>	4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
abiraterone acetate tab 250 mg (Abirtega)	4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>abiraterone acetate tab 500 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>bicalutamide tab 50 mg</i>	1	OAC
ERLEADA ( <i>apalutamide</i> ) 240 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ERLEADA ( <i>apalutamide</i> ) 60 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
FLUTAMIDE 125 MG CAP	1	OAC
NUBEQA ( <i>darolutamide</i> ) 300 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
XTANDI ( <i>enzalutamide</i> ) 40 MG CAP	4	PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
XTANDI ( <i>enzalutamide</i> ) 40 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
XTANDI ( <i>enzalutamide</i> ) 80 MG TAB	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>ANTINEOPLASTICS, OTHER (Other Drugs for Cancer)</b>		
<i>hydroxyurea cap 500 mg</i>	1	OAC
<i>leucovorin calcium tab 10 mg</i>	1	OAC
<i>leucovorin calcium tab 15 mg</i>	1	OAC
<i>leucovorin calcium tab 25 mg</i>	1	OAC
<i>leucovorin calcium tab 5 mg</i>	1	OAC
LYSODREN ( <i>mitotane</i> ) 500 MG TAB	4	LA, SF, OAC
ZOLINZA ( <i>vorinostat</i> ) 100 MG CAP	4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole tab 1 mg</i>	1	ACA (Preventive Health), OAC
<i>exemestane tab 25 mg</i>	2	OAC
<i>letrozole tab 2.5 mg</i>	1	OAC
<b>ENZYME INHIBITORS</b>		
ETOPOSIDE 50 MG CAP	4	OAC
<b>MOLECULAR TARGET INHIBITORS</b>		
ALECENSA ( <i>alectinib hcl</i> ) 150 MG CAP	4	PA, LA, S (Specialty Drug), QLC (8 caps/day), SF, OAC
BOSULIF ( <i>bosutinib</i> ) (400 MG TAB, 500 MG TAB)	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
BOSULIF ( <i>bosutinib</i> ) 100 MG CAP	4	PA, S (Specialty Drug), QLC (6 caps/day), OAC
BOSULIF ( <i>bosutinib</i> ) 100 MG TAB	4	PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
BOSULIF ( <i>bosutinib</i> ) 50 MG CAP	4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
BRAFTOVI ( <i>encorafenib</i> ) 75 MG CAP	4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC
BRUKINSA ( <i>zanubrutinib</i> ) 80 MG CAP	4	PA, LA, QLC (4 caps/day), SF, OAC
CABOMETYX ( <i>cabozantinib s-malate</i> ) (20 MG TAB, 40 MG TAB, 60 MG TAB)	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
CALQUENCE ( <i>acalabrutinib maleate</i> ) 100 MG TAB	4	PA, LA, QLC (2 caps/day), SF, OAC

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CALQUENCE ( <i>acalabrutinib</i> ) 100 MG CAP	4	PA, LA, QLC (2 caps/day), SF, OAC
CAPRELSA ( <i>vandetanib</i> ) 100 MG TAB	4	PA, LA, QLC (2 tabs/day), OAC
CAPRELSA ( <i>vandetanib</i> ) 300 MG TAB	4	PA, LA, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) ( <i>cabozantinib s-malate</i> ) 80 & 20 KIT	4	PA, LA, S (Specialty Drug), QLC (56 caps/28 days), OAC
COMETRIQ (140 MG DAILY DOSE) ( <i>cabozantinib s-malate</i> ) 3 X 20 & 80 KIT	4	PA, LA, S (Specialty Drug), QLC (112 caps/28 days), OAC
COMETRIQ (60 MG DAILY DOSE) ( <i>cabozantinib s-malate</i> ) 20 KIT	4	PA, LA, S (Specialty Drug), QLC (84 caps/28 days), OAC
<i>dasatinib tab 100 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>dasatinib tab 140 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>dasatinib tab 20 mg</i>	4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<i>dasatinib tab 50 mg</i>	4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<i>dasatinib tab 70 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
<i>dasatinib tab 80 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<i>everolimus tab 10 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>everolimus tab 2.5 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>everolimus tab 5 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>everolimus tab 7.5 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
<i>everolimus tab for oral susp 2 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>everolimus tab for oral susp 3 mg</i>	4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>everolimus tab for oral susp 5 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
GILOTRIF ( <i>afatinib dimaleate</i> ) (20 MG TAB, 30 MG TAB, 40 MG TAB)	4	PA, LA, QLC (1 tab/day), OAC
IBRANCE ( <i>palbociclib</i> ) (75 MG CAP, 100 MG CAP, 125 MG CAP)	4	PA, LA, S (Specialty Drug), QLC (21 caps/28 days), OAC
IBRANCE ( <i>palbociclib</i> ) (75 MG TAB, 100 MG TAB, 125 MG TAB)	4	PA, LA, S (Specialty Drug), QLC (21 tabs/28 days), OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
IMBRUVICA ( <i>ibrutinib</i> ) (140 MG TAB, 280 MG TAB, 420 MG TAB)	4	PA, LA, QLC (1 tab/day), OAC
IMBRUVICA ( <i>ibrutinib</i> ) 140 MG CAP	4	PA, LA, QLC (3 caps/day), OAC
IMBRUVICA ( <i>ibrutinib</i> ) 70 MG CAP	4	PA, LA, QLC (1 cap/day), OAC
IMBRUVICA ( <i>ibrutinib</i> ) 70 MG/ML SUSPENSION	4	PA, LA, QLC (6 ml/day), OAC
INLYTA ( <i>axitinib</i> ) 1 MG TAB	4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), SF, OAC
INLYTA ( <i>axitinib</i> ) 5 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
JAKAFI ( <i>ruxolitinib phosphate</i> ) (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
KISQALI (200 MG DOSE) ( <i>ribociclib succinate</i> ) (TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (400 MG DOSE) ( <i>ribociclib succinate</i> ) 200 TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (600 MG DOSE) ( <i>ribociclib succinate</i> ) 200 TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (200 MG DOSE) ( <i>ribociclib succinate-letrozole</i> ) (& 2.5 TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (400 MG DOSE) ( <i>ribociclib succinate-letrozole</i> ) 200 & 2.5 TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
KISQALI FEMARA (600 MG DOSE) ( <i>ribociclib succinate-letrozole</i> ) 200 & 2.5 TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	3	PA, S (Specialty Drug), QLC (6 tabs/day), OAC
LENVIMA (10 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) CAP THPK	4	PA, LA, S (Specialty Drug), QLC (30 caps/month), OAC
LENVIMA (12 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) 3 X 4 CAP THPK	4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC
LENVIMA (14 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) (110 & CAP THPK	4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LENVIMA (18 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) 10 & 2 X 4 CAP THPK	4	PA, LA, S (Specialty Drug), QLC (90 caps/month), OAC
LENVIMA (20 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) (0 X 10 CAP THPK	4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LENVIMA (24 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) (X 10 & CAP THPK	4	PA, LA, S (Specialty Drug), QLC (90 caps/month), OAC
LENVIMA (4 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) (CAP THPK	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
LENVIMA (8 MG DAILY DOSE) ( <i>lenvatinib mesylate</i> ) 2 X 4 CAP THPK	4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LORBRENA ( <i>lorlatinib</i> ) 100 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
LORBRENA ( <i>lorlatinib</i> ) 25 MG TAB	4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
LUMAKRAS ( <i>sotorasib</i> ) 120 MG TAB	4	PA, LA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC
LUMAKRAS ( <i>sotorasib</i> ) 240 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/ day), OAC
LUMAKRAS ( <i>sotorasib</i> ) 320 MG TAB	4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
LYNPARZA ( <i>olaparib</i> ) (100 MG TAB, 150 MG TAB)	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
MEKINIST ( <i>trametinib dimethyl sulfoxide</i> ) 0.05 MG/ML RECON SOLN	4	PA, LA, S (Specialty Drug), QLC (40 ml/day), OAC
MEKINIST ( <i>trametinib dimethyl sulfoxide</i> ) 0.5 MG TAB	4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC
MEKINIST ( <i>trametinib dimethyl sulfoxide</i> ) 2 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
MEKTOVI ( <i>binimetinib</i> ) 15 MG TAB	4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
ODOMZO ( <i>sonidegib phosphate</i> ) 200 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	4	PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
PIQRAY (200 MG DAILY DOSE) ( <i>alpelisib</i> ) (TAB THPK	4	PA, LA, QLC (1 tab/day), OAC
PIQRAY (250 MG DAILY DOSE) ( <i>alpelisib</i> ) 200 & TAB THPK	4	PA, LA, QLC (2 tabs/day), OAC
PIQRAY (300 MG DAILY DOSE) ( <i>alpelisib</i> ) 2 X 150 TAB THPK	4	PA, LA, QLC (2 tabs/day), OAC
ROZLYTREK ( <i>entrectinib</i> ) 100 MG CAP	4	PA, LA, S (Specialty Drug), QLC (5 caps/day), SF, OAC
ROZLYTREK ( <i>entrectinib</i> ) 200 MG CAP	4	PA, LA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
RYDAPT ( <i>midostaurin</i> ) 25 MG CAP	4	PA, S (Specialty Drug), QLC (56 caps/21 days [#56 package size] or 224 caps/28 days), OAC
SCEMBLIX ( <i>asciminib hcl</i> ) 100 MG TAB	4	PA, LA, QLC (4 tabs/day), OAC
SCEMBLIX ( <i>asciminib hcl</i> ) 20 MG TAB	4	PA, LA, QLC (2 tabs/day), OAC
SCEMBLIX ( <i>asciminib hcl</i> ) 40 MG TAB	4	PA, LA, QLC (8 tabs/day), OAC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
STIVARGA ( <i>regorafenib</i> ) 40 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (1 cap/day), SF, OAC

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<i>sunitinib malate cap 50 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
TABRECTA ( <i>capmatinib hcl</i> ) (150 MG TAB, 200 MG TAB)	4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
TAFINLAR ( <i>dabrafenib mesylate</i> ) (50 MG CAP, 75 MG CAP)	4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC
TAFINLAR ( <i>dabrafenib mesylate</i> ) 10 MG TAB SOL	4	PA, LA, S (Specialty Drug), QLC (30 tabs/day), OAC
TAGRISSE ( <i>osimertinib mesylate</i> ) (40 MG TAB, 80 MG TAB)	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
TALZENNA ( <i>talazoparib tosylate</i> ) (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP)	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
TALZENNA ( <i>talazoparib tosylate</i> ) 0.25 MG CAP	4	PA, LA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
TALZENNA ( <i>talazoparib tosylate</i> ) 1 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
TASIGNA ( <i>nilotinib hcl</i> ) (50 MG CAP, 150 MG CAP, 200 MG CAP)	4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
TIBSOVO ( <i>ivosidenib</i> ) 250 MG TAB	4	PA, LA, QLC (2 tabs/day), SF, OAC
VERZENIO ( <i>abemaciclib</i> ) (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
VITRAKVI ( <i>larotrectinib sulfate</i> ) 100 MG CAP	4	PA, LA, S (Specialty Drug), QLC (2 caps/day), SF, OAC
VITRAKVI ( <i>larotrectinib sulfate</i> ) 20 MG/ML SOLUTION	4	PA, LA, S (Specialty Drug), QLC (10 ml/day), SF, OAC
VITRAKVI ( <i>larotrectinib sulfate</i> ) 25 MG CAP	4	PA, LA, S (Specialty Drug), QLC (6 caps/day), SF, OAC
VIZIMPRO ( <i>dacomitinib</i> ) (15 MG TAB, 30 MG TAB, 45 MG TAB)	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
XALKORI ( <i>crizotinib</i> ) (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	4	PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
XALKORI ( <i>crizotinib</i> ) 150 MG CAP SPRINK	4	PA, LA, S (Specialty Drug), QLC (6 caps/day), SF, OAC
ZEJULA ( <i>niraparib tosylate</i> ) (100 MG TAB, 200 MG TAB, 300 MG TAB)	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ZEJULA ( <i>niraparib tosylate</i> ) 100 MG CAP	4	PA, LA, S (Specialty Drug), QLC (3 caps/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZELBORAF ( <i>vemurafenib</i> ) 240 MG TAB	4	PA, LA, S (Specialty Drug), QLC (8 tabs/day), OAC
ZYKADIA ( <i>ceritinib</i> ) 150 MG TAB	4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<b>RETINOIDS</b>		
<i>bexarotene cap 75 mg</i>	4	PA, S (Specialty Drug), QLC (8 caps/day), SF, OAC
PANRETIN ( <i>alitretinoin</i> ) 0.1 % GEL	4	PA
<i>tretinoin cap 10 mg</i>	4	QLC (9 caps/day), OAC
<b>TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)</b>		
<i>mesna tab 400 mg</i>	2	
<b>ANTIPARASITICS (Drugs for Parasitic Infections)</b>		
<b>ANTHELMINTHICS</b>		
<i>albendazole tab 200 mg</i>	3	QLC (4 tabs/day)
IVERMECTIN 6 MG TAB	1	QLC (10 tabs/ 30 day)
<i>ivermectin tab 3 mg</i>	1	QLC (20 tabs/30 days)
<i>praziquantel tab 600 mg</i>	3	
<b>ANTIPROTOZOALS (Drugs for Protozoal Infection)</b>		
<i>atovaquone susp 750 mg/5ml</i>	3	PA
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	QLC (1 tab/day)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	QLC (3 tabs/day)
CHLOROQUINE PHOSPHATE 250 MG TAB	1	QLC (25 tabs/30 days)
<i>chloroquine phosphate tab 250 mg</i>	1	QLC (25 tabs/30 days)
<i>chloroquine phosphate tab 500 mg</i>	1	QLC (25 tabs/30 days)
COARTEM ( <i>artemether-lumefantrine</i> ) 20-120 MG TAB	3	QLC (24 tabs/30 days)
<i>hydroxychloroquine sulfate tab 100 mg</i>	1	QLC (2 tabs/day)
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	QLC (3 tabs/day)

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

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

### ANTICHOLINERGICS

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

### ANTIPARKINSON AGENTS, OTHER

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	QLC (8 tabs/day)
<b>DOPAMINE AGONISTS</b>		
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
NEUPRO ( <i>rotigotine</i> ) (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR)	3	QLC (1 patch/day)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i> (ROPINIROLE HCL)	1	
<i>ropinirole hydrochloride tab 0.5 mg</i> (ROPINIROLE HCL)	1	
<i>ropinirole hydrochloride tab 1 mg</i> (ROPINIROLE HCL)	1	
<i>ropinirole hydrochloride tab 2 mg</i> (ROPINIROLE HCL)	1	
<i>ropinirole hydrochloride tab 3 mg</i> (ROPINIROLE HCL)	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>ropinirole hydrochloride tab 4 mg</i> (ROPINIROLE HCL)	1	
<i>ropinirole hydrochloride tab 5 mg</i> (ROPINIROLE HCL)	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> (ROPINIROLE HCL ER)	1	QLC (2 tabs/day)
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i> (ROPINIROLE HCL ER) <i>4hr</i>	1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i> (ROPINIROLE HCL ER) <i>2hr</i>	1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i> (ROPINIROLE HCL ER)	1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i> (ROPINIROLE HCL ER)	1	QLC (3 tabs/day)
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa &amp; levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER)	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	1	
<i>carbidopa tab 25 mg</i>	2	
CARBIDOPA-LEVODOPA (10-100 MG TAB DISP, 25-100 MG TAB DISP, 25-250 MG TAB DISP)	1	QLC (8 tabs/day)
RYTARY ( <i>carbidopa-levodopa</i> ) 23.75-95 MG CAP ER	3	ST, QLC (25 caps/day)
RYTARY ( <i>carbidopa-levodopa</i> ) 36.25-145 MG CAP ER	3	ST, QLC (16 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RYTARY ( <i>carbidopa-levodopa</i> ) 48.75-195 MG CAP ER	3	ST, QLC (12 caps/day)
RYTARY ( <i>carbidopa-levodopa</i> ) 61.25-245 MG CAP ER	3	ST, QLC (10 caps/day)

## MONOAMINE OXIDASE B (MAO-B) INHIBITORS

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

## ANTIPSYCHOTICS (Drugs for Mental Health)

### 1ST GENERATION/TYPICAL

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
PIMOZIDE (1 MG TAB, 2 MG TAB)	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<b>2ND GENERATION/ATYPICAL</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	2	QLC (25 ml/day)
<i>aripiprazole tab 10 mg</i>	1	QLC (1 tab/day)
<i>aripiprazole tab 15 mg</i>	1	QLC (1 tab/day)
<i>aripiprazole tab 2 mg</i>	1	QLC (4 tabs/day)
<i>aripiprazole tab 20 mg</i>	1	QLC (1 tab/day)
<i>aripiprazole tab 30 mg</i>	1	QLC (1 tab/day)
<i>aripiprazole tab 5 mg</i>	1	QLC (2 tabs/day)
CAPLYTA ( <i>lumateperone tosylate</i> ) (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	4	ST, QLC (1 cap/day)
<i>lurasidone hcl tab 120 mg</i>	2	QLC (1 tab/day)
<i>lurasidone hcl tab 20 mg</i>	2	QLC (1 tab/day)
<i>lurasidone hcl tab 40 mg</i>	2	QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>lurasidone hcl tab 60 mg</i>	2	QLC (1 tab/day)
<i>lurasidone hcl tab 80 mg</i>	2	QLC (2 tabs/day)
<i>olanzapine orally disintegrating tab 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 15 mg</i>	2	
<i>olanzapine orally disintegrating tab 20 mg</i>	2	
<i>olanzapine orally disintegrating tab 5 mg</i>	2	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
QUETIAPINE FUMARATE 150 MG TAB	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
REXULTI ( <i>brexpiprazole</i> ) (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	2	QLC (1 tab/day)
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SECUADO ( <i>asenapine</i> ) (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	4	PA, QLC (1 patch/day)
VRAYLAR ( <i>cariprazine hcl</i> ) (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	2	QLC (1 cap/day)
VRAYLAR ( <i>cariprazine hcl</i> ) 1.5 & 3 MG CAP THPK	2	QLC (1 pack/month)
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<b>TREATMENT-RESISTANT</b>		
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<b>ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)</b>		
<i>baclofen tab 10 mg</i>	1	QLC (8 tabs/day)
<i>baclofen tab 15 mg</i>	2	QLC (4 tabs/day)
<i>baclofen tab 20 mg</i>	1	QLC (4 tabs/day)
<i>baclofen tab 5 mg</i>	2	QLC (3 tabs/day)
<i>dantrolene sodium cap 100 mg</i>	2	
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
<b>ANTIVIRALS (Drugs for Viral Infections)</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS (Drugs for CMV Infection)</b>		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QLC (18 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QLC (2 tabs/day)
<b>ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)</b>		
<i>adefovir dipivoxil tab 10 mg</i>	4	QLC (1 tab/day)
BARACLUDE ( <i>entecavir</i> ) 0.05 MG/ML SOLUTION	2	QLC (3 bottles/month)
<i>entecavir tab 0.5 mg</i>	4	QLC (1 tab/day)
<i>entecavir tab 1 mg</i>	4	QLC (1 tab/day)
<i>lamivudine tab 100 mg (hbv)</i>	1	QLC (1 tab/day)
VEMLIDY ( <i>tenofovir alafenamide fumarate</i> ) 25 MG TAB	2	QLC (1 tab/day)
<b>ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)</b>		
EPCLUSA ( <i>sofosbuvir-velpatasvir</i> ) (200-50 MG TAB, 400-100 MG TAB)	4	PA, S (Specialty Drug), QLC (1 tab/day)
EPCLUSA ( <i>sofosbuvir-velpatasvir</i> ) 150-37.5 MG PACKET	4	PA, S (Specialty Drug), QLC (1 packet/day)
EPCLUSA ( <i>sofosbuvir-velpatasvir</i> ) 200-50 MG PACKET	4	PA, S (Specialty Drug), QLC (2 packets/day)
HARVONI ( <i>ledipasvir-sofosbuvir</i> ) (45-200 MG TAB, 90-400 MG TAB)	4	PA, S (Specialty Drug), QLC (1 tab/day)
HARVONI ( <i>ledipasvir-sofosbuvir</i> ) 33.75-150 MG PACKET	4	PA, S (Specialty Drug), QLC (1 packet/day)
HARVONI ( <i>ledipasvir-sofosbuvir</i> ) 45-200 MG PACKET	4	PA, S (Specialty Drug), QLC (2 packets/day)
MAVYRET ( <i>glecaprevir-pibrentasvir</i> ) 100-40 MG TAB	4	PA, S (Specialty Drug), QLC (3 tabs/day)
MAVYRET ( <i>glecaprevir-pibrentasvir</i> ) 50-20 MG PACKET	4	PA, S (Specialty Drug), QLC (6 packets/day)
RIBAVIRIN ( <i>ribavirin (hepatitis c)</i> ) (200 MG CAP, 200 MG TAB)	1	S (Specialty Drug)
SOVALDI ( <i>sofosbuvir</i> ) (200 MG TAB, 400 MG TAB)	4	PA, S (Specialty Drug), QLC (1 tab/day)
SOVALDI ( <i>sofosbuvir</i> ) 150 MG PACKET	4	PA, S (Specialty Drug), QLC (1 packet/day)
SOVALDI ( <i>sofosbuvir</i> ) 200 MG PACKET	4	PA, S (Specialty Drug), QLC (2 packets/day)

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VOSEVI ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> ) 400-100-100 MG TAB	4	PA, S (Specialty Drug), QLC (1 tab/day)
<b>ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)</b>		
BIKTARVY ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> ) (30-120-15 MG TAB, 50-200-25 MG TAB)	2	QLC (1 tab/day)
DOVATO ( <i>dolutegravir sodium-lamivudine</i> ) 50-300 MG TAB	2	QLC (1 tab/day)
GENVOYA ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> ) 150-150-200-10 MG	3	QLC (1 tab/day)
ISENTRESS ( <i>raltegravir potassium</i> ) (25 MG CHEW TAB, 100 MG CHEW TAB)	2	QLC (6 tabs/day)
ISENTRESS ( <i>raltegravir potassium</i> ) 100 MG PACKET	2	QLC (2 packets/day)
ISENTRESS ( <i>raltegravir potassium</i> ) 400 MG TAB	2	QLC (4 tabs/day)
ISENTRESS HD ( <i>raltegravir potassium</i> ) 600 MG TAB	2	QLC (2 tabs/day)
JULUCA ( <i>dolutegravir sodium-rilpivirine hcl</i> ) 50-25 MG TAB	2	QLC (1 tab/day)
TIVICAY ( <i>dolutegravir sodium</i> ) (10 MG TAB, 25 MG TAB, 50 MG TAB)	3	QLC (2 tabs/day)
TIVICAY PD ( <i>dolutegravir sodium</i> ) 5 MG TAB SOL	3	QLC (5 tabs/day)
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
COMPLERA ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> ) 200-25-300 MG	3	QLC (1 tab/day)
EDURANT ( <i>rilpivirine hcl</i> ) 25 MG TAB	2	QLC (2 tabs/day)
EDURANT PED ( <i>rilpivirine hcl</i> ) 2.5 MG TAB SOL	2	AL1 (2 to 8 yrs old), QLC (6 tabs/day)
EFAVIRENZ 200 MG CAP	2	QLC (3 caps/day)
EFAVIRENZ 50 MG CAP	2	QLC (6 caps/day)
<i>efavirenz tab 600 mg</i>	2	QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (EFAVIRENZ-EMTRICITAB-TENOFO DF)	2	QLC (1 tab/day)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ) 400-300-300 MG TAB	1	QLC (1 tab/day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QLC (1 tab/day)
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i> (EMTRICITAB-RILPIVIR-TENOFOV DF)	2	QLC (1 tab/day)
<i>etravirine tab 100 mg</i>	2	QLC (4 tabs/day)
<i>etravirine tab 200 mg</i>	2	QLC (2 tabs/day)
INTELENCE ( <i>etravirine</i> ) 25 MG TAB	2	QLC (12 tabs/day)
NEVIRAPINE 50 MG/5ML SUSPENSION	1	QLC (40 ml/day)
NEVIRAPINE ER 100 MG TAB 24H	1	QLC (3 tabs/day)
<i>nevirapine tab 200 mg</i>	1	QLC (2 tabs/day)
<i>nevirapine tab er 24hr 400 mg</i> (NEVIRAPINE ER)	1	QLC (1 tab/day)
ODEFSEY ( <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> ) 200-25-25 MG	2	QLC (1 tab/day)

