

# Select 4 Tier Drug List

## Drug list — Four Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA).

The following is a list of plan names to which this formulary may apply. Additional plans may be applicable. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call us at the Pharmacy Member Services number on your ID card.

Anthem Platinum PPO/Select PPO 20/10%  
 Anthem Platinum PPO/Select PPO 15/250/10%  
 Anthem Platinum PPO/Select PPO 5/250/15%  
 Anthem Platinum PPO 5/250/15% WH  
 Anthem Platinum Select PPO 15/10%  
 Anthem Gold PPO/Select PPO 20/30%  
 Anthem Gold PPO/Select PPO 30/500/20%  
 Anthem Gold PPO/Select PPO 35/500/25%  
 Anthem Gold PPO 35/500/25% WH  
 Anthem Gold PPO/Select PPO 30/750/20%  
 Anthem Gold PPO/Select PPO 35/1000/20%  
 Anthem Gold PPO 35/1000/20% WH  
 Anthem Gold PPO/Select PPO 5/1500/30%  
 Anthem Gold Select PPO 25/350/20%  
 Anthem Gold Advantage PPO 30/500/20%  
 Anthem Gold PPO/Select PPO 30/60/500/20%  
 Anthem Gold Select PPO 25/1000/25%  
 Anthem Gold Select PPO 30/1200/25%  
 Anthem Gold EPO 35/500/20%  
 Anthem Gold EPO 35/1700/20%  
 Anthem Silver PPO/Select PPO 45/1750/40%  
 Anthem Silver PPO 45/1750/40% WH  
 Anthem Silver PPO 55/1850/35%  
 Anthem Silver Select PPO 55/1850/35%  
 Anthem Silver PPO/Select PPO 50/2200/40%  
 Anthem Silver PPO/Select PPO 55/2500/45%  
 Anthem Silver PPO 55/2500/45% WH  
 Anthem Silver Advantage PPO 45/1600/40%  
 Anthem Silver Select PPO 50/2250/30%

Anthem Silver PPO/Select PPO 50/1700/40%  
 Anthem Silver EPO 50/2200/35%  
 Anthem Silver PPO/Select PPO 2000/30% w/HSA RxC  
 Anthem Silver PPO/Select PPO 2500/35% w/HSA PrevRx  
 Anthem Silver EPO 2000/30% w/HSA  
 Anthem Bronze PPO/Select PPO 75/7300/40%  
 Anthem Bronze PPO/Select PPO 60/6350/40%  
 Anthem Bronze PPO/Select PPO 4600/50%  
 Anthem Bronze PPO/Select PPO 40/5600/40%  
 Anthem Bronze PPO/Select PPO 70/6600/35%  
 Anthem Bronze PPO/Select PPO 5600/45% w/HSA  
 Anthem Bronze PPO 5600/45% w/HSA WH  
 Anthem Bronze PPO/Select PPO 6600/0% w/HSA  
 Anthem Bronze PPO/Select PPO 6950/0% w/HSA  
 Anthem Bronze PPO 6950/0% w/HSA WH  
 Anthem Bronze Select PPO 7000/0% w/HSA  
 Anthem Bronze EPO 65/5600/40%  
 Anthem Bronze PPO/Select PPO 5800/35% w/HSA  
 Anthem Platinum HMO/Select/Priority Select HMO 20  
 Anthem Platinum HMO/Select/Priority Select HMO 25  
 Anthem Platinum Select HMO 20/40  
 Anthem Gold HMO/Select/Priority Select HMO 30  
 Anthem Gold HMO/Select HMO 30/55  
 Anthem Gold HMO/Select/Priority Select HMO 35  
 Anthem Gold HMO/Select/Priority Select HMO 35/700/20%  
 Anthem Gold HMO/Select/Priority Select HMO 35/1250/20%  
 Anthem Silver HMO/Select/Priority Select HMO 55  
 Anthem Silver HMO/Select/Priority Select HMO 55/2250/45%  
 Anthem Silver HMO/Select HMO 60/2200/45%

Here are a few things to remember:

- You can view and search our current drug lists when you visit [anthem.com/ca](https://www.anthem.com/ca) ->My Plan ->Pharmacy. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.
- Additional tools and resources are available for current Anthem members to view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more – by logging in at [anthem.com/ca](https://www.anthem.com/ca).
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. Already a member? You can view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at [anthem.com/ca](https://www.anthem.com/ca) and go to **My Plan ->Benefits-> Plan Documents**.
- You and your doctor can use this list as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket. To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) in this document about how the list is set up and what to do if a drug you take isn't on it.

2022 California Select Drug List

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## Select Drug List – Informational Section

### Definitions

“**\$0**” next to a drug means this is a preventive drug. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

“**BRAND name drug**” means a drug that is marketed under a proprietary, trademark-protected name. A BRAND name drug is listed in this formulary in all CAPITAL letters.

“**Coinsurance**” means a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“**Copayment**” means a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“**Deductible**” means 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.

“**Dose Optimization (DO)**” means dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

“**Drug Tier**” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

“**Enrollee**” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.

“**Exception request**” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

“**Exigent circumstances**” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

“**Formulary**” or “**prescription drug list**” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

“**Generic drug**” is the same drug as its BRAND name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in **bold** and *italicized* lowercase letters.

“**Limited Distribution (LD)**” means limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

“**Medically Necessary**” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

“**Nonformulary drug**” is a prescription drug that is not listed on the health plan’s formulary.

“**Oral Chemotherapy (OC)**” Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

**“Out-of-pocket costs”** are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

**“Prescribing provider”** is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

**“Prescription”** is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

**“Prescription drug”** is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

**“Prior Authorization (PA)”** 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.

**“Quantity limit (QL)”** means a restriction on the number of doses of a prescription drug covered by a health insurance product during a specific time period, or any other limitation on the quantity of a drug that is covered.

**“Specialty Drugs (SP)”** means specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

**“Step therapy (ST)”** 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.

**“Subscriber”** means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

## Frequently Asked Questions

### How do I know what drugs are covered under my benefits?

This is a complete listing of all the drugs on the drug list. But, it's possible a drug(s) on this list may not be covered, depending on your plan's design.

Your pharmacy benefit covers prescription drugs, including Specialty Drugs, that may be administered to you as part of a doctor's visit, home care visit, or at an outpatient Facility when they are Covered Services. Benefits that are administered to you in your provider's office are typically covered under your medical benefit. This may include Drugs for infusion therapy, chemotherapy, blood products, certain injectables and any drug that must be administered by a Provider.

### How can I find a drug on the list?

(A) A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the BRAND name or **generic** name of the drug in the alphabetical index; and

(B) If a **generic** equivalent for a BRAND name drug is not available on the market or is not covered, the drug will not be separately listed by its **generic** name.

You can search the PDF drug list by:

- Drug name, using Ctrl + F on your keyboard, then type in the name of the drug you're looking for.
- Drug class, using the categories listed in alphabetical order.

### How are drugs shown on the list?

- A drug is listed alphabetically by its BRAND name and **generic** names in the therapeutic category and class to which it belongs;
- The **generic** name for a BRAND name drug is included after the BRAND name in parentheses and all **bold and italicized lowercase** letters;

<b>PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE - DRUGS FOR SEVERE MENTAL DISORDERS</b>
<b><i>NUEDEXTA ORAL CAPSULE (dextromethorphan)</i></b>

- 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 **bold and italicized lowercase letters**; and

<b>AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS</b>
<b><i>amoxicillin oral capsule</i></b>

- If a **generic** drug is marketed under a proprietary, trademark-protected BRAND name, the BRAND name will be listed after the **generic** name in parentheses and regular typeface with the first letter of each word capitalized.

<b><i>levonorgestrel-ethinyl estrad (Portia 28 Oral Tablet)</i></b>
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The "Under Coverage Requirements and Limits" section will indicate if you need preapproval before you can take the drug (called prior authorization or PA), or if you need to try other drugs first for your treatment (called step therapy or ST).

*Note: The presence of a prescription drug on the formulary does not guarantee that your doctor will prescribe that prescription drug for a particular medical condition.*

### **What are my options for getting my prescriptions?**

You have plenty of choices about how and where to get your prescription medicines, including local pharmacies in your plan, convenient home delivery or specialty pharmacies. Most plans include our home delivery program at no extra cost to you.

Current Anthem members can find out more by logging in at [anthem.com/ca](https://www.anthem.com/ca) and choose Prescription Benefits or call 833-203-1739. For more details about your coverage, you can call the phone number on your member ID card.

### **What if my drug isn't on the list?**

We understand that only you and your doctor know what is best for you. If you want to take a drug that's not on the drug list, you may have to pay the full cost for it. You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.

If a drug you're taking isn't covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization.

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan's benefit.

There are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermyeds.com/main/partners/anthem>.
2. Log in at [anthem.com/ca](https://www.anthem.com/ca) and choose **Pharmacy**.
  - o Go to **Pharmacy Resources** and **Search Your Drug List** for your medication.
  - o Choose the correct medication strength and form.
  - o Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
  - o Your doctor [completes and faxes the form](#) to us at 844-474-3347.
3. Calling Member Services number on the back of your member ID card.

### **Who decides what drugs are on the list?**

The drugs on the list are reviewed through our Pharmacy and Therapeutics (P&T) process. In this process, a group of independent doctors, pharmacists and other health care professionals decides which drugs we include on our lists. This group meets regularly to look at new and existing drugs and recommends drugs based on how safe they are, how well they work and the value they offer our members.

### **What is a specialty drug and how do I get them?**

If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered. Specialty drugs come in many forms like pills, liquids, injections (shots), infusions or inhalers and may need special storage and handling. Typically benefits for specialty drugs that are self-administered will be covered under the pharmacy benefit. Benefits for specialty drugs that are administered to you in your provider's office are typically covered under your medical benefit. If you use pharmacies that are not in the network, your medicine may not be covered and you may have to pay the full cost. For more details about your coverage, you can call the phone number on your member ID card.

### **Does the drug list change, and how will I know if it does?**

Drugs on our list are reviewed and updated on a monthly basis. Sometimes, drugs are added, removed, change tiers or have updated requirements. The changes will usually go into effect the first day of the month. But don't worry, we'll let you know if a drug you take is taken off the list and, in some cases, if a drug you take is moved to a higher tier.

You can always check the drug list to make sure medicines you take are still on it. You'll find the most up-to-date drug list when you log in at [anthem.com/ca](https://www.anthem.com/ca).



**What kind of drugs can I find on the formulary?**

We cover FDA-approved preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA) and California state regulations. Your doctor may need to write a prescription for these preventive services to be covered by your plan, even if they are listed as over-the-counter. The availability or coverage of these medications without cost-sharing may be subject to criteria established by the health plan.

We cover FDA-approved equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary. Medication encompasses insulin, insulin pumps, and oral hypoglycemic agents. Covered supplies and equipment are limited to glucose monitors, test strips, syringes and lancets. Covered benefits also include outpatient self-management and educational services used to treat diabetes if services are provided through a program authorized by the State's Diabetes Control Project within the Bureau of Health.

**What drugs can I find in each tier?**

We place drugs on different tiers based on how well they work to improve health, whether there are over-the-counter (OTC) options and their costs compared to other drugs used for the same type of treatment. The lower the tier, the lower your share of the cost. Here's a breakdown of the tiers in your plan:

- Tier one shall consist of most generic drugs and low-cost preferred brand name drugs.
- Tier two shall consist of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health insurer's pharmacy and therapeutics committee based on safety, efficacy, and cost.
- Tier three shall consist of non-preferred brand name drugs or drugs that are recommended by the health insurer's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
- Tier four shall consist of drugs that are biologics, drugs that the FDA or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the insured to have special training or clinical monitoring for self-administration, or drugs that cost the health insurer more than six hundred dollars (\$600) net of rebates for a one-month supply.

**How will I know how much my drug will cost?**

Current Anthem members can go online and with the Price a Medication Tool, get pharmacy-specific pricing from a number of local retail pharmacies in your zip code.

*Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.*

### **How does Anthem promote safety?**

When you go to a pharmacy, the pharmacist will get an electronic message from Anthem if a drug needs prior authorization, requires step therapy or has a limit on the amount that can be given. Here's a closer look at all of the programs we've put into place to help make sure you get the care you need, while helping to keep you safe.<sup>1</sup>

Our clinical edit programs are:

- Prior authorization, which requires you to get approval before taking a medicine. This helps make sure a drug is used properly and focuses on drugs that may have:
  - Risk of side effects.
  - Risk of harmful effects when taken with other drugs.
  - Potential for incorrect use or abuse.
  - Rules for use with certain conditions.
- Step therapy, which requires that other drugs be tried first. It focuses on whether a drug is right for your condition.
- Dose optimization, which involves changing from taking a dose twice a day to once a day, when medically appropriate. Taking fewer doses may lower your costs; a single higher dose of a drug taken once a day may cost less than a lower dose taken twice a day.
- Quantity Limits impose a limit on the amount in a prescription and how often it can be refilled.
  - If a refill request is submitted too soon or the doctor prescribes an amount that's higher than what is allowed, the drug won't be covered at that time.
  - If there are medical reasons to prescribe the drug as originally dosed, the doctor can ask for review by our Prior Authorization Center.

Also, If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered.

### **How does my doctor start the Prior Authorization process?**

If your drug is on our formulary but requires a PA or Step Therapy, there are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermymeds.com/main/partners/anthem>.
2. Log in at [anthem.com/ca](https://anthem.com/ca) and choose Pharmacy.
  - Go to Pharmacy Resources and Search Your Drug List for your medication.
  - Choose the correct medication strength and form.
  - Scroll down to Definition of Restrictions and locate the applicable Fax Form in the table.
  - Your doctor completes the form and faxes it to Anthem at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

### **What is Step Therapy? How does it work?**

Step therapy requires trying other drugs before certain medications may be covered. The pharmacy will let you know if step therapy is required and you must first try the drug or treatment included in the program. If the drug or treatment does not treat the condition well, the doctor can contact our Prior Authorization Center to ask that we approve the original drug.<sup>1</sup>

A few more notes about the exception process:

- If we fail to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny any subsequent requests for this medication.
- Don't worry, if you've changed policies, we won't ask you to repeat an approved step therapy request that is already being used to treat a medical condition provided that the drug is still appropriately prescribed and is considered safe and effective.

A note about opioid analgesics. The member cost share for certain abuse-deterrent opioid analgesics may be lower in some states because of laws in those states. Opioid analgesics are a type of painkiller. In response to the global opioid epidemic, the U.S. Food and Drug Administration (FDA) has encouraged drug manufacturers to develop opioids with properties that help deter their misuse and abuse.

Drug(s) may be excluded from the list based on your plan's benefit design.

<sup>1</sup> If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process.

## KEY

Here are some terms and notes you'll find on the drug list.

**BRAND name drugs are in UPPER CASE, plain type.**

***generic drugs are in lower case, italic bold type.***

**\$0** = preventive drugs. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

**DO** = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

**LD** = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

**OC** = oral chemotherapy. These drugs after deductible shall not exceed \$200 per an individual prescription for up to a 30 day supply.

**PA** = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.

**QL** = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.

**SP** = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

**ST** = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.

**Tier 1** = Tier one shall consist of most generic drugs and low-cost preferred brand name drugs.

**Tier 2** = Tier two shall consist of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health insurer's pharmacy and therapeutics committee based on safety, efficacy, and cost.

**Tier 3** = Tier three shall consist of non-preferred brand name drugs or drugs that are recommended by the health insurer's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.

**Tier 4** = Tier four shall consist of drugs that are biologics, drugs that the FDA or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the insured to have special training or clinical monitoring for self-administration, or drugs that cost the health insurer more than six hundred dollars (\$600) net of rebates for a one-month supply.

