

Standard Drug Formulary

December 2022

Blue Shield of California

This formulary corresponds with the following plans:

Blue Shield Platinum 90 PPO, Blue Shield Gold 80 PPO, Blue Shield Silver 70 PPO, Blue Shield Silver 73 PPO, Blue Shield Silver 87 PPO, Blue Shield Silver 94 PPO, Blue Shield Bronze 60 PPO, Blue Shield Bronze 60 HDHP PPO, Blue Shield Minimum Coverage PPO, Blue Shield \$0 Cost Share PPO, Silver 1750 PPO, Blue Shield Silver 73 Trio HMO, Blue Shield Silver 87 Trio HMO, Blue Shield Silver 94 Trio HMO, Blue Shield \$0 Cost Share Trio HMO, Silver 70 Off Exchange PPO, Silver 70 Off Exchange Trio HMO, Blue Shield Trio Platinum 90 HMO, Blue Shield Trio Gold 80 HMO, Blue Shield Trio Silver 70 HMO, Bronze 7500 Trio HMO, Silver 2600 HDHP PPO, Bronze Full PPO, Bronze Full PPO Savings, Bronze Tandem PPO, Gold Access+ HMO, Gold Full PPO, Gold Local Access+ HMO, Gold Tandem PPO, Gold Trio HMO, Platinum Access + HMO, Platinum Full PPO, Platinum Local Access+ HMO, Platinum Tandem PPO, Platinum Trio HMO, Silver Access+ HMO, Silver Full PPO, Silver Full PPO Savings, Silver Local Access+ HMO, Silver Tandem PPO, Silver Tandem PPO Savings, Silver Trio HMO, Bronze Trio HMO, Bronze Access+ HMO, Bronze Local Access+ HMO, Bronze Tandem PPO Savings, Gold Full PPO Savings, Gold Tandem PPO Saving, Virtual Blue Bronze and Gold Tandem PPO

This formulary was last updated on 12/01/2022 . This formulary is subject to change and all previous versions of the formulary no longer apply. For the most current information about the *Standard Drug Formulary*, visit www.blueshieldca.com/pharmacy.

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

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



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Informational Section

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

Definitions

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

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

Term
<p>"Formulary" is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.</p>
<p>"Generic drug" is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in <i>bold and italicized lowercase letters</i>.</p>
<p>"Non-formulary drug" is a prescription drug that is not listed on the health plan's formulary.</p>
<p>"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.</p>
<p>"Prescribing provider" is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.</p>
<p>"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.</p>
<p>"Prescription drug" is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.</p>
<p>"Preventive Health Drugs" are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge when specific criteria are met.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force.</p>
<p>"Prior authorization" is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.</p>

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

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

How do I find a drug on this list?

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

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

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

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

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

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

in parentheses in *lowercase bold italics*.

Example

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

What are drug tiers?

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

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

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

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

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

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

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

How to read the formulary

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

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

RO	Retail Only	This prescription can be dispensed at retail pharmacies only. It is not covered through mail service.
SF	Starter Fill	Blue Shield's Starter Fill Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for up to a 15-day supply. When this occurs, the copayment or coinsurance will be prorated.
SP	Specialty Pharmacy	These drugs are available exclusively through select specialty pharmacies.
ST	Step Therapy	Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria are met.

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

How often will the formulary change?

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

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

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

- Moving a drug or dosage form to a higher tier,
- Removal of a drug or dosage form from the formulary,
- Adding or changing utilization management requirements or limits for a drug.

- When a step therapy utilization management requirement changes, the new requirement will not require you to repeat the step therapy if you are already taking the drug for your condition as long as the drug is still appropriate, your provider continues to prescribe the drug, and the drug is still considered safe and effective for your condition.

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

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

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

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

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

What are preventive health drugs?

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

What is a contraceptive drug or device?

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

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

service number on your Blue Shield member ID card.

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

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

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

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

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

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

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

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

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

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

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

You are not required to complete step therapy with Blue Shield if a drug you are

currently taking was approved for coverage for your medical condition by your previous health plan or you qualify for a step-therapy exception. In either case, the drug will be covered by Blue Shield without step therapy if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

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

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

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

To request a non-formulary coverage exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit an exception request to Blue Shield.

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

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

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

Participating retail pharmacies

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

What are specialty drugs?

Specialty drugs are drugs that may require coordination of care, close monitoring, or

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

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

Mail service pharmacy

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

Categorical List of Prescription Drugs

ANALGESICS (Drugs for Pain)	1
ANESTHETICS (Drugs for Numbing)	7
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse) ..	8
ANTIBACTERIALS (Drugs for Bacterial Infections)	9
ANTICONVULSANTS (Drugs for Seizures)	16
ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)	20
ANTIDEPRESSANTS (Drugs for Depression)	21
ANTIEMETICS (Drugs for Nausea and Vomiting)	25
ANTIFUNGALS (Drugs for Fungal Infections)	27
ANTIGOUT AGENTS (Drugs for Gout)	28
ANTIMIGRAINE AGENTS (Drugs for Migraine)	28
ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)	30
ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)	30
ANTINEOPLASTICS (Drugs for Cancer)	31
ANTIPARASITICS (Drugs for Parasitic Infections)	35
ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)	36
ANTIPSYCHOTICS (Drugs for Mental Health)	39
ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)	42
ANTIVIRALS (Drugs for Viral Infections)	42
ANXIOLYTICS (Drugs for Anxiety)	48
BIPOLAR AGENTS (Drugs for Bipolar Disorder)	50
BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)	50
BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)	54
CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)	57
CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)	78
DENTAL AND ORAL AGENTS (Drugs for the Mouth)	84
DERMATOLOGICAL AGENTS (Drugs for the Skin)	84
ELECTROLYTES/MINERALS/METALS/VITAMINS	92
GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)	99
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic, Enzyme or Protein Disorders)	103
GENITOURINARY AGENTS (Drugs for Genital, Bladder, and Kidney)	103
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)	105
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)	107
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)	108
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland)	125
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Drugs for Suppressing Hormones from the Pituitary Gland)	127

HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland)	128
IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)	128
INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)	132
METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)	132
MISCELLANEOUS THERAPEUTIC AGENTS	133
OPHTHALMIC AGENTS (Drugs for the Eyes)	170
OTIC AGENTS (Drugs for the Ears)	175
RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)	175
SKELETAL MUSCLE RELAXANTS (Drugs for Muscle Tightness)	183
SLEEP DISORDER AGENTS (Drugs for Sleep Problems)	183

PRESCRIPTION DRUG NAME**DRUG
TIER****COVERAGE
REQUIREMENTS AND
LIMITS****ANALGESICS (Drugs for Pain)****NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis
Drugs)**

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

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>flurbiprofen tab 100 mg</i>	TIER 1	
<i>flurbiprofen tab 50 mg</i>	TIER 1	
<i>ibuprofen tab 400 mg</i>	TIER 1	
<i>ibuprofen tab 600 mg</i>	TIER 1	
<i>ibuprofen tab 800 mg</i>	TIER 1	
<i>indomethacin cap 25 mg</i>	TIER 1	
<i>indomethacin cap 50 mg</i>	TIER 1	
<i>indomethacin cap er 75 mg</i> (INDOMETHACIN ER)	TIER 1	
<i>ketorolac tromethamine tab 10 mg</i>	TIER 2	QLC (4 tabs/day, not to exceed 20 tabs/30 days)
<i>meloxicam tab 15 mg</i>	TIER 1	
<i>meloxicam tab 7.5 mg</i>	TIER 1	
<i>nabumetone tab 500 mg</i>	TIER 1	
<i>nabumetone tab 750 mg</i>	TIER 1	
<i>naproxen tab 250 mg</i>	TIER 1	
<i>naproxen tab 375 mg</i>	TIER 1	
<i>naproxen tab 500 mg</i>	TIER 1	
<i>naproxen tab ec 375 mg</i>	TIER 1	
<i>naproxen tab ec 375 mg</i> (EC-NAPROXEN)	TIER 1	
<i>naproxen tab ec 500 mg</i>	TIER 1	
<i>naproxen tab ec 500 mg</i> (EC-NAPROXEN)	TIER 1	
<i>piroxicam cap 10 mg</i>	TIER 1	
<i>piroxicam cap 20 mg</i>	TIER 1	
<i>sulindac tab 150 mg</i>	TIER 1	
<i>sulindac tab 200 mg</i>	TIER 1	

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

<i>fentanyl td patch 72hr 100 mcg/hr</i>	TIER 2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	TIER 2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	TIER 2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	TIER 2	PA, QLC (20 patches/month)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fentanyl td patch 72hr 75 mcg/hr</i>	TIER 2	PA, QLC (20 patches/month)
METHADONE HCL 10 MG/5ML SOLUTION	TIER 3	PA, QLC (90 ml/day)
METHADONE HCL 5 MG/5ML SOLUTION	TIER 3	PA, QLC (180 ml/day)
<i>methadone hcl conc 10 mg/ml</i>	TIER 3	PA, QLC (18 ml/day)
<i>methadone hcl conc 10 mg/ml</i> (METHADONE HCL INTENSOL)	TIER 3	PA, QLC (18 ml/day)
<i>methadone hcl soln 10 mg/5ml</i>	TIER 3	PA, QLC (90 ml/day)
<i>methadone hcl soln 5 mg/5ml mg/ml</i>	TIER 3	PA, QLC (180 ml/day)
<i>methadone hcl tab 10 mg</i>	TIER 3	PA, QLC (18 tabs/day)
<i>methadone hcl tab 5 mg</i>	TIER 3	PA, QLC (36 tabs/day)
<i>methadone hcl tab for oral susp 40 mg</i>	TIER 3	PA, QLC (5 tabs/day)
<i>methadone hcl tab for oral susp 40 mg</i> (METHADOSE)	TIER 3	PA, QLC (5 tabs/day)
<i>morphine sulfate tab er 100 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (3 tabs/day)
<i>morphine sulfate tab er 15 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (6 tabs/day)
<i>morphine sulfate tab er 200 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (3 tabs/day)
<i>morphine sulfate tab er 30 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (6 tabs/day)
<i>morphine sulfate tab er 60 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (5 tabs/day)
TRAMADOL HCL ER (BIPHASIC) ER 100 MG TAB ER 24H, ER 200 MG TAB ER 24H, ER 300 MG TAB ER 24H	TIER 1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 100 mg</i> (TRAMADOL HCL ER)	TIER 1	QLC (3 tabs/day)
<i>tramadol hcl tab er 24hr 200 mg</i> (TRAMADOL HCL ER)	TIER 1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 300 mg</i> (TRAMADOL HCL ER)	TIER 1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release</i> <i>100 mg</i> (TRAMADOL HCL ER (BIPHASIC))	TIER 1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release</i> <i>200 mg</i> (TRAMADOL HCL ER (BIPHASIC))	TIER 1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release</i> <i>300 mg</i> (TRAMADOL HCL ER (BIPHASIC))	TIER 1	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE) 0	TIER 1	QLC (90 ml/day; max 1260 ml/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE #2)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE #3)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE #4)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) -- 320.5-30-16 MG CAP	TIER 1	PA, QLC (10 caps/day; max 140 caps/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (ASCOMP-CODEINE)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (BUTALBITAL-ASA-CAFF-CODEINE)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	TIER 1	QLC (4 canisters/month at 2 canisters/fill)
CODEINE SULFATE 15 MG TAB	TIER 1	QLC (24 tabs/day; max 336 tabs/month)
CODEINE SULFATE 30 MG TAB	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
CODEINE SULFATE 60 MG TAB	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>codeine sulfate tab 30 mg</i>	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>codeine sulfate tab 60 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fentanyl citrate lozenge on a handle 1200 mcg fentanyl citrate handle</i>	TIER 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 1600 mcg fentanyl citrate handle</i>	TIER 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 200 mcg fentanyl citrate handle</i>	TIER 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 400 mcg fentanyl citrate handle</i>	TIER 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 600 mcg fentanyl citrate handle</i>	TIER 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 800 mcg fentanyl citrate handle</i>	TIER 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg (LORCET HD)</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	TIER 1	QLC (8 tabs/day; max 112 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg (LORCET)</i>	TIER 1	QLC (8 tabs/day; max 112 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg (LORCET PLUS)</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	TIER 2	QLC (5 tabs/day; max 70 tabs/month)
<i>hydromorphone hcl tab 2 mg</i>	TIER 1	QLC (11 tabs/day; max 154 tabs/month)
<i>hydromorphone hcl tab 4 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>hydromorphone hcl tab 8 mg</i>	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
MEPERIDINE HCL 100 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (9 tabs/day; max 126 tabs/month)
MEPERIDINE HCL 50 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 252 tabs/month)
<i>meperidine hcl tab 100 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (9 tabs/day; max 126 tabs/month)
<i>meperidine hcl tab 50 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 252 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MORPHINE SULFATE 10 MG SUPPOS	TIER 1	QLC (9 suppositories/day; max 126 suppositories/month)
MORPHINE SULFATE 15 MG TAB	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
MORPHINE SULFATE 20 MG SUPPOS	TIER 1	QLC (5 suppositories/day; max 70 suppositories/month)
MORPHINE SULFATE 20 MG/5ML SOLUTION	TIER 1	QLC (22.5 ml/day; max 315 ml/30 days)
MORPHINE SULFATE 30 MG SUPPOS	TIER 1	QLC (3 suppositories/day; max 42 suppositories/month)
MORPHINE SULFATE 30 MG TAB	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	TIER 1	QLC (12 suppositories/day; max 168 suppositories/month)
<i>morphine sulfate oral soln 10 mg/5ml</i>	TIER 1	QLC (45 ml/day; max 630 ml/month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	TIER 1	QLC (22.5 ml/day; max 315 ml/30 days)
<i>morphine sulfate tab 15 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>morphine sulfate tab 30 mg</i>	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
<i>oxycodone hcl soln 5 mg/5ml mg/ml</i>	TIER 2	QLC (60 ml/day; max 840 ml/month)
<i>oxycodone hcl tab 10 mg</i>	TIER 1	QLC (84 tabs/month)
<i>oxycodone hcl tab 15 mg</i>	TIER 1	QLC (4 tabs/day; max 56 tabs/month)
<i>oxycodone hcl tab 20 mg</i>	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
<i>oxycodone hcl tab 30 mg</i>	TIER 1	QLC (2 tabs/day; max 28 tabs/month)
<i>oxycodone hcl tab 5 mg</i>	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone w/ acetaminophen tab 10-325 mg (ENDOCET)</i>	TIER 2	QLC (6 tabs/day; max 84 tabs/month)
<i>oxycodone w/ acetaminophen tab 10-325 mg (OXYCODONE-ACETAMINOPHEN)</i>	TIER 2	QLC (6 tabs/day; max 84 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg (ENDOCET)</i>	TIER 2	QLC (12 tabs/day; max 168 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 2	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (ENDOCET)	TIER 2	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 2	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (ENDOCET)	TIER 2	QLC (8 tabs/day; max 112 tabs/month)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 2	QLC (8 tabs/day; max 112 tabs/month)
OXYCODONE-ASPIRIN -4.8355-325 MG TAB	TIER 2	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	TIER 2	QLC (12 tabs/day; max 168 tabs/month)
<i>tramadol hcl tab 100 mg</i>	TIER 1	QLC (4 tabs/day; max 56 tabs/30 days)
<i>tramadol hcl tab 50 mg</i>	TIER 1	QLC (8 tabs/day; max 112 tabs/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	TIER 1	QLC (8 tabs/day; max 112 tabs/30 days)

ANESTHETICS (Drugs for Numbing)

LOCAL ANESTHETICS (Skin Numbing Drugs)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lidocaine patch 5%</i>	TIER 1	QLC (90 patches/month)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	TIER 1	QLC (30 gm/month)

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

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

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

OPIOID DEPENDENCE (Drugs for Opioid Dependence)

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	TIER 1	QLC (12 tabs/day; not to exceed 7 days therapy/90 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	TIER 1	QLC (3 tabs/day; not to exceed 7 days supply over 90 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	TIER 1	QLC (2 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	TIER 1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	TIER 1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	TIER 1	QLC (3 films/day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	TIER 1	QLC (12 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	TIER 1	QLC (3 tabs/day)

OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)

<i>naloxone hcl inj 0.4 mg/ml</i>	TIER 1	QLC (two 1 ml vials/month)
<i>naloxone hcl inj 4 mg/10ml</i>	TIER 1	QLC (two 1 ml vials/month)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	TIER 2	QLC (2 doses/month)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml</i>	TIER 1	QLC (2 syringes/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>naltrexone hcl tab 50 mg</i>	TIER 1	
SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)		
APO-VARENICLINE (<i>varenicline tartrate</i>) - 0.5 MG TAB, -1 MG TAB	TIER 3	ACA (Preventive Health), QLC (2 tabs/day)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> (BUPROPION HCL ER (SMOKING DET))	TIER 1	ACA (Preventive Health), QLC (2 tabs/day)
NICOTROL (<i>nicotine</i>) 10 MG INHALER	TIER 3	ACA (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS (<i>nicotine</i>) 10 MG/ML SOLUTION	TIER 3	ACA (Preventive Health), QLC (2 ml/day)
VARENICLINE TARTRATE 0.5 MG TAB, 1 MG TAB	TIER 1	ACA (Preventive Health), QLC (2 tabs/day)
VARENICLINE TARTRATE 0.5 MG X 11 & 1 MG X 42 TAB THPK	TIER 1	ACA (Preventive Health), QLC (1 starting month box/28 days)

ANTIBACTERIALS (Drugs for Bacterial Infections)

AMINOGLYCOSIDES

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

ANTIBACTERIALS, OTHER

<i>acetic acid otic soln 2%</i>	TIER 1
<i>clindamycin hcl cap 150 mg</i>	TIER 1
<i>clindamycin hcl cap 300 mg</i>	TIER 1
<i>clindamycin hcl cap 75 mg</i>	TIER 1
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	TIER 1
<i>clindamycin phosphate swab 1%</i>	TIER 1
<i>clindamycin phosphate swab 1%</i> (CLINDACIN ETZ)	TIER 1
<i>clindamycin phosphate swab 1%</i> (CLINDACIN-P)	TIER 1

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clindamycin phosphate vaginal cream 2%</i>	TIER 1	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	TIER 3	QLC (1 packet/30 days)
<i>linezolid for susp 100 mg/5ml</i>	TIER 1	PA
<i>linezolid tab 600 mg</i>	TIER 1	PA
<i>methenamine hippurate tab 1 gm</i>	TIER 1	
<i>metronidazole cream 0.75%</i>	TIER 1	
<i>metronidazole cream 0.75% (ROSADAN)</i>	TIER 1	
<i>metronidazole gel 0.75%</i>	TIER 1	
<i>metronidazole gel 0.75% (ROSADAN)</i>	TIER 1	
<i>metronidazole gel 1%</i>	TIER 1	
<i>metronidazole lotion 0.75%</i>	TIER 1	
<i>metronidazole tab 250 mg</i>	TIER 1	
<i>metronidazole tab 500 mg</i>	TIER 1	
<i>metronidazole vaginal gel 0.75%</i>	TIER 1	
NEOMYCIN-POLYMYXIN B GU (<i>neomycin/polymyxin b gu</i>) -40-200000 SOLUTION	TIER 1	PA, QLC (1 ml/day)
<i>neomycin-polymyxin b gu irrigation soln</i>	TIER 1	PA, QLC (1 ml/day)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	TIER 1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	TIER 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	TIER 1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO)	TIER 1	
<i>tinidazole tab 250 mg</i>	TIER 1	QLC (40 tabs/fill)
<i>tinidazole tab 500 mg</i>	TIER 1	QLC (20 tabs/fill)
TRIMETHOPRIM 100 MG TAB	TIER 1	
<i>trimethoprim tab 100 mg</i>	TIER 1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	TIER 1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VANDAZOLE (<i>metronidazole vaginal</i>) 0.75 % GEL	TIER 1	
XIFAXAN (<i>rifaximin</i>) 200 MG TAB	TIER 3	PA, QLC (8 tabs/day)
XIFAXAN (<i>rifaximin</i>) 550 MG TAB	TIER 3	PA, QLC (3 tabs/day)

BETA-LACTAM, CEPHALOSPORINS

CEFACLOR 125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP	TIER 2	
<i>cefaclor cap 250 mg</i>	TIER 2	
<i>cefaclor cap 500 mg</i>	TIER 2	
CEFACLOR ER (<i>cefaclor monohydrate</i>) 500 MG TAB 12H	TIER 2	
CEFADROXIL 1 GM TAB	TIER 2	
<i>cefadroxil cap 500 mg</i>	TIER 2	
<i>cefadroxil for susp 250 mg/5ml</i>	TIER 2	
<i>cefadroxil for susp 500 mg/5ml</i>	TIER 2	
<i>cefadroxil tab 1 gm</i>	TIER 2	
<i>cefdinir cap 300 mg</i>	TIER 1	
<i>cefdinir for susp 125 mg/5ml</i>	TIER 1	
<i>cefdinir for susp 250 mg/5ml</i>	TIER 1	
<i>cefepodoxime proxetil for susp 100 mg/5ml</i>	TIER 2	
<i>cefepodoxime proxetil for susp 50 mg/5ml</i>	TIER 2	
<i>cefepodoxime proxetil tab 100 mg</i>	TIER 2	
<i>cefepodoxime proxetil tab 200 mg</i>	TIER 2	
<i>cefprozil for susp 125 mg/5ml</i>	TIER 1	
<i>cefprozil for susp 250 mg/5ml</i>	TIER 1	
<i>cefprozil tab 250 mg</i>	TIER 1	
<i>cefprozil tab 500 mg</i>	TIER 1	
<i>cefuroxime axetil tab 250 mg</i>	TIER 1	
<i>cefuroxime axetil tab 500 mg</i>	TIER 1	
CEPHALEXIN 750 MG CAP	TIER 1	
<i>cephalexin cap 250 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cephalexin cap 500 mg</i>	TIER 1	
<i>cephalexin cap 750 mg</i>	TIER 1	
<i>cephalexin for susp 125 mg/5ml</i>	TIER 1	
<i>cephalexin for susp 250 mg/5ml</i>	TIER 1	

BETA-LACTAM, PENICILLINS

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)	TIER 3	
<i>erythromycin tab delayed release 333 mg</i>	TIER 3	
<i>erythromycin tab delayed release 333 mg</i> (ERY-TAB)	TIER 3	
<i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE)	TIER 3	
<i>erythromycin tab delayed release 500 mg</i>	TIER 3	
<i>erythromycin tab delayed release 500 mg</i> (ERY-TAB)	TIER 3	
<i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE)	TIER 3	
<i>erythromycin w/ delayed release particles cap 250 mg</i> (ERYTHROMYCIN BASE)	TIER 3	PA

QUINOLONES

<i>ciprofloxacin for oral susp 500 mg/5ml</i> (10%) (10 gm/100ml)	TIER 1	QLC (3 bottles/fill)
CIPROFLOXACIN HCL 100 MG TAB	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	TIER 1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
CIPROFLOXACIN-CIPROFLOX HCL ER (<i>ciprofloxacin-ciprofloxacin hcl</i>) -1000 MG TAB 24H	TIER 1	QLC (14 tabs/fill)
CIPROFLOXACIN-CIPROFLOX HCL ER (<i>ciprofloxacin-ciprofloxacin hcl</i>) -500 MG TAB 24H	TIER 1	QLC (3 tabs/fill)
<i>levofloxacin oral soln 25 mg/ml</i>	TIER 2	QLC (300 ml/fill)
<i>levofloxacin tab 250 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>levofloxacin tab 500 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>levofloxacin tab 750 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	TIER 1	QLC (10 tabs/fill)
OFLOXACIN 300 MG TAB	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ofloxacin tab 400 mg</i>	TIER 3	
SULFONAMIDES		
<i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE))	TIER 1	
SULFADIAZINE 500 MG TAB	TIER 1	
<i>sulfadiazine tab 500 mg</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> (SULFATRIM PEDIATRIC)	TIER 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	TIER 1	
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	TIER 2	
<i>demeclocycline hcl tab 300 mg</i>	TIER 2	
<i>doxycycline hyclate cap 100 mg</i>	TIER 1	
<i>doxycycline hyclate cap 100 mg</i> (MORGIDOX)	TIER 1	
<i>doxycycline hyclate cap 50 mg</i>	TIER 1	
<i>doxycycline hyclate cap 50 mg</i> (MORGIDOX)	TIER 1	
<i>doxycycline hyclate tab 100 mg</i>	TIER 1	
<i>doxycycline hyclate tab 100 mg</i> (LYMEPAK)	TIER 1	
<i>doxycycline hyclate tab 20 mg</i>	TIER 1	QLC (2 tabs/day)
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	TIER 1	
<i>doxycycline monohydrate tab 100 mg</i>	TIER 1	
<i>doxycycline monohydrate tab 100 mg</i> (AVIDOXY)	TIER 1	
<i>doxycycline monohydrate tab 150 mg</i>	TIER 2	
<i>doxycycline monohydrate tab 50 mg</i>	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxycycline monohydrate tab 75 mg</i>	TIER 2	
<i>minocycline hcl cap 100 mg</i>	TIER 1	
<i>minocycline hcl cap 50 mg</i>	TIER 1	
<i>minocycline hcl cap 75 mg</i>	TIER 1	
<i>tetracycline hcl cap 250 mg</i>	TIER 2	
<i>tetracycline hcl cap 500 mg</i>	TIER 2	

ANTICONVULSANTS (Drugs for Seizures)

ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)

BRIVIACT (<i>brivaracetam</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	TIER 4	ST, QLC (2 tabs/day)
BRIVIACT (<i>brivaracetam</i>) 10 MG/ML SOLUTION	TIER 4	ST, QLC (20 ml/day)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	TIER 1	
<i>divalproex sodium tab delayed release 125 mg</i>	TIER 1	
<i>divalproex sodium tab delayed release 250 mg</i>	TIER 1	
<i>divalproex sodium tab delayed release 500 mg</i>	TIER 1	
<i>divalproex sodium tab er 24 hr 250 mg</i> (DIVALPROEX SODIUM ER)	TIER 1	
<i>divalproex sodium tab er 24 hr 500 mg</i> (DIVALPROEX SODIUM ER)	TIER 1	
<i>felbamate tab 400 mg</i>	TIER 2	
<i>felbamate tab 600 mg</i>	TIER 2	
<i>lamotrigine tab 100 mg</i>	TIER 1	
<i>lamotrigine tab 100 mg</i> (SUBVENITE)	TIER 1	
<i>lamotrigine tab 150 mg</i>	TIER 1	
<i>lamotrigine tab 150 mg</i> (SUBVENITE)	TIER 1	
<i>lamotrigine tab 200 mg</i>	TIER 1	
<i>lamotrigine tab 200 mg</i> (SUBVENITE)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lamotrigine tab 25 mg</i>	TIER 1	
<i>lamotrigine tab 25 mg (SUBVENITE)</i>	TIER 1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	TIER 1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	TIER 1	
<i>lamotrigine tab er 24hr 100 mg (LAMOTRIGINE ER)</i>	TIER 2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 200 mg (LAMOTRIGINE ER)</i>	TIER 2	ST, QLC (3 tabs/day)
<i>lamotrigine tab er 24hr 25 mg (LAMOTRIGINE ER)</i>	TIER 2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 250 mg (LAMOTRIGINE ER)</i>	TIER 2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 300 mg (LAMOTRIGINE ER)</i>	TIER 2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 50 mg (LAMOTRIGINE ER)</i>	TIER 2	ST, QLC (1 tab/day)
<i>levetiracetam oral soln 100 mg/ml</i>	TIER 1	
<i>levetiracetam tab 1000 mg</i>	TIER 1	
<i>levetiracetam tab 1000 mg (ROWEEPRA)</i>	TIER 1	
<i>levetiracetam tab 250 mg</i>	TIER 1	
<i>levetiracetam tab 500 mg</i>	TIER 1	
<i>levetiracetam tab 500 mg (ROWEEPRA)</i>	TIER 1	
<i>levetiracetam tab 750 mg</i>	TIER 1	
<i>levetiracetam tab 750 mg (ROWEEPRA)</i>	TIER 1	
<i>levetiracetam tab er 24hr 500 mg (LEVETIRACETAM ER)</i>	TIER 1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 500 mg (ROWEEPRA XR)</i>	TIER 1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 750 mg (LEVETIRACETAM ER)</i>	TIER 1	QLC (4 tabs/day)
<i>levetiracetam tab er 24hr 750 mg (ROWEEPRA XR)</i>	TIER 1	QLC (4 tabs/day)
<i>topiramate sprinkle cap 15 mg</i>	TIER 1	
<i>topiramate sprinkle cap 25 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>topiramate tab 100 mg</i>	TIER 1	
<i>topiramate tab 200 mg</i>	TIER 1	
<i>topiramate tab 25 mg</i>	TIER 1	
<i>topiramate tab 50 mg</i>	TIER 1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv) (VALPROIC ACID)</i>	TIER 1	
<i>valproic acid cap 250 mg</i>	TIER 1	

CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide cap 250 mg</i>	TIER 1	
<i>ethosuximide soln 250 mg/5ml</i>	TIER 1	

GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

DIAZEPAM (<i>diazepam (anticonvulsant)</i>) 2.5 MG GEL, 10 MG GEL, 20 MG GEL	TIER 1	QLC (1 kit [2 doses]/fill)
<i>gabapentin cap 100 mg</i>	TIER 1	
<i>gabapentin cap 300 mg</i>	TIER 1	
<i>gabapentin cap 400 mg</i>	TIER 1	
<i>gabapentin oral soln 250 mg/5ml</i>	TIER 2	
<i>gabapentin tab 600 mg</i>	TIER 1	
<i>gabapentin tab 800 mg</i>	TIER 1	
<i>phenobarbital elixir 20 mg/5ml</i>	TIER 1	
<i>phenobarbital tab 100 mg</i>	TIER 1	
<i>phenobarbital tab 15 mg</i>	TIER 1	
<i>phenobarbital tab 16.2 mg</i>	TIER 1	
<i>phenobarbital tab 30 mg</i>	TIER 1	
<i>phenobarbital tab 32.4 mg</i>	TIER 1	
<i>phenobarbital tab 60 mg</i>	TIER 1	
<i>phenobarbital tab 64.8 mg</i>	TIER 1	
<i>phenobarbital tab 97.2 mg</i>	TIER 1	
<i>primidone tab 250 mg</i>	TIER 1	
<i>primidone tab 50 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SODIUM CHANNEL AGENTS		
<i>carbamazepine cap er 12hr 100 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine cap er 12hr 200 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine cap er 12hr 300 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine chew tab 100 mg</i>	TIER 1	
<i>carbamazepine susp 100 mg/5ml</i>	TIER 1	
<i>carbamazepine tab 200 mg</i>	TIER 1	
<i>carbamazepine tab 200 mg</i> (EPITOL)	TIER 1	
<i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER)	TIER 1	
DILANTIN (<i>phenytoin sodium extended</i>) 30 MG CAP, 100 MG CAP	TIER 2	
DILANTIN (<i>phenytoin</i>) 125 MG/5ML SUSPENSION	TIER 2	
DILANTIN INFATABS (<i>phenytoin</i>) 50 MG CHEW	TIER 2	
<i>lacosamide oral solution 10 mg/ml</i>	TIER 1	QLC (40 ml/day)
<i>lacosamide tab 100 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lacosamide tab 150 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lacosamide tab 200 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lacosamide tab 50 mg</i>	TIER 1	QLC (2 tabs/day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	TIER 2	QLC (40 ml/day)
<i>oxcarbazepine tab 150 mg</i>	TIER 1	QLC (16 tabs/day)
<i>oxcarbazepine tab 300 mg</i>	TIER 1	QLC (8 tabs/day)
<i>oxcarbazepine tab 600 mg</i>	TIER 1	QLC (4 tabs/day)
<i>phenytoin chew tab 50 mg</i>	TIER 1	
<i>phenytoin chew tab 50 mg</i> (PHENYTOIN INFATABS)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenytoin sodium extended cap 100 mg</i>	TIER 1	
<i>phenytoin sodium extended cap 200 mg</i>	TIER 1	
<i>phenytoin sodium extended cap 300 mg</i>	TIER 1	
<i>phenytoin susp 125 mg/5ml</i>	TIER 1	
<i>zonisamide cap 100 mg</i>	TIER 1	
<i>zonisamide cap 25 mg</i>	TIER 1	
<i>zonisamide cap 50 mg</i>	TIER 1	