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

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QLC (30 ml/day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QLC (1 tab/day)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> (ABACAVIR-LAMIVUDINE-ZIDOVUDINE)	1	QLC (2 tabs/day)
CIMDUO ( <i>lamivudine-tenofovir disoproxil fumarate</i> ) 300-300 MG TAB	2	QLC (1 tab/day)
DESCOVY ( <i>emtricitabine-tenofovir alafenamide fumarate</i> ) 120-15 MG	2	QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
DESCOVY ( <i>emtricitabine-tenofovir alafenamide fumarate</i> ) 200-25 MG	2	ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.)
<i>emtricitabine caps 200 mg</i>	2	QLC (1 cap/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (EMTRICITABINE-TENOFOVIR DF)	2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (EMTRICITABINE-TENOFOVIR DF)	2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (EMTRICITABINE-TENOFOVIR DF)	2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (EMTRICITABINE-TENOFOVIR DF)	1	ACA (Preventive Health), QLC (1 tab/day)
EMTRIVA ( <i>emtricitabine</i> ) 10 MG/ML SOLUTION	2	QLC (24 ml/day)
<i>lamivudine oral soln 10 mg/ml</i>	1	QLC (30 ml/day)
<i>lamivudine tab 150 mg</i>	1	QLC (2 tabs/day)
<i>lamivudine tab 300 mg</i>	1	QLC (1 tab/day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QLC (2 tabs/day)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	1	QLC (2 caps/day)
TEMIXYS ( <i>lamivudine-tenofovir disoproxil fumarate</i> ) 300-300 MG TAB	2	QLC (1 tab/day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QLC (1 tab/day)
TRIUMEQ ( <i>abacavir-dolutegravir-lamivudine</i> ) 600-50-300 MG TAB	2	QLC (1 tab/day)
TRIUMEQ PD ( <i>abacavir-dolutegravir-lamivudine</i> ) 60-5-30 MG TAB SOL	2	QLC (6 tabs/day)
VIREAD ( <i>tenofovir disoproxil fumarate</i> ) (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	QLC (1 tab/day)
VIREAD ( <i>tenofovir disoproxil fumarate</i> ) 40 MG/GM POWDER	2	QLC (3 bottles/month)
<i>zidovudine cap 100 mg</i>	1	QLC (5 caps/day)
<i>zidovudine syrup 10 mg/ml</i>	1	QLC (60 ml/day)

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<i>zidovudine tab 300 mg</i>	1	QLC (2 tabs/day)
<b>ANTI-HIV AGENTS, OTHER</b>		
FUZEON ( <i>enfuvirtide</i> ) 90 MG RECON SOLN	4	LA, S (Specialty Drug), QLC (1 kit/month)
<i>maraviroc tab 150 mg</i>	2	QLC (2 tabs/day)
<i>maraviroc tab 300 mg</i>	2	QLC (4 tabs/day)
SELZENTRY ( <i>maraviroc</i> ) 20 MG/ML SOLUTION	2	QLC (60 ml/day)
SELZENTRY ( <i>maraviroc</i> ) 25 MG TAB	2	QLC (8 tabs/day)
SELZENTRY ( <i>maraviroc</i> ) 75 MG TAB	2	QLC (2 tabs/day)
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)</b>		
APTIVUS ( <i>tipranavir</i> ) 250 MG CAP	2	QLC (4 caps/day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	QLC (2 caps/day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	QLC (2 caps/day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	QLC (1 cap/day)
CRIXIVAN ( <i>indinavir sulfate</i> ) 400 MG CAP	2	QLC (6 caps/day)
<i>darunavir tab 600 mg</i>	2	QLC (2 tabs/day)
<i>darunavir tab 800 mg</i>	2	QLC (1 tab/day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	QLC (4 tabs/day)
INVIRASE ( <i>saquinavir mesylate</i> ) 500 MG TAB	2	QLC (4 tabs/day)
LEXIVA ( <i>fosamprenavir calcium</i> ) 50 MG/ML SUSPENSION	2	QLC (56 ml/day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	QLC (10 ml/day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QLC (4 tabs/day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QLC (4 tabs/day)
NORVIR ( <i>ritonavir</i> ) 100 MG CAP	2	QLC (12 caps/day)
NORVIR ( <i>ritonavir</i> ) 80 MG/ML SOLUTION	2	QLC (15 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREZCOBIX ( <i>darunavir-cobicistat</i> ) (675-150 MG TAB, 800-150 MG TAB)	2	QLC (1 tab/day)
PREZISTA ( <i>darunavir ethanolate</i> ) 100 MG/ML SUSPENSION	2	QLC (12 ml/day)
PREZISTA ( <i>darunavir</i> ) 150 MG TAB	2	QLC (4 tabs/day)
PREZISTA ( <i>darunavir</i> ) 75 MG TAB	2	QLC (2 tabs/day)
REYATAZ ( <i>atazanavir sulfate</i> ) 50 MG PACKET	2	QLC (5 packs/day)
<i>ritonavir tab 100 mg</i>	2	QLC (12 tabs/day)
VIRACEPT ( <i>nelfinavir mesylate</i> ) 250 MG TAB	2	QLC (9 tabs/day)
VIRACEPT ( <i>nelfinavir mesylate</i> ) 625 MG TAB	2	QLC (4 tabs/day)
<b>ANTI-INFLUENZA AGENTS (Drugs for Flu)</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QLC (40 caps/6 months)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QLC (20 caps/6 months)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QLC (20 caps/6 months)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QLC (6 bottles/6 months)
RELENZA DISKHALER ( <i>zanamivir</i> ) 5 MG/ACT AER POW BA	2	QLC (2 inhalers/6 months)
RIMANTADINE HCL ( <i>rimantadine hydrochloride</i> ) 100 MG TAB	1	
XOFLUZA (40 MG DOSE) ( <i>baloxavir marboxil</i> ) OFLUZA 1 TAB THPK	3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (40 MG DOSE) ( <i>baloxavir marboxil</i> ) OFLUZA 2 20 TAB THPK	3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)
XOFLUZA (80 MG DOSE) ( <i>baloxavir marboxil</i> ) OFLUZA 1 TAB THPK	3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (80 MG DOSE) ( <i>baloxavir marboxil</i> ) OFLUZA 2 40 TAB THPK	3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)
<b>ANTIHERPETIC AGENTS (Drugs for Herpes Infection)</b>		
<i>acyclovir cap 200 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	

## ANTIVIRAL, CORONAVIRUS AGENTS

LAGEVRIO ( <i>molnupiravir</i> ) 200 MG CAP	2	AL1 (At least 18 yrs old), QLC (40 caps/30 days; COVID treatment covered at \$0), CW
PAXLOVID (150/100) ( <i>nirmatrelvir-ritonavir</i> ) MG & OMG TAB THPK	2	AL1 (At least 12 yrs old), QLC (20 tabs/30 days; COVID treatment covered at \$0), CW
PAXLOVID (300/100) ( <i>nirmatrelvir-ritonavir</i> ) 20 150 MG & OMG TAB THPK	2	AL1 (At least 12 yrs old), QLC (30 tabs/30 days; COVID treatment covered at \$0), CW
PAXLOVID ( <i>nirmatrelvir-ritonavir</i> ) 6 150 MG & 5 100MG TAB THPK	2	AL1 (At least 12 yrs old), QLC (11 tabs/30 days; COVID treatment covered at \$0)

## ANXIOLYTICS (Drugs for Anxiety)

### ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	
<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	

## BENZODIAZEPINES

ALPRAZOLAM INTENSOL 1 MG/ML CONC	1	QLC (4 ml/day)
<i>alprazolam tab 0.25 mg</i>	1	QLC (4 tabs/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>alprazolam tab 0.5 mg</i>	1	QLC (4 tabs/day)
<i>alprazolam tab 1 mg</i>	1	QLC (4 tabs/day)
<i>alprazolam tab 2 mg</i>	1	QLC (2 tabs/day)
<i>chlordiazepoxide hcl cap 10 mg</i>	1	QLC (30 caps/day)
<i>chlordiazepoxide hcl cap 25 mg</i>	1	QLC (12 caps/day)
<i>chlordiazepoxide hcl cap 5 mg</i>	1	QLC (60 caps/day)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	QLC (40 tabs/day)
<i>clonazepam tab 1 mg</i>	1	QLC (20 tabs/day)
<i>clonazepam tab 2 mg</i>	1	QLC (10 tabs/day)
<i>clorazepate dipotassium tab 15 mg</i>	1	QLC (6 tabs/day)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QLC (24 tabs/day)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QLC (12 tabs/day)
<i>diazepam conc 5 mg/ml</i>	1	QLC (12 bottles/month)
<i>diazepam conc 5 mg/ml</i> (DIAZEPAM INTENSOL)	1	QLC (12 bottles/month)
<i>diazepam oral soln 1 mg/ml</i>	1	QLC (60 ml/day)
<i>diazepam tab 10 mg</i>	1	QLC (6 tabs/day)
<i>diazepam tab 2 mg</i>	1	QLC (30 tabs/day)
<i>diazepam tab 5 mg</i>	1	QLC (12 tabs/day)
<i>lorazepam conc 2 mg/ml</i>	1	QLC (150 ml/month)
lorazepam conc 2 mg/ml (Lorazepam Intensol)	1	QLC (150 ml/month)
<i>lorazepam tab 0.5 mg</i>	1	QLC (20 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lorazepam tab 1 mg</i>	1	QLC (10 tabs/day)
<i>lorazepam tab 2 mg</i>	1	QLC (5 tabs/day)
<i>oxazepam cap 10 mg</i>	2	QLC (12 caps/day)
<i>oxazepam cap 15 mg</i>	2	QLC (8 caps/day)
<i>oxazepam cap 30 mg</i>	2	QLC (4 caps/day)

## BIPOLAR AGENTS (Drugs for Bipolar Disorder)

### MOOD STABILIZERS

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

## BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

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

<i>acarbose tab 100 mg</i>	1	
<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
BYDUREON BCISE ( <i>exenatide</i> ) 2 MG/0.85ML A-INJ	3	PA, QLC (4 injectors/28 days)
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
GLIPIZIDE 2.5 MG TAB	1	QLC (1 tab/day)
<i>glipizide tab 10 mg</i>	1	

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

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<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER)	1	
<i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER)	1	
MOUNJARO ( <i>tirzepatide</i> ) (2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	2	PA, QLC (4 pens (2 ml)/28 days)
<i>nateglinide tab 120 mg</i>	1	
<i>nateglinide tab 60 mg</i>	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) ( <i>semaglutide</i> ) (MG/1.5ML SOLN PEN)	2	PA, QLC (1 pen/28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) ( <i>semaglutide</i> ) (MG/3ML SOLN PEN)	2	PA, QLC (3 ml/28 days)
OZEMPIC (1 MG/DOSE) ( <i>semaglutide</i> ) 2 MG/1.5ML SOLN PEN	2	PA, QLC (2 pens/28 days)
OZEMPIC (1 MG/DOSE) ( <i>semaglutide</i> ) 4 MG/3ML SOLN PEN	2	PA, QLC (3 ml/ 28 days)
OZEMPIC (2 MG/DOSE) ( <i>semaglutide</i> ) 8 MG/3ML SOLN PEN	2	PA, QLC (1 pen (3ml)/28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QLC (3 tabs/day)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QLC (3 tabs/day)
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
RYBELSUS ( <i>semaglutide</i> ) (3 MG TAB, 7 MG TAB, 14 MG TAB)	2	PA, QLC (1 tab/day)
SOLIQUA ( <i>insulin glargine-lixisenatide</i> ) 100-33 UNT-MCG/ML SOLN PEN	2	PA, QLC (6 pens/month)

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SYNJARDY ( <i>empagliflozin-metformin hcl</i> ) (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	2	ST, QLC (2 tabs/day)
SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> ) (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	ST, QLC (2 tabs/day)
SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> ) 25-1000 MG TAB ER 24H	2	ST, QLC (1 tab/day)
TRIJARDY XR ( <i>empagliflozin-linagliptin-metformin</i> ) (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	ST, QLC (1 tab/day)
TRIJARDY XR ( <i>empagliflozin-linagliptin-metformin</i> ) (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	2	ST, QLC (2 tabs/day)
TRULICITY ( <i>dulaglutide</i> ) (1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	2	PA, QLC (4 pens (2 ml)/28 days)
TRULICITY ( <i>dulaglutide</i> ) 0.75 MG/0.5ML SOLN A-INJ	2	PA, QLC (4 pens (2 ml)/ 28 days)
XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> ) 10-1000 MG TAB ER 24H	2	ST, QLC (1 tab/day)
XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> ) 5-1000 MG TAB ER 24H	2	ST, QLC (2 tabs/day)
XIGDUO XR ( <i>dapagliflozin-metformin hcl</i> ) (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	2	ST, QLC (1 tab/day)
XIGDUO XR ( <i>dapagliflozin-metformin hcl</i> ) 2.5-1000 MG TAB ER 24H	2	ST, QLC (2 tabs/day)
XULTOPHY ( <i>insulin degludec-liraglutide</i> ) 100-3.6 UNIT-MG/ML SOLN PEN	2	PA, QLC (5 pens/month)

### **GLYCEMIC AGENTS (Drugs for Low Blood Sugar)**

BAQSIMI ONE PACK ( <i>glucagon</i> ) 3 MG/DOSE POWDER	2	QLC (2 sprayers/30 days)
BAQSIMI TWO PACK ( <i>glucagon</i> ) 3 MG/DOSE POWDER	2	QLC (2 sprayers/30 days)
GLUCAGEN HYPOKIT ( <i>glucagon hcl (rdna)</i> ) 1 MG RECON SOLN	2	QLC (2 injections/fill)
glucagon (rdna) for inj kit 1 mg (Glucagon Emergency)	2	QLC (2 kits/fill)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GLUCAGON EMERGENCY ( <i>glucagon hcl</i> ) 1 MG/ML RECON SOLN	2	QLC (2 kits/fill)
GVOKE HYPOPEN 1-PACK ( <i>glucagon</i> ) (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	QLC (2 injectors/30 days)
GVOKE HYPOPEN 2-PACK ( <i>glucagon</i> ) (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	QLC (2 injectors/30 days)
GVOKE KIT ( <i>glucagon</i> ) 1 MG/0.2ML SOLUTION	2	QLC (2 kits/30 days)
GVOKE PFS ( <i>glucagon</i> ) (0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR)	2	QLC (2 syringes/30 days)
ZEGALOGUE ( <i>dasiglucagon hcl</i> ) (0.6 MG/0.6ML SOLN A-INJ, 0.6 MG/0.6ML SOLN PRSYR)	2	QLC (2 syringes/30 days)
<b>INSULINS</b>		
FIASP ( <i>insulin aspart (with niacinamide)</i> ) 100 UNIT/ML SOLUTION	2	
FIASP FLEXTOUCH ( <i>insulin aspart (with niacinamide)</i> ) 100 UNIT/ML SOLN PEN	2	
FIASP PENFILL ( <i>insulin aspart (with niacinamide)</i> ) 100 UNIT/ML SOLN CART	2	
FIASP PUMPCART ( <i>insulin aspart (with niacinamide)</i> ) 100 UNIT/ML SOLN	2	
HUMALOG ( <i>insulin lispro</i> ) (100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION)	2	
HUMALOG JUNIOR KWIKPEN ( <i>insulin lispro</i> ) KWIK100 UNIT/ML SOLN	2	
HUMALOG KWIKPEN ( <i>insulin lispro</i> ) (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	2	
HUMALOG MIX 50/50 ( <i>insulin lispro protamine &amp; lispro</i> ) (50-50) 100 UNIT/ML SUSPENSION	2	
HUMALOG MIX 50/50 KWIKPEN ( <i>insulin lispro protamine &amp; lispro</i> ) KWIK(50-50) 100 UNIT/ML SUSP	2	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
HUMALOG MIX 75/25 ( <i>insulin lispro protamine &amp; lispro</i> ) (75-25) 100 UNIT/ML SUSPENSION	2	
HUMALOG MIX 75/25 KWIKPEN ( <i>insulin lispro protamine &amp; lispro</i> ) KWIK(75-25) 100 UNIT/ML SUSP	2	
HUMALOG TEMPO PEN ( <i>insulin lispro</i> ) 100 UNIT/ML SOLN	2	
HUMULIN R U-500 (CONCENTRATED) ( <i>insulin regular (human)</i> ) (CONCENTATED) UNIT/ML SOLUTION	2	
HUMULIN R U-500 KWIKPEN ( <i>insulin regular (human)</i> ) KWIKUNIT/ML SOLN	2	
LEVEMIR ( <i>insulin detemir</i> ) 100 UNIT/ML SOLUTION	2	QLC (40 ml/month)
LEVEMIR FLEXPEN ( <i>insulin detemir</i> ) FLEX100 UNIT/ML SOLN	2	QLC (45 ml/month)
LEVEMIR FLEXTOUCH ( <i>insulin detemir</i> ) 100 UNIT/ML SOLN PEN	2	QLC (45 ml/month)
LYUMJEV ( <i>insulin lispro-aabc</i> ) 100 UNIT/ML SOLUTION	2	
LYUMJEV KWIKPEN ( <i>insulin lispro-aabc</i> ) (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	2	
LYUMJEV TEMPO PEN ( <i>insulin lispro-aabc</i> ) 100 UNIT/ML SOLN	2	
NOVOLOG ( <i>insulin aspart</i> ) 100 UNIT/ML SOLUTION	2	
NOVOLOG FLEXPEN ( <i>insulin aspart</i> ) FLEX100 UNIT/ML SOLN	2	
NOVOLOG MIX 70/30 ( <i>insulin aspart protamine &amp; aspart (human)</i> ) (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLOG MIX 70/30 FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> ) FLEX(70-30) 100 UNIT/ML SUSP	2	
NOVOLOG PENFILL ( <i>insulin aspart</i> ) 100 UNIT/ML SOLN CART	2	
SEMGLEE (YFGN) ( <i>insulin glargine-yfgn</i> ) 100 UNIT/ML SOLN PEN	2	QLC (45 ml/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SEMGLEE (YFGN) ( <i>insulin glargine-yfgn</i> ) 100 UNIT/ML SOLUTION	2	QLC (40 ml/30 days)
TOUJEO MAX SOLOSTAR ( <i>insulin glargine</i> ) 300 UNIT/ML SOLN PEN	2	QLC (6 pens/month)
TOUJEO SOLOSTAR ( <i>insulin glargine</i> ) 300 UNIT/ML SOLN PEN	2	QLC (12 pens/month)
TRESIBA ( <i>insulin degludec</i> ) 100 UNIT/ML SOLUTION	2	QLC (3 vials/30 days)
TRESIBA FLEXTOUCH ( <i>insulin degludec</i> ) 100 UNIT/ML SOLN PEN	2	QLC (10 pens/month)
TRESIBA FLEXTOUCH ( <i>insulin degludec</i> ) 200 UNIT/ML SOLN PEN	2	QLC (9 pens/month)

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

### ANTICOAGULANTS (Blood Thinners)

ELIQUIS ( <i>apixaban</i> ) (2.5 MG TAB, 5 MG TAB)	2	QLC (2 tabs/day)
ELIQUIS DVT/PE STARTER PACK ( <i>apixaban</i> ) 5 MG TAB THPK	2	QLC (74 tabs/180 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	QLC (2 ml/day)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	4	QLC (2 syringes/day)
FRAGMIN ( <i>dalteparin sodium</i> ) (10000 UNIT/ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR)	4	QLC (1 syringe/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
FRAGMIN ( <i>dalteparin sodium</i> ) (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR)	4	QLC (2 syringes/day)
FRAGMIN ( <i>dalteparin sodium</i> ) 10000 UNIT/4ML SOLUTION	4	QLC (2 vials/day)
FRAGMIN ( <i>dalteparin sodium</i> ) 12500 UNIT/0.5ML SOLN PRSYR	4	QLC (1 syringe/day)
FRAGMIN ( <i>dalteparin sodium</i> ) 95000 UNIT/3.8ML SOLUTION	4	QLC (0.8 ml/day)
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
<i>rivaroxaban for susp 1 mg/ml</i>	2	QLC (20 ml/day)
<i>rivaroxaban tab 2.5 mg</i>	2	QLC (2 tabs/day)
<i>warfarin sodium tab 1 mg</i>	1	
warfarin sodium tab 1 mg (Jantoven)	1	
<i>warfarin sodium tab 10 mg</i>	1	
warfarin sodium tab 10 mg (Jantoven)	1	
<i>warfarin sodium tab 2 mg</i>	1	
warfarin sodium tab 2 mg (Jantoven)	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
warfarin sodium tab 2.5 mg (Jantoven)	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>warfarin sodium tab 3 mg</i>	1	
warfarin sodium tab 3 mg (Jantoven)	1	
<i>warfarin sodium tab 4 mg</i>	1	
warfarin sodium tab 4 mg (Jantoven)	1	
<i>warfarin sodium tab 5 mg</i>	1	
warfarin sodium tab 5 mg (Jantoven)	1	
<i>warfarin sodium tab 6 mg</i>	1	
warfarin sodium tab 6 mg (Jantoven)	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
warfarin sodium tab 7.5 mg (Jantoven)	1	
XARELTO ( <i>rivaroxaban</i> ) (10 MG TAB, 15 MG TAB, 20 MG TAB)	2	QLC (1 tab/day)
XARELTO ( <i>rivaroxaban</i> ) 1 MG/ML RECON SUSP	2	QLC (20 ml/day)
XARELTO ( <i>rivaroxaban</i> ) 2.5 MG TAB	2	QLC (2 tabs/day)
XARELTO STARTER PACK ( <i>rivaroxaban</i> ) 15 & 20 MG TAB THPK	2	QLC (1 starter pack/6 months)
ZONTIVITY ( <i>vorapaxar sulfate</i> ) 2.08 MG TAB	3	QLC (1 tab/day)
<b>BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)</b>		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
ARANESP (ALBUMIN FREE) ( <i>darbepoetin alfa</i> ) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	4	PA, S (Specialty Drug), QLC (1 syringe or vial/week)
<i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>	4	PA, S (Specialty Drug), QLC (1 packet/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i>	4	PA, S (Specialty Drug), QLC (6 packets/day)
<i>eltrombopag olamine tab 12.5 mg (base equiv)</i>	4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>eltrombopag olamine tab 25 mg (base equiv)</i>	4	PA, S (Specialty Drug), QLC (3 tabs/day)
<i>eltrombopag olamine tab 50 mg (base equiv)</i>	4	PA, S (Specialty Drug), QLC (3 tabs/day)
<i>eltrombopag olamine tab 75 mg (base equiv)</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day)
FABHALTA ( <i>iptacopan hcl</i> ) 200 MG CAP	4	PA, LA, QLC (2 caps/day)
NIVESTYM ( <i>filgrastim-aafi</i> ) (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	4	PA, S (Specialty Drug)
NYVEPRIA ( <i>pegfilgrastim-apgf</i> ) 6 MG/0.6ML SOLN PRSYR	4	PA, S (Specialty Drug)
PROMACTA ( <i>eltrombopag olamine</i> ) (25 MG TAB, 50 MG TAB)	4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
PROMACTA ( <i>eltrombopag olamine</i> ) 12.5 MG PACKET	4	PA, LA, S (Specialty Drug), QLC (1 packet/day)
PROMACTA ( <i>eltrombopag olamine</i> ) 12.5 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
PROMACTA ( <i>eltrombopag olamine</i> ) 25 MG PACKET	4	PA, LA, S (Specialty Drug), QLC (6 packets/day)
PROMACTA ( <i>eltrombopag olamine</i> ) 75 MG TAB	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
RETACRIT ( <i>epoetin alfa-epbx</i> ) (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	4	PA, S (Specialty Drug)
UDENYCA ( <i>pegfilgrastim-cbqv</i> ) (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	4	PA, S (Specialty Drug)
ZARXIO ( <i>filgrastim-sndz</i> ) (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	4	PA, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

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

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	2	
BRILINTA ( <i>ticagrelor</i> ) 60 MG TAB	2	QLC (2 tabs/day)
CABLIVI ( <i>caplacizumab-yhdp</i> ) 11 MG KIT	4	PA, LA, QLC (1 kit/day)
<i>cilostazol tab 100 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	QLC (1 tab/day)
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
DOPTELET ( <i>avatrombopag maleate</i> ) 20 MG TAB	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	QLC (1 tab/day)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	QLC (1 tab/day)
TAVALISSE ( <i>fostamatinib disodium</i> ) (100 MG TAB, 150 MG TAB)	4	PA, LA, QLC (2 tabs/day)
<i>ticagrelor tab 60 mg</i>	2	QLC (2 tabs/day)
<i>ticagrelor tab 90 mg</i>	1	QLC (2 tabs/day)