CURRENT AS OF 11/1/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 2	PA; DO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<b>*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	PA; DO
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 1	PA; DO
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<b>*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	Tier 1	PA; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	Tier 1	PA; DO
<i>dextroamphetamine sulfate oral solution</i>	Tier 1	PA; QL (60 mL per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	PA; DO
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution)	Tier 1	PA; QL (60 mL per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	Tier 3	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	Tier 3	PA; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	Tier 3	PA; DO
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG ( <i>lisdexamfetamine dimesylate</i> )	Tier 3	PA; QL (1 tablet per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg)	Tier 1	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg)	Tier 1	PA; QL (3 tablets per 1 day)
ZENZEDI ORAL TABLET 2.5 MG ( <i>dextroamphetamine sulfate</i> )	Tier 1	PA; DO
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 20 Mg, 30 Mg)	Tier 1	PA; QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 5 Mg)	Tier 1	PA; DO
ZENZEDI ORAL TABLET 7.5 MG ( <i>dextroamphetamine sulfate</i> )	Tier 1	PA; QL (6 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	PA; DO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl (Metadate Er Oral Tablet Extended Release)</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	Tier 1	PA; QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	Tier 1	PA; DO
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1	PA; QL (60 mL per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl oral tablet 20 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<b>*AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS</b>		
<b>*AMINOGLYCOSIDES*** - ANTIBIOTICS</b>		
<i>neomycin sulfate oral tablet</i>	Tier 1	
<i>paromomycin sulfate oral capsule</i>	Tier 1	
<i>tobramycin inhalation nebulization solution</i>	Tier 4	SP; QL (10 mL per 1 day)
<b>*ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER</b>		
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS</b>		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 pen per 310 days (QL exception needed for maintenance therapies))
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION ( <i>golimumab</i> )	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>golimumab</i> )	Tier 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>golimumab</i> )	Tier 4	PA; SP; QL (1 syringe per 28 days)
<b>*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	Tier 2	ST; QL (2 capsules per 1 day)
<i>celecoxib oral capsule 200 mg</i>	Tier 2	ST; QL (2 capsule per 1 day)
<i>celecoxib oral capsule 400 mg</i>	Tier 2	ST; QL (1 capsule per 1 day)
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>diclofenac potassium</i> (Cataflam Oral Tablet)	Tier 1	QL (4 tablets per 1 day)
<i>diclofenac potassium oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier 1	QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	Tier 1	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>ec-naproxen oral tablet delayed release</i>	Tier 1	
<i>ibuprofen</i> (Ibu Oral Tablet)	Tier 1	QL (4 tablets per 1 day)
<i>ibuprofen oral suspension</i>	Tier 1	QL (4 mL per 1 day)
<i>ibuprofen oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>indomethacin er oral capsule extended release</i>	Tier 1	QL (2 capsule per 1 day)
<i>indomethacin oral capsule 25 mg</i>	Tier 1	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	Tier 1	QL (4 capsule per 1 day)
<i>ketorolac tromethamine oral tablet</i>	Tier 1	QL (20 tablets per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meclofenamate sodium oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>meloxicam oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>nabumetone oral tablet 500 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>naproxen dr oral tablet delayed release</i>	Tier 1	
<i>naproxen kit oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>naproxen oral tablet 500 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>naproxen oral tablet delayed release</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>nabumetone</i> (Relafen Oral Tablet 500 Mg)	Tier 1	QL (4 tablets per 1 day)
<i>nabumetone</i> (Relafen Oral Tablet 750 Mg)	Tier 1	QL (2 tablets per 1 day)
<i>sulindac oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<b>*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS</b>		
OTEZLA ORAL TABLET ( <i>apremilast</i> )	Tier 4	PA; SP; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK ( <i>apremilast</i> )	Tier 4	PA; SP; QL (1 pack per 365 days)
<b>*SELECTIVE COSTIMULATION MODULATORS*** - ARTHRITIS AND PAIN DRUGS</b>		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>abatacept</i> )	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED ( <i>abatacept</i> )	Tier 4	PA; SP; QL (4 vials per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML ( <i>abatacept</i> )	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )	Tier 4	PA; SP; QL (4 injections per 28 days)
<b>*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS</b>		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE ( <i>etanercept</i> )	Tier 4	PA; SP; QL (4 cartridges per 28 days)
ENBREL SUBCUTANEOUS SOLUTION ( <i>etanercept</i> )	Tier 4	PA; SP; QL (8 injections per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML ( <i>etanercept</i> )	Tier 4	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML ( <i>etanercept</i> )	Tier 4	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>etanercept</i> )	Tier 4	PA; SP; QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>etanercept</i> )	Tier 4	PA; SP; QL (4 pens per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER</b>		
<b>*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-apap oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-asa-caffeine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine</i> (Capacet Oral Capsule)	Tier 1	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule)	Tier 1	QL (6 capsules per 1 day)
<i>marten-tab oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine</i> (Phrenilin Forte Oral Capsule)	Tier 1	QL (6 capsules per 1 day)
TENCON ORAL TABLET ( <i>butalbital-acetaminophen</i> )	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule)	Tier 1	QL (6 capsules per 1 day)
<b>*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS</b>		
BAYER ASPIRIN EXTRA STRENGTH ORAL TABLET ( <i>aspirin</i> )	Tier 1	
<i>diflunisal oral tablet</i>	Tier 1	
<i>goodsense aspirin adults oral tablet</i>	Tier 1; \$0	
<b>*ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER</b>		
<b>*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>acetaminophen-codeine #2 oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule)	Tier 1	PA; QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule</i>	Tier 1	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	Tier 1	PA; QL (6 capsules per 1 day)
<b>*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>hydrocodone-acetaminophen oral solution</i>	Tier 1	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	Tier 1	QL (5 tablets per 1 day)
IBUDONE ORAL TABLET ( <i>hydrocodone-ibuprofen</i> )	Tier 1	QL (5 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Hd Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Es Oral Tablet)	Tier 2	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Hp Oral Tablet)	Tier 2	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Oral Tablet)	Tier 1	QL (6 tablets per 1 day)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zamicet oral solution</i>	Tier 1	QL (90 mL per 1 day)
<b>*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>codeine sulfate oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>fentanyl transdermal patch 72 hour</i>	Tier 2	PA; QL (15 patches per 30 days)
<i>hydromorphone hcl oral liquid</i>	Tier 1	QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>meperidine hcl injection solution</i>	Tier 1	
<i>meperidine hcl oral solution</i>	Tier 1	QL (30 mL per 1 day)
<i>meperidine hcl oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate)	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble)	Tier 1	PA; QL (1 tablet per 1 day)
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	Tier 1	QL (6 mL per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	Tier 2	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution</i>	Tier 1	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>oxycodone hcl oral capsule</i>	Tier 2	QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml</i>	Tier 2	QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	Tier 2	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<i>oxymorphone hcl oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<i>tramadol hcl oral tablet</i>	Tier 1	PA; QL (8 tablet per 1 day)
<b>*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet)	Tier 2	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>oxycodone-aspirin oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<b>*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 2	QL (12 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier 2	QL (3 tablets per 90 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Tier 2	QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Tier 2	QL (12 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Tier 2	QL (6 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	Tier 2	QL (3 films per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>butorphanol tartrate nasal solution</i>	Tier 1	QL (2 bottles per 30 days)
<b>*ANDROGENS-ANABOLIC* - HORMONES</b>		
<b>*ANABOLIC STEROIDS*** - DRUGS FOR MEN</b>		
<i>oxandrolone oral tablet 10 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>oxandrolone oral tablet 2.5 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<b>*ANDROGENS*** - DRUGS FOR MEN</b>		
ANDROXY ORAL TABLET ( <i>fluoxymesterone</i> )	Tier 2	
<i>danazol oral capsule 100 mg, 50 mg</i>	Tier 2	QL (2 capsules per 1 day)
<i>danazol oral capsule 200 mg</i>	Tier 2	QL (4 capsules per 1 day)
<i>methitest oral tablet</i>	Tier 3	
<i>testosterone cypionate intramuscular solution</i>	Tier 1	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%)</i>	Tier 2	PA; QL (1 bottle per 30 days)
<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	Tier 2	PA; QL (2 bottles per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 2	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 2	PA; QL (2 packets per 1 day)
<b>*ANORECTAL AND RELATED PRODUCTS* - RECTAL PREPARATIONS</b>		
<b>*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS</b>		
<i>hydrocortisone</i> (Colocort Rectal Enema)	Tier 1	
<i>hydrocortisone rectal enema</i>	Tier 1	
<b>*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS</b>		
<i>hydrocortisone ace-pramoxine external cream</i>	Tier 1	
<i>hydrocortisone ace-pramoxine rectal cream</i>	Tier 1	
<i>lidocaine-hydrocortisone ace rectal gel</i>	Tier 3	
<i>lidocaine-hydrocortisone ace rectal kit</i>	Tier 1	
<i>pramcort rectal cream</i>	Tier 1	
<b>*RECTAL STEROIDS*** - RECTAL PREPARATIONS</b>		
<i>hydrocortisone acetate</i> (Hemmorex-Hc Rectal Suppository)	Tier 1	
<i>hydrocortisone (perianal) external cream</i>	Tier 1	
<i>hydrocortisone rectal cream</i>	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc External Cream)	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc Rectal Cream)	Tier 1	
<i>hydrocortisone</i> (Procto-Pak External Cream)	Tier 1	
<i>hydrocortisone</i> (Procto-Pak Rectal Cream)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc External Cream)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Rectal Cream)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc External Cream)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone</i> (Proctozone-Hc Rectal Cream)	Tier 1	
<b>*ANTHELMINTICS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTHELMINTICS*** - DRUGS FOR PARASITES</b>		
<i>ivermectin oral tablet</i>	Tier 1	PA; QL (9 tablets per 1 fill)
<i>praziquantel oral tablet</i>	Tier 2	
<b>*ANTIANGINAL AGENTS* - DRUGS FOR THE HEART</b>		
<b>*NITRATES*** - DRUGS FOR ANGINA</b>		
<i>isosorbide dinitrate</i> (Isochron Oral Tablet Extended Release)	Tier 1	
<i>isosorbide dinitrate er oral tablet extended release</i>	Tier 1	
<i>isosorbide dinitrate oral tablet</i>	Tier 1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 1	
<i>isosorbide mononitrate oral tablet</i>	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT ( <i>nitroglycerin</i> )	Tier 2	
<i>nitroglycerin er oral capsule extended release</i>	Tier 1	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 1	
<i>nitroglycerin translingual aerosol solution</i>	Tier 2	
<i>nitroglycerin translingual solution</i>	Tier 2	
<b>*ANTIANSXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIANSXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 1	DO
<i>buspirone hcl oral tablet 30 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>hydroxyzine hcl oral syrup</i>	Tier 1	QL (100 mL per 1 day)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	Tier 1	DO
<i>hydroxyzine hcl oral tablet 50 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Tier 1	DO
<b>*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>alprazolam oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>diazepam</i> (Diazepam Intensol Oral Concentrate)	Tier 1	QL (8 mL per 1 day)
<i>diazepam oral concentrate</i>	Tier 1	QL (8 mL per 1 day)
<i>diazepam oral solution</i>	Tier 1	
<i>diazepam oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>lorazepam oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<b>*ANTIARRHYTHMICS* - DRUGS FOR THE HEART</b>		
<b>*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>disopyramide phosphate oral capsule</i>	Tier 2	
<i>quinidine sulfate er oral tablet extended release</i>	Tier 1	
<i>quinidine sulfate oral tablet</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>mexiletine hcl oral capsule</i>	Tier 2	
<b>*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>flecainide acetate oral tablet 100 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 2	
<i>propafenone hcl oral tablet</i>	Tier 2	
<b>*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>amiodarone hcl oral tablet 200 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>dofetilide oral capsule</i>	Tier 2	
MULTAQ ORAL TABLET ( <i>dronedarone hcl</i> )	Tier 3	QL (2 tablets per 1 day)
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 400 Mg)	Tier 1	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 200 Mg)	Tier 1	QL (3 tablets per 1 day)
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS</b>		
<b>*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD</b>		
ADVAIR HFA INHALATION AEROSOL ( <i>fluticasone-salmeterol</i> )	Tier 2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	Tier 2	QL (1.02 grams per 1 day)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )	Tier 2	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	Tier 1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	Tier 2	QL (540 mL per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated</i>	Tier 1	QL (1 inhaler per 30 days)
<b>*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 2	
<b>*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD</b>		
ALBUTEROL SULFATE HFA INHALATION AEROSOL SOLUTION	Tier 1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 1	QL (360 mL per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	Tier 1	QL (60 mL per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Tier 1	QL (4 boxes per 30 days)
<i>albuterol sulfate oral syrup</i>	Tier 1	
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 1	QL (2 inhalers per 30 days)
<i>metaproterenol sulfate oral syrup</i>	Tier 1	
<i>metaproterenol sulfate oral tablet</i>	Tier 1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>salmeterol xinafoate</i> )	Tier 2	QL (1 inhaler per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>ipratropium bromide inhalation solution</i>	Tier 1	QL (300 mL per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE ( <i>tiotropium bromide monohydrate</i> )	Tier 3	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION ( <i>tiotropium bromide monohydrate</i> )	Tier 3	QL (1 inhaler per 30 days)
<b>*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>montelukast sodium oral packet</i>	Tier 1	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	Tier 1	QL (1 tablet per 1 day)
<b>*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD</b>		
DALIRESP ORAL TABLET ( <i>roflumilast</i> )	Tier 3	PA; QL (1 tablet per 1 day)
<b>*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD</b>		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>mometasone furoate</i> )	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>mometasone furoate</i> )	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 110 MCG/INH ( <i>mometasone furoate</i> )	Tier 2	QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH ( <i>mometasone furoate</i> )	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>mometasone furoate</i> )	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>mometasone furoate</i> )	Tier 2	QL (0.04 EA per 1 day)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	Tier 1	QL (60 mL per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 100 MCG/BLIST, 50 MCG/ACT, 50 MCG/BLIST ( <i>fluticasone propionate (inhal)</i> )	Tier 2	QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT, 250 MCG/BLIST ( <i>fluticasone propionate (inhal)</i> )	Tier 2	QL (4 inhalers per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT ( <i>fluticasone propionate hfa</i> )	Tier 2	QL (1 inhaler per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT ( <i>fluticasone propionate hfa</i> )	Tier 2	QL (2 inhalers per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>budesonide</i> )	Tier 2	QL (0.07 EA per 1 day)
<b>*XANTHINES*** - DRUGS FOR ASTHMA/COPD</b>		
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG ( <i>theophylline</i> )	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline</i> (Theochron Oral Tablet Extended Release 12 Hour 300 Mg)	Tier 1	QL (2 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	Tier 1	
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 1	QL (1 tablet per 1 day)
<i>theophylline oral elixir</i>	Tier 1	QL (112.5 mL per 1 day)
<i>theophylline oral solution</i>	Tier 1	QL (112.5 mL per 1 day)
<b>*ANTICOAGULANTS* - DRUGS FOR THE BLOOD</b>		
<b>*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>warfarin sodium</i> (Jantoven Oral Tablet)	Tier 1	
<i>warfarin sodium oral tablet</i>	Tier 1	
<b>*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET ( <i>apixaban</i> )	Tier 3	QL (1 pack per 365 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK ( <i>apixaban</i> )	Tier 3	QL (74 tablets per 365 days)
ELIQUIS ORAL TABLET 2.5 MG ( <i>apixaban</i> )	Tier 3	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG ( <i>apixaban</i> )	Tier 3	QL (74 tablets per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG ( <i>rivaroxaban</i> )	Tier 3	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG ( <i>rivaroxaban</i> )	Tier 3	QL (90 tablets per 90 days)
XARELTO ORAL TABLET 2.5 MG ( <i>rivaroxaban</i> )	Tier 3	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK ( <i>rivaroxaban</i> )	Tier 3	QL (1 pack per 1 day)
<b>*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>enoxaparin sodium injection solution</i>	Tier 4	QL (30 syringes per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe</i>	Tier 4	QL (2 syringes per 1 day)
<i>enoxaparin sodium subcutaneous solution</i>	Tier 4	QL (30 syringes per 30 days)
<b>*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>fondaparinux sodium subcutaneous solution</i>	Tier 4	QL (30 syringes per 30 days)
<b>*ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>clonazepam oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	Tier 1	QL (3 tablets per 1 day)
<b>*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	Tier 1	QL (5 capsules per 1 day)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>carbamazepine oral suspension</i>	Tier 1	QL (50 mL per 1 day)
<i>carbamazepine oral tablet</i>	Tier 1	QL (8 tablets per 1 day)
<i>carbamazepine oral tablet chewable</i>	Tier 1	QL (10 tablets per 1 day)
<i>carbamazepine</i> (Epitol Oral Tablet)	Tier 1	QL (8 tablets per 1 day)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	Tier 2	QL (6 capsules per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Tier 2	QL (9 capsules per 1 day)
<i>gabapentin oral solution</i>	Tier 2	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Tier 2	QL (6 tablets per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>lamotrigine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Tier 2	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>levetiracetam oral solution</i>	Tier 2	QL (30 mL per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>levetiracetam oral tablet 500 mg</i>	Tier 2	QL (6 tablets per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>oxcarbazepine oral suspension</i>	Tier 2	QL (40 mL per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	QL (3 capsules per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg, 75 mg</i>	Tier 2	QL (2 capsules per 1 day)
<i>pregabalin oral solution</i>	Tier 2	QL (30 mL per 1 day)
<i>primidone oral tablet 250 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>primidone oral tablet 50 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>topiramate oral capsule sprinkle</i>	Tier 1	QL (2 capsules per 1 day)
<i>topiramate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>zonisamide oral capsule</i>	Tier 2	QL (6 capsule per 1 day)
<b>*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>felbamate oral suspension</i>	Tier 2	QL (30 mL per 1 day)
<i>felbamate oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<b>*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>tiagabine hcl oral tablet</i>	Tier 2	QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
DILANTIN ORAL CAPSULE ( <i>phenytoin sodium extended</i> )	Tier 3	
PEGANONE ORAL TABLET ( <i>ethotoin</i> )	Tier 3	
<i>phenytoin sodium extended oral capsule</i>	Tier 1	
<b>*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>ethosuximide oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>ethosuximide oral solution</i>	Tier 1	QL (30 mL per 1 day)
<b>*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	Tier 2	QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 2	QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	Tier 2	QL (7 tablets per 1 day)
<i>valproate sodium oral solution</i>	Tier 1	
<i>valproic acid oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>valproic acid oral solution</i>	Tier 1	
<b>*ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION</b>		
<i>mirtazapine oral tablet 15 mg, 7.5 mg</i>	Tier 1	DO
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>mirtazapine oral tablet dispersible 15 mg</i>	Tier 1	DO
<i>mirtazapine oral tablet dispersible 30 mg, 45 mg</i>	Tier 1	QL (1 tablet per 1 day)
<b>*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Tier 1	DO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	Tier 1	QL (4.5 tablets per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	Tier 1	DO
<i>maprotiline hcl oral tablet</i>	Tier 1	
<b>*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION</b>		
<i>phenelzine sulfate oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>tranylcypromine sulfate oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<b>*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION</b>		
<i>citalopram hydrobromide oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Tier 1	DO



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>citalopram hydrobromide oral tablet 40 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>escitalopram oxalate oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	DO
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	DO
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	QL (2 capsule per 1 day)
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 1	QL (4 capsules per 28 days)
<i>fluoxetine hcl oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>fluoxetine hcl oral tablet 10 mg</i>	Tier 1	DO
<i>fluoxetine hcl oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	Tier 1	DO
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 1	DO
<i>paroxetine hcl oral tablet 30 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 40 mg</i>	Tier 1	QL (1.5 tablets per 1 day)
<i>sertraline hcl oral concentrate</i>	Tier 1	QL (10 mL per 1 day)
<i>sertraline hcl oral tablet 100 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	Tier 1	DO
<b>*SEROTONIN MODULATORS*** - DRUGS FOR DEPRESSION</b>		
<i>nefazodone hcl oral tablet 100 mg, 50 mg</i>	Tier 1	DO
<i>nefazodone hcl oral tablet 150 mg, 250 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>nefazodone hcl oral tablet 200 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	DO
<i>trazodone hcl oral tablet 300 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg</i>	Tier 2	ST; DO
<i>vilazodone hcl oral tablet 40 mg</i>	Tier 2	ST; QL (1 tablet per 1 day)
<b>*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION</b>		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Tier 1	DO
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	Tier 2	QL (2 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Tier 2	DO
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 2	QL (3 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	Tier 1	DO
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg</i>	Tier 1	QL (1 tablet per 1 day)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg</i>	Tier 1	DO
<i>venlafaxine hcl oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<b>*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION</b>		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	DO
<i>amitriptyline hcl oral tablet 100 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>amitriptyline hcl oral tablet 150 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>amoxapine oral tablet 150 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	Tier 1	DO
<i>clomipramine hcl oral capsule 25 mg</i>	Tier 2	DO
<i>clomipramine hcl oral capsule 50 mg</i>	Tier 2	QL (5 capsules per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	Tier 2	QL (3 capsules per 1 day)
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	DO
<i>desipramine hcl oral tablet 100 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	DO
<i>doxepin hcl oral capsule 100 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>doxepin hcl oral capsule 150 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>doxepin hcl oral concentrate</i>	Tier 1	QL (30 mL per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	Tier 1	DO
<i>imipramine hcl oral tablet 50 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Tier 1	DO
<i>nortriptyline hcl oral capsule 50 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>nortriptyline hcl oral solution</i>	Tier 1	QL (75 mL per 1 day)
<i>protriptyline hcl oral tablet 10 mg</i>	Tier 2	QL (6 tablets per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	Tier 2	DO
<i>trimipramine maleate oral capsule 100 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	Tier 1	QL (3 capsules per 1 day)
<b>*ANTIDIABETICS* - HORMONES</b>		
<b>*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES</b>		
<i>acarbose oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<b>*BIGUANIDES*** - DRUGS FOR DIABETES</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	Tier 1	
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	Tier 1	QL (5 tablets per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	Tier 1	QL (3 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*DIABETIC OTHER*** - DRUGS FOR DIABETES</b>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED ( <i>glucagon hcl (rdna)</i> )	Tier 2	QL (2 kits per 30 days)
<b>*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES</b>		
<i>alogliptin benzoate oral tablet</i>	Tier 1	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET ( <i>sitagliptin phosphate</i> )	Tier 2	ST; QL (1 tablet per 1 day)
<b>*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES</b>		
JANUMET ORAL TABLET ( <i>sitagliptin-metformin hcl</i> )	Tier 2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ( <i>sitagliptin-metformin hcl</i> )	Tier 2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	Tier 2	ST; QL (2 tablets per 1 day)
<b>*HUMAN INSULIN*** - DRUGS FOR DIABETES</b>		
HUMALOG INJECTION SOLUTION ( <i>insulin lispro</i> )	Tier 2	QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin lispro</i> )	Tier 2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin lispro</i> )	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin lispro prot &amp; lispro</i> )	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION ( <i>insulin lispro prot &amp; lispro</i> )	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin lispro prot &amp; lispro</i> )	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION ( <i>insulin lispro prot &amp; lispro</i> )	Tier 2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION ( <i>insulin lispro</i> )	Tier 2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE ( <i>insulin lispro</i> )	Tier 2	QL (30 mL per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin nph isophane &amp; regular</i> )	Tier 2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION ( <i>insulin nph isophane &amp; regular</i> )	Tier 2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin nph human (isophane)</i> )	Tier 2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION ( <i>insulin nph human (isophane)</i> )	Tier 2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION ( <i>insulin regular human</i> )	Tier 2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION ( <i>insulin regular human</i> )	Tier 2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin regular human</i> )	Tier 2	PA; QL (18 mL per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml</i>	Tier 2	QL (30 mL per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i>	Tier 2	QL (18 mL per 30 days)
<i>insulin degludec subcutaneous solution</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin glargine-yfgn subcutaneous solution</i>	Tier 3	QL (1 mL per 1 day)
<i>insulin glargine-yfgn subcutaneous solution pen-injector</i>	Tier 3	QL (1 mL per 1 day)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin lispro injection solution</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin lispro subcutaneous solution</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin lispro subcutaneous solution pen-injector</i>	Tier 2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin glargine</i> )	Tier 2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION ( <i>insulin glargine</i> )	Tier 2	QL (30 mL per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin nph human (isophane)</i> )	Tier 2	QL (30 mL per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin nph human (isophane)</i> )	Tier 2	QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR ( <i>insulin regular human</i> )	Tier 2	QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR ( <i>insulin regular human</i> )	Tier 2	QL (30 mL per 30 days)
SEMGLEE SUBCUTANEOUS SOLUTION ( <i>insulin glargine</i> )	Tier 3	QL (30 mL per 30 days)
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin glargine</i> )	Tier 3	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin degludec</i> )	Tier 2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML ( <i>insulin degludec</i> )	Tier 2	QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION ( <i>insulin degludec</i> )	Tier 2	QL (30 mL per 30 days)
<b>*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES</b>		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>semaglutide</i> )	Tier 2	ST; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML ( <i>semaglutide</i> )	Tier 2	ST; QL (2 pens per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML ( <i>semaglutide</i> )	Tier 2	ST; QL (1 pen per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>semaglutide</i> )	Tier 2	ST; QL (1 pen per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML ( <i>dulaglutide</i> )	Tier 2	ST; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML ( <i>dulaglutide</i> )	Tier 2	ST; QL (4 syringes per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>liraglutide</i> )	Tier 2	ST; QL (1 box (2 pens) per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES</b>		
FARXIGA ORAL TABLET ( <i>dapagliflozin propanediol</i> )	Tier 2	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET ( <i>empagliflozin</i> )	Tier 2	ST; QL (1 tablet per 1 day)
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - DRUGS FOR DIABETES</b>		
SYNJARDY ORAL TABLET ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	ST; QL (2 tablets per 1 day)
<b>*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	Tier 1	ST; QL (8 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	ST; QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	ST; QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	ST; QL (4 tablets per 1 day)
<b>*SULFONYLUREAS*** - DRUGS FOR DIABETES</b>		
<i>glimepiride oral tablet 1 mg</i>	Tier 1	ST; QL (8 tablets per 1 day)
<i>glimepiride oral tablet 2 mg</i>	Tier 1	ST; QL (4 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>	Tier 1	ST; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Tier 1	ST; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	Tier 1	ST; QL (8 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Tier 1	ST; QL (4 tablets per 1 day)
<i>glipizide oral tablet 10 mg</i>	Tier 1	ST; QL (4 tablets per 1 day)
<i>glipizide oral tablet 5 mg</i>	Tier 1	ST; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	Tier 1	ST; QL (2 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	Tier 1	ST; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	Tier 1	ST; QL (4 tablets per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	Tier 1	ST; QL (16 tablets per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	Tier 1	ST; QL (8 tablets per 1 day)
<i>glyburide oral tablet 5 mg</i>	Tier 1	ST; QL (4 tablets per 1 day)
<i>tolbutamide oral tablet</i>	Tier 2	ST; QL (6 tablets per 1 day)
<b>*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES</b>		
<i>pioglitazone hcl oral tablet</i>	Tier 1	ST; QL (1 tablet per 1 day)
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS* - DRUGS FOR THE STOMACH</b>		
<b>*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA</b>		
<i>diphenatol oral tablet</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diphenoxylate-atropine oral liquid</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
MOTOFEN ORAL TABLET ( <i>difenoxin-atropine</i> )	Tier 3	
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING</b>		
<b>*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING</b>		
CHEMET ORAL CAPSULE ( <i>succimer</i> )	Tier 3	
<b>*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING</b>		
KLOXXADO NASAL LIQUID ( <i>naloxone hcl</i> )	Tier 2	QL (3 boxes per 3 monthss)
<i>naloxone hcl injection solution</i>	Tier 2	QL (6 vial per 90 days)
<i>naloxone hcl injection solution cartridge</i>	Tier 2	QL (6 syringes per 90 days)
<i>naloxone hcl injection solution prefilled syringe</i>	Tier 2	QL (6 syringes per 90 days)
<i>naloxone hcl nasal liquid</i>	Tier 2	QL (6 nasal spray per 90 days)
<i>naltrexone hcl oral tablet</i>	Tier 1	
<b>*ANTIEMETICS* - DRUGS FOR THE STOMACH</b>		
<b>*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>ondansetron hcl oral solution</i>	Tier 2	QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 2	QL (8 tablets per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	Tier 2	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	Tier 2	QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	Tier 2	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	Tier 2	QL (24 tablets per 30 days)
<i>palonosetron hcl intravenous solution</i>	Tier 2	PA
<i>palonosetron hcl intravenous solution prefilled syringe</i>	Tier 2	PA
<b>*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>meclizine hcl oral tablet</i>	Tier 1	
<i>scopolamine transdermal patch 72 hour</i>	Tier 2	
<i>trimethobenzamide hcl oral capsule</i>	Tier 1	
<b>*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA</b>		
CESAMET ORAL CAPSULE ( <i>nabilone</i> )	Tier 3	
<i>dronabinol oral capsule</i>	Tier 2	QL (4 capsules per 1 day)
<b>*ANTIFUNGALS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIFUNGALS*** - DRUGS FOR FUNGUS</b>		
<i>flucytosine oral capsule</i>	Tier 2	PA
<i>griseofulvin microsize oral suspension</i>	Tier 1	
<i>griseofulvin microsize oral tablet</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier 1	
<i>nystatin oral powder</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin oral tablet</i>	Tier 1	
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<b>*IMIDAZOLES*** - DRUGS FOR FUNGUS</b>		
<i>ketoconazole oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<b>*TRIAZOLES*** - DRUGS FOR FUNGUS</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	Tier 1	QL (40 mL per 1 day)
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>itraconazole oral capsule</i>	Tier 2	PA; QL (126 capsules per 30 days)
<b>*ANTIHISTAMINES* - DRUGS FOR THE LUNGS</b>		
<b>*ANTIHISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES</b>		
<i>carbinoxamine maleate oral solution</i>	Tier 1	
<i>carbinoxamine maleate oral tablet</i>	Tier 1	
<i>clemastine fumarate oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>diphenhydramine hcl injection solution</i>	Tier 2	
<i>diphenhydramine hcl oral capsule</i>	Tier 1	
<b>*ANTIHISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES</b>		
<i>allergy 24-hr oral tablet</i>	Tier 1	
<i>desloratadine oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible</i>	Tier 1	QL (1 tablet per 1 day)
<i>hm fexofenadine hcl oral tablet</i>	Tier 1	
<i>kp fexofenadine hcl oral tablet</i>	Tier 1	
<i>levocetirizine dihydrochloride oral solution</i>	Tier 1	QL (10 mL per 1 day)
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>qc fexofenadine hydrochloride oral tablet</i>	Tier 1	
<i>sm fexofenadine hcl oral tablet</i>	Tier 1	
<b>*ANTIHISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES</b>		
<i>promethazine hcl</i> (Phenadoz Rectal Suppository)	Tier 2	QL (6 suppositories per 1 day)
<i>promethazine hcl oral solution</i>	Tier 1	QL (40 mL per 1 day)
<i>promethazine hcl oral syrup</i>	Tier 1	QL (40 mL per 1 day)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>promethazine hcl oral tablet 50 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 2	QL (6 suppositories per 1 day)
<i>promethazine hcl rectal suppository 50 mg</i>	Tier 2	QL (1 suppository per 1 day)
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	Tier 2	QL (6 suppositories per 1 day)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG ( <i>promethazine hcl</i> )	Tier 2	QL (1 suppository per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES</b>		
<i>cyproheptadine hcl oral syrup</i>	Tier 1	
<b>*ANTHYPERLIPIDEMICS* - DRUGS FOR THE HEART</b>		
<b>*ANTHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL</b>		
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 1	PA; QL (4 capsules per 1 day)
<b>*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL</b>		
<i>colesevelam hcl oral packet</i>	Tier 2	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<b>*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL</b>		
<i>choline fenofibrate oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<b>*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	Tier 1; \$0	DO
<i>atorvastatin calcium oral tablet 40 mg</i>	Tier 1	DO
<i>atorvastatin calcium oral tablet 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 1; \$0	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule</i>	Tier 1; \$0	DO
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Tier 1; \$0	DO
<i>lovastatin oral tablet 40 mg</i>	Tier 1; \$0	QL (2 tablets per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1; \$0	DO
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	Tier 2; \$0	DO
<i>rosuvastatin calcium oral tablet 20 mg</i>	Tier 2	DO
<i>rosuvastatin calcium oral tablet 40 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1; \$0	DO
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<b>*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL</b>		
<i>ezetimibe oral tablet</i>	Tier 1	PA; QL (1 tablet per 1 day)
<b>*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL</b>		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	Tier 1	ST; QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL</b>		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE ( <i>evolocumab</i> )	Tier 3	PA; QL (1 cartridge per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>evolocumab</i> )	Tier 3	PA; QL (2 syringes per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>evolocumab</i> )	Tier 3	PA; QL (2 syringes per 28 days)
<b>*ANTIHYPERTENSIVES* - DRUGS FOR THE HEART</b>		
<b>*ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	Tier 1	DO
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	QL (1 tablet per 1 day)
<b>*ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg</i>	Tier 1	DO
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	DO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	Tier 1	DO
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 1	DO
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 1	DO
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<b>*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	DO
<i>benazepril hcl oral tablet 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>enalapril maleate oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>enalapril maleate oral tablet 2.5 mg, 5 mg</i>	Tier 1	DO
<i>fosinopril sodium oral tablet 10 mg, 20 mg</i>	Tier 1	DO
<i>fosinopril sodium oral tablet 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	DO
<i>lisinopril oral tablet 30 mg, 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	DO
<i>quinapril hcl oral tablet 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	DO
<i>ramipril oral capsule 10 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg</i>	Tier 1	DO