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

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	TIER 3	
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CHOLINESTERASE INHIBITORS

<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> (DONEPEZIL HCL)	TIER 1	
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<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> (DONEPEZIL HCL)	TIER 1	
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<i>donepezil hydrochloride tab 10 mg</i> (DONEPEZIL HCL)	TIER 1	
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<i>donepezil hydrochloride tab 23 mg</i> (DONEPEZIL HCL)	TIER 1	ST, QLC (1 tab/day)
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<i>donepezil hydrochloride tab 5 mg</i> (DONEPEZIL HCL)	TIER 1	
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<i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER)	TIER 2	
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<i>galantamine hydrobromide cap er 24hr 24 mg</i> (GALANTAMINE HYDROBROMIDE ER) <i>hr</i>	TIER 2	
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<i>galantamine hydrobromide cap er 24hr 8 mg</i> (GALANTAMINE HYDROBROMIDE ER)	TIER 2	
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<i>galantamine hydrobromide tab 12 mg</i>	TIER 2	
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<i>galantamine hydrobromide tab 4 mg</i>	TIER 2	
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<i>galantamine hydrobromide tab 8 mg</i>	TIER 2	
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<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	TIER 1	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	TIER 3	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	TIER 3	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	TIER 3	QLC (1 patch/day)

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

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

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

<i>bupropion hcl tab 100 mg</i>	TIER 1	QLC (4 tabs/day)
<i>bupropion hcl tab 75 mg</i>	TIER 1	QLC (6 tabs/day)
<i>bupropion hcl tab er 12hr 100 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (4 tabs/day)
<i>bupropion hcl tab er 12hr 150 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 12hr 200 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (2 tabs/day)
<i>bupropion hcl tab er 24hr 150 mg</i> (BUPROPION HCL ER (XL))	TIER 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 24hr 300 mg</i> (BUPROPION HCL ER (XL))	TIER 1	QLC (1 tab/day)
MAPROTILINE HCL 25 MG TAB, 50 MG TAB, 75 MG TAB	TIER 1	
<i>mirtazapine orally disintegrating tab 15 mg</i>	TIER 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mirtazapine orally disintegrating tab 45 mg</i>	TIER 1	
<i>mirtazapine tab 15 mg</i>	TIER 1	
<i>mirtazapine tab 30 mg</i>	TIER 1	
<i>mirtazapine tab 45 mg</i>	TIER 1	
<i>mirtazapine tab 7.5 mg</i>	TIER 1	
PERPHENAZINE-AMITRIPTYLINE -2-10 MG TAB, -2-25 MG TAB, -4-10 MG TAB, -4-25 MG TAB, -4-50 MG TAB	TIER 1	

MONOAMINE OXIDASE INHIBITORS

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

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

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	TIER 1	QLC (40 mg/day)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	TIER 2	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	TIER 2	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	TIER 2	QLC (1 tab/day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>	TIER 2	QLC (24 ml/day)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	TIER 1	QLC (8 tabs/day)
FLUOXETINE HCL (PMDD) 10 MG CAP, 20 MG CAP	TIER 1	
FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB	TIER 1	QLC (1 tab/day)
FLUOXETINE HCL 90 MG CAP DR	TIER 1	QLC (4 caps/month)
<i>fluoxetine hcl cap 10 mg</i>	TIER 1	
<i>fluoxetine hcl cap 20 mg</i>	TIER 1	
<i>fluoxetine hcl cap 40 mg</i>	TIER 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	TIER 1	
<i>fluoxetine hcl tab 10 mg</i>	TIER 1	
<i>fluoxetine hcl tab 20 mg</i>	TIER 1	
<i>fluvoxamine maleate tab 100 mg</i>	TIER 1	QLC (3 tabs/day)
<i>fluvoxamine maleate tab 25 mg</i>	TIER 1	QLC (12 tabs/day)
<i>fluvoxamine maleate tab 50 mg</i>	TIER 1	QLC (6 tabs/day)
NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 1	
<i>paroxetine hcl tab 10 mg</i>	TIER 1	
<i>paroxetine hcl tab 20 mg</i>	TIER 1	
<i>paroxetine hcl tab 30 mg</i>	TIER 1	
<i>paroxetine hcl tab 40 mg</i>	TIER 1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	TIER 1	
<i>sertraline hcl tab 100 mg</i>	TIER 1	
<i>sertraline hcl tab 25 mg</i>	TIER 1	
<i>sertraline hcl tab 50 mg</i>	TIER 1	
<i>trazodone hcl tab 100 mg</i>	TIER 1	
<i>trazodone hcl tab 150 mg</i>	TIER 1	
<i>trazodone hcl tab 300 mg</i>	TIER 1	
<i>trazodone hcl tab 50 mg</i>	TIER 1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 1	QLC (2 caps/day)

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

TRICYCLICS

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxepin hcl cap 150 mg</i>	TIER 1	
<i>doxepin hcl cap 25 mg</i>	TIER 1	
<i>doxepin hcl cap 50 mg</i>	TIER 1	
<i>doxepin hcl cap 75 mg</i>	TIER 1	
<i>doxepin hcl conc 10 mg/ml</i>	TIER 1	
<i>imipramine hcl tab 10 mg</i>	TIER 1	
<i>imipramine hcl tab 25 mg</i>	TIER 1	
<i>imipramine hcl tab 50 mg</i>	TIER 1	
NORTRIPTYLINE HCL 10 MG/5ML SOLUTION	TIER 2	
<i>nortriptyline hcl cap 10 mg</i>	TIER 1	
<i>nortriptyline hcl cap 25 mg</i>	TIER 1	
<i>nortriptyline hcl cap 50 mg</i>	TIER 1	
<i>nortriptyline hcl cap 75 mg</i>	TIER 1	
<i>protriptyline hcl tab 10 mg</i>	TIER 2	
<i>protriptyline hcl tab 5 mg</i>	TIER 2	
<i>trimipramine maleate cap 100 mg</i>	TIER 3	
<i>trimipramine maleate cap 25 mg</i>	TIER 3	
<i>trimipramine maleate cap 50 mg</i>	TIER 3	

ANTIEMETICS (Drugs for Nausea and Vomiting)

ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml</i>	TIER 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	TIER 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	TIER 1	
<i>perphenazine tab 16 mg</i>	TIER 1	
<i>perphenazine tab 2 mg</i>	TIER 1	
<i>perphenazine tab 4 mg</i>	TIER 1	
<i>perphenazine tab 8 mg</i>	TIER 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	TIER 1	
<i>prochlorperazine suppos 25 mg</i>	TIER 2	
<i>prochlorperazine suppos 25 mg (COMPRO)</i>	TIER 2	
<i>promethazine hcl suppos 12.5 mg</i>	TIER 2	
<i>promethazine hcl suppos 12.5 mg (PHENADOZ)</i>	TIER 2	
<i>promethazine hcl suppos 12.5 mg (PROMETHEGAN)</i>	TIER 2	
<i>promethazine hcl suppos 25 mg</i>	TIER 2	
<i>promethazine hcl suppos 25 mg (PHENADOZ)</i>	TIER 2	
<i>promethazine hcl suppos 25 mg (PROMETHEGAN)</i>	TIER 2	
<i>promethazine hcl suppos 50 mg</i>	TIER 2	
<i>promethazine hcl tab 12.5 mg</i>	TIER 1	
<i>promethazine hcl tab 25 mg</i>	TIER 1	
<i>promethazine hcl tab 50 mg</i>	TIER 1	
PROMETHEGAN (<i>promethazine hcl</i>) 50 MG SUPPOS	TIER 2	
<i>scopolamine td patch 72hr 1 mg/3days</i>	TIER 1	
<i>trimethobenzamide hcl cap 300 mg</i>	TIER 1	

EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)

<i>aprepitant capsule 125 mg</i>	TIER 2	PA, QLC (1 cap/7 days)
<i>aprepitant capsule 40 mg</i>	TIER 2	PA, QLC (1 cap/month)
<i>aprepitant capsule 80 mg</i>	TIER 2	PA, QLC (2 caps/7 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	TIER 2	QLC (3 caps/7 days)
<i>granisetron hcl tab 1 mg</i>	TIER 1	QLC (12 tabs/fill)
ONDANSETRON HCL 24 MG TAB	TIER 1	QLC (1 tab/fill)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	TIER 1	QLC (1 bottle/fill)
<i>ondansetron hcl tab 24 mg</i>	TIER 1	QLC (1 tab/fill)
<i>ondansetron hcl tab 4 mg</i>	TIER 1	QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ondansetron hcl tab 8 mg</i>	TIER 1	QLC (3 tabs/day)
<i>ondansetron orally disintegrating tab 4 mg</i>	TIER 1	QLC (3 tabs/day)
<i>ondansetron orally disintegrating tab 8 mg</i>	TIER 1	QLC (3 tabs/day)

ANTIFUNGALS (Drugs for Fungal Infections)

ANTIFUNGALS

<i>ciclopirox olamine cream 0.77% (base equiv)</i>	TIER 1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i> (CICLODAN)	TIER 1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	TIER 1	
<i>clotrimazole troche 10 mg</i>	TIER 1	
<i>econazole nitrate cream 1%</i>	TIER 1	
<i>fluconazole for susp 10 mg/ml</i>	TIER 1	
<i>fluconazole for susp 40 mg/ml</i>	TIER 1	
<i>fluconazole tab 100 mg</i>	TIER 1	
<i>fluconazole tab 150 mg</i>	TIER 1	
<i>fluconazole tab 200 mg</i>	TIER 1	
<i>fluconazole tab 50 mg</i>	TIER 1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	TIER 2	
<i>itraconazole cap 100 mg</i>	TIER 2	PA
<i>ketoconazole cream 2%</i>	TIER 1	
<i>ketoconazole shampoo 2%</i>	TIER 1	
<i>ketoconazole tab 200 mg</i>	TIER 1	
MICONAZOLE 3 (<i>miconazole nitrate vaginal</i>) 200 MG SUPPOS	TIER 1	
<i>nystatin cream 100000 unit/gm</i>	TIER 1	
<i>nystatin oint 100000 unit/gm</i>	TIER 1	
<i>nystatin susp 100000 unit/ml</i>	TIER 1	
<i>nystatin tab 500000 unit</i>	TIER 1	

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

ANTIGOUT AGENTS (Drugs for Gout)

ANTIGOUT AGENTS

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

ANTIMIGRAINE AGENTS (Drugs for Migraine)

ERGOT ALKALOIDS (Drugs for Acute Migraine)

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	TIER 4	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	TIER 4	PA, QLC (8 vials/month)
ERGOMAR (<i>ergotamine tartrate</i>) 2 MG SL TAB	TIER 4	QLC (20 tabs/28 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i> (ERGOTAMINE-CAFFEINE)	TIER 3	QLC (10 tabs/week)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROPHYLACTIC (Drugs to Prevent Migraine)		
AIMOVIG (140 MG DOSE) (<i>erenumab-aooe</i>) IMOVIG 70 /ML SOLN -INJ	TIER 2	PA, QLC (2 injections/28 days)
AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 140 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 injection/28 days)
AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 70 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 injection/28 days)
EMGALITY (<i>galcanezumab-gnlm</i>) 120 MG/ML SOLN PRSYR	TIER 2	PA, QLC (1 syringe/30 days)
EMGALITY (<i>galcanezumab-gnlm</i>) EMGLITY 120 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 pen injector/30 days)
SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)		
<i>naratriptan hcl tab 1 mg (base equiv)</i>	TIER 1	QLC (18 tabs/month)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	TIER 1	QLC (18 tabs/month)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	TIER 1	QLC (24 tabs/month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	TIER 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	TIER 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	TIER 1	QLC (24 tabs/month)
<i>sumatriptan nasal spray 20 mg/act</i>	TIER 2	QLC (18 nasal sprays/month)
<i>sumatriptan nasal spray 5 mg/act</i>	TIER 2	QLC (18 nasal sprays/month)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	TIER 2	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	TIER 2	QLC (16 injections/month at 4 injections/fill)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART	TIER 2	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	TIER 2	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	TIER 2	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	TIER 2	QLC (16 injections/month at 4 injections/fill)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	TIER 2	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate tab 100 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 25 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 50 mg</i>	TIER 1	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	TIER 2	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	TIER 2	QLC (18 tabs/month)
<i>zolmitriptan tab 2.5 mg</i>	TIER 2	QLC (18 tabs/month)
<i>zolmitriptan tab 5 mg</i>	TIER 2	QLC (18 tabs/month)

ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

PARASYMPATHOMIMETICS

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

ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)

ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)

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

ANTITUBERCULARS (Drugs for Tuberculosis)

CYCLOSERINE 250 MG CAP	TIER 3	
<i>cycloserine cap 250 mg</i>	TIER 3	
<i>ethambutol hcl tab 100 mg</i>	TIER 1	
<i>ethambutol hcl tab 400 mg</i>	TIER 1	
ISONIAZID 50 MG/5ML SYRUP, 100 MG TAB	TIER 1	
<i>isoniazid tab 100 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isoniazid tab 300 mg</i>	TIER 1	
PASER (<i>aminosalicylic acid</i>) 4 GM PACKET	TIER 3	
PRIFTIN (<i>rifapentine</i>) 150 MG TAB	TIER 2	
<i>pyrazinamide tab 500 mg</i>	TIER 1	
<i>rifampin cap 150 mg</i>	TIER 1	
<i>rifampin cap 300 mg</i>	TIER 1	
RIFATER (<i>isoniazid-rifampin w/ pyrazinamide</i>) 50-120-300 MG TAB	TIER 3	
TRECTOR (<i>ethionamide</i>) 250 MG TAB	TIER 3	

ANTINEOPLASTICS (Drugs for Cancer)

ALKYLATING AGENTS

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

ANTIANDROGENS

<i>abiraterone acetate tab 250 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
<i>abiraterone acetate tab 500 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
<i>bicalutamide tab 50 mg</i>	TIER 1	OAC
ERLEADA (<i>apalutamide</i>) 60 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
FLUTAMIDE 125 MG CAP	TIER 1	OAC
<i>flutamide cap 125 mg</i>	TIER 1	OAC
XTANDI (<i>enzalutamide</i>) 40 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC, SF
XTANDI (<i>enzalutamide</i>) 40 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
XTANDI (<i>enzalutamide</i>) 80 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIANGIOGENIC AGENTS		
<i>lenalidomide cap 10 mg</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>lenalidomide cap 15 mg</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>lenalidomide cap 20 mg</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>lenalidomide cap 25 mg</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>lenalidomide cap 5 mg</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>lenalidomide caps 2.5 mg</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
POMALYST (<i>pomalidomide</i>) 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 2.5 MG CAP, 20 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 5 MG CAP, 10 MG CAP, 15 MG CAP, 25 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
THALOMID (<i>thalidomide</i>) 150 MG CAP, 200 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
THALOMID (<i>thalidomide</i>) 50 MG CAP, 100 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
ANTIESTROGENS/MODIFIERS		
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	TIER 1	ACA (Preventive Health), OAC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	TIER 1	ACA (Preventive Health), OAC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	TIER 4	OAC
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	TIER 4	SP, OAC
<i>capecitabine tab 500 mg</i>	TIER 4	SP, OAC
DROXIA (<i>hydroxyurea (sickle cell disease)</i>) 200 MG CAP, 300 MG CAP, 400 MG CAP	TIER 2	
<i>hydroxyurea cap 500 mg</i>	TIER 1	OAC
<i>mercaptopurine tab 50 mg</i>	TIER 1	OAC
TABLOID (<i>thioguanine</i>) LOID 40 MG	TIER 4	OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTINEOPLASTICS, OTHER (Other drugs for Cancer)		
<i>leucovorin calcium tab 10 mg</i>	TIER 1	
<i>leucovorin calcium tab 15 mg</i>	TIER 1	
<i>leucovorin calcium tab 25 mg</i>	TIER 1	
<i>leucovorin calcium tab 5 mg</i>	TIER 1	
LYSODREN (<i>mitotane</i>) 500 MG TAB	TIER 4	OAC
ZOLINZA (<i>vorinostat</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC, SF
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole tab 1 mg</i>	TIER 1	ACA (Preventive Health), OAC
<i>exemestane tab 25 mg</i>	TIER 2	OAC
<i>letrozole tab 2.5 mg</i>	TIER 1	OAC
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	TIER 4	OAC
MOLECULAR TARGET INHIBITORS		
CAPRELSA (<i>vandetanib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 300 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 80 & 20 KIT	TIER 4	PA, SP, QLC (56 caps/28 days), OAC
COMETRIQ (140 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 3 X 20 & 80 KIT	TIER 4	PA, SP, QLC (112 caps/28 days), OAC
COMETRIQ (60 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 20 KIT	TIER 4	PA, SP, QLC (84 caps/28 days), OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (3 tabs/day), OAC, SF
<i>everolimus tab 10 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
<i>everolimus tab 2.5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
<i>everolimus tab 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
<i>everolimus tab 7.5 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
<i>everolimus tab for oral susp 2 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>everolimus tab for oral susp 3 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC
<i>everolimus tab for oral susp 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC
GILOTRIF (<i>afatinib dimaleate</i>) 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 3	PA, SP, QLC (1 tab/day), OAC
IBRANCE (<i>palbociclib</i>) 125 MG TAB	TIER 4	PA, SP, QLC (1 tab/day; max 21 tabs/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG CAP, 100 MG CAP, 125 MG CAP	TIER 4	PA, SP, QLC (1 cap/day, max 21 caps/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG TAB, 100 MG TAB	TIER 4	PA, SP, QLC (1 tab day; max 21 tabs/28 days), OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (8 tabs/day), OAC, SF
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
IMBRUVICA (<i>ibrutinib</i>) 140 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
JAKAFI (<i>ruxolitinib phosphate</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	TIER 3	PA, SP, QLC (6 tabs/day), OAC
LYNPARZA (<i>olaparib</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.5 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 2 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC, SF
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC
SPRYCEL (<i>dasatinib</i>) 100 MG TAB, 140 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
SPRYCEL (<i>dasatinib</i>) 20 MG TAB, 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC, SF
SPRYCEL (<i>dasatinib</i>) 70 MG TAB, 80 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STIVARGA (<i>regorafenib</i>) 40 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (3 caps/day), OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) 50 MG CAP, 75 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
TASIGNA (<i>nilotinib hcl</i>) 50 MG CAP, 150 MG CAP, 200 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC, SF
TIBSOVO (<i>ivosidenib</i>) 250 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
VERZENIO (<i>abemaciclib</i>) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
VOTRIENT (<i>pazopanib hcl</i>) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
XALKORI (<i>crizotinib</i>) 200 MG CAP, 250 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC, SF

RETINOIDS

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

TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

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

ANTHELMINTHICS (Drugs for Worm Infection)

<i>albendazole tab 200 mg</i>	TIER 3	QLC (4 tabs/day)
<i>ivermectin tab 3 mg</i>	TIER 1	QLC (8 tabs/fill; max 2 fills/365 days)
<i>praziquantel tab 600 mg</i>	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTIPROTOZOALS (Drugs for Protozoal Infection)

<i>atovaquone susp 750 mg/5ml</i>	TIER 3	PA
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	TIER 1	QLC (1 tab/day)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	TIER 1	QLC (3 tabs/day)
<i>chloroquine phosphate tab 250 mg</i>	TIER 1	QLC (25 tabs/30 days)
<i>chloroquine phosphate tab 500 mg</i>	TIER 1	QLC (25 tabs/30 days)
COARTEM (<i>artemether-lumefantrine</i>) 20-120 MG TAB	TIER 3	QLC (24 tabs/fill)
HYDROXYCHLOROQUINE SULFATE 100 MG TAB, 300 MG TAB	TIER 1	QLC (2 tabs/day)
HYDROXYCHLOROQUINE SULFATE 400 MG TAB	TIER 1	QLC (1 tab/day)
<i>hydroxychloroquine sulfate tab 200 mg</i>	TIER 1	QLC (3 tabs/day)
KRINTAFEL (<i>tafenoquine succinate</i>) 150 MG TAB	TIER 3	QLC (2 tabs/28 days)
<i>mefloquine hcl tab 250 mg</i>	TIER 1	QLC (5 tabs/fill)
<i>nitazoxanide tab 500 mg</i>	TIER 3	PA, QLC (6 tabs/fill)
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	TIER 1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	TIER 1	
<i>pyrimethamine tab 25 mg</i>	TIER 4	PA, SP
<i>quinine sulfate cap 324 mg</i>	TIER 1	QLC (6 caps/day)

ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

ANTICHOLINERGICS

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>trihexyphenidyl hcl tab 5 mg</i>	TIER 1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl cap 100 mg</i>	TIER 1	
<i>amantadine hcl soln 50 mg/5ml</i>	TIER 1	
<i>amantadine hcl tab 100 mg</i>	TIER 1	
CARBIDOPA-LEVODOPA-ENTACAPONE -- 12.5-50-200 MG TAB, --18.75-75-200 MG TAB, --37.5-150-200 MG TAB	TIER 2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	TIER 2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	TIER 2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	TIER 2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	TIER 2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	TIER 2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	TIER 2	
<i>entacapone tab 200 mg</i>	TIER 2	QLC (8 tabs/day)
DOPAMINE AGONISTS		
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	TIER 4	PA, SP
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	TIER 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	TIER 1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ropinirole hydrochloride tab 0.25 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 0.5 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 1 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 2 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 3 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 4 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 5 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab er 24hr 12 mg</i> <i>(base equivalent)</i> (ROPINIROLE HCL ER)	TIER 1	QLC (2 tabs/day)
<i>ropinirole hydrochloride tab er 24hr 2 mg</i> <i>(base equivalent)</i> (ROPINIROLE HCL ER) <i>4hr</i>	TIER 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 4 mg</i> <i>(base equivalent)</i> (ROPINIROLE HCL ER) <i>2hr</i>	TIER 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 6 mg</i> <i>(base equivalent)</i> (ROPINIROLE HCL ER)	TIER 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 8 mg</i> <i>(base equivalent)</i> (ROPINIROLE HCL ER)	TIER 1	QLC (3 tabs/day)

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa & levodopa orally</i> <i>disintegrating tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
<i>carbidopa & levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	
<i>carbidopa & levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbidopa & levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	
<i>carbidopa & levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER)	TIER 1	
<i>carbidopa & levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	TIER 1	
<i>carbidopa tab 25 mg</i>	TIER 2	
CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP	TIER 1	QLC (8 tabs/day)

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

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

ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>haloperidol tab 20 mg</i>	TIER 1	
<i>haloperidol tab 5 mg</i>	TIER 1	
<i>loxapine succinate cap 10 mg</i>	TIER 1	
<i>loxapine succinate cap 25 mg</i>	TIER 1	
<i>loxapine succinate cap 5 mg</i>	TIER 1	
<i>loxapine succinate cap 50 mg</i>	TIER 1	
PIMOZIDE 1 MG TAB, 2 MG TAB	TIER 1	
<i>thioridazine hcl tab 10 mg</i>	TIER 1	
<i>thioridazine hcl tab 100 mg</i>	TIER 1	
<i>thioridazine hcl tab 25 mg</i>	TIER 1	
<i>thioridazine hcl tab 50 mg</i>	TIER 1	
<i>thiothixene cap 1 mg</i>	TIER 1	
<i>thiothixene cap 10 mg</i>	TIER 1	
<i>thiothixene cap 2 mg</i>	TIER 1	
<i>thiothixene cap 5 mg</i>	TIER 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	TIER 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	TIER 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	TIER 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	TIER 1	

2ND GENERATION/ATYPICAL

<i>aripiprazole oral solution 1 mg/ml</i>	TIER 2	QLC (25 ml/day)
<i>aripiprazole tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 15 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 2 mg</i>	TIER 1	QLC (4 tabs/day)
<i>aripiprazole tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 30 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 5 mg</i>	TIER 1	QLC (2 tabs/day)
LATUDA (<i>lurasidone hcl</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	TIER 3	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LATUDA (<i>lurasidone hcl</i>) 80 MG TAB	TIER 3	ST, QLC (2 tabs/day)
<i>olanzapine orally disintegrating tab 10 mg</i>	TIER 2	
<i>olanzapine orally disintegrating tab 15 mg</i>	TIER 2	
<i>olanzapine orally disintegrating tab 20 mg</i>	TIER 2	
<i>olanzapine orally disintegrating tab 5 mg</i>	TIER 2	
<i>olanzapine tab 10 mg</i>	TIER 1	
<i>olanzapine tab 15 mg</i>	TIER 1	
<i>olanzapine tab 2.5 mg</i>	TIER 1	
<i>olanzapine tab 20 mg</i>	TIER 1	
<i>olanzapine tab 5 mg</i>	TIER 1	
<i>olanzapine tab 7.5 mg</i>	TIER 1	
QUETIAPINE FUMARATE 150 MG TAB	TIER 1	
<i>quetiapine fumarate tab 100 mg</i>	TIER 1	
<i>quetiapine fumarate tab 200 mg</i>	TIER 1	
<i>quetiapine fumarate tab 25 mg</i>	TIER 1	
<i>quetiapine fumarate tab 300 mg</i>	TIER 1	
<i>quetiapine fumarate tab 400 mg</i>	TIER 1	
<i>quetiapine fumarate tab 50 mg</i>	TIER 1	
<i>risperidone soln 1 mg/ml</i>	TIER 1	
<i>risperidone tab 0.25 mg</i>	TIER 1	
<i>risperidone tab 0.5 mg</i>	TIER 1	
<i>risperidone tab 1 mg</i>	TIER 1	
<i>risperidone tab 2 mg</i>	TIER 1	
<i>risperidone tab 3 mg</i>	TIER 1	
<i>risperidone tab 4 mg</i>	TIER 1	
<i>ziprasidone hcl cap 20 mg</i>	TIER 1	
<i>ziprasidone hcl cap 40 mg</i>	TIER 1	
<i>ziprasidone hcl cap 60 mg</i>	TIER 1	
<i>ziprasidone hcl cap 80 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TREATMENT-RESISTANT		
<i>clozapine tab 100 mg</i>	TIER 1	
<i>clozapine tab 200 mg</i>	TIER 1	
<i>clozapine tab 25 mg</i>	TIER 1	
<i>clozapine tab 50 mg</i>	TIER 1	
ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)		
<i>baclofen tab 10 mg</i>	TIER 1	QLC (8 tabs/day)
<i>baclofen tab 20 mg</i>	TIER 1	QLC (4 tabs/day)
<i>baclofen tab 5 mg</i>	TIER 2	QLC (3 tabs/day)
<i>dantrolene sodium cap 100 mg</i>	TIER 2	
<i>dantrolene sodium cap 25 mg</i>	TIER 2	
<i>dantrolene sodium cap 50 mg</i>	TIER 2	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	TIER 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	TIER 1	
ANTIVIRALS (Drugs for Viral Infections)		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS (Drugs for CMV Infection)		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	TIER 1	QLC (18 ml/day)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	TIER 1	QLC (2 tabs/day)
ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)		
<i>adefovir dipivoxil tab 10 mg</i>	TIER 4	QLC (1 tab/day)
<i>entecavir tab 0.5 mg</i>	TIER 4	QLC (1 tab/day)
<i>entecavir tab 1 mg</i>	TIER 4	QLC (1 tab/day)
EPIVIR HBV (<i>lamivudine (hbv)</i>) 5 MG/ML SOLUTION	TIER 2	QLC (3 bottles/month)
<i>lamivudine tab 100 mg (hbv)</i>	TIER 1	QLC (1 tab/day)
ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)		
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 150-37.5 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)

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

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>) 30-120-15 MG TAB, 50-200-25 MG TAB	TIER 2	QLC (1 tab/day)
GENVOYA (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>) 150-150-200-10 MG	TIER 2	QLC (1 tab/day)
ISENTRESS (<i>raltegravir potassium</i>) 100 MG PACKET	TIER 2	QLC (2 packets/day)
ISENTRESS (<i>raltegravir potassium</i>) 25 MG CHEW TAB, 100 MG CHEW TAB	TIER 2	QLC (6 tabs/day)
ISENTRESS (<i>raltegravir potassium</i>) 400 MG TAB	TIER 2	QLC (4 tabs/day)
ISENTRESS HD (<i>raltegravir potassium</i>) 600 MG TAB	TIER 2	QLC (2 tabs/day)
JULUCA (<i>dolutegravir sodium-rilpivirine hcl</i>) 50-25 MG TAB	TIER 3	QLC (1 tab/day)

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

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

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

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

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	TIER 1	QLC (30 ml/day)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>abacavir sulfate tab 300 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	TIER 1	QLC (1 tab/day)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (ABACAVIR-LAMIVUDINE-ZIDOVUDINE)</i>	TIER 1	QLC (2 tabs/day)
CIMDUO (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	TIER 2	QLC (1 tab/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 120-15 MG	TIER 2	QLC (1 tab/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 200-25 MG	TIER 2	ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.)
DIDANOSINE 200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR	TIER 1	QLC (1 cap/day)
<i>emtricitabine caps 200 mg</i>	TIER 2	QLC (1 cap/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (EMTRICITABINE-TENOFOVIR DF)</i>	TIER 2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (EMTRICITABINE-TENOFOVIR DF)</i>	TIER 2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (EMTRICITABINE-TENOFOVIR DF)</i>	TIER 2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (EMTRICITABINE-TENOFOVIR DF)</i>	TIER 2	ACA (Preventive Health), QLC (1 tab/day)
EMTRIVA (<i>emtricitabine</i>) 10 MG/ML SOLUTION	TIER 2	QLC (24 ml/day)
<i>lamivudine oral soln 10 mg/ml</i>	TIER 1	QLC (30 ml/day)
<i>lamivudine tab 150 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lamivudine tab 300 mg</i>	TIER 1	QLC (1 tab/day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	TIER 1	QLC (2 tabs/day)
STAVUDINE 15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP	TIER 1	QLC (2 caps/day)
<i>stavudine cap 15 mg</i>	TIER 1	QLC (2 caps/day)
<i>stavudine cap 20 mg</i>	TIER 1	QLC (2 caps/day)
<i>stavudine cap 30 mg</i>	TIER 1	QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>stavudine cap 40 mg</i>	TIER 1	QLC (2 caps/day)
TEMIXYS (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	TIER 2	QLC (1 tab/day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	TIER 2	QLC (1 tab/day)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine</i>) 600-50-300 MG TAB	TIER 3	QLC (1 tab/day)
TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine</i>) 60-5-30 MG TAB SOL	TIER 3	QLC (6 tabs/day)
VIDEX (<i>didanosine</i>) 2 GM RECON SOLN, 4 GM RECON SOLN	TIER 3	
VIREAD (<i>tenofovir disoproxil fumarate</i>) 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 2	QLC (1 tab/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 40 MG/GM POWDER	TIER 2	QLC (3 bottles/month)
<i>zidovudine cap 100 mg</i>	TIER 1	QLC (5 caps/day)
<i>zidovudine syrup 10 mg/ml</i>	TIER 1	QLC (60 ml/day)
<i>zidovudine tab 300 mg</i>	TIER 1	QLC (2 tabs/day)