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

### ALPHA-ADRENERGIC AGONISTS

<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
METHYLDOPA (250 MG TAB, 500 MG TAB)	1	
<i>methyldopa tab 250 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	4	PA
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil tab 16 mg</i>	1	QLC (2 tabs/day)
<i>candesartan cilexetil tab 32 mg</i>	1	QLC (1 tab/day)
<i>candesartan cilexetil tab 4 mg</i>	1	QLC (8 tabs/day)
<i>candesartan cilexetil tab 8 mg</i>	1	QLC (4 tabs/day)
<i>irbesartan tab 150 mg</i>	1	QLC (1 tab/day)
<i>irbesartan tab 300 mg</i>	1	QLC (1 tab/day)
<i>irbesartan tab 75 mg</i>	1	QLC (1 tab/day)
<i>losartan potassium tab 100 mg</i>	1	QLC (1 tab/day)

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<i>losartan potassium tab 25 mg</i>	1	QLC (4 tabs/day)
<i>losartan potassium tab 50 mg</i>	1	QLC (2 tabs/day)
<i>olmesartan medoxomil tab 20 mg</i>	1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 40 mg</i>	1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 5 mg</i>	1	QLC (3 tabs/day)
<i>telmisartan tab 20 mg</i>	1	QLC (1 tab/day)
<i>telmisartan tab 40 mg</i>	1	QLC (1 tab/day)
<i>telmisartan tab 80 mg</i>	1	QLC (2 tabs/day)
<i>valsartan tab 160 mg</i>	1	QLC (2 tabs/day)
<i>valsartan tab 320 mg</i>	1	QLC (1 tab/day)
<i>valsartan tab 40 mg</i>	1	QLC (2 tabs/day)
<i>valsartan tab 80 mg</i>	1	QLC (2 tabs/day)

### **ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS**

<i>benazepril hcl tab 10 mg</i>	1	QLC (1 tab/day)
<i>benazepril hcl tab 20 mg</i>	1	QLC (1 tab/day)
<i>benazepril hcl tab 40 mg</i>	1	QLC (2 tabs/day)
<i>benazepril hcl tab 5 mg</i>	1	QLC (1 tab/day)
<i>captopril tab 100 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	QLC (1 tab/day)
<i>fosinopril sodium tab 20 mg</i>	1	QLC (1 tab/day)
<i>fosinopril sodium tab 40 mg</i>	1	QLC (2 tabs/day)
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	

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<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
PERINDOPRIL ERBUMINE 2 MG TAB	1	QLC (1 tab/day)
PERINDOPRIL ERBUMINE 8 MG TAB	1	QLC (2 tabs/day)
<i>perindopril erbumine tab 2 mg</i>	1	QLC (1 tab/day)
<i>perindopril erbumine tab 4 mg</i>	1	QLC (1 tab/day)
<i>perindopril erbumine tab 8 mg</i>	1	QLC (2 tabs/day)
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
<b>ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)</b>		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
amiodarone hcl tab 200 mg (Pacerone)	1	
<i>amiodarone hcl tab 400 mg</i>	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	QLC (5 ml/day)
<i>digoxin oral soln 0.05 mg/ml</i>	1	QLC (5 ml/day)
<i>digoxin tab 125 mcg (0.125 mg) (0.</i>	1	QLC (1 tab/day)
<i>digoxin tab 125 mcg (0.125 mg) (Digitek) (0.</i>	1	QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	QLC (1 tab/day)
digoxin tab 250 mcg (0.25 mg) (Digitek)	1	QLC (1 tab/day)
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg) (0.</i>	3	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	3	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	3	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>flecainide acetate tab 50 mg</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
MULTAQ ( <i>dronedarone hcl</i> ) 400 MG TAB	3	QLC (2 tabs/day)
<i>propafenone hcl cap er 12hr 225 mg</i> (PROPAFENONE HCL ER)	3	
<i>propafenone hcl cap er 12hr 325 mg</i> (PROPAFENONE HCL ER)	3	
<i>propafenone hcl cap er 12hr 425 mg</i> (PROPAFENONE HCL ER)	3	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i> (QUINIDINE GLUCONATE ER)	1	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
sotalol hcl (afib/afl) tab 120 mg (Sotalol Hcl (af))	1	
sotalol hcl (afib/afl) tab 160 mg (Sotalol Hcl (af))	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (af))	1	
<i>sotalol hcl tab 120 mg</i>	1	
sotalol hcl tab 120 mg (Sorine)	1	
<i>sotalol hcl tab 160 mg</i>	1	
sotalol hcl tab 160 mg (Sorine)	1	
<i>sotalol hcl tab 240 mg</i>	1	
sotalol hcl tab 240 mg (Sorine)	1	
<i>sotalol hcl tab 80 mg</i>	1	
sotalol hcl tab 80 mg (Sorine)	1	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
BISOPROLOL FUMARATE 2.5 MG TAB	1	QLC (1 tab/day)
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
HEMANGEOL ( <i>propranolol hcl</i> ) 4.28 MG/ML SOLUTION	2	LA, QLC (2 bottles/month)
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	QLC (1 tab/day)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	QLC (1 tab/day)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	QLC (2 tabs/day)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	QLC (1 tab/day)
<i>pindolol tab 10 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	1	
<i>propranolol hcl cap er 24hr 120 mg</i> (PROPRANOLOL HCL ER)	1	
<i>propranolol hcl cap er 24hr 160 mg</i> (PROPRANOLOL HCL ER)	1	
<i>propranolol hcl cap er 24hr 60 mg</i> (PROPRANOLOL HCL ER)	1	
<i>propranolol hcl cap er 24hr 80 mg</i> (PROPRANOLOL HCL ER)	1	
<i>propranolol hcl tab 10 mg</i>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	

## **CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES**

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

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

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

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

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

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

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

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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	1	QLC (2 tabs/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	1	QLC (1 tab/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	1	QLC (1 tab/day)
CAPTOPRIL-HYDROCHLOROTHIAZIDE ( <i>captopril &amp; hydrochlorothiazide</i> ) (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	1	
CORLANOR ( <i>ivabradine hcl</i> ) 5 MG/5ML SOLUTION	2	QLC (20 ml/day)
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	1	
ENTRESTO ( <i>sacubitril-valsartan</i> ) (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)	2	QLC (2 tabs/day)
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QLC (2 tabs/day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QLC (1 tab/day)
<i>ivabradine hcl tab 5 mg (base equiv)</i>	2	QLC (2 tabs/day)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	2	QLC (2 tabs/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	1	QLC (1 tab/day)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> (LOSARTAN POTASSIUM-HCTZ)	1	QLC (1 tab/day)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	1	QLC (2 tabs/day)
METHYLDOPA-HYDROCHLOROTHIAZIDE ( <i>methyldopa &amp; hydrochlorothiazide</i> ) (250-15 MG TAB, 250-25 MG TAB)	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	1	
NEXLETOL ( <i>bempedoic acid</i> ) 180 MG TAB	2	PA, QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	1	QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	1	QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	1	QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	1	QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	1	QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	1	QLC (1 tab/day)
<i>pentoxifylline tab er 400 mg</i> (PENTOXIFYLLINE ER)	1	
PROPRANOLOL-HCTZ ( <i>propranolol &amp; hydrochlorothiazide</i> ) (40-25 MG TAB, 80-25 MG TAB)	1	
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i> (RANOLAZINE ER)	1	QLC (2 tabs/day)
<i>ranolazine tab er 12hr 500 mg</i> (RANOLAZINE ER)	1	QLC (2 tabs/day)
<i>sacubitril-valsartan tab 24-26 mg</i>	2	QLC (2 tabs/day)
<i>sacubitril-valsartan tab 49-51 mg</i>	2	QLC (2 tabs/day)
<i>sacubitril-valsartan tab 97-103 mg</i>	2	QLC (2 tabs/day)
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ)	1	
TELMISARTAN-AMLODIPINE (40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB)	2	ST, QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	ST, QLC (1 tab/day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (TELMISARTAN-HCTZ)	1	QLC (3 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (TELMISARTAN-HCTZ)	1	QLC (2 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (TELMISARTAN-HCTZ)	1	QLC (2 tabs/day)
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> (TRIAMTERENE-HCTZ)	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QLC (2 tabs/day)
VERQUVO ( <i>vericiguat</i> ) (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	2	PA, QLC (1 tab/day)
<b>DIURETICS, LOOP</b>		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	4	PA, QLC (8 tabs/day)
FUROSCIX ( <i>furosemide</i> ) 80 MG/10ML CART KIT	4	PA, LA, QLC (1 kit/day)
FUROSEMIDE 8 MG/ML SOLUTION	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>torsemide tab 10 mg</i>	1	
<i>torsemide tab 100 mg</i>	1	
<i>torsemide tab 20 mg</i>	1	
<i>torsemide tab 5 mg</i>	1	
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride hcl tab 5 mg</i>	1	
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
<b>DIURETICS, THIAZIDE</b>		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)</b>		
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	QLC (1 cap/day)
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	QLC (1 cap/day)
<i>fenofibrate micronized cap 134 mg</i>	1	QLC (1 cap/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>fenofibrate micronized cap 200 mg</i>	1	QLC (1 cap/day)
<i>fenofibrate micronized cap 67 mg</i>	1	QLC (1 cap/day)
<i>fenofibrate tab 145 mg</i>	1	QLC (1 tab/day)
<i>fenofibrate tab 48 mg</i>	1	QLC (2 tabs/day)
<i>fenofibrate tab 54 mg</i>	1	QLC (2 tabs/day)
<i>gemfibrozil tab 600 mg</i>	1	QLC (2.5 tabs/day)
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol )</b>		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	QL (1 PER 1 DAY(S)), ACA (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	ACA (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	QLC (1 tab/day)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QLC (1 tab/day)
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	QLC (1 cap/day)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	QLC (2 caps/day)
<i>lovastatin tab 10 mg</i>	1	QLC (1 tab/day)
<i>lovastatin tab 20 mg</i>	1	QLC (1 tab/day)
<i>lovastatin tab 40 mg</i>	1	QLC (2 tabs/day)
<i>pravastatin sodium tab 10 mg</i>	1	QLC (1 tab/day)
<i>pravastatin sodium tab 20 mg</i>	1	QLC (1 tab/day)
<i>pravastatin sodium tab 40 mg</i>	1	QLC (1 tab/day)
<i>pravastatin sodium tab 80 mg</i>	1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 10 mg</i>	1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 20 mg</i>	1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 40 mg</i>	1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 5 mg</i>	1	QLC (1 tab/day)
<i>simvastatin tab 10 mg</i>	1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 20 mg</i>	1	ACA (Preventive Health), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>simvastatin tab 40 mg</i>	1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 5 mg</i>	1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 80 mg</i>	1	QLC (1 tab/day)
<b>DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)</b>		
<i>cholestyramine light powder 4 gm/dose</i>	1	
cholestyramine light powder 4 gm/dose (Prevalite)	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
cholestyramine light powder packets 4 gm (Prevalite)	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<i>ezetimibe tab 10 mg</i>	1	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	QLC (1 tab/day)
NEXLIZET ( <i>bempedoic acid-ezetimibe</i> ) 180-10 MG TAB	2	PA, QLC (1 tab/day)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	1	QLC (2 tabs/day)
<i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	1	QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>niacin tab er 750 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	1	QLC (2 tabs/day)
NIACOR ( <i>niacin (antihyperlipidemic)</i> ) 500 MG TAB	1	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	QLC (4 caps/day)
REPATHA ( <i>evolocumab</i> ) 140 MG/ML SOLN PRSYR	2	PA, QLC (6 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM ( <i>evolocumab</i> ) 420 MG/3.5ML SOLN CART	2	PA, QLC (2 injectors/28 days)
REPATHA SURECLICK ( <i>evolocumab</i> ) 140 MG/ML SOLN A-INJ	2	PA, QLC (6 pens/28 days)
VASCEPA ( <i>icosapent ethyl</i> ) 0.5 GM CAP	2	QLC (2 caps/day)
VASCEPA ( <i>icosapent ethyl</i> ) 1 GM CAP	2	QLC (4 caps/day)
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA ( <i>finerenone</i> ) (10 MG TAB, 20 MG TAB, 40 MG TAB)	2	Use Farxiga or Jardiance first, QLC (1 tab/day)
<i>spironolactone tab 100 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)</b>		
FARXIGA ( <i>dapagliflozin propanediol</i> ) (5 MG TAB, 10 MG TAB)	2	ST, QLC (1 tab/day)
JARDIANCE ( <i>empagliflozin</i> ) (10 MG TAB, 25 MG TAB)	2	ST, QLC (1 tab/day)
<b>VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)</b>		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)/VENOUS (Drugs for Relaxing Arteries and Veins)</b>		
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab 40 mg</i>	1	
<i>isosorbide dinitrate tab 5 mg</i>	1	
ISOSORBIDE MONONITRATE (10 MG TAB, 20 MG TAB)	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER)	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER)	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER)	1	
NITRO-BID ( <i>nitroglycerin</i> ) 2 % OINTMENT	3	
NITRO-TIME ( <i>nitroglycerin</i> ) (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
nitroglycerin td patch 24hr 0.1 mg/hr (Minitran)	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
nitroglycerin td patch 24hr 0.2 mg/hr (Minitran)	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
nitroglycerin td patch 24hr 0.4 mg/hr (Minitran)	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)	1	
RECTIV ( <i>nitroglycerin (intra-anal)</i> ) 0.4 % OINTMENT	3	QLC (30 gm/30 days)

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

### AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

RADICAVA ORS ( <i>edaravone</i> ) 105 MG/5ML SUSPENSION	4	PA, LA, S (Specialty Drug), QLC (50 ml/28 days)
RADICAVA ORS STARTER KIT ( <i>edaravone</i> ) 105 MG/5ML SUSPENSION	4	PA, LA, S (Specialty Drug), QLC (70 ml/28 days; max 2 fills per year)
<i>riluzole tab 50 mg</i>	1	

### ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
AZSTARYS ( <i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i> ) (26.1-5.2 MG CAP, 39.2-7.8 MG CAP, 52.3-10.4 MG CAP)	2	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	2	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	2	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	2	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 10 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 15 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 2.5 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 20 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 30 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
dextroamphetamine sulfate tab 5 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 7.5 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
DYANAVEL XR ( <i>amphetamine</i> ) (5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER)	3	ST, AL1 (Up to 17 yrs old), QLC (1 tab/day)
DYANAVEL XR ( <i>amphetamine</i> ) 2.5 MG/ML SUSP	3	ST, AL1 (Up to 17 yrs old), QLC (8 ml/day)
<i>lisdexamfetamine dimesylate cap 10 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
VYVANSE ( <i>lisdexamfetamine dimesylate</i> ) (10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP)	3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	QLC (4 caps/day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	QLC (1 cap/day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QLC (4 caps/day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QLC (4 caps/day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QLC (2 caps/day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QLC (1 cap/day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	QLC (1 cap/day)
<i>clonidine hcl tab er 12hr 0.1 mg</i> (CLONIDINE HCL ER)	1	QLC (4 tabs/day)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (GUANFACINE HCL ER)	1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (GUANFACINE HCL ER) 4hr	1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (GUANFACINE HCL ER)	1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (GUANFACINE HCL ER) 2hr	1	QLC (1 tab/day)
JORNAY PM ( <i>methylphenidate hcl</i> ) (20 MG CAP ER 24H, 40 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H)	3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 10 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 20 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>methylphenidate hcl cap er 30 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 40 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 50 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 60 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl chew tab 10 mg</i>	1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 5 mg</i>	1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
METHYLPHENIDATE HCL ER (ER 18 MG TAB ER 24H, ER 27 MG TAB ER 24H, ER 54 MG TAB ER 24H)	1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER 36 MG TAB 24H	1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl soln 10 mg/5ml</i>	3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
<i>methylphenidate hcl soln 5 mg/5ml mg/ml</i>	3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
<i>methylphenidate hcl tab 10 mg</i>	1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab 20 mg</i>	1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab 5 mg</i>	1	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
<i>methylphenidate hcl tab er 10 mg</i> (METHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab er 20 mg</i> (METHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER (OSM))	1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER (OSM))	1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER (OSM))	1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER (OSM))	1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i> (METHYLPHENIDATE HCL ER (OSM))	2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
QUILLICHEW ER ( <i>methylphenidate hcl</i> ) (ER 20 MG, ER 40 MG)	2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
QUILLICHEW ER ( <i>methylphenidate hcl</i> ) 30 MG CH	2	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
QUILLIVANT XR ( <i>methylphenidate hcl</i> ) 25 MG/5ML SRER	2	PA, AL1 (Up to 17 yrs old), QLC (12 ml/day)

## CENTRAL NERVOUS SYSTEM, OTHER

ADIPEX-P ( <i>phentermine hcl</i> ) 37.5 MG CAP	1	PA, QLC (1 cap/day)
AUSTEDO ( <i>deutetrabenazine</i> ) (6 MG TAB, 9 MG TAB, 12 MG TAB)	3	PA, S (Specialty Drug), QLC (4 tabs/day)
AUSTEDO XR ( <i>deutetrabenazine</i> ) (6 MG TAB ER 24H, 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	3	PA, S (Specialty Drug), QLC (1 tab/day)
AUSTEDO XR ( <i>deutetrabenazine</i> ) 12 MG TAB ER 24H	3	PA, S (Specialty Drug), QLC (1 tab/day)
AUSTEDO XR ( <i>deutetrabenazine</i> ) 24 MG TAB ER 24H	3	PA, S (Specialty Drug), QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AUSTEDO XR PATIENT TITRATION ( <i>deutetrabenazine</i> ) 12 & 18 & 24 & 30 MG TBER THPK	3	PA, S (Specialty Drug), QLC (28 tabs/28 day; max 2 fills/365 days)
AUSTEDO XR PATIENT TITRATION ( <i>deutetrabenazine</i> ) 6 & 12 & 24 MG TBER THPK	3	PA, S (Specialty Drug), QLC (42 tabs/28 days; max 2 fills/year)
<i>benzphetamine hcl tab 50 mg</i>	1	PA, QLC (3 tabs/day)
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BAC (BUTALBITAL-ACETAMIN-CAFF))	1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	1	QLC (6 tabs/day; max 48 tabs/30 days)
DIETHYLPROPION HCL ER 75 MG TAB 24H	1	PA, QLC (1 tab/day)
<i>diethylpropion hcl tab 25 mg</i>	1	PA, QLC (3 tabs/day)
GRALISE ( <i>gabapentin (once-daily)</i> ) (750 MG TAB, 900 MG TAB)	3	ST, QLC (2 tabs/day)
GRALISE ( <i>gabapentin (once-daily)</i> ) 300 MG TAB	3	ST, QLC (1 tab/day)
GRALISE ( <i>gabapentin (once-daily)</i> ) 450 MG TAB	3	ST, QLC (3 tabs/day)
GRALISE ( <i>gabapentin (once-daily)</i> ) 600 MG TAB	3	ST, QLC (3 tabs/day)
HORIZANT ( <i>gabapentin enacarbil</i> ) (300 MG TAB ER, 600 MG TAB ER)	3	PA, QLC (2 tabs/day)
INGREZZA ( <i>valbenazine tosylate</i> ) (40 MG CAP, 60 MG CAP, 80 MG CAP)	4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
INGREZZA ( <i>valbenazine tosylate</i> ) 40 & 80 MG CAP THPK	4	PA, LA, S (Specialty Drug), QLC (1 packet/6 months)
LOMAIRA ( <i>phentermine hcl</i> ) 8 MG TAB	1	PA, QLC (3 tabs/day)
NUDEXTA ( <i>dextromethorphan hbr-quinidine sulfate</i> ) 20-10 MG CAP	2	PA, QLC (2 caps/day)
<i>phendimetrazine tartrate tab 35 mg</i>	1	PA, QLC (6 tabs/day)
<i>phentermine hcl cap 15 mg</i>	1	PA, QLC (1 cap/day)
<i>phentermine hcl cap 30 mg</i>	1	PA, QLC (1 cap/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>phentermine hcl cap 37.5 mg</i>	1	PA, QLC (1 cap/day)
<i>phentermine hcl tab 37.5 mg</i>	1	PA, QLC (1 tab/day)
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i> (PHENTERMINE-TOPIRAMATE ER)	3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i> (PHENTERMINE-TOPIRAMATE ERXDNU)	3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i> (PHENTERMINE-TOPIRAMATE ER)	3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i> (PHENTERMINE-TOPIRAMATE ERXDNU)	3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i> (PHENTERMINE-TOPIRAMATE ER)	3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i> (PHENTERMINE-TOPIRAMATE ERXDNU)	3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i> (PHENTERMINE-TOPIRAMATE ER)	3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i> (PHENTERMINE-TOPIRAMATE ERXDNU)	3	PA, QLC (1 cap/day)
QSYMIA ( <i>phentermine hcl-topiramate</i> ) (7.5-46 MG CAP ER 24H, 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H)	3	PA, QLC (1 cap/day)
QSYMIA ( <i>phentermine hcl-topiramate</i> ) 3.75-23 MG CAP 24H	3	PA, QLC (1 cap/day)

## **FIBROMYALGIA AGENTS**

<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	QLC (3 caps/day)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pregabalin cap 100 mg</i>	2	QLC (3 caps/day)
<i>pregabalin cap 150 mg</i>	2	QLC (3 caps/day)
<i>pregabalin cap 200 mg</i>	2	QLC (3 caps/day)
<i>pregabalin cap 225 mg</i>	2	QLC (2 caps/day)
<i>pregabalin cap 25 mg</i>	2	QLC (3 caps/day)
<i>pregabalin cap 300 mg</i>	2	QLC (2 caps/day)
<i>pregabalin cap 50 mg</i>	2	QLC (3 caps/day)
<i>pregabalin cap 75 mg</i>	2	QLC (3 caps/day)
<i>pregabalin soln 20 mg/ml</i>	2	QLC (30 ml/day)

## MULTIPLE SCLEROSIS AGENTS

AVONEX PEN ( <i>interferon beta-1a</i> ) 30 MCG/0.5ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (4 injections/month)
AVONEX PREFILLED ( <i>interferon beta-1a</i> ) ILLED 30 MCG/0.5ML SY KT	4	PA, S (Specialty Drug), QLC (4 injections/month)
BETASERON ( <i>interferon beta-1b</i> ) 0.3 MG KIT	4	PA, S (Specialty Drug), QLC (15 injections/month)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	1	S (Specialty Drug), QLC (2 tabs/day)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	2	S (Specialty Drug), QLC (1 cap/day)
GILENYA ( <i>fingolimod hcl</i> ) 0.25 MG CAP	4	PA, S (Specialty Drug), QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	S (Specialty Drug), QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	4	S (Specialty Drug), QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	S (Specialty Drug), QLC (12 syringes/month)
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	4	S (Specialty Drug), QLC (12 syringes/month)
KESIMPTA ( <i>ofatumumab (ms)</i> ) 20 MG/0.4ML SOLN A-INJ	4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>teriflunomide tab 14 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>teriflunomide tab 7 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day)
VUMERITY ( <i>diroximel fumarate</i> ) 231 MG CAP DR	4	PA, LA, S (Specialty Drug), QLC (4 caps/day)
ZEPOSIA ( <i>ozanimod hcl</i> ) 0.92 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
ZEPOSIA 7-DAY STARTER PACK ( <i>ozanimod hcl</i> ) 4 X 0.23MG & 3 X 0.46MG CAP THPK	4	PA, LA, S (Specialty Drug), QLC (7 caps/28 days; max 2 fills/year)
ZEPOSIA STARTER KIT ( <i>ozanimod hcl</i> ) 0.23MG & 0.46MG & 0.92MG CAP THPK	4	PA, LA, S (Specialty Drug), QLC (1 packet/37 days; max 2 fills/year)
ZEPOSIA STARTER KIT ( <i>ozanimod hcl</i> ) 0.23MG & 0.46MG 0.92MG(21) CAP THPK	4	PA, LA, S (Specialty Drug), QLC (28 caps/28 days; max 2 fills/year)