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trandolapril oral tablet 4 mg</i>	Tier 1	QL (2 tablets per 1 day)
<b>*ADRENOLYTICS-CENTRAL &amp; THIAZIDE/THIAZIDE-LIKE COMB*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>methyldopa-hydrochlorothiazide oral tablet 250-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<b>*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>phenoxybenzamine hcl oral capsule</i>	Tier 2	PA; QL (12 capsules per 1 day)
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	Tier 1	DO
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	Tier 1	DO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	Tier 2	DO
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	Tier 1	DO
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<b>*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>irbesartan oral tablet 150 mg, 75 mg</i>	Tier 1	DO
<i>irbesartan oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 25 mg</i>	Tier 1	DO
<i>losartan potassium oral tablet 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 5 mg</i>	Tier 2	DO
<i>olmesartan medoxomil oral tablet 40 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>valsartan oral tablet 160 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	Tier 1	DO
<b>*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	Tier 1	DO

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	DO
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>guanfacine hcl oral tablet 1 mg</i>	Tier 1	DO
<i>guanfacine hcl oral tablet 2 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>methyldopa oral tablet 250 mg</i>	Tier 1	DO
<i>methyldopa oral tablet 500 mg</i>	Tier 1	QL (6 tablets per 1 day)
<b>*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>prazosin hcl oral capsule</i>	Tier 1	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>terazosin hcl oral capsule 10 mg</i>	Tier 1	QL (2 capsules per 1 day)
<b>*BETA BLOCKER &amp; DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nadolol-bendroflumethiazide oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>propranolol-hctz oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<b>*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>hydralazine hcl oral tablet</i>	Tier 1	
<i>minoxidil oral tablet</i>	Tier 1	
<b>*ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS</b>		
<b>*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS</b>		
<i>metronidazole oral capsule</i>	Tier 1	
<i>metronidazole oral tablet</i>	Tier 1	
<i>tinidazole oral tablet 250 mg</i>	Tier 1	QL (5 tablets per 28 days)
<i>tinidazole oral tablet 500 mg</i>	Tier 1	QL (20 tablets per 1 fill)
<i>trimethoprim oral tablet</i>	Tier 1	
<b>*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS</b>		
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension)</i>	Tier 1	
<b>*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED ( <i>nitazoxanide</i> )	Tier 3	QL (180 mL per 1 fill)
<i>nitazoxanide oral tablet</i>	Tier 2	QL (6 tablets per 1 fill)
<b>*CARBAPENEMS*** - ANTIBIOTICS</b>		
<i>ertapenem sodium injection solution reconstituted</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED ( <i>ertapenem sodium</i> )	Tier 3	
<b>*GLYCOPEPTIDES*** - ANTIBIOTICS</b>		
<i>vancomycin hcl oral capsule</i>	Tier 2	PA; QL (240 capsules per 30 days)
<b>*LEPROSTATICS*** - ANTIBIOTICS</b>		
<i>dapsone oral tablet</i>	Tier 2	
<b>*LINCOSAMIDES*** - ANTIBIOTICS</b>		
<i>clindamycin hcl oral capsule 150 mg</i>	Tier 1	QL (12 capsules per 1 day)
<i>clindamycin hcl oral capsule 300 mg</i>	Tier 1	QL (8 capsules per 1 day)
<i>clindamycin hcl oral capsule 75 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier 1	
<b>*MONOBACTAMS*** - ANTIBIOTICS</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED ( <i>aztreonam lysine</i> )	Tier 4	SP; QL (3 vials per 1 day)
<b>*OXAZOLIDINONES*** - ANTIBIOTICS</b>		
<i>linezolid oral suspension reconstituted</i>	Tier 2	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	Tier 2	PA; QL (28 tablets per 30 days)
<b>*POLYMYXINS*** - ANTIBIOTICS</b>		
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier 1	
<b>*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS</b>		
<i>methenamine hippurate oral tablet</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier 1	QL (14 capsules per 1 fill)
<i>nitrofurantoin oral suspension</i>	Tier 1	QL (80 mL per 1 day)
<b>*ANTIMALARIALS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES</b>		
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 1	
COARTEM ORAL TABLET ( <i>artemether-lumefantrine</i> )	Tier 3	
<b>*ANTIMALARIALS*** - DRUGS FOR PARASITES</b>		
<i>chloroquine phosphate oral tablet</i>	Tier 1	
<i>hydroxychloroquine sulfate oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>mefloquine hcl oral tablet</i>	Tier 1	QL (5 tablets per 28 days)
<i>primaquine phosphate oral tablet</i>	Tier 3	
<i>pyrimethamine oral tablet</i>	Tier 2	PA; QL (3 tablets per 1 day)
<i>quinine sulfate oral capsule</i>	Tier 2	PA; QL (60 capsules per 30 days)
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES</b>		
<i>guanidine hcl oral tablet</i>	Tier 2	
<i>pyridostigmine bromide oral tablet</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTI TB COMBINATIONS*** - ANTIBIOTICS</b>		
RIFATER ORAL TABLET ( <i>isoniazid-rifamp-pyrazinamide</i> )	Tier 3	
<b>*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS</b>		
<i>cycloserine oral capsule</i>	Tier 2	
<i>ethambutol hcl oral tablet</i>	Tier 2	
<i>isoniazid oral syrup</i>	Tier 1	
<i>isoniazid oral tablet</i>	Tier 1	
PRIFTIN ORAL TABLET ( <i>rifapentine</i> )	Tier 3	
<i>pyrazinamide oral tablet</i>	Tier 2	
<i>rifabutin oral capsule</i>	Tier 2	
<i>rifampin oral capsule</i>	Tier 2	
SIRTURO ORAL TABLET ( <i>bedaquiline fumarate</i> )	Tier 3	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER</b>		
<b>*ALKYLATING AGENTS*** - DRUGS FOR CANCER</b>		
HEXALEN ORAL CAPSULE ( <i>altretamine</i> )	Tier 4	PA
MYLERAN ORAL TABLET ( <i>busulfan</i> )	Tier 4; OC	
<b>*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 4; OC	PA; SP; QL (2 tablets per 1 day)
<b>*ANTIADRENALS*** - DRUGS FOR CANCER</b>		
LYSODREN ORAL TABLET ( <i>mitotane</i> )	Tier 4; OC	QL (38 tablets per 1 day)
<b>*ANTIANDROGENS*** - DRUGS FOR CANCER</b>		
<i>bicalutamide oral tablet</i>	Tier 2; OC	QL (1 tablet per 1 day)
<i>flutamide oral capsule</i>	Tier 2; OC	
<i>nilutamide oral tablet</i>	Tier 4; OC	QL (1 tablet per 1 day)
XTANDI ORAL CAPSULE ( <i>enzalutamide</i> )	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
<b>*ANTIESTROGENS*** - DRUGS FOR CANCER</b>		
<i>tamoxifen citrate oral tablet</i>	Tier 2; OC; \$0	
<i>toremifene citrate oral tablet</i>	Tier 4; OC	QL (1 tablet per 1 day)
<b>*ANTIMETABOLITES*** - DRUGS FOR CANCER</b>		
<i>capecitabine oral tablet</i>	Tier 4; OC	PA; SP
<i>mercaptopurine oral tablet</i>	Tier 2; OC	
<i>methotrexate oral tablet</i>	Tier 2; OC	
<i>methotrexate sodium oral tablet</i>	Tier 2; OC	
TABLOID ORAL TABLET ( <i>thioguanine</i> )	Tier 4; OC	
<b>*ANTINEOPLASTIC - ALK INHIBITORS*** - DRUGS FOR CANCER</b>		
XALKORI ORAL CAPSULE ( <i>crizotinib</i> )	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYKADIA ORAL CAPSULE ( <i>ceritinib</i> )	Tier 4	PA; SP; QL (3 capsules per 1 day)
<b>*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
BOSULIF ORAL TABLET 100 MG ( <i>bosutinib</i> )	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG ( <i>bosutinib</i> )	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG ( <i>ponatinib hcl</i> )	Tier 4; OC	PA; LD; QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 15 MG ( <i>ponatinib hcl</i> )	Tier 4; OC	PA; LD; QL (2 tablets per 1 day)
<i>imatinib mesylate oral tablet</i>	Tier 4; OC	PA; SP; QL (2 tablets per 1 day)
SPRYCEL ORAL TABLET ( <i>dasatinib</i> )	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG ( <i>nilotinib hcl</i> )	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
TASIGNA ORAL CAPSULE 50 MG ( <i>nilotinib hcl</i> )	Tier 4; OC	PA; SP; QL (4 capsule per 1 day)
<b>*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
TAFINLAR ORAL CAPSULE ( <i>dabrafenib mesylate</i> )	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
ZELBORAF ORAL TABLET ( <i>vemurafenib</i> )	Tier 4; OC	PA; SP; LD; QL (8 tablets per 1 day)
<b>*ANTINEOPLASTIC - BTK INHIBITORS*** - DRUGS FOR CANCER</b>		
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	Tier 4; OC	PA; QL (3 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG ( <i>ibrutinib</i> )	Tier 4; OC	PA; QL (1 capsule per 1 day)
IMBRUVICA ORAL TABLET ( <i>ibrutinib</i> )	Tier 4; OC	PA; QL (1 tablet per 1 day)
<b>*ANTINEOPLASTIC - EGFR INHIBITORS*** - DRUGS FOR CANCER</b>		
ERBITUX INTRAVENOUS SOLUTION ( <i>cetuximab</i> )	Tier 4	PA; SP
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 4; OC	PA; SP; QL (3 tablets per 1 day)
GILOTRIF ORAL TABLET ( <i>afatinib dimaleate</i> )	Tier 3; OC	PA; QL (1 tablet per 1 day)
<b>*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER</b>		
ERIVEDGE ORAL CAPSULE ( <i>vismodegib</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
ODOMZO ORAL CAPSULE ( <i>sonidegib phosphate</i> )	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
<b>*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER</b>		
FARYDAK ORAL CAPSULE ( <i>panobinostat lactate</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
ZOLINZA ORAL CAPSULE ( <i>vorinostat</i> )	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
<b>*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER</b>		
POMALYST ORAL CAPSULE ( <i>pomalidomide</i> )	Tier 4; OC	PA; SP; QL (21 capsules per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTINEOPLASTIC - MEK INHIBITORS*** - DRUGS FOR CANCER</b>		
MEKINIST ORAL TABLET 0.5 MG ( <i>trametinib dimethyl sulfoxide</i> )	Tier 4; OC	PA; SP; QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
<b>*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>everolimus oral tablet</i>	Tier 4; OC	PA; SP
<i>everolimus oral tablet soluble</i>	Tier 4; OC	PA; SP
<b>*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
CAPRELSA ORAL TABLET 100 MG ( <i>vandetanib</i> )	Tier 4; OC	PA; LD; QL (3 tablets per 1 day)
CAPRELSA ORAL TABLET 300 MG ( <i>vandetanib</i> )	Tier 4; OC	PA; LD; QL (1 tablet per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT ( <i>cabozantinib s-malate</i> )	Tier 4; OC	PA; SP; QL (1 dose pack per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT ( <i>cabozantinib s-malate</i> )	Tier 4; OC	PA; SP; QL (1 dose pack per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT ( <i>cabozantinib s-malate</i> )	Tier 4; OC	PA; SP; QL (1 dose pack per 28 days)
<i>lapatinib ditosylate oral tablet</i>	Tier 4; OC	PA; SP; QL (6 tablets per 1 day)
<i>sorafenib tosylate oral tablet</i>	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
STIVARGA ORAL TABLET ( <i>regorafenib</i> )	Tier 4; OC	PA; SP; QL (84 tablets per 28 days)
<i>sunitinib malate oral capsule</i>	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
VOTRIENT ORAL TABLET ( <i>pazopanib hcl</i> )	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
<b>*ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
COMETRIQ (100 MG DAILY DOSE) ORAL KIT ( <i>cabozantinib s-malate</i> )	Tier 4	PA; QL (1 dose pack per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT ( <i>cabozantinib s-malate</i> )	Tier 4	PA; QL (1 dose pack per 28 days)
<b>*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION ( <i>interferon gamma-1b</i> )	Tier 4	PA; SP; LD
ALFERON N INJECTION SOLUTION ( <i>interferon alfa-n3</i> )	Tier 4	SP
<i>hydroxyurea oral capsule</i>	Tier 2; OC	
INTRON A INJECTION SOLUTION ( <i>interferon alfa-2b</i> )	Tier 4	SP; LD
INTRON A INJECTION SOLUTION RECONSTITUTED ( <i>interferon alfa-2b</i> )	Tier 4	SP; LD
MATULANE ORAL CAPSULE ( <i>procarbazine hcl</i> )	Tier 4; OC	
<b>*AROMATASE INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>anastrozole oral tablet</i>	Tier 2; OC; \$0	QL (1 tablet per 1 day)
<i>exemestane oral tablet</i>	Tier 2; OC; \$0	QL (2 tablets per 1 day)
<i>letrozole oral tablet</i>	Tier 2; OC; \$0	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER</b>		
IBRANCE ORAL CAPSULE ( <i>palbociclib</i> )	Tier 4; OC	PA; SP; QL (21 capsules per 28 days)
IBRANCE ORAL TABLET 100 MG, 75 MG ( <i>palbociclib</i> )	Tier 4; OC	PA; SP; QL (21 tablets per 28 days)
IBRANCE ORAL TABLET 125 MG ( <i>palbociclib</i> )	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
<b>*ESTROGENS-ANTINEOPLASTIC*** - DRUGS FOR CANCER</b>		
EMCYT ORAL CAPSULE ( <i>estramustine phosphate sodium</i> )	Tier 4; OC	PA
<b>*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER</b>		
<i>leucovorin calcium oral tablet</i>	Tier 2; OC	
<b>*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER</b>		
<i>temozolomide oral capsule 100 mg, 250 mg</i>	Tier 4; OC	PA; SP; QL (2 capsule per 1 day)
<i>temozolomide oral capsule 140 mg, 180 mg</i>	Tier 4; OC	PA; SP; QL (2 capsules per 1 day)
<i>temozolomide oral capsule 20 mg</i>	Tier 4; OC	PA; SP; QL (4 capsule per 1 day)
<i>temozolomide oral capsule 5 mg</i>	Tier 4; OC	PA; SP; QL (3 capsule per 1 day)
<b>*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER</b>		
JAKAFI ORAL TABLET ( <i>ruxolitinib phosphate</i> )	Tier 4; OC	PA; SP; QL (2 tablets per 1 day)
<b>*LHRH ANALOGS*** - DRUGS FOR CANCER</b>		
<i>leuprolide acetate injection kit</i>	Tier 4	PA; SP
<b>*MITOTIC INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>etoposide oral capsule</i>	Tier 4; OC	SP
<b>*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER</b>		
<i>cyclophosphamide oral capsule</i>	Tier 4; OC	SP
LEUKERAN ORAL TABLET ( <i>chlorambucil</i> )	Tier 4; OC	
<i>melphalan oral tablet</i>	Tier 4; OC	SP
<b>*NITROSOUREAS*** - DRUGS FOR CANCER</b>		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG ( <i>lomustine</i> )	Tier 4; OC	PA; SP
GLEOSTINE ORAL CAPSULE 5 MG ( <i>lomustine</i> )	Tier 4	PA
<b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER</b>		
ZYDELIG ORAL TABLET ( <i>idelalisib</i> )	Tier 4; OC	PA; SP; QL (2 tablets per 1 day)
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER</b>		
LYNPARZA ORAL CAPSULE ( <i>olaparib</i> )	Tier 4	PA; SP; QL (16 capsules per 1 day)
LYNPARZA ORAL TABLET ( <i>olaparib</i> )	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*RETINOIDS*** - DRUGS FOR CANCER</b>		
<i>tretinoin oral capsule</i>	Tier 2; OC	
<b>*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER</b>		
<i>bexarotene oral capsule</i>	Tier 4; OC	PA; SP; QL (10 capsules per 1 day)
<b>*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER</b>		
HYCAMTIN ORAL CAPSULE ( <i>topotecan hcl</i> )	Tier 4; OC	PA; SP
<b>*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER</b>		
INLYTA ORAL TABLET 1 MG ( <i>axitinib</i> )	Tier 4; OC	PA; SP; QL (6 tablets per 1 day)
INLYTA ORAL TABLET 5 MG ( <i>axitinib</i> )	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; QL (1 pack per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; QL (2 capsules per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; QL (1 pack per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; QL (2 capsules per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; QL (3 capsules per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; QL (30 capsules per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; QL (1 pack per 30 days)
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON</b>		
<i>benztropine mesylate oral tablet</i>	Tier 1	
<i>trihexyphenidyl hcl oral elixir</i>	Tier 1	
<i>trihexyphenidyl hcl oral solution</i>	Tier 1	
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	
<b>*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON</b>		
<i>amantadine hcl oral capsule</i>	Tier 2	QL (4 capsule per 1 day)
<i>amantadine hcl oral solution</i>	Tier 2	QL (40 mL per 1 day)
<i>amantadine hcl oral syrup</i>	Tier 2	QL (40 mL per 1 day)
<i>amantadine hcl oral tablet</i>	Tier 2	QL (4 tablets per 1 day)
<i>bromocriptine mesylate oral capsule</i>	Tier 1	
<i>bromocriptine mesylate oral tablet</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON</b>		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule</i>	Tier 2	
<i>selegiline hcl oral tablet</i>	Tier 2	
<b>*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON</b>		
<i>carbidopa oral tablet</i>	Tier 2	
<b>*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON</b>		
<i>carbidopa-levodopa er oral tablet extended release</i>	Tier 2	
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 2	
<b>*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON</b>		
APOKYN SUBCUTANEOUS SOLUTION ( <i>apomorphine hcl</i> )	Tier 4	PA; QL (2 mL per 1 day)
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE ( <i>apomorphine hcl</i> )	Tier 4	PA; SP; QL (2 mL per 1 day)
<i>apomorphine hcl subcutaneous solution cartridge</i>	Tier 4	PA; SP; QL (2 ML per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	Tier 2	QL (3 tablets per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	
<i>ropinirole hcl oral tablet</i>	Tier 1	
<b>*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON</b>		
<i>entacapone oral tablet</i>	Tier 2	QL (8 tablets per 1 day)
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	Tier 1	DO
<i>lithium carbonate oral capsule 600 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>lithium carbonate oral tablet</i>	Tier 1	DO
<i>lithium oral solution</i>	Tier 2	
<b>*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	Tier 2	PA; DO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	Tier 2	PA; QL (2 capsules per 1 day)
<b>*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>risperidone</i> (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg)	Tier 2	PA; QL (2 tablets per 1 day)
<i>risperidone</i> (Risperidone M-Tab Oral Tablet Dispersible 3 Mg, 4 Mg)	Tier 2	PA; QL (4 tablets per 1 day)
<i>risperidone oral solution</i>	Tier 1	PA; QL (8 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	PA; DO
<i>risperidone oral tablet 3 mg, 4 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	PA; DO
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<b>*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	PA; DO
<i>haloperidol oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<b>*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>clozapine oral tablet 100 mg</i>	Tier 2	PA; QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	Tier 2	PA; DO
<i>clozapine oral tablet dispersible 100 mg</i>	Tier 2	PA; QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	Tier 2	PA; DO
<i>clozapine oral tablet dispersible 150 mg</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<b>*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	PA; DO
<i>quetiapine fumarate oral tablet 150 mg</i>	Tier 1	PA; QL (5 tablets per 1 day)
<i>quetiapine fumarate oral tablet 200 mg</i>	Tier 2	PA; QL (3 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<b>*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	PA; DO
<i>loxapine succinate oral capsule 50 mg</i>	Tier 1	PA; QL (4 capsules per 1 day)
<b>*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	PA; DO
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>fluphenazine hcl oral concentrate</i>	Tier 1	PA; QL (8 mL per 1 day)
<i>fluphenazine hcl oral elixir</i>	Tier 1	PA; QL (80 mL per 1 day)
<i>fluphenazine hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	PA; DO
<i>fluphenazine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 16 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>perphenazine oral tablet 2 mg</i>	Tier 1	PA; DO
<i>perphenazine oral tablet 4 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 8 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>prochlorperazine maleate oral tablet</i>	Tier 1	
<i>thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	DO
<i>thioridazine hcl oral tablet 100 mg</i>	Tier 1	QL (8 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg</i>	Tier 1	PA; DO
<i>trifluoperazine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<b>*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>aripiprazole oral solution</i>	Tier 2	PA; QL (30 mL per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	Tier 2	PA; DO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<b>*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 2	PA; DO
<i>olanzapine oral tablet 15 mg, 20 mg</i>	Tier 2	PA; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	Tier 2	PA; DO
<i>olanzapine oral tablet dispersible 15 mg</i>	Tier 2	PA; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 20 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<b>*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	PA; DO
<i>thiothixene oral capsule 10 mg</i>	Tier 1	PA; QL (6 capsules per 1 day)
<b>*ANTIVIRALS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Tier 2	QL (2 tablets per 1 day)
BIKTARVY ORAL TABLET ( <i>bictegravir-emtricitab-tenofovir</i> )	Tier 2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG ( <i>emtricitabine-tenofovir af</i> )	Tier 2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	Tier 2; \$0	QL (1 tablet per 1 day)
DOVATO ORAL TABLET ( <i>dolutegravir-lamivudine</i> )	Tier 2	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Tier 2; \$0	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET ( <i>elviteg-cobic-emtricit-tenofaf</i> )	Tier 2	QL (1 tablet per 1 day)
<i>lamivudine-zidovudine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution</i>	Tier 2	QL (16 mL per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 2	QL (10 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 2	QL (4 tablets per 1 day)
STRIBILD ORAL TABLET ( <i>elviteg-cobic-emtricit-tenofdf</i> )	Tier 2	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET ( <i>abacavir-dolutegravir-lamivud</i> )	Tier 2	QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE ( <i>abacavir-dolutegravir-lamivud</i> )	Tier 2	QL (6 tablets per 1 day)
<b>*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>maraviroc oral tablet</i>	Tier 2	QL (4 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG ( <i>maraviroc</i> )	Tier 2	QL (8 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELZENTRY ORAL TABLET 75 MG ( <i>maraviroc</i> )	Tier 2	QL (2 tablets per 1 day)
<b>*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>enfuvirtide</i> )	Tier 2	PA; QL (60 vials per 30 days)
<b>*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
ISENTRESS ORAL TABLET ( <i>raltegravir potassium</i> )	Tier 2	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG ( <i>raltegravir potassium</i> )	Tier 2	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG ( <i>raltegravir potassium</i> )	Tier 2	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET 10 MG ( <i>dolutegravir sodium</i> )	Tier 2	QL (4 tablets per 1 day)
TIVICAY ORAL TABLET 25 MG, 50 MG ( <i>dolutegravir sodium</i> )	Tier 2	QL (2 tablets per 1 day)
<b>*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
APTIVUS ORAL CAPSULE ( <i>tipranavir</i> )	Tier 2	PA; QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION ( <i>tipranavir</i> )	Tier 2	PA; QL (13 mL per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Tier 2	QL (2 capsules per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Tier 2	QL (1 capsule per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG ( <i>indinavir sulfate</i> )	Tier 2	QL (12 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG ( <i>indinavir sulfate</i> )	Tier 2	QL (6 capsules per 1 day)
<i>fosamprenavir calcium oral tablet</i>	Tier 2	QL (4 tablets per 1 day)
INVIRASE ORAL CAPSULE ( <i>saquinavir mesylate</i> )	Tier 2	
INVIRASE ORAL TABLET ( <i>saquinavir mesylate</i> )	Tier 2	QL (4 tablets per 1 day)
LEXIVA ORAL SUSPENSION ( <i>fosamprenavir calcium</i> )	Tier 2	QL (60 mL per 1 day)
NORVIR ORAL CAPSULE ( <i>ritonavir</i> )	Tier 2	
NORVIR ORAL SOLUTION ( <i>ritonavir</i> )	Tier 2	QL (16 mL per 1 day)
PREZISTA ORAL SUSPENSION ( <i>darunavir</i> )	Tier 2	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG ( <i>darunavir</i> )	Tier 2	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG ( <i>darunavir</i> )	Tier 2	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG ( <i>darunavir</i> )	Tier 2	QL (10 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG ( <i>darunavir</i> )	Tier 2	QL (1 tablet per 1 day)
<i>ritonavir oral tablet</i>	Tier 2	QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG ( <i>nelfinavir mesylate</i> )	Tier 2	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG ( <i>nelfinavir mesylate</i> )	Tier 2	QL (4 tablets per 1 day)
<b>*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
EDURANT ORAL TABLET ( <i>rilpivirine hcl</i> )	Tier 2	PA; QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg</i>	Tier 2	QL (4 capsules per 1 day)
<i>efavirenz oral capsule 50 mg</i>	Tier 2	QL (12 capsules per 1 day)
<i>efavirenz oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>etravirine oral tablet 100 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>etravirine oral tablet 200 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET ( <i>etravirine</i> )	Tier 2	PA; QL (16 tablets per 1 day)
<i>nevirapine oral suspension</i>	Tier 1	QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
RESCRIPTOR ORAL TABLET 100 MG ( <i>delavirdine mesylate</i> )	Tier 2	QL (12 tablets per 1 day)
RESCRIPTOR ORAL TABLET 200 MG ( <i>delavirdine mesylate</i> )	Tier 2	QL (6 tablets per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>abacavir sulfate oral solution</i>	Tier 1	QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>didanosine oral capsule delayed release 125 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>didanosine oral capsule delayed release 200 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	Tier 1	QL (1 capsule per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>emtricitabine oral capsule</i>	Tier 2; \$0	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION ( <i>emtricitabine</i> )	Tier 2	QL (29 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>stavudine oral capsule 30 mg, 40 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>stavudine oral solution reconstituted</i>	Tier 1	
<i>zidovudine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	Tier 1	QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<b>*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 2; \$0	QL (1 tablet per 1 day)
VIREAD ORAL POWDER ( <i>tenofovir disoproxil fumarate</i> )	Tier 2	QL (8 grams per 1 day)
VIREAD ORAL TABLET ( <i>tenofovir disoproxil fumarate</i> )	Tier 2	QL (1 tablet per 1 day)
<b>*ANTIVIRAL COMBINATIONS*** - DRUGS FOR INFECTIONS</b>		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK ( <i>nirmatrelvir-ritonavir</i> )	Tier 2	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK ( <i>nirmatrelvir-ritonavir</i> )	Tier 2	
<b>*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 4	
<i>valganciclovir hcl oral tablet</i>	Tier 4	
<b>*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>adefovir dipivoxil oral tablet</i>	Tier 4	SP; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION ( <i>entecavir</i> )	Tier 4	QL (20 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIVIR HBV ORAL SOLUTION ( <i>lamivudine</i> )	Tier 2	QL (20 mL per 1 day)
TYZEKA ORAL TABLET ( <i>telbivudine</i> )	Tier 4	PA
VEMLIDY ORAL TABLET ( <i>tenofovir alafenamide fumarate</i> )	Tier 4	SP; QL (1 tablet per 1 day)
<b>*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS</b>		
EPCLUSA ORAL PACKET 150-37.5 MG ( <i>sofosbuvir-velpatasvir</i> )	Tier 4	PA; SP; QL (1 packet per 1 day)
EPCLUSA ORAL PACKET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	Tier 4	PA; SP; QL (2 packets per 1 day)
EPCLUSA ORAL TABLET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	Tier 4	PA; SP; QL (2 tablets per 1 day)
EPCLUSA ORAL TABLET 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	Tier 4	PA; SP; QL (1 tablet per 1 day)
<b>*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>ribavirin</i> (Moderiba Oral Tablet)	Tier 4	SP; QL (6 tablets per 1 day)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION ( <i>peginterferon alfa-2a</i> )	Tier 4	SP; QL (2 pens per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	Tier 4	SP; QL (2 syringes per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	Tier 4	SP; LD; QL (4 vials per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>peginterferon alfa-2a</i> )	Tier 4	SP; LD; QL (4 syringes per 28 days)
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT ( <i>peginterferon alfa-2b</i> )	Tier 4	
PEG-INTRON REDIPEN SUBCUTANEOUS KIT ( <i>peginterferon alfa-2b</i> )	Tier 4	
PEG-INTRON SUBCUTANEOUS KIT ( <i>peginterferon alfa-2b</i> )	Tier 4	
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 80 MCG/0.5ML ( <i>peginterferon alfa-2b</i> )	Tier 4	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML ( <i>peginterferon alfa-2b</i> )	Tier 4	SP
<i>ribavirin</i> (Ribasphere Oral Capsule)	Tier 4	SP; QL (6 capsules per 1 day)
<i>ribavirin</i> (Ribasphere Oral Tablet 200 Mg)	Tier 4	SP; QL (6 tablets per 1 day)
RIBASPHERE ORAL TABLET 600 MG ( <i>ribavirin</i> )	Tier 4	SP
<i>ribavirin oral capsule</i>	Tier 4	SP; QL (6 capsules per 1 day)
<i>ribavirin oral tablet</i>	Tier 4	SP; QL (6 tablets per 1 day)
<b>*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>valacyclovir hcl oral tablet 1 gm</i>	Tier 1	QL (30 tablets per 1 fill)
<i>valacyclovir hcl oral tablet 500 mg</i>	Tier 1	QL (60 tablets per 1 fill)
<b>*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>famciclovir oral tablet 125 mg, 250 mg</i>	Tier 1	QL (60 tablets per 1 fill)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>famciclovir oral tablet 500 mg</i>	Tier 1	QL (21 tablets per 1 fill)
<b>*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>rimantadine hcl oral tablet</i>	Tier 1	
<b>*MISC. ANTIVIRALS*** - DRUGS FOR VIRAL INFECTIONS</b>		
LAGEVRIO ORAL CAPSULE ( <i>molnupiravir</i> )	Tier 2	
<b>*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (20 capsules per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	Tier 2	QL (10 capsules per 90 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Tier 2	QL (10 capsule per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (180 mL per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>zanamivir</i> )	Tier 2	QL (1 package per 90 days)
<b>*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG ( <i>baloxavir marboxil</i> )	Tier 3	QL (1 pack per 1 fill)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG ( <i>baloxavir marboxil</i> )	Tier 3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG ( <i>baloxavir marboxil</i> )	Tier 3	QL (1 pack per 1 fill)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG ( <i>baloxavir marboxil</i> )	Tier 3	QL (1 dose pack per 90 days)
<b>*BETA BLOCKERS* - DRUGS FOR THE HEART</b>		
<b>*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	Tier 1	DO
<i>carvedilol oral tablet 25 mg</i>	Tier 1	QL (4 tablets per 1 day)
<b>*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>acebutolol hcl oral capsule 200 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>acebutolol hcl oral capsule 400 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>atenolol oral tablet 100 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>atenolol oral tablet 25 mg, 50 mg</i>	Tier 1	DO
<i>betaxolol hcl oral tablet 10 mg</i>	Tier 1	DO
<i>betaxolol hcl oral tablet 20 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>bisoprolol fumarate oral tablet 5 mg</i>	Tier 1	DO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	DO
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metoprolol tartrate oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	DO