ANTI-HIV AGENTS, OTHER

FUZEON (<i>enfuvirtide</i>) 90 MG RECON SOLN	TIER 4	SP, QLC (1 kit/month)
<i>maraviroc tab 150 mg</i>	TIER 2	QLC (2 tabs/day)
<i>maraviroc tab 300 mg</i>	TIER 2	QLC (4 tabs/day)
SELZENTRY (<i>maraviroc</i>) 20 MG/ML SOLUTION	TIER 2	QLC (60 ml/day)
SELZENTRY (<i>maraviroc</i>) 25 MG TAB	TIER 2	QLC (8 tabs/day)
SELZENTRY (<i>maraviroc</i>) 75 MG TAB	TIER 2	QLC (2 tabs/day)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS (<i>tipranavir</i>) 100 MG/ML SOLUTION	TIER 2	QLC (10 ml/day)
APTIVUS (<i>tipranavir</i>) 250 MG CAP	TIER 2	QLC (4 caps/day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	TIER 2	QLC (2 caps/day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	TIER 2	QLC (2 caps/day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	TIER 2	QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CRIXIVAN (<i>indinavir sulfate</i>) 200 MG CAP	TIER 2	QLC (9 caps/day)
CRIXIVAN (<i>indinavir sulfate</i>) 400 MG CAP	TIER 2	QLC (6 caps/day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	TIER 2	QLC (4 tabs/day)
INVIRASE (<i>saquinavir mesylate</i>) 200 MG CAP	TIER 2	QLC (4 caps/day)
INVIRASE (<i>saquinavir mesylate</i>) 500 MG TAB	TIER 2	QLC (4 tabs/day)
LEXIVA (<i>fosamprenavir calcium</i>) 50 MG/ML SUSPENSION	TIER 2	QLC (56 ml/day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	TIER 2	QLC (10 ml/day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	TIER 2	QLC (4 tabs/day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	TIER 2	QLC (4 tabs/day)
NORVIR (<i>ritonavir</i>) 100 MG CAP	TIER 2	QLC (12 caps/day)
NORVIR (<i>ritonavir</i>) 80 MG/ML SOLUTION	TIER 2	QLC (15 ml/day)
PREZCOBIX (<i>darunavir-cobicistat</i>) 800-150 MG TAB	TIER 2	QLC (1 tab/day)
PREZISTA (<i>darunavir ethanolate</i>) 100 MG/ML SUSPENSION	TIER 2	QLC (12 ml/day)
PREZISTA (<i>darunavir ethanolate</i>) 150 MG TAB	TIER 2	QLC (4 tabs/day)
PREZISTA (<i>darunavir ethanolate</i>) 75 MG TAB	TIER 2	QLC (2 tabs/day)
PREZISTA (<i>darunavir</i>) 600 MG TAB	TIER 2	QLC (2 tabs/day)
PREZISTA (<i>darunavir</i>) 800 MG TAB	TIER 2	QLC (1 tab/day)
REYATAZ (<i>atazanavir sulfate</i>) 50 MG PACKET	TIER 2	QLC (5 packs/day)
<i>ritonavir tab 100 mg</i>	TIER 2	QLC (12 tabs/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 250 MG TAB	TIER 2	QLC (9 tabs/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 625 MG TAB	TIER 2	QLC (4 tabs/day)

ANTI-INFLUENZA AGENTS (Drugs for Flu)

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	TIER 2	QLC (40 caps/6 months)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	TIER 2	QLC (20 caps/6 months)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	TIER 2	QLC (20 caps/6 months)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	TIER 2	QLC (6 bottles/6 months)
RELENZA DISKHALER (<i>zanamivir</i>) 5 MG/ACT AER POW BA	TIER 2	QLC (2 inhalers/6 months)
RIMANTADINE HCL (<i>rimantadine hydrochloride</i>) 100 MG TAB	TIER 1	
XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK	TIER 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 2 20 TAB THPK	TIER 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)
XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK	TIER 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 2 40 TAB THPK	TIER 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)

ANTIHERPETIC AGENTS (Drugs for Herpes Infection)

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

ANXIOLYTICS (Drugs for Anxiety)

ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

<i>bupirone hcl tab 10 mg</i>	TIER 1	
<i>bupirone hcl tab 15 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bupirone hcl tab 30 mg</i>	TIER 1	
<i>bupirone hcl tab 5 mg</i>	TIER 1	
<i>bupirone hcl tab 7.5 mg</i>	TIER 1	

BENZODIAZEPINES

ALPRAZOLAM INTENSOL 1 MG/ML CONC	TIER 1	QLC (4 ml/day)
<i>alprazolam tab 0.25 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam tab 0.5 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam tab 1 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam tab 2 mg</i>	TIER 1	QLC (2 tabs/day)
<i>chlordiazepoxide hcl cap 10 mg</i>	TIER 1	QLC (30 caps/day)
<i>chlordiazepoxide hcl cap 25 mg</i>	TIER 1	QLC (12 caps/day)
<i>chlordiazepoxide hcl cap 5 mg</i>	TIER 1	QLC (60 caps/day)
<i>clonazepam tab 0.5 mg</i>	TIER 1	QLC (40 tabs/day)
<i>clonazepam tab 1 mg</i>	TIER 1	QLC (20 tabs/day)
<i>clonazepam tab 2 mg</i>	TIER 1	QLC (10 tabs/day)
<i>clorazepate dipotassium tab 15 mg</i>	TIER 1	QLC (6 tabs/day)
<i>clorazepate dipotassium tab 3.75 mg</i>	TIER 1	QLC (24 tabs/day)
<i>clorazepate dipotassium tab 7.5 mg</i>	TIER 1	QLC (12 tabs/day)
<i>diazepam conc 5 mg/ml</i>	TIER 1	QLC (12 bottles/month)
<i>diazepam conc 5 mg/ml</i> (DIAZEPAM INTENSOL)	TIER 1	QLC (12 bottles/month)
<i>diazepam oral soln 1 mg/ml</i>	TIER 1	QLC (60 ml/day)
<i>diazepam tab 10 mg</i>	TIER 1	QLC (6 tabs/day)
<i>diazepam tab 2 mg</i>	TIER 1	QLC (30 tabs/day)
<i>diazepam tab 5 mg</i>	TIER 1	QLC (12 tabs/day)
<i>lorazepam conc 2 mg/ml</i>	TIER 1	QLC (150 ml/month)
<i>lorazepam conc 2 mg/ml</i> (LORAZEPAM INTENSOL)	TIER 1	QLC (150 ml/month)
<i>lorazepam tab 0.5 mg</i>	TIER 1	QLC (20 tabs/day)
<i>lorazepam tab 1 mg</i>	TIER 1	QLC (10 tabs/day)
<i>lorazepam tab 2 mg</i>	TIER 1	QLC (5 tabs/day)

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

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

LITHIUM 8 MEQ/5ML SOLUTION	TIER 1	
LITHIUM CARBONATE 150 MG CAP, 300 MG CAP, 600 MG CAP	TIER 1	
<i>lithium carbonate cap 150 mg</i>	TIER 1	
<i>lithium carbonate cap 300 mg</i>	TIER 1	
<i>lithium carbonate cap 600 mg</i>	TIER 1	
<i>lithium carbonate tab 300 mg</i>	TIER 1	
<i>lithium carbonate tab er 300 mg</i> (LITHIUM CARBONATE ER)	TIER 1	
<i>lithium carbonate tab er 450 mg</i> (LITHIUM CARBONATE ER)	TIER 1	

BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

<i>acarbose tab 100 mg</i>	TIER 1	
<i>acarbose tab 25 mg</i>	TIER 1	
<i>acarbose tab 50 mg</i>	TIER 1	
FARXIGA (<i>dapagliflozin propanediol</i>) 5 MG TAB, 10 MG TAB	TIER 2	ST, QLC (1 tab/day)
<i>glimepiride tab 1 mg</i>	TIER 1	
<i>glimepiride tab 2 mg</i>	TIER 1	
<i>glimepiride tab 4 mg</i>	TIER 1	
<i>glipizide tab 10 mg</i>	TIER 1	
<i>glipizide tab 5 mg</i>	TIER 1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE ER)	TIER 1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE XL)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE ER)	TIER 1	
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE XL)	TIER 1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE ER)	TIER 1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE XL)	TIER 1	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	TIER 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	TIER 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	TIER 1	
<i>glyburide micronized tab 1.5 mg</i>	TIER 1	
<i>glyburide micronized tab 3 mg</i>	TIER 1	
<i>glyburide micronized tab 6 mg</i>	TIER 1	
<i>glyburide tab 1.25 mg</i>	TIER 1	
<i>glyburide tab 2.5 mg</i>	TIER 1	
<i>glyburide tab 5 mg</i>	TIER 1	
<i>glyburide-metformin tab 1.25-250 mg</i>	TIER 1	
<i>glyburide-metformin tab 2.5-500 mg</i>	TIER 1	
<i>glyburide-metformin tab 5-500 mg</i>	TIER 1	
GLYXAMBI (<i>empagliflozin-linagliptin</i>) 10-5 MG TAB, 25-5 MG TAB	TIER 2	ST, QLC (1 tab/day)
JANUMET (<i>sitagliptin-metformin hcl</i>) 50-1000 MG TAB, 50-500 MG TAB	TIER 2	ST, QLC (2 tabs/day)
JANUMET XR (<i>sitagliptin-metformin hcl</i>) 50-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
JANUMET XR (<i>sitagliptin-metformin hcl</i>) 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
JANUVIA (<i>sitagliptin phosphate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 2	ST, QLC (1 tab/day)
JARDIANCE (<i>empagliflozin</i>) 10 MG TAB, 25 MG TAB	TIER 2	ST, QLC (1 tab/day)
<i>metformin hcl tab 1000 mg</i>	TIER 1	
<i>metformin hcl tab 500 mg</i>	TIER 1	
<i>metformin hcl tab 850 mg</i>	TIER 1	
<i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER)	TIER 1	
<i>nateglinide tab 120 mg</i>	TIER 1	
<i>nateglinide tab 60 mg</i>	TIER 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/1.5ML SOLN PEN)	TIER 2	ST, QLC (1 pen/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 2 MG/1.5ML SOLN PEN	TIER 2	ST, QLC (2 pens/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 4 MG/3ML SOLN PEN	TIER 2	ST, QLC (3 ml/ 28 days)
OZEMPIC (2 MG/DOSE) (<i>semaglutide</i>) 8 MG/3ML SOLN PEN	TIER 2	ST, QLC (1 pen (3ml)/28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	TIER 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	TIER 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	TIER 1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	TIER 2	ST, QLC (3 tabs/day)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	TIER 2	ST, QLC (3 tabs/day)
<i>repaglinide tab 0.5 mg</i>	TIER 1	
<i>repaglinide tab 1 mg</i>	TIER 1	
<i>repaglinide tab 2 mg</i>	TIER 1	
RYBELSUS (<i>semaglutide</i>) 3 MG TAB, 7 MG TAB, 14 MG TAB	TIER 2	ST, QLC (1 tab/day)
SYNJARDY (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB	TIER 2	ST, QLC (2 tabs/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 25-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
TRULICITY (<i>dulaglutide</i>) 0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN	TIER 2	ST, QLC (4 pens (2 ml)/28 days)
VICTOZA (<i>liraglutide</i>) 18 MG/3ML SOLN PEN	TIER 2	ST, QLC (2 pens/month (2 pack size); 3 pens/month (3 pack size))

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)

GLYCEMIC AGENTS (Drugs for Low Blood Sugar)

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

INSULINS

HUMALOG (<i>insulin lispro</i>) 100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION	TIER 2	
HUMALOG JUNIOR KWIKPEN (<i>insulin lispro</i>) KWIK100 UNIT/ML SOLN	TIER 2	
HUMALOG KWIKPEN (<i>insulin lispro</i>) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	TIER 2	
HUMALOG MIX 50/50 (<i>insulin lispro protamine & lispro</i>) (50-50) 100 UNIT/ML SUSPENSION	TIER 2	
HUMALOG MIX 50/50 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(50-50) 100 UNIT/ML SUSP	TIER 2	
HUMALOG MIX 75/25 (<i>insulin lispro protamine & lispro</i>) (75-25) 100 UNIT/ML SUSPENSION	TIER 2	
HUMALOG MIX 75/25 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(75-25) 100 UNIT/ML SUSP	TIER 2	
HUMULIN 70/30 (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 2	

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SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMULIN N (<i>insulin nph (human) (isophane)</i>) 100 UNIT/ML SUSPENSION	TIER 2	
HUMULIN R (<i>insulin regular (human)</i>) 100 UNIT/ML SOLUTION	TIER 2	
HUMULIN R U-500 (CONCENTRATED) (<i>insulin regular (human)</i>) HMLIN - (CONCENTRATED) UNIT/ML SOLUTION	TIER 2	
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	TIER 1	
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 1	
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	TIER 1	
LANTUS (<i>insulin glargine</i>) 100 UNIT/ML SOLUTION	TIER 2	QLC (40 ml (4 vials)/ month)
LANTUS SOLOSTAR (<i>insulin glargine</i>) 100 UNIT/ML SOLN PEN	TIER 2	QLC (45 ml (15 pens)/ month)
LYUMJEV (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLUTION	TIER 2	
LYUMJEV KWIKPEN (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	TIER 2	
TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	TIER 2	QLC (6 pens/month)
TOUJEO SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	TIER 2	QLC (12 pens/month)
TRESIBA (<i>insulin degludec</i>) 100 UNIT/ML SOLUTION	TIER 2	QLC (3 vials/30 days)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 100 UNIT/ML SOLN PEN	TIER 2	QLC (10 pens/month)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 200 UNIT/ML SOLN PEN	TIER 2	QLC (9 pens/month)

BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)

ANTICOAGULANTS (Blood Thinners)

ELIQUIS (<i>apixaban</i>) 2.5 MG TAB, 5 MG TAB	TIER 2	QLC (2 tabs/day)
ELIQUIS DVT/PE STARTER PACK (<i>apixaban</i>) 5 MG TAB THPK	TIER 2	QLC (2 tabs/day; 1 starter pack/6 months)
<i>enoxaparin sodium inj 300 mg/3ml</i>	TIER 4	QLC (2 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	TIER 4	QLC (2 syringes/day)
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	TIER 1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	TIER 1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	TIER 1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	TIER 1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	TIER 1	
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	TIER 1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	TIER 1	
<i>warfarin sodium tab 1 mg</i>	TIER 1	
<i>warfarin sodium tab 1 mg (JANTOVEN)</i>	TIER 1	
<i>warfarin sodium tab 10 mg</i>	TIER 1	
<i>warfarin sodium tab 10 mg (JANTOVEN)</i>	TIER 1	
<i>warfarin sodium tab 2 mg</i>	TIER 1	
<i>warfarin sodium tab 2 mg (JANTOVEN)</i>	TIER 1	
<i>warfarin sodium tab 2.5 mg</i>	TIER 1	
<i>warfarin sodium tab 2.5 mg (JANTOVEN)</i>	TIER 1	
<i>warfarin sodium tab 3 mg</i>	TIER 1	
<i>warfarin sodium tab 3 mg (JANTOVEN)</i>	TIER 1	
<i>warfarin sodium tab 4 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>warfarin sodium tab 4 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 5 mg</i>	TIER 1	
<i>warfarin sodium tab 5 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 6 mg</i>	TIER 1	
<i>warfarin sodium tab 6 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 7.5 mg</i>	TIER 1	
<i>warfarin sodium tab 7.5 mg</i> (JANTOVEN)	TIER 1	
XARELTO (<i>rivaroxaban</i>) 1 MG/ML RECON SUSP	TIER 2	QLC (20 ml/day)
XARELTO (<i>rivaroxaban</i>) 10 MG TAB, 15 MG TAB, 20 MG TAB	TIER 2	QLC (1 tab/day)
XARELTO (<i>rivaroxaban</i>) 2.5 MG TAB	TIER 2	QLC (2 tabs/day)
XARELTO STARTER PACK (<i>rivaroxaban</i>) 15 & 20 MG TAB THPK	TIER 2	QLC (1 starter pack/6 months)

BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)

<i>anagrelide hcl cap 0.5 mg</i>	TIER 2	
<i>anagrelide hcl cap 1 mg</i>	TIER 2	
FULPHILA (<i>pegfilgrastim-jmdb</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
NEULASTA (<i>pegfilgrastim</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
RETACRIT (<i>epoetin alfa-epbx</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	TIER 4	PA, SP
ZARXIO (<i>filgrastim-sndz</i>) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	TIER 4	PA, SP
ZIEXTENZO (<i>pegfilgrastim-bmez</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP

HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

<i>tranexamic acid tab 650 mg</i>	TIER 1	QLC (6 tabs/day; max 30 tabs/month)
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PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	TIER 2	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BRILINTA (<i>ticagrelor</i>) 60 MG TAB, 90 MG TAB	TIER 2	QLC (2 tabs/day)
CABLIVI (<i>caplacizumab-yhdp</i>) 11 MG KIT	TIER 4	PA, SP, QLC (1 kit/day)
<i>cilostazol tab 100 mg</i>	TIER 1	
<i>cilostazol tab 50 mg</i>	TIER 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>dipyridamole tab 25 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>dipyridamole tab 50 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>dipyridamole tab 75 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>prasugrel hcl tab 10 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)

CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

ALPHA-ADRENERGIC AGONISTS

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

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate tab 1 mg</i>	TIER 1
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxazosin mesylate tab 2 mg</i>	TIER 1	
<i>doxazosin mesylate tab 4 mg</i>	TIER 1	
<i>doxazosin mesylate tab 8 mg</i>	TIER 1	
<i>phenoxybenzamine hcl cap 10 mg</i>	TIER 4	PA
<i>prazosin hcl cap 1 mg</i>	TIER 1	
<i>prazosin hcl cap 2 mg</i>	TIER 1	
<i>prazosin hcl cap 5 mg</i>	TIER 1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	TIER 1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	TIER 1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	TIER 1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	TIER 1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 16 mg</i>	TIER 1	ST, QLC (2 tabs/day)
<i>candesartan cilexetil tab 32 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>candesartan cilexetil tab 4 mg</i>	TIER 1	ST, QLC (8 tabs/day)
<i>candesartan cilexetil tab 8 mg</i>	TIER 1	ST, QLC (4 tabs/day)
<i>irbesartan tab 150 mg</i>	TIER 1	QLC (1 tab/day)
<i>irbesartan tab 300 mg</i>	TIER 1	QLC (1 tab/day)
<i>irbesartan tab 75 mg</i>	TIER 1	QLC (1 tab/day)
<i>losartan potassium tab 100 mg</i>	TIER 1	QLC (1 tab/day)
<i>losartan potassium tab 25 mg</i>	TIER 1	QLC (4 tabs/day)
<i>losartan potassium tab 50 mg</i>	TIER 1	QLC (2 tabs/day)
<i>olmesartan medoxomil tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 40 mg</i>	TIER 1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 5 mg</i>	TIER 1	QLC (3 tabs/day)
<i>telmisartan tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>telmisartan tab 40 mg</i>	TIER 1	QLC (1 tab/day)
<i>telmisartan tab 80 mg</i>	TIER 1	QLC (2 tabs/day)
<i>valsartan tab 160 mg</i>	TIER 1	QLC (2 tabs/day)
<i>valsartan tab 320 mg</i>	TIER 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>valsartan tab 40 mg</i>	TIER 1	QLC (2 tabs/day)
<i>valsartan tab 80 mg</i>	TIER 1	QLC (2 tabs/day)

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ramipril cap 1.25 mg</i>	TIER 1	
<i>ramipril cap 10 mg</i>	TIER 1	
<i>ramipril cap 2.5 mg</i>	TIER 1	
<i>ramipril cap 5 mg</i>	TIER 1	
<i>trandolapril tab 1 mg</i>	TIER 1	
<i>trandolapril tab 2 mg</i>	TIER 1	
<i>trandolapril tab 4 mg</i>	TIER 1	

ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)

<i>amiodarone hcl tab 100 mg</i>	TIER 1	
<i>amiodarone hcl tab 200 mg</i>	TIER 1	
<i>amiodarone hcl tab 200 mg (PACERONE)</i>	TIER 1	
<i>amiodarone hcl tab 400 mg</i>	TIER 1	
<i>disopyramide phosphate cap 100 mg</i>	TIER 1	
<i>disopyramide phosphate cap 150 mg</i>	TIER 1	
<i>dofetilide cap 125 mcg (0.125 mg) (0.</i>	TIER 3	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	TIER 3	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	TIER 3	
<i>flecainide acetate tab 100 mg</i>	TIER 1	
<i>flecainide acetate tab 150 mg</i>	TIER 1	
<i>flecainide acetate tab 50 mg</i>	TIER 1	
<i>mexiletine hcl cap 150 mg</i>	TIER 1	
<i>mexiletine hcl cap 200 mg</i>	TIER 1	
<i>mexiletine hcl cap 250 mg</i>	TIER 1	
MULTAQ (<i>dronedarone hcl</i>) 400 MG TAB	TIER 3	QLC (2 tabs/day)
<i>propafenone hcl cap er 12hr 225 mg</i> (PROPAFENONE HCL ER)	TIER 3	
<i>propafenone hcl cap er 12hr 325 mg</i> (PROPAFENONE HCL ER)	TIER 3	
<i>propafenone hcl cap er 12hr 425 mg</i> (PROPAFENONE HCL ER)	TIER 3	
<i>propafenone hcl tab 150 mg</i>	TIER 1	
<i>propafenone hcl tab 225 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propafenone hcl tab 300 mg</i>	TIER 1	
QUINIDINE SULFATE 200 MG TAB, 300 MG TAB	TIER 1	
<i>quinidine sulfate tab 200 mg</i>	TIER 1	
<i>quinidine sulfate tab 300 mg</i>	TIER 1	
<i>sotalol hcl (afib/af) tab 120 mg</i> (SOTALOL HCL (AF))	TIER 1	
<i>sotalol hcl (afib/af) tab 160 mg</i> (SOTALOL HCL (AF))	TIER 1	
<i>sotalol hcl (afib/af) tab 80 mg</i> (SOTALOL HCL (AF))	TIER 1	
<i>sotalol hcl tab 120 mg</i>	TIER 1	
<i>sotalol hcl tab 120 mg</i> (SORINE)	TIER 1	
<i>sotalol hcl tab 160 mg</i>	TIER 1	
<i>sotalol hcl tab 160 mg</i> (SORINE)	TIER 1	
<i>sotalol hcl tab 240 mg</i>	TIER 1	
<i>sotalol hcl tab 240 mg</i> (SORINE)	TIER 1	
<i>sotalol hcl tab 80 mg</i>	TIER 1	
<i>sotalol hcl tab 80 mg</i> (SORINE)	TIER 1	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl cap 200 mg</i>	TIER 1	
<i>acebutolol hcl cap 400 mg</i>	TIER 1	
<i>atenolol tab 100 mg</i>	TIER 1	
<i>atenolol tab 25 mg</i>	TIER 1	
<i>atenolol tab 50 mg</i>	TIER 1	
<i>betaxolol hcl tab 10 mg</i>	TIER 2	
<i>betaxolol hcl tab 20 mg</i>	TIER 2	
<i>bisoprolol fumarate tab 10 mg</i>	TIER 1	
<i>bisoprolol fumarate tab 5 mg</i>	TIER 1	
<i>carvedilol tab 12.5 mg</i>	TIER 1	
<i>carvedilol tab 25 mg</i>	TIER 1	
<i>carvedilol tab 3.125 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carvedilol tab 6.25 mg</i>	TIER 1	
<i>labetalol hcl tab 100 mg</i>	TIER 1	
<i>labetalol hcl tab 200 mg</i>	TIER 1	
<i>labetalol hcl tab 300 mg</i>	TIER 1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol tartrate tab 100 mg</i>	TIER 1	
<i>metoprolol tartrate tab 25 mg</i>	TIER 1	
<i>metoprolol tartrate tab 37.5 mg</i>	TIER 1	
<i>metoprolol tartrate tab 50 mg</i>	TIER 1	
<i>metoprolol tartrate tab 75 mg</i>	TIER 1	
<i>nadolol tab 20 mg</i>	TIER 1	
<i>nadolol tab 40 mg</i>	TIER 1	
<i>nadolol tab 80 mg</i>	TIER 1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	TIER 2	QLC (1 tab/day)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	TIER 2	QLC (1 tab/day)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	TIER 2	QLC (2 tabs/day)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	TIER 2	QLC (1 tab/day)
PROPRANOLOL HCL 40 MG/5ML SOLUTION	TIER 1	
<i>propranolol hcl cap er 24hr 120 mg</i> (PROPRANOLOL HCL ER)	TIER 1	
<i>propranolol hcl cap er 24hr 160 mg</i> (PROPRANOLOL HCL ER)	TIER 1	
<i>propranolol hcl cap er 24hr 60 mg</i> (PROPRANOLOL HCL ER)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propranolol hcl cap er 24hr 80 mg</i> (PROPRANOLOL HCL ER)	TIER 1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	TIER 1	
<i>propranolol hcl tab 10 mg</i>	TIER 1	
<i>propranolol hcl tab 20 mg</i>	TIER 1	
<i>propranolol hcl tab 40 mg</i>	TIER 1	
<i>propranolol hcl tab 60 mg</i>	TIER 1	
<i>propranolol hcl tab 80 mg</i>	TIER 1	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nimodipine cap 30 mg</i>	TIER 3	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>diltiazem hcl cap er 12hr 120 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILT-XR)	TIER 1	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILT-XR)	TIER 1	
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 24hr 240 mg</i> (DILT-XR)	TIER 1	
<i>diltiazem hcl cap er 24hr 240 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (CARTIA XT)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (CARTIA XT)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (CARTIA XT)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (CARTIA XT)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl tab 120 mg</i>	TIER 1	
<i>diltiazem hcl tab 30 mg</i>	TIER 1	
<i>diltiazem hcl tab 60 mg</i>	TIER 1	
<i>diltiazem hcl tab 90 mg</i>	TIER 1	
<i>verapamil hcl cap er 24hr 100 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl cap er 24hr 120 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl cap er 24hr 180 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl cap er 24hr 200 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl cap er 24hr 240 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl cap er 24hr 300 mg</i> (VERAPAMIL HCL ER)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H	TIER 1	
<i>verapamil hcl tab 120 mg</i>	TIER 1	
<i>verapamil hcl tab 40 mg</i>	TIER 1	
<i>verapamil hcl tab 80 mg</i>	TIER 1	
<i>verapamil hcl tab er 120 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl tab er 180 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl tab er 240 mg</i> (VERAPAMIL HCL ER)	TIER 1	

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

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	TIER 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	TIER 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
<i>atenolol & chlorthalidone tab 100-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	TIER 1	
<i>atenolol & chlorthalidone tab 50-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	TIER 1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	TIER 2	ST, QLC (2 tabs/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	TIER 2	ST, QLC (1 tab/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	TIER 2	ST, QLC (1 tab/day)
CAPTOPRIL-HYDROCHLOROTHIAZIDE (<i>captopril & hydrochlorothiazide</i>) -25-15 MG TAB, -25-25 MG TAB, -50-15 MG TAB, -50-25 MG TAB	TIER 1	
DIGOXIN 0.05 MG/ML SOLUTION	TIER 1	AL1 (Up to 64 yrs old), QLC (2.5 ml/day)
<i>digoxin oral soln 0.05 mg/ml</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (2.5 ml/day)
<i>digoxin tab 125 mcg (0.125 mg) (0.</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>digoxin tab 125 mcg (0.125 mg)</i> (DIGITEK) (0.	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>digoxin tab 250 mcg (0.25 mg)</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
<i>digoxin tab 250 mcg (0.25 mg)</i> (DIGITEK)	TIER 1	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
ENTRESTO (<i>sacubitril-valsartan</i>) 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	TIER 2	QLC (2 tabs/day)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	TIER 1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	TIER 1	QLC (2 tabs/day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	TIER 1	QLC (1 tab/day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	TIER 1	QLC (1 tab/day)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (LOSARTAN POTASSIUM-HCTZ)	TIER 1	QLC (1 tab/day)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	TIER 1	QLC (2 tabs/day)
METHYLDOPA-HYDROCHLOROTHIAZIDE (<i>methyldopa & hydrochlorothiazide</i>) -250-15 MG TAB, -250-25 MG TAB	TIER 1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
NADOLOL-BENDROFLUMETHIAZIDE (<i>nadolol & bendroflumethiazide</i>) -40-5 MG TAB	TIER 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	TIER 1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	TIER 1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	TIER 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>pentoxifylline tab er 400 mg</i> (PENTOXIFYLLINE ER)	TIER 1	
PROPRANOLOL-HCTZ (<i>propranolol & hydrochlorothiazide</i>) -40-25 MG TAB, -80-25 MG TAB	TIER 1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	TIER 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	TIER 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	TIER 1	
<i>ranolazine tab er 12hr 1000 mg</i> (RANOLAZINE ER)	TIER 1	QLC (2 tabs/day)
<i>ranolazine tab er 12hr 500 mg</i> (RANOLAZINE ER)	TIER 1	QLC (2 tabs/day)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ)	TIER 1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	TIER 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	TIER 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	TIER 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	TIER 2	ST, QLC (1 tab/day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (TELMISARTAN-HCTZ)	TIER 2	ST, QLC (3 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (TELMISARTAN-HCTZ)	TIER 2	ST, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (TELMISARTAN-HCTZ)	TIER 2	ST, QLC (2 tabs/day)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	TIER 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	TIER 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (TRIAMTERENE-HCTZ)	TIER 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	TIER 1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	TIER 1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	TIER 1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	TIER 1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	TIER 1	QLC (2 tabs/day)

DIURETICS, LOOP

<i>bumetanide tab 0.5 mg</i>	TIER 1	
<i>bumetanide tab 1 mg</i>	TIER 1	
<i>bumetanide tab 2 mg</i>	TIER 1	
<i>ethacrynic acid tab 25 mg</i>	TIER 4	PA, QLC (8 tabs/day)
FUROSEMIDE 8 MG/ML SOLUTION	TIER 1	
<i>furosemide oral soln 10 mg/ml</i>	TIER 1	
<i>furosemide tab 20 mg</i>	TIER 1	
<i>furosemide tab 40 mg</i>	TIER 1	
<i>furosemide tab 80 mg</i>	TIER 1	
<i>toremide tab 10 mg</i>	TIER 1	
<i>toremide tab 100 mg</i>	TIER 1	
<i>toremide tab 20 mg</i>	TIER 1	
<i>toremide tab 5 mg</i>	TIER 1	