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

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

## DERMATOLOGICAL AGENTS (Drugs for the Skin)

### ACNE AND ROSACEA AGENTS

ABSORICA LD ( <i>isotretinoin micronized</i> ) (8 MG CAP, 16 MG CAP, 24 MG CAP, 32 MG CAP)	4	
<i>acitretin cap 10 mg</i>	3	QLC (4 caps/day)
<i>acitretin cap 17.5 mg</i>	3	QLC (2 caps/day)
<i>acitretin cap 25 mg</i>	3	QLC (2 caps/day)
<i>adapalene cream 0.1%</i>	1	AL1 (Up to 39 yrs old)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>adapalene gel 0.3%</i>	1	AL1 (Up to 39 yrs old)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	3	AL1 (Up to 39 yrs old)
AKLIEF ( <i>trifarotene</i> ) 0.005 % CREAM	3	PA, QLC (45 gm/30 days)
AMZEEQ ( <i>minocycline hcl micronized (acne)</i> ) 4 % FOAM	3	PA, QLC (1 bottle/month)
<i>azelaic acid gel 15%</i>	1	QLC (1 tube/month)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	1	
<i>isotretinoin cap 10 mg</i>	1	
isotretinoin cap 10 mg (Accutane)	1	
isotretinoin cap 10 mg (Amnesteem)	1	
isotretinoin cap 10 mg (Claravis)	1	
isotretinoin cap 10 mg (Myorisan)	1	
isotretinoin cap 10 mg (Zenatane)	1	
<i>isotretinoin cap 20 mg</i>	1	
isotretinoin cap 20 mg (Accutane)	1	
isotretinoin cap 20 mg (Amnesteem)	1	
isotretinoin cap 20 mg (Claravis)	1	
isotretinoin cap 20 mg (Myorisan)	1	
isotretinoin cap 20 mg (Zenatane)	1	
<i>isotretinoin cap 30 mg</i>	1	
isotretinoin cap 30 mg (Accutane)	1	
isotretinoin cap 30 mg (Amnesteem)	1	
isotretinoin cap 30 mg (Claravis)	1	
isotretinoin cap 30 mg (Myorisan)	1	
isotretinoin cap 30 mg (Zenatane)	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>isotretinoin cap 40 mg</i>	1	
isotretinoin cap 40 mg (Accutane)	1	
isotretinoin cap 40 mg (Amnesteem)	1	
isotretinoin cap 40 mg (Claravis)	1	
isotretinoin cap 40 mg (Myorisan)	1	
isotretinoin cap 40 mg (Zenatane)	1	
SOOLANTRA ( <i>ivermectin (rosacea)</i> ) 1 % CREAM	3	QLC (1 bottle (45gm)/month)
<i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE))	1	
<i>tazarotene cream 0.05%</i>	1	
<i>tazarotene cream 0.1%</i>	1	
<i>tazarotene gel 0.05%</i>	1	
<i>tazarotene gel 0.1%</i>	1	
<i>tretinoin cream 0.025%</i>	1	AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.05%</i>	1	AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.1%</i>	1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.01%</i>	2	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.025%</i>	1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.05%</i>	2	PA
WINLEVI ( <i>clascoterone</i> ) 1 % CREAM	4	QLC (60 gm/30 days)
ZILXI ( <i>minocycline hcl micronized (rosacea)</i> ) 1.5 % FOAM	2	QLC (1 bottle/30 days)

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

ADBRY ( <i>tralokinumab-ldrm</i> ) 150 MG/ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
ADBRY ( <i>tralokinumab-ldrm</i> ) 300 MG/2ML SOLN A-INJ	4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	1	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ANUSOL-HC ( <i>hydrocortisone (rectal)</i> ) 2.5 % CREAM	1	
BETAMETHASONE DIPROPIONATE AUG ( <i>betamethasone dipropionate augmented</i> ) 0.05 % GEL	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
BETAMETHASONE VALERATE 0.1 % LOTION	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i> (CLOBETASOL PROP EMOLLIENT BASE)	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
clobetasol propionate shampoo 0.05% (Clodan)	1	
<i>clobetasol propionate soln 0.05%</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DERMA-SMOOTHIE/FS BODY ( <i>fluocinolone acetonide</i> ) 0.01 % OIL	2	
DERMA-SMOOTHIE/FS SCALP ( <i>fluocinolone acetonide</i> ) 0.01 % OIL	2	
<i>desonide cream 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	3	ST
<i>desoximetasone cream 0.25%</i>	3	ST
DIFLORASONE DIACETATE 0.05 % CREAM	3	PA
EUCRISA ( <i>crisaborole</i> ) 2 % OINTMENT	2	QLC (100 gm/month)
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i> (FLUOCINOLONE ACETONIDE BODY) )	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (FLUOCINOLONE ACETONIDE SCALP) )	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide cream 0.1%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HYDROCORTISONE ( <i>hydrocortisone topical</i> ) 2.5 % LOTION	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>hydrocortisone acetate suppos 25 mg</i>	1	
HYDROCORTISONE BUTYRATE (0.1 % OINTMENT, 0.1 % SOLUTION)	1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	1	ST
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
hydrocortisone cream 2.5% (Ala-Cort)	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))	1	
hydrocortisone perianal cream 2.5% (Procto-Med Hc)	1	
hydrocortisone perianal cream 2.5% (Proctosol Hc)	1	
hydrocortisone perianal cream 2.5% (Proctozone-Hc)	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1%</i> (lotion)	1	
<i>pimecrolimus cream 1%</i>	2	QLC (100 gm/month)
PREDNICARBATE 0.1 % OINTMENT	1	
<i>selenium sulfide lotion 2.5%</i>	1	QLC (1 bottle/month)
<i>tacrolimus oint 0.03%</i>	2	QLC (100 gm/month)
<i>tacrolimus oint 0.1%</i>	2	AL1 (At least 16 yrs old), QLC (100 gm/month)
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
triamcinolone acetonide cream 0.1% (Triderm)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>triamcinolone acetonide cream 0.5%</i>	1	
triamcinolone acetonide cream 0.5% (Triderm)	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
VTAMA ( <i>tapinarof</i> ) 1 % CREAM	4	PA, QLC (60 gm/30 days)
<b>DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)</b>		
CALCIPOTRIENE 0.005 % SOLUTION	1	
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
calcipotriene oint 0.005% (Calcitrene)	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> (CALCIPOTRIENE-BETAMETH DIPROP)	3	QLC (400 gm/month)
CALCITRIOL ( <i>calcitriol (topical)</i> ) 3 MCG/GM OINTMENT	2	QLC (800 gm/month)
CIBINQO ( <i>abrocitinib</i> ) (50 MG TAB, 100 MG TAB, 200 MG TAB)	4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	1	
CLOTRIMAZOLE-BETAMETHASONE ( <i>clotrimazole w/ betamethasone</i> ) 1-0.05 % LOTION	1	
DUOBRII ( <i>halobetasol propionate-tazarotene</i> ) 0.01-0.045 % LOTION	4	PA, QLC (200 gm/28 days)
ENSTILAR ( <i>calcipotriene-betamethasone dipropionate</i> ) 0.005-0.064 % FOAM	2	QLC (420gm/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLUOROURACIL ( <i>fluorouracil (topical)</i> ) 2 % SOLUTION	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 5%</i>	1	
HYDROCORTISONE ACE-PRAMOXINE ( <i>hydrocortisone acetate w/ pramoxine</i> ) 1-1 % CREAM	1	
<i>imiquimod cream 5%</i>	1	QLC (24 packs/month, max of 48 packs/6 months)
KLISYRI (250 MG) ( <i>tirbanibulin</i> ) 1 % OINTMENT	4	QLC (5 packets/30 days)
KLISYRI (350 MG) ( <i>tirbanibulin</i> ) 1 % OINTMENT	4	QLC (5 packets/30 days)
METHOXSALEN RAPID 10 MG CAP	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
OPZELURA ( <i>ruxolitinib phosphate (topical)</i> ) 1.5 % CREAM	3	PA, QLC (240 gm/28 days)
OTEZLA ( <i>apremilast</i> ) (20 MG TAB, 30 MG TAB)	4	PA, S (Specialty Drug), QLC (2 tabs/day)
PODOFILOX 0.5 % SOLUTION	1	
<i>podofilox soln 0.5%</i>	1	
PROCTOFOAM HC ( <i>hydrocortisone acetate w/ pramoxine</i> ) PROCTO1	3	
<i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER)	2	
<i>silver sulfadiazine cream 1%</i>	1	
silver sulfadiazine cream 1% (Ssd)	1	
SODIUM SULFACETAMIDE-BAKUCHIOL ( <i>sulfacetamide sodium in bakuchiol vehicle</i> ) 10 % LIQUID	1	
<i>sulfacetamide sodium liquid 10%</i>	1	
<i>sulfacetamide sodium liquid 10%</i> (SODIUM SULFACETAMIDE WASH)	1	
<i>sulfacetamide sodium shampoo 10%</i> (SODIUM SULFACETAMIDE)	1	

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

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

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

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

<i>acyclovir oint 5%</i>	1	QLC (30gm/30 days, max 180gm/year)
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	
ciclopirox solution 8% (Ciclodan)	1	
<i>clindamycin phosphate gel 1% (once-daily)</i> (CLINDAMYCIN PHOS (ONCE-DAILY))	1	

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

## ELECTROLYTES/MINERALS/METALS/VITAMINS

### ELECTROLYTE/MINERAL REPLACEMENT

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
CONCEPT DHA ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> ) 53.5-38-1 MG CAP	1	
CONCEPT OB ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> ) 130-92.4-1 MG CAP	1	
ELITE-OB ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) 50-1.25 MG TAB	1	
FLOTREX ( <i>pediatric multivitamins w/fl</i> ) 0.25 MG CHEW TAB	1	ACA (Preventive Health), QLC (1 tab/day)
FOLIVANE-OB ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> ) 85-1 MG CAP	1	
KLOR-CON 10 ( <i>potassium chloride</i> ) MEQ TAB ER	1	
M-NATAL PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	1	
MULTI-VIT-FLOR ( <i>pediatric multivitamins w/fl</i> ) (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VIT-FLOR ( <i>pediatric multivitamins w/fl</i> ) 0.25 MG CHEW TAB	1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VITAMIN/FLUORIDE ( <i>pediatric multivitamins w/fl</i> ) (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION)	1	ACA (Preventive Health)
MULTIVITAMIN W/FLUORIDE ( <i>pediatric multivitamins w/fl</i> ) (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE ( <i>pediatric multivitamins w/fl</i> ) 0.25 MG CHEW TAB	1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE ( <i>pediatric multivitamins w/fl</i> ) (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE ( <i>pediatric multivitamins w/fl</i> ) 0.25 MG CHEW TAB	1	ACA (Preventive Health), QLC (1 tab/day)
NAFRINSE DROPS ( <i>sodium fluoride</i> ) 0.275 (0.125 F) MG/DROP SOLUTION	1	ACA (Preventive Health)
NEONATAL COMPLETE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	1	
NEONATAL PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	1	

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NIVA-PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	1	
ONE VITE WOMENS PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	1	
PNV 27-CA/FE/FA ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 60-1 MG TAB	1	
PNV TABS 29-1 ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) S MG	1	
PNV-DHA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) 27-0.6-0.4-300 MG CAP	1	
PNV-OMEGA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i> ) 28-0.6-0.4-340 MG CAP	1	
PNV-SELECT ( <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i> ) 27-0.6-0.4 MG TAB	2	
potassium bicarbonate effer tab 25 meq (Effer-K)	1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-PRIME)	1	
potassium bicarbonate effer tab 25 meq (Klor-Con/ef)	1	
<i>potassium chloride cap er 10 meq</i> (POTASSIUM CHLORIDE ER)	1	
<i>potassium chloride cap er 8 meq</i> (POTASSIUM CHLORIDE ER)	1	
POTASSIUM CHLORIDE ER (ER 8 TAB ER, ER 15 TAB ER)	1	
potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10)	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (POTASSIUM CHLORIDE CRYs ER)	1	
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (POTASSIUM CHLORIDE CRYs ER)	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20)	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (POTASSIUM CHLORIDE CRYSE)	1	
<i>potassium chloride powder packet 20 meq</i>	1	
potassium chloride powder packet 20 meq (Klor-Con)	1	
potassium chloride tab er 10 meq (Klor-Con 10)	1	
<i>potassium chloride tab er 10 meq</i> (POTASSIUM CHLORIDE ER)	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i> (POTASSIUM CHLORIDE ER)	1	
potassium chloride tab er 8 meq (600 mg) (Klor-Con)	1	
<i>potassium chloride tab er 8 meq (600 mg)</i> (POTASSIUM CHLORIDE ER)	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i> (POTASSIUM CITRATE ER)	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i> (POTASSIUM CITRATE ER)	1	
<i>potassium citrate tab er 5 meq (540 mg)</i> (POTASSIUM CITRATE ER) (40)	1	
PRENAISSANCE ( <i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i> ) 29-1.25-325 MG CAP	1	
PRENATAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	1	
PRENATAL 19 ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> ) 29-1 MG TAB	1	
PRENATAL 19 ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) (19 CHEW TAB, 19 29-1 MG CHEW TAB)	1	
PRENATAL PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	1	
PRENATAL PLUS IRON ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) 29-1 MG TAB	1	

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PRENATAL PLUS VITAMIN/MINERAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	1	
PRENATAL VITAMIN PLUS LOW IRON ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	1	
PRENATAL-U ( <i>prenatal without a vit w/ fe fumarate-folic acid</i> ) 106.5-1 MG CAP	1	
PREPLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	1	
PRETAB ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) PRE29-1 MG	1	
PROVIDA OB ( <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i> ) 20-20-1.25 MG CAP	1	
RELNATE DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) 28-1-200 MG CAP	2	
SE-NATAL 19 ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> ) 29-1 MG TAB	1	
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) luoride</i>	1	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) luoride</i>	1	ACA (Preventive Health)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NAFRINSE) luoride</i>	1	ACA (Preventive Health)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) luoride</i>	1	ACA (Preventive Health)
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) luoride	1	ACA (Preventive Health)
TARON-C DHA ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> ) 35-1 MG CAP	1	
THRIVITE RX ( <i>prenatal vit w/ iron carbonyl-folic acid</i> ) 29-1 MG TAB	1	
TRICARE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) TAB	1	
TRINATAL RX 1 ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 60-MG TAB	1	

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TRINATE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) TAB	1	
VINATE II ( <i>prenatal vit w/ fe bisglycinate chelate-folic acid</i> ) 29-1 MG TAB	1	
VINATE ONE ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 60-1 MG TAB	1	
VIRT-C DHA ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> ) 53.5-38-1 MG CAP	1	
VIRT-NATE DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) 28-1-200 MG CAP	1	
VIRT-PN DHA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) 27-0.6-0.4-300 MG CAP	1	
VIRT-PN PLUS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i> ) 28-0.6-0.4-340 MG CAP	1	
VITATHELY WITH GINGER ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) 27-1 MG TAB	1	
VIVA DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) 28-1-200 MG CAP	1	
WESCAP-C DHA ( <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i> ) 53.5-38-1 MG	1	
WESCAP-PN DHA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) 27-0.6-0.4-300 MG	1	
WESNATE DHA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> ) 28-1-200 MG CAP	1	
WESTAB PLUS ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> ) WES27-1 MG	1	
ZATEAN-PN DHA ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i> ) 27-0.6-0.4-300 MG CAP	1	
ZATEAN-PN PLUS ( <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i> ) 28-0.6-0.4-340 MG CAP	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)

CHEMET ( <i>succimer</i> ) 100 MG CAP	2	
<i>deferasirox tab for oral susp 125 mg</i>	4	S (Specialty Drug), SF
<i>deferasirox tab for oral susp 250 mg</i>	4	S (Specialty Drug), SF
<i>deferasirox tab for oral susp 500 mg</i>	4	S (Specialty Drug), SF
JYNARQUE ( <i>tolvaptan</i> ) (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	4	PA, LA, QLC (2 tabs/day)
JYNARQUE ( <i>tolvaptan</i> ) (15 MG TAB, 30 MG TAB)	4	PA, LA, QLC (1 tab/day)
<i>penicillamine tab 250 mg</i>	4	PA, S (Specialty Drug), QLC (16 tabs/day)

## PHOSPHATE BINDERS (Drugs to Lower Phosphate)

AURYXIA ( <i>ferric citrate</i> ) 1 GM 210 MG(Fe) TAB	3	PA, QLC (12 tabs/day)
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER))	1	
<i>sevelamer carbonate packet 0.8 gm</i>	2	PA
<i>sevelamer carbonate packet 2.4 gm</i>	2	PA
<i>sevelamer carbonate tab 800 mg</i>	1	

## POTASSIUM BINDERS (Drugs to Lower Potassium)

<i>*sodium polystyrene sulfonate powder**</i>	1	
LOKELMA ( <i>sodium zirconium cyclosilicate</i> ) 10 GM PACKET	2	QLC (1 pack/day)
LOKELMA ( <i>sodium zirconium cyclosilicate</i> ) 5 GM PACKET	2	QLC (3 packs/day)
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex)	1	
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf))	1	
SPS (SODIUM POLYSTYRENE SULF) ( <i>sodium polystyrene sulfonate</i> ) 30 GM/120ML SUSPENSION	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VELTASSA ( <i>patiromer sorbitex calcium</i> ) (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	4	QLC (1 packet/day)
<b>VITAMINS</b>		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
cyanocobalamin inj 1000 mcg/ml (Dodex)	1	
<i>folic acid tab 1 mg</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF) gm/0ml (0%)</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
NASCOBAL ( <i>cyanocobalamin</i> ) 500 MCG/0.1ML SOLUTION	3	QLC (1 bottle/week)
TRI-VITE/FLUORIDE ( <i>pediatric vitamins acd w/ fluoride</i> ) (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION)	1	ACA (Preventive Health)
<b>GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)</b>		
<b>ANTI-CONSTIPATION AGENTS (Drugs for Constipation)</b>		
lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	1	
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (LACTULOSE ENCEPHALOPATHY)	1	
<i>lactulose solution 10 gm/15ml</i>	1	
lactulose solution 10 gm/15ml (Constulose)	1	
LINZESS ( <i>linaclotide</i> ) (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	2	AL1 (At least 18 yrs old), QLC (1 cap/day)
MOVANTI ( <i>naloxegol oxalate</i> ) (12.5 MG TAB, 25 MG TAB)	2	AL1 (At least 18 yrs old), QLC (1 tab/day)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)	1	ACA (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL)	1	ACA (Preventive Health)
PEG-PREP ( <i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i> ) 5-210 MG-GM KIT	1	ACA (Preventive Health)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (NA SULFATE-K SULFATE-MG SULF)	1	ACA (Preventive Health)
SYMPROIC ( <i>naldemedine tosylate</i> ) 0.2 MG TAB	2	PA, QLC (1 tab/day)
TRULANCE ( <i>plecanatide</i> ) 3 MG TAB	2	AL1 (At least 18 yrs old), QLC (1 tab/day)

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

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	4	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	4	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (DIPHENOXYLATE-ATROPINE)	1	
DIPHENOXYLATE-ATROPINE ( <i>diphenoxylate w/ atropine</i> ) 2.5-0.025 MG/5ML LIQUID	2	
VIBERZI ( <i>eluxadoline</i> ) (75 MG TAB, 100 MG TAB)	2	QLC (2 tabs/day)

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hyoscyamine sulfate sl tab 0.125 mg (Symax-SI)	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
hyoscyamine sulfate soln 0.125 mg/ml (Hyosyne)	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
hyoscyamine sulfate tab 0.125 mg (Oscimin)	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
hyoscyamine sulfate tab disint 0.125 mg (Ed-Spaz)	1	
hyoscyamine sulfate tab disint 0.125 mg (Nulev)	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (HYOSCYAMINE SULFATE ER)	1	
hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)	1	
hyoscyamine sulfate tab er 12hr 0.375 mg (Symax-Sr)	1	
<b>GASTROINTESTINAL AGENTS, OTHER (Other Drugs for the Bowel and Stomach)</b>		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
GAVILYTE-C ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> ) 240 GM RECON SOLN	1	ACA (Preventive Health)
OMNITROPE ( <i>somatropin</i> ) 10 MG/1.5ML SOLN CART	4	PA, LA, S (Specialty Drug)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G)	1	ACA (Preventive Health)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (PEG-3350/ELECTROLYTES)	1	ACA (Preventive Health)
TALICIA ( <i>amoxicillin-rifabutin-omeprazole</i> ) 250-12.5-10 MG CAP DR	2	QLC (168 caps/28 days)
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)</b>		
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine tab 40 mg</i>	1	
NIZATIDINE 300 MG CAP	2	
<i>nizatidine cap 150 mg</i>	2	
<b>PROTECTANTS (Drugs for Acid Reflux and Ulcers)</b>		
<i>sucralfate susp 1 gm/10ml gm/0ml</i>	3	
<i>sucralfate tab 1 gm</i>	1	
<b>PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)</b>		
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	ST, QLC (2 caps/day)
<i>lansoprazole cap delayed release 30 mg</i>	1	QLC (2 caps/day)
<i>omeprazole cap delayed release 10 mg</i>	1	QLC (8 caps/day)
<i>omeprazole cap delayed release 20 mg</i>	1	QLC (4 caps/day)
<i>omeprazole cap delayed release 40 mg</i>	1	QLC (2 caps/day)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QLC (4 tabs/day)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>rabeprazole sodium ec tab 20 mg</i>	2	QLC (3 tabs/day)
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic or Enzyme Disorders)</b>		
<i>carglumic acid soluble tab 200 mg</i>	4	PA, LA, S (Specialty Drug), QLC (35 tabs/day)
CERDELGA ( <i>eliglustat tartrate</i> ) 84 MG CAP	4	PA, LA, S (Specialty Drug), QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CREON ( <i>pancrelipase (lipase-protease-amylase)</i> ) (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	2	
CYSTAGON ( <i>cysteamine bitartrate</i> ) 150 MG CAP	3	LA, S (Specialty Drug), QLC (26 caps/day)
CYSTAGON ( <i>cysteamine bitartrate</i> ) 50 MG CAP	3	LA, S (Specialty Drug), QLC (4 caps/day)
DROXIA ( <i>hydroxyurea (sickle cell disease)</i> ) (200 MG CAP, 300 MG CAP, 400 MG CAP)	2	
ENDARI ( <i>glutamine (sickle cell)</i> ) 5 GM PACKET	4	PA, LA, S (Specialty Drug), QLC (6 packets/day)
MYALEPT ( <i>metreleptin</i> ) 11.3 MG RECON SOLN	4	PA, LA, QLC (1 vial/day)
NITYR ( <i>nitisinone</i> ) 10 MG TAB	4	PA, LA, QLC (14 tabs/day)
NITYR ( <i>nitisinone</i> ) 2 MG TAB	4	PA, LA, QLC (70 tabs/day)
NITYR ( <i>nitisinone</i> ) 5 MG TAB	4	PA, LA, QLC (28 tabs/day)
STRENSIQ ( <i>asfotase alfa</i> ) (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	4	PA, LA, QLC (24 vials/28 days)
TEGSEDI ( <i>inotersen sodium</i> ) 284 MG/1.5ML SOLN PRSYR	4	PA, LA, QLC (1 syringe/week)
VYNDAMAX ( <i>tafamidis</i> ) 61 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
VYNDAQEL ( <i>tafamidis meglumine (cardiac)</i> ) 20 MG CAP	4	PA, LA, S (Specialty Drug), QLC (4 caps/day)
ZENPEP ( <i>pancrelipase (lipase-protease-amylase)</i> ) (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<b>GENITOURINARY AGENTS (Drugs for the Genital, Bladder, and Kidney)</b>		
<b>ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)</b>		
<i>fesoterodine fumarate tab er 24hr 4 mg</i> (FESOTERODINE FUMARATE ER) 2hr	2	QLC (1 tab/day)
<i>fesoterodine fumarate tab er 24hr 8 mg</i> (FESOTERODINE FUMARATE ER)	2	QLC (1 tab/day)
<i>flavoxate hcl tab 100 mg</i>	1	
GEMTESA ( <i>vibegron</i> ) 75 MG TAB	3	QLC (1 tab/day)
MYRBETRIQ ( <i>mirabegron</i> ) (25 MG TAB ER 24H, 50 MG TAB ER 24H)	2	QLC (1 tab/day)
MYRBETRIQ ( <i>mirabegron</i> ) 8 MG/ML SRER	2	QLC (10 ml/day)
<i>oxybutynin chloride solution 5 mg/5ml mg/ml</i>	1	QLC (20 ml/day)
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i> (OXYBUTYNIN CHLORIDE ER)	1	QLC (3 tabs/day)
<i>oxybutynin chloride tab er 24hr 15 mg</i> (OXYBUTYNIN CHLORIDE ER)	1	QLC (2 tabs/day)
<i>oxybutynin chloride tab er 24hr 5 mg</i> (OXYBUTYNIN CHLORIDE ER)	1	QLC (1 tab/day)
<i>solifenacin succinate tab 10 mg</i>	1	QLC (1 tab/day)
<i>solifenacin succinate tab 5 mg</i>	1	QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 2 mg</i> (TOLTERODINE TARTRATE ER) 4hr	2	QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 4 mg</i> (TOLTERODINE TARTRATE ER) 2hr	2	QLC (1 tab/day)
<i>tolterodine tartrate tab 1 mg</i>	2	QLC (2 tabs/day)
<i>tolterodine tartrate tab 2 mg</i>	2	QLC (2 tabs/day)
<i>trospium chloride cap er 24hr 60 mg</i> (TROSPIUM CHLORIDE ER)	2	QLC (1 cap/day)
<i>trospium chloride tab 20 mg</i>	1	QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