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg</i>	Tier 1	DO
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>propranolol hcl oral solution</i>	Tier 1	QL (80 mL per 1 day)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	DO
<i>propranolol hcl oral tablet 80 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>sotalol hcl</i> (Sorine Oral Tablet 120 Mg, 80 Mg)	Tier 2	QL (3 tablets per 1 day)
<i>sotalol hcl</i> (Sorine Oral Tablet 160 Mg)	Tier 2	QL (4 tablets per 1 day)
<i>sotalol hcl</i> (Sorine Oral Tablet 240 Mg)	Tier 2	QL (2 tablets per 1 day)
<i>sotalol hcl (af) oral tablet</i>	Tier 2	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>sotalol hcl oral tablet 160 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>sotalol hcl oral tablet 240 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>sotalol hydrochloride oral tablet</i>	Tier 2	
<i>timolol maleate oral tablet 10 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>timolol maleate oral tablet 20 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>timolol maleate oral tablet 5 mg</i>	Tier 1	DO
<b>*CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART</b>		
<b>*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 2	QL (1 tablet per 1 day)
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 2	QL (2 tablets per 1 day)
<i>amlodipine besylate oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	Tier 1	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg)	Tier 1	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	QL (3 capsules per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 300 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 120 mg</i>	Tier 1	DO
<i>diltiazem cd oral capsule extended release 24 hour 180 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 300 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg</i>	Tier 1	DO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<b><i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i></b>	Tier 1	QL (1 capsule per 1 day)
<b><i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i></b>	Tier 1	DO
<b><i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i></b>	Tier 1	QL (3 capsules per 1 day)
<b><i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i></b>	Tier 1	QL (2 capsules per 1 day)
<b><i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg</i></b>	Tier 1	QL (1 capsule per 1 day)
<b><i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg</i></b>	Tier 1	QL (3 tablets per 1 day)
<b><i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i></b>	Tier 1	QL (2 tablets per 1 day)
<b><i>diltiazem hcl er coated beads oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i></b>	Tier 1	QL (1 tablet per 1 day)
<b><i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i></b>	Tier 2	QL (2 capsule per 1 day)
<b><i>diltiazem hcl er oral capsule extended release 12 hour 60 mg</i></b>	Tier 2	DO
<b><i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i></b>	Tier 2	QL (4 capsules per 1 day)
<b><i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i></b>	Tier 1	DO
<b><i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i></b>	Tier 1	QL (3 capsules per 1 day)
<b><i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i></b>	Tier 1	QL (2 capsules per 1 day)
<b><i>diltiazem hcl oral tablet 120 mg</i></b>	Tier 1	QL (3 tablet per 1 day)
<b><i>diltiazem hcl oral tablet 30 mg, 60 mg</i></b>	Tier 1	DO
<b><i>diltiazem hcl oral tablet 90 mg</i></b>	Tier 1	QL (4 tablet per 1 day)
<b><i>dilt-xr oral capsule extended release 24 hour 120 mg</i></b>	Tier 1	DO
<b><i>dilt-xr oral capsule extended release 24 hour 180 mg</i></b>	Tier 1	QL (3 capsules per 1 day)
<b><i>dilt-xr oral capsule extended release 24 hour 240 mg</i></b>	Tier 1	QL (2 capsules per 1 day)
<b><i>felodipine er oral tablet extended release 24 hour 10 mg</i></b>	Tier 1	QL (1 tablet per 1 day)
<b><i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i></b>	Tier 1	DO
<b><i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg)</i></b>	Tier 1	QL (3 tablets per 1 day)
<b><i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)</i></b>	Tier 1	QL (2 tablets per 1 day)
<b><i>diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)</i></b>	Tier 1	QL (1 tablet per 1 day)
<b><i>nifedipine (Nifedical XI Oral Tablet Extended Release 24 Hour)</i></b>	Tier 1	DO
<b><i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i></b>	Tier 2	QL (1 tablet per 1 day)
<b><i>nifedipine er oral tablet extended release 24 hour 60 mg</i></b>	Tier 2	QL (2 tablets per 1 day)
<b><i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i></b>	Tier 2	DO
<b><i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i></b>	Tier 2	QL (2 tablet per 1 day)
<b><i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i></b>	Tier 2	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nifedipine oral capsule 10 mg</i>	Tier 2	DO
<i>nifedipine oral capsule 20 mg</i>	Tier 2	QL (4 capsule per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</i>	Tier 1	DO
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg)	Tier 1	DO
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 300 Mg, 360 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg)	Tier 1	DO
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</i>	Tier 1	DO
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsule per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	Tier 1	DO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	Tier 1	QL (4 tablet per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	Tier 1	DO
<b>*CARDIOTONICS* - DRUGS FOR THE HEART</b>		
<b>*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART</b>		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg)	Tier 1	DO
<i>digoxin</i> (Digitek Oral Tablet 250 Mcg)	Tier 1	QL (2 tablets per 1 day)
<i>digoxin</i> (Digox Oral Tablet 125 Mcg)	Tier 1	DO
<i>digoxin</i> (Digox Oral Tablet 250 Mcg)	Tier 1	QL (2 tablets per 1 day)
<i>digoxin oral solution</i>	Tier 1	QL (10 mL per 1 day)
<i>digoxin oral tablet 125 mcg</i>	Tier 1	DO
<i>digoxin oral tablet 250 mcg</i>	Tier 1	QL (2 tablets per 1 day)
<i>digoxin oral tablet 62.5 mcg</i>	Tier 2	DO
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG ( <i>digoxin</i> )	Tier 3	DO
LANOXIN ORAL TABLET 187.5 MCG ( <i>digoxin</i> )	Tier 3	
LANOXIN ORAL TABLET 250 MCG ( <i>digoxin</i> )	Tier 3	QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART</b>		
<b>*CALCIUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBIT COMB*** - DRUGS FOR CHOLESTEROL</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	DO
<b>*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>treprostinil injection solution</i>	Tier 4	PA; SP
<i>treprostinil sodium injection solution</i>	Tier 4	PA
VENTAVIS INHALATION SOLUTION ( <i>iloprost</i> )	Tier 4	PA; SP; QL (9 mL per 1 day)
<b>*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
ADEMPAS ORAL TABLET ( <i>riociguat</i> )	Tier 4	PA; SP; LD; QL (3 tablets per 1 day)
<b>*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>ambrisentan oral tablet</i>	Tier 4	PA; SP; QL (1 tablet per 1 day)
<b>*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>alyq oral tablet</i>	Tier 4	PA; SP; QL (2 tablets per 1 day)
<i>tadalafil (pah) oral tablet</i>	Tier 4	PA; SP; QL (2 tablet per 1 day)
<b>*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR THE HEART</b>		
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	PA; QL (8 tablets per 25 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; QL (30 tablets per 25 days)
<b>*CEPHALOSPORINS* - DRUGS FOR INFECTIONS</b>		
<b>*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS</b>		
<i>cefadroxil oral capsule</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted</i>	Tier 1	
<i>cefadroxil oral tablet</i>	Tier 1	
<i>cephalexin oral capsule</i>	Tier 1	
<i>cephalexin oral suspension reconstituted</i>	Tier 1	
<i>cephalexin oral tablet</i>	Tier 1	
<b>*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS</b>		
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier 2	
<i>cefaclor oral capsule</i>	Tier 1	
<i>cefaclor oral suspension reconstituted</i>	Tier 1	
<i>cefprozil oral suspension reconstituted</i>	Tier 1	
<i>cefprozil oral tablet</i>	Tier 1	
<i>cefuroxime axetil oral tablet</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS</b>		
<i>cefdinir oral capsule</i>	Tier 1	QL (20 capsules per 1 fill)
<i>cefdinir oral suspension reconstituted 125 mg/5ml</i>	Tier 1	QL (240 mL per 1 fill)
<i>cefdinir oral suspension reconstituted 250 mg/5ml</i>	Tier 1	QL (120 mL per 1 fill)
<i>cefditoren pivoxil oral tablet</i>	Tier 2	
<i>cefixime oral capsule</i>	Tier 2	QL (10 capsules per 1 fill)
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier 2	
<i>cefpodoxime proxetil oral tablet</i>	Tier 2	
<i>ceftibuten oral capsule</i>	Tier 2	
<i>ceftibuten oral suspension reconstituted</i>	Tier 2	
SUPRAX ORAL SUSPENSION RECONSTITUTED ( <i>cefixime</i> )	Tier 3	QL (40 mL per 1 fill)
<b>*CONTRACEPTIVES* - DRUGS FOR WOMEN</b>		
<b>*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kimidess Oral Tablet)	Tier 1; \$0	
LO LOESTRIN FE ORAL TABLET ( <i>norethin-eth estrad-fe biphas</i> )	Tier 3	
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet)	Tier 1; \$0	
<i>viorele oral tablet</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet)	Tier 1; \$0	
<b>*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet)	Tier 1; \$0	
<i>alyacen 1/35 oral tablet</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet)	Tier 1; \$0	
BALCOLTRA ORAL TABLET ( <i>levonorgest-eth estrad-fe bisg</i> )	Tier 3	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet)	Tier 1; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>briellyn oral tablet</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet)	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1; \$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Gildagia Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Gildess 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Gildess 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet)	Tier 1; \$0	
<i>jasmiel oral tablet</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet)	Tier 1; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lillow Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Lomedia 24 Fe Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet)	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet)	Tier 1; \$0	
<i>marlissa oral tablet</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Melodetta 24 Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Mononessa Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet)	Tier 1; \$0	
NECON 1/50 (28) ORAL TABLET ( <i>norethindrone-mestranol</i> )	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet)	Tier 1; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe oral capsule</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 1; \$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	Tier 1; \$0	
<i>norethindrone acet-ethinyl est oral tablet chewable</i>	Tier 1; \$0	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	Tier 1; \$0	
<i>norgestimate-eth estradiol oral tablet</i>	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet)	Tier 1; \$0	
OGESTREL ORAL TABLET ( <i>norgestrel-ethinyl estradiol</i> )	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet)	Tier 1; \$0	
<i>drospiren-eth estrad-levomefol</i> (Rajani Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule)	Tier 1; \$0	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Zenchent Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Zenchent Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/50E (28) Oral Tablet)	Tier 1; \$0	