DIURETICS, POTASSIUM-SPARING

<i>amiloride hcl tab 5 mg</i>	TIER 1	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>eplerenone tab 25 mg</i>	TIER 2	
<i>eplerenone tab 50 mg</i>	TIER 2	
<i>spironolactone tab 100 mg</i>	TIER 1	
<i>spironolactone tab 25 mg</i>	TIER 1	
<i>spironolactone tab 50 mg</i>	TIER 1	

DIURETICS, THIAZIDE

CHLOROTHIAZIDE 250 MG TAB, 500 MG TAB	TIER 1	
<i>chlorothiazide tab 500 mg</i>	TIER 1	
<i>chlorthalidone tab 25 mg</i>	TIER 1	
<i>chlorthalidone tab 50 mg</i>	TIER 1	
<i>hydrochlorothiazide cap 12.5 mg</i>	TIER 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	TIER 1	
<i>hydrochlorothiazide tab 25 mg</i>	TIER 1	
<i>hydrochlorothiazide tab 50 mg</i>	TIER 1	
<i>indapamide tab 1.25 mg</i>	TIER 1	
<i>indapamide tab 2.5 mg</i>	TIER 1	
<i>metolazone tab 10 mg</i>	TIER 1	
<i>metolazone tab 2.5 mg</i>	TIER 1	
<i>metolazone tab 5 mg</i>	TIER 1	

DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)

<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	TIER 1	QLC (1 cap/day)
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	TIER 1	QLC (1 cap/day)
<i>fenofibrate micronized cap 134 mg</i>	TIER 1	QLC (1 cap/day)
<i>fenofibrate micronized cap 200 mg</i>	TIER 1	QLC (1 cap/day)
<i>fenofibrate micronized cap 67 mg</i>	TIER 1	QLC (1 cap/day)
<i>fenofibrate tab 145 mg</i>	TIER 1	QLC (1 tab/day)
<i>fenofibrate tab 160 mg</i>	TIER 1	QLC (1 tab/day)
<i>fenofibrate tab 48 mg</i>	TIER 1	QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fenofibrate tab 54 mg</i>	TIER 1	QLC (2 tabs/day)
<i>gemfibrozil tab 600 mg</i>	TIER 1	QLC (2.5 tabs/day)

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

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	TIER 1	QLC (1 tab/day)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	TIER 1	QLC (1 tab/day)
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	TIER 2	QLC (1 cap/day)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	TIER 2	QLC (2 caps/day)
<i>lovastatin tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>lovastatin tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>lovastatin tab 40 mg</i>	TIER 1	QLC (2 tabs/day)
<i>pravastatin sodium tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>pravastatin sodium tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>pravastatin sodium tab 40 mg</i>	TIER 1	QLC (1 tab/day)
<i>pravastatin sodium tab 80 mg</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 40 mg</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 5 mg</i>	TIER 1	QLC (1 tab/day)
<i>simvastatin tab 10 mg</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 20 mg</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 40 mg</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 5 mg</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>simvastatin tab 80 mg</i>	TIER 1	QLC (1 tab/day)
DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)		
<i>cholestyramine light powder 4 gm/dose</i>	TIER 1	
<i>cholestyramine light powder 4 gm/dose (PREVALITE)</i>	TIER 1	
<i>cholestyramine light powder packets 4 gm</i>	TIER 1	
<i>cholestyramine light powder packets 4 gm (PREVALITE)</i>	TIER 1	
<i>cholestyramine powder 4 gm/dose</i>	TIER 1	
<i>cholestyramine powder packets 4 gm</i>	TIER 1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	TIER 2	
<i>colesevelam hcl tab 625 mg</i>	TIER 2	
<i>colestipol hcl granule packets 5 gm</i>	TIER 1	
<i>colestipol hcl granules 5 gm</i>	TIER 1	
<i>colestipol hcl tab 1 gm</i>	TIER 1	
<i>ezetimibe tab 10 mg</i>	TIER 2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	TIER 2	ST, QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	TIER 2	ST, QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	TIER 2	ST, QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	TIER 2	ST, QLC (1 tab/day)
<i>icosapent ethyl cap 0.5 gm</i>	TIER 3	PA, QLC (2 caps/day)
<i>icosapent ethyl cap 1 gm</i>	TIER 3	PA, QLC (4 caps/day)
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	TIER 1	
<i>niacin tab er 1000 mg (antihyperlipidemic) (NIACIN ER (ANTHYPERLIPIDEMIC))</i>	TIER 1	QLC (2 tabs/day)
<i>niacin tab er 500 mg (antihyperlipidemic) (NIACIN ER (ANTHYPERLIPIDEMIC))</i>	TIER 1	QLC (4 tabs/day)
<i>niacin tab er 750 mg (antihyperlipidemic) (NIACIN ER (ANTHYPERLIPIDEMIC))</i>	TIER 1	QLC (2 tabs/day)
NIACOR (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>omega-3-acid ethyl esters cap 1 gm</i>	TIER 1	QLC (4 caps/day)
REPATHA (<i>evolocumab</i>) 140 MG/ML SOLN PRSYR	TIER 3	PA, QLC (2 syringes/month)
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>) 420 MG/3.5ML SOLN CART	TIER 3	PA, QLC (1 injector/month)
REPATHA SURECLICK (<i>evolocumab</i>) REPTH140 MG/ML SOLN -INJ	TIER 3	PA, QLC (2 pens/month)
VASCEPA (<i>icosapent ethyl</i>) 0.5 GM CAP	TIER 3	PA, QLC (2 caps/day)

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

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

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

ISOSORBIDE DINITRATE ER 40 MG TAB	TIER 1
<i>isosorbide dinitrate tab 10 mg</i>	TIER 1
<i>isosorbide dinitrate tab 20 mg</i>	TIER 1
<i>isosorbide dinitrate tab 30 mg</i>	TIER 1
<i>isosorbide dinitrate tab 40 mg</i>	TIER 1
<i>isosorbide dinitrate tab 5 mg</i>	TIER 1
ISOSORBIDE MONONITRATE 10 MG TAB, 20 MG TAB	TIER 1
<i>isosorbide mononitrate tab 10 mg</i>	TIER 1
<i>isosorbide mononitrate tab 20 mg</i>	TIER 1
<i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER)	TIER 1
<i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER)	TIER 1
<i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER)	TIER 1

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NITRO-BID (<i>nitroglycerin</i>) -2 % OINTMENT	TIER 3	
NITRO-TIME (<i>nitroglycerin</i>) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP ER	TIER 1	
<i>nitroglycerin cap er 2.5 mg</i> (NITROGLYCERIN ER)	TIER 1	
<i>nitroglycerin cap er 6.5 mg</i> (NITROGLYCERIN ER)	TIER 1	
<i>nitroglycerin cap er 9 mg</i> (NITROGLYCERIN ER)	TIER 1	
<i>nitroglycerin sl tab 0.3 mg</i>	TIER 1	
<i>nitroglycerin sl tab 0.4 mg</i>	TIER 1	
<i>nitroglycerin sl tab 0.6 mg</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> (MINITRAN)	TIER 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> (MINITRAN)	TIER 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> (MINITRAN)	TIER 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> (MINITRAN)	TIER 1	

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine tab 10 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
<i>amphetamine-dextroamphetamine tab 15 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 20 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>amphetamine-dextroamphetamine tab 30 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>amphetamine-dextroamphetamine tab 5 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate tab 10 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate tab 5 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
VYVANSE (<i>lisdexamfetamine dimesylate</i>) 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	TIER 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
VYVANSE (<i>lisdexamfetamine dimesylate</i>) 10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB	TIER 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME

DRUG TIER

COVERAGE REQUIREMENTS AND LIMITS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	TIER 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	TIER 2	QLC (1 cap/day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	TIER 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	TIER 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	TIER 2	QLC (2 caps/day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	TIER 2	QLC (1 cap/day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	TIER 2	QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl tab 10 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (GUANFACINE HCL ER)	TIER 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (GUANFACINE HCL ER) <i>4hr</i>	TIER 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (GUANFACINE HCL ER)	TIER 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>guanfacine hcl tab er 24hr 4 mg (base equiv) (GUANFACINE HCL ER) 2hr</i>	TIER 1	QLC (1 tab/day)
<i>methylphenidate hcl cap er 24hr 10 mg (la) (METHYLPHENIDATE HCL ER (LA))</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 20 mg (la) (METHYLPHENIDATE HCL ER (LA))</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 30 mg (la) (METHYLPHENIDATE HCL ER (LA))</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 40 mg (la) (METHYLPHENIDATE HCL ER (LA))</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (la) (METHYLPHENIDATE HCL ER (LA))</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl chew tab 10 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 2.5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
METHYLPHENIDATE HCL ER 18 MG TAB 24H	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER 72 MG TAB	TIER 2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl soln 10 mg/5ml</i>	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
<i>methylphenidate hcl soln 5 mg/5ml mg/ml</i>	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
<i>methylphenidate hcl tab 10 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab 20 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab 5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
<i>methylphenidate hcl tab er 24hr 27 mg (METHYLPHENIDATE HCL ER)</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er 24hr 36 mg (METHYLPHENIDATE HCL ER)</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er 24hr 54 mg (METHYLPHENIDATE HCL ER)</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER (OSM))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER (OSM))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER (OSM))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER (OSM))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
RELEXXII (<i>methylphenidate hcl</i>) 72 MG TAB ER	TIER 2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)

CENTRAL NERVOUS SYSTEM, OTHER

ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG CA	TIER 1	PA
BENZPHETAMINE HCL 25 MG TAB	TIER 1	PA, QLC (3 tabs/day)
<i>benzphetamine hcl tab 50 mg</i>	TIER 1	PA
<i>butalbital-acetaminophen tab 50-325 mg</i>	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i> (BUTALBITAL-APAP)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BAC)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIETHYLPROPION HCL ER 75 MG TAB 24H	TIER 1	PA
<i>diethylpropion hcl tab 25 mg</i>	TIER 1	PA
LOMAIRA (<i>phentermine hcl</i>) 8 MG TAB	TIER 1	PA
<i>phendimetrazine tartrate tab 35 mg</i>	TIER 1	PA
<i>phentermine hcl cap 15 mg</i>	TIER 1	PA
<i>phentermine hcl cap 30 mg</i>	TIER 1	PA
<i>phentermine hcl cap 37.5 mg</i>	TIER 1	PA
<i>phentermine hcl tab 37.5 mg</i>	TIER 1	PA
<i>riluzole tab 50 mg</i>	TIER 1	

FIBROMYALGIA AGENTS

<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	TIER 1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	TIER 1	QLC (3 caps/day)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	TIER 1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	TIER 1	QLC (2 caps/day)
<i>pregabalin cap 100 mg</i>	TIER 2	QLC (3 caps/day)
<i>pregabalin cap 150 mg</i>	TIER 2	QLC (3 caps/day)
<i>pregabalin cap 200 mg</i>	TIER 2	QLC (3 caps/day)
<i>pregabalin cap 225 mg</i>	TIER 2	QLC (2 caps/day)
<i>pregabalin cap 25 mg</i>	TIER 2	QLC (3 caps/day)
<i>pregabalin cap 300 mg</i>	TIER 2	QLC (2 caps/day)
<i>pregabalin cap 50 mg</i>	TIER 2	QLC (3 caps/day)
<i>pregabalin cap 75 mg</i>	TIER 2	QLC (3 caps/day)
<i>pregabalin soln 20 mg/ml</i>	TIER 2	QLC (30 ml/day)

MULTIPLE SCLEROSIS AGENTS

<i>dimethyl fumarate capsule delayed release 120 mg</i>	TIER 4	SP, QLC (2 caps/day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	TIER 4	SP, QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	TIER 4	SP, QLC (2 tabs/day; 1 pack/month)
EXTAVIA (<i>interferon beta-1b</i>) 0.3 MG KIT	TIER 3	SP, QLC (1 kit/month)
GILENYA (<i>fingolimod hcl</i>) 0.5 MG CAP	TIER 4	SP, QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	TIER 4	SP, QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (GLATOPA)	TIER 4	SP, QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	TIER 4	SP, QLC (12 syringes/month)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> (GLATOPA)	TIER 4	SP, QLC (12 syringes/month)

DENTAL AND ORAL AGENTS (Drugs for the Mouth)

DENTAL AND ORAL AGENTS

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

DERMATOLOGICAL AGENTS (Drugs for the Skin)

ACNE AND ROSACEA AGENTS

<i>acitretin cap 10 mg</i>	TIER 3	
<i>acitretin cap 17.5 mg</i>	TIER 3	
<i>acitretin cap 25 mg</i>	TIER 3	
ADAPALENE 0.1 % LOTION	TIER 1	AL1 (Up to 40 yrs old)
<i>adapalene cream 0.1%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>adapalene gel 0.3%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	TIER 3	ST, AL1 (Up to 40 yrs old)
<i>azelaic acid gel 15%</i>	TIER 2	QLC (1 tube/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	TIER 1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	
<i>isotretinoin cap 10 mg</i>	TIER 1	
<i>isotretinoin cap 10 mg</i> (AC CUTANE)	TIER 1	
<i>isotretinoin cap 10 mg</i> (AMNESTEEM)	TIER 1	
<i>isotretinoin cap 10 mg</i> (CLARAVIS)	TIER 1	
<i>isotretinoin cap 10 mg</i> (MYORISAN)	TIER 1	
<i>isotretinoin cap 10 mg</i> (ZENATANE)	TIER 1	
<i>isotretinoin cap 20 mg</i>	TIER 1	
<i>isotretinoin cap 20 mg</i> (AC CUTANE)	TIER 1	
<i>isotretinoin cap 20 mg</i> (AMNESTEEM)	TIER 1	
<i>isotretinoin cap 20 mg</i> (CLARAVIS)	TIER 1	
<i>isotretinoin cap 20 mg</i> (MYORISAN)	TIER 1	
<i>isotretinoin cap 20 mg</i> (ZENATANE)	TIER 1	
<i>isotretinoin cap 25 mg</i>	TIER 1	
<i>isotretinoin cap 30 mg</i>	TIER 1	
<i>isotretinoin cap 30 mg</i> (AC CUTANE)	TIER 1	
<i>isotretinoin cap 30 mg</i> (CLARAVIS)	TIER 1	
<i>isotretinoin cap 30 mg</i> (MYORISAN)	TIER 1	
<i>isotretinoin cap 30 mg</i> (ZENATANE)	TIER 1	
<i>isotretinoin cap 35 mg</i>	TIER 1	
<i>isotretinoin cap 40 mg</i>	TIER 1	
<i>isotretinoin cap 40 mg</i> (AC CUTANE)	TIER 1	
<i>isotretinoin cap 40 mg</i> (AMNESTEEM)	TIER 1	
<i>isotretinoin cap 40 mg</i> (CLARAVIS)	TIER 1	
<i>isotretinoin cap 40 mg</i> (MYORISAN)	TIER 1	
<i>isotretinoin cap 40 mg</i> (ZENATANE)	TIER 1	
<i>tretinoin cream 0.025%</i>	TIER 1	AL1 (Up to 40 yrs old)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tretinoin cream 0.05%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin cream 0.1%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin gel 0.01%</i>	TIER 2	AL1 (Up to 40 yrs old)
<i>tretinoin gel 0.025%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin gel 0.05%</i>	TIER 2	PA

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

<i>alclometasone dipropionate oint 0.05%</i>	TIER 1	
ANUSOL-HC (<i>hydrocortisone (rectal)</i>) -2.5 % CREAM	TIER 1	
BETAMETHASONE DIPROPIONATE AUG (<i>betamethasone dipropionate augmented</i>) 0.05 % GEL	TIER 1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	TIER 1	
<i>betamethasone dipropionate cream 0.05%</i>	TIER 1	
<i>betamethasone dipropionate lotion 0.05%</i>	TIER 1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	TIER 1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	TIER 1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	TIER 1	
<i>clobetasol propionate cream 0.05%</i>	TIER 1	
<i>clobetasol propionate emollient base cream 0.05%</i> (CLOBETASOL PROP EMOLLIENT BASE)	TIER 1	
<i>clobetasol propionate gel 0.05%</i>	TIER 1	
<i>clobetasol propionate oint 0.05%</i>	TIER 1	
<i>clobetasol propionate shampoo 0.05%</i>	TIER 1	
<i>clobetasol propionate shampoo 0.05%</i> (CLODAN)	TIER 1	
<i>clobetasol propionate soln 0.05%</i>	TIER 1	
<i>desonide cream 0.05%</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desonide oint 0.05%</i>	TIER 1	
<i>desoximetasone cream 0.05%</i>	TIER 3	ST
<i>desoximetasone cream 0.25%</i>	TIER 3	ST
DIFLORASONE DIACETATE 0.05 % CREAM	TIER 3	ST
<i>fluocinolone acetone cream 0.01%</i>	TIER 1	
<i>fluocinolone acetone cream 0.025%</i>	TIER 1	
<i>fluocinolone acetone oil 0.01% (body oil) (FLUOCINOLONE ACETONIDE BODY))</i>	TIER 2	
<i>fluocinolone acetone oil 0.01% (scalp oil) (FLUOCINOLONE ACETONIDE SCALP))</i>	TIER 2	
<i>fluocinolone acetone oint 0.025%</i>	TIER 1	
<i>fluocinolone acetone soln 0.01%</i>	TIER 2	
<i>fluocinonide cream 0.05%</i>	TIER 1	
<i>fluocinonide emulsified base cream 0.05%</i>	TIER 1	
<i>fluocinonide gel 0.05%</i>	TIER 1	
<i>fluocinonide oint 0.05%</i>	TIER 1	
<i>fluocinonide soln 0.05%</i>	TIER 1	
<i>fluticasone propionate cream 0.05%</i>	TIER 1	
<i>fluticasone propionate oint 0.005%</i>	TIER 1	
<i>halobetasol propionate cream 0.05%</i>	TIER 1	
<i>halobetasol propionate oint 0.05%</i>	TIER 1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	TIER 1	ST
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	TIER 1	
<i>hydrocortisone butyrate cream 0.1%</i>	TIER 1	ST
<i>hydrocortisone butyrate soln 0.1%</i>	TIER 1	
<i>hydrocortisone cream 2.5%</i>	TIER 1	
<i>hydrocortisone cream 2.5% (ALA-CORT)</i>	TIER 1	
<i>hydrocortisone lotion 2.5%</i>	TIER 1	
<i>hydrocortisone oint 2.5%</i>	TIER 1	
<i>hydrocortisone perianal cream 1% (HYDROCORTISONE (PERIANAL))</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocortisone perianal cream 1%</i> (PROCTO-PAK)	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (PROCTO-MED HC)	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (PROCTOSOL HC)	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (PROCTOZONE-HC)	TIER 1	
<i>hydrocortisone valerate cream 0.2%</i>	TIER 1	
<i>mometasone furoate solution 0.1% (lotion)</i>	TIER 1	
<i>pimecrolimus cream 1%</i>	TIER 2	QLC (100 gm/month)
PSORCON (<i>diflorasone diacetate</i>) 0.05 % CREAM	TIER 3	ST
<i>selenium sulfide lotion 2.5%</i>	TIER 1	QLC (1 bottle/month)
<i>tacrolimus oint 0.03%</i>	TIER 2	QLC (100 gm/month)
<i>tacrolimus oint 0.1%</i>	TIER 2	AL1 (At least 16 yrs old), QLC (100 gm/month)
<i>triamcinolone acetonide cream 0.025%</i>	TIER 1	
<i>triamcinolone acetonide cream 0.1%</i>	TIER 1	
<i>triamcinolone acetonide cream 0.1%</i> (TRIDERM)	TIER 1	
<i>triamcinolone acetonide cream 0.5%</i>	TIER 1	
<i>triamcinolone acetonide cream 0.5%</i> (TRIDERM)	TIER 1	
<i>triamcinolone acetonide lotion 0.025%</i>	TIER 1	
<i>triamcinolone acetonide lotion 0.1%</i>	TIER 1	
<i>triamcinolone acetonide oint 0.025%</i>	TIER 1	
<i>triamcinolone acetonide oint 0.1%</i>	TIER 1	
<i>triamcinolone acetonide oint 0.5%</i>	TIER 1	

DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)

<i>calcipotriene cream 0.005%</i>	TIER 1	
<i>calcipotriene oint 0.005%</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>calcipotriene oint 0.005%</i> (CALCITRENE)	TIER 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	TIER 1	
CALCITRIOL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	TIER 2	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	TIER 1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	TIER 1	
FLUOROURACIL (<i>fluorouracil (topical)</i>) 2 % SOLUTION, 5 % SOLUTION	TIER 1	
<i>fluorouracil cream 5%</i>	TIER 1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i> (HYDROCORTISONE ACE-PRAMOXINE)	TIER 1	
<i>imiquimod cream 5%</i>	TIER 1	QLC (24 packs/month, max of 48 packs/6 months)
METHOXSALEN RAPID 10 MG CAP	TIER 1	
<i>methoxsalen rapid cap 10 mg</i>	TIER 1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	TIER 1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	TIER 1	
OTEZLA (<i>apremilast</i>) 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
<i>podofilox soln 0.5%</i>	TIER 1	
SALICYLIC ACID 6 % LOTION	TIER 1	QLC (400 gm/month)
<i>salicylic acid film forming liquid 27.5%</i>	TIER 2	
<i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER)	TIER 2	
<i>salicylic acid lotion 6%</i>	TIER 1	QLC (400 gm/month)
<i>salicylic acid lotion 6%</i> (SALITECH FORTE)	TIER 1	QLC (400 gm/month)
<i>silver sulfadiazine cream 1%</i>	TIER 1	
<i>silver sulfadiazine cream 1%</i> (SSD)	TIER 1	
SODIUM SULFACETAMIDE-BAKUCHIOL (<i>sulfacetamide sodium in bakuchiol vehicle</i>) -10 % LIQUID	TIER 1	
SSS 10-5 (<i>sulfacetamide sodium w/ sulfur</i>) - % FOAM	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium liquid 10%</i>	TIER 1	
<i>sulfacetamide sodium liquid 10%</i> (SODIUM SULFACETAMIDE WASH)	TIER 1	
<i>sulfacetamide sodium shampoo 10%</i> (SODIUM SULFACETAMIDE)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (AVAR CLEANSER)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (ROSANIL CLEANSER)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (SSS 10-5)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	ST
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i> (SULFACLEANSE 8/4)	TIER 1	ST
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (SULFACETAMIDE SOD-SULFUR WASH)	TIER 1	
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SULFACETAMIDE SODIUM-SULFUR (<i>sulfacetamide sodium w/ sulfur</i>) -10-5 % LOTION, -10-5 % SUSPENSION	TIER 1	
<i>urea cream 40%</i>	TIER 1	
<i>urea cream 40%</i> (UREMEZ-40)	TIER 1	
<i>urea lotion 40%</i>	TIER 1	
<i>urea lotion 40%</i> (CEROVEL)	TIER 1	
<i>urea lotion 40%</i> (UREA-C40)	TIER 1	

PEDICULICIDES/SCABICIDES (Drugs for Lice and Scabies)

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

TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)

<i>ciclopirox gel 0.77%</i>	TIER 1	
<i>ciclopirox shampoo 1%</i>	TIER 1	
<i>ciclopirox solution 8%</i>	TIER 1	
<i>ciclopirox solution 8%</i> (CICLODAN)	TIER 1	
<i>clindamycin phosphate gel 1%</i>	TIER 1	
<i>clindamycin phosphate lotion 1%</i>	TIER 1	
<i>clindamycin phosphate soln 1%</i>	TIER 1	
ERY (<i>erythromycin (acne aid)</i>) 2 % PAD	TIER 1	
<i>erythromycin gel 2%</i>	TIER 1	
<i>erythromycin pads 2%</i>	TIER 1	
<i>erythromycin soln 2%</i>	TIER 1	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	TIER 1	
<i>mupirocin oint 2%</i>	TIER 1	

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PRESCRIPTION DRUG NAME

DRUG TIER

COVERAGE REQUIREMENTS AND LIMITS

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>carglumic acid soluble tab 200 mg</i>	TIER 4	PA, SP, QLC (35 tabs/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>potassium chloride cap er 10 meq</i> (KLOR-CON SPRINKLE)	TIER 1	
<i>potassium chloride cap er 10 meq</i> (POTASSIUM CHLORIDE ER)	TIER 1	
<i>potassium chloride cap er 8 meq</i> (KLOR-CON SPRINKLE)	TIER 1	
<i>potassium chloride cap er 8 meq</i> (POTASSIUM CHLORIDE ER)	TIER 1	
POTASSIUM CHLORIDE ER 8 MEQ TAB	TIER 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (KLOR-CON M10)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (POTASSIUM CHLORIDE CRY ER)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (KLOR-CON M15)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (POTASSIUM CHLORIDE CRY ER)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (KLOR-CON M20)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (POTASSIUM CHLORIDE CRY ER)	TIER 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	TIER 2	PA
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	TIER 2	PA
<i>potassium chloride tab er 10 meq</i> (POTASSIUM CHLORIDE ER)	TIER 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i> (POTASSIUM CHLORIDE ER)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium chloride tab er 8 meq (600 mg)</i> (KLOR-CON)	TIER 1	
<i>potassium chloride tab er 8 meq (600 mg)</i> (POTASSIUM CHLORIDE ER)	TIER 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i> (POTASSIUM CITRATE ER)	TIER 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i> (POTASSIUM CITRATE ER)	TIER 1	
<i>potassium citrate tab er 5 meq (540 mg)</i> (POTASSIUM CITRATE ER) (40)	TIER 1	

ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)

CHEMET (<i>succimer</i>) 100 MG CAP	TIER 2	
<i>deferasirox tab for oral susp 125 mg</i>	TIER 4	SP, SF
<i>deferasirox tab for oral susp 250 mg</i>	TIER 4	SP, SF
<i>deferasirox tab for oral susp 500 mg</i>	TIER 4	SP, SF

PHOSPHATE BINDERS (Drugs to Lower Phosphate)

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER))	TIER 1	
<i>sevelamer carbonate packet 0.8 gm</i>	TIER 2	PA
<i>sevelamer carbonate packet 2.4 gm</i>	TIER 2	PA
<i>sevelamer carbonate tab 800 mg</i>	TIER 1	

POTASSIUM BINDERS (Drugs to Lower Potassium)

<i>*sodium polystyrene sulfonate powder**</i>	TIER 1	
LOKELMA (<i>sodium zirconium cyclosilicate</i>) 10 GM PACKET	TIER 3	QLC (1 pack/day)
LOKELMA (<i>sodium zirconium cyclosilicate</i>) 5 GM PACKET	TIER 3	QLC (3 packs/day)
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	TIER 1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> (KIONEX)	TIER 1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPS (<i>sodium polystyrene sulfonate</i>) 15 GM/60ML SUSPENSION	TIER 1	
VITAMINS		
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VIT/IRON/FLUORIDE)	TIER 1	ACA (Preventive Health)
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VITAMIN/FLUORIDE/IRON)	TIER 1	ACA (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***</i> (MULTIVITAMINS/FLUORIDE)	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i> (MULTI-VITAMIN/FLUORIDE)	TIER 1	ACA (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***</i> (MULTI-VITAMIN/FLUORIDE)	TIER 1	ACA (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i> (TRI-VITE/FLUORIDE)	TIER 1	ACA (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i> (VITAMINS ACD-FLUORIDE)	TIER 1	ACA (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i> (ADC/F (0.5MG/ML))	TIER 1	ACA (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i> (TRI-VITE/FLUORIDE)	TIER 1	ACA (Preventive Health)
C-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG AP	TIER 1	
CO-NATAL FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 1	
COMPLETENATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG CHEW TAB	TIER 1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	TIER 1	
<i>cyanocobalamin inj 1000 mcg/ml</i> (DODEX)	TIER 1	
DOTHELLE DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG CAP	TIER 1	
ELITE-OB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -50-1.25 MG TAB	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>folic acid tab 1 mg</i>	TIER 1	
<i>folic acid tab 1 mg</i> (KP FOLIC ACID)	TIER 1	
FOLIVANE-OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) -85-1 MG CAP	TIER 1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (LEVOCARNITINE SF) <i>gm/0ml (0%)</i>	TIER 1	
<i>levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)</i>	TIER 1	
<i>levocarnitine tab 330 mg</i>	TIER 1	
M-NATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 G TAB	TIER 1	
MULTI-VIT-FLOR (<i>pediatric multivitamins w/ff</i>) --0.25 MG CHEW TAB	TIER 1	QLC (1 tab/day)
MULTI-VIT-FLOR (<i>pediatric multivitamins w/ff</i>) --0.5 MG CHEW TAB, --1 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/ff</i>) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MYNATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	TIER 1	
MYNATAL-Z (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 1	
NEONATAL COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB, 29-1 MG TAB	TIER 1	
NEONATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
NIVA-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	TIER 1	
O-CAL FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	TIER 1	
ONE VITE WOMENS PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PNV TABS 29-1 (<i>prenatal vit w/ iron carbonyl-folic acid</i>) S --MG	TIER 1	
PNV-DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PNV-OMEGA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	TIER 1	
PNV-SELECT (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -27-0.6-0.4 MG TAB	TIER 1	
POT BICARB-POT CHLORIDE (<i>potassium bicarb & chloride</i>) -25 MEQ EFFER TAB	TIER 1	
<i>pot bicarbonate & chloride effer tab 25 meq</i> (EFFERVESCENT POT CHLORIDE)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i>	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (EFFER-K)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-EFFERVESCENT)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-PRIME)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-VESCENT)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (KLOR-CON/EF)	TIER 1	
PRENAISSANCE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) 29-1.25-325 MG CAP	TIER 1	
PRENATABS FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG	TIER 1	
PRENATABS RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG	TIER 1	
PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 19 CHEW TAB, 19 29-1 MG CHEW TAB	TIER 1	
PRENATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATAL PLUS IRON (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB	TIER 1	
PRENATAL PLUS VITAMIN/MINERAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENATAL VITAMIN PLUS LOW IRON (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATAL-U (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) -106.5-1 MG CAP	TIER 1	
PRENATRIX (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATRYL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PREPLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRETAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) PRE29-1 MG	TIER 1	
RADIOGARDASE (<i>prussian blue insoluble (ferric hexacyanoferrate ii)</i>) 0.5 GM CAP	TIER 3	
RELNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	TIER 1	
SE-NATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -9 29-MG CHEW TAB	TIER 1	
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (FLUORITAB) <i>luoride</i>	TIER 1	ACA (Preventive Health)
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (NAFRINSE DROPS) <i>luoride</i>	TIER 1	ACA (Preventive Health)
TARON-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) -35-1 MG AP	TIER 1	
THRIVITE RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB	TIER 1	
TL-SELECT (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -29-1.25-325 MG CAP	TIER 1	
TRICARE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	TIER 1	
TRINATAL RX 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-MG TAB	TIER 1	
TRINATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	TIER 1	
VIL-RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -29-1 MG TAB	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VINATE CARE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) 40-1 MG CHEW TAB	TIER 1	
VINATE M (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>) 27-1 G TAB	TIER 1	
VINATE ONE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-1 MG TAB	TIER 1	
VIRT-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) -53.5-38-1 MG AP	TIER 1	
VIRT-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG CAP	TIER 1	
VIRT-PN (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -27-0.6-0.4 MG TAB	TIER 1	
VIRT-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	TIER 1	
VIRT-PN PLUS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	TIER 1	
VITAFOL-OB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 1	
VITATHELY WITH GINGER (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
VIVA DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	TIER 1	
VOL-NATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -28-1 MG TAB	TIER 1	
VOL-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	TIER 1	
VOL-TAB RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -29-1 MG	TIER 1	
WESCAP-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) WESAP-53.5-38-1 MG AP	TIER 1	
WESCAP-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) WES-27-0.6-0.4-300 MG	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WESNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	TIER 1	
WESTAB PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) WES27-1 MG	TIER 1	
ZATEAN-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	TIER 1	
ZATEAN-PN PLUS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	TIER 1	

GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)

ANTI-CONSTIPATION AGENTS (Drugs for Constipation)

<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i> (GAVILYTE-H)	TIER 1	ACA (Preventive Health)
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (ENULOSE)	TIER 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (GENERLAC)	TIER 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (LACTULOSE ENCEPHALOPATHY)	TIER 1	
<i>lactulose solution 10 gm/15ml</i>	TIER 1	
<i>lactulose solution 10 gm/15ml</i> (CONSTULOSE)	TIER 1	
LINZESS (<i>linaclotide</i>) 72 MCG CAP, 145 MCG CAP, 290 MCG CAP	TIER 2	AL1 (At least 18 yrs old), QLC (1 cap/day)
MOVANTIK (<i>naloxegol oxalate</i>) 12.5 MG TAB, 25 MG TAB	TIER 3	AL1 (At least 18 yrs old), QLC (1 tab/day)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (GAVILYTE-N WITH FLAVOR PACK)	TIER 1	ACA (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL)	TIER 1	ACA (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (TRILYTE)	TIER 1	ACA (Preventive Health)
PEG-PREP (<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>) --210 MG-GM KIT	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (NA SULFATE-K SULFATE-MG SULF)	TIER 1	ACA (Preventive Health)
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>) SU17.5-3.13-1.6 GM/177ML SOLUTION	TIER 2	ACA (Preventive Health)

ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)

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

ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)

<i>dicyclomine hcl cap 10 mg</i>	TIER 1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	TIER 1	
<i>dicyclomine hcl tab 20 mg</i>	TIER 1	
<i>glycopyrrolate tab 1 mg</i>	TIER 1	
<i>glycopyrrolate tab 2 mg</i>	TIER 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	TIER 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> (HYOSYNE)	TIER 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	TIER 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i> (OSCIMIN)	TIER 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i> (SYMAYX-SL)	TIER 1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	TIER 1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i> (HYOSYNE)	TIER 1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	TIER 1	
<i>hyoscyamine sulfate tab 0.125 mg</i> (OSCIMIN)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	TIER 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i> (ED-SPAZ)	TIER 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i> (NULEV)	TIER 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i> (OSCIMIN)	TIER 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (HYOSCYAMINE SULFATE ER)	TIER 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (OSCIMIN SR)	TIER 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (SYMAX-SR)	TIER 1	
PROPANTHELINE BROMIDE 15 MG TAB	TIER 1	

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

GAVILYTE-C (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) -240 GM REON SOLN	TIER 1	ACA (Preventive Health)
GOLYTELY (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) 227.1 GM RECON SOLN	TIER 3	
MYALEPT (<i>metreleptin</i>) 11.3 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (GAVILYTE-G) --cl-	TIER 1	ACA (Preventive Health)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (PEG-3350/ELECTROLYTES) --cl-	TIER 1	ACA (Preventive Health)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> (PEG 3350/ELECTROLYTES) --cl-	TIER 1	ACA (Preventive Health)
SKYRIZI (<i>risankizumab-rzaa (crohn's)</i>) 360 MG/2.4ML SOLN CART	TIER 4	PA, SP, QLC (1 syringe/56 days)
<i>ursodiol cap 300 mg</i>	TIER 1	
<i>ursodiol tab 250 mg</i>	TIER 1	
<i>ursodiol tab 500 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)

<i>cimetidine tab 300 mg</i>	TIER 1	
<i>cimetidine tab 400 mg</i>	TIER 1	
<i>cimetidine tab 800 mg</i>	TIER 1	
<i>famotidine for susp 40 mg/5ml</i>	TIER 2	
<i>famotidine tab 40 mg</i>	TIER 1	
NIZATIDINE 150 MG CAP, 300 MG CAP	TIER 1	
<i>nizatidine cap 150 mg</i>	TIER 1	
<i>nizatidine cap 300 mg</i>	TIER 1	
<i>ranitidine hcl cap 150 mg</i>	TIER 1	
<i>ranitidine hcl cap 300 mg</i>	TIER 1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	TIER 1	
<i>ranitidine hcl tab 300 mg</i>	TIER 1	

PROTECTANTS (Drugs for Acid Reflux and Ulcers)

<i>misoprostol tab 100 mcg</i>	TIER 1	
<i>misoprostol tab 200 mcg</i>	TIER 1	
<i>sucralfate susp 1 gm/10ml gm/0ml</i>	TIER 3	
<i>sucralfate tab 1 gm</i>	TIER 1	

PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)

<i>lansoprazole cap delayed release 30 mg</i>	TIER 1	QLC (2 caps/day)
<i>omeprazole cap delayed release 10 mg</i>	TIER 1	QLC (8 caps/day)
<i>omeprazole cap delayed release 20 mg</i>	TIER 1	QLC (4 caps/day)
<i>omeprazole cap delayed release 40 mg</i>	TIER 1	QLC (2 caps/day)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>rabeprazole sodium ec tab 20 mg</i>	TIER 2	QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME**DRUG
TIER****COVERAGE
REQUIREMENTS AND
LIMITS****GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT,
MODIFIERS, TREATMENT (Drugs for Genetic, Enzyme or Protein
Disorders)**

CERDELGA (<i>eliglustat tartrate</i>) 84 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
CREON (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-9500 CP DR PART, 6000 CP DR PART, 12000 CP DR PART, 24000-76000 CP DR PART, 36000 CP DR PART	TIER 2	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	TIER 2	
CYSTAGON (<i>cysteamine bitartrate</i>) 150 MG CAP	TIER 3	SP, QLC (26 caps/day)
CYSTAGON (<i>cysteamine bitartrate</i>) 50 MG CAP	TIER 3	SP, QLC (4 caps/day)
NITYR (<i>nitisinone</i>) 10 MG TAB	TIER 4	PA, SP, QLC (14 tabs/day)
NITYR (<i>nitisinone</i>) 2 MG TAB	TIER 4	PA, SP, QLC (70 tabs/day)
NITYR (<i>nitisinone</i>) 5 MG TAB	TIER 4	PA, SP, QLC (28 tabs/day)
ZENPEP (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-10000 CP DR PART, 3000-14000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART	TIER 2	

GENITOURINARY AGENTS (Drugs for Genital, Bladder, and Kidney)**ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)**

<i>fesoterodine fumarate tab er 24hr 4 mg</i> (FESOTERODINE FUMARATE ER) 2hr	TIER 2	QLC (1 tab/day)
<i>fesoterodine fumarate tab er 24hr 8 mg</i> (FESOTERODINE FUMARATE ER)	TIER 2	QLC (1 tab/day)
<i>flavoxate hcl tab 100 mg</i>	TIER 1	
<i>oxybutynin chloride syrup 5 mg/5ml</i> <i>mg/ml</i>	TIER 1	
<i>oxybutynin chloride tab 5 mg</i>	TIER 1	
<i>oxybutynin chloride tab er 24hr 10 mg</i> (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxybutynin chloride tab er 24hr 15 mg</i> (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (2 tabs/day)
<i>oxybutynin chloride tab er 24hr 5 mg</i> (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>solifenacin succinate tab 10 mg</i>	TIER 2	QLC (1 tab/day)
<i>solifenacin succinate tab 5 mg</i>	TIER 2	QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 2 mg</i> (TOLTERODINE TARTRATE ER) <i>4hr</i>	TIER 2	ST, QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 4 mg</i> (TOLTERODINE TARTRATE ER) <i>2hr</i>	TIER 2	ST, QLC (1 tab/day)
<i>tolterodine tartrate tab 1 mg</i>	TIER 2	ST, QLC (2 tabs/day)
<i>tolterodine tartrate tab 2 mg</i>	TIER 2	ST, QLC (2 tabs/day)
<i>tropium chloride tab 20 mg</i>	TIER 1	QLC (2 tabs/day)

BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

<i>alfuzosin hcl tab er 24hr 10 mg</i> (ALFUZOSIN HCL ER)	TIER 1	
<i>dutasteride cap 0.5 mg</i>	TIER 1	QLC (1 cap/day)
<i>finasteride tab 5 mg</i>	TIER 1	
<i>silodosin cap 4 mg</i>	TIER 1	QLC (1 cap/day)
<i>silodosin cap 8 mg</i>	TIER 1	QLC (1 cap/day)
<i>tamsulosin hcl cap 0.4 mg</i>	TIER 1	

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

<i>bethanechol chloride tab 10 mg</i>	TIER 1	
<i>bethanechol chloride tab 25 mg</i>	TIER 1	
<i>bethanechol chloride tab 5 mg</i>	TIER 1	
<i>bethanechol chloride tab 50 mg</i>	TIER 1	
CYTRA K CRYSTALS (<i>potassium citrate-citric acid</i>) 3300-1002 MG PACET	TIER 1	
ELMIRON (<i>pentosan polysulfate sodium</i>) 100 MG CAP	TIER 3	
<i>penicillamine tab 250 mg</i>	TIER 4	PA, QLC (16 tabs/day)
<i>phenazopyridine hcl tab 100 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenazopyridine hcl tab 200 mg</i>	TIER 1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (PHOSPHA 250 NEUTRAL) <i>ic</i>	TIER 1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (PHOSPHO-TRIN 250 NEUTRAL) <i>ic</i>	TIER 1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (PHOSPHOROUS) <i>ic</i>	TIER 1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (VIRT-PHOS 250 NEUTRAL) <i>ic</i>	TIER 1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i> (TARON-CRYSTALS)	TIER 1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i> (CYTRA-K)	TIER 1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i> (POTASSIUM CITRATE-CITRIC ACID)	TIER 1	
<i>potassium phosphate monobasic tab 500 mg</i> (PHOSPHO-TRIN K500)	TIER 1	
<i>sildenafil citrate tab 100 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>sildenafil citrate tab 25 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>sildenafil citrate tab 50 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
THIOLA EC (<i>tiopronin</i>) EC 100 MG TAB DR, EC 300 MG TAB DR	TIER 4	PA, SP
<i>tiopronin tab 100 mg</i>	TIER 4	PA, SP

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

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

<i>alclometasone dipropionate cream 0.05%</i>	TIER 1	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>betamethasone dipropionate augmented cream 0.05%</i>	TIER 1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	TIER 1	
<i>betamethasone dipropionate oint 0.05%</i>	TIER 1	
<i>clobetasol propionate emollient base cream 0.05%</i>	TIER 1	
<i>clobetasol propionate emollient base cream 0.05%</i> (CLOBETASOL PROP EMOLLIENT BASE)	TIER 1	
CORTISONE ACETATE 25 MG TAB	TIER 1	
DEXAMETHASONE 0.5 MG TAB, 0.5 MG/5ML SOLUTION, 0.75 MG TAB, 1 MG TAB	TIER 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	TIER 1	
<i>dexamethasone elixir 0.5 mg/5ml</i> (DECADRON)	TIER 1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	TIER 1	
<i>dexamethasone tab 0.5 mg</i>	TIER 1	
<i>dexamethasone tab 0.5 mg</i> (DECADRON)	TIER 1	
<i>dexamethasone tab 0.75 mg</i>	TIER 1	
<i>dexamethasone tab 0.75 mg</i> (DECADRON)	TIER 1	
<i>dexamethasone tab 1.5 mg</i>	TIER 1	
<i>dexamethasone tab 2 mg</i>	TIER 1	
<i>dexamethasone tab 4 mg</i>	TIER 1	
<i>dexamethasone tab 4 mg</i> (DECADRON)	TIER 1	
<i>dexamethasone tab 6 mg</i>	TIER 1	
<i>dexamethasone tab 6 mg</i> (DECADRON)	TIER 1	
<i>fludrocortisone acetate tab 0.1 mg</i>	TIER 1	
<i>hydrocortisone acetate suppos 25 mg</i>	TIER 1	
<i>hydrocortisone butyrate oint 0.1%</i>	TIER 1	
<i>hydrocortisone valerate oint 0.2%</i>	TIER 1	
<i>methylprednisolone tab 16 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylprednisolone tab 32 mg</i>	TIER 1	
<i>methylprednisolone tab 4 mg</i>	TIER 1	
<i>methylprednisolone tab 8 mg</i>	TIER 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	TIER 1	
<i>mometasone furoate cream 0.1%</i>	TIER 1	
<i>mometasone furoate oint 0.1%</i>	TIER 1	
PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT	TIER 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	TIER 1	
<i>prednisolone soln 15 mg/5ml</i>	TIER 1	
PREDNISONE 5 MG/5ML SOLUTION	TIER 1	
PREDNISONE INTENSOL 5 MG/ML CONC	TIER 1	
<i>prednisone tab 1 mg</i>	TIER 1	
<i>prednisone tab 10 mg</i>	TIER 1	
<i>prednisone tab 2.5 mg</i>	TIER 1	
<i>prednisone tab 20 mg</i>	TIER 1	
<i>prednisone tab 5 mg</i>	TIER 1	
<i>prednisone tab 50 mg</i>	TIER 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	TIER 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	TIER 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	TIER 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	TIER 1	

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

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

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desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY)

TIER 1

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> (DESMOPRESSIN ACE SPRAY REFRIG)	TIER 1	
<i>desmopressin acetate tab 0.1 mg</i>	TIER 1	
<i>desmopressin acetate tab 0.2 mg</i>	TIER 1	
INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 10 (<i>somatropin</i>) MG/2ML SOLN PEN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 20 (<i>somatropin</i>) MG/2ML SOLN PEN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 5 (<i>somatropin</i>) MG/2ML SOLN PEN	TIER 4	PA, SP

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

ANABOLIC STEROIDS

oxandrolone tab 10 mg

TIER 3

QLC (2 tabs/day)

oxandrolone tab 2.5 mg

TIER 3

QLC (8 tabs/day)

ANDROGENS

danazol cap 100 mg

TIER 1

danazol cap 200 mg

TIER 1

danazol cap 50 mg

TIER 1

METHITEST (*methyltestosterone*) 10 MG TAB

TIER 3

PA

TESTOSTERONE 12.5 MG/ACT (1%) GEL, 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL

TIER 1

PA, QLC (300 grams/month)

TESTOSTERONE CYPIONATE 100 MG/ML SOLUTION

TIER 1

QLC (10 ml/month)

testosterone cypionate im inj in oil 100 mg/ml

TIER 1

QLC (10 ml/month)

testosterone cypionate im inj in oil 200 mg/ml

TIER 1

QLC (10 ml/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	TIER 1	QLC (5 ml/month)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	TIER 1	QLC (5 ml/month)
<i>testosterone td gel 12.5 mg/act (1%)</i>	TIER 1	PA, QLC (300 grams/month)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	TIER 1	PA, QLC (1 packet/day)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	TIER 1	PA, QLC (2 bottles/month)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	TIER 1	PA, QLC (300 grams/month)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	TIER 1	PA, QLC (2 packets/day)
<i>testosterone td gel 50 mg/5gm (1%)</i>	TIER 1	PA, QLC (300 grams/month)

ESTROGENS (Contraceptives and Drugs for Menopause)

ANNOVERA (<i>segesterone acetate-ethinyl estradiol</i>) 0.013-0.15 MG/24HR RING	TIER 3	ACA (Preventive Health), QLC (1 ring/ 365 days)
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>) 0.1-20 MG-MCG(21) TAB	TIER 3	ACA (Preventive Health)
CLIMARA PRO (<i>estradiol-levonorgestrel</i>) 0.045-0.015 MG/DAY PATCH WK	TIER 3	QLC (4 patches/month)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (AZURETTE)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (BEKYREE)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (DESOGESTREL-ETHINYL ESTRADIOL)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (KARIVA)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (PIMTREA)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (SIMLIYA)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (VIORELE)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (VOLNEA)	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i> (CAZIAN) <i>desog-0.025/25---</i>	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (APRI)	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (CYRED EQ)	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (CYRED)	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (DESOGESTREL-ETHINYL ESTRADIOL)	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (EMOQUETTE)	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (ENSKYCE)	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (ISIBLOOM)	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (JULEBER)	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (KALLIGA)	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (RECLIPSEN)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (RAJANI)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL) <i>---0.0-</i>	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (TYDEMY) <i>---0.0-</i>	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (GIANVI)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (JASMIEL)	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (LO-ZUMANDIMINE)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (LORYNA)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (NIKKI)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (VESTURA)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (OCELLA)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (SYEDA)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (ZARAH)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (ZUMANDIMINE)	TIER 1	ACA (Preventive Health)
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (COVARYX HS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EEMT HS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST HS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (COVARYX)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EEMT)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST DS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST)	TIER 1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (AMABELZ)	TIER 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (LOPREEZA)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (MIMVEY LO)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (AMABELZ)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (LOPREEZA)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (MIMVEY)	TIER 1	QLC (1 tab/day)
<i>estradiol tab 0.5 mg</i>	TIER 1	
<i>estradiol tab 1 mg</i>	TIER 1	
<i>estradiol tab 2 mg</i>	TIER 1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (DOTTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (LYLLANA)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (DOTTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (LYLLANA)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (DOTTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (LYLLANA)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (DOTTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (LYLLANA)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (DOTTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (LYLLANA)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch weekly 0.025 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.05 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.06 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	TIER 2	
<i>estradiol vaginal tab 10 mcg</i>	TIER 1	
<i>estradiol vaginal tab 10 mcg</i> (YUVAFEM)	TIER 1	
ESTRING (<i>estradiol vaginal</i>) 2 MG	TIER 3	QLC (1 ring/90 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	TIER 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (KELNOR 1/35)	TIER 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ZOVIA 1/35 (28))	TIER 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ZOVIA 1/35E (28))	TIER 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	TIER 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (KELNOR 1/50)	TIER 1	ACA (Preventive Health)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	TIER 2	ACA (Preventive Health), QLC (1 ring/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (ELURYNG)	TIER 2	ACA (Preventive Health), QLC (1 ring/month)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (FAYOSIM)	TIER 1	ACA (Preventive Health)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (LEVONORGEST-ETH EST & ETH EST)	TIER 1	ACA (Preventive Health)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (RIVELSA)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (AMETHIA LO)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (CAMRESE LO)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (LOJAIMIESS)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (AMETHIA)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (ASHLYNA)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (CAMRESE)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (DAYSEE)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (JAIMIESS)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (SIMPESSE)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (ICLEVIA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (INTROVALE)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (JOLESSA)	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (QUASENSE)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (SETLAKIN)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (AFIRMELLE)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (AUBRA EQ)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (AUBRA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (AVIANE)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (DELYLA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (FALMINA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LARISSIA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LESSINA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LUTERA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (ORSYTHIA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (SRONYX)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (VIENVA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (ALTAVERA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (AYUNA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (CHATEAL EQ)	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (CHATEAL)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (KURVELO)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVORA 0.15/30 (28))	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LILLOW)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (MARLISSA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (PORTIA-28)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (ENPRESSE-28)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONEST)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONORG-ETH ESTRAD TRIPHASIC)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (MYZILRA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (TRIVORA (28))	TIER 1	ACA (Preventive Health)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	TIER 1	ACA (Preventive Health), QLC (1 pack/month)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> (AMETHYST)	TIER 1	ACA (Preventive Health), QLC (1 pack/month)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> (DOLISHALE)	TIER 1	ACA (Preventive Health), QLC (1 pack/month)
LO LOESTRIN FE (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>) ESTRIN 1 MG-10 MCG 10 MCG TAB	TIER 2	ACA (Preventive Health)
NATAZIA (<i>estradiol valerate-dienogest</i>) 3/2-2/2-3/1 MG TAB	TIER 3	ACA (Preventive Health)
NEXTSTELLIS (<i>drospirenone-estetrol</i>) 3-14.2 MG TAB	TIER 3	ACA (Preventive Health)
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (XULANE)	TIER 1	ACA (Preventive Health), QLC (3 patches/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (ZAFEMY)	TIER 1	ACA (Preventive Health), QLC (3 patches/month)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (BALZIVA)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (BRIELLYN)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (PHILITH)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (VYFEMLA)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (ZENCHENT)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (NECON 0.5/35 (28))	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (NORTREL 0.5/35 (28))	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (WERA)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (ALYACEN 1/35)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (CYCLAFEM 1/35)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (DASETTA 1/35)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (NORTREL 1/35 (21))	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (NORTREL 1/35 (28))	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (NYLIA 1/35)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (PIRMELLA 1/35)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (WYMZYA FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (KAITLIB FE)	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (LAYOLIS FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (NORETHINDRON-ETHINYL ESTRAD-FE) ---20/-30/--	TIER 1	ACA (Preventive Health)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (TILIA FE) ---20/-30/--	TIER 1	ACA (Preventive Health)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (TRI-LEGEST FE) ---20/-30/--	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (AUROVELA 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (JUNEL 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (LARIN 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (LOESTRIN 1/20 (21))	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (MICROGESTIN 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (NORETHINDRONE ACET-ETHINYL EST)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (AUROVELA 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (HAILEY 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (JUNEL 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (LARIN 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (LOESTRIN 1.5/30 (21))	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (MICROGESTIN 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (NORETHINDRONE ACET-ETHINYL EST)	TIER 1	ACA (Preventive Health)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (FINZALA)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (MELODETTA 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (MIBELAS 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (NORETHINDRONE ACET-ETHINYL EST)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (GEMMILY)	TIER 3	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (MERZEE)	TIER 3	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 3	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (TAYSOFY)	TIER 3	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (AUROVELA 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (BLISOVI 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (HAILEY 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (JUNEL FE 24)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (LARIN 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (MICROGESTIN 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (TARINA 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (FYAVOLV)	TIER 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (JEVANTIQUE LO)</i>	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (NORETHINDRONE-ETH ESTRADIOL)</i>	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (FYAVOLV)</i>	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (JINTELI)</i>	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (NORETHINDRONE-ETH ESTRADIOL)</i>	TIER 1	QLC (1 tab/day)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (ALYACEN 7/7/7) --/1--</i>	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (CYCLAFEM 7/7/7) ---/1--</i>	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (DASETTE 7/7/7) - --/1--</i>	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NORTREL 7/7/7) --/1--</i>	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NYLIA 7/7/7) ---/1--</i>	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (PIRMELLA 7/7/7) ---/1--</i>	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/1-35 mg-mcg (ARANELLE) --/1--</i>	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/1-35 mg-mcg (LEENA) --/1--</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (ESTARYLLA)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (FEMYNOR)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MILI)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONO-LINYAH)</i>	TIER 1	ACA (Preventive Health)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-LINYAH) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-MILI) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-NYMYO) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-PREVIFEM) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-SPRINTEC) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-VYLIBRA) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (CRYSELLE-28)	TIER 1	ACA (Preventive Health)
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (ELINEST)	TIER 1	ACA (Preventive Health)
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (LOW-OGESTREL)	TIER 1	ACA (Preventive Health)
OGESTREL (<i>norgestrel & ethinyl estradiol</i>) 0.5-50 MG-MCG TAB	TIER 1	ACA (Preventive Health)
PREMARIN (<i>estrogens, conjugated vaginal</i>) 0.625 MG/GM CREAM	TIER 3	
PREMARIN (<i>estrogens, conjugated</i>) 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	TIER 3	
PREMPRO (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB	TIER 3	QLC (28 tabs/month)
TWIRLA (<i>levonorgestrel-ethinyl estradiol</i>) 120-30 MCG/24HR PATCH WK	TIER 3	ACA (Preventive Health), QLC (3 patches/28 days)
TYBLUME (<i>levonorgestrel & eth estradiol</i>) 0.1-20 MG-MCG CHEW TAB	TIER 3	ACA (Preventive Health)
VELIVET (<i>desogestrel-ethinyl estradiol (triphasic)</i>) 0.1/0.125/0.15 -0.025 MG TAB	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROGESTINS		
ELLA (<i>ulipristal acetate</i>) 30 MG TAB	TIER 3	ACA (Preventive Health), QLC (1 tab/fill)
ENDOMETRIN (<i>progesterone (vaginal)</i>) 100 MG INSERT	TIER 3	PA
<i>medroxyprogesterone acetate tab 10 mg</i>	TIER 1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	TIER 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	TIER 1	
<i>megestrol acetate susp 40 mg/ml</i>	TIER 1	
<i>megestrol acetate tab 20 mg</i>	TIER 1	OAC
<i>megestrol acetate tab 40 mg</i>	TIER 1	OAC
<i>norethindrone acetate tab 5 mg</i>	TIER 1	
<i>norethindrone tab 0.35 mg</i>	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (CAMILA)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (DEBLITANE)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (ERRIN)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (HEATHER)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (INCASSIA)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (JENCYCLA)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (JOLIVETTE)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (LYLEQ)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (LYZA)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (NORA-BE)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (NORLYDA)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (NORLYROC)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (SHAROBEL)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (TULANA)	TIER 1	ACA (Preventive Health)
PHEXXI (<i>lactic acid-citric acid-potassium bitartrate</i>) 1.8-1-0.4 % GEL	TIER 3	ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days)
<i>progesterone cap 100 mg</i>	TIER 1	
<i>progesterone cap 200 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SLYND (<i>drospirenone</i>) 4 MG TAB	TIER 3	ACA (Preventive Health)

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

CLOMID (<i>clomiphene citrate</i>) 50 MG TAB	TIER 1	QLC (10 tabs/28 days)
CLOMIPHENE CITRATE 50 MG TAB	TIER 1	QLC (10 tabs/28 days)
<i>raloxifene hcl tab 60 mg</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs to Replace Thyroid Hormone)

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>liothyronine sodium tab 50 mcg</i>	TIER 1	
NP THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	TIER 3	
SYNTHROID (<i>levothyroxine sodium</i>) 25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB	TIER 2	
<i>thyroid tab 120 mg (2 grain)</i>	TIER 3	
<i>thyroid tab 15 mg (1/4 grain)</i>	TIER 3	
<i>thyroid tab 30 mg (1/2 grain)</i>	TIER 3	
<i>thyroid tab 60 mg (1 grain)</i>	TIER 3	
<i>thyroid tab 90 mg (1 1/2 grain)</i>	TIER 3	

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

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland)

ANTITHYROID AGENTS (Drugs to Suppress Thyroid Hormone)

<i>methimazole tab 10 mg</i>	TIER 1	
<i>methimazole tab 5 mg</i>	TIER 1	
<i>propylthiouracil tab 50 mg</i>	TIER 1	
SSKI (<i>potassium iodide (expectorant)</i>) 1 GM/ML SOLUTION	TIER 1	

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

ANGIOEDEMA AGENTS

<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	TIER 4	PA, SP, QLC (2 syringes/fill; max 12 syringes/2 months)
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i> (SAJAZIR)	TIER 4	PA, SP, QLC (2 syringes/fill; max 12 syringes/2 months)

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

ARCALYST (<i>rilonacept</i>) 220 MG RECON SOLN	TIER 4	PA, SP
DUPIXENT (<i>dupilumab</i>) 100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN PEN, 300 MG/2ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 200 MG/1.14ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN PEN	TIER 4	PA, SP, QLC (2 pens (4 ml)/ 28 days)
OTEZLA (<i>apremilast</i>) 10 & 20 & 30 MG TAB THPK	TIER 4	PA, SP, QLC (1 pack/month)
RIDAURA (<i>auranofin</i>) 3 MG CAP	TIER 2	
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>) 75 /0.83ML PREF SY KT	TIER 4	PA, SP, QLC (1 kit/84 days)
SKYRIZI (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/84 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SKYRIZI PEN (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 auto-injector/ 84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/84 days)
TALTZ (<i>ixekizumab</i>) 80 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
TALTZ (<i>ixekizumab</i>) TLTZ 80 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PEN	TIER 4	PA, SP, QLC (1 injection/8 weeks)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/8 weeks)
XELJANZ (<i>tofacitinib citrate</i>) 1 MG/ML SOLUTION	TIER 4	PA, SP, QLC (10 ml/day)
XELJANZ (<i>tofacitinib citrate</i>) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)

IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)

ACTIMMUNE (<i>interferon gamma-1b</i>) 2000000 UNIT/0.5ML SOLUTION	TIER 4	PA, SP
INTRON A (<i>interferon alfa-2b</i>) 6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN	TIER 4	SP
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 pen/week)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/week)
PEGASYS PROCLICK (<i>peginterferon alfa-2a</i>) PEGSYS 135 MCG/0.5ML SOLN -INJ, PEGSYS 180 MCG/0.5ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/week)

IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

<i>azathioprine tab 50 mg</i>	TIER 1
<i>cyclosporine cap 100 mg</i>	TIER 1
<i>cyclosporine cap 25 mg</i>	TIER 1
<i>cyclosporine modified cap 100 mg</i>	TIER 1

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cyclosporine modified cap 100 mg</i> (GENGRAF)	TIER 1	
<i>cyclosporine modified cap 25 mg</i>	TIER 1	
<i>cyclosporine modified cap 25 mg</i> (GENGRAF)	TIER 1	
<i>cyclosporine modified cap 50 mg</i>	TIER 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	TIER 1	
<i>cyclosporine modified oral soln 100 mg/ml</i> (GENGRAF)	TIER 1	
ENBREL (<i>etanercept</i>) 25 MG RECON SOLN	TIER 4	PA, SP, QLC (8 vials/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 ml/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (4 ml/ 28 days)
ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (4 ml/28 days)
HUMIRA (<i>adalimumab</i>) 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes [1 kit]/28 days)
HUMIRA (<i>adalimumab</i>) 10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
HUMIRA PEDIATRIC CROHNS START (<i>adalimumab</i>) 40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (3 or 6 syringes/year depending upon package size)
HUMIRA PEDIATRIC CROHNS START (<i>adalimumab</i>) 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	TIER 4	PA, SP, QLC (2 syr [1 kit]/year)
HUMIRA PEDIATRIC CROHNS START (<i>adalimumab</i>) 80 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (3 syr [1 kit]/year)
HUMIRA PEN (<i>adalimumab</i>) 40 MG/0.4ML KIT	TIER 4	PA, SP, QLC (2 pens [1 kit]/28 days)
HUMIRA PEN (<i>adalimumab</i>) 40 MG/0.8ML KIT	TIER 4	PA, SP, QLC (2 syringes/28 days)
HUMIRA PEN (<i>adalimumab</i>) 80 MG/0.8ML KIT	TIER 4	PA, SP, QLC (2 pens (1 kit)/ 28 days)
HUMIRA PEN-CD/UC/HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML KIT	TIER 4	PA, SP, QLC (6 syringes/year)
HUMIRA PEN-CD/UC/HS STARTER (<i>adalimumab</i>) -80 MG/0.8ML KIT	TIER 4	PA, SP, QLC (1 carton/year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMIRA PEN-PEDIATRIC UC START (<i>adalimumab</i>) -80 MG/0.8ML KIT	TIER 4	PA, SP, QLC (1 carton/year)
HUMIRA PEN-PS/UV/ADOL HS START (<i>adalimumab</i>) -40 MG/0.8ML KIT	TIER 4	PA, SP, QLC (4 syringes/year)
HUMIRA PEN-PSOR/UVEIT STARTER (<i>adalimumab</i>) -80 MG/0.8ML & 40MG/0.4ML KIT	TIER 4	PA, SP, QLC (1 carton/year)
<i>leflunomide tab 10 mg</i>	TIER 1	
<i>leflunomide tab 20 mg</i>	TIER 1	
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	TIER 1	OAC
<i>mycophenolate mofetil cap 250 mg</i>	TIER 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	TIER 1	
<i>mycophenolate mofetil tab 500 mg</i>	TIER 1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	TIER 3	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	TIER 3	
RINVOQ (<i>upadacitinib</i>) 15 MG TAB ER 24H, 30 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day)
RINVOQ (<i>upadacitinib</i>) 45 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day; max 56 tabs/365 days)
<i>sirolimus oral soln 1 mg/ml</i>	TIER 2	
<i>sirolimus tab 0.5 mg</i>	TIER 2	
<i>sirolimus tab 1 mg</i>	TIER 2	
<i>sirolimus tab 2 mg</i>	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tacrolimus cap 0.5 mg</i>	TIER 1	
<i>tacrolimus cap 1 mg</i>	TIER 1	
<i>tacrolimus cap 5 mg</i>	TIER 1	
XELJANZ XR (<i>tofacitinib citrate</i>) 11 MG TAB ER 24H, 22 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day)

INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

AMINOSALICYLATES

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

GLUCOCORTICOIDS

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

METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

METABOLIC BONE DISEASE AGENTS

ALENDRONATE SODIUM 40 MG TAB	TIER 1	QLC (1 tab/day)
ALENDRONATE SODIUM 5 MG TAB	TIER 1	
ALENDRONATE SODIUM 70 MG/75ML SOLUTION	TIER 1	QLC (4 bottles/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>alendronate sodium oral soln 70 mg/75ml</i>	TIER 1	QLC (4 bottles/month)
<i>alendronate sodium tab 10 mg</i>	TIER 1	
<i>alendronate sodium tab 35 mg</i>	TIER 1	QLC (4 tabs/month)
<i>alendronate sodium tab 5 mg</i>	TIER 1	
<i>alendronate sodium tab 70 mg</i>	TIER 1	QLC (4 tabs/month)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	TIER 1	QLC (1 bottle/month)
<i>calcitriol cap 0.25 mcg</i>	TIER 1	
<i>calcitriol cap 0.5 mcg</i>	TIER 1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	TIER 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	TIER 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	TIER 4	PA
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	TIER 1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (VITAMIN D (ERGOCALCIFEROL))	TIER 1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	TIER 1	QLC (1 tab/month)
<i>risedronate sodium tab 150 mg</i>	TIER 2	QLC (1 tab/month)
<i>risedronate sodium tab 30 mg</i>	TIER 1	PA
<i>risedronate sodium tab 35 mg</i>	TIER 2	QLC (4 tabs/month)
<i>risedronate sodium tab 5 mg</i>	TIER 2	QLC (1 tab/day)
<i>risedronate sodium tab delayed release 35 mg</i>	TIER 2	QLC (4 tabs/month)
TYMLOS (<i>abaloparatide</i>) 3120 MCG/1.56ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen/month)
XGEVA (<i>denosumab</i>) 120 MG/1.7ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/month)

MISCELLANEOUS THERAPEUTIC AGENTS

1ST TIER UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC	TIER 2
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1ST TIER UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
1ST TIER UNILET COMFORTOUCH MISC	TIER 2	QLC (200 lancets/month)
ABOUTTIME PEN NEEDLE PEN 30G 8 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ACCU-CHEK AVIVA PLUS (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK COMPACT PLUS (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK FASTCLIX LANCETS - MISC	TIER 2	QLC (204 lancets/month)
ACCU-CHEK GUIDE (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK MULTICLIX LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ACCU-CHEK SAFE-T PRO LANCETS -- LANCES MISC	TIER 2	QLC (200 lancets/month)
ACCU-CHEK SMARTVIEW (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK SOFTCLIX LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE 28G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE LITE LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE SPECIAL LANCETS 17G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE UNIVERSAL 23G - MISC	TIER 2	QLC (200 lancets/month)
ADVANCED MOBILE LANCET MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE INSULIN PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 33G 4 MM MISC	TIER 2	
ADVOCATE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ADVOCATE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
AEROCHAMBER MINI CHAMBER DEVICE	TIER 2	
AEROCHAMBER MV MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AEROCHAMBER PLUS FLO-VU - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU LARGE - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU MEDIUM - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU SMALL - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU W/MASK - MISC	TIER 2	
AEROCHAMBER PLUS FLOW VU MISC	TIER 2	
AEROCHAMBER W/FLOWSIGNAL MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS CHAMBR - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS/LARGE - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS/MEDIUM - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS/SMALL - MISC	TIER 2	
AEROVENT PLUS DEVICE	TIER 2	
AGAMATRIX ULTRA-THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
AIMSCO TWIST LANCETS 32G MISC	TIER 2	QLC (200 lancets/month)
AIMSCO TWIST LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
AIRIAL CHAMBER DEVICE	TIER 2	
AQUALANCE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ASSURE COMFORT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS HIGH MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS LOW MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS MICRO MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS NORMAL MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS PED MISC	TIER 2	QLC (200 lancets/month)
ASSURE ID INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ASSURE ID SAFETY PEN NEEDLES PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 31G 5 MISC	TIER 2	
ASSURE LANCE LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE PLUS SAFETY 25G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE PLUS SAFETY 30G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE SAFETY LANCET 28G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCETS MISC	TIER 2	QLC (200 lancets/month)
AUM MINI INSULIN PEN NEEDLE PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	TIER 2	
AUM SAFETY PEN NEEDLE PEN 4 MISC, PEN 5 MISC	TIER 2	
AURORA LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
AURORA LANCET THIN 23G MISC	TIER 2	QLC (200 lancets/month)
AURORA PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
AURORA UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC	TIER 2	
BD AUTOSHIELD 5MM MISC, 8MM MISC	TIER 2	
BD AUTOSHIELD DUO 30G X 5 MM MISC	TIER 2	
BD INSULIN SYR ULTRAFINE II 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC	TIER 2	
BD INSULIN SYRINGE 25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, U-100 1 ML MISC	TIER 2	
BD INSULIN SYRINGE HALF-UNIT -31G X 5/16" 0.3 ML MISC	TIER 2	
BD INSULIN SYRINGE MICROFINE 27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC	TIER 2	
BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	TIER 2	
BD INSULIN SYRINGE U/F 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
BD INSULIN SYRINGE ULTRAFINE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
BD LANCET ULTRAFINE 30G MISC	TIER 2	QLC (200 lancets/month)
BD LANCET ULTRAFINE 33G MISC	TIER 2	QLC (200 lancets/month)
BD MICROTAINER LANCETS MISC	TIER 2	QLC (200 lancets/month)
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC	TIER 2	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	TIER 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	TIER 2	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	TIER 2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	TIER 2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	TIER 2	
BD SAFETY-LOK INSULIN SYRINGE -29G X 1/2" 1 ML MISC	TIER 2	
BD SAFETYGLIDE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	TIER 2	
BD VEO INSULIN SYRINGE U/F 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC	TIER 2	
BREATHE COMFORT CHAMBER/ADULT DEVICE	TIER 2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BREATHE EASE LARGE DEVICE	TIER 2	
BREATHE EASE MEDIUM DEVICE	TIER 2	
BREATHE EASE SMALL DEVICE	TIER 2	
BREATHERITE COLL SPACER ADULT MISC	TIER 2	
BREATHERITE COLL SPACER CHILD MISC	TIER 2	
BREATHERITE COLL SPACER INFANT MISC	TIER 2	
BREATHERITE MISC	TIER 2	
BREATHERITE RIGID SPACER/MASK MISC	TIER 2	
BREATHERITE SPACER NEONATE MISC	TIER 2	
BREATHERITE SPACER SMALL CHILD MISC	TIER 2	
BREATHERITE VALVED MDI CHAMBER DEVICE	TIER 2	
BREATHERITE/LARGE MASK MISC	TIER 2	
BREATHERITE/MEDIUM MASK MISC	TIER 2	
BREATHERITE/SMALL MASK MISC	TIER 2	
BULLSEYE MINI SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
BULLSEYE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
CAREFINE PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC	TIER 2	
CAREONE INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
CAREONE LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
CAREONE LANCET THIN 23G MISC	TIER 2	QLC (200 lancets/month)
CAREONE UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
CAREONE UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
CARESENS LANCETS MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CARETOUCH INSULIN SYRINGE 28G 5/16" 1 ML MISC, 29G 5/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
CARETOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 33G 4 MM MISC	TIER 2	
CARETOUCH SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST MC LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
CAYA (<i>diaphragm arc-spring</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
CHEMSTRIP K (<i>acetone (urine) test</i>) CHEM	TIER 2	
CHEMSTRIP UGK (<i>urine glucose-ketones test</i>) CHEM	TIER 2	
CLEANLET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHEK LANCETS MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE COMFORT EZ 29G 12MM MISC, 33G 4 MM MISC	TIER 2	
CLEVER CHOICE HOLDING CHAMBER DEVICE	TIER 2	
CLEVER CHOICE LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CLICKFINE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
COAGUCHEK LANCETS MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMFORT ASSIST INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
COMFORT ASSURED LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
COMFORT ASSURED LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
COMFORT EZ INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC	TIER 2	
COMFORT EZ PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC, PEN 33G 8 MISC	TIER 2	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
COMFORT LANCETS MISC	TIER 2	QLC (200 lancets/month)
COMFORT TOUCH INSULIN PEN NEED PEN 31G 4 MISC, PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
COMFORT TOUCH LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)
COMFORT TOUCH PLUS LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
COMPACT SPACE CHAMBER DEVICE	TIER 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	TIER 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	TIER 2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CVS KETONE CARE (<i>urine glucose-ketones test</i>) STRIP	TIER 2	
CVS LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ORIGINAL MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ULTRA-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
CVS ULTRA THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
DIATHRIVE LANCET ULTRA THIN 30 MISC	TIER 2	QLC (200 lancets/month)
DIATHRIVE LANCETS MISC	TIER 2	QLC (200 lancets/month)
DIATHRIVE PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
DROPLET INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 15/64" 0.3 ML MISC, 30G 15/64" 0.5 ML MISC, 30G 15/64" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
DROPLET LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
DROPLET MICRON 34G X 3.5 MM MISC	TIER 2	
DROPLET PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC	TIER 2	
DROPLET PERSONAL LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
DROPSAFE SAFETY PEN NEEDLES PEN 5 MISC, PEN 6 MISC, PEN 8 MISC	TIER 2	
DRUG MART LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART ON-THE-GO LANCET 30G -- MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DRUG MART UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC	TIER 2	
DRUG MART UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNILET LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCET MICRO-THIN 33G -JCT - MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCET SUPER THIN 30G -JCT MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS 21G -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS THIN 26G -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
EASIVENT MASK LARGE MISC	TIER 2	
EASIVENT MASK MEDIUM MISC	TIER 2	
EASIVENT MASK SMALL MISC	TIER 2	
EASIVENT MISC	TIER 2	
EASY COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC, 32G 5/16" 1 ML MISC	TIER 2	
EASY COMFORT LANCETS MISC	TIER 2	QLC (200 lancets/month)
EASY COMFORT LANCETS TWIST TOP MISC	TIER 2	QLC (200 lancets/month)
EASY COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC	TIER 2	
EASY TOUCH FLIPLOCK INSULIN SY SY 29G 1/2" 1 ML MISC, SY 30G 1/2" 1 ML MISC, SY 30G 5/16" 1 ML MISC, SY 31G 5/16" 1 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASY TOUCH INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	
EASY TOUCH INSULIN SYRINGE 27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 28G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 30G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 32G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 32G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 33G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 6 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC	TIER 2	
EASY TOUCH SAFETY LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY PEN NEEDLES PEN 29G 5MM MISC, PEN 29G 8MM MISC, PEN 30G 8 MM MISC	TIER 2	
EASY TOUCH SHEATHLOCK SYRINGE 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASY TWIST & CAP LANCETS MISC	TIER 2	QLC (200 lancets/month)
ELITE-THIN INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -28G 5/16" 0.5 ML MISC, -28G 5/16" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -29G 5/16" 0.5 ML MISC, -29G 5/16" 1 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
EMBRACE LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
EMBRACE PRESSURE ACTIVATED 21G MISC	TIER 2	QLC (200 lancets/month)
EMBRACE PRESSURE ACTIVATED 28G MISC	TIER 2	QLC (200 lancets/month)
EQ SPACE CHAMBER ANTI-STATIC - DEVICE	TIER 2	
EQ SPACE CHAMBER ANTI-STATIC L - DEVICE	TIER 2	
EQ SPACE CHAMBER ANTI-STATIC M - DEVICE	TIER 2	
EQ SPACE CHAMBER ANTI-STATIC S -TATIC DEVICE	TIER 2	
EQL COLOR LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EQL COLOR LANCETS MICRO 33G MISC	TIER 2	QLC (200 lancets/month)
EQL INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EQL SUPER THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
EQL THIN LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EXEL COMFORT POINT INSULIN SYR EEL 28G 1/2" 0.5 ML MISC, EEL 28G 1/2" 1 ML MISC, EEL 29G 1/2" 0.3 ML MISC, EEL 29G 1/2" 0.5 ML MISC, EEL 29G 1/2" 1 ML MISC, EEL 30G 5/16" 0.3 ML MISC, EEL 30G 5/16" 0.5 ML MISC, EEL 30G 5/16" 1 ML MISC	TIER 2	
EXEL COMFORT POINT PEN NEEDLE EEL PEN 29G 12MM MISC, EEL PEN 31G 4 MM MISC, EEL PEN 31G 6 MM MISC, EEL PEN 31G 8 MM MISC	TIER 2	
EZ SMART BLOOD GLUCOSE LANCETS MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EZ-LETS LANCETS 21G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 26G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 30G - MISC	TIER 2	QLC (200 lancets/month)
FEMCAP (<i>cervical caps</i>) 22 DEVICE, 26 DEVICE, 30 DEVICE	TIER 2	ACA (Preventive Health), QLC (one cervical cap/300 days)
FIFTY50 PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
FIFTY50 SAFETY SEAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
FIFTY50 SUPERIOR COMFORT SYR 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
FIFTY50 UNILET LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
FINE 30 MISC	TIER 2	QLC (200 lancets/month)
FINGERSTIX LANCETS MISC	TIER 2	QLC (200 lancets/month)
FLEXICHAMBER ADULT MASK/SMALL MISC	TIER 2	
FLEXICHAMBER CHILD MASK/LARGE MISC	TIER 2	
FLEXICHAMBER CHILD MASK/SMALL MISC	TIER 2	
FLEXICHAMBER DEVICE	TIER 2	
FORA GTEL BLOOD KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
FORA LANCETS MISC	TIER 2	QLC (200 lancets/month)
FREDS PHARMACY UNIFINE PENTIP+ 5 MISC, 8 MISC	TIER 2	
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
FREDS PHARMACY UNILET LANC 28G MISC	TIER 2	QLC (200 lancets/month)
FREDS PHARMACY UNILET LANC 30G MISC	TIER 2	QLC (200 lancets/month)
FREESTYLE LANCETS MISC	TIER 2	QLC (200 lancets/month)
FREESTYLE PRECISION INS SYR 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
FREESTYLE UNISTICK II LANCETS MISC	TIER 2	QLC (200 lancets/month)
GENTEEL BUTTERFLY TOUCH LANCET MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GENTLE-LET GP LANCETS - MISC	TIER 2	QLC (200 lancets/month)
GENTLE-LET LANCETS - MISC	TIER 2	QLC (200 lancets/month)
GLOBAL EASE INJECT PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
GLOBAL EASY GLIDE INSULIN SYR 5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC	TIER 2	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	TIER 2	
GLOBAL INJECT EASE INSULIN SYR 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GLOBAL INJECT EASE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GLOBAL INJECT EASE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GLOBAL INSULIN SYRINGES 1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC	TIER 2	
GLUCOCOM LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GLUCOPRO INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GNP CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GNP INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GNP INSULIN SYRINGES 28GX1/2" /2" /2" ML MISC	TIER 2	
GNP INSULIN SYRINGES 29GX1/2" 0.5 ML MISC, 1 ML MISC	TIER 2	
GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC	TIER 2	
GNP INSULIN SYRINGES 30GX5/16" 0.3 ML MISC	TIER 2	
GNP INSULIN SYRINGES 31GX5/16" 0.3 ML MISC	TIER 2	
GNP LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
GNP MICRO THIN LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GNP STERILE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GNP STERILE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GNP STERILE LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GNP SUPER THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GNP ULTICARE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
GNP ULTIGUARD SAFEPACK NEEDLE 31G 5 MISC, 31G 8 MISC, 32G 4 MISC, 32G 6 MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GNP ULTRA COM INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GOJJI BLOOD KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
GOJJI STERILE LANCETS MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	TIER 2	
GOODSENSE COLOR LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 26G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 30G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 33G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE PEN NEEDLE PENFINE PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
H-E-B INCONTROL LANCETS 28G --LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL LANCETS 30G --LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL LANCETS 33G --LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL PEN NEEDLES --PN 29G 12MM MISC, --PN 31G 5 MM MISC, --PN 31G 6 MM MISC, --PN 31G 8 MM MISC, --PN 32G 4 MM MISC	TIER 2	
H-E-B INCONTROL UNIFINE PENTIP --UNIFINPTIP 31G 5 MISC, --UNIFINPTIP 31G 6 MISC, --UNIFINPTIP 31G 8 MISC, --UNIFINPTIP 32G 4 MISC, --UNIFINPTIP 33G 4 MISC	TIER 2	
HAEMOLANCE LOW FLOW LANCETS F MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS HIGH FLOW MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HAEMOLANCE PLUS LOW FLOW F MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS MAX FLOW MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	TIER 2	QLC (200 lancets/month)
HEALTHWISE INSULIN SYR/NEEDLE 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	TIER 2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	TIER 2	
HEALTHWISE SHORT PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
HEALTHY ACCENTS UNIFINE PENTIP 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
HEALTHY ACCENTS UNILET LANCETS MISC	TIER 2	QLC (200 lancets/month)
HM ULTICARE INSULIN SYRINGE 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	TIER 2	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
HY-VEE LANCETS - MISC	TIER 2	QLC (200 lancets/month)
HY-VEE THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
IN TOUCH STERILE LANCETS 30G IN MISC	TIER 2	QLC (200 lancets/month)
INCONTROL ULTICARE PEN NEEDLES PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
INSPIRACHAMBER/LARGE DEVICE	TIER 2	
INSPIRACHAMBER/MEDIUM DEVICE	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSPIRACHAMBER/MOUTHPIECE DEVICE	TIER 2	
INSPIRACHAMBER/SMALL DEVICE	TIER 2	
INSPIREASE MISC	TIER 2	
INSULIN SYRINGE 27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1" 0.3 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
INSULIN SYRINGE-NEEDLE U-100 --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, --100 30G 5/16" 0.3 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 30G 5/16" 1 ML MISC, --100 31G 1/4" 0.3 ML MISC, --100 31G 1/4" 0.5 ML MISC, --100 31G 1/4" 1 ML MISC, --100 31G 5/16" 0.3 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC	TIER 2	
INSULIN SYRINGE/NEEDLE 27G 1/2" 0.5 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC	TIER 2	
INSUPEN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
INSUPEN SENSITIVE 6 MISC, 8 MISC	TIER 2	
INSUPEN ULTRAFIN 29G 12MM MISC, 30G 8 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC	TIER 2	
KETO-DIASTIX (<i>urine glucose-ketones test</i>) - STRIP	TIER 2	
KETONE TEST (<i>acetone (urine) test</i>) STRIP	TIER 2	
KETOSTIX (<i>acetone (urine) test</i>) STRIP	TIER 2	
KINNEY LANCETS MISC	TIER 2	QLC (200 lancets/month)
KINNEY THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
KINRAY INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KMART VALU INSULIN SYRINGE 29G VAL-100 0.5 ML MISC, VAL-100 1 ML MISC	TIER 2	
KMART VALU INSULIN SYRINGE 30G VAL-100 0.3 ML MISC, VAL-100 0.5 ML MISC, VAL-100 1 ML MISC	TIER 2	
KROGER HEALTHPRO LANCET 26G MISC	TIER 2	QLC (200 lancets/month)
KROGER INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
KROGER LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS ULTRATHIN 30G MISC	TIER 2	QLC (200 lancets/month)
KROGER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
LANCETS MISC	TIER 2	QLC (200 lancets/month)
LANCETS SUPER THIN 28G MISC	TIER 2	QLC (200 lancets/month)
LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
LANCETS ULTRA FINE MISC	TIER 2	QLC (200 lancets/month)
LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEADER INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
LEADER UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC	TIER 2	
LEADER UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 8 MISC, 32G 4 MISC	TIER 2	
LIBERTY MEDICAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
LIFESCAN UNISTIK 2 MISC	TIER 2	QLC (200 lancets/month)
LIFESCAN UNISTIK II LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITE TOUCH LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITEAIRE DEVICE	TIER 2	
LITETOUCH INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
LITETOUCH LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITETOUCH PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
LIVE BETTER LANCET SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
LIVE BETTER LANCET ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	TIER 2	
LONGS LANCETS STANDARD MISC	TIER 2	QLC (200 lancets/month)
LONGS LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
LONGS LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
MAGELLAN INSULIN SAFETY SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MARATHON MEDICAL PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
MAXI-COMFORT INSULIN SYRINGE -1/2" 0.5 ML MISC, -1/2" 1 ML MISC	TIER 2	
MAXI-COMFORT SAFETY PEN NEEDLE -PEN 5MM MISC, -PEN 8MM MISC	TIER 2	
MAXICOMFORT II PEN NEEDLE MAICOMFORT 31G 6 MM MISC	TIER 2	
MAXICOMFORT SYR 27G X 1/2" MAICOMFORT 0.5 ML MISC, MAICOMFORT 1 ML MISC	TIER 2	
MEDIC INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC	TIER 2	
MEDICHOICE SAFETY LANCET EXTRA MISC	TIER 2	QLC (200 lancets/month)
MEDICHOICE SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
MEDICHOICE SAFETY LANCET NORM MISC	TIER 2	QLC (200 lancets/month)
MEDICINE SHOPPE PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
MEDISENSE THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE EXTRA 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE LITE 25G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS EXTRA 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS LITE 25G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS SPECIAL 0.8MM MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS SUPERLITE 30G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 30G MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 33G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MEIJER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
MEIJER SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
<i>methylergonovine maleate tab 0.2 mg</i>	TIER 1	QLC (28 tabs/30 days)
<i>methylergonovine maleate tab 0.2 mg</i> (METHERGINE)	TIER 1	QLC (28 tabs/30 days)
MICROCHAMBER DEVICE, MISC	TIER 2	
MICRODOT PEN NEEDLE PEN 31G 6 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC	TIER 2	
MICROLET LANCETS MISC	TIER 2	QLC (200 lancets/month)
MICROSPACER MISC	TIER 2	
MICROTAINER SAFETY FLOW LANCET MISC	TIER 2	QLC (200 lancets/month)
MM INSULIN SYRINGE/NEEDLE 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
MM PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
MM TWIST LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC	TIER 2	
MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
MONOLET LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOLET OPD LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOLETTOR SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 21G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MPD SAFETY LANCET 23G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 28G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 30G MISC	TIER 2	QLC (200 lancets/month)
MS INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
MYGLUCOHEALTH LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
NOVA MAX PLUS KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
NOVA SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
NOVA SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
NOVA SUREFLEX LANCETS MISC	TIER 2	QLC (200 lancets/month)
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC	TIER 2	
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	TIER 2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	TIER 2	
NOVOTWIST PEN NEEDLE 32G X 5 MM MISC	TIER 2	
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	TIER 2	ACA (Preventive Health)
ON CALL LANCETS MISC	TIER 2	QLC (200 lancets/month)
ON CALL PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH CLUB LANCETS FINE PT MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA PLUS LANCET30G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA PLUS LANCET33G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH FINEPOINT LANCETS MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH ULTRASOFT LANCETS MISC	TIER 2	QLC (200 lancets/month)
OPTICHAMBER ADVANTAGE-LG MASK - MISC	TIER 2	
OPTICHAMBER ADVANTAGE-MED MASK - MISC	TIER 2	
OPTICHAMBER ADVANTAGE-SM MASK - MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPTICHAMBER DIAMOND DEVICE, MISC	TIER 2	
OPTICHAMBER DIAMOND-LG MASK - DEVICE	TIER 2	
OPTICHAMBER DIAMOND-MD MASK - MISC	TIER 2	
OPTICHAMBER DIAMOND-SM MASK - MISC	TIER 2	
OPTICHAMBER FACE MASK-LARGE - MISC	TIER 2	
OPTICHAMBER FACE MASK-MEDIUM - MISC	TIER 2	
OPTICHAMBER FACE MASK-SMALL - MISC	TIER 2	
OPTIHALER DEVICE, MISC	TIER 2	
PC LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
PC UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC	TIER 2	
PEN NEEDLES 1/2" 29G X 12MM MISC	TIER 2	
PEN NEEDLES 3/16" 31G X 5 MM MISC	TIER 2	
PEN NEEDLES 5/16" PEN 30G 8 MISC, PEN 31G 8 MISC	TIER 2	
PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 33G 4 MM MISC	TIER 2	
PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC	TIER 2	
PERFECT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PERFECT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PHARMACIST CHOICE LANCETS MISC	TIER 2	QLC (200 lancets/month)
PHARMACY COUNTER LANCETS MISC	TIER 2	QLC (200 lancets/month)
PIP LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PIP LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PIP PEN NEEDLES 31G X 5MM MISC	TIER 2	
PIP PEN NEEDLES 32G X 4MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
POCKET CHAMBER DEVICE	TIER 2	
POCKET SPACER DEVICE	TIER 2	
PRECISION SURE-DOSE SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -30G 3/8" 0.5 ML MISC, -30G 5/16" 0.3 ML MISC	TIER 2	
PRECISION SUREDOSE PLUS SYR 1/2" 0.3 ML MISC, 1/2" 1 ML MISC	TIER 2	
PRECISION THINS GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
PRECISION XTRA KETONE (<i>ketone blood test</i>) STRIP	TIER 2	
PREFERRED PLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
PREFERRED PLUS LANCETS COLORED MISC	TIER 2	QLC (200 lancets/month)
PREFERRED PLUS LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
PREFERRED PLUS UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
PRESSURE ACTIVAT SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
PREVENT DROPSAFE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
PREVENT SAFETY PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
PRIMEAIRE HOLDING CHAMBER DEVICE	TIER 2	
PRO COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
PRO COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PRO COMFORT LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)
PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC	TIER 2	
PRO COMFORT SPACER ADULT MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRO COMFORT SPACER CHILD MISC	TIER 2	
PRO COMFORT SPACER INFANT DEVICE	TIER 2	
PROCARE SPACER/ADULT MASK DEVICE	TIER 2	
PROCARE SPACER/CHILD MASK DEVICE	TIER 2	
PRODIGY INSULIN SYRINGE 28G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
PRODIGY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PRODIGY SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
PRODIGY TWIST TOP LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PSS SELECT GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
PSS SELECT SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
PTS PANELS KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
PURE COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PURE COMFORT PEN NEEDLE PEN 4 MISC, PEN 5 MISC, PEN 6 MISC, PEN 8 MISC	TIER 2	
PURE COMFORT SPACER CHAMBER DEVICE	TIER 2	
PUSH BUTTON SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PUSH BUTTON SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
PX EXTRA SHORT PEN NEEDLES 31G 6 MM MISC	TIER 2	
PX INSULIN SYRINGE 30G 1/2" 0.5 ML MISC	TIER 2	
PX LANCETS MICROTHIN 33G MISC	TIER 2	QLC (200 lancets/month)
PX LANCETS ULTRA THIN 28G MISC	TIER 2	QLC (200 lancets/month)
PX LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
PX MINI PEN NEEDLES 31G 5 MM MISC	TIER 2	
PX PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 8 MM MISC	TIER 2	
PX SHORTLENGTH PEN NEEDLES 31G 8 MM MISC	TIER 2	
QC LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
QC LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QC PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
QC UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
QC UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
QC UNILET LANCETS MICRO THIN MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT COLOR LANCETS 33G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS 28G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS THIN 26G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS THIN 28G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS ULTRA THIN -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
RA PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
RAYA SURE PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
READYLANCE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
REALITY INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC	TIER 2	
REALITY LANCETS MISC	TIER 2	QLC (200 lancets/month)
REALITY TRIGGER LANCETS MISC	TIER 2	QLC (200 lancets/month)
RELI-ON INSULIN SYRINGE -29G 0.3 ML MISC, -29G 0.5 ML MISC, -29G X 1/2" 1 ML MISC, -30G 0.3 ML MISC, -30G 0.5 ML MISC, -30G 1 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RELION INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
RELION KETONE (<i>acetone (urine) test</i>) STRIP	TIER 2	
RELION KETONE TEST (<i>acetone (urine) test</i>) STRIP	TIER 2	
RELION LANCETS MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS STANDARD 21G MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS ULTRA-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
RELION MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
RELION PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
RELION ULTRA THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
RELION ULTRA THIN PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
REXALL LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
RIGHTEST GL300 LANCETS MISC	TIER 2	QLC (200 lancets/month)
RITEFLO DEVICE	TIER 2	
RUZURGI (<i>amifampridine</i>) 10 MG TAB	TIER 4	PA, SP, QLC (10 tabs/day)
SAFE-T-LANCE -- MISC	TIER 2	QLC (200 lancets/month)
SAFE-T-LANCE PLUS -- MISC	TIER 2	QLC (200 lancets/month)
SAFESNAP INSULIN SYRINGE 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	
SAFETY INSULIN SYRINGES 27G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SAFETY LANCET 21G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 23G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 28G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 30G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAFETY LET LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAFETY PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
SAFETY SEAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS HEALTH PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS HEALTH TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPSCARE TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SB INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
SB LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
SB LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
SECURESAFE INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC	TIER 2	
SHOPKO ON-THE-GO LANCETS 30G -- MISC	TIER 2	QLC (200 lancets/month)
SHOPKO UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
SHOPKO UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
SHOPKO UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SHOPKO UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
SIDE BUTTON SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SINGLE-LET - MISC	TIER 2	QLC (200 lancets/month)
SM LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE COLOR LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE STANDARD LANCETS MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE THIN LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
SMARTEST LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SOLUS V2 LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SOLUS V2 TWIST LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
STERILANCE TL MISC	TIER 2	QLC (200 lancets/month)
SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
SURE COMFORT LANCETS 18G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT PEN NEEDLES PEN 29G 12.7MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC	TIER 2	
SURE-FINE PEN NEEDLES -PEN 29G 12.7MM MISC, -PEN 31G 5 MM MISC, -PEN 31G 8 MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SURE-JECT INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.3 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
SURE-LANCE FLAT LANCETS - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE LANCETS 26G - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE THIN LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE ULTRA THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
SURE-TOUCH LANCETS UNIVERSAL - MISC	TIER 2	QLC (200 lancets/month)
SURELITE LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE AST LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TECHLITE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TECHLITE LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC	TIER 2	
TGT LANCET MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
TGT LANCET THIN 26G MISC	TIER 2	QLC (200 lancets/month)
TGT LANCET ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
THINLETS GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC	TIER 2	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TODAYS HEALTH THIN LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
TODAYS HEALTH THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TOPCARE CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
TOPCARE LANCETS MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
TOPCARE ULTRA COMFORT INS SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TRAVEL LANCETS ADVANCED 28G MISC	TIER 2	QLC (200 lancets/month)
TRAVEL LANCETS MISC	TIER 2	QLC (200 lancets/month)
TRUE COMFORT INSULIN SYRINGE 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
TRUE COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
TRUE COMFORT PRO INSULIN SYR 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC, 32G 5/16" 1 ML MISC	TIER 2	
TRUE COMFORT PRO PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC	TIER 2	
TRUE COMFORT TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS 5-BEVEL PEN NEEDLES 5-PEN 29G 12.7MM MISC, 5-PEN 31G 5 MM MISC, 5-PEN 31G 6 MM MISC, 5-PEN 31G 8 MM MISC, 5-PEN 32G 4 MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRUEPLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TRUEPLUS LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
TRUEPLUS SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
ULTICARE INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTICARE MICRO PEN NEEDLES PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ULTICARE MINI PEN NEEDLES PEN 30G 5 MISC, PEN 31G 6 MISC, PEN 32G 6 MISC	TIER 2	
ULTICARE PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC	TIER 2	
ULTICARE SHORT PEN NEEDLES PEN 30G 8 MISC, PEN 31G 8 MISC	TIER 2	
ULTIGUARD SAFEPACK PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTIGUARD SAFEPAK SYR/NEEDLE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET CLASSIC LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTILET INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET INSULIN SYRINGE SHORT 30G 1/2" 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTILET PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
ULTILET SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
ULTILET SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	TIER 2	
ULTRA FLO INSULIN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G " 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	
ULTRA FLO INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTRA THIN LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTRA-CARE LANCETS 30G - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-COMFORT INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.3 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
ULTRA-THIN II AUTO LANCET - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-THIN II INS SYR SHORT -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
ULTRA-THIN II INSULIN SYRINGE -1/2" 0.5 ML MISC, -1/2" 1 ML MISC	TIER 2	
ULTRA-THIN II LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-THIN II MINI PEN NEEDLE -31G X 5 MM MISC	TIER 2	
ULTRA-THIN II PEN NEEDLE SHORT -31G X 8 MM MISC	TIER 2	
ULTRA-THIN II PEN NEEDLES -29G X 12.7MM MISC	TIER 2	
ULTRACARE INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTRACARE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC	TIER 2	
UNIFINE PEN NEEDLES 32G X 4 MM MISC	TIER 2	
UNIFINE PENTIPS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC	TIER 2	
UNIFINE PENTIPS PLUS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UNIFINE SAFECONTROL PEN NEEDLE PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC	TIER 2	
UNIFINE ULTRA PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
UNILET COMFORTOUCH LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET EXCELITE II MISC	TIER 2	QLC (200 lancets/month)
UNILET EXCELITE MISC	TIER 2	QLC (200 lancets/month)
UNILET G.P. LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET G.P. SUPERLITE LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET GP 28 ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
UNILET LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
UNILET SUPER-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
UNILET SUPERLITE LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET ULTRA-THIN 28G - MISC	TIER 2	QLC (200 lancets/month)
UNISTIK 3 GENTLE MISC	TIER 2	QLC (200 lancets/month)
UNISTIK PRO SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
UNISTIK SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK SAFETY LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 21G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 23G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 28G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 30G MISC	TIER 2	QLC (200 lancets/month)
UNIVERSAL 1 LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
UNIVERSAL 1 LANCETS THIN 33G MISC	TIER 2	QLC (200 lancets/month)
UNIVERSAL 1 LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
VALUE HEALTH INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
VALUE PLUS LANCET STANDARD 21G MISC	TIER 2	QLC (200 lancets/month)
VALUE PLUS LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
VALUE PLUS LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VALUMARK LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK LANCET ULTRA THIN 28G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
VALVED HOLDING CHAMBER DEVICE	TIER 2	
VANISHPOINT INSULIN SYRINGE 29G 1/2" 1 ML MISC, 29G 5/16" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 3/16" 0.5 ML MISC, 30G 3/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
VIDA MIA UNIFINE PENTIPS 29G 12MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
VIDA MIA UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
VIDA MIA UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
VITALET PRO LANCETS MISC	TIER 2	QLC (200 lancets/month)
VITALET PRO PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
VIVAGUARD LANCETS MISC	TIER 2	QLC (200 lancets/month)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	TIER 2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	TIER 2	
VORTEX HOLDING CHAMBER/MASK DEVICE	TIER 2	
VORTEX VALVED HOLDING CHAMBER DEVICE	TIER 2	
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	TIER 2	
WALGREENS ADV TRAVEL LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS MICRO THIN MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
WALGREENS THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS ULTRA THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
WATCHHALER DEVICE	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WEGMANS UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC	TIER 2	
WIDE-SEAL DIAPHRAGM 60 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 65 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 70 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 75 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 80 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 85 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 90 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 95 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
ZEVRX INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
ZEVRX PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ZEVRX TWIST TOP LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)