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

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

<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
CYTRA K CRYSTALS ( <i>potassium citrate-citric acid</i> ) 3300-1002 MG PACET	1	
ELMIRON ( <i>pentosan polysulfate sodium</i> ) 100 MG CAP	3	
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
PHEXXI ( <i>lactic acid-citric acid-potassium bitartrate</i> ) 1.8-1-0.4 % GEL	3	ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days)
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral) ic	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral) ic	1	

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

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

ACTHAR ( <i>corticotropin</i> ) 80 UNIT/ML GEL	4	PA, LA, S (Specialty Drug)
ACTHAR GEL ( <i>corticotropin</i> ) 40 UNIT/0.5ML PEN	4	PA, LA, S (Specialty Drug), QLC (0.5 ml/day)
ACTHAR GEL ( <i>corticotropin</i> ) 80 UNIT/ML PEN	4	PA, LA, S (Specialty Drug), QLC (1 ml/day)
CORTISONE ACETATE 25 MG TAB	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	
<b><i>dexamethasone elixir 0.5 mg/5ml</i></b>	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	1	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
RAYOS ( <i>prednisone</i> ) 1 MG TAB DR	4	QLC (1 tab/day)
RAYOS ( <i>prednisone</i> ) 2 MG TAB DR	4	QLC (2 tabs/day)
RAYOS ( <i>prednisone</i> ) 5 MG TAB DR	4	QLC (12 tabs/day)

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

<i>desmopressin acetate nasal spray soln 0.01%</i> (DESMOPRESSIN ACETATE SPRAY)	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> (DESMOPRESSIN ACE SPRAY REFRIG)	1	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
FOLLISTIM AQ ( <i>follitropin beta</i> ) (300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION)	4	PA, S (Specialty Drug)
GENOTROPIN ( <i>somatropin</i> ) (5 MG CARTRIDGE, 12 MG CARTRIDGE)	4	PA, S (Specialty Drug)

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PA - Prior Authorization;  
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GENOTROPIN MINIQUICK ( <i>somatropin</i> ) (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	4	PA, S (Specialty Drug)
INCRELEX ( <i>mecasermin</i> ) 40 MG/4ML SOLUTION	4	PA, LA
MYFEMBREE ( <i>relugolix-estradiol-norethindrone acetate</i> ) 40-1-0.5 MG TAB	2	PA, QLC (1 tab/day)
OMNITROPE ( <i>somatropin</i> ) (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	4	PA, LA, S (Specialty Drug)
OVIDREL ( <i>choriogonadotropin alfa</i> ) 250 MCG/0.5ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
PREGNYL ( <i>chorionic gonadotropin</i> ) 10000 UNIT RECON SOLN	4	PA, S (Specialty Drug)
SKYTROFA ( <i>lonapegsomatropin-tcga</i> ) (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	4	PA, LA, S (Specialty Drug)

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

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

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

### ANABOLIC STEROIDS

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

### ANDROGENS

<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>danazol cap 50 mg</i>	1	
METHITEST ( <i>methyltestosterone</i> ) 10 MG TAB	3	PA
TESTOSTERONE (12.5 MG/ACT (1%) GEL, 50 MG/5GM (1%) GEL)	1	PA, QLC (300 grams/month)
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	1	PA, QLC (1 packet/day)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	QLC (10 ml/month)
testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone)	1	QLC (10 ml/month)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	QLC (10 ml/month)
testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)	1	QLC (10 ml/month)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	QLC (5 ml/month)
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA, QLC (300 grams/month)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA, QLC (1 packet/day)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA, QLC (2 bottles/month)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA, QLC (300 grams/month)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA, QLC (2 packets/day)
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA, QLC (300 grams/month)
XYOSTED ( <i>testosterone enanthate</i> ) (50 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN A-INJ, 100 MG/0.5ML SOLN A-INJ)	3	PA, QLC (1 injection/week)
<b>ESTROGENS (Contraceptives and Drugs for Menopause)</b>		
ANGELIQ ( <i>drospirenone-estradiol</i> ) (0.25-0.5 MG TAB, 0.5-1 MG TAB)	3	QLC (1 tab/day)
ANNOVERA ( <i>segesterone acetate-ethinyl estradiol</i> ) 0.013-0.15 MG/24HR RING	3	ACA (Preventive Health), QLC (1 ring/ 365 days)
AVERI ( <i>desogestrel-ethinyl estradiol &amp; iron</i> ) 0.15-0.03 MG TAB	1	ACA (Preventive Health)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
CLIMARA PRO ( <i>estradiol-levonorgestrel</i> ) 0.045-0.015 MG/DAY PATCH WK	2	QLC (4 patches/month)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	1	ACA (Preventive Health)
<b><i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i></b> (DESOGESTREL-ETHINYL ESTRADIOL)	1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)	1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	1	ACA (Preventive Health)
desogest-ethin est tab 0.1-0.025/0.125- 0.025/0.15-0.025mg-mg (Caziant)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	1	ACA (Preventive Health)
<b><i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i></b> (DESOGESTREL-ETHINYL ESTRADIOL)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	1	ACA (Preventive Health)

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<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	1	ACA (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)	1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)	1	ACA (Preventive Health)
ELESTRIN ( <i>estradiol</i> ) 0.52 MG/0.87 GM (0.06%) GEL	3	QLC (1 package (2 bottles)/ 30 days)
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs)	1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs)	1	

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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>estradiol valerate im in oil 10 mg/ml</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
ESTRING ( <i>estradiol vaginal</i> ) (2 MG RING, 7.5 MCG/24HR RING)	2	QLC (1 ring/90 days)
ESTROGEL ( <i>estradiol</i> ) 0.75 MG/1.25 GM (0.06%)	2	QLC (1 bottle/month)
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28))	1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28))	1	ACA (Preventive Health)
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Valtya 1/50)	1	ACA (Preventive Health)
EVAMIST ( <i>estradiol</i> ) 1.53 MG/SPRAY SOLUTION	3	QLC (2 bottles/month)
FEMLYV ( <i>norethindrone acet &amp; eth estro</i> ) 1-0.02 MG TAB DISP	3	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim)	1	ACA (Preventive Health)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i> (LEVONORGEST-ETH EST & ETH EST)	1	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	1	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rosyrah)	1	ACA (Preventive Health)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo)	1	ACA (Preventive Health)
<b><i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i></b> (LEVONORGEST-ETH ESTRAD 91-DAY)	1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess)	1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia)	1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)	1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese)	1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee)	1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess)	1	ACA (Preventive Health)
<b><i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i></b> (LEVONORGEST-ETH ESTRAD 91-DAY)	1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)	1	ACA (Preventive Health)
<b><i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i></b> (LEVONORGEST-ETH ESTRAD 91-DAY)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra)	1	ACA (Preventive Health)

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levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)	1	ACA (Preventive Health)
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i></b> (LEVONORGESTREL-ETHINYL ESTRAD)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienva)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)	1	ACA (Preventive Health)
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i></b> (LEVONORGESTREL-ETHINYL ESTRAD)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28))	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)	1	ACA (Preventive Health)

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levonorgestrel & ethinyl estradiol tab 0.015 mg-30 mcg (Portia-28)	1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	1	ACA (Preventive Health)
<b><i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONORG-ETH ESTRAD TRIPHASIC)</i></b>	1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28))	1	ACA (Preventive Health)
<b><i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i></b>	1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale)	1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux)	3	ACA (Preventive Health)
<b><i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (LEVONORGEST-ETH ESTRADIOL-IRON)</i></b>	3	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya)	3	ACA (Preventive Health)
LO LOESTRIN FE ( <b><i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i></b> ) ESTRIN 1 MG-10 MCG 10 MCG TAB	2	ACA (Preventive Health)
MENEST ( <b><i>esterified estrogens</i></b> ) (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	3	
NATAZIA ( <b><i>estradiol valerate-dienogest</i></b> ) 3/2-2/2-3/1 MG TAB	3	ACA (Preventive Health)
NEXTSTELLIS ( <b><i>drospirenone-estetrol</i></b> ) 3-14.2 MG TAB	3	ACA (Preventive Health)
<b><i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i></b> (NORELGESTROMIN-ETH ESTRADIOL)	1	ACA (Preventive Health)

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norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	1	ACA (Preventive Health)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	1	ACA (Preventive Health)
<b><i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i></b> (BRIELLYN)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28))	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21))	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28))	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)	1	ACA (Preventive Health)
<b><i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i></b> (NORETHIN-ETH ESTRADIOL-FE)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)	1	ACA (Preventive Health)

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

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

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe)	1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe)	1	ACA (Preventive Health)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv)	1	QLC (1 tab/day)
<b><i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i></b> (NORETHINDRONE-ETH ESTRADIOL)	1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv)	1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	1	QLC (1 tab/day)
<b><i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i></b> (NORETHINDRONE-ETH ESTRADIOL)	1	QLC (1 tab/day)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7)	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7)	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7)	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7)	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7)	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle)	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla)	1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor)	1	ACA (Preventive Health)

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Estarylla)	1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Linyah)	1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Mili)	1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Nymyo)	1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Previfem)	1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Sprintec)	1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Vylibra)	1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel)	1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz)	1	ACA (Preventive Health)
NUVARING ( <i>etonogestrel-ethinyl estradiol</i> ) NUVA0.12-0.015 MG/24HR	2	ACA (Preventive Health)
PREMARIN ( <i>estrogens, conjugated vaginal</i> ) 0.625 MG/GM CREAM	2	
PREMARIN ( <i>estrogens, conjugated</i> ) (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	3	
PREMPHASE ( <i>conjugated estrogens-medroxyprogesterone acetate</i> ) 0.625-5 MG TAB	2	QLC (28 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREMPRO ( <i>conjugated estrogens-medroxyprogesterone acetate</i> ) (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	2	QLC (28 tabs/month)
TYBLUME ( <i>levonorgestrel &amp; eth estradiol</i> ) 0.1-20 MG-MCG CHEW TAB	3	ACA (Preventive Health)
VELIVET ( <i>desogestrel-ethinyl estradiol (triphasic)</i> ) 0.1/0.125/0.15 -0.025 MG TAB	1	ACA (Preventive Health)

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

COMBIPATCH ( <i>estradiol &amp; norethindrone acetate</i> ) (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	3	QLC (8 patches/month)
estradiol & norethindrone acetate tab 0.5-0.1 mg (Abigale Lo)	1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz)	1	QLC (1 tab/day)
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Abigale)	1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz)	1	QLC (1 tab/day)
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	1	QLC (1 tab/day)

## PROGESTINS

ELLA ( <i>ulipristal acetate</i> ) 30 MG TAB	3	ACA (Preventive Health), QLC (1 tab/fill)
ENDOMETRIN ( <i>progesterone (vaginal)</i> ) 100 MG INSERT	3	PA
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	1	OAC
<i>megestrol acetate tab 20 mg</i>	1	OAC
<i>megestrol acetate tab 40 mg</i>	1	OAC
<i>norethindrone acetate tab 5 mg</i>	1	
norethindrone acetate tab 5 mg (Gallifrey)	1	
<i>norethindrone tab 0.35 mg</i>	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Camila)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Deblitane)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Emzahh)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Errin)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Heather)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Incassia)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Jencycla)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyleq)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyza)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Meleya)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Nora-Be)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyda)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyroc)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Orquidea)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Sharobel)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Tulana)	1	ACA (Preventive Health)
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
SLYND ( <i>drospirenone</i> ) 4 MG TAB	3	ACA (Preventive Health)
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>		
CLOMIPHENE CITRATE 50 MG TAB	1	
<i>clomiphene citrate tab 50 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clomiphene citrate tab 50 mg (Clomid)	1	
DUAVEE ( <i>conjugated estrogens-bazedoxifene</i> ) 0.45-20 MG TAB	2	QLC (1 tab/day)
<i>raloxifene hcl tab 60 mg</i>	1	ACA (Preventive Health), QLC (1 tab/day)

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

ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	3	
ERMEZA ( <i>levothyroxine sodium</i> ) 150 MCG/5ML SOLUTION	3	PA, QLC (10ml/day)
<i>levothyroxine sodium tab 100 mcg</i>	1	
levothyroxine sodium tab 100 mcg (Euthyrox)	1	
levothyroxine sodium tab 100 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 112 mcg</i>	1	
levothyroxine sodium tab 112 mcg (Euthyrox)	1	
levothyroxine sodium tab 112 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 125 mcg</i>	1	
levothyroxine sodium tab 125 mcg (Euthyrox)	1	
levothyroxine sodium tab 125 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 137 mcg</i>	1	
levothyroxine sodium tab 137 mcg (Euthyrox)	1	
levothyroxine sodium tab 137 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 150 mcg</i>	1	
levothyroxine sodium tab 150 mcg (Euthyrox)	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
levothyroxine sodium tab 150 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 175 mcg</i>	1	
levothyroxine sodium tab 175 mcg (Euthyrox)	1	
levothyroxine sodium tab 175 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 200 mcg</i>	1	
levothyroxine sodium tab 200 mcg (Euthyrox)	1	
levothyroxine sodium tab 200 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 25 mcg</i>	1	
levothyroxine sodium tab 25 mcg (Euthyrox)	1	
levothyroxine sodium tab 25 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
levothyroxine sodium tab 50 mcg (Euthyrox)	1	
levothyroxine sodium tab 50 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 75 mcg</i>	1	
levothyroxine sodium tab 75 mcg (Euthyrox)	1	
levothyroxine sodium tab 75 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 88 mcg</i>	1	
levothyroxine sodium tab 88 mcg (Euthyrox)	1	
levothyroxine sodium tab 88 mcg (Levoxyl)	3	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	3	
SYNTHROID ( <i>levothyroxine sodium</i> ) (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	2	
THYQUIDITY ( <i>levothyroxine sodium</i> ) 100 MCG/5ML SOLUTION	3	QLC (300 ml/30 days)
THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	3	
TIROSINT ( <i>levothyroxine sodium</i> ) (13 MCG CAP, 25 MCG CAP, 37.5 MCG CAP, 44 MCG CAP, 50 MCG CAP, 62.5 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP)	3	
TIROSINT-SOL ( <i>levothyroxine sodium</i> ) (13 MCG/ML SOLUTION, 25 MCG/ML SOLUTION, 37.5 MCG/ML SOLUTION, 44 MCG/ML SOLUTION, 50 MCG/ML SOLUTION, 62.5 MCG/ML SOLUTION, 75 MCG/ML SOLUTION, 88 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 112 MCG/ML SOLUTION, 125 MCG/ML SOLUTION, 137 MCG/ML SOLUTION, 150 MCG/ML SOLUTION, 175 MCG/ML SOLUTION, 200 MCG/ML SOLUTION)	3	

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

<i>cabergoline tab 0.5 mg</i>	1	QLC (16 tabs/month)
<i>cetrorelix acetate for inj kit 0.25 mg</i>	4	PA, S (Specialty Drug)
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	4	PA, S (Specialty Drug)
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel)	4	PA, S (Specialty Drug)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA, S (Specialty Drug)
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	PA, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OCTREOTIDE ACETATE (50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	4	PA, S (Specialty Drug)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA, S (Specialty Drug)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA, S (Specialty Drug)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA, S (Specialty Drug)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA, S (Specialty Drug)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA, S (Specialty Drug)
ORIAHNN ( <i>elagolix sodium-estradiol-norethindrone acetate</i> ) 300-1-0.5 & 300 MG CAP THPK	4	PA, QLC (2 caps/day)
ORILISSA ( <i>elagolix sodium</i> ) 150 MG TAB	4	PA, QLC (1 tab/day)
ORILISSA ( <i>elagolix sodium</i> ) 200 MG TAB	4	PA, QLC (2 tabs/day)
SYNAREL ( <i>nafarelin acetate</i> ) 2 MG/ML SOLUTION	4	PA, QLC (16 ml/30 days)

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

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

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

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

### ANGIOEDEMA AGENTS

HAEGARDA ( <i>c1 esterase inhibitor (human)</i> ) (2000 RECON SOLN, 3000 RECON SOLN)	4	PA, LA, S (Specialty Drug)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	4	PA, S (Specialty Drug), QLC (3 syringes/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	4	PA, LA, QLC (3 syringes/month)
ORLADEYO ( <i>berotralstat hcl</i> ) (110 MG CAP, 150 MG CAP)	4	PA, LA, QLC (1 cap/day)
TAKHZYRO ( <i>lanadelumab-flyo</i> ) (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
TAKHZYRO ( <i>lanadelumab-flyo</i> ) 300 MG/2ML SOLUTION	4	PA, LA, S (Specialty Drug), QLC (2 vials/28 days)

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

ARCALYST ( <i>rilonacept</i> ) 220 MG RECON SOLN	4	PA, LA, S (Specialty Drug)
AURANOFIN 3 MG CAP	2	
COSENTYX (300 MG DOSE) ( <i>secukinumab</i> ) 150 /ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
COSENTYX ( <i>secukinumab</i> ) (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
COSENTYX SENSOREADY (300 MG) ( <i>secukinumab</i> ) 150 MG/ML SOLN A-INJ	4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
COSENTYX SENSOREADY PEN ( <i>secukinumab</i> ) 150 MG/ML SOLN A-INJ	4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
COSENTYX UNOREADY ( <i>secukinumab</i> ) 300 MG/2ML SOLN A-INJ	4	PA, LA, S (Specialty Drug), QLC (1 auto-injector/28 days)
DUPIXENT ( <i>dupilumab</i> ) (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ)	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
DUPIXENT ( <i>dupilumab</i> ) 200 MG/1.14ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
DUPIXENT ( <i>dupilumab</i> ) 300 MG/2ML SOLN A-INJ	4	PA, S (Specialty Drug), QLC (4 pens (8 ml)/ 28 days)
DUPIXENT ( <i>dupilumab</i> ) 300 MG/2ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (4 syringes (8 ml)/28 days)
GRASTEK ( <i>timothy grass pollen allergen extract</i> ) 2800 BAU SL TAB	3	PA, QLC (1 tab/day)
KEVZARA ( <i>sarilumab</i> ) (150 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN A-INJ)	4	PA, LA, S (Specialty Drug), QLC (1 pen/14 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
KEVZARA ( <i>sarilumab</i> ) (150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR)	4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
ODACTRA ( <i>dust mite mixed allergen extract</i> ) 12 SQ-HDM SL TAB	3	PA, QLC (1 tab/day)
OLUMIANT ( <i>baricitinib</i> ) (1 MG TAB, 2 MG TAB, 4 MG TAB)	4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORALAIR ( <i>grass mixed pollens allergen extract</i> ) ORALA300 SL TAB	3	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORALAIR ADULT STARTER PACK ( <i>grass mixed pollens allergen extract</i> ) ORALA300 SL TAB	3	PA, LA, S (Specialty Drug), QLC (1 tab/day; 2 fills/365 days)
ORENCIA ( <i>abatacept</i> ) (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	4	PA, S (Specialty Drug), QLC (1 syringe/week)
ORENCIA CLICKJECT ( <i>abatacept</i> ) 125 MG/ML SOLN A-INJ	4	PA, S (Specialty Drug), QLC (1 syringe/week)
OTEZLA ( <i>apremilast</i> ) 10 & 20 & 30 MG TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/month)
OTEZLA ( <i>apremilast</i> ) 4 X 10 & 51 X20 MG TAB THPK	4	PA, S (Specialty Drug), QLC (55 tabs/28 days, max 2 fills/year)
RIDAURA ( <i>auranofin</i> ) 3 MG CAP	2	
RINVOQ ( <i>upadacitinib</i> ) (15 MG TAB ER 24H, 30 MG TAB ER 24H)	4	PA, S (Specialty Drug), QLC (1 tab/day)
RINVOQ ( <i>upadacitinib</i> ) 45 MG TAB ER 24H	4	PA, S (Specialty Drug), QLC (1 tab/day; max 84 tabs/365 days)
RINVOQ LQ ( <i>upadacitinib</i> ) 1 MG/ML SOLUTION	4	PA, S (Specialty Drug), QLC (12 ml/day)
SELARSDI ( <i>ustekinumab-aekn</i> ) 45 MG/0.5ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (0.5 ml/84 day)
SELARSDI ( <i>ustekinumab-aekn</i> ) 90 MG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 ml/84 days)
SKYRIZI (150 MG DOSE) ( <i>risankizumab-rzaa</i> ) 75 /0.83ML PREF SY KT	4	PA, S (Specialty Drug), QLC (1 kit/84 days)
SKYRIZI ( <i>risankizumab-rzaa (crohn's)</i> ) (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	4	PA, S (Specialty Drug), QLC (1 syringe/56 days)
SKYRIZI ( <i>risankizumab-rzaa</i> ) 150 MG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 syringe/84 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SKYRIZI PEN ( <i>risankizumab-rzaa</i> ) 150 MG/ML SOLN A-INJ	4	PA, S (Specialty Drug), QLC (1 auto-injector/ 84 days)
SOTYKTU ( <i>deucravacitinib</i> ) 6 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
STELARA ( <i>ustekinumab</i> ) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
STELARA ( <i>ustekinumab</i> ) 45 MG/0.5ML SOLUTION	4	PA, S (Specialty Drug), QLC (1 vial/84 days)
STEQEYMA ( <i>ustekinumab-stba</i> ) 45 MG/0.5ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
STEQEYMA ( <i>ustekinumab-stba</i> ) 90 MG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
TREMFYA ( <i>guselkumab</i> ) 100 MG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 syringe/8 weeks)
TREMFYA ( <i>guselkumab</i> ) 200 MG/2ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (2 ml/28 days)
TREMFYA CROHNS INDUCTION ( <i>guselkumab (gastrointestinal)</i> ) 200 MG/2ML SOLN A-INJ	4	PA, S (Specialty Drug), QLC (4ml/28 days, max of 3 fills per 180 days)
TREMFYA ONE-PRESS ( <i>guselkumab</i> ) 100 MG/ML SOLN A-INJ	4	PA, S (Specialty Drug), QLC (1 injection/8 weeks)
TREMFYA PEN ( <i>guselkumab (gastrointestinal)</i> ) 200 MG/2ML SOLN A-INJ	4	PA, S (Specialty Drug), QLC (2 ml/28 days)
TREMFYA PEN ( <i>guselkumab</i> ) 100 MG/ML SOLN A-INJ	4	PA, S (Specialty Drug), QLC (1 injection/8 weeks)
TYENNE ( <i>tocilizumab-aazg</i> ) 162 MG/0.9ML SOLN A-INJ	4	PA, S (Specialty Drug), QLC (4 pens/28 days)
TYENNE ( <i>tocilizumab-aazg</i> ) 162 MG/0.9ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
XELJANZ ( <i>tofacitinib citrate</i> ) (5 MG TAB, 10 MG TAB)	4	PA, S (Specialty Drug), QLC (2 tabs/day)
XELJANZ ( <i>tofacitinib citrate</i> ) 1 MG/ML SOLUTION	4	PA, S (Specialty Drug), QLC (10 ml/day)
XELJANZ XR ( <i>tofacitinib citrate</i> ) (11 MG TAB ER 24H, 22 MG TAB ER 24H)	4	PA, S (Specialty Drug), QLC (1 tab/day)
XOLAIR ( <i>omalizumab</i> ) (75 MG/0.5ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
XOLAIR ( <i>omalizumab</i> ) (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
XOLAIR ( <i>omalizumab</i> ) 300 MG/2ML SOLN A-INJ	4	PA, LA, S (Specialty Drug), QLC (4 pens/28 days)
XOLAIR ( <i>omalizumab</i> ) 300 MG/2ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (4 syringes/28 days)
YESINTEK ( <i>ustekinumab-kfce</i> ) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
YESINTEK ( <i>ustekinumab-kfce</i> ) 45 MG/0.5ML SOLUTION	4	PA, S (Specialty Drug), QLC (1 vial/84 days)