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>drosiprenone-ethinyl estradiol</i> (Zumandimine Oral Tablet)	Tier 1; \$0	
<b>*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS</b>		
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly)	Tier 1; \$0	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly)	Tier 1; \$0	
<b>*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS</b>		
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring)	Tier 1; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 1; \$0	
<b>*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 1; \$0	
<b>*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS</b>		
AFTERA ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
AFTERPILL ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
ECONTRA EZ ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
ECONTRA ONE-STEP ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
ELLA ORAL TABLET ( <i>ulipristal acetate</i> )	Tier 3; \$0	
<i>levonorgestrel oral tablet</i>	Tier 1; \$0	QL (1 tablet per 30 days)
MY CHOICE ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
MY WAY ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
NEW DAY ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
NEXT CHOICE ONE DOSE ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
OPCICON ONE-STEP ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
OPTION 2 ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
PREVENTEZA ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
REACT ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
TAKE ACTION ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
<b>*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet)	Tier 1; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth est &amp; eth est oral tablet</i>	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Quasense Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet)	Tier 1; \$0	
<b>*FOUR PHASE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
NATAZIA ORAL TABLET ( <i>estradiol valerate-dienogest</i> )	Tier 3	
<b>*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS</b>		
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 1; \$0	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier 1; \$0	
<b>*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>norethindrone</i> (Camila Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Deblitane Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Errin Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Heather Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Incassia Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Jencycla Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Jolivette Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Lyleq Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Lyza Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Nora-Be Oral Tablet)	Tier 1; \$0	
<i>norethindrone oral tablet</i>	Tier 1; \$0	
<i>norethindrone</i> (Norlyda Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Norlyroc Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Sharobel Oral Tablet)	Tier 1; \$0	
SLYND ORAL TABLET ( <i>drospirenone</i> )	Tier 3	
<i>norethindrone</i> (Tulana Oral Tablet)	Tier 1; \$0	
<b>*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>alyacen 7/7/7 oral tablet</i>	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet)	Tier 1; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Myzilra Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Necon 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethindron-ethinyl estrad-fe oral tablet</i>	Tier 1; \$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet)	Tier 1; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Trinessa Lo Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet)	Tier 1; \$0	
<i>tri-vylibra lo oral tablet</i>	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet)	Tier 1; \$0	
VELIVET ORAL TABLET ( <i>desogestrel-ethinyl estradiol</i> )	Tier 1; \$0	
<b>*CORTICOSTEROIDS* - HORMONES</b>		
<b>*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION</b>		
<i>budesonide oral capsule delayed release particles</i>	Tier 2	QL (3 capsule per 1 day)
<i>cortisone acetate oral tablet</i>	Tier 1	
<i>dexamethasone</i> (Decadron Oral Elixir)	Tier 1	
<i>dexamethasone</i> (Decadron Oral Tablet)	Tier 1	
<i>prednisone</i> (Deltasone Oral Tablet)	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>hydrocortisone oral tablet</i>	Tier 1	
<i>methylprednisolone oral tablet</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylprednisolone oral tablet therapy pack</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone oral syrup</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution</i>	Tier 1	
<i>prednisone oral solution</i>	Tier 1	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 1	
<b>*MINERALOCORTICOID*** - DRUGS FOR INFLAMMATION</b>		
<i>fludrocortisone acetate oral tablet</i>	Tier 1	
<b>*COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS</b>		
<b>*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES</b>		
<i>benzonatate oral capsule</i>	Tier 1	
<b>*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD</b>		
<i>hydrocodone bit-homatrop mbr oral solution</i>	Tier 1	PA; QL (120 mL per 1 fill)
<i>hydrocodone-homatropine oral syrup</i>	Tier 1	PA; QL (120 mL per 1 fill)
<i>hydromet oral solution</i>	Tier 1	PA; QL (120 mL per 1 fill)
<i>hydromet oral syrup</i>	Tier 1	PA; QL (120 mL per 1 fill)
<b>*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD</b>		
<i>cheratussin ac oral syrup</i>	Tier 1	PA
<i>g tussin ac oral solution</i>	Tier 1	PA
<i>guaiaatussin ac oral syrup</i>	Tier 1	PA
<i>guaifenesin ac oral syrup</i>	Tier 1	PA
<i>guaifenesin-codeine oral solution</i>	Tier 1	PA
<i>robafen ac oral solution</i>	Tier 1	PA
<i>virtussin alc oral solution</i>	Tier 1	PA
<b>*DECONGESTANT &amp; ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine vc oral syrup</i>	Tier 1	QL (120 mL per 1 fill)
<i>promethazine vc plain oral solution</i>	Tier 1	QL (120 mL per 1 fill)
<i>promethazine-phenylephrine oral syrup</i>	Tier 1	QL (120 mL per 1 fill)
<b>*MUCOLYTICS*** - DRUGS FOR THE LUNGS</b>		
<i>acetylcysteine inhalation solution</i>	Tier 2	
<b>*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine-dm oral solution</i>	Tier 1	QL (120 mL per 1 fill)
<i>promethazine-dm oral syrup</i>	Tier 1	QL (120 mL per 1 fill)
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup)</i>	Tier 1	
<i>pseudoeph-bromphen-dm oral syrup</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	Tier 1	PA; QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	Tier 1	PA; QL (120 mL per 1 fill)
<i>promethazine-codeine oral syrup</i>	Tier 1	PA; QL (120 mL per 1 fill)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE ( <i>codeine polst-chlorphen polst</i> )	Tier 3	PA
VITUZ ORAL SOLUTION ( <i>hydrocodone-chlorpheniramine</i> )	Tier 3	
<b>*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine vclcodeine oral syrup</i>	Tier 1	PA; QL (120 mL per 1 fill)
<i>promethazine-phenyleph-codeine oral syrup</i>	Tier 1	PA; QL (120 mL per 1 fill)
<b>*DERMATOLOGICALS* - DRUGS FOR THE SKIN</b>		
<b>*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN</b>		
<i>clindamycin phosphate</i> (Clindacin Etz External Swab)	Tier 1	QL (2 pads per 1 day)
<i>clindamycin phosphate</i> (Clindacin-P External Swab)	Tier 1	QL (2 pads per 1 day)
<i>clindamycin phosphate external foam</i>	Tier 1	QL (100 grams per 30 days)
<i>clindamycin phosphate external gel</i>	Tier 1	QL (75 ml/gm per 30 days)
<i>clindamycin phosphate external lotion</i>	Tier 1	QL (4 mL per 1 day)
<i>clindamycin phosphate external solution</i>	Tier 1	QL (4 mL per 1 day)
<i>clindamycin phosphate external swab</i>	Tier 1	QL (2 pads per 1 day)
<i>dapsone external gel</i>	Tier 2	ST; QL (90 grams per 30 days)
<i>ery external pad</i>	Tier 1	QL (2 pads per 1 day)
<i>erythromycin external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>erythromycin external pad</i>	Tier 1	QL (2 pads per 1 day)
<i>erythromycin external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 1	
<b>*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>adapalene-benzoyl peroxide external gel</i>	Tier 2	QL (45 grams per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	Tier 1	QL (46.6 grams per 30 days)
<i>sulfacetamide sodium-sulfur</i> (Cerisa Wash External Emulsion)	Tier 1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Tier 1	QL (45 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	Tier 1	QL (50 grams per 30 days)
<i>sulfacetamide sod-sulfur wash external liquid</i>	Tier 1	
<i>sulfacetamide-sulfur in urea external gel</i>	Tier 1	
<b>*ACNE PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>adapalene external cream</i>	Tier 1	PA; QL (1.5 grams per 1 day)
<i>adapalene external gel</i>	Tier 1	PA; QL (45 grams per 30 days)
<i>isotretinoin</i> (Amnesteem Oral Capsule)	Tier 2	PA
<i>tretinoin</i> (Avita External Cream)	Tier 1	PA; QL (45 grams per 30 days)
BENZEFOAM EXTERNAL FOAM ( <i>benzoyl peroxide</i> )	Tier 1	
<i>benzoyl peroxide cleanser external lotion</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benzoyl peroxide external foam</i>	Tier 1	
<i>bpo foaming cloths external</i>	Tier 1	
<i>isotretinoin</i> (Claravis Oral Capsule)	Tier 2	PA
<i>benzoyl peroxide</i> (Clearplex X External Gel)	Tier 1	
<i>tretinoin external cream</i>	Tier 1	PA; QL (45 grams per 30 days)
<i>tretinoin external gel</i>	Tier 1	PA; QL (45 grams per 30 days)
<i>isotretinoin</i> (Zenatane Oral Capsule)	Tier 2	PA
<b>*AGENTS FOR FACIAL WRINKLES - RETINOIDS*** - DRUGS FOR THE SKIN</b>		
<i>tretinoin (emollient) external cream</i>	Tier 1	PA; QL (40 grams per 30 days)
<b>*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
CORTISPORIN EXTERNAL OINTMENT ( <i>bacit-poly-neo hc</i> )	Tier 3	
<b>*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
ALTABAX EXTERNAL OINTMENT ( <i>retapamulin</i> )	Tier 3	QL (30 grams per 1 fill)
<i>mupirocin external ointment</i>	Tier 1	QL (30 grams per 1 fill)
<b>*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>clotrimazole-betamethasone external cream</i>	Tier 1	QL (180 grams per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	Tier 1	QL (120 mL per 30 days)
<i>corti-sav external cream</i>	Tier 1	
<i>nystatin-triamcinolone external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin-triamcinolone external ointment</i>	Tier 1	QL (120 grams per 30 days)
<b>*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>ciclopirox</i> (Ciclodan External Solution)	Tier 1	QL (7 mL per 30 days)
<i>ciclopirox external gel</i>	Tier 1	QL (100 grams per 30 days)
<i>ciclopirox external shampoo</i>	Tier 1	QL (120 mL per 30 days)
<i>ciclopirox external solution</i>	Tier 1	QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	Tier 1	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 1	QL (60 mL per 30 days)
<i>nystatin</i> (Nyamyc External Powder)	Tier 1	QL (60 grams per 30 days)
<i>nystatin external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin external powder</i>	Tier 1	QL (60 grams per 30 days)
<i>nystatin</i> (Nystop External Powder)	Tier 1	QL (60 grams per 30 days)
<b>*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>diclofenac sodium external gel</i>	Tier 2	QL (1000 grams per 30 days)
<i>diclofenac sodium transdermal gel</i>	Tier 2	QL (1000 grams per 30 days)
<b>*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>fluorouracil external cream</i>	Tier 1	PA; QL (40 grams per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluorouracil external solution</i>	Tier 1	PA; QL (10 ML per 365 days)
<b>*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN</b>		
<i>acitretin oral capsule</i>	Tier 2	
<i>methoxsalen oral capsule</i>	Tier 2; OC	SP
<i>methoxsalen rapid oral capsule</i>	Tier 2; OC	SP
STELARA SUBCUTANEOUS SOLUTION ( <i>ustekinumab</i> )	Tier 4	PA; SP; QL (1 unit per 12 weeks)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab</i> )	Tier 4	PA; SP; QL (1 unit per 12 weeks)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab</i> )	Tier 4	PA; SP; QL (1 syringe per 12 weeks)
<b>*ANTIPSORIATICS*** - DRUGS FOR THE SKIN</b>		
<i>calcipotriene external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>calcipotriene</i> (Calcitrene External Ointment)	Tier 1	QL (120 grams per 30 days)
<b>*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>selenium sulfide external lotion</i>	Tier 1	QL (120 mL per 30 days)
<b>*BURN PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>silver sulfadiazine external cream</i>	Tier 1	
<i>silver sulfadiazine</i> (Ssd (Silver Sulfadiazine) External Cream)	Tier 1	
<i>silver sulfadiazine</i> (Ssd External Cream)	Tier 1	
<i>silver sulfadiazine</i> (Thermazene External Cream)	Tier 1	
<b>*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>ala-cort external cream</i>	Tier 1	QL (454 grams per 30 days)
<i>alclometasone dipropionate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 1	QL (2 grams per 1 day)
<i>amcinonide external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>amcinonide external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>amcinonide external ointment</i>	Tier 2	QL (60 grams per 30 days)
<i>fluticasone propionate</i> (Beser External Lotion)	Tier 1	QL (120 mL per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Tier 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Tier 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 1	QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 1	QL (45 grams per 30 days)
<i>betamethasone valerate external cream</i>	Tier 1	QL (45 grams per 30 days)
<i>betamethasone valerate external foam</i>	Tier 1	QL (100 grams per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 1	QL (45 grams per 30 days)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>clobetasol prop emollient base external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Tier 1	QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external foam</i>	Tier 1	QL (100 mL per 30 days)
<i>clobetasol propionate external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external lotion</i>	Tier 1	QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 1	QL (3.94 mL per 1 day)
<i>clobetasol propionate external solution</i>	Tier 1	QL (50 mL per 30 days)
<i>clocortolone pivalate external cream</i>	Tier 1	QL (90 grams per 30 days)
<i>clocortolone pivalate pump external cream</i>	Tier 1	QL (90 grams per 30 days)
<i>clobetasol propionate</i> (Clodan External Shampoo)	Tier 1	QL (3.94 mL per 1 day)
<i>clobetasol propionate</i> (Cormax Scalp Application External Solution)	Tier 1	QL (50 mL per 30 days)
<i>desonide external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>desonide external lotion</i>	Tier 1	QL (118 mL per 30 days)
<i>desonide external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>desoximetasone external cream</i>	Tier 1	QL (100 grams per 30 days)
<i>desoximetasone external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>desoximetasone external ointment</i>	Tier 1	QL (100 grams per 30 days)
<i>fluocinolone acetonide body external oil</i>	Tier 1	QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	Tier 1	QL (60 grams per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	Tier 1	QL (120 grams per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 1	QL (90 mL per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Tier 1	QL (120 mL per 30 days)
<i>fluocinonide emulsified base external cream</i>	Tier 1	QL (2 grams per 1 day)
<i>fluocinonide external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>fluocinonide external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>fluocinonide external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>fluocinonide external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>flurandrenolide external cream</i>	Tier 2	QL (120 grams per 30 days)
<i>flurandrenolide external ointment</i>	Tier 2	QL (60 grams per 30 days)
<i>fluticasone propionate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>fluticasone propionate external lotion</i>	Tier 1	QL (120 mL per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>halcinonide external cream</i>	Tier 2	QL (60 grams per 30 days)
<i>halobetasol propionate external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 1	QL (50 grams per 30 days)
HALOG EXTERNAL OINTMENT ( <i>halcinonide</i> )	Tier 3	QL (60 grams per 30 days)
<i>hydrocortisone butyr lipo base external cream</i>	Tier 1	QL (60 grams per 30 days)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone butyrate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>hydrocortisone butyrate external lotion</i>	Tier 1	QL (3.94 mL per 1 day)
<i>hydrocortisone butyrate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>hydrocortisone butyrate external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>hydrocortisone external cream</i>	Tier 1	QL (454 grams per 30 days)
<i>hydrocortisone external lotion</i>	Tier 1	QL (118 mL per 30 days)
<i>hydrocortisone external ointment</i>	Tier 1	QL (454 grams per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>mometasone furoate external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>mometasone furoate external ointment</i>	Tier 1	QL (50 grams per 30 days)
<i>mometasone furoate external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>prednicarbate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>prednicarbate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion</i> (Tovet External Foam)	Tier 1	QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream</i>	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	Tier 2	QL (430 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 1	QL (30 grams per 30 days)
<i>triamcinolone in absorbase external ointment</i>	Tier 2	QL (430 grams per 30 days)
<i>triamcinolone acetonide</i> (Trianex External Ointment)	Tier 2	QL (430 grams per 30 days)
<i>triamcinolone acetonide</i> (Triderm External Cream)	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide</i> (Tritocin External Ointment)	Tier 2	QL (430 grams per 30 days)
<b>*EMOLLIENTS*** - DRUGS FOR THE SKIN</b>		
<i>ammonium lactate external cream</i>	Tier 1	QL (450 grams per 30 days)
<i>ammonium lactate external lotion</i>	Tier 1	
<b>*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>clotrimazole af external cream</i>	Tier 1	QL (113 grams per 30 days)
<i>clotrimazole anti-fungal external cream</i>	Tier 1	QL (113 grams per 30 days)
<i>clotrimazole external cream</i>	Tier 1	QL (113 grams per 30 days)
<i>clotrimazole external solution</i>	Tier 1	QL (60 mL per 30 days)
CLOTRIMAZOLE GRX EXTERNAL CREAM ( <i>clotrimazole</i> )	Tier 1	QL (113 grams per 30 days)
<i>cvs clotrimazole external cream</i>	Tier 1	QL (113 grams per 30 days)
<i>cvs clotrimazole external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>econazole nitrate external cream</i>	Tier 1	QL (85 grams per 30 days)
<i>ketoconazole external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>ketoconazole external foam</i>	Tier 1	QL (100 grams per 30 days)
<i>ketoconazole external shampoo</i>	Tier 1	QL (120 mL per 30 days)
<i>ketoconazole</i> (Ketodan External Foam)	Tier 1	QL (100 grams per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kp clotrimazole external cream</i>	Tier 1	QL (113 grams per 30 days)
MICOTRIN AC EXTERNAL CREAM ( <i>clotrimazole</i> )	Tier 1	QL (113 grams per 30 days)
<i>qc clotrimazole external cream</i>	Tier 1	QL (113 grams per 30 days)
<i>ra clotrimazole external cream</i>	Tier 1	QL (113 grams per 30 days)
<i>tgt clotrimazole external cream</i>	Tier 1	QL (113 grams per 30 days)
<b>*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL *** - DRUGS FOR THE SKIN</b>		
<i>imiquimod external cream</i>	Tier 1	PA; QL (48 packets per 365 days)
<b>*KERATOLYTIC/ANTIMITOTIC AGENTS*** - DRUGS FOR THE SKIN</b>		
<i>podofilox external solution</i>	Tier 1	QL (7 mL per 28 days)
<i>salicylic acid</i> (Salacyn External Cream)	Tier 1	
<i>salicylic acid</i> (Salacyn External Lotion)	Tier 1	
<i>salicylic acid external cream</i>	Tier 1	
<i>salicylic acid-cleanser external kit</i>	Tier 1	
<i>salitech forte external lotion</i>	Tier 1	
<b>*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL *** - DRUGS FOR THE SKIN</b>		
<i>pimecrolimus external cream</i>	Tier 1	PA; QL (100 grams per 30 days)
<i>tacrolimus external ointment</i>	Tier 1	PA; QL (100 grams per 30 days)
<b>*ROSACEA AGENTS*** - DRUGS FOR THE SKIN</b>		
<i>azelaic acid external gel</i>	Tier 2	QL (50 grams per 30 days)
<i>doxycycline oral capsule delayed release</i>	Tier 2	QL (1 capsule per 1 day)
<i>metronidazole external cream</i>	Tier 1	QL (45 grams per 30 days)
<i>metronidazole external gel 0.75 %</i>	Tier 1	QL (45 grams per 30 days)
<i>metronidazole external gel 1 %</i>	Tier 1	QL (55 grams per 30 days)
<i>metronidazole external lotion</i>	Tier 1	QL (59 mL per 30 days)
<i>metronidazole</i> (Rosadan External Cream)	Tier 1	QL (45 grams per 30 days)
<i>metronidazole</i> (Rosadan External Gel)	Tier 1	QL (45 grams per 30 days)
<b>*SCABICIDES &amp; PEDICULICIDES*** - DRUGS FOR THE SKIN</b>		
<i>lindane external shampoo</i>	Tier 1	QL (60 mL per 30 days)
<i>malathion external lotion</i>	Tier 1	QL (4 mL per 1 day)
<i>permethrin external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>spinosad external suspension</i>	Tier 1	QL (120 mL per 7 days)
<b>*SKIN CLEANSERS*** - DRUGS FOR THE SKIN</b>		
<i>essentra wipes 9x9" external</i>	Tier 3	
<b>*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>lidocaine-prilocaine external cream</i>	Tier 1	QL (1 gram per 1 day)
<i>lidocaine-prilocaine external kit</i>	Tier 1	QL (1 kit per 30 days)
<b>*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>calcipotriene-betameth diprop external ointment</i>	Tier 1	QL (400 grams per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC DRUGS***</b>		
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED <i>(glucagon hcl rdna (diagnostic))</i>	Tier 2	
<i>glucagon hcl (diagnostic) injection solution reconstituted</i>	Tier 2	
<b>*DIAGNOSTIC TESTS***</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP <i>(glucose blood)</i>	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP <i>(glucose blood)</i>	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO STRIP <i>(glucose blood)</i>	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP <i>(glucose blood)</i>	Tier 2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP <i>(glucose blood)</i>	Tier 2	QL (204 strips per 30 days)
CHEMSTRIP K IN VITRO STRIP <i>(acetone (urine) test)</i>	Tier 3	
DIASTIX IN VITRO STRIP <i>(glucose urine test-glucose ox)</i>	Tier 3	
<i>ketone test in vitro strip</i>	Tier 3	
KETOSTIX IN VITRO STRIP <i>(acetone (urine) test)</i>	Tier 3	
ONETOUCH ULTRA IN VITRO STRIP <i>(glucose blood)</i>	Tier 2	QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP <i>(glucose blood)</i>	Tier 2	QL (204 strips per 30 days)
RELION KETONE IN VITRO STRIP <i>(acetone (urine) test)</i>	Tier 3	
RELION KETONE TEST IN VITRO STRIP <i>(acetone (urine) test)</i>	Tier 3	
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* - DRUGS FOR NUTRITION</b>		
<b>*INFANT FOODS*** - DRUGS FOR NUTRITION</b>		
ENFAGROW PREMIUM LIPIL ORAL POWDER <i>(infant foods)</i>	Tier 3	
ENFAGROW PREMIUM OLDER TODDLER ORAL POWDER <i>(infant foods)</i>	Tier 3	
SIMILAC PURE BLISS ORAL POWDER <i>(infant foods)</i>	Tier 3	
<b>*NUTRITIONAL SUPPLEMENTS*** - DRUGS FOR NUTRITION</b>		
CAMINO PRO 15PE ORAL LIQUID <i>(nutritional supplements)</i>	Tier 3	
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR <i>(nutritional supplements)</i>	Tier 3	
CAMINO PRO PKU ORAL LIQUID <i>(nutritional supplements)</i>	Tier 3	
<i>equacare jr oral powder</i>	Tier 3	
FIBERSOURCE HN ORAL LIQUID <i>(nutritional supplements)</i>	Tier 3	
GLYTACTIN BETTERMILK 15 ORAL PACKET <i>(nutritional supplements)</i>	Tier 3	
GLYTACTIN BETTERMILK ORAL POWDER <i>(nutritional supplements)</i>	Tier 3	
GLYTACTIN BUILD 10PE ORAL PACKET <i>(nutritional supplements)</i>	Tier 3	
GLYTACTIN BUILD 20/20 PKU ORAL PACKET <i>(nutritional supplements)</i>	Tier 3	
GLYTACTIN BURST ORAL PACKET <i>(nutritional supplements)</i>	Tier 3	
GLYTACTIN COMPLETE 10PE ORAL BAR <i>(nutritional supplements)</i>	Tier 3	
GLYTACTIN RESTORE 10 ORAL LIQUID <i>(nutritional supplements)</i>	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLYTACTIN RESTORE 5 ORAL PACKET ( <i>nutritional supplements</i> )	Tier 3	
GLYTACTIN RESTORE LITE 10 ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
GLYTACTIN RESTORE LITE 10PE ORAL PACKET ( <i>nutritional supplements</i> )	Tier 3	
GLYTACTIN RTD 10 ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
GLYTACTIN RTD 15 ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
GLYTACTIN RTD LITE 15 ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
GLYTACTIN SWIRL 15PE ORAL PACKET ( <i>nutritional supplements</i> )	Tier 3	
HOMACTIN AA PLUS ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
HOMACTIN AA PLUS ORAL PACKET ( <i>nutritional supplements</i> )	Tier 3	
ISOVACTIN AA PLUS ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
KATE FARMS CORE ESSENTIALS 1.0 ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
KATE FARMS PEPTIDE 1.5 ENTERAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
KATE FARMS STANDARD 1.0 ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
KATE FARMS STANDARD 1.4 ENTERAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
KETOVIE ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
KETOVIE PEPTIDE ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
NOURISH ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
NUTRAMINE ORAL PACKET ( <i>nutritional supplements</i> )	Tier 3	
PHENACTIN AA PLUS ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
PKU GO ORAL PACKET ( <i>nutritional supplements</i> )	Tier 3	
PKU SPHERE 20 ORAL PACKET ( <i>nutritional supplements</i> )	Tier 3	
PROMACTIN AA PLUS ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
TYLACTIN BUILD 20PE TYR ORAL PACKET ( <i>nutritional supplements</i> )	Tier 3	
TYLACTIN RESTORE 10 ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
TYLACTIN RESTORE 5PE ORAL PACKET ( <i>nutritional supplements</i> )	Tier 3	
TYLACTIN RTD 15 ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
VILACTIN AA PLUS ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
<b>*DIGESTIVE AIDS* - DRUGS FOR THE STOMACH</b>		
<b>*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH</b>		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES ( <i>pancrelipase (lip-prot-amyl)</i> )	Tier 2	QL (25 capsules per 1 day)
<b>*DIURETICS* - DRUGS FOR THE HEART</b>		
<b>*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 1	
<i>acetazolamide oral tablet</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methazolamide oral tablet</i>	Tier 2	
<b>*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>triamterene-hctz oral capsule</i>	Tier 1	