OPHTHALMIC AGENTS (Drugs for the Eyes)

OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (BACITRA-NEOMYCIN-POLYMYXIN-HC)	TIER 1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (NEO-POLYCIN HC)	TIER 1	
<i>cyclopentolate hcl ophth soln 0.5%</i>	TIER 1	
<i>cyclopentolate hcl ophth soln 1%</i>	TIER 1	
<i>cyclopentolate hcl ophth soln 2%</i>	TIER 1	
DORZOLAMIDE HCL-TIMOLOL MAL (<i>dorzolamide hcl-timolol maleate</i>) -22.3-6.8 MG/ML SOLUTION	TIER 1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	TIER 2	QLC (2 droperettes/day)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	TIER 1	
HOMATROPAIRE (<i>homatropine hbr</i>) 5 % SOLUTION	TIER 1	
<i>homatropine hbr ophth soln 5%</i>	TIER 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEO-POLYCIN)	TIER 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEOMYCIN-BACITRACIN ZN-POLYMYX)	TIER 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	TIER 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	TIER 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN -- 1.75-10000-.025 SOLUTION	TIER 1	
NEOMYCIN-POLYMYXIN-HC (<i>neomycin-polymyxin-hc (ophth)</i>) --3.5-10000-1 SUSPENSION	TIER 1	
<i>phenylephrine hcl ophth soln 10%</i>	TIER 1	
<i>phenylephrine hcl ophth soln 10%</i> (ALTAFRIN)	TIER 1	
<i>phenylephrine hcl ophth soln 2.5%</i>	TIER 1	
<i>phenylephrine hcl ophth soln 2.5%</i> (ALTAFRIN)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>proparacaine hcl ophth soln 0.5%</i>	TIER 1	
RESTASIS (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	TIER 1	QLC (2 vials/day)
RESTASIS MULTIDOSE (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	TIER 2	QLC (one 5.5 ml bottle/month)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> (SULFACETAMIDE-PREDNISOLONE)	TIER 1	
SULFACETAMIDE-PREDNISOLONE (<i>sulfacetamide sod-prednisolone</i>) -10-0.23 % SOLUTION	TIER 1	
TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1 % OINTMENT	TIER 3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	TIER 1	
<i>tropicamide ophth soln 0.5%</i>	TIER 1	
<i>tropicamide ophth soln 1%</i>	TIER 1	

OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)

<i>azelastine hcl ophth soln 0.05%</i>	TIER 1	
<i>cromolyn sodium ophth soln 4%</i>	TIER 1	
<i>epinastine hcl ophth soln 0.05%</i>	TIER 1	
LASTACRAFT (<i>alcaftadine</i>) 0.25 % SOLUTION	TIER 3	QLC (1 bottle/month)

OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)

BACITRACIN (<i>bacitracin (ophthalmic)</i>) 500 UNIT/GM OINTMENT	TIER 1	
<i>erythromycin ophth oint 5 mg/gm</i>	TIER 1	
<i>gatifloxacin ophth soln 0.5%</i>	TIER 1	QLC (one 2.5 ml bottle/month)
GENTAK (<i>gentamicin sulfate (ophth)</i>) 0.3 % OINTMENT	TIER 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	TIER 1	
LEVOFLOXACIN (<i>levofloxacin (ophth)</i>) 1.5 % SOLUTION	TIER 1	
<i>levofloxacin ophth soln 0.5%</i>	TIER 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ofloxacin ophth soln 0.3%</i>	TIER 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	TIER 1	
SULFACETAMIDE SODIUM (<i>sulfacetamide sodium (ophth)</i>) 10 % OINTMENT	TIER 1	
<i>sulfacetamide sodium ophth soln 10%</i>	TIER 1	
<i>tobramycin ophth soln 0.3%</i>	TIER 1	

OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)

DEXAMETHASONE SODIUM PHOSPHATE (<i>dexamethasone sodium phosphate (ophth)</i>) 0.1 % SOLUTION	TIER 1	
<i>diclofenac sodium ophth soln 0.1%</i>	TIER 1	
<i>fluorometholone ophth susp 0.1%</i>	TIER 1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	TIER 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	TIER 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	TIER 1	
PREDNISOLONE ACETATE (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION	TIER 1	
PREDNISOLONE ACETATE P-F (<i>prednisolone acetate (ophth)</i>) REDNISOLONE -1 % SUSPENSION	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE (<i>prednisolone sodium phosphate (ophth)</i>) 1 % SOLUTION	TIER 1	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)

<i>betaxolol hcl ophth soln 0.5%</i>	TIER 1	
CARTEOLOL HCL (<i>carteolol hcl (ophth)</i>) 1 % SOLUTION	TIER 1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 1	
<i>levobunolol hcl ophth soln 0.5%</i>	TIER 1	
METIPRANOLOL 0.3 % SOLUTION	TIER 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>timolol maleate ophth gel forming soln 0.5%</i>	TIER 1	
<i>timolol maleate ophth soln 0.25%</i>	TIER 1	
<i>timolol maleate ophth soln 0.5%</i>	TIER 1	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)

<i>acetazolamide cap er 12hr 500 mg (ACETAZOLAMIDE ER)</i>	TIER 1	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	TIER 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	TIER 3	
<i>brimonidine tartrate ophth soln 0.2%</i>	TIER 1	
<i>dorzolamide hcl ophth soln 2%</i>	TIER 1	
<i>methazolamide tab 25 mg</i>	TIER 2	
<i>methazolamide tab 50 mg</i>	TIER 2	
PHOSPHOLINE IODIDE (<i>echothiophate iodide</i>) 0.125 % RECON SOLN	TIER 3	
<i>pilocarpine hcl ophth soln 1%</i>	TIER 1	
<i>pilocarpine hcl ophth soln 2%</i>	TIER 1	
<i>pilocarpine hcl ophth soln 4%</i>	TIER 1	
SIMBRINZA (<i>brinzolamide-brimonidine tartrate</i>) 1-0.2 % SUSPENSION	TIER 3	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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OTIC AGENTS (Drugs for the Ears)

OTIC AGENTS (Drugs for Ears)

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

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

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

<i>budesonide inhalation susp 0.25 mg/2ml</i>	TIER 1	QLC (4 ml/day)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	TIER 1	QLC (4 ml/day)
<i>budesonide inhalation susp 1 mg/2ml</i>	TIER 1	QLC (2 ml/day)
FLOVENT DISKUS (<i>fluticasone propionate (inhalation)</i>) 250 MCG/ACT AER POW BA	TIER 2	QLC (4 inhalers/month)
FLOVENT DISKUS (<i>fluticasone propionate (inhalation)</i>) 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
FLOVENT HFA (<i>fluticasone propionate hfa</i>) 44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	TIER 2	QLC (2 inhalers/month)
<i>flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)</i>	TIER 1	QLC (2 bottles/month)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	TIER 1	QLC (1 bottle/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QVAR REDHALER (<i>beclomethasone dipropionate hfa</i>) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA	TIER 2	QLC (2 inhalers/month)

ANTIHISTAMINES (Drugs for Allergies)

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)</i>	TIER 1	QLC (1 bottle/25 days)
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	TIER 1	
<i>cyproheptadine hcl tab 4 mg</i>	TIER 1	
<i>desloratadine tab 5 mg</i>	TIER 1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	TIER 1	
<i>hydroxyzine hcl tab 10 mg</i>	TIER 1	
<i>hydroxyzine hcl tab 25 mg</i>	TIER 1	
<i>hydroxyzine hcl tab 50 mg</i>	TIER 1	
HYDROXYZINE PAMOATE 100 MG CAP	TIER 1	
<i>hydroxyzine pamoate cap 25 mg</i>	TIER 1	
<i>hydroxyzine pamoate cap 50 mg</i>	TIER 1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	TIER 1	

ANTILEUKOTRIENES (Drugs for Asthma)

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	TIER 1	QLC (1 pack/day)
<i>montelukast sodium tab 10 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>zafirlukast tab 10 mg</i>	TIER 2	
<i>zafirlukast tab 20 mg</i>	TIER 2	

BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)

ATROVENT HFA (<i>ipratropium bromide hfa</i>) 17 MCG/ACT AERO SOLN	TIER 3	QLC (2 inhalers/month)
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>) 62.5 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ipratropium bromide inhal soln 0.02%</i>	TIER 1	QLC (120 doses/month)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	TIER 1	QLC (1 bottle/month)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	TIER 1	QLC (3 bottles/month)
SPIRIVA HANDHALER (<i>tiotropium bromide monohydrate</i>) 18 MCG CAP	TIER 2	QLC (30 caps/month)
SPIRIVA RESPIMAT (<i>tiotropium bromide monohydrate</i>) 1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)

BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)

<i>albuterol hfa (generic proair hfa)</i>	TIER 1	QLC (2 inhalers/month)
<i>albuterol hfa (generic proventil hfa)</i>	TIER 1	QLC (2 inhalers/month)
<i>albuterol hfa (generic ventolin hfa)</i>	TIER 1	QLC (2 inhalers/month)
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	TIER 1	QLC (4 bottles/month)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> (ALBUTEROL SULFATE HFA)	TIER 1	QLC (2 inhalers/month)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	TIER 1	QLC (375 ml/month)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	TIER 1	QLC (5 boxes (150 ml)/ month)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	TIER 1	QLC (5 boxes (375 ml)/month)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	TIER 1	QLC (5 boxes (375 ml)/month)
<i>albuterol sulfate syrup 2 mg/5ml</i>	TIER 1	
EPINEPHRINE (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ	TIER 1	QLC (4 injections/fill; max 6 fills per year)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	TIER 1	QLC (4 injections/fill; max 6 fills per year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	TIER 1	QLC (4 injections/fill; max 6 fills per year)
EPIPEN 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.3 MG/0.3ML SOLN -INJ	TIER 2	QLC (4 injections/fill; max 6 fills per year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPIPEN JR 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.15 MG/0.3ML SOLN - INJ	TIER 2	QLC (4 injections/fill; max 6 fills per year)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	TIER 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	TIER 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	TIER 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	TIER 1	QLC (90 vials/month)
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	TIER 1	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>) 2.5 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)

CYSTIC FIBROSIS AGENTS

CAYSTON (<i>aztreonam lysine</i>) 75 MG RECON SOLN	TIER 4	PA, SP, QLC (1 box/2 months)
KALYDECO (<i>ivacaftor</i>) 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
KALYDECO (<i>ivacaftor</i>) 25 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
KALYDECO (<i>ivacaftor</i>) 50 MG PACKET, 75 MG PACKET	TIER 4	PA, SP, QLC (2 packs/day)
SYMDEKO (<i>tezacaftor-ivacaftor</i>) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day)
TOBRAMYCIN 300 MG/5ML NEBU SOLN	TIER 3	PA, SP, QLC (1 pack/56 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	TIER 3	PA, SP, QLC (1 box/2 months)

MAST CELL STABILIZERS (Drugs to Block Mast Cells)

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	TIER 3	QLC (2 boxes/month)
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	TIER 1	
DALIRESP (<i>roflumilast</i>) 250 MCG TAB	TIER 3	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
DALIRESP (<i>roflumilast</i>) 500 MCG TAB	TIER 3	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>roflumilast tab 250 mcg</i>	TIER 2	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
<i>roflumilast tab 500 mcg</i>	TIER 2	PA, QLC (1 tab/day)
<i>theophylline elixir 80 mg/15ml</i>	TIER 1	
<i>theophylline elixir 80 mg/15ml</i> (ELIXOPHYLLIN)	TIER 1	
<i>theophylline soln 80 mg/15ml</i>	TIER 1	
<i>theophylline tab er 12hr 100 mg</i> (THEOPHYLLINE ER)	TIER 1	
<i>theophylline tab er 12hr 200 mg</i> (THEOPHYLLINE ER)	TIER 1	
<i>theophylline tab er 12hr 300 mg</i> (THEOPHYLLINE ER)	TIER 1	
<i>theophylline tab er 12hr 450 mg</i> (THEOPHYLLINE ER)	TIER 1	
<i>theophylline tab er 24hr 400 mg</i> (THEOPHYLLINE ER)	TIER 1	
<i>theophylline tab er 24hr 600 mg</i> (THEOPHYLLINE ER)	TIER 1	

PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)

<i>ambrisentan tab 10 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>ambrisentan tab 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>bosentan tab 125 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
<i>bosentan tab 62.5 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
OPSUMIT (<i>macitentan</i>) 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ORENITRAM (<i>treprostinil diolamine</i>) 0.125 MG TAB ER, 0.25 MG TAB ER	TIER 4	PA, SP, QLC (9 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 1 MG TAB ER	TIER 4	PA, SP, QLC (42 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 2.5 MG TAB ER	TIER 4	PA, SP, QLC (16 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 5 MG TAB ER	TIER 4	PA, SP, QLC (8 tabs/day)
<i>sildenafil citrate tab 20 mg</i>	TIER 1	PA, SP, QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tadalafil tab 20 mg (pah)</i> (ALYQ)	TIER 4	PA, SP, QLC (2 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	TIER 4	PA, SP, QLC (2 tabs/day)
TRACLEER (<i>bosentan</i>) 32 MG TAB SOL	TIER 4	PA, SP, QLC (4 tabs/day)

PULMONARY FIBROSIS AGENTS

ESBRIET (<i>pirfenidone</i>) 267 MG CAP	TIER 4	PA, SP, QLC (9 caps/day)
PIRFENIDONE 534 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
<i>pirfenidone tab 267 mg</i>	TIER 4	PA, SP, QLC (9 tabs/day)
<i>pirfenidone tab 801 mg</i>	TIER 4	PA, SP, QLC (3 tabs/day)

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

<i>acetylcysteine inhal soln 10%</i>	TIER 3	
<i>acetylcysteine inhal soln 20%</i>	TIER 3	
ADVAIR HFA (<i>fluticasone-salmeterol</i>) 45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL	TIER 2	QLC (1 inhaler/month)
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>) 62.5-25 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
<i>benzonatate cap 100 mg</i>	TIER 1	
<i>benzonatate cap 150 mg</i>	TIER 1	
<i>benzonatate cap 200 mg</i>	TIER 1	
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>) 20-100 MCG/ACT AERO SOLN	TIER 3	QLC (1 inhaler/month)
FLUTICASONE-SALMETEROL -55-14 MCG/ACT AER POW BA, -113-14 MCG/ACT AER POW BA, -232-14 MCG/ACT AER POW BA	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (WIXELA INHUB)	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (WIXELA INHUB) -2-	TIER 1	QLC (1 inhaler/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act -2-</i>	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (WIXELA INHUB)	TIER 1	QLC (1 inhaler/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (CHERATUSSIN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (G TUSSIN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (GUAIIATUSSIN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (GUAIFENESIN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (MAXI-TUSS AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (ROBAFEN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (VIRTUSSIN A/C)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (VIRTUSSIN AC W/ALC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> (HYDROCOD POLST-CPM POLST ER)	TIER 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> (HYDROCODONE BIT-HOMATROP MBR) -- 1.mg/ml	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> (HYDROMET) --1.mg/ml	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> (HYDROCODONE BIT-HOMATROP MBR)	TIER 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	TIER 1	QLC (6 boxes [30 doses/box]/month)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE VC) -mg/ml	TIER 1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE-PHENYLEPHRINE) -mg/ml	TIER 1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> (PROMETHAZINE-CODEINE)	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
PROMETHAZINE-DM -6.25-15 MG/5ML SOLUTION	TIER 1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	TIER 1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE VC/CODEINE) ---mg/ml	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE-PHENYLEPH-CODEINE) ---mg/ml	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
PSEUDOEPH-CHLORPHEN-HYDROCOD (<i>pseudoephed-cpm w/ hydrocod</i>) --60-4-5 MG/5ML SOLUTION	TIER 1	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (BROMFED DM)	TIER 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (PSEUDOEPH-BROMPHEN-DM)	TIER 1	
<i>sodium chloride soln nebu 0.9%</i>	TIER 1	
<i>sodium chloride soln nebu 10%</i>	TIER 1	
<i>sodium chloride soln nebu 3%</i>	TIER 1	
<i>sodium chloride soln nebu 3%</i> (NEBUSAL)	TIER 1	
<i>sodium chloride soln nebu 7%</i>	TIER 1	
<i>sodium chloride soln nebu 7%</i> (PULMOSAL)	TIER 1	
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) 80-4.5 MCG/ACT AEROSOL, 160-4.5 MCG/ACT AEROSOL	TIER 2	QLC (1 inhaler/month)

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

SKELETAL MUSCLE RELAXANTS (Drugs for Muscle Tightness)

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

SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

SLEEP PROMOTING AGENTS (Drugs for Insomnia)

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

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

WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)

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

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amoxicillin & k clavulanate for susp 400-57 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . 12		amphetamine-dextroamphetamine tab 12.5 mg	79
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (AMOXICILLIN-POT CLAVULANATE) . 12		amphetamine-dextroamphetamine tab 15 mg	79
amoxicillin & k clavulanate tab 250-125 mg (AMOXICILLIN-POT CLAVULANATE)	12	amphetamine-dextroamphetamine tab 20 mg	79
amoxicillin & k clavulanate tab 500-125 mg (AMOXICILLIN-POT CLAVULANATE)	12	amphetamine-dextroamphetamine tab 30 mg	79
amoxicillin & k clavulanate tab 875-125 mg (AMOXICILLIN-POT CLAVULANATE)	12	amphetamine-dextroamphetamine tab 5 mg	79
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg (AMOXICILLIN-POT CLAVULANATE ER)	12	amphetamine-dextroamphetamine tab 7.5 mg	79
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amoxicillin (trihydrate) cap 500 mg	12	anagrelide hcl cap 0.5 mg	56
amoxicillin (trihydrate) for susp 125 mg/5ml . 12		anagrelide hcl cap 1 mg	56
amoxicillin (trihydrate) for susp 200 mg/5ml . 12		anastrozole tab 1 mg	33
amoxicillin (trihydrate) for susp 250 mg/5ml . 12		ANNOVERA (segesterone acetate-ethinyl estradiol)	109
amoxicillin (trihydrate) for susp 400 mg/5ml . 12		ANORO ELLIPTA (umeclidinium-vilanterol) . 180	
amoxicillin (trihydrate) tab 500 mg	12	ANUSOL-HC (hydrocortisone (rectal))	86
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aprepitant capsule 125 mg	26	atenolol tab 25 mg	61
aprepitant capsule 40 mg	26	atenolol tab 50 mg	61
aprepitant capsule 80 mg	26	atomoxetine hcl cap 10 mg (base equiv)	80
aprepitant capsule therapy pack 80 & 125 mg	26	atomoxetine hcl cap 100 mg (base equiv)	80
APTIVUS (tipranavir)	46	atomoxetine hcl cap 18 mg (base equiv)	80
AQUALANCE LANCETS 30G	135	atomoxetine hcl cap 25 mg (base equiv)	80
ARCALYST (rilonacept)	128	atomoxetine hcl cap 40 mg (base equiv)	80
aripiprazole oral solution 1 mg/ml	40	atomoxetine hcl cap 60 mg (base equiv)	80
aripiprazole tab 10 mg	40	atomoxetine hcl cap 80 mg (base equiv)	80
aripiprazole tab 15 mg	40	atorvastatin calcium tab 10 mg (base equivalent)	75
aripiprazole tab 2 mg	40	atorvastatin calcium tab 20 mg (base equivalent)	75
aripiprazole tab 20 mg	40	atorvastatin calcium tab 40 mg (base equivalent)	75
aripiprazole tab 30 mg	40	atorvastatin calcium tab 80 mg (base equivalent)	75
aripiprazole tab 5 mg	40	atovaquone susp 750 mg/5ml	36
ARMOUR THYROID	125	atovaquone-proguanil hcl tab 250-100 mg	36
aspirin-dipyridamole cap er 12hr 25-200 mg (ASPIRIN-DIPYRIDAMOLE ER)	56	atovaquone-proguanil hcl tab 62.5-25 mg	36
ASSURE COMFORT LANCETS 28G	135	ATROPINE SULFATE (atropine sulfate (ophthalmic))	170
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ASSURE LANCE PLUS SAFETY 30G	136	azelaic acid gel 15%	84
ASSURE LANCE SAFETY LANCET 28G	136	azelastine hcl nasal spray 0.1% (137 mcg/spray)	176
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atazanavir sulfate cap 200 mg (base equiv)	46	azithromycin for susp 100 mg/5ml	13
atazanavir sulfate cap 300 mg (base equiv)	46	azithromycin for susp 200 mg/5ml	13
atenolol & chlorthalidone tab 100-25 mg (ATENOLOL-CHLORTHALIDONE)	69	azithromycin tab 250 mg	13
atenolol & chlorthalidone tab 50-25 mg (ATENOLOL-CHLORTHALIDONE)	69		

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 equivalent)86

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betaxolol hcl tab 10 mg	61	brimonidine tartrate ophth soln 0.15%	174
betaxolol hcl tab 20 mg	61	brimonidine tartrate ophth soln 0.2%	174
bethanechol chloride tab 10 mg	104	BRIVIACT (brivaracetam)	16
bethanechol chloride tab 25 mg	104	bromocriptine mesylate cap 5 mg (base equivalent)	37
bethanechol chloride tab 5 mg	104	bromocriptine mesylate tab 2.5 mg (base equivalent)	37
bethanechol chloride tab 50 mg	104	budesonide delayed release particles cap 3 mg	132
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bisoprolol fumarate tab 5 mg	61	buprenorphine hcl sl tab 2 mg (base equiv)	8
bosentan tab 125 mg	179	buprenorphine hcl sl tab 8 mg (base equiv)	8
bosentan tab 62.5 mg	179	buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	8
BREATHE COMFORT CHAMBER/ADULT	137	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	8
BREATHE COMFORT CHAMBER/CHILD	137	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	8
BREATHE EASE LARGE	138	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	8
BREATHE EASE MEDIUM	138	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	8
BREATHE EASE SMALL	138	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	8
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BREATHERITE COLL SPACER ADULT	138	bupropion hcl tab 100 mg	21
BREATHERITE COLL SPACER CHILD	138	bupropion hcl tab 75 mg	21
BREATHERITE COLL SPACER INFANT	138	bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR))	21
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bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL))	21
bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL))	21
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bupirone hcl tab 15 mg	48
bupirone hcl tab 30 mg	49
bupirone hcl tab 5 mg	49
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butalbital-acetaminophen-caffeine tab 50- 325-40 mg (BUTALBITAL-APAP-CAFFEINE)	82
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butalbital-aspirin-caff w/ codeine cap 50-325- 40-30 mg (BUTALBITAL-ASA-CAFF-CODEINE)	4
BUTALBITAL-ASPIRIN-CAFFEINE	1
butalbital-aspirin-caffeine cap 50-325-40 mg	1
butorphanol tartrate nasal soln 10 mg/ml	4

C

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cabergoline tab 0.5 mg	127
CABLIVI (caplacizumab-yhdp)	57
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	178
calcipotriene cream 0.005%	88
calcipotriene oint 0.005%	88
calcipotriene oint 0.005% (CALCITRENE)	89

calcipotriene soln 0.005% (50 mcg/ml)	89
calcitonin (salmon) nasal soln 200 unit/act	133
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candesartan cilexetil tab 32 mg	58
candesartan cilexetil tab 4 mg	58
candesartan cilexetil tab 8 mg	58
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (CANDESARTAN CILEXETIL-HCTZ)	70
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (CANDESARTAN CILEXETIL-HCTZ)	70
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carbamazepine cap er 12hr 200 mg (CARBAMAZEPINE ER)	19
carbamazepine cap er 12hr 300 mg (CARBAMAZEPINE ER)	19
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carbamazepine tab er 12hr 200 mg (CARBAMAZEPINE ER)	19