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

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

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

ADALIMUMAB-AATY (1 PEN) (40 MG/0.4ML AUT-IJ KIT, 80 MG/0.8ML AUT-IJ KIT)	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-AATY (2 PEN) 40 MG/0.4ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-AATY (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	4	PA, S (Specialty Drug), QLC (1 kit/28 days)
ADALIMUMAB-AATY (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-AATY CD/UC/HS START 80 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (3 pens/year)
ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR)	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN A-INJ	4	PA, S (Specialty Drug), QLC (2 pens/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
<i>azathioprine tab 50 mg</i>	1	
CIMZIA (2 SYRINGE) ( <i>certolizumab pegol</i> ) RINGE) 200 MG/ML PREF KT	4	PA, S (Specialty Drug), QLC (1 kit/28 days)
CIMZIA-STARTER ( <i>certolizumab pegol</i> ) 200 MG/ML PREF SY KT	4	PA, S (Specialty Drug), QLC (3 set (1 kit = 3 sets of 2 syringes)/180 days)
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
cyclosporine modified cap 100 mg (Gengraf)	1	
<i>cyclosporine modified cap 25 mg</i>	1	
cyclosporine modified cap 25 mg (Gengraf)	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
cyclosporine modified oral soln 100 mg/ml (Gengraf)	1	
ENBREL ( <i>etanercept</i> ) (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	4	PA, S (Specialty Drug), QLC (4 ml/28 days)
ENBREL ( <i>etanercept</i> ) 25 MG RECON SOLN	4	PA, S (Specialty Drug), QLC (8 vials/28 days)
ENBREL ( <i>etanercept</i> ) 25 MG/0.5ML SOLUTION	4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL MINI ( <i>etanercept</i> ) 50 MG/ML SOLN CART	4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL SURECLICK ( <i>etanercept</i> ) 50 MG/ML SOLN A-INJ	4	PA, S (Specialty Drug), QLC (4 ml/28 days)
HADLIMA ( <i>adalimumab-bwwd</i> ) (40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR)	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HADLIMA PUSH TOUCH ( <i>adalimumab-bwwd</i> ) (40 MG/0.4ML SOLN A-INJ, 40 MG/0.8ML SOLN A-INJ)	4	PA, S (Specialty Drug), QLC (2 pens/28 days)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
HUMIRA (1 PEN) ( <i>adalimumab</i> ) 80 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (1 carton/year)
HUMIRA (2 PEN) ( <i>adalimumab</i> ) 40 MG/0.4ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (2 pens [1 kit]/28 days)
HUMIRA (2 PEN) ( <i>adalimumab</i> ) 40 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days))
HUMIRA (2 PEN) ( <i>adalimumab</i> ) 80 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (2 pens (1 kit)/ 28 days)
HUMIRA (2 SYRINGE) ( <i>adalimumab</i> ) RINGE) 20 MG/0.2ML PREF KT	4	PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days)
HUMIRA (2 SYRINGE) ( <i>adalimumab</i> ) RINGE) 40 MG/0.8ML PREF KT	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HUMIRA ( <i>adalimumab</i> ) 10 MG/0.1ML PREF SY KT	4	PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days)
HUMIRA ( <i>adalimumab</i> ) 40 MG/0.4ML PREF SY KT	4	PA, S (Specialty Drug), QLC (2 syringes (1 kit)/28 days)
HUMIRA-CD/UC/HS STARTER ( <i>adalimumab</i> ) 40 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days))
HUMIRA-CD/UC/HS STARTER ( <i>adalimumab</i> ) 80 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (1 carton/year)
HUMIRA-PED<40KG CROHNS STARTER ( <i>adalimumab</i> ) 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	4	PA, S (Specialty Drug), QLC (2 syr [1 kit]/year)
HUMIRA-PED>=40KG CROHNS START ( <i>adalimumab</i> ) 80 MG/0.8ML PREF SY KT	4	PA, S (Specialty Drug), QLC (3 syr [1 kit]/year)
HUMIRA-PED>=40KG UC STARTER ( <i>adalimumab</i> ) 80 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (1 carton/year)
HUMIRA-PS/UV/ADOL HS STARTER ( <i>adalimumab</i> ) 40 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days))
HUMIRA-PSORIASIS/UEIT STARTER ( <i>adalimumab</i> ) 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (1 carton/year)
<i>leflunomide tab 10 mg</i>	1	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>leflunomide tab 20 mg</i>	1	
LUPKYNIS ( <i>voclosporin</i> ) 7.9 MG CAP	4	PA, LA, QLC (6 caps/day)
METHOTREXATE SODIUM (PF) (1 GM/40ML SOLUTION, 1000 MG/40ML SOLUTION)	1	QLC (8 ml/month)
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	1	QLC (one vial/28 days)
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	1	QLC (8 ml/month)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	OAC
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	3	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	3	
OTREXUP ( <i>methotrexate (antirheumatic)</i> ) (10 MG/0.4ML SOLN A-INJ, 12.5 MG/0.4ML SOLN A-INJ, 15 MG/0.4ML SOLN A-INJ, 17.5 MG/0.4ML SOLN A-INJ, 20 MG/0.4ML SOLN A-INJ, 22.5 MG/0.4ML SOLN A-INJ, 25 MG/0.4ML SOLN A-INJ)	4	PA, S (Specialty Drug), QLC (1 syringe/week)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REDITREX ( <i>methotrexate</i> ) ( <i>antirheumatic</i> ) (7.5 MG/0.3ML SOLN PRSYR, 10 MG/0.4ML SOLN PRSYR, 12.5 MG/0.5ML SOLN PRSYR, 15 MG/0.6ML SOLN PRSYR, 17.5 MG/0.7ML SOLN PRSYR, 20 MG/0.8ML SOLN PRSYR, 22.5 MG/0.9ML SOLN PRSYR, 25 MG/ML SOLN PRSYR)	4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
SIMLANDI (1 PEN) ( <i>adalimumab-ryvk</i> ) 40 MG/0.4ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
SIMLANDI (1 PEN) ( <i>adalimumab-ryvk</i> ) 80 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
SIMLANDI (1 SYRINGE) ( <i>adalimumab-ryvk</i> ) RINGE) 80 MG/0.8ML PREF KT	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SIMLANDI (2 PEN) ( <i>adalimumab-ryvk</i> ) 40 MG/0.4ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
SIMLANDI (2 SYRINGE) ( <i>adalimumab-ryvk</i> ) RINGE) 20 MG/0.2ML PREF KT	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SIMLANDI (2 SYRINGE) ( <i>adalimumab-ryvk</i> ) RINGE) 40 MG/0.4ML PREF KT	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SIMPONI ( <i>golimumab</i> ) (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZYMFENTRA (1 PEN) ( <i>infliximab-dyyb</i> ) 120 MG/ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (2 kits/28 days)
ZYMFENTRA (2 PEN) ( <i>infliximab-dyyb</i> ) 120 MG/ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (1 kit/28 days)
ZYMFENTRA (2 SYRINGE) ( <i>infliximab-dyyb</i> ) RINGE) 120 MG/ML PREF KT	4	PA, S (Specialty Drug), QLC (1 kit/28 days)

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

### AMINOSALICYLATES

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

### GLUCOCORTICOIDS

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

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

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

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

## MISCELLANEOUS THERAPEUTIC AGENTS

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

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
AEROCHAMBER PLUS FLOW VU MISC	2	
AEROCHAMBER W/FLOWSIGNAL MISC	2	
AEROCHAMBER Z-STAT PLUS CHAMBR MISC	2	
AEROCHAMBER Z-STAT PLUS MISC	2	
AEROCHAMBER Z-STAT PLUS/LARGE MISC	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	2	
AEROCHAMBER Z-STAT PLUS/SMALL MISC	2	
AEROCHAMBER2GO ANTI-STATIC DEVICE	2	
AEROVENT PLUS DEVICE	2	
AQ INSULIN SYRINGE (29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	2	
AQINJECT PEN NEEDLE (PEN 31G 5 MISC, PEN 32G 4 MISC)	2	
ASSURE ID INSULIN SAFETY SYR (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	
BD MICROTAINER LANCETS MISC	2	QLC (200 lancets/30 days)
BD PEN NEEDLE NANO U/F 32GX4MM MISC	2	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	
BREATHE EASE LARGE DEVICE	2	
BREATHE EASE MEDIUM DEVICE	2	
BREATHE EASE SMALL DEVICE	2	
BREATHERITE VALVED MDI CHAMBER DEVICE	2	
CAYA ( <i>diaphragm arc-spring</i> )	2	ACA (Preventive Health)
CLEVER CHOICE HOLDING CHAMBER DEVICE	2	

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
COMPACT SPACE CHAMBER DEVICE	2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	2	
DEXCOM G5 MOB/G4 PLAT SENSOR MISC	2	PA, QLC (1 box/month)
DEXCOM G5 MOBILE RECEIVER DEVICE	2	PA, QLC (One receiver/reader per year)
DEXCOM G5 MOBILE TRANSMITTER MISC	2	PA, QLC (1 transmitter/90 days)
DEXCOM G5 RECEIVER KIT DEVICE	2	PA, QLC (One receiver/reader per year)
DEXCOM G6 RECEIVER DEVICE	2	PA, QLC (One receiver/reader per year)
DEXCOM G6 SENSOR MISC	2	PA, QLC (1 box/month)
DEXCOM G6 TRANSMITTER MISC	2	PA, QLC (1 transmitter/90 days)
DEXCOM G7 RECEIVER DEVICE	2	PA, QLC (One reader/receiver per year)
DEXCOM G7 SENSOR MISC	2	PA, QLC (3 sensors/month)
DROPSAFE SAFETY SYRINGE/NEEDLE (29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	2	
EASIVENT MASK LARGE MISC	2	
EASIVENT MASK MEDIUM MISC	2	
EASIVENT MASK SMALL MISC	2	
EASIVENT MISC	2	
EMBECTA INSULIN SYRINGE (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	
EQ SPACE CHAMBER ANTI-STATIC DEVICE	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EQ SPACE CHAMBER ANTI-STATIC L DEVICE	2	
EQ SPACE CHAMBER ANTI-STATIC M DEVICE	2	
EQ SPACE CHAMBER ANTI-STATIC S DEVICE	2	
FEMCAP ( <i>cervical caps</i> ) (22 DEVICE, 26 DEVICE, 30 DEVICE)	2	ACA (Preventive Health)
FLEXICHAMBER ADULT MASK/SMALL MISC	2	
FLEXICHAMBER CHILD MASK/LARGE MISC	2	
FLEXICHAMBER CHILD MASK/SMALL MISC	2	
FLEXICHAMBER DEVICE	2	
INSPIRACHAMBER/LARGE DEVICE	2	
INSPIRACHAMBER/MEDIUM DEVICE	2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	2	
INSPIRACHAMBER/SMALL DEVICE	2	
INSPIREASE MISC	2	
INSULIN SYRINGE-NEEDLE U-100 (27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC)	2	
IQIRVO ( <i>elafibranor</i> ) 80 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
LIVDELZI ( <i>seladelpar lysine</i> ) 10 MG CAP	4	PA, LA, QLC (1 cap/day)
MAGELLAN INSULIN SAFETY SYR (29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC)	2	
MARATHON MEDICAL PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylergonovine maleate tab 0.2 mg</i>	1	QLC (28 tabs/30 days)
methylergonovine maleate tab 0.2 mg (Methergine)	1	QLC (28 tabs/30 days)
MICROCHAMBER (DEVICE, MISC)	2	
MICROSPACER MISC	2	
MONOJECT INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, U-100 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC)	2	
OMNIFLEX DIAPHRAGM ( <i>diaphragms</i> )	2	ACA (Preventive Health)
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	3	PA, QLC (1 pod/2 days)
OMNIPOD 5 G6 INTRO (GEN 5) KIT	3	PA, QLC (1 kit/2 years)
OMNIPOD 5 G6 PODS (GEN 5) MISC	3	PA, QLC (1 pod/2 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	PA, QLC (1 kit/2 years)
OMNIPOD 5 G7 PODS (GEN 5) MISC	3	PA, QLC (1 pod/2 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	3	PA, QLC (1 pod/2 days)
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	PA, QLC (1 pod/2 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	PA, QLC (1 kit/2 years)
OMNIPOD DASH PODS (GEN 4) MISC	3	PA, QLC (1 pod/2 days)
OPTICHAMBER DIAMOND (DEVICE, MISC)	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	
OPTICHAMBER DIAMOND-MD MASK MISC	2	
OPTICHAMBER DIAMOND-SM MASK MISC	2	
PEN NEEDLES (PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC)	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PENTIPS (29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC)	2	
POCKET CHAMBER DEVICE	2	
POCKET SPACER DEVICE	2	
PRO COMFORT PEN NEEDLES (PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC)	2	
PROCHAMBER VHC DEVICE	2	
RITEFLO DEVICE	2	
SURE COMFORT PEN NEEDLES (PEN 31G 6 MISC, PEN 32G 4 MISC)	2	
ULTICARE INSULIN SAFETY SYR (1/2" 0.5 ML MISC, 1/2" 1 ML MISC)	2	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	2	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
VOWST ( <i>fecal microbiota spores, live-brpk</i> ) CAP	4	PA, LA, QLC (12 caps/30 days)
WIDE-SEAL DIAPHRAGM 60 ( <i>diaphragm wide seal</i> ) 2 %	2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 65 ( <i>diaphragm wide seal</i> ) 2 %	2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 70 ( <i>diaphragm wide seal</i> ) 2 %	2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 75 ( <i>diaphragm wide seal</i> ) 2 %	2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 80 ( <i>diaphragm wide seal</i> ) 2 %	2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 85 ( <i>diaphragm wide seal</i> ) 2 %	2	ACA (Preventive Health)

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

## OPHTHALMIC AGENTS (Drugs for the Eyes)

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

ATROPINE SULFATE ( <i>atropine sulfate ophthalmic</i> ) 1 % SOLUTION	1	
<i>atropine sulfate ophth soln 1%</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
bacitracin-polymyxin b ophth oint (Ak-Poly-Bac)	1	
bacitracin-polymyxin b ophth oint (Polycin)	1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (BACITRA-NEOMYCIN-POLYMYXIN-HC)	1	
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)	1	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
DORZOLAMIDE HCL-TIMOLOL MAL ( <i>dorzolamide hcl-timolol maleate</i> ) 22.3-6.8 MG/ML SOLUTION	1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	2	QLC (2 droperettes/day)
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	2	QLC (2 droperettes/day)
HOMATROPAIRE ( <i>homatropine hbr</i> ) 5 % SOLUTION	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo- Polycin)	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEOMYCIN-BACITRACIN ZN- POLYMYX)	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025SOLUTION	1	
NEOMYCIN-POLYMYXIN-HC ( <i>neomycin-polymyxin-hc (ophth)</i> ) 3.5- 10000-1SUSPENSION	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
phenylephrine hcl ophth soln 10% (Altafrin)	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
phenylephrine hcl ophth soln 2.5% (Altafrin)	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
RESTASIS ( <i>cyclosporine (ophth)</i> ) 0.05 % EMULSION	1	QLC (2 vials/day)
RESTASIS MULTIDOSE ( <i>cyclosporine (ophth)</i> ) 0.05 % EMULSION	2	QLC (one 5.5 ml bottle/month)
ROCKLATAN ( <i>netarsudil dimesylate- latanoprost</i> ) 0.02-0.005 % SOLUTION	3	PA, QLC (2.5 ml/25 days)
SULFACETAMIDE-PREDNISOLONE ( <i>sulfacetamide sod-prednisolone</i> ) 10- 0.23 % SOLUTION	1	
TOBRADEX ( <i>tobramycin- dexamethasone</i> ) 0.3-0.1 % OINTMENT	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYRVAYA ( <i>varenicline tartrate (cholinergic agonist)</i> ) 0.03 MG/ACT SOLUTION	3	QLC (2 bottles (8.4 ml)/30 days)
ZYLET ( <i>loteprednol etabonate-tobramycin</i> ) 0.5-0.3 % SUSPENSION	3	

### OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)

<i>azelastine hcl ophth soln 0.05%</i>	1	
CROMOLYN SODIUM ( <i>cromolyn sodium (ophth)</i> ) 4 % SOLUTION	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	

### OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)

BACITRACIN ( <i>bacitracin (ophthalmic)</i> ) 500 UNIT/GM OINTMENT	1	
ERYTHROMYCIN ( <i>erythromycin (ophth)</i> ) 5 MG/GM OINTMENT	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	QLC (one 2.5 ml bottle/month)
GENTAK ( <i>gentamicin sulfate (ophth)</i> ) 0.3 % OINTMENT	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
LEVOFLOXACIN ( <i>levofloxacin (ophth)</i> ) 1.5 % SOLUTION	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
SULFACETAMIDE SODIUM ( <i>sulfacetamide sodium (ophth)</i> ) (10 % OINTMENT, 10 % SOLUTION)	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TRIFLURIDINE 1 % SOLUTION	1	

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

DEXAMETHASONE SODIUM PHOSPHATE ( <i>dexamethasone sodium phosphate (ophth)</i> ) 0.1 % SOLUTION	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
EYSUVIS ( <i>loteprednol etabonate</i> ) 0.25 % SUSPENSION	2	QLC (1 bottle (8.3 ml)/30 days)
FLAREX ( <i>fluorometholone acetate</i> ) 0.1 % SUSPENSION	3	
<i>fluorometholone ophth susp 0.1%</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
ILEVRO ( <i>nepafenac</i> ) 0.3 % SUSPENSION	3	QLC (1 bottle/month)
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX ( <i>loteprednol etabonate</i> ) 0.5 % OINTMENT	2	QLC (1 tube/month)
LOTEMAX SM ( <i>loteprednol etabonate</i> ) 0.38 % GEL	2	
<i>loteprednol etabonate ophth susp 0.2%</i>	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
PREDNISOLONE ACETATE P-F ( <i>prednisolone acetate (ophth)</i> ) 1 % SUSPENSION	1	
PREDNISOLONE SODIUM PHOSPHATE ( <i>prednisolone sodium phosphate (ophth)</i> ) 1 % SOLUTION	1	

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

BETAXOLOL HCL ( <i>betaxolol hcl (ophth)</i> ) 0.5 % SOLUTION	1	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
CARTEOLOL HCL ( <i>carteolol hcl (ophth)</i> ) 1 % SOLUTION	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)</b>		
<i>acetazolamide cap er 12hr 500 mg</i> (ACETAZOLAMIDE ER)	1	
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	
PHOSPHOLINE IODIDE ( <i>echothiophate iodide</i> ) 0.125 % RECON SOLN	3	PA, LA, QLC (5 ml/30 days)
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
RHOPRESSA ( <i>netarsudil dimesylate</i> ) 0.02 % SOLUTION	3	PA, QLC (1 bottle/month)
SIMBRINZA ( <i>brinzolamide-brimonidine tartrate</i> ) 1-0.2 % SUSPENSION	3	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)</b>		
LATANOPROST 0.005 % SOLUTION	1	QLC (5 ml/ month)
<i>latanoprost ophth soln 0.005%</i>	1	QLC (5 ml/ month)
LUMIGAN ( <i>bimatoprost</i> ) 0.01 % SOLUTION	2	QLC (5 ml/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> (TRAVOPROST (BAK FREE))	3	ST, QLC (5 ml/month)
VYZULTA ( <i>latanoprostene bunod</i> ) 0.024 % SOLUTION	3	QLC (1 bottle/month)

## OTIC AGENTS (Drugs for the Ears)

<i>acetic acid otic soln 2%</i>	1	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	3	
DERMOTIC ( <i>fluocinolone acetonide (otic)</i> ) 0.01 % OIL	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (HYDROCORTISONE-ACETIC ACID)	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

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

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

ARNUIITY ELLIPTA ( <i>fluticasone furoate (inhalation)</i> ) (100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	2	QLC (1 inhaler/30 days)
ARNUIITY ELLIPTA ( <i>fluticasone furoate (inhalation)</i> ) 50 MCG/ACT AER POW BA	2	QLC (1 inhaler/30 days)
ASMANEX (120 METERED DOSES) ( <i>mometasone furoate (inhalation)</i> ) 220 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)
ASMANEX (14 METERED DOSES) ( <i>mometasone furoate (inhalation)</i> ) 220 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ASMANEX (30 METERED DOSES) ( <i>mometasone furoate (inhalation)</i> ) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	2	QLC (1 inhaler/month)
ASMANEX (60 METERED DOSES) ( <i>mometasone furoate (inhalation)</i> ) 220 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)
ASMANEX (7 METERED DOSES) ( <i>mometasone furoate (inhalation)</i> ) 110 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)
ASMANEX HFA ( <i>mometasone furoate (inhalation)</i> ) (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	2	QLC (1 inhaler/month)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QLC (4 ml/day)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QLC (4 ml/day)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QLC (2 ml/day)
QVAR REDHALER ( <i>beclomethasone dipropionate hfa</i> ) (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	2	QLC (2 inhalers/month)
XHANCE ( <i>fluticasone propionate (nasal)</i> ) 93 MCG/ACT EXHU	3	PA, QLC (2 bottles/month)
<b>ANTI-HISTAMINES (Drugs for Allergies)</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)</i>	1	QLC (1 bottle/25 days)
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olopatadine hcl nasal soln 0.6%</i>	1	QLC (1 bottle/month)
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<b>ANTILEUKOTRIENES (Drugs for Asthma)</b>		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	QLC (1 tab/day)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	QLC (1 tab/day)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	QLC (1 pack/day)
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	QLC (1 tab/day)
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
<b>BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)</b>		
ATROVENT HFA ( <i>ipratropium bromide hfa</i> ) 17 MCG/ACT AERO SOLN	3	QLC (2 inhalers/month)
INCRUSE ELLIPTA ( <i>umeclidinium bromide</i> ) 62.5 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QLC (120 doses/month)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	QLC (1 bottle/month)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	QLC (3 bottles/month)
SPIRIVA HANDIHALER ( <i>tiotropium bromide monohydrate</i> ) 18 MCG CAP	2	QLC (30 caps/month)
SPIRIVA RESPIMAT ( <i>tiotropium bromide monohydrate</i> ) (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	2	QLC (1 inhaler/month)
<b>BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)</b>		
<i>albuterol hfa (generic proair hfa)</i>	1	QLC (2 inhalers/month)
<i>albuterol hfa (generic proventil hfa)</i>	1	QLC (2 inhalers/month)
<i>albuterol hfa (generic ventolin hfa)</i>	1	QLC (2 inhalers/month)
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	QLC (4 bottles/month)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> (ALBUTEROL SULFATE HFA)	1	QLC (2 inhalers/month)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QLC (12.5 ml (4 vials)/day)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QLC (5 boxes (150 ml)/ month)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QLC (12.5 mL/day (4 vials/day))
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QLC (12.5 mL/day (4 vials/day))
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
AUVI-Q ( <i>epinephrine (anaphylaxis)</i> ) (0.1 MG/0.1ML SOLN A-INJ, 0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	2	QLC (4 injections/30 days; max 6 fills per year)
EPINEPHRINE ( <i>epinephrine (anaphylaxis)</i> ) (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	1	QLC (4 injections/30 days; max 6 fills per year)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QLC (4 injections/30 days; max 6 fills per year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QLC (4 injections/30 days; max 6 fills per year)
EPIPEN 2-PAK ( <i>epinephrine (anaphylaxis)</i> ) 0.3 MG/0.3ML SOLN A-INJ	2	QLC (4 injections/30 days; max 6 fills per year)
EPIPEN JR 2-PAK ( <i>epinephrine (anaphylaxis)</i> ) 0.15 MG/0.3ML SOLN A-INJ	2	QLC (4 injections/30 days; max 6 fills per year)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QLC (90 vials/month)
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	1	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
SEREVENT DISKUS ( <i>salmeterol xinafoate</i> ) 50 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STRIVERDI RESPIMAT ( <i>olodaterol hcl</i> ) 2.5 MCG/ACT AERO SOLN	2	QLC (1 inhaler/month)
VENTOLIN HFA ( <i>albuterol sulfate</i> ) 108 (90 BASE) MCG/ACT AERO SOLN	2	QLC (2 inhalers/month)
<b>CYSTIC FIBROSIS AGENTS</b>		
ALYFTREK ( <i>vanzacaftor-tezacaftor-deutivacaftor</i> ) 10-50-125 MG TAB	4	PA, LA, S (Specialty Drug), QLC (56 tabs/28 days)
ALYFTREK ( <i>vanzacaftor-tezacaftor-deutivacaftor</i> ) 4-20-50 MG TAB	4	PA, LA, S (Specialty Drug), QLC (84 tabs/28 days)
KALYDECO ( <i>ivacaftor</i> ) (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET)	4	PA, LA, S (Specialty Drug), QLC (2 packets/day)
KALYDECO ( <i>ivacaftor</i> ) (50 MG PACKET, 75 MG PACKET)	4	PA, LA, S (Specialty Drug), QLC (2 packs/day)
KALYDECO ( <i>ivacaftor</i> ) 150 MG TAB	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
KITABIS PAK ( <i>tobramycin</i> ) 300 MG/5ML NEBU SOLN	4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
SYMDEKO ( <i>tezacaftor-ivacaftor</i> ) (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK)	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
TOBI PODHALER ( <i>tobramycin</i> ) 28 MG CAP	4	LA, S (Specialty Drug), QLC (224 caps/2 months)
<i>tobramycin nebu soln 300 mg/5ml</i>	3	PA, S (Specialty Drug), QLC (1 box/2 months)
<b>MAST CELL STABILIZERS (Drugs to Block Mast Cells)</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	QLC (2 boxes/month)
<b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)</b>		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
<i>roflumilast tab 250 mcg</i>	2	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
<i>roflumilast tab 500 mcg</i>	2	PA, QLC (1 tab/day)
<i>theophylline elixir 80 mg/15ml</i>	1	
theophylline elixir 80 mg/15ml (Elixophyllin)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
THEOPHYLLINE ER (ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H)	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i> (THEOPHYLLINE ER)	1	
<i>theophylline tab er 12hr 450 mg</i> (THEOPHYLLINE ER)	1	
<i>theophylline tab er 24hr 400 mg</i> (THEOPHYLLINE ER)	1	
<i>theophylline tab er 24hr 600 mg</i> (THEOPHYLLINE ER)	1	
<b>PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)</b>		
ADEMPAS ( <i>riociguat</i> ) (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
<i>ambrisentan tab 10 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>ambrisentan tab 5 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>bosentan tab 125 mg</i>	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
<i>bosentan tab 62.5 mg</i>	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
<i>bosentan tab for oral susp 32 mg</i>	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
OPSUMIT ( <i>macitentan</i> ) 10 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORENITRAM ( <i>treprostinil diolamine</i> ) (0.125 MG TAB ER, 0.25 MG TAB ER)	4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)
ORENITRAM ( <i>treprostinil diolamine</i> ) 1 MG TAB ER	4	PA, LA, S (Specialty Drug), QLC (42 tabs/day)
ORENITRAM ( <i>treprostinil diolamine</i> ) 2.5 MG TAB ER	4	PA, LA, S (Specialty Drug), QLC (16 tabs/day)
ORENITRAM ( <i>treprostinil diolamine</i> ) 5 MG TAB ER	4	PA, LA, S (Specialty Drug), QLC (24 tabs/day)
ORENITRAM MONTH 1 ( <i>treprostinil diolamine</i> ) 0.25 & 0.25 MG TBER THPK	4	PA, LA, S (Specialty Drug), QLC (168 tabs/28 days)
ORENITRAM MONTH 2 ( <i>treprostinil diolamine</i> ) 0.15 & 0.5 MG TBER THPK	4	PA, LA, S (Specialty Drug), QLC (336 tabs/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORENITRAM MONTH 3 ( <i>treprostinil diolamine</i> ) 0.125 & 0.25 & 1 MG TBER THPK	4	PA, LA, S (Specialty Drug), QLC (252 tabs/28 days)
<i>sildenafil citrate tab 20 mg</i>	1	PA, S (Specialty Drug), QLC (12 tabs/day)
tadalafil tab 20 mg (pah) (Alyq)	4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	4	PA, S (Specialty Drug), QLC (2 tabs/day)
TRACLEER ( <i>bosentan</i> ) 32 MG TAB SOL	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
UPTRAVI ( <i>selexipag</i> ) (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
UPTRAVI ( <i>selexipag</i> ) 200 & 800 MCG TAB THPK	4	PA, LA, S (Specialty Drug), QLC (200 tabs/6 months)
UPTRAVI ( <i>selexipag</i> ) 200 MCG TAB	4	PA, LA, S (Specialty Drug), QLC (pkg size #60= 2 tabs/day; pkg size #140= 140 tabs/6 months)
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV ( <i>nintedanib esylate</i> ) (100 MG CAP, 150 MG CAP)	4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
PIRFENIDONE 534 MG TAB	4	PA, S (Specialty Drug), QLC (3 tabs/day)
<i>pirfenidone cap 267 mg</i>	4	PA, S (Specialty Drug), QLC (9 caps/day)
<i>pirfenidone tab 267 mg</i>	4	PA, S (Specialty Drug), QLC (9 tabs/day)
<i>pirfenidone tab 801 mg</i>	4	PA, S (Specialty Drug), QLC (3 tabs/day)
<b>RESPIRATORY TRACT AGENTS, OTHER (Drugs for Allergies, Cough, Cold, and Other Conditions)</b>		
<i>acetylcysteine inhal soln 10%</i>	3	
<i>acetylcysteine inhal soln 20%</i>	3	
ADVAIR HFA ( <i>fluticasone-salmeterol</i> ) (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	QLC (1 inhaler/month)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
ANORO ELLIPTA ( <i>umeclidinium-vilanterol</i> ) 62.5-25 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)
BENZONATATE 150 MG CAP	1	
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> ) (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	2	QLC (1 inhaler/month)
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> ) 50-25 MCG/INH AER POW BA	2	QLC (1 inhaler (60 blisters)/30 days)
BREZTRI AEROSPHERE ( <i>budesonide-glycopyrrolate-formoterol fumarate</i> ) 160-9-4.8 MCG/ACT AEROSOL	2	QLC (1 inhaler/30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd)	2	QLC (1 inhaler/month)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd)	2	QLC (1 inhaler/month)
COMBIVENT RESPIMAT ( <i>ipratropium-albuterol</i> ) 20-100 MCG/ACT AERO SOLN	2	QLC (1 inhaler/month)
DULERA ( <i>mometasone furoate-formoterol fumarate dihydrate</i> ) (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	2	QLC (1 inhaler/month)
FASENRA PEN ( <i>benralizumab</i> ) 30 MG/ML SOLN A-INJ	4	PA, LA, S (Specialty Drug), QLC (1 pen/56 days)
<i>flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)</i>	1	QLC (2 bottles/month)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QLC (1 bottle/month)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	QLC (1 inhaler/month)