<i>triamterene-hctz oral tablet</i>	Tier 1	
<b>*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>bumetanide oral tablet</i>	Tier 1	
<i>ethacrynic acid oral tablet</i>	Tier 2	
<i>furosemide oral solution</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
<i>toremide oral tablet</i>	Tier 1	
<b>*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amiloride hcl oral tablet</i>	Tier 2	
<i>spironolactone oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>spironolactone oral tablet 25 mg, 50 mg</i>	Tier 1	DO
<i>triamterene oral capsule</i>	Tier 2	
<b>*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>chlorthalidone oral tablet</i>	Tier 1	
<i>hydrochlorothiazide oral capsule</i>	Tier 1	
<i>hydrochlorothiazide oral tablet</i>	Tier 1	
<i>indapamide oral tablet</i>	Tier 1	
<i>methyclothiazide oral tablet</i>	Tier 1	
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES</b>		
<b>*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>alendronate sodium oral solution</i>	Tier 1	QL (10.72 mg per 1 day)
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET ( <i>alendronate-cholecalciferol</i> )	Tier 3	QL (0.15 tablets per 1 day)
<i>ibandronate sodium oral tablet</i>	Tier 1	QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 150 mg</i>	Tier 1	QL (0.04 tablet per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 1	QL (4 tablets per 28 days)
<b>*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 4	PA; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 4	PA; QL (4 tablets per 1 day)
<b>*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>calcitonin (salmon) nasal solution</i>	Tier 2	QL (0.13 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTICAL NASAL SOLUTION ( <i>calcitonin (salmon)</i> )	Tier 2	QL (0.13 mL per 1 day)
<b>*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>levocarnitine oral solution</i>	Tier 1	
<i>levocarnitine oral tablet</i>	Tier 2	
<i>levocarnitine sf oral solution</i>	Tier 1	
<b>*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN</b>		
<i>cabergoline oral tablet</i>	Tier 1	QL (0.58 tablets per 1 day)
<b>*GROWTH HORMONES*** - DRUGS FOR GROWTH</b>		
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION ( <i>somatropin</i> )	Tier 4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>somatropin</i> )	Tier 4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION ( <i>somatropin</i> )	Tier 4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>somatropin</i> )	Tier 4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION ( <i>somatropin</i> )	Tier 4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>somatropin</i> )	Tier 4	PA; SP; QL (1 vial per 1 day)
<b>*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>nitisinone oral capsule</i>	Tier 4	PA; SP
ORFADIN ORAL CAPSULE ( <i>nitisinone</i> )	Tier 4	PA
<b>*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>betaine oral powder</i>	Tier 3	
<b>*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
CARBAGLU ORAL TABLET ( <i>carglumic acid</i> )	Tier 4	PA
<i>carglumic acid oral tablet</i>	Tier 4	PA
<i>carglumic acid oral tablet soluble</i>	Tier 4	PA
<b>*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>paricalcitol oral capsule</i>	Tier 2	PA
<b>*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - DRUGS FOR WOMEN</b>		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG ( <i>leuprolide &amp; norethindrone</i> )	Tier 4	PA; SP; QL (1 kit per 84 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG ( <i>leuprolide &amp; norethindrone</i> )	Tier 4	PA; SP; QL (1 kit per 28 days)
<b>*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN</b>		
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet)	Tier 4	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	Tier 4	PA; SP
<b>*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>raloxifene hcl oral tablet</i>	Tier 1; \$0	QL (1 tablet per 1 day)
<b>*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH</b>		
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG ( <i>octreotide acetate</i> )	Tier 4	PA; SP; QL (1 kit per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG ( <i>octreotide acetate</i> )	Tier 4	PA; SP; QL (2 kits per 28 days)
<b>*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>sodium phenylbutyrate oral tablet</i>	Tier 2	PA; SP; QL (40 tablets per 1 day)
<b>*VASOPRESSIN*** - HORMONES</b>		
<i>desmopressin ace spray refrig nasal solution</i>	Tier 2	
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 1	DO
<i>desmopressin acetate oral tablet 0.2 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>desmopressin acetate spray nasal solution</i>	Tier 2	
<b>*ESTROGENS* - HORMONES</b>		
<b>*ESTROGEN &amp; ANDROGEN*** - DRUGS FOR WOMEN</b>		
<i>est estrogens-methyltest oral tablet</i>	Tier 1	
<b>*ESTROGEN &amp; PROGESTIN*** - DRUGS FOR WOMEN</b>		
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet)	Tier 1	
BIJUVA ORAL CAPSULE ( <i>estradiol-progesterone</i> )	Tier 3	QL (1 capsule per 1 day)
<i>estradiol-norethindrone acet oral tablet</i>	Tier 1	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet)	Tier 1	
<i>jevantique lo oral tablet</i>	Tier 1	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Lopreeza Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Mimvey Lo Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet)	Tier 1	
<i>norethindrone-eth estradiol oral tablet</i>	Tier 1	
PREMPHASE ORAL TABLET ( <i>conj estrog-medroxyprogest ace</i> )	Tier 3	
PREMPRO ORAL TABLET ( <i>conj estrog-medroxyprogest ace</i> )	Tier 3	
<b>*ESTROGENS*** - DRUGS FOR WOMEN</b>		
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly)	Tier 1	QL (8 patches per 28 days)
<i>estradiol oral tablet</i>	Tier 1	
<i>estradiol transdermal patch twice weekly</i>	Tier 1	QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 1	QL (0.15 patches per 1 day)
<i>estropipate oral tablet</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol</i> (Lyllana Transdermal Patch Twice Weekly)	Tier 1	QL (8 patches per 28 days)
PREMARIN ORAL TABLET ( <i>estrogens conjugated</i> )	Tier 3	QL (1 tablet per 1 day)
<b>*FLUOROQUINOLONES* - DRUGS FOR INFECTIONS</b>		
<b>*FLUOROQUINOLONES*** - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl oral tablet</i>	Tier 1	QL (28 tablets per 30 days)
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg</i>	Tier 1	QL (14 tablets per 30 days)
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 500 mg</i>	Tier 1	QL (3 tablets per 30 days)
<i>levofloxacin oral tablet</i>	Tier 2	QL (14 tablets per 30 days)
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	QL (28 tablets per 30 days)
<b>*GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH</b>		
<b>*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME</b>		
<i>lubiprostone oral capsule</i>	Tier 2	QL (2 capsules per 1 day)
<b>*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH</b>		
<i>metoclopramide hcl oral solution</i>	Tier 1	QL (60 mL per 1 day)
<i>metoclopramide hcl oral tablet 10 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet 5 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>metoclopramide hcl oral tablet dispersible 10 mg</i>	Tier 2	ST; QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Tier 2	ST; QL (12 tablets per 1 day)
<b>*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium oral capsule</i>	Tier 1	QL (9 capsule per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	Tier 2	QL (4 capsules per 1 day)
<i>mesalamine-cleanser rectal kit</i>	Tier 2	QL (1 kit per 30 days)
<i>sulfasalazine oral tablet</i>	Tier 1	QL (8 tablets per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	Tier 1	QL (8 tablets per 1 day)
<b>*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
STELARA INTRAVENOUS SOLUTION ( <i>ustekinumab</i> )	Tier 4	PA; SP; QL (4 vials per 365 days)
<b>*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH</b>		
<i>enulose oral solution</i>	Tier 1	
<i>generlac oral solution</i>	Tier 1	
<i>lactulose encephalopathy oral solution</i>	Tier 1	
<b>*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH</b>		
<i>calcium acetate (phos binder) oral tablet</i>	Tier 2	QL (12 tablets per 1 day)
<i>calcium acetate oral tablet</i>	Tier 2	QL (12 tablets per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>	Tier 1	QL (6 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>	Tier 1	QL (3 packets per 1 day)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sevelamer carbonate oral tablet</i>	Tier 1	QL (9 tablets per 1 day)
<b>*GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM</b>		
<b>*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE</b>		
<i>finasteride oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<b>*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 1	QL (1 tablet per 1 day)
<i>tamsulosin hcl oral capsule</i>	Tier 1	QL (2 capsules per 1 day)
<b>*CITRATES*** - DRUGS FOR INFECTIONS</b>		
<i>potassium citrate er oral tablet extended release</i>	Tier 2	
<i>potassium citrate-citric acid oral packet</i>	Tier 1	
<i>potassium citrate-citric acid oral solution</i>	Tier 1	
<i>virtrate-k oral solution</i>	Tier 1	
<b>*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM</b>		
<i>sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution)</i>	Tier 1	
<i>sodium chloride irrigation solution</i>	Tier 1	
<b>*INTERSTITIAL CYSTITIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM</b>		
ELMIRON ORAL CAPSULE ( <i>pentosan polysulfate sodium</i> )	Tier 3	QL (3 capsules per 1 day)
<b>*GOUT AGENTS* - DRUGS FOR PAIN AND FEVER</b>		
<b>*GOUT AGENT COMBINATIONS*** - GOUT DRUGS</b>		
<i>colchicine-probenecid oral tablet</i>	Tier 1	
<b>*GOUT AGENTS*** - GOUT DRUGS</b>		
<i>allopurinol oral tablet</i>	Tier 1	
<i>colchicine oral capsule</i>	Tier 2	ST; QL (2 capsules per 1 day)
<i>colchicine oral tablet</i>	Tier 2	QL (2.3 tablets per 1 day)
<b>*URICOSURICS*** - GOUT DRUGS</b>		
<i>probenecid oral tablet</i>	Tier 1	
<b>*HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD</b>		
<b>*C1 ESTERASE INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
BERINERT INTRAVENOUS KIT ( <i>c1 esterase inhibitor (human)</i> )	Tier 4	PA; SP; QL (24 vials per 30 days)
<b>*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD</b>		
<i>pentoxifylline er oral tablet extended release</i>	Tier 1	
<b>*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
<i>cilostazol oral tablet</i>	Tier 2	
<b>*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 2	QL (2 capsule per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
<i>dipyridamole oral tablet</i>	Tier 2	
<b>*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD</b>		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Tier 2	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 1 mg</i>	Tier 2	QL (10 capsules per 1 day)
<b>*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD</b>		
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>ticlopidine hcl oral tablet</i>	Tier 1	
<b>*HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION</b>		
<b>*COBALAMINS*** - DRUGS FOR NUTRITION</b>		
<i>cyanocobalamin injection solution</i>	Tier 1	
<i>cyanocobalamin</i> (Dodex Injection Solution)	Tier 1	
<b>*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION</b>		
DROXIA ORAL CAPSULE ( <i>hydroxyurea</i> )	Tier 4	
<b>*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	Tier 4	PA; SP; QL (4 vials per 28 days)
<i>aranesp (albumin free) injection solution 150 mcg/0.75ml</i>	Tier 4	PA; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> )	Tier 4	PA; SP; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>darbepoetin alfa</i> )	Tier 4	PA; SP; QL (4 syringes per 30 days)
<b>*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION</b>		
<i>folic acid oral tablet</i>	Tier 1	
<i>kp folic acid oral tablet</i>	Tier 1	
<b>*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION</b>		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT ( <i>pegfilgrastim</i> )	Tier 4	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>pegfilgrastim</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
<b>*IRON COMBINATIONS*** - DRUGS FOR NUTRITION</b>		
<i>fe c tab plus oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<b>*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION</b>		
PROMACTA ORAL TABLET 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )	Tier 4	PA; SP; DO
PROMACTA ORAL TABLET 50 MG ( <i>eltrombopag olamine</i> )	Tier 4	PA; SP; QL (3 tablets per 1 day)
PROMACTA ORAL TABLET 75 MG ( <i>eltrombopag olamine</i> )	Tier 4	PA; SP; QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*HEMOSTATICS* - DRUGS FOR THE BLOOD</b>		
<b>*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING</b>		
<i>tranexamic acid oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<b>*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIHISTAMINE HYPNOTICS*** - DRUGS FOR INSOMNIA</b>		
<i>cvs sleep aid nighttime oral capsule</i>	Tier 1	
<i>eq nighttime sleep aid max st oral capsule</i>	Tier 1	
<b>*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA</b>		
<i>phenobarbital oral elixir</i>	Tier 1	QL (100 mL per 1 day)
<i>phenobarbital oral solution</i>	Tier 1	QL (100 mL per 1 day)
<i>phenobarbital oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>phenobarbital oral tablet 15 mg</i>	Tier 1	QL (800 tablets per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	Tier 1	QL (741 tablets per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	Tier 1	QL (400 tablets per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	Tier 1	QL (370 tablets per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	Tier 1	QL (200 tablets per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	Tier 1	QL (185 tablets per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	Tier 1	QL (123 tablets per 30 days)
<b>*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>temazepam oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<b>*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA</b>		
<i>doxepin hcl oral tablet</i>	Tier 2	ST; QL (1 tablet per 1 day)
<b>*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA</b>		
<i>zaleplon oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<b>*LAXATIVES* - DRUGS FOR THE STOMACH</b>		
<b>*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>GAVILYTE-C ORAL SOLUTION RECONSTITUTED (peg 3350-kcl-nabcb-nacl-nasulf)</i>	Tier 1; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted)</i>	Tier 1; \$0	QL (4000 grams per 30 days)
<i>bisacodyl-peg-kcl-nabicar-nacl (Gavilyte-H Oral Kit)</i>	Tier 1; \$0	QL (1 kit per 30 days)
<i>peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)</i>	Tier 1; \$0	QL (4000 grams per 30 days)
<i>peg 3350/electrolytes oral solution reconstituted</i>	Tier 1; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 1; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 1; \$0	QL (4000 grams per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>peg-3350/electrolytes/ascorbic acid oral solution reconstituted</i>	Tier 1; \$0	QL (1 gram per 30 days)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 1; \$0	QL (1 gram per 30 days)
PLENVU ORAL SOLUTION RECONSTITUTED ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	Tier 3	QL (1 gram per 30 days)
<i>peg 3350-kcl-na bicarb-nacl</i> (Trilyte Oral Solution Reconstituted)	Tier 1; \$0	QL (4000 grams per 30 days)
<b>*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>constulose oral solution</i>	Tier 1	
<i>lactulose oral solution</i>	Tier 1	
<i>peg 3350 oral packet</i>	Tier 1; \$0	
<i>peg 3350 oral powder</i>	Tier 1; \$0	
<i>polyethylene glycol 3350 oral packet</i>	Tier 1; \$0	
<i>polyethylene glycol 3350 oral powder</i>	Tier 1; \$0	
<i>sb polyethylene glycol 3350 oral powder</i>	Tier 1; \$0	
<b>*SALINE LAXATIVE MIXTURES*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>phosphate laxative oral solution</i>	Tier 3	
<i>saline laxative oral solution 0.9-2.4 gm/5ml</i>	Tier 3	
<i>saline laxative oral solution 2.7-7.2 gm/5ml</i>	Tier 1	
<b>*MACROLIDES* - DRUGS FOR INFECTIONS</b>		
<b>*AZITHROMYCIN*** - ANTIBIOTICS</b>		
<i>azithromycin oral packet</i>	Tier 1	QL (2 packets per 30 days)
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	Tier 1	QL (15 ML per 30 days)
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	Tier 1	QL (15 mL per 30 days)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (6 tablets per 30 days)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (3 tablets per 30 days)
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (8 tablets per 28 days)
<b>*CLARITHROMYCIN*** - ANTIBIOTICS</b>		
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 1	QL (28 tablets per 1 fill)
<i>clarithromycin oral suspension reconstituted</i>	Tier 1	QL (300 mL per 1 fill)
<i>clarithromycin oral tablet</i>	Tier 1	QL (28 tablets per 1 fill)
<b>*ERYTHROMYCINS*** - ANTIBIOTICS</b>		
E.E.S. 400 ORAL TABLET ( <i>erythromycin ethylsuccinate</i> )	Tier 2	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release)	Tier 1	
ERYTHROCIN STEARATE ORAL TABLET ( <i>erythromycin stearate</i> )	Tier 1	
<i>erythromycin base oral capsule delayed release particles</i>	Tier 2	
<i>erythromycin base oral tablet</i>	Tier 2	
<i>erythromycin base oral tablet delayed release</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 2	
<i>erythromycin oral tablet delayed release</i>	Tier 1	
<i>erythromycin stearate oral tablet</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*MEDICAL DEVICES AND SUPPLIES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<b>*APPLICATORS,COTTON BALLS,ETC*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
COMFORT TOUCH ALCOHOL PREP PAD ( <i>alcohol swabs</i> )	Tier 3	
DROPSAFE ALCOHOL PREP PAD ( <i>alcohol swabs</i> )	Tier 3	
<b>*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
FEMCAP VAGINAL DEVICE ( <i>cervical caps</i> )	Tier 3; \$0	
<b>*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )	Tier 3; \$0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM ( <i>diaphragms</i> )	Tier 3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
<b>*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
CARETOUCH TWIST MC LANCETS 30G ( <i>lancets</i> )	Tier 3	QL (204 lancets per 30 days)
DROPLET GENTEEL LANCING DEVICE ( <i>lancet devices</i> )	Tier 3	
<i>embrace lancing device</i> ejector	Tier 3	
EMBRACE PRESSURE ACTIVATED 21G ( <i>lancets</i> )	Tier 3	QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 28G ( <i>lancets</i> )	Tier 3	QL (204 lancets per 30 days)
<i>gnp sterile lancets 28g</i>	Tier 3	QL (204 lancets per 30 days)
<i>gnp sterile lancets 30g</i>	Tier 3	QL (204 lancets per 30 days)
<i>gnp sterile lancets 33g</i>	Tier 3	QL (204 lancets per 30 days)
ONETOUCH COMBO PACK ( <i>lancets</i> )	Tier 2	QL (204 lancets per 30 days)
ONETOUCH DELICA LANCETS FINE ( <i>lancets</i> )	Tier 2	QL (204 lancets per 30 days)
ONETOUCH DELICA SAFETY LANCING ( <i>lancet devices</i> )	Tier 2	
ONETOUCH SOLUTIONS COMPLETE KIT ( <i>blood glucose monitoring suppl</i> )	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH SOLUTIONS REFILL KIT ( <i>blood glucose monitoring suppl</i> )	Tier 2	
<i>px lancets microthin 33g</i>	Tier 3	QL (204 lancets per 30 days)
<i>zevrx twist top lancets 30g</i>	Tier 3	QL (204 lancets per 30 days)
<b>*NEBULIZERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
BESTMED COMPRESSOR NEBULIZER ( <i>nebulizers</i> )	Tier 3	
BESTMED ULTRASONIC NEBULIZER ( <i>nebulizers</i> )	Tier 3	
HEALTHY LIVING COMPRESSOR/NEB DEVICE ( <i>nebulizers</i> )	Tier 3	
LEXAN POCKET NEBULIZER ( <i>nebulizers</i> )	Tier 3	
<i>nebulizer updraft-style</i>	Tier 3	
PULMOMATE COMP/MICRO-MIST NEB ( <i>nebulizers</i> )	Tier 3	
<b>*NEEDLES &amp; SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<i>1st tier unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
<i>1st tier unifine pentips plus</i>	Tier 3	QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
ADVOCATE INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
<i>anti-stick allergy syringe</i>	Tier 3	
<i>anti-stick immun syringe</i>	Tier 3	
<i>anti-stick insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>anti-stick tuberculin syringe</i>	Tier 3	
ASSURE ID INSULIN SAFETY SYR ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
ASSURE ID SAFETY PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>aum mini insulin pen needle</i>	Tier 3	QL (200 needles per 30 days)
<i>aum mini pen needles</i>	Tier 3	QL (200 needles per 30 days)
AUM READYGARD DUO PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
AUM SAFETY PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>aurora pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>aurora unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
BD AUTOSHIELD ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
BD AUTOSHIELD DUO ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
BD INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO U/F ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE NANO U/F ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PEN NEEDLE ORIGINAL U/F ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT U/F ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
BD SAFETY-LOK INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>careone insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>careone unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
<i>careone unifine pentips plus</i>	Tier 3	QL (200 needles per 30 days)
CAREPOINT SYRINGE LUER LOCK 1 ML ( <i>syringe (disposable)</i> )	Tier 3	QL (200 syringes per 30 days)
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML ( <i>syringeneedle (disp)</i> )	Tier 3	
CARETOUCH INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
CLEVER CHOICE COMFORT EZ ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>clickfine pen needles 31g x 8 mm , 32g x 4 mm</i>	Tier 3	QL (200 needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
DIATHRIVE PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 units per 30 days)
DROPLET INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
DROPLET PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>dropsafe safety pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>drug mart unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
<i>drug mart unifine pentips plus</i>	Tier 3	QL (200 needles per 30 days)
<i>easy comfort insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>easy comfort pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>easy glide pen needles</i>	Tier 3	QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
EASY TOUCH PEN NEEDLES 30G X 6 MM ( <i>insulin pen needle</i> )	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SAFETY PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
<i>eql insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
EXEL COMFORT POINT INSULIN SYR ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
EXEL COMFORT POINT PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
FIFTY50 PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
<i>freds pharmacy unifine pentip+</i>	Tier 3	QL (200 needles per 30 days)
<i>freds pharmacy unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
FREESTYLE PRECISION INS SYR ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
<i>global ease inject pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>global easy glide insulin syr</i>	Tier 3	QL (200 syringes per 30 days)
<i>global easy glide pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>global inject ease insulin syr</i>	Tier 3	QL (200 syringes per 30 days)
<i>global insulin syringes</i>	Tier 3	QL (200 syringes per 30 days)
<i>gnp clickfine pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>gnp insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>gnp insulin syringes</i>	Tier 3	QL (200 syringes per 30 days)
<i>gnp insulin syringes 28gx1/2"</i>	Tier 3	QL (200 syringes per 30 days)
<i>gnp insulin syringes 29gx1/2"</i>	Tier 3	QL (200 syringes per 30 days)
<i>gnp insulin syringes 30gx5/16"</i>	Tier 3	QL (200 syringes per 30 days)
<i>gnp insulin syringes 31gx5/16"</i>	Tier 3	QL (200 syringes per 30 days)
<i>gnp ulticare pen needles</i>	Tier 3	QL (200 needles per 30 days)
GNP ULTIGUARD SAFEPAK NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>gnp ultra com insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>goodsense clickfine pen needle</i>	Tier 3	QL (200 needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>healthwise micron pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>healthwise mini pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>healthwise pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>healthwise short pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>healthwise unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
<i>healthy accents unifine pentip</i>	Tier 3	QL (200 needles per 30 days)
<i>h-e-b incontrol pen needles</i>	Tier 3	QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
HM ULTICARE SHORT PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin syringeneedle</i>	Tier 3	QL (200 syringes per 30 days)
<i>insulin syringe-needle u-100</i>	Tier 3	QL (200 syringes per 30 days)
<i>insupen pen needles</i>	Tier 3	QL (200 needles per 30 days)
INSUPEN SENSITIVE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
INSUPEN ULTRAFIN ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>kinray insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 29g</i>	Tier 3	QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 30g</i>	Tier 3	QL (200 syringes per 30 days)
<i>croger insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>croger pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>leader insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>longs insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>medicine shoppe pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>meijer pen needles</i>	Tier 3	QL (200 needles per 30 days)
MICRODOT PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>mm insulin syringeneedle</i>	Tier 3	QL (200 syringes per 30 days)
MM PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
<i>ms insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
NOVOFINE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
NOVOFINE AUTOCOVER ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
NOVOFINE AUTOCOVER PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
NOVOFINE PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
NOVOFINE PLUS ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
NOVOFINE PLUS PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
NOVOTWIST ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
NOVOTWIST PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>pc unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
<i>pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>pen needles 1/2"</i>	Tier 3	QL (200 needles per 30 days)