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<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)	1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	1	QLC (1 inhaler/month)
HYDROCOD POLI-CHLORPHE POLI ER ( <i>hydrocodone polistirex-chlorpheniramine polistirex</i> ) 10-8 MG/5ML SUSP	1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> (HYDROCOD POLI-CHLORPHE POLI ER)	1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> (HYDROCODONE BIT-HOMATROP MBR)	1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet)	1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> (HYDROCODONE BIT-HOMATROP MBR)	1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QLC (6 boxes [30 doses/box]/month)
NUCALA ( <i>mepolizumab</i> ) 100 MG/ML SOLN A-INJ	4	PA, LA, S (Specialty Drug), QLC (3 auto-injectors/28 days)
NUCALA ( <i>mepolizumab</i> ) 100 MG/ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (3 syringes/28 days)
NUCALA ( <i>mepolizumab</i> ) 40 MG/0.4ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE-PHENYLEPHRINE)	1	

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

<b>PRESCRIPTION DRUG NAME</b>	<b>DRUG TIER</b>	<b>COVERAGE REQUIREMENTS AND LIMITS</b>
PROMETHAZINE VC ( <i>promethazine &amp; phenylephrine</i> ) 6.25-5 MG/5ML SYRUP	1	
PROMETHAZINE VC/CODEINE ( <i>promethazine-phenylephrine-codeine</i> ) 6.25-5-10 MG/5ML SYRUP	1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> (PROMETHAZINE-CODEINE)	1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
PROMETHAZINE-PHENYLEPHRINE ( <i>promethazine &amp; phenylephrine</i> ) 6.25-5 MG/5ML SYRUP	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE-PHENYLEPH-CODEINE)	1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (BROMPHEN-PSEUDOEPH-DM)	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (PSEUDOEPH-BROMPHEN-DM)	1	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
sodium chloride soln nebu 3% (Nebusal)	1	
<i>sodium chloride soln nebu 7%</i>	1	
sodium chloride soln nebu 7% (Pulmosal)	1	
STIOLTO RESPIMAT ( <i>tiotropium bromide-olodaterol hcl</i> ) 2.5-2.5 MCG/ACT AERO SOLN	2	QLC (1 inhaler/month)
TEZSPIRE ( <i>tezepelumab-ekko</i> ) 210 MG/1.91ML SOLN A-INJ	4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
TRELEGY ELLIPTA ( <i>fluticasone-umeclidinium-vilanterol</i> ) (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	2	QLC (60 blister packs/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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## SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)

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

## SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

### SLEEP PROMOTING AGENTS (Drugs for Insomnia)

BELSOMRA ( <i>suvorexant</i> ) (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	2	ST, QLC (1 tab/day)
<i>estazolam tab 1 mg</i>	1	QLC (2 tabs/day)
<i>estazolam tab 2 mg</i>	1	QLC (1 tab/day)
<i>eszopiclone tab 1 mg</i>	1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 2 mg</i>	1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 3 mg</i>	1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>ramelteon tab 8 mg</i>	2	ST, QLC (1 tab/day)
<i>temazepam cap 15 mg</i>	1	QLC (2 caps/day)
<i>temazepam cap 22.5 mg</i>	3	QLC (1 cap/day)
<i>temazepam cap 30 mg</i>	1	QLC (1 cap/day)
<i>temazepam cap 7.5 mg</i>	3	QLC (4 caps/day)
<i>zaleplon cap 10 mg</i>	1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
<i>zaleplon cap 5 mg</i>	1	AL1 (Up to 64 yrs old), QLC (4 caps/day)
<i>zolpidem tartrate tab 10 mg</i>	1	AL1 (Up to 64 yrs old), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zolpidem tartrate tab 5 mg</i>	1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
<i>zolpidem tartrate tab er 12.5 mg</i> (ZOLPIDEM TARTRATE ER)	2	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab er 6.25 mg</i> (ZOLPIDEM TARTRATE ER)	2	AL1 (Up to 64 yrs old), QLC (2 tabs/day)

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

LUMRYZ ( <i>sodium oxybate</i> ) (4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET)	4	PA, LA, S (Specialty Drug), QLC (1 packet/day)
<i>modafinil tab 100 mg</i>	1	QLC (3 tabs/day)
<i>modafinil tab 200 mg</i>	1	QLC (2 tabs/day)
SUNOSI ( <i>solriamfetol hcl</i> ) (75 MG TAB, 150 MG TAB)	2	PA, QLC (1 tab/day)
WAKIX ( <i>pitolisant hcl</i> ) (4.45 MG TAB, 17.8 MG TAB)	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
XYWAV ( <i>calcium, magnesium, potassium, &amp; sodium oxybates</i> ) 500 MG/ML SOLUTION	4	PA, LA, QLC (18 ml/day)

### WEIGHT LOSS AGENTS

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

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PA - Prior Authorization;  
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;  
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atomoxetine hcl cap 60 mg (base equiv) . . . . .	96	<b>B</b>	
atomoxetine hcl cap 80 mg (base equiv) . . . . .	96	Bacitracin (bacitracin (ophthalmic)) . . . . .	170
atorvastatin calcium tab 10 mg (base equivalent) . . . . .	89	bacitracin-polymyxin b opth oint . . . . .	168
atorvastatin calcium tab 20 mg (base equivalent) . . . . .	89	bacitracin-polymyxin b opth oint (Ak-Poly- Bac) . . . . .	168
atorvastatin calcium tab 40 mg (base equivalent) . . . . .	89	bacitracin-polymyxin b opth oint (Polycin) . . . . .	168
atorvastatin calcium tab 80 mg (base equivalent) . . . . .	89	bacitracin-polymyxin-neomycin-hc opth oint 1% (Bacitra-Neomycin-Polymyxin-HC) . . . . .	168
atovaquone susp 750 mg/5ml . . . . .	44	bacitracin-polymyxin-neomycin-hc opth oint 1% (Neo-Polycin Hc) . . . . .	168
atovaquone-proguanil hcl tab 250-100 mg . . . . .	44	baclofen tab 10 mg . . . . .	51
atovaquone-proguanil hcl tab 62.5-25 mg . . . . .	44	baclofen tab 15 mg . . . . .	51
Atropine Sulfate (atropine sulfate (ophthalmic)) . . . . .	168	baclofen tab 20 mg . . . . .	51
atropine sulfate opth soln 1% . . . . .	168	baclofen tab 5 mg . . . . .	51
Atrovent HFA (ipratropium bromide hfa) . . . . .	175	balsalazide disodium cap 750 mg . . . . .	161
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Auryxia (ferric citrate) . . . . .	119	Baqsimi Two Pack (glucagon) . . . . .	63
Austedo (deutetrabenazine) . . . . .	99	Baraclude (entecavir) . . . . .	52
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Averi (desogestrel-ethinyl estradiol & iron) . . . . .	131	BD Pen Needle Nano U/F . . . . .	163
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benazepril & hydrochlorothiazide tab 20-12.5 mg (Benazepril-hydroCHLOROthiazide) . . . . .	83	betaxolol hcl tab 10 mg . . . . .	75
benazepril & hydrochlorothiazide tab 20-25 mg (Benazepril-Hydrochlorothiazide) . . . . .	83	betaxolol hcl tab 20 mg . . . . .	75
benazepril & hydrochlorothiazide tab 5-6.25 mg (Benazepril-hydroCHLOROthiazide) . . . . .	83	bethanechol chloride tab 10 mg . . . . .	126
benazepril hcl tab 10 mg . . . . .	72	bethanechol chloride tab 25 mg . . . . .	126
benazepril hcl tab 20 mg . . . . .	72	bethanechol chloride tab 5 mg . . . . .	126
benazepril hcl tab 40 mg . . . . .	72	bethanechol chloride tab 50 mg . . . . .	126
benazepril hcl tab 5 mg . . . . .	72	bexarotene cap 75 mg . . . . .	44
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benzonatate cap 150 mg . . . . .	180	bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Bisoprolol-hydroCHLOROthiazide) . . . . .	83
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benzphetamine hcl tab 50 mg . . . . .	100	Bisoprolol Fumarate . . . . .	75
benztropine mesylate tab 0.5 mg . . . . .	45	bisoprolol fumarate tab 10 mg . . . . .	75
benztropine mesylate tab 1 mg . . . . .	45	bisoprolol fumarate tab 5 mg . . . . .	75
benztropine mesylate tab 2 mg . . . . .	45	Bonjesta (doxylamine-pyridoxine) . . . . .	30
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betamethasone dipropionate cream 0.05% . . . . .	107	Breathe Ease Large . . . . .	163
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betamethasone dipropionate oint 0.05% . . . . .	107	Breathe Ease Small . . . . .	163
Betamethasone Valerate . . . . .	107	BreatheRite Valved MDI Chamber . . . . .	163
betamethasone valerate cream 0.1% (base equivalent) . . . . .	107	Breo Ellipta (fluticasone furoate-vilanterol) . . . . .	180
betamethasone valerate lotion 0.1% (base equivalent) . . . . .	107	Breztri Aerosphere (budesonide-glycopyrrolate-formoterol fumarate) . . . . .	180
betamethasone valerate oint 0.1% (base equivalent) . . . . .	107	Brilinta (ticagrelor) . . . . .	70
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betaxolol hcl ophth soln 0.5% . . . . .	171	Briviact (brivaracetam) . . . . .	18
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budesonide inhalation susp 1 mg/2ml.....	174
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budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breyna).....	180
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....	180
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breyna).....	180
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buprenorphine hcl sl tab 8 mg (base equiv)...	10
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv).....	10
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	10
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv).....	10
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....	10
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	10
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	10
buprenorphine td patch weekly 10 mcg/hr....	3
buprenorphine td patch weekly 15 mcg/hr....	4
buprenorphine td patch weekly 20 mcg/hr....	4
buprenorphine td patch weekly 5 mcg/hr.....	4
buprenorphine td patch weekly 7.5 mcg/hr....	4
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (buPROPion HCl ER (Smoking Det))....	11
bupropion hcl tab 100 mg.....	25
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bupropion hcl tab er 12hr 100 mg (BuPROPion HCl ER (SR)).....	25

bupropion hcl tab er 12hr 150 mg (BuPROPion HCl ER (SR)).....	25
bupropion hcl tab er 12hr 200 mg (BuPROPion HCl ER (SR)).....	25
bupropion hcl tab er 24hr 150 mg (BuPROPion HCl ER (XL)).....	25
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butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg (Butalbital-APAP-Caff-Cod)...	6
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BAC (Butalbital-Acetamin-Caff)).....	100
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Butalbital-APAP-Caffeine)....	100
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine).....	6
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Butalbital-ASA-Caff-Codeine)....	6
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butorphanol tartrate nasal soln 10 mg/ml....	6
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Cabometyx (cabozantinib s-malate).....	38
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calcipotriene cream 0.005%.....	110
calcipotriene oint 0.005%.....	110
calcipotriene oint 0.005% (Calcitrene).....	110

calcipotriene soln 0.005% (50 mcg/ml) . . . . .	110	carbamazepine tab 200 mg . . . . .	22
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Calcipotriene-Betameth Diprop) . . . . .	110	carbamazepine tab 200 mg (Epitol) . . . . .	22
calcitonin (salmon) nasal soln 200 unit/act. . .	161	carbamazepine tab er 12hr 100 mg (carBAMazepine ER) . . . . .	22
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Calquence (acalabrutinib maleate) . . . . .	38	carbidopa & levodopa tab 25-250 mg (Carbidopa-Levodopa) . . . . .	47
Calquence (acalabrutinib) . . . . .	39	carbidopa & levodopa tab er 25-100 mg (Carbidopa-Levodopa ER) . . . . .	47
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candesartan cilexetil tab 32 mg . . . . .	71	carbidopa tab 25 mg . . . . .	47
candesartan cilexetil tab 4 mg . . . . .	71	Carbidopa-Levodopa . . . . .	47
candesartan cilexetil tab 8 mg . . . . .	71	Carbidopa-Levodopa-Entacapone . . . . .	45
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Candesartan Cilexetil-HCTZ) . . . .	84	carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg . . . . .	45
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Candesartan Cilexetil-HCTZ) . . . .	84	carbidopa-levodopa-entacapone tabs 18.75- 75-200 mg . . . . .	45
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Candesartan Cilexetil-HCTZ) . . . .	84	carbidopa-levodopa-entacapone tabs 25-100- 200 mg . . . . .	46
capecitabine tab 150 mg . . . . .	37	carbidopa-levodopa-entacapone tabs 31.25- 125-200 mg . . . . .	46
capecitabine tab 500 mg . . . . .	37	carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg . . . . .	46
Caplyta (lumateperone tosylate) . . . . .	49	carbidopa-levodopa-entacapone tabs 50-200- 200 mg . . . . .	46
Caprelsa (vandetanib) . . . . .	39	carbinoxamine maleate tab 4 mg . . . . .	174
captopril tab 100 mg . . . . .	72	carglumic acid soluble tab 200 mg . . . . .	123
captopril tab 12.5 mg . . . . .	72	carisoprodol tab 350 mg . . . . .	183
captopril tab 25 mg . . . . .	72	carisoprodol tab 350 mg (Vanadom) . . . . .	183
captopril tab 50 mg . . . . .	72	Carteolol HCl (carteolol hcl (ophth)) . . . . .	171
Captopril-hydroCHLOROthiazide (captopril & hydrochlorothiazide) . . . . .	84	carvedilol tab 12.5 mg . . . . .	75
carBAMazepine . . . . .	22	carvedilol tab 25 mg . . . . .	75
carbamazepine cap er 12hr 100 mg (CarBAMazepine ER) . . . . .	22	carvedilol tab 3.125 mg . . . . .	75
carbamazepine cap er 12hr 200 mg (CarBAMazepine ER) . . . . .	22		
carbamazepine cap er 12hr 300 mg (CarBAMazepine ER) . . . . .	22		
carbamazepine chew tab 100 mg . . . . .	22		
carbamazepine susp 100 mg/5ml . . . . .	22		

carvedilol tab 6.25 mg	75	chlorpromazine hcl tab 100 mg	48
Caya (diaphragm arc-spring)	163	chlorpromazine hcl tab 200 mg	48
Cayston (aztreonam lysine)	11	chlorpromazine hcl tab 25 mg	48
Cefaclor	13	chlorpromazine hcl tab 50 mg	48
Cefaclor ER (cefaclor monohydrate)	13	chlorthalidone tab 25 mg	88
Cefadroxil	13	chlorthalidone tab 50 mg	88
cefadroxil cap 500 mg	13	cholestyramine light powder 4 gm/dose	90
cefadroxil for susp 250 mg/5ml	13	cholestyramine light powder 4 gm/dose (Prevalite)	90
cefadroxil for susp 500 mg/5ml	13	cholestyramine light powder packets 4 gm	90
cefdinir cap 300 mg	13	cholestyramine light powder packets 4 gm (Prevalite)	90
cefdinir for susp 125 mg/5ml	13	cholestyramine powder 4 gm/dose	90
cefdinir for susp 250 mg/5ml	13	cholestyramine powder packets 4 gm	90
Cefpodoxime Proxetil	13	choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	88
cefpodoxime proxetil tab 100 mg	13	choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	88
cefpodoxime proxetil tab 200 mg	13	Cibinqo (abrocitinib)	110
cefprozil for susp 125 mg/5ml	13	ciclopirox gel 0.77%	112
cefprozil for susp 250 mg/5ml	13	ciclopirox olamine cream 0.77% (base equiv)	112
cefprozil tab 250 mg	13	ciclopirox olamine susp 0.77% (base equiv)	112
cefprozil tab 500 mg	13	ciclopirox shampoo 1%	112
cefuroxime axetil tab 250 mg	13	ciclopirox solution 8%	112
cefuroxime axetil tab 500 mg	13	ciclopirox solution 8% (Ciclodan)	112
celecoxib cap 100 mg	2	cilostazol tab 100 mg	70
celecoxib cap 200 mg	2	cilostazol tab 50 mg	70
celecoxib cap 400 mg	2	Cimduo (lamivudine-tenofovir disoproxil fumarate)	54
celecoxib cap 50 mg	2	cimetidine tab 300 mg	123
cephalexin cap 250 mg	13	cimetidine tab 400 mg	123
cephalexin cap 500 mg	13	cimetidine tab 800 mg	123
cephalexin cap 750 mg	14	Cimzia (2 Syringe) (certolizumab pegol)	157
cephalexin for susp 125 mg/5ml	14	Cimzia-Starter (certolizumab pegol)	157
cephalexin for susp 250 mg/5ml	14	cinacalcet hcl tab 30 mg (base equiv)	162
Cerdelga (eliglustat tartrate)	123	cinacalcet hcl tab 60 mg (base equiv)	162
cetorelix acetate for inj kit 0.25 mg	151	cinacalcet hcl tab 90 mg (base equiv)	162
cevimeline hcl cap 30 mg	104	ciprofloxacin for oral susp 250 mg/5ml (5% (5 gm/100ml))	16
Chemet (succimer)	119	ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	16
chlordiazepoxide hcl cap 10 mg	59		
chlordiazepoxide hcl cap 25 mg	59		
chlordiazepoxide hcl cap 5 mg	59		
Chloroquine Phosphate	44		
chloroquine phosphate tab 250 mg	44		
chloroquine phosphate tab 500 mg	44		
chlorpromazine hcl tab 10 mg	48		

Ciprofloxacin HCl.....	16	clindamycin phosphate swab 1% (Clindacin Etz).....	113
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	16	clindamycin phosphate swab 1% (Clindacin-P).....	113
ciprofloxacin hcl otic soln 0.2% (base equivalent).....	173	clindamycin phosphate vaginal cream 2%.....	12
ciprofloxacin hcl tab 250 mg (base equiv).....	16	clindamycin phosphate-benzoyl peroxide gel 1-5% (Clindamycin Phos-Benzoyl Perox).....	105
ciprofloxacin hcl tab 500 mg (base equiv).....	16	Clindesse (clindamycin phosphate (one dose)).....	12
ciprofloxacin hcl tab 750 mg (base equiv).....	16	clobazam suspension 2.5 mg/ml.....	21
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	173	clobazam tab 10 mg.....	21
citalopram hydrobromide oral soln 10 mg/5ml.....	26	clobazam tab 20 mg.....	21
citalopram hydrobromide tab 10 mg (base equiv).....	26	clobetasol propionate cream 0.05%.....	107
citalopram hydrobromide tab 20 mg (base equiv).....	26	clobetasol propionate emollient base cream 0.05%.....	107
citalopram hydrobromide tab 40 mg (base equiv).....	26	clobetasol propionate emollient base cream 0.05% (Clobetasol Prop Emollient Base).....	107
Clarithromycin.....	15	clobetasol propionate gel 0.05%.....	107
clarithromycin tab 250 mg.....	15	clobetasol propionate lotion 0.05%.....	107
clarithromycin tab 500 mg.....	15	clobetasol propionate oint 0.05%.....	107
clarithromycin tab er 24hr 500 mg (Clarithromycin ER).....	15	clobetasol propionate shampoo 0.05%.....	107
Clever Choice Holding Chamber.....	163	clobetasol propionate shampoo 0.05% (Clodan).....	107
Climara Pro (estradiol-levonorgestrel).....	132	clobetasol propionate soln 0.05%.....	107
clindamycin hcl cap 150 mg.....	11	ClomiPHENE Citrate.....	148
clindamycin hcl cap 300 mg.....	11	clomiphene citrate tab 50 mg.....	148
clindamycin hcl cap 75 mg.....	11	clomiphene citrate tab 50 mg (Clomid).....	149
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	12	clomipramine hcl cap 25 mg.....	29
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Clindamycin Phos-Benzoyl Perox).....	105	clomipramine hcl cap 50 mg.....	29
clindamycin phosphate gel 1% (once-daily) (Clindamycin Phos (Once-Daily)).....	112	clomipramine hcl cap 75 mg.....	29
clindamycin phosphate gel 1% (twice-daily) (Clindamycin Phos (Twice-Daily)).....	113	clonazepam orally disintegrating tab 0.125 mg.....	59
clindamycin phosphate lotion 1%.....	113	clonazepam orally disintegrating tab 0.25 mg.....	59
clindamycin phosphate soln 1%.....	113	clonazepam orally disintegrating tab 0.5 mg.....	59
clindamycin phosphate swab 1%.....	113	clonazepam orally disintegrating tab 1 mg.....	59
		clonazepam orally disintegrating tab 2 mg.....	59
		clonazepam tab 0.5 mg.....	59
		clonazepam tab 1 mg.....	59
		clonazepam tab 2 mg.....	59
		clonidine hcl tab 0.1 mg.....	70
		clonidine hcl tab 0.2 mg.....	70
		clonidine hcl tab 0.3 mg.....	70



clonidine hcl tab er 12hr 0.1 mg (clonidine HCl ER).....	96	Cometriq (140 mg Daily Dose) (cabozantinib s-malate).....	39
clonidine td patch weekly 0.1 mg/24hr.....	70	Cometriq (60 mg Daily Dose) (cabozantinib s-malate).....	39
clonidine td patch weekly 0.2 mg/24hr.....	70	Compact Space Chamber.....	164
clonidine td patch weekly 0.3 mg/24hr.....	70	Compact Space Chamber/Lg Mask.....	164
clopidogrel bisulfate tab 75 mg (base equiv) ..	70	Compact Space Chamber/Med Mask.....	164
clorazepate dipotassium tab 15 mg.....	59	Compact Space Chamber/Sm Mask.....	164
clorazepate dipotassium tab 3.75 mg.....	59	Complera (emtricitabine-rilpivirine-tenofovir disoproxil fumarate).....	53
clorazepate dipotassium tab 7.5 mg.....	59	CompleteNate (prenatal vit w/ ferrous fumarate-folic acid).....	113
clotrimazole troche 10 mg.....	31	Concept DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3).....	114
clotrimazole w/ betamethasone cream 1-0.05% (Clotrimazole-Betamethasone).....	110	Concept OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa).....	114
clotrimazole w/ betamethasone lotion 1-0.05% (Clotrimazole-Betamethasone).....	110	Corlanor (ivabradine hcl).....	84
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clozapine tab 200 mg.....	51	Cosentyx (secukinumab).....	153
clozapine tab 25 mg.....	51	Cosentyx Sensoready (300 MG) (secukinumab).....	153
clozapine tab 50 mg.....	51	Cosentyx Sensoready Pen (secukinumab).....	153
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Coartem (artemether-lumefantrine).....	44	Creon (pancrelipase (lipase-protease-amylase)).....	124
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codeine sulfate tab 30 mg.....	6	Cromolyn Sodium (cromolyn sodium (ophth)).....	170
colchicine cap 0.6 mg.....	33	cromolyn sodium ophth soln 4%.....	170
colchicine tab 0.6 mg.....	33	cromolyn sodium oral conc 100 mg/5ml.....	122
colchicine w/ probenecid tab 0.5-500 mg (Colchicine-Probenecid).....	33	cromolyn sodium soln nebu 20 mg/2ml.....	177
colesevelam hcl packet for susp 3.75 gm.....	90	cyanocobalamin inj 1000 mcg/ml.....	120
colesevelam hcl tab 625 mg.....	90	cyanocobalamin inj 1000 mcg/ml (Dodex).....	120
colestipol hcl granule packets 5 gm.....	90	cyclobenzaprine hcl tab 10 mg.....	183
colestipol hcl granules 5 gm.....	90	cyclobenzaprine hcl tab 5 mg.....	183
colestipol hcl tab 1 gm.....	90	cyclopentolate hcl ophth soln 0.5%.....	168
CombiPatch (estradiol & norethindrone acetate).....	147	cyclopentolate hcl ophth soln 1%.....	168
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Fetzima (levomilnacipran hcl).....	27	fluocinonide emulsified base cream 0.05% ..	108
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fluoxetine hcl cap 20 mg	27	fosamprenavir calcium tab 700 mg (base equiv)	56
fluoxetine hcl cap 40 mg	27	fosfomycin tromethamine powd pack 3 gm (base equivalent)	12
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fluoxetine hcl tab 10 mg	27	fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (Fosinopril Sodium-HCTZ)	84
fluoxetine hcl tab 20 mg	27	fosinopril sodium tab 10 mg	72
fluphenazine hcl tab 1 mg	48	fosinopril sodium tab 20 mg	72
fluphenazine hcl tab 10 mg	48	fosinopril sodium tab 40 mg	72
fluphenazine hcl tab 2.5 mg	48	Fragmin (dalteparin sodium)	66,67
fluphenazine hcl tab 5 mg	48	Furoscix (furosemide)	87
Flurbiprofen	2	Furosemide	87
Flurbiprofen Sodium	171	furosemide oral soln 10 mg/ml	88
flurbiprofen tab 100 mg	3	furosemide tab 20 mg	88
Flutamide	36	furosemide tab 40 mg	88
fluticasone propionate cream 0.05%	108	furosemide tab 80 mg	88
fluticasone propionate nasal susp 50 mcg/act	180	Fuzeon (enfuvirtide)	56
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fluticasone-salmeterol aer powder ba 100-50 mcg/act	181	<b>G</b>	
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	181	gabapentin cap 100 mg	21
fluticasone-salmeterol aer powder ba 250-50 mcg/act	181	gabapentin cap 300 mg	21
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)	181	gabapentin cap 400 mg	21
fluticasone-salmeterol aer powder ba 500-50 mcg/act	181	gabapentin oral soln 250 mg/5ml	21
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	181	gabapentin tab 600 mg	21
fluvastatin sodium cap 20 mg (base equivalent)	89	gabapentin tab 800 mg	21
fluvastatin sodium cap 40 mg (base equivalent)	89	galantamine hydrobromide cap er 24hr 16 mg (Galantamine Hydrobromide ER)	24
fluvoxamine maleate tab 100 mg	27	galantamine hydrobromide cap er 24hr 24 mg (Galantamine Hydrobromide ER)	24
fluvoxamine maleate tab 25 mg	27	galantamine hydrobromide cap er 24hr 8 mg (Galantamine Hydrobromide ER)	24
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folic acid tab 1 mg	120	galantamine hydrobromide tab 4 mg	25
Folivane-OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa)	114	galantamine hydrobromide tab 8 mg	25
Follistim AQ (follitropin beta)	129	ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	151
		ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel)	151

gatifloxacin ophth soln 0.5%.....	170	glucagon (rdna) for inj kit 1 mg (Glucagon Emergency).....	63
GaviLyte-C (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate).....	122	Glucagon Emergency (glucagon hcl).....	64
gemfibrozil tab 600 mg.....	89	GlyBURIDE Micronized.....	61
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Genotropin (somatropin).....	129	glyburide tab 2.5 mg.....	61
Genotropin MiniQuick (somatropin).....	130	glyburide tab 5 mg.....	61
Gentak (gentamicin sulfate (ophth)).....	170	glyburide-metformin tab 1.25-250 mg.....	61
gentamicin sulfate cream 0.1%.....	11	glyburide-metformin tab 2.5-500 mg.....	61
gentamicin sulfate oint 0.1%.....	11	glyburide-metformin tab 5-500 mg.....	61
gentamicin sulfate ophth soln 0.3%.....	170	glycopyrrolate tab 1 mg.....	121
Genvoya (elvitegravir-cobicistat-emtricitabine- tenofovir alafenamide).....	53	glycopyrrolate tab 2 mg.....	121
Gilenya (fingolimod hcl).....	102	Glyxambi (empagliflozin-linagliptin).....	61
Gilotrif (afatinib dimaleate).....	40	Gralise (gabapentin (once-daily)).....	100
glatiramer acetate soln prefilled syringe 20 mg/ml.....	102	granisetron hcl tab 1 mg.....	31
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa).....	102	Grastek (timothy grass pollen allergen extract).....	153
glatiramer acetate soln prefilled syringe 40 mg/ml.....	102	griseofulvin microsize susp 125 mg/5ml.....	32
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa).....	102	guanfacine hcl tab 1 mg.....	71
Gleostine (lomustine).....	36	guanfacine hcl tab 2 mg.....	71
glimepiride tab 1 mg.....	60	guanfacine hcl tab er 24hr 1 mg (base equiv) (GuanFACINE HCl ER).....	97
glimepiride tab 2 mg.....	60	guanfacine hcl tab er 24hr 2 mg (base equiv) (guanFACINE HCl ER).....	97
glimepiride tab 4 mg.....	60	guanfacine hcl tab er 24hr 3 mg (base equiv) (guanFACINE HCl ER).....	97
glipiZIDE.....	60	guanfacine hcl tab er 24hr 4 mg (base equiv) (GuanFACINE HCl ER).....	97
glipizide tab 10 mg.....	60	Gvoke HypoPen 1-Pack (glucagon).....	64
glipizide tab 5 mg.....	61	Gvoke HypoPen 2-Pack (glucagon).....	64
glipizide tab er 24hr 10 mg (glipiZIDE ER).....	61	Gvoke Kit (glucagon).....	64
glipizide tab er 24hr 10 mg (GlipiZIDE XL).....	61	Gvoke PFS (glucagon).....	64
glipizide tab er 24hr 2.5 mg (GlipiZIDE ER).....	61	Gynazole-1 (butoconazole nitrate (one dose)).....	32
glipizide tab er 24hr 2.5 mg (GlipiZIDE XL).....	61		
glipizide tab er 24hr 5 mg (GlipiZIDE ER).....	61	<b>H</b>	
glipizide tab er 24hr 5 mg (GlipiZIDE XL).....	61	Hadlima (adalimumab-bwwd).....	157
glipizide-metformin hcl tab 2.5-250 mg.....	61	Hadlima PushTouch (adalimumab-bwwd)...	157
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glipizide-metformin hcl tab 5-500 mg.....	61	halobetasol propionate cream 0.05%.....	108
GlucaGen HypoKit (glucagon hcl (rdna)).....	63	halobetasol propionate oint 0.05%.....	108
		haloperidol lactate oral conc 2 mg/ml.....	48

haloperidol tab 0.5 mg.....	48	Humira-Ped>/=40kg UC Starter	
haloperidol tab 1 mg.....	48	(adalimumab).....	158
haloperidol tab 10 mg.....	48	Humira-Ps/UV/Adol HS Starter	
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Hemangeol (propranolol hcl).....	75	regular (human)).....	65
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heparin sodium (porcine) inj 10000 unit/ml...	67	hydralazine hcl tab 10 mg.....	91
heparin sodium (porcine) inj 20000 unit/ml...	67	hydralazine hcl tab 100 mg.....	91
heparin sodium (porcine) inj 5000 unit/ml....	67	hydralazine hcl tab 25 mg.....	91
Heparin Sodium (Porcine) PF.....	67	hydralazine hcl tab 50 mg.....	91
heparin sodium (porcine) pf inj 1000 unit/ml..	67	hydrochlorothiazide cap 12.5 mg.....	88
heparin sodium (porcine) pf inj 5000		hydrochlorothiazide tab 12.5 mg.....	88
unit/0.5ml.....	67	hydrochlorothiazide tab 25 mg.....	88
Homatropaire (homatropine hbr).....	168	hydrochlorothiazide tab 50 mg.....	88
Horizant (gabapentin enacarbil).....	100	Hydrocod Poli-Chlorphe Poli ER (hydrocodone	
HumaLOG (insulin lispro).....	64	polistirex-chlorpheniramine polistirex).....	181
HumaLOG Junior KwikPen (insulin lispro)....	64	hydrocod polst-chlorphen polst er susp 10-8	
HumaLOG KwikPen (insulin lispro).....	64	mg/5ml (Hydrocod Poli-Chlorphe Poli ER)...	181
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lispro).....	64	soln 5-1.5 mg/5ml (HYDROcodone Bit-	
HumaLOG Mix 50/50 KwikPen (insulin lispro		Homatrop MBr).....	181
protamine & lispro).....	64	hydrocodone bitart-homatropine methylbrom	
HumaLOG Mix 75/25 (insulin lispro protamine &		soln 5-1.5 mg/5ml (Hydromet).....	181
lispro).....	65	hydrocodone bitart-homatropine	
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Humira (2 Syringe) (adalimumab).....	158	hydrocodone-acetaminophen tab 7.5-325 mg..	7
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(adalimumab).....	158	Hydrocortisone Butyrate.....	109
		hydrocortisone butyrate oint 0.1%.....	109



Incruse Ellipta (umeclidinium bromide).....	175	isosorbide dinitrate tab 5 mg.....	92
indapamide tab 1.25 mg.....	88	Isosorbide Mononitrate.....	92
indapamide tab 2.5 mg.....	88	isosorbide mononitrate tab 10 mg.....	92
indomethacin cap 25 mg.....	3	isosorbide mononitrate tab 20 mg.....	92
indomethacin cap 50 mg.....	3	isosorbide mononitrate tab er 24hr 120 mg (Isosorbide Mononitrate ER).....	92
Indimethacin cap er 75 mg (Indomethacin ER).....	3	isosorbide mononitrate tab er 24hr 30 mg (Isosorbide Mononitrate ER).....	92
Ingrezza (valbenazine tosylate).....	100	isosorbide mononitrate tab er 24hr 60 mg (Isosorbide Mononitrate ER).....	92
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InspiraChamber/Large.....	165	isotretinoin cap 10 mg (Accutane).....	105
InspiraChamber/Medium.....	165	isotretinoin cap 10 mg (Amnesteem).....	105
InspiraChamber/Mouthpiece.....	165	isotretinoin cap 10 mg (Claravis).....	105
InspiraChamber/Small.....	165	isotretinoin cap 10 mg (Myorisan).....	105
Inspirease.....	165	isotretinoin cap 10 mg (Zenatane).....	105
Insulin Syringe-Needle U-100.....	165	isotretinoin cap 20 mg.....	105
Intelence (etravirine).....	54	isotretinoin cap 20 mg (Accutane).....	105
Intron A (interferon alfa-2b).....	156	isotretinoin cap 20 mg (Amnesteem).....	105
Invirase (saquinavir mesylate).....	56	isotretinoin cap 20 mg (Claravis).....	105
ipratropium bromide inhal soln 0.02%.....	175	isotretinoin cap 20 mg (Myorisan).....	105
ipratropium bromide nasal soln 0.03% (21 mcg/spray).....	175	isotretinoin cap 20 mg (Zenatane).....	105
ipratropium bromide nasal soln 0.06% (42 mcg/spray).....	175	isotretinoin cap 30 mg.....	105
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	181	isotretinoin cap 30 mg (Accutane).....	105
Iqirvo (elafibranor).....	165	isotretinoin cap 30 mg (Amnesteem).....	105
irbesartan tab 150 mg.....	71	isotretinoin cap 30 mg (Claravis).....	105
irbesartan tab 300 mg.....	71	isotretinoin cap 30 mg (Myorisan).....	105
irbesartan tab 75 mg.....	71	isotretinoin cap 30 mg (Zenatane).....	105
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....	84	isotretinoin cap 40 mg.....	106
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....	84	isotretinoin cap 40 mg (Accutane).....	106
Isentress (raltegravir potassium).....	53	isotretinoin cap 40 mg (Amnesteem).....	106
Isentress HD (raltegravir potassium).....	53	isotretinoin cap 40 mg (Claravis).....	106
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isoniazid tab 100 mg.....	35	isotretinoin cap 40 mg (Zenatane).....	106
isoniazid tab 300 mg.....	35	itraconazole cap 100 mg.....	32
isosorbide dinitrate tab 10 mg.....	92	ivabradine hcl tab 5 mg (base equiv).....	84
isosorbide dinitrate tab 20 mg.....	92	ivabradine hcl tab 7.5 mg (base equiv).....	84
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ketoconazole shampoo 2%.....	32
ketoconazole tab 200 mg.....	32
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## M

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methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER)	99
methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER (OSM))	99
methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER)	99
methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER (OSM))	99
methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER)	99
methylphenidate hcl tab er osmotic release (osm) 72 mg (Methylphenidate HCl ER (OSM))	99
methylprednisolone tab 16 mg	128
methylprednisolone tab 32 mg	128
methylprednisolone tab 4 mg	128
methylprednisolone tab 8 mg	128
methylprednisolone tab therapy pack 4 mg (21)	128
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	30
metoclopramide hcl tab 10 mg (base equivalent)	30
metoclopramide hcl tab 5 mg (base equivalent)	30
metolazone tab 10 mg	88
metolazone tab 2.5 mg	88
metolazone tab 5 mg	88
metoprolol & hydrochlorothiazide tab 100-25 mg (Metoprolol-Hydrochlorothiazide)	85
metoprolol & hydrochlorothiazide tab 100-50 mg (Metoprolol-Hydrochlorothiazide)	85
metoprolol & hydrochlorothiazide tab 50-25 mg (Metoprolol-Hydrochlorothiazide)	85
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Metoprolol Succinate ER)	76
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Metoprolol Succinate ER)	76
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Metoprolol Succinate ER)	76
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Metoprolol Succinate ER)	76
metoprolol tartrate tab 100 mg	76
metoprolol tartrate tab 25 mg	76
metoprolol tartrate tab 37.5 mg	76
metoprolol tartrate tab 50 mg	76
metoprolol tartrate tab 75 mg	76
metronidazole cream 0.75%	12
metronidazole cream 0.75% (Rosadan)	12
metronidazole gel 0.75%	12
metronidazole gel 0.75% (Rosadan)	12
metronidazole gel 1%	12
metronidazole lotion 0.75%	12
metronidazole tab 250 mg	12
metronidazole tab 500 mg	12
metronidazole vaginal gel 0.75%	12
mexiletine hcl cap 150 mg	74
mexiletine hcl cap 200 mg	74
mexiletine hcl cap 250 mg	74
Miconazole 3 (miconazole nitrate vaginal)	32
Microchamber	166
Microspacer	166
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midodrine hcl tab 2.5 mg	71
midodrine hcl tab 5 mg	71
Mifeprax (mifepristone)	128
mifepristone tab 200 mg	128
minocycline hcl cap 100 mg	18
minocycline hcl cap 50 mg	18
minocycline hcl cap 75 mg	18
minocycline hcl tab 100 mg	18
minocycline hcl tab 50 mg	18
minocycline hcl tab 75 mg	18
minoxidil tab 10 mg	91
minoxidil tab 2.5 mg	91
mirtazapine orally disintegrating tab 15 mg	26
mirtazapine orally disintegrating tab 30 mg	26
mirtazapine orally disintegrating tab 45 mg	26
mirtazapine tab 15 mg	26
mirtazapine tab 30 mg	26
mirtazapine tab 45 mg	26



mirtazapine tab 7.5 mg	26
misoprostol tab 100 mcg	130
misoprostol tab 200 mcg	130
modafinil tab 100 mg	184
modafinil tab 200 mg	184
mometasone furoate cream 0.1%	109
mometasone furoate oint 0.1%	109
mometasone furoate solution 0.1% (lotion)	109
Monoject Insulin Syringe	166
Monoject Ultra Comfort Syringe	166
montelukast sodium chew tab 4 mg (base equiv)	175
montelukast sodium chew tab 5 mg (base equiv)	175
montelukast sodium oral granules packet 4 mg (base equiv)	175
montelukast sodium tab 10 mg (base equiv)	175
Morphine Sulfate	7
morphine sulfate oral soln 10 mg/5ml	7
morphine sulfate oral soln 20 mg/5ml	7
morphine sulfate tab 15 mg	7
morphine sulfate tab 30 mg	7
morphine sulfate tab er 100 mg (Morphine Sulfate ER)	4
morphine sulfate tab er 15 mg (Morphine Sulfate ER)	4
morphine sulfate tab er 200 mg (Morphine Sulfate ER)	4
morphine sulfate tab er 30 mg (Morphine Sulfate ER)	4
morphine sulfate tab er 60 mg (Morphine Sulfate ER)	5
Mounjaro (tirzepatide)	62
Movantik (naloxegol oxalate)	120
moxifloxacin hcl ophth soln 0.5% (base equiv)	170
moxifloxacin hcl tab 400 mg (base equiv)	17
Multaq (dronedarone hcl)	74
Multi-Vit-Flor (pediatric multivitamins w/fl)	114
Multi-Vitamin/Fluoride (pediatric multivitamins w/fl)	114

Multivitamin w/Fluoride (pediatric multivitamins w/fl)	114
Multivitamin/Fluoride (pediatric multivitamins w/fl)	114
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Myalept (metreleptin)	124
mycophenolate mofetil cap 250 mg	159
mycophenolate mofetil for oral susp 200 mg/ml	159
mycophenolate mofetil tab 500 mg	159
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	159
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	159
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nadolol tab 20 mg	76
nadolol tab 40 mg	76
nadolol tab 80 mg	76
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naloxone hcl inj 0.4 mg/ml	10
naloxone hcl inj 4 mg/10ml	10
naloxone hcl nasal spray 4 mg/0.1ml	10
naloxone hcl soln prefilled syringe 0.4 mg/ml	10
naloxone hcl soln prefilled syringe 2 mg/2ml	10
naltrexone hcl tab 50 mg	11
naproxen tab 250 mg	3
naproxen tab 375 mg	3
naproxen tab 500 mg	3
naproxen tab ec 375 mg	3
naproxen tab ec 375 mg (EC-Naproxen)	3
naproxen tab ec 500 mg	3
naproxen tab ec 500 mg (EC-Naproxen)	3
naproxen tab ec 500 mg (Naproxen DR)	3
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naratriptan hcl tab 2.5 mg (base equiv)	34

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Natazia (estradiol valerate-dienogest).....	139	niacin tab er 500 mg (antihyperlipidemic) (Niacin ER (Antihyperlipidemic)).....	90
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nevirapine tab 200 mg.....	54	nitrofurantoin macrocrystalline cap 25 mg...12	
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		nitroglycerin td patch 24hr 0.1 mg/hr.....	92
		nitroglycerin td patch 24hr 0.1 mg/hr (Minitran).....	92

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## NOTICES AVAILABLE ONLINE

### Nondiscrimination and Language Assistance Services

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

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

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

### Grievances

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

### Servicios de asistencia en idiomas y avisos de no discriminación

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

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

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

### Reclamos

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

### 非歧視通知和語言協助服務

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

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

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

### 申訴

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

# Blue Shield of California Life & Health Insurance Company

## Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

### Discrimination is against the law

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

Blue Shield Life:

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

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

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

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

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

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

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

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

Complaint forms are available at  
**[www.insurance.ca.gov/01-consumers/101-help](http://www.insurance.ca.gov/01-consumers/101-help)**

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

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

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

Complaint forms are available at  
**[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)**.

# Notice of the Availability of Language Assistance Services

## Blue Shield of California Life & Health Insurance Company

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

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

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

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

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

**Անվճար Լեզվական Ծառայություններ:** Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ գանգաժարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով գանգաժարեք 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 ਦੁਬਾਸੀਏ 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 ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

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

**خدمات ترجمة بدون تكلفة.** يمكنك الحصول علي مترجم و قراءة الوثائق لك باللغة العربية. للحصول علي المساعدة، اتصل 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 คุณสามารถรับบริการจากล่าม รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ ที่หมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมลรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 Thai

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

**Doo bááh ílínígó saad bee yát'i' bee aná'áwo'.** Díí shá ata'halne'dooígí hólóq̄doo nínízingo éí bííghah. Naaltsoos naanináhájeehígí shich'í' yíidooltah éí doodagó ła' shich'í' ádoolníł nínízingo bííghah. Shíká a'doowoł nínízingo nihich'í' béesh bee hodiílnih dóó námboo éí díí ninaaltsoos dootł'ízhígí bee néího'díłzinígí bine'dée' bikáá' éí doodagó éí (866)346-7198jì' hodiílnih. Hózhq̄ shíká anáa'doowoł nínízingo éí díí béeso ách'áah naa'nil bił haz'áajì' 1-800-927-4357jì' hodiílnih. Navajo

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

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