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>pen needles 3/16"</i>	Tier 3	QL (200 needles per 30 days)
<i>pen needles 5/16"</i>	Tier 3	QL (200 needles per 30 days)
PENTIPS ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>preferred plus insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>preferred plus unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
PRO COMFORT INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
<i>pro comfort pen needles 31g x 8 mm , 32g x 5 mm , 32g x 6 mm</i>	Tier 3	QL (200 needles per 30 days)
PRO COMFORT PEN NEEDLES 32G X 4 MM	Tier 3	QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
<i>pure comfort pen needle</i>	Tier 3	QL (200 needles per 30 days)
<i>px extra short pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>px insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>px mini pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>px pen needle</i>	Tier 3	QL (200 needles per 30 days)
<i>px shortlength pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>qc pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>qc unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
<i>ra insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>ra pen needles</i>	Tier 3	QL (200 needles per 30 days)
RELION INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
RELI-ON INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
RELION PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
RELION SHORT PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
SAFESNAP INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
<i>safety pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>sb insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
SHOPKO UNIFINE PENTIPS ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
SHOPKO UNIFINE PENTIPS PLUS ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>sm insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>sure comfort insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>sure comfort pen needles</i>	Tier 3	QL (200 needles per 30 days)
SURE-FINE PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
SURE-JECT INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
<i>techlite insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
TERUMO SURGUARD2 SYRINGE ( <i>syringeneedle (disp)</i> )	Tier 3	
<i>todays health mini pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>todays health pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>todays health short pen needle</i>	Tier 3	QL (200 needles per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topcare clickfine pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>topcare ultra comfort ins syr</i>	Tier 3	QL (200 syringes per 30 days)
<i>true comfort insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	Tier 3	QL (200 needles per 30 days)
<i>true comfort pro insulin syr</i>	Tier 3	QL (200 syringes per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
ULTICARE INSULIN SAFETY SYR ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
ULTICARE PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>ultiguard safepack pen needle 29g x 12.7mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	Tier 3	QL (200 needles per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
ULTILET INSULIN SYRINGE SHORT ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
ULTILET PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
ULTRA FLO INSULIN PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>ultracare insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>ultracare pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>ultra-comfort insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
ULTRA-THIN II INS SYR SHORT ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
UNIFINE PEN NEEDLES ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
UNIFINE PENTIPS ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>value health insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valumark pen needles</i>	Tier 3	QL (200 needles per 30 days)
VANISHPOINT INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	Tier 3	QL (200 syringes per 30 days)
VIDA MIA UNIFINE PENTIPS ( <i>insulin pen needle</i> )	Tier 3	QL (200 needles per 30 days)
<i>vp insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>wegmans unifine pentips plus</i>	Tier 3	QL (200 needles per 30 days)
<i>zevrx insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>zevrx pen needles</i>	Tier 3	QL (200 needles per 30 days)
<b>*RESPIRATORY THERAPY SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
VORTEX HOLD CHMBR/MASK/CHILD DEVICE ( <i>respiratory therapy supplies</i> )	Tier 3	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE ( <i>respiratory therapy supplies</i> )	Tier 3	
<b>*SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<i>pure comfort spacer chamber device</i>	Tier 3	
<b>*MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MIGRAINE HEADACHES</b>		
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>galcanezumab-gnlm</i> )	Tier 2	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>galcanezumab-gnlm</i> )	Tier 2	PA; QL (1 pen per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>galcanezumab-gnlm</i> )	Tier 2	PA; QL (1 syringe per 28 days)
<b>*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>ergotamine-caffeine oral tablet</i>	Tier 1	
MIGERGOT RECTAL SUPPOSITORY ( <i>ergotamine-caffeine</i> )	Tier 1	
<b>*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>dihydroergotamine mesylate nasal solution</i>	Tier 2	ST; QL (8 mL per 28 days)
<b>*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>naratriptan hcl oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier 2	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 2	QL (5 vial per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Tier 2	QL (6 syringes per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier 2	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	Tier 2	QL (2 syringes per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*MINERALS &amp; ELECTROLYTES* - DRUGS FOR NUTRITION</b>		
<b>*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION</b>		
<i>calcium + d3 oral tablet</i>	Tier 1	
<i>calcium carb-cholecalciferol oral tablet</i>	Tier 1	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET ( <i>calcium carb-cholecalciferol</i> )	Tier 1	
<i>qc calcium 600 +d3 oral tablet</i>	Tier 1	
<b>*FLUORIDE COMBINATIONS*** - DRUGS FOR NUTRITION</b>		
FLUOR-A-DAY ORAL TABLET CHEWABLE ( <i>sodium fluoride-xylitol</i> )	Tier 3	
<b>*FLUORIDE*** - DRUGS FOR NUTRITION</b>		
<i>fluoritab oral tablet chewable</i>	Tier 1; \$0	
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable)	Tier 1; \$0	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable)	Tier 1; \$0	
<i>sodium fluoride oral solution</i>	Tier 1; \$0	
<i>sodium fluoride oral tablet</i>	Tier 1; \$0	
<i>sodium fluoride oral tablet chewable</i>	Tier 1; \$0	
<b>*POTASSIUM COMBINATIONS*** - DRUGS FOR NUTRITION</b>		
<i>effervescent pot chloride oral tablet effervescent</i>	Tier 1	
<i>pot bicarb-pot chloride oral tablet effervescent</i>	Tier 1	
<b>*POTASSIUM*** - DRUGS FOR NUTRITION</b>		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent)	Tier 1	
<i>k-effervescent oral tablet effervescent</i>	Tier 1	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release)	Tier 1	
<i>k-vescent oral tablet effervescent</i>	Tier 1	
<i>potassium bicarbonate oral tablet effervescent</i>	Tier 1	
<i>potassium chloride crys er oral tablet extended release</i>	Tier 1	
<i>potassium chloride er oral capsule extended release</i>	Tier 1	
<i>potassium chloride er oral tablet extended release</i>	Tier 1	
<b>*SODIUM*** - DRUGS FOR NUTRITION</b>		
<i>sodium chloride (pf) injection solution</i>	Tier 1	
<i>sodium chloride injection solution</i>	Tier 1	
<i>sodium chloride intravenous solution</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*MISCELLANEOUS THERAPEUTIC CLASSES* - VITAMINS AND MINERALS</b>		
<b>*ANTILEPTOTICS*** - VITAMINS AND MINERALS</b>		
THALOMID ORAL CAPSULE 100 MG, 50 MG ( <i>thalidomide</i> )	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG ( <i>thalidomide</i> )	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
<b>*CHELATING AGENTS*** - VITAMINS AND MINERALS</b>		
<i>trientine hcl</i> (Clovique Oral Capsule)	Tier 2	PA; SP; QL (8 capsules per 1 day)
<i>penicillamine oral tablet</i>	Tier 2	PA; SP; QL (8 tablets per 1 day)
<i>trientine hcl oral capsule</i>	Tier 2	PA; SP; QL (8 capsules per 1 day)
<b>*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS</b>		
<i>cyclosporine modified oral capsule</i>	Tier 4	
<i>cyclosporine modified oral solution</i>	Tier 4	
<i>cyclosporine oral capsule</i>	Tier 4	
<i>cyclosporine modified</i> (Gengraf Oral Capsule)	Tier 4	
<i>cyclosporine modified</i> (Gengraf Oral Solution)	Tier 4	
<b>*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS</b>		
<i>lenalidomide oral capsule</i>	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
REVLIMID ORAL CAPSULE ( <i>lenalidomide</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
<b>*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS</b>		
<i>mycophenolate mofetil oral capsule</i>	Tier 4	
<i>mycophenolate mofetil oral tablet</i>	Tier 4	
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 4	
<b>*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS</b>		
<i>sirolimus oral solution</i>	Tier 4	
<b>*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS</b>		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Powder)	Tier 2	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension)	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier 2	
<i>sodium polystyrene sulfonate rectal suspension</i>	Tier 2	
SPS ORAL SUSPENSION ( <i>sodium polystyrene sulfonate</i> )	Tier 2	
<b>*PURINE ANALOGS*** - VITAMINS AND MINERALS</b>		
<i>azathioprine oral tablet</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier 1	QL (10 mL per 1 day)
<i>lidocaine viscous mouth/throat solution</i>	Tier 1	QL (10 mL per 1 day)
<b>*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>clotrimazole mouth/throat lozenge</i>	Tier 2	QL (5 tablet per 1 day)
<i>clotrimazole mouth/throat troche</i>	Tier 2	QL (5 tablet per 1 day)
<i>nystatin mouth/throat suspension</i>	Tier 1	QL (750 mL per 30 days)
<b>*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	QL (480 mL per 30 days)
<i>chlorhexidine gluconate</i> (Pareox Mouth/Throat Solution)	Tier 1	QL (480 mL per 30 days)
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution)	Tier 1	QL (480 mL per 30 days)
<b>*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT</b>		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE ( <i>sod fluoride-potassium nitrate</i> )	Tier 1	
<i>sodium fluoride 5000 enamel dental gel</i>	Tier 1	
<i>sodium fluoride 5000 enamel dental paste</i>	Tier 1	
<i>sodium fluoride 5000 sensitive dental gel</i>	Tier 1	
<i>sodium fluoride 5000 sensitive dental paste</i>	Tier 1	
<b>*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>sodium fluoride</i> (Cavarest Dental Gel)	Tier 1	QL (100 grams per 30 days)
<i>sodium fluoride</i> (Clinpro 5000 Dental Paste)	Tier 1	QL (3.77 grams per 1 day)
<i>sodium fluoride</i> (Denta 5000 Plus Dental Cream)	Tier 1	QL (3.4 grams per 1 day)
<i>sodium fluoride</i> (Dentagel Dental Gel)	Tier 1	QL (100 grams per 30 days)
<i>sodium fluoride</i> (Fluoridex Dental Paste)	Tier 1	QL (3.77 grams per 1 day)
<i>sodium fluoride</i> (Fluoridex Enhanced Whitening Dental Paste)	Tier 1	QL (3.77 grams per 1 day)
<i>sodium fluoride</i> (Karigel Dental Gel)	Tier 1	QL (100 grams per 30 days)
<i>sodium fluoride</i> (Karigel-N Dental Gel)	Tier 1	QL (100 grams per 30 days)
<i>sodium fluoride</i> (Neutragard Advanced Dental Gel)	Tier 1	QL (100 grams per 30 days)
<i>neutral sodium fluoride mouth/throat solution</i>	Tier 1	
<i>sf 5000 plus dental cream</i>	Tier 1	QL (3.4 grams per 1 day)
<i>sf dental gel</i>	Tier 1	QL (100 grams per 30 days)
<i>sodium fluoride 5000 plus dental cream</i>	Tier 1	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental cream</i>	Tier 1	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental gel</i>	Tier 1	QL (100 grams per 30 days)
<i>sodium fluoride 5000 ppm dental paste</i>	Tier 1	QL (3.77 grams per 1 day)
<i>sodium fluoride dental cream</i>	Tier 1	QL (3.4 grams per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride dental gel</i>	Tier 1	QL (100 grams per 30 days)
<b>*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>cevimeline hcl oral capsule</i>	Tier 2	
<b>*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>triamcinolone acetamide</i> (Oralene Mouth/Throat Paste)	Tier 1	
<i>triamcinolone acetamide mouth/throat paste</i>	Tier 1	
<b>*MULTIVITAMINS* - DRUGS FOR NUTRITION</b>		
<b>*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION</b>		
<i>multi vit/fl oral tablet chewable</i>	Tier 3; \$0	
<i>multi-vit/fluoride oral solution</i>	Tier 1; \$0	
<i>multi-vitamin/fluoride oral solution</i>	Tier 1; \$0	
<i>multivitamin/fluoride oral tablet chewable</i>	Tier 1; \$0	
<i>multi-vitamins/fluoride oral solution</i>	Tier 1; \$0	
<i>multivitamins/fluoride oral tablet chewable</i>	Tier 1; \$0	
<i>pediatric multivitamins-fl</i> (Mvc-Fluoride Oral Tablet Chewable)	Tier 1; \$0	
<i>polyvitamin/fluoride oral solution</i>	Tier 3; \$0	
<b>*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION</b>		
<i>adclf (0.5mg/ml) oral solution</i>	Tier 1; \$0	
<i>tri-vit/fluoride oral solution</i>	Tier 1; \$0	
<i>tri-vitamin/fluoride oral solution</i>	Tier 1; \$0	
<i>tri-vitelfluoride oral solution</i>	Tier 1; \$0	
<i>vitamins acd-fluoride oral solution</i>	Tier 1; \$0	
<b>*PRENATAL MV &amp; MIN WIFE-FA*** - DRUGS FOR NUTRITION</b>		
ATABEX EC ORAL TABLET DELAYED RELEASE ( <i>prenatal vit-dss-fe cbn-fa</i> )	Tier 2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET ( <i>prenatal vit w/ fe bisg-fa</i> )	Tier 2	QL (1 tablet per 1 day)
<i>bp multinatal plus oral tablet</i>	Tier 1	
<i>bp multinatal plus oral tablet chewable</i>	Tier 1	
CITRANATAL B-CALM ORAL ( <i>prenat w/o a fecbnfeglu-fa &amp;b6</i> )	Tier 2	QL (3 tablets per 1 day)
<i>c-nate dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>completenate oral tablet chewable</i>	Tier 2	QL (1 tablet per 1 day)
CO-NATAL FA ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE ( <i>prenat-fefum-fepo-fa-omega 3</i> )	Tier 2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE ( <i>prenat w/o a vit-fefum-fepo-fa</i> )	Tier 2	QL (1 capsule per 1 day)
ELITE-OB ORAL TABLET ( <i>prenatal vit-iron carbonyl-fa</i> )	Tier 1	QL (1 tablet per 1 day)
FOLCAPS OMEGA 3 ORAL CAPSULE ( <i>prenatal-fecbn-feasppl-fa-omeg</i> )	Tier 2	QL (1 capsule per 1 day)
FOLIVANE-OB ORAL CAPSULE ( <i>prenat w/o a vit-fefum-fepo-fa</i> )	Tier 2	QL (1 capsule per 1 day)
INATAL GT ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	Tier 1	QL (1 tablet per 1 day)
<i>m-natal plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M-VIT ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 2	QL (1 tablet per 1 day)
MYNATAL ADVANCE ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	Tier 2	QL (1 tablet per 1 day)
MYNATAL ORAL CAPSULE ( <i>prenatal multivit-min-fe-fa</i> )	Tier 2	QL (1 capsule per 1 day)
MYNATAL ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	Tier 2	QL (1 tablet per 1 day)
<i>mynatal plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>mynatal-z oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>mynate 90 plus oral tablet extended release</i>	Tier 2	QL (1 tablet per 1 day)
NATALVIT ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 2	QL (1 tablet per 1 day)
NIVA-PLUS ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 2	QL (1 tablet per 1 day)
OBSTETRIX DHA ORAL ( <i>prenatal-fecbn-fa-dss-omega 3</i> )	Tier 2	QL (1 capsule per 1 day)
OBSTETRIX EC ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	Tier 2	QL (1 tablet per 1 day)
O-CAL PRENATAL ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 2	QL (1 tablet per 1 day)
<i>one vite womens plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pnv folic acid + iron oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pnv prenatal plus multivit+dha oral</i>	Tier 2	
<i>pnv prenatal plus multivitamin oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pnv tabs 29-1 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pnv-select oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>pnv-vp-u oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>prenaissance harmony dha oral</i>	Tier 2	
PRENATA ORAL TABLET CHEWABLE ( <i>prenatal w/o a vit-fe fum-fa</i> )	Tier 2	QL (1 tablet per 1 day)
PRENATABS RX ORAL TABLET ( <i>prenatal vit-iron carbonyl-fa</i> )	Tier 1	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>	Tier 1	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal one daily oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal plus iron oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal plus vitamin/mineral oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal vitamin plus low iron oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
PRENATAL-U ORAL CAPSULE ( <i>prenatal w/o a vit-fe fum-fa</i> )	Tier 2	QL (1 capsule per 1 day)
<i>preplus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pretab oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
PROVIDA OB ORAL CAPSULE ( <i>prenat w/o a vit-fefum-fepo-fa</i> )	Tier 2	QL (1 capsule per 1 day)
<i>se-natal 19 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>se-natal 19 oral tablet chewable</i>	Tier 2	QL (1 tablet per 1 day)
TARON-C DHA ORAL CAPSULE ( <i>prenat-fefum-fepo-fa-omega 3</i> )	Tier 2	QL (1 capsule per 1 day)
<i>thrivite 19 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>thrivite rx oral tablet</i>	Tier 2	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRICARE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 2	QL (1 tablet per 1 day)
TRICARE PRENATAL DHA ONE ORAL CAPSULE ( <i>prenatal multivit-min-fe-fa</i> )	Tier 2	
<i>trinatal rx 1 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 1	QL (1 tablet per 1 day)
<i>tri-tabs dha oral</i>	Tier 2	QL (2 tablets per 1 day)
VINATE II ORAL TABLET ( <i>prenatal vit wl fe bisg-fa</i> )	Tier 2	QL (1 tablet per 1 day)
VINATE M ORAL TABLET ( <i>prenatal vit-sel-fe fum-fa</i> )	Tier 2	QL (1 tablet per 1 day)
VINATE ONE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	Tier 2	QL (1 tablet per 1 day)
<i>virt nate oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>virt-advance oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>virt-c dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>virt-vite gt oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
VITAFOL GUMMIES ORAL TABLET CHEWABLE ( <i>prenatal vit-fe phos-fa-omega</i> )	Tier 2	QL (3 tablets per 1 day)
VITA-PREN ORAL TABLET ( <i>prenatal vit-docusate-iron-fa</i> )	Tier 2	
<i>vol-plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>vol-tab rx oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>vp-heme ob + dha oral</i>	Tier 2	QL (2 tablets per 1 day)
<i>westab plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<b>*PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION</b>		
<i>complete natal dha oral</i>	Tier 2	QL (2 units per 1 day)
PR NATAL 400 EC ORAL ( <i>prenat-febis-fepro-fa-ca-omega</i> )	Tier 2	QL (2 units per 1 day)
PR NATAL 400 ORAL ( <i>prenat-febis-fepro-fa-ca-omega</i> )	Tier 2	QL (2 units per 1 day)
PR NATAL 430 EC ORAL ( <i>prenat-febis-fepro-fa-ca-omega</i> )	Tier 2	QL (2 units per 1 day)
PR NATAL 430 ORAL ( <i>prenat-febis-fepro-fa-ca-omega</i> )	Tier 2	QL (2 units per 1 day)
TRIVEEN-DUO DHA ORAL ( <i>prenat-febis-fepro-fa-ca-omega</i> )	Tier 2	QL (2 units per 1 day)
<b>*PRENATAL MV &amp; MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION</b>		
OBSTETRIX ONE ORAL CAPSULE ( <i>prenat-fe-methyl-dss-dha w/o a</i> )	Tier 2	QL (1 capsule per 1 day)
<i>pnv-dha oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
PREFERAOB +DHA ORAL ( <i>prenat fepoly-fehempo-fa-dha</i> )	Tier 2	
<i>prena 1 true oral</i>	Tier 2	QL (2 tablets per 1 day)
TARON-PREX ORAL CAPSULE ( <i>prenat-fefum-dss-fa-dha w/o a</i> )	Tier 2	QL (1 capsule per 1 day)
VEMAVITE-PRX 2 ORAL CAPSULE ( <i>prenat-fefum-dss-fa-dha w/o a</i> )	Tier 2	QL (1 capsule per 1 day)
<i>virtprex oral capsule</i>	Tier 2	
<b>*PRENATAL VITAMINS*** - DRUGS FOR NUTRITION</b>		
<i>bp folinatal plus b oral tablet</i>	Tier 1	
<i>prenaissance next oral tablet</i>	Tier 2	
<i>prenaissance next-b oral tablet</i>	Tier 2	
VITAFOL STRIPS ORAL FILM ( <i>prenatal-b6-b12-d3-folic acid</i> )	Tier 2	QL (1 EA per 1 day)
<i>vp-ggr-b6 prenatal oral tablet</i>	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<b>*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>baclofen oral tablet 10 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>carisoprodol oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>tizanidine hcl oral capsule 2 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>tizanidine hcl oral capsule 4 mg</i>	Tier 1	QL (9 capsules per 1 day)
<i>tizanidine hcl oral capsule 6 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Tier 1	QL (9 tablets per 1 day)
<i>carisoprodol</i> (Vanadom Oral Tablet)	Tier 1	QL (4 tablets per 1 day)
<b>*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>dantrolene sodium oral capsule</i>	Tier 2	
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE</b>		
<b>*NASAL ANTICHOLINERGICS*** - ALLERGY</b>		
<i>ipratropium bromide nasal solution</i>	Tier 1	QL (2 bottles per 30 days)
<b>*NASAL ANTIHISTAMINES*** - ALLERGY</b>		
<i>azelastine hcl nasal solution</i>	Tier 1	QL (1 bottle per 28 days)
<i>olopatadine hcl nasal solution</i>	Tier 1	QL (1 bottle per 30 days)
<b>*NASAL STEROIDS*** - ALLERGY</b>		
<i>fluticasone propionate nasal suspension</i>	Tier 1	QL (1 bottle per 30 days)
<b>*OPHTHALMIC AGENTS* - DRUGS FOR THE EYE</b>		
<b>*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA</b>		
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<b>*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA</b>		
<i>betaxolol hcl ophthalmic solution</i>	Tier 1	QL (0.5 mL per 1 day)
<i>carteolol hcl ophthalmic solution</i>	Tier 1	
<i>metipranolol ophthalmic solution</i>	Tier 1	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 1	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution</i>	Tier 1	QL (20 mL per 30 days)
<b>*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE</b>		
<i>tropicamide ophthalmic solution</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
XIIDRA OPHTHALMIC SOLUTION ( <i>lifitegrast</i> )	Tier 3	PA; QL (2 vial per 1 day)
<b>*MIOTICS - CHOLINESTERASE INHIBITORS*** - DRUGS FOR GLAUCOMA</b>		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED ( <i>echothiophate iodide</i> )	Tier 3	QL (5 mL per 30 days)
<b>*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA</b>		
<i>pilocarpine hcl ophthalmic solution</i>	Tier 1	
<b>*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE</b>		
ALOCRILOPHTHALMIC SOLUTION ( <i>nedocromil sodium</i> )	Tier 3	ST; QL (1 bottle per 30 days)
ALOMIDE OPHTHALMIC SOLUTION ( <i>lodoxamide tromethamine</i> )	Tier 3	ST; QL (1 bottle per 30 days)
<i>azelastine hcl ophthalmic solution</i>	Tier 1	QL (1 bottle per 24 days)
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	QL (1 bottle per 30 days)
<i>epinastine hcl ophthalmic solution</i>	Tier 1	QL (1 bottle per 30 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 2	ST; QL (1 bottle per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 2	ST; QL (0.1 mL per 1 day)
<b>*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>bacitracin ophthalmic ointment</i>	Tier 1	QL (7 grams per 30 days)
BESIVANCE OPHTHALMIC SUSPENSION ( <i>besifloxacin hcl</i> )	Tier 3	QL (5 mL per 30 days)
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>erythromycin ophthalmic ointment</i>	Tier 1	QL (3.5 grams per 30 days)
GENTAK OPHTHALMIC OINTMENT ( <i>gentamicin sulfate</i> )	Tier 1	QL (7 grams per 30 days)
<i>gentamicin sulfate ophthalmic ointment</i>	Tier 1	QL (7 grams per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	Tier 1	QL (5 mL per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 1	QL (3 mL per 30 days)
<i>ofloxacin ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	Tier 1	QL (20 mL per 30 days)
<b>*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>ak-poly-bac ophthalmic ointment</i>	Tier 1	QL (3.5 gm per 1 day)
<i>bacitracin-polymyxin b ophthalmic ointment</i>	Tier 1	QL (3.5 gm per 1 day)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Tier 1	QL (3.5 grams per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>neomycin-bacitracin zn-polymyx</i> (Neo-Polycin Ophthalmic Ointment)	Tier 1	QL (3.5 grams per 30 days)
<i>bacitracin-polymyxin b</i> (Polycin Ophthalmic Ointment)	Tier 1	QL (3.5 gm per 1 day)
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<b>*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
ZIRGAN OPHTHALMIC GEL ( <i>ganciclovir</i> )	Tier 3	QL (5 gram per 7 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA</b>		
<i>dorzolamide hcl ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<b>*OPHTHALMIC DECONGESTANTS*** - DRUGS FOR ITCHY EYE</b>		
<i>naphazoline hcl ophthalmic solution</i>	Tier 1	
<b>*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE</b>		
<i>proparacaine hcl ophthalmic solution</i>	Tier 1	
<b>*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>diclofenac sodium ophthalmic solution</i>	Tier 1	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Tier 1	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Tier 1	QL (10 mL per 30 days)
<b>*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA</b>		
<i>apraclonidine hcl ophthalmic solution</i>	Tier 1	
<i>brimonidine tartrate ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
<b>*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 1	QL (7 grams per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 1	QL (7 grams per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Tier 1	QL (20 mL per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	Tier 1	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment)	Tier 1	QL (7 grams per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 1	QL (10 mL per 30 days)
<b>*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 1	
<i>fluorometholone ophthalmic suspension</i>	Tier 1	
LOTEMAX OPHTHALMIC OINTMENT ( <i>loteprednol etabonate</i> )	Tier 3	QL (7 grams per 30 days)
<i>loteprednol etabonate ophthalmic gel</i>	Tier 3	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	QL (30 mL per 30 days)
<i>prednisolone acetate ophthalmic suspension</i>	Tier 1	QL (20 mL per 30 days)
<i>prednisolone sodium phosphate ophthalmic solution</i>	Tier 3	QL (20 mL per 30 days)
<b>*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier 1	QL (3.5 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
<b>*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA</b>		
<i>bimatoprost ophthalmic solution</i>	Tier 2	
<i>latanoprost ophthalmic solution</i>	Tier 1	QL (2.5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION ( <i>bimatoprost</i> )	Tier 3	QL (7.5 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	QL (5 mL per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*OTIC AGENTS* - DRUGS FOR THE EAR</b>		
<b>*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL</b>		
<i>acetic acid otic solution</i>	Tier 1	
<b>*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl otic solution</i>	Tier 1	QL (28 containers per 1 fill)
<i>ofloxacin otic solution</i>	Tier 1	QL (10 mL per 1 fill)
<b>*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 1	QL (7.5 mL per 1 fill)
<i>neomycin-polymyxin-hc otic solution</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 1	QL (15 mL per 30 days)
<b>*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>hydrocortisone-acetic acid</i> (Acetasol Hc Otic Solution)	Tier 2	QL (10 mL per 1 fill)
<i>fluocinolone acetonide otic oil</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	QL (10 mL per 1 fill)
<b>*OXYTOCICS* - HORMONES</b>		
<b>*OXYTOCICS*** - DRUGS FOR WOMEN</b>		
<i>methylergonovine maleate</i> (Methergine Oral Tablet)	Tier 1	
<i>methylergonovine maleate oral tablet</i>	Tier 1	
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS* - BIOLOGICAL AGENTS</b>		
<b>*MONOCLONAL ANTIBODY - COMBINATIONS*** - BIOLOGICAL AGENTS</b>		
EVUSHELD INTRAMUSCULAR SOLUTION ( <i>tixagevimab-cilgavimab</i> )	Tier 4	
<b>*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS</b>		
HYQVIA SUBCUTANEOUS KIT ( <i>immune globulin-hyaluronidase</i> )	Tier 4	PA; SP
<b>*PENICILLINS* - DRUGS FOR INFECTIONS</b>		
<b>*AMINOPENICILLINS*** - ANTIBIOTICS</b>		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted</i>	Tier 1	QL (500 mL per 1 fill)
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet chewable</i>	Tier 1	
<i>ampicillin oral capsule</i>	Tier 1	
<i>ampicillin oral suspension reconstituted</i>	Tier 1	
<b>*NATURAL PENICILLINS*** - ANTIBIOTICS</b>		
<i>penicillin v potassium oral solution reconstituted</i>	Tier 1	
<i>penicillin v potassium oral tablet</i>	Tier 1	
<b>*PENICILLIN COMBINATIONS*** - ANTIBIOTICS</b>		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier 1	QL (40 tablets per 1 fill)
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier 1	
<b>*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS</b>		
<i>dicloxacillin sodium oral capsule</i>	Tier 1	
<b>*PHARMACEUTICAL ADJUVANTS*</b>		
<b>*ORAL VEHICLES***</b>		
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION ( <i>oral vehicles</i> )	Tier 2	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION ( <i>oral vehicles</i> )	Tier 2	
<b>*PROGESTINS* - HORMONES</b>		
<b>*PROGESTINS*** - DRUGS FOR WOMEN</b>		
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>norethindrone acetate oral tablet</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>progesterone micronized oral capsule 200 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>progesterone oral capsule 100 mg, 200 mg</i>	Tier 1	QL (2 capsules per 1 day)
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>acamprosate calcium oral tablet delayed release</i>	Tier 2	QL (6 tablets per 1 day)
<i>disulfiram oral tablet</i>	Tier 1	
<b>*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i>	Tier 2	QL (1 capsule per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	Tier 2	DO
<i>galantamine hydrobromide oral solution</i>	Tier 2	QL (6 mL per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	Tier 2	DO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	Tier 2	DO
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	Tier 2	QL (2 capsules per 1 day)
<b>*FIBROMYALGIA AGENT - SNRIS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
SAVELLA ORAL TABLET ( <i>milnacipran hcl</i> )	Tier 3	QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL ( <i>milnacipran hcl</i> )	Tier 3	QL (1 pack per 365 days)
<b>*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
AVONEX INTRAMUSCULAR KIT ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT ( <i>interferon beta-1a</i> )	Tier 4	PA; SP; QL (4 kits per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT ( <i>interferon beta-1a</i> )	Tier 4	PA; SP; QL (4 kits per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXTAVIA SUBCUTANEOUS KIT ( <i>interferon beta-1b</i> )	Tier 4	PA; SP; QL (15 kits per 30 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP; QL (1 mL per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP; QL (1 mL per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP; QL (1 mL per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP; QL (1 mL per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>interferon beta-1a</i> )	Tier 4	PA; SP; QL (12 syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>interferon beta-1a</i> )	Tier 4	PA; SP; QL (4.2 mL per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>interferon beta-1a</i> )	Tier 4	PA; SP; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>interferon beta-1a</i> )	Tier 4	PA; SP; QL (1 pack per 1 fill)
<b>*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	Tier 1	PA; SP; QL (14 capsules per 365 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	Tier 1	PA; SP; QL (2 capsules per 1 day)
<i>dimethyl fumarate starter pack oral</i>	Tier 1	PA; SP; QL (1 kit per 365 days)
<b>*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>memantine hcl oral solution</i>	Tier 2	QL (10 mL per 1 day)
<i>memantine hcl oral tablet 10 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>memantine hcl oral tablet 5 mg</i>	Tier 2	DO
<b>*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** - DRUGS FOR DEPRESSION</b>		
<i>fluoxetine hcl (pmdd) oral capsule</i>	Tier 1	DO
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	Tier 1	DO
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>ergoloid mesylates oral tablet</i>	Tier 2	QL (3 tablets per 1 day)
<i>pimozide oral tablet 1 mg</i>	Tier 2	PA; QL (10 tablets per 1 day)
<i>pimozide oral tablet 2 mg</i>	Tier 2	PA; QL (5 tablets per 1 day)
<b>*SMOKING DETERRENTS*** - DRUGS FOR DEPRESSION</b>		
<i>apo-varenicline oral tablet</i>	Tier 2; \$0	QL (2 tablets per 1 day)



Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 1; \$0	QL (2 tablets per 1 day)
<i>gnp nicotine mini mouth/throat lozenge</i>	Tier 1; \$0	
<i>gnp nicotine mouth/throat gum</i>	Tier 1; \$0	
<i>gnp nicotine transdermal patch 24 hour</i>	Tier 1; \$0	
<i>nicotine polacrilex mini mouth/throat lozenge</i>	Tier 1; \$0	
NICOTROL INHALATION INHALER ( <i>nicotine</i> )	Tier 3; \$0	QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION ( <i>nicotine</i> )	Tier 3; \$0	
<i>qc nicotine transdermal system transdermal patch 24 hour</i>	Tier 1; \$0	
<i>sm nicotine polacrilex mouth/throat lozenge</i>	Tier 1; \$0	
<i>varenicline tartrate oral</i>	Tier 2; \$0	QL (1 dose pack per 365 days)
<i>varenicline tartrate oral tablet</i>	Tier 2; \$0	QL (2 tablets per 1 day)
<i>varenicline tartrate oral tablet therapy pack</i>	Tier 2; \$0	QL (1 dose pack per 365 days)
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR ( <i>bupropion hcl (smoking deter)</i> )	Tier 3; \$0	QL (2 tablets per 1 day)
<b>*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
GILENYA ORAL CAPSULE ( <i> fingolimod hcl</i> )	Tier 4	PA; SP; QL (1 capsule per 1 day)
<b>*RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS</b>		
<b>*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS</b>		
PULMOZYME INHALATION SOLUTION ( <i>dornase alfa</i> )	Tier 4	SP; QL (150 mL per 30 days)
<b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR THE LUNGS</b>		
OFEV ORAL CAPSULE ( <i>nintedanib esylate</i> )	Tier 4	PA; SP; QL (2 capsules per 1 day)
<b>*SULFONAMIDES* - DRUGS FOR INFECTIONS</b>		
<b>*SULFONAMIDES*** - ANTIBIOTICS</b>		
<i>sulfadiazine oral tablet</i>	Tier 2	
<b>*TETRACYCLINES* - DRUGS FOR INFECTIONS</b>		
<b>*TETRACYCLINES*** - ANTIBIOTICS</b>		
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour)	Tier 1	PA; QL (1 tablet per 1 day)
<i>demeclocycline hcl oral tablet</i>	Tier 2	
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet delayed release</i>	Tier 1	PA; QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier 1	QL (600 mL per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>doxycycline hyclate</i> (Lymepak Oral Tablet)	Tier 1	QL (2 tablets per 1 day)
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg</i>	Tier 1	PA; QL (1 tablets per 1 day)
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>minocycline hcl oral capsule 100 mg, 75 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>minocycline hcl oral capsule 50 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>minocycline hcl oral tablet 100 mg, 75 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>minocycline hcl oral tablet 50 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>doxycycline hyclate</i> (Morgidox Oral Capsule)	Tier 1	QL (2 capsules per 1 day)
<i>doxycycline hyclate</i> (Targadox Oral Tablet)	Tier 1	QL (2 tablets per 1 day)
<i>tetracycline hcl oral capsule</i>	Tier 1	
<b>*THYROID AGENTS* - HORMONES</b>		
<b>*ANTITHYROID AGENTS*** - DRUGS FOR THYROID</b>		
<i>methimazole oral tablet</i>	Tier 1	
<i>propylthiouracil oral tablet</i>	Tier 1	
<b>*THYROID HORMONES*** - DRUGS FOR THYROID</b>		
<i>euthyrox oral tablet</i>	Tier 1	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet)	Tier 1	
<i>levothyroxine sodium oral tablet</i>	Tier 1	
<i>levothyroxine-liothyronine oral tablet</i>	Tier 1	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet)	Tier 1	
<i>liothyronine sodium oral tablet</i>	Tier 1	
NATURE-THROID ORAL TABLET ( <i>thyroid</i> )	Tier 3	
<i>thyroid</i> (Np Thyroid Oral Tablet)	Tier 1	
<i>thyroid oral tablet</i>	Tier 1	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet)	Tier 1	
WESTHROID ORAL TABLET ( <i>thyroid</i> )	Tier 3	
<b>*TOXOIDS* - BIOLOGICAL AGENTS</b>		
<b>*TOXOID COMBINATIONS*** - VACCINES</b>		
ADACEL INTRAMUSCULAR SUSPENSION ( <i>tetanus-diphth-acell pertussis</i> )	Tier 3; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION ( <i>tetanus-diphth-acell pertussis</i> )	Tier 3; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>tetanus-diphth-acell pertussis</i> )	Tier 3; \$0	
DAPTACEL INTRAMUSCULAR SUSPENSION ( <i>diphth-acell pertussis-tetanus</i> )	Tier 3; \$0	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier 3; \$0	
INFANRIX INTRAMUSCULAR SUSPENSION ( <i>diphth-acell pertussis-tetanus</i> )	Tier 3; \$0	
KINRIX INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv vaccine</i> )	Tier 3; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-ipv vaccine</i> )	Tier 3; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION ( <i>dtap-hepatitis b recomb-ipv</i> )	Tier 3; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-hepatitis b recomb-ipv</i> )	Tier 3; \$0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>dtap-ipv-hib vaccine</i> )	Tier 3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv vaccine</i> )	Tier 3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-ipv vaccine</i> )	Tier 3; \$0	
TDVAX INTRAMUSCULAR SUSPENSION ( <i>tetanus-diphtheria toxoids td</i> )	Tier 3; \$0	
TENIVAC INTRAMUSCULAR INJECTABLE ( <i>tetanus-diphtheria toxoids td</i> )	Tier 3; \$0	
<i>tetanus-diphtheria toxoids td intramuscular suspension</i>	Tier 3; \$0	
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* - DRUGS FOR THE STOMACH</b>		
<b>*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS</b>		
<i>dicyclomine hcl oral capsule</i>	Tier 1	
<i>dicyclomine hcl oral solution</i>	Tier 1	
<i>dicyclomine hcl oral tablet</i>	Tier 1	
<b>*BELLADONNA ALKALOIDS*** - DRUGS FOR STOMACH CRAMPS</b>		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	Tier 1	
<i>hyoscyamine sulfate sl sublingual tablet sublingual</i>	Tier 1	
<b>*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>cimetidine 200 oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>cimetidine hcl oral solution</i>	Tier 1	QL (40 mL per 1 day)
<i>cimetidine oral tablet 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>cimetidine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>cimetidine oral tablet 800 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>cvs heartburn relief oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>famotidine oral suspension reconstituted</i>	Tier 1	QL (5 mL per 1 day)
<i>famotidine oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>famotidine oral tablet 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>gnp heartburn relief oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>hm famotidine oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>px acid reducer max st oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>sb cimetidine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<b>*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>sucralfate oral suspension</i>	Tier 1	
<i>sucralfate oral tablet</i>	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>cvs lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>cvs omeprazole magnesium oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>eq lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>eqj lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>gnp lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>goodsense lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>hm lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>kls lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>omeprazole capsule delayed release 20 mg oral (rx)</i>	Tier 1	QL (1 capsule per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	Tier 1	
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	
<i>ra lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>sm lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<b>*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS</b>		
<i>glycopyrrolate oral tablet</i>	Tier 1	
<i>methscopolamine bromide oral tablet</i>	Tier 1	
<b>*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>misoprostol oral tablet</i>	Tier 1	
<b>*URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM</b>		
<b>*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER</b>		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup</i>	Tier 1	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 1	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<b>*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER</b>		
<i>bethanechol chloride oral tablet</i>	Tier 2	
<b>*VACCINES* - BIOLOGICAL AGENTS</b>		
<b>*BACTERIAL VACCINES*** - VACCINES</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>haemophilus b polysac conj vac</i> )	Tier 3; \$0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>meningococcal b recomb omv adj</i> )	Tier 2; \$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIBERIX INJECTION SOLUTION RECONSTITUTED ( <i>haemophilus b polysac conj vac</i> )	Tier 3; \$0	
MENACTRA INTRAMUSCULAR INJECTABLE ( <i>meningococcal a c y&amp;w-135 conj</i> )	Tier 3; \$0	
MENACTRA INTRAMUSCULAR SOLUTION ( <i>mening acy&amp;w-135 diphth conj</i> )	Tier 3; \$0	
MENQUADFI INTRAMUSCULAR INJECTABLE ( <i>meningococcal a c y&amp;w-135 conj</i> )	Tier 3; \$0	
MENQUADFI INTRAMUSCULAR SOLUTION ( <i>mening acy&amp;w-135 tetanus conj</i> )	Tier 3; \$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>meningococcal a c y&amp;w-135 olig</i> )	Tier 3; \$0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION ( <i>haemophilus b polysac conj vac</i> )	Tier 3; \$0	
PNEUMOVAX 23 INJECTION INJECTABLE ( <i>pneumococcal vac polyvalent</i> )	Tier 2; \$0	
PREVNAR 13 INTRAMUSCULAR SUSPENSION ( <i>pneumococcal 13-val conj vacc</i> )	Tier 2; \$0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>pneumococcal 20-val conj vacc</i> )	Tier 2; \$0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>meningococcal b vac (recomb)</i> )	Tier 2; \$0	
TYPHIM VI INTRAMUSCULAR SOLUTION ( <i>typhoid vi polysaccharide vacc</i> )	Tier 3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE ( <i>typhoid vi polysaccharide vacc</i> )	Tier 3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>pneumococcal 15-val conj vacc</i> )	Tier 2; \$0	
VIVOTIF ORAL CAPSULE DELAYED RELEASE ( <i>typhoid vaccine</i> )	Tier 2	
<b>*VIRAL VACCINE COMBINATIONS*** - VACCINES</b>		
M-M-R II INJECTION SOLUTION RECONSTITUTED ( <i>measles, mumps &amp; rubella vac</i> )	Tier 3; \$0	
M-M-R II SUBCUTANEOUS INJECTABLE ( <i>measles, mumps &amp; rubella vac</i> )	Tier 3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>measles-mumps-rubella-varicell</i> )	Tier 3; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION ( <i>hepatitis a-hep b recomb vac</i> )	Tier 3; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>hepatitis a-hep b recomb vac</i> )	Tier 3; \$0	
<b>*VIRAL VACCINES*** - VACCINES</b>		
AFLURIA INTRAMUSCULAR SUSPENSION ( <i>influenza virus vaccine split</i> )	Tier 1; \$0	QL (2 injections per 180 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza virus vacc split pf</i> )	Tier 1; \$0	QL (2 injections per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (1 fill per 180 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (1 fill per 180 days)
COMIRNATY INTRAMUSCULAR SUSPENSION ( <i>covid-19 mrna virus vaccine</i> )	Tier 2	
ENGERIX-B INJECTION SUSPENSION ( <i>hepatitis b vac recombinant</i> )	Tier 3; \$0	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE ( <i>hepatitis b vac recombinant</i> )	Tier 3; \$0	
ENGERIX-B INTRAMUSCULAR INJECTABLE ( <i>hepatitis b vac recombinant</i> )	Tier 3; \$0	
EZ FLU SHOT-FLUCELVAX QUAD INTRAMUSCULAR PREFILLED SYRINGE KIT ( <i>influenza vac subunit quad</i> )	Tier 1; \$0	QL (1 kit per 1 fill)
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac a&amp;b surf ant adj</i> )	Tier 1; \$0	QL (1 fill per 180 days)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE ( <i>influenza vac a&amp;b sa adj quad</i> )	Tier 1; \$0	QL (1 fill per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (1 fill per 180 days)
FLUBLOK INTRAMUSCULAR SOLUTION ( <i>influenza vac recombinant ha</i> )	Tier 1; \$0	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE ( <i>influenza vac recomb ha quad</i> )	Tier 1; \$0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac subunit quad</i> )	Tier 1; \$0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac subunit quad</i> )	Tier 1; \$0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (1 fill per 180 days)
FLUMIST QUADRIVALENT NASAL SUSPENSION ( <i>influenza virus vac live quad</i> )	Tier 1; \$0	QL (1 fill per 180 days)
FLUVIRIN INTRAMUSCULAR SUSPENSION ( <i>influenza vac typ a&amp;b surf ant</i> )	Tier 1; \$0	
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac typ a&amp;b surf ant</i> )	Tier 1; \$0	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac split high-dose</i> )	Tier 1; \$0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac high-dose quad</i> )	Tier 1; \$0	QL (0.7 mL per 1 fill)
FLUZONE QUADRIVALENT INTRADERMAL SUSPENSION PEN-INJECTOR ( <i>influenza vac split quad</i> )	Tier 1; \$0	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (1 fill per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (1 fill per 180 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION ( <i>hpv 9-valent recomb vaccine</i> )	Tier 2; \$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>hpv 9-valent recomb vaccine</i> )	Tier 2; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION ( <i>hepatitis a vaccine</i> )	Tier 3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION ( <i>hepatitis b vac recomb adj</i> )	Tier 3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE ( <i>hepatitis b vac recomb adj</i> )	Tier 3; \$0	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE ( <i>rabies virus vaccine, hdc</i> )	Tier 3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>rabies virus vaccine, hdc</i> )	Tier 3	
IPOL INJECTION INJECTABLE ( <i>poliovirus vaccine inactivated</i> )	Tier 3; \$0	
IXIARO INTRAMUSCULAR SUSPENSION ( <i>japanese encephalitis vac inac</i> )	Tier 3	
<i>janssen covid-19 vaccine intramuscular suspension</i>	Tier 2	
<i>moderna covid-19 bival booster intramuscular suspension</i>	Tier 2	
<i>moderna covid-19 vac (booster) intramuscular suspension</i>	Tier 2	
<i>moderna covid-19 vacc 6-11y intramuscular suspension</i>	Tier 2	
<i>moderna covid-19 vacc 6m-5y intramuscular suspension</i>	Tier 2	
<i>moderna covid-19 vaccine intramuscular suspension</i>	Tier 2	
<i>novavax covid-19 vaccine intramuscular suspension</i>	Tier 2	
<i>pfizer covid-19 vac bival 5-11 intramuscular suspension</i>	Tier 2	
<i>pfizer covid-19 vac bivalent intramuscular suspension</i>	Tier 2	
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension</i>	Tier 2	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension</i>	Tier 2	
<i>pfizer-biont covid-19 vac-tris intramuscular suspension</i>	Tier 2	
<i>pfizer-biontech covid-19 vacc intramuscular suspension</i>	Tier 2	
<i>prehevbrio intramuscular suspension</i>	Tier 3; \$0	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>rabies vaccine, pcec</i> )	Tier 3	
RECOMBIVAX HB INJECTION SUSPENSION ( <i>hepatitis b vac recombinant</i> )	Tier 3; \$0	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE ( <i>hepatitis b vac recombinant</i> )	Tier 3; \$0	
ROTARIX ORAL SUSPENSION RECONSTITUTED ( <i>rotavirus vaccine live oral</i> )	Tier 3; \$0	
ROTATEQ ORAL SOLUTION ( <i>rotavirus vac live pentavalent</i> )	Tier 3; \$0	
<i>sanofi covid-19 vac (booster) intramuscular emulsion</i>	Tier 2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>zoster vac recomb adjuvanted</i> )	Tier 2; \$0	
SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION ( <i>covid-19 mrna virus vaccine</i> )	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAQTA INTRAMUSCULAR SUSPENSION ( <i>hepatitis a vaccine</i> )	Tier 3; \$0	
VARIVAX SUBCUTANEOUS INJECTABLE ( <i>varicella virus vaccine live</i> )	Tier 3; \$0	
YF-VAX SUBCUTANEOUS INJECTABLE ( <i>yellow fever vaccine</i> )	Tier 3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>zoster vaccine live</i> )	Tier 2; \$0	
<b>*VAGINAL AND RELATED PRODUCTS* - DRUGS FOR WOMEN</b>		
<b>*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS</b>		
<i>terconazole vaginal cream 0.4 %</i>	Tier 1	QL (90 grams per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	Tier 1	QL (40 grams per 30 days)
<i>terconazole vaginal suppository</i>	Tier 1	QL (6 suppositories per 30 days)
<b>*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS</b>		
<i>clindamycin phosphate vaginal cream</i>	Tier 1	
<i>metronidazole vaginal gel</i>	Tier 1	
VANDAZOLE VAGINAL GEL ( <i>metronidazole</i> )	Tier 1	
<b>*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN</b>		
<i>estradiol vaginal cream</i>	Tier 2	
<i>estradiol vaginal tablet</i>	Tier 2	QL (18 tablets per 28 days)
ESTRING VAGINAL RING ( <i>estradiol</i> )	Tier 3	QL (0.02 EA per 1 day)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG ( <i>estradiol</i> )	Tier 3	QL (18 inserts per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG ( <i>estradiol</i> )	Tier 3	QL (18 packs per 28 days)
PREMARIN VAGINAL CREAM ( <i>estrogens, conjugated</i> )	Tier 3	QL (1 grams per 1 day)
<i>estradiol</i> (Yuvafem Vaginal Tablet)	Tier 2	QL (18 tablets per 28 days)
<b>*VASOPRESSORS* - DRUGS FOR THE HEART</b>		
<b>*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
<i>epinephrine injection solution auto-injector</i>	Tier 1	QL (2 pens per 1 fill)
<b>*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
<i>midodrine hcl oral tablet</i>	Tier 2	
<b>*VITAMINS* - DRUGS FOR NUTRITION</b>		
<b>*VITAMIN D*** - DRUGS FOR NUTRITION</b>		
<i>ergocalciferol oral capsule</i>	Tier 1	
<i>vitamin d (ergocalciferol) oral capsule</i>	Tier 1	



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Rev. 7/19