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carbidopa & levodopa tab 25-250 mg (CARBIDOPA-LEVODOPA)	39	CARETOUCH TWIST MC LANCETS 30G	139
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carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	37	carvedilol tab 3.125 mg	61
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CAREONE LANCET SUPER THIN 30G	138	CEFACLOR ER (cefaclor monohydrate)	11
CAREONE LANCET THIN 23G	138	CEFADROXIL	11
CAREONE UNIFINE PENTIPS	138	cefadroxil cap 500 mg	11
CAREONE UNIFINE PENTIPS PLUS	138	cefadroxil for susp 250 mg/5ml	11
CARESENS LANCETS	138	cefadroxil for susp 500 mg/5ml	11
CARETOUCH INSULIN SYRINGE	139	cefadroxil tab 1 gm	11
		cefdinir cap 300 mg	11
		cefdinir for susp 125 mg/5ml	11
		cefdinir for susp 250 mg/5ml	11
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		cefepodoxime proxetil tab 100 mg	11
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		cefprozil for susp 250 mg/5ml	11
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		celecoxib cap 200 mg	1

celecoxib cap 400 mg.....	1	ciclopirox olamine cream 0.77% (base equiv).....	27
celecoxib cap 50 mg.....	1	ciclopirox olamine cream 0.77% (base equiv) (CICLODAN).....	27
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CERDELGA (eliglustat tartrate).....	103	CIMDUO (lamivudine-tenofovir disoproxil fumarate).....	45
cevimeline hcl cap 30 mg.....	84	cimetidine tab 300 mg.....	102
CHEMET (succimer).....	93	cimetidine tab 400 mg.....	102
CHEMSTRIP K (acetone (urine) test).....	139	cimetidine tab 800 mg.....	102
CHEMSTRIP UGK (urine glucose-ketones test).....	139	cinacalcet hcl tab 30 mg (base equiv)....	133
chlordiazepoxide hcl cap 10 mg.....	49	cinacalcet hcl tab 60 mg (base equiv)....	133
chlordiazepoxide hcl cap 25 mg.....	49	cinacalcet hcl tab 90 mg (base equiv)....	133
chlordiazepoxide hcl cap 5 mg.....	49	ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml).....	14
chloroquine phosphate tab 250 mg.....	36	CIPROFLOXACIN HCL.....	14
chloroquine phosphate tab 500 mg.....	36	CIPROFLOXACIN HCL (ciprofloxacin hcl (otic)).....	175
CHLOROTHIAZIDE.....	74	ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	14
chlorothiazide tab 500 mg.....	74	ciprofloxacin hcl tab 250 mg (base equiv) ..	14
chlorpromazine hcl tab 10 mg.....	39	ciprofloxacin hcl tab 500 mg (base equiv) ..	14
chlorpromazine hcl tab 100 mg.....	39	ciprofloxacin hcl tab 750 mg (base equiv) ..	14
chlorpromazine hcl tab 200 mg.....	39	CIPROFLOXACIN-CIPROFLOX HCL ER (ciprofloxacin-ciprofloxacin hcl).....	14
chlorpromazine hcl tab 25 mg.....	39	ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	175
chlorpromazine hcl tab 50 mg.....	39	citalopram hydrobromide oral soln 10 mg/5ml.....	22
chlorthalidone tab 25 mg.....	74	citalopram hydrobromide tab 10 mg (base equiv).....	22
chlorthalidone tab 50 mg.....	74	citalopram hydrobromide tab 20 mg (base equiv).....	22
cholestyramine light powder 4 gm/dose....	76	citalopram hydrobromide tab 40 mg (base equiv).....	22
cholestyramine light powder 4 gm/dose (PREVALITE).....	76	CLARITHROMYCIN.....	13
cholestyramine light powder packets 4 gm.....	76		
cholestyramine light powder packets 4 gm (PREVALITE).....	76		
cholestyramine powder 4 gm/dose.....	76		
cholestyramine powder packets 4 gm.....	76		
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	74		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	74		
ciclopirox gel 0.77%.....	91		

clarithromycin tab 250 mg	13	clobetasol propionate shampoo 0.05%	86
clarithromycin tab 500 mg	13	clobetasol propionate shampoo 0.05% (CLODAN)	86
clarithromycin tab er 24hr 500 mg (CLARITHROMYCIN ER)	13	clobetasol propionate soln 0.05%	86
CLEANLET LANCETS 28G	139	CLOMID (clomiphene citrate)	125
CLEVER CHEK LANCETS	139	CLOMIPHENE CITRATE	125
CLEVER CHOICE COMFORT EZ	139	clomipramine hcl cap 25 mg	24
CLEVER CHOICE HOLDING CHAMBER	139	clomipramine hcl cap 50 mg	24
CLEVER CHOICE LANCETS 21G	139	clomipramine hcl cap 75 mg	24
CLEVER CHOICE LANCETS 23G	139	clonazepam tab 0.5 mg	49
CLEVER CHOICE LANCETS 28G	139	clonazepam tab 1 mg	49
CLICKFINE PEN NEEDLES	139	clonazepam tab 2 mg	49
CLIMARA PRO (estradiol-levonorgestrel)	109	clonidine hcl tab 0.1 mg	57
clindamycin hcl cap 150 mg	9	clonidine hcl tab 0.2 mg	57
clindamycin hcl cap 300 mg	9	clonidine hcl tab 0.3 mg	57
clindamycin hcl cap 75 mg	9	clonidine td patch weekly 0.1 mg/24hr	57
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	9	clonidine td patch weekly 0.2 mg/24hr	57
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	85	clonidine td patch weekly 0.3 mg/24hr	57
clindamycin phosphate gel 1%	91	clopidogrel bisulfate tab 75 mg (base equiv)	57
clindamycin phosphate lotion 1%	91	clorazepate dipotassium tab 15 mg	49
clindamycin phosphate soln 1%	91	clorazepate dipotassium tab 3.75 mg	49
clindamycin phosphate swab 1%	9	clorazepate dipotassium tab 7.5 mg	49
clindamycin phosphate swab 1% (CLINDACIN ETZ)	9	clotrimazole troche 10 mg	27
clindamycin phosphate swab 1% (CLINDACIN-P)	9	clotrimazole w/ betamethasone cream 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE)	89
clindamycin phosphate vaginal cream 2%	10	clotrimazole w/ betamethasone lotion 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE)	89
clindamycin phosphate-benzoyl peroxide gel 1-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	85	clozapine tab 100 mg	42
clobetasol propionate cream 0.05%	86	clozapine tab 200 mg	42
clobetasol propionate emollient base cream 0.05%	106	clozapine tab 25 mg	42
clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE)	86,106	clozapine tab 50 mg	42
clobetasol propionate gel 0.05%	86	CO-NATAL FA (prenatal vit w/ ferrous fumarate-folic acid)	94
clobetasol propionate oint 0.05%	86	COAGUCHEK LANCETS	139
		COARTEM (artemether-lumefantrine)	36
		CODEINE SULFATE	4
		codeine sulfate tab 30 mg	4
		codeine sulfate tab 60 mg	4
		COLCHICINE	28
		colchicine tab 0.6 mg	28

colchicine w/ probenecid tab 0.5-500 mg (COLCHICINE-PROBENECID).....	28	CVS KETONE CARE (urine glucose-ketones test).....	141
colesevelam hcl packet for susp 3.75 gm...	76	CVS LANCETS 21G.....	141
colesevelam hcl tab 625 mg.....	76	CVS LANCETS MICRO THIN 33G.....	141
colestipol hcl granule packets 5 gm.....	76	CVS LANCETS ORIGINAL.....	141
colestipol hcl granules 5 gm.....	76	CVS LANCETS THIN 26G.....	141
colestipol hcl tab 1 gm.....	76	CVS LANCETS ULTRA THIN 30G.....	141
COMBIVENT RESPIMAT (ipratropium- albuterol).....	180	CVS LANCETS ULTRA-THIN 30G.....	141
COMETRIQ (100 MG DAILY DOSE) (cabozantinib s-malate).....	33	CVS ULTRA THIN LANCETS.....	141
COMETRIQ (140 MG DAILY DOSE) (cabozantinib s-malate).....	33	cyanocobalamin inj 1000 mcg/ml.....	94
COMETRIQ (60 MG DAILY DOSE) (cabozantinib s-malate).....	33	cyanocobalamin inj 1000 mcg/ml (DODEX)	94
COMFORT ASSIST INSULIN SYRINGE.....	140	cyclobenzaprine hcl tab 10 mg.....	183
COMFORT ASSURED LANCETS 28G.....	140	cyclobenzaprine hcl tab 5 mg.....	183
COMFORT ASSURED LANCETS 33G.....	140	cyclopentolate hcl ophth soln 0.5%.....	171
COMFORT EZ INSULIN SYRINGE.....	140	cyclopentolate hcl ophth soln 1%.....	171
COMFORT EZ MICRO PEN NEEDLES.....	140	cyclopentolate hcl ophth soln 2%.....	171
COMFORT EZ PEN NEEDLES.....	140	CYCLOPHOSPHAMIDE.....	31
COMFORT EZ SHORT PEN NEEDLES.....	140	cyclophosphamide cap 25 mg.....	31
COMFORT LANCETS.....	140	cyclophosphamide cap 50 mg.....	31
COMFORT TOUCH INSULIN PEN NEED.....	140	CYCLOSERINE.....	30
COMFORT TOUCH LANCETS 31G.....	140	cycloserine cap 250 mg.....	30
COMFORT TOUCH PLUS LANCETS 30G.....	140	cyclosporine cap 100 mg.....	129
COMPACT SPACE CHAMBER.....	140	cyclosporine cap 25 mg.....	129
COMPACT SPACE CHAMBER/LG MASK....	140	cyclosporine modified cap 100 mg.....	129
COMPACT SPACE CHAMBER/MED MASK...	140	cyclosporine modified cap 100 mg (GENGRAF).....	130
COMPACT SPACE CHAMBER/SM MASK....	140	cyclosporine modified cap 25 mg.....	130
COMPLERA (emtricitabine- rilpivirine-tenofovir disoproxil fumarate).....	44	cyclosporine modified cap 25 mg (GENGRAF).....	130
COMPLETENATE (prenatal vit w/ ferrous fumarate-folic acid).....	94	cyclosporine modified cap 50 mg.....	130
CORTISONE ACETATE.....	106	cyclosporine modified oral soln 100 mg/ml	130
CREON (pancrelipase (lipase-protease- amylase)).....	103	cyclosporine modified oral soln 100 mg/ml (GENGRAF).....	130
CRIXIVAN (indinavir sulfate).....	47	cyproheptadine hcl syrup 2 mg/5ml.....	176
cromolyn sodium ophth soln 4%.....	172	cyproheptadine hcl tab 4 mg.....	176
cromolyn sodium oral conc 100 mg/5ml...	103	CYSTAGON (cysteamine bitartrate).....	103
cromolyn sodium soln nebu 20 mg/2ml....	178	CYTRA K CRYSTALS (potassium citrate-citric acid).....	104
		D	
		DALIRESP (roflumilast).....	178

danazol cap 100 mg.....	108	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (SIMLIYA).....	109
danazol cap 200 mg.....	108	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (VIORELE).....	109
danazol cap 50 mg.....	108	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (VOLNEA).....	109
dantrolene sodium cap 100 mg.....	42	desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (CAZIAN).....	110
dantrolene sodium cap 25 mg.....	42	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (APRI).....	110
dantrolene sodium cap 50 mg.....	42	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED EQ).....	110
dapsone tab 100 mg.....	30	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED).....	110
dapsone tab 25 mg.....	30	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL)...	110
deferasirox tab for oral susp 125 mg.....	93	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (EMOQUETTE).....	110
deferasirox tab for oral susp 250 mg.....	93	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ENSKYCE).....	110
deferasirox tab for oral susp 500 mg.....	93	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ISIBLOOM).....	110
demeclocycline hcl tab 150 mg.....	15	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (JULEBER).....	110
demeclocycline hcl tab 300 mg.....	15	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (KALLIGA).....	110
DERMOTIC (fluocinolone acetonide (otic))	175	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (RECLIPSEN).....	110
DESCOVY (emtricitabine-tenofovir alafenamide fumarate).....	45	desonide cream 0.05%.....	86
desipramine hcl tab 10 mg.....	24	desonide oint 0.05%.....	87
desipramine hcl tab 100 mg.....	24	desoximetasone cream 0.05%.....	87
desipramine hcl tab 150 mg.....	24	desoximetasone cream 0.25%.....	87
desipramine hcl tab 25 mg.....	24	desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER).....	22
desipramine hcl tab 50 mg.....	24	desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER).....	22
desipramine hcl tab 75 mg.....	24	desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER).....	22
desloratadine tab 5 mg.....	176		
desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY).....	107		
desmopressin acetate nasal spray soln 0.01% (refrigerated) (DESMOPRESSIN ACE SPRAY REFRIG).....	108		
desmopressin acetate tab 0.1 mg.....	108		
desmopressin acetate tab 0.2 mg.....	108		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (AZURETTE).....	109		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (BEKYREE).....	109		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (DESOGESTREL-ETHINYL ESTRADIOL).....	109		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (KARIVA).....	109		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (PIMTREA).....	109		

DEXAMETHASONE.....	106	dextroamphetamine sulfate cap er 24hr 15 mg (DEXTROAMPHETAMINE SULFATE ER).....	79
dexamethasone elixir 0.5 mg/5ml.....	106	dextroamphetamine sulfate cap er 24hr 5 mg (DEXTROAMPHETAMINE SULFATE ER).....	79
dexamethasone elixir 0.5 mg/5ml (DECADRON).....	106	dextroamphetamine sulfate tab 10 mg.....	79
DEXAMETHASONE INTENSOL.....	106	dextroamphetamine sulfate tab 5 mg.....	79
DEXAMETHASONE SODIUM PHOSPHATE (dexamethasone sodium phosphate (ophth)).....	173	DIATHRIVE LANCET ULTRA THIN 30.....	141
dexamethasone tab 0.5 mg.....	106	DIATHRIVE LANCETS.....	141
dexamethasone tab 0.5 mg (DECADRON).....	106	DIATHRIVE PEN NEEDLE.....	141
dexamethasone tab 0.75 mg.....	106	DIAZEPAM (diazepam (anticonvulsant)).....	18
dexamethasone tab 0.75 mg (DECADRON).....	106	diazepam conc 5 mg/ml.....	49
dexamethasone tab 1.5 mg.....	106	diazepam conc 5 mg/ml (DIAZEPAM INTENSOL).....	49
dexamethasone tab 2 mg.....	106	diazepam oral soln 1 mg/ml.....	49
dexamethasone tab 4 mg.....	106	diazepam tab 10 mg.....	49
dexamethasone tab 4 mg (DECADRON).....	106	diazepam tab 2 mg.....	49
dexamethasone tab 6 mg.....	106	diazepam tab 5 mg.....	49
dexamethasone tab 6 mg (DECADRON).....	106	diclofenac potassium tab 50 mg.....	1
dexmethylphenidate hcl cap er 24 hr 10 mg (DEXMETHYLPHENIDATE HCL ER).....	80	diclofenac potassium tab 50 mg (CATAFLAM).....	1
dexmethylphenidate hcl cap er 24 hr 15 mg (DEXMETHYLPHENIDATE HCL ER).....	80	diclofenac sodium ophth soln 0.1%.....	173
dexmethylphenidate hcl cap er 24 hr 20 mg (DEXMETHYLPHENIDATE HCL ER).....	80	diclofenac sodium soln 1.5%.....	1
dexmethylphenidate hcl cap er 24 hr 25 mg (DEXMETHYLPHENIDATE HCL ER).....	80	diclofenac sodium tab delayed release 25 mg.....	1
dexmethylphenidate hcl cap er 24 hr 30 mg (DEXMETHYLPHENIDATE HCL ER).....	80	diclofenac sodium tab delayed release 50 mg.....	1
dexmethylphenidate hcl cap er 24 hr 35 mg (DEXMETHYLPHENIDATE HCL ER).....	80	diclofenac sodium tab delayed release 75 mg.....	1
dexmethylphenidate hcl cap er 24 hr 40 mg (DEXMETHYLPHENIDATE HCL ER).....	80	diclofenac sodium tab er 24hr 100 mg (DICLOFENAC SODIUM ER).....	1
dexmethylphenidate hcl cap er 24 hr 5 mg (DEXMETHYLPHENIDATE HCL ER).....	80	dicloxacillin sodium cap 250 mg.....	13
dexmethylphenidate hcl tab 10 mg.....	80	dicloxacillin sodium cap 500 mg.....	13
dexmethylphenidate hcl tab 2.5 mg.....	80	dicyclomine hcl cap 10 mg.....	100
dexmethylphenidate hcl tab 5 mg.....	80	dicyclomine hcl oral soln 10 mg/5ml.....	100
dextroamphetamine sulfate cap er 24hr 10 mg (DEXTROAMPHETAMINE SULFATE ER).....	79	dicyclomine hcl tab 20 mg.....	100
		DIDANOSINE.....	45
		DIETHYLPROPION HCL ER.....	83
		diethylpropion hcl tab 25 mg.....	83
		DIFLORASONE DIACETATE.....	87
		DIGOXIN.....	70
		digoxin oral soln 0.05 mg/ml.....	70

digoxin tab 125 mcg (0.125 mg)	70	diltiazem hcl coated beads cap er 24hr 360	
digoxin tab 125 mcg (0.125 mg) (DIGITEK) . .	70	mg (DILTIAZEM HCL ER COATED BEADS)	64
digoxin tab 250 mcg (0.25 mg)	70	diltiazem hcl coated beads tab er 24hr 180	
digoxin tab 250 mcg (0.25 mg) (DIGITEK) . . .	70	mg (DILTIAZEM HCL ER COATED BEADS)	65
dihydroergotamine mesylate inj 1 mg/ml . . .	28	diltiazem hcl coated beads tab er 24hr 180	
dihydroergotamine mesylate nasal spray 4		mg (MATZIM LA)	65
mg/ml	28	diltiazem hcl coated beads tab er 24hr 240	
DILANTIN (phenytoin sodium extended)	19	mg (DILTIAZEM HCL ER COATED BEADS)	65
DILANTIN (phenytoin)	19	diltiazem hcl coated beads tab er 24hr 240	
DILANTIN INFATABS (phenytoin)	19	mg (MATZIM LA)	65
diltiazem hcl cap er 12hr 120 mg (DILTIAZEM		diltiazem hcl coated beads tab er 24hr 300	
HCL ER)	64	mg (DILTIAZEM HCL ER COATED BEADS)	65
diltiazem hcl cap er 12hr 60 mg (DILTIAZEM		diltiazem hcl coated beads tab er 24hr 300	
HCL ER)	64	mg (MATZIM LA)	65
diltiazem hcl cap er 12hr 90 mg (DILTIAZEM		diltiazem hcl coated beads tab er 24hr 360	
HCL ER)	64	mg (DILTIAZEM HCL ER COATED BEADS)	65
diltiazem hcl cap er 24hr 120 mg (DILT-XR) . .	64	diltiazem hcl coated beads tab er 24hr 360	
diltiazem hcl cap er 24hr 120 mg (DILTIAZEM		mg (MATZIM LA)	65
HCL ER)	64	diltiazem hcl coated beads tab er 24hr 420	
diltiazem hcl cap er 24hr 180 mg (DILT-XR) . .	64	mg (DILTIAZEM HCL ER COATED BEADS)	65
diltiazem hcl cap er 24hr 180 mg (DILTIAZEM		diltiazem hcl coated beads tab er 24hr 420	
HCL ER)	64	mg (MATZIM LA)	65
diltiazem hcl cap er 24hr 240 mg (DILT-XR) . .	64	diltiazem hcl extended release beads cap er	
diltiazem hcl cap er 24hr 240 mg (DILTIAZEM		24hr 120 mg (DILTIAZEM HCL ER BEADS)	65
HCL ER)	64	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 120		24hr 120 mg (TAZTIA XT)	65
mg (CARTIA XT)	64	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 120		24hr 120 mg (TIADYLT ER)	65
mg (DILTIAZEM HCL ER COATED BEADS)	64	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 180		24hr 180 mg (DILTIAZEM HCL ER BEADS)	65
mg (CARTIA XT)	64	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 180		24hr 180 mg (TAZTIA XT)	65
mg (DILTIAZEM HCL ER COATED BEADS)	64	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 240		24hr 180 mg (TIADYLT ER)	65
mg (CARTIA XT)	64	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 240		24hr 240 mg (DILTIAZEM HCL ER BEADS)	65
mg (DILTIAZEM HCL ER COATED BEADS)	64	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 300		24hr 240 mg (TAZTIA XT)	66
mg (CARTIA XT)	64	diltiazem hcl extended release beads cap er	
diltiazem hcl coated beads cap er 24hr 300		24hr 240 mg (TIADYLT ER)	66
mg (DILTIAZEM HCL ER COATED BEADS)	64		

diltiazem hcl extended release beads cap er 24hr 300 mg (DILTIAZEM HCL ER BEADS)	66	divalproex sodium tab delayed release 125 mg	16
diltiazem hcl extended release beads cap er 24hr 300 mg (TAZTIA XT)	66	divalproex sodium tab delayed release 250 mg	16
diltiazem hcl extended release beads cap er 24hr 300 mg (TIADYLT ER)	66	divalproex sodium tab delayed release 500 mg	16
diltiazem hcl extended release beads cap er 24hr 360 mg (DILTIAZEM HCL ER BEADS)	66	divalproex sodium tab er 24 hr 250 mg (DIVALPROEX SODIUM ER)	16
diltiazem hcl extended release beads cap er 24hr 360 mg (TAZTIA XT)	66	divalproex sodium tab er 24 hr 500 mg (DIVALPROEX SODIUM ER)	16
diltiazem hcl extended release beads cap er 24hr 360 mg (TIADYLT ER)	66	dofetilide cap 125 mcg (0.125 mg)	60
diltiazem hcl extended release beads cap er 24hr 420 mg (DILTIAZEM HCL ER BEADS)	66	dofetilide cap 250 mcg (0.25 mg)	60
diltiazem hcl extended release beads cap er 24hr 420 mg (TIADYLT ER)	66	dofetilide cap 500 mcg (0.5 mg)	60
diltiazem hcl tab 120 mg	66	donepezil hydrochloride orally disintegrating tab 10 mg (DONEPEZIL HCL)	20
diltiazem hcl tab 30 mg	66	donepezil hydrochloride orally disintegrating tab 5 mg (DONEPEZIL HCL)	20
diltiazem hcl tab 60 mg	66	donepezil hydrochloride tab 10 mg (DONEPEZIL HCL)	20
diltiazem hcl tab 90 mg	66	donepezil hydrochloride tab 23 mg (DONEPEZIL HCL)	20
dimethyl fumarate capsule delayed release 120 mg	83	donepezil hydrochloride tab 5 mg (DONEPEZIL HCL)	20
dimethyl fumarate capsule delayed release 240 mg	83	dozolamide hcl ophth soln 2%	174
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (DIMETHYL FUMARATE STARTER PACK)	84	DORZOLAMIDE HCL-TIMOLOL MAL (dozolamide hcl-timolol maleate)	171
diphenoxylate w/ atropine tab 2.5-0.025 mg (DIPHENOXYLATE-ATROPINE)	100	dozolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (DORZOLAMIDE HCL- TIMOLOL MAL PF)	171
DIPHENOXYLATE-ATROPINE (diphenoxylate w/ atropine)	100	dozolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	171
dipyridamole tab 25 mg	57	DOTHELLE DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	94
dipyridamole tab 50 mg	57	doxazosin mesylate tab 1 mg	57
dipyridamole tab 75 mg	57	doxazosin mesylate tab 2 mg	58
disopyramide phosphate cap 100 mg	60	doxazosin mesylate tab 4 mg	58
disopyramide phosphate cap 150 mg	60	doxazosin mesylate tab 8 mg	58
disulfiram tab 250 mg	8	doxepin hcl cap 10 mg	24
disulfiram tab 500 mg	8	doxepin hcl cap 100 mg	24
divalproex sodium cap delayed release sprinkle 125 mg	16	doxepin hcl cap 150 mg	25
		doxepin hcl cap 25 mg	25

doxepin hcl cap 50 mg.....	25	drospirenone-ethinyl estradiol tab 3-0.02 mg (JASMIEL).....	110
doxepin hcl cap 75 mg.....	25	drospirenone-ethinyl estradiol tab 3-0.02 mg (LO-ZUMANDIMINE).....	111
doxepin hcl conc 10 mg/ml.....	25	drospirenone-ethinyl estradiol tab 3-0.02 mg (LORYNA).....	111
doxycycline hyclate cap 100 mg.....	15	drospirenone-ethinyl estradiol tab 3-0.02 mg (NIKKI).....	111
doxycycline hyclate cap 100 mg (MORGIDOX).....	15	drospirenone-ethinyl estradiol tab 3-0.02 mg (VESTURA).....	111
doxycycline hyclate cap 50 mg.....	15	drospirenone-ethinyl estradiol tab 3-0.03 mg.....	111
doxycycline hyclate cap 50 mg (MORGIDOX).....	15	drospirenone-ethinyl estradiol tab 3-0.03 mg (OCELLA).....	111
doxycycline hyclate tab 100 mg.....	15	drospirenone-ethinyl estradiol tab 3-0.03 mg (SYEDA).....	111
doxycycline hyclate tab 100 mg (LYMEPAK).....	15	drospirenone-ethinyl estradiol tab 3-0.03 mg (ZARAH).....	111
doxycycline hyclate tab 20 mg.....	15	drospirenone-ethinyl estradiol tab 3-0.03 mg (ZUMANDIMINE).....	111
doxycycline monohydrate for susp 25 mg/5ml.....	15	DROXIA (hydroxyurea (sickle cell disease)).....	32
doxycycline monohydrate tab 100 mg.....	15	DRUG MART LANCETS THIN 26G.....	141
doxycycline monohydrate tab 100 mg (AVIDOXY).....	15	DRUG MART ON-THE-GO LANCET 30G.....	141
doxycycline monohydrate tab 150 mg.....	15	DRUG MART UNIFINE PENTIPS.....	142
doxycycline monohydrate tab 50 mg.....	15	DRUG MART UNIFINE PENTIPS PLUS.....	142
doxycycline monohydrate tab 75 mg.....	16	DRUG MART UNILET LANCETS 28G.....	142
DROPLET INSULIN SYRINGE.....	141	DRUG MART UNILET LANCETS 30G.....	142
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esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EEMT HS).....	111	estradiol td patch twice weekly 0.025 mg/24hr (LYLLANA).....	112
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esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST).....	111	estradiol td patch twice weekly 0.0375 mg/24hr (DOTTI).....	112
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (COVARYX).....	111	estradiol td patch twice weekly 0.0375 mg/24hr (LYLLANA).....	112
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EEMT).....	111	estradiol td patch twice weekly 0.05 mg/24hr.....	112
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST DS).....	111	estradiol td patch twice weekly 0.05 mg/24hr (DOTTI).....	112
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST).....	111	estradiol td patch twice weekly 0.05 mg/24hr (LYLLANA).....	112
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estradiol & norethindrone acetate tab 0.5-0.1 mg (ESTRADIOL-NORETHINDRONE ACET).....	112	estradiol td patch twice weekly 0.075 mg/24hr (DOTTI).....	113
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estradiol & norethindrone acetate tab 1-0.5 mg (AMABELZ).....	112	estradiol td patch twice weekly 0.1 mg/24hr (DOTTI).....	113
estradiol & norethindrone acetate tab 1-0.5 mg (ESTRADIOL-NORETHINDRONE ACET).....	112	estradiol td patch twice weekly 0.1 mg/24hr (LYLLANA).....	113
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		estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	113
		estradiol td patch weekly 0.05 mg/24hr.....	113
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estradiol vaginal tab 10 mcg.....	113
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ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (KELNOR 1/35).....	113
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ZOVIA 1/35 (28)).....	113
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ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (KELNOR 1/50).....	113
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etodolac cap 300 mg.....	1
etodolac tab 400 mg.....	1
etodolac tab 500 mg.....	1
etodolac tab er 24hr 400 mg (ETODOLAC ER)1	
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everolimus tab 2.5 mg.....	33
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famciclovir tab 125 mg.....	48
famciclovir tab 250 mg.....	48
famciclovir tab 500 mg.....	48
famotidine for susp 40 mg/5ml.....	102
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felbamate tab 400 mg.....	16
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felodipine tab er 24hr 10 mg (FELODIPINE ER).....	63
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fenofibrate tab 160 mg.....	74	FLOVENT HFA (fluticasone propionate hfa).....	175
fenofibrate tab 48 mg.....	74	fluconazole for susp 10 mg/ml.....	27
fenofibrate tab 54 mg.....	75	fluconazole for susp 40 mg/ml.....	27
fentanyl citrate lozenge on a handle 1200 mcg.....	5	fluconazole tab 100 mg.....	27
fentanyl citrate lozenge on a handle 1600 mcg.....	5	fluconazole tab 150 mg.....	27
fentanyl citrate lozenge on a handle 200 mcg.....	5	fluconazole tab 200 mg.....	27
fentanyl citrate lozenge on a handle 400 mcg.....	5	fluconazole tab 50 mg.....	27
fentanyl citrate lozenge on a handle 600 mcg.....	5	fludrocortisone acetate tab 0.1 mg.....	106
fentanyl citrate lozenge on a handle 800 mcg.....	5	flunisolide nasal soln 25 mcg/act (0.025%).....	175
fentanyl td patch 72hr 100 mcg/hr.....	2	fluocinolone acetonide cream 0.01%.....	87
fentanyl td patch 72hr 12 mcg/hr.....	2	fluocinolone acetonide cream 0.025%.....	87
fentanyl td patch 72hr 25 mcg/hr.....	2	fluocinolone acetonide oil 0.01% (body oil) (FLUOCINOLONE ACETONIDE BODY).....	87
fentanyl td patch 72hr 50 mcg/hr.....	2	fluocinolone acetonide oil 0.01% (scalp oil) (FLUOCINOLONE ACETONIDE SCALP).....	87
fentanyl td patch 72hr 75 mcg/hr.....	3	fluocinolone acetonide oint 0.025%.....	87
fesoterodine fumarate tab er 24hr 4 mg (FESOTERODINE FUMARATE ER).....	103	fluocinolone acetonide soln 0.01%.....	87
fesoterodine fumarate tab er 24hr 8 mg (FESOTERODINE FUMARATE ER).....	103	fluocinonide cream 0.05%.....	87
FIFTY50 PEN NEEDLES.....	145	fluocinonide emulsified base cream 0.05%.....	87
FIFTY50 SAFETY SEAL LANCETS.....	145	fluocinonide gel 0.05%.....	87
FIFTY50 SUPERIOR COMFORT SYR.....	145	fluocinonide oint 0.05%.....	87
FIFTY50 UNILET LANCETS 33G.....	145	fluocinonide soln 0.05%.....	87
finasteride tab 5 mg.....	104	fluorometholone ophth susp 0.1%.....	173
FINE 30.....	145	FLUOROURACIL (fluorouracil (topical)).....	89
FINGERSTIX LANCETS.....	145	fluorouracil cream 5%.....	89
flavoxate hcl tab 100 mg.....	103	FLUOXETINE HCL.....	23
flecainide acetate tab 100 mg.....	60	FLUOXETINE HCL (PMDD).....	23
flecainide acetate tab 150 mg.....	60	fluoxetine hcl cap 10 mg.....	23
flecainide acetate tab 50 mg.....	60	fluoxetine hcl cap 20 mg.....	23
FLEXICHAMBER.....	145	fluoxetine hcl cap 40 mg.....	23
FLEXICHAMBER ADULT MASK/SMALL.....	145	fluoxetine hcl solution 20 mg/5ml.....	23
FLEXICHAMBER CHILD MASK/LARGE.....	145	fluoxetine hcl tab 10 mg.....	23
FLEXICHAMBER CHILD MASK/SMALL.....	145	fluoxetine hcl tab 20 mg.....	23
FLOVENT DISKUS (fluticasone propionate (inhalation)).....	175	fluphenazine hcl tab 1 mg.....	39
		fluphenazine hcl tab 10 mg.....	39
		fluphenazine hcl tab 2.5 mg.....	39
		fluphenazine hcl tab 5 mg.....	39
		FLURBIPROFEN.....	1
		FLURBIPROFEN SODIUM.....	173
		flurbiprofen sodium ophth soln 0.03%.....	173
		flurbiprofen tab 100 mg.....	2

flurbiprofen tab 50 mg.....	2	fosinopril sodium & hydrochlorothiazide tab	
FLUTAMIDE.....	31	20-12.5 mg (FOSINOPRIL SODIUM-HCTZ).....	70
flutamide cap 125 mg.....	31	fosinopril sodium tab 10 mg.....	59
fluticasone propionate cream 0.05%.....	87	fosinopril sodium tab 20 mg.....	59
fluticasone propionate nasal susp 50		fosinopril sodium tab 40 mg.....	59
mcg/act.....	175	FREDS PHARMACY UNIFINE PENTIP+.....	145
fluticasone propionate oint 0.005%.....	87	FREDS PHARMACY UNIFINE PENTIPS.....	145
FLUTICASONE-SALMETEROL.....	180	FREDS PHARMACY UNILET LANC 28G.....	145
fluticasone-salmeterol aer powder ba 100-50		FREDS PHARMACY UNILET LANC 30G.....	145
mcg/act.....	180	FREESTYLE LANCETS.....	145
fluticasone-salmeterol aer powder ba 100-50		FREESTYLE PRECISION INS SYR.....	145
mcg/act (WIXELA INHUB).....	180	FREESTYLE UNISTICK II LANCETS.....	145
fluticasone-salmeterol aer powder ba 250-50		FULPHILA (pegfilgrastim-jmdb).....	56
mcg/act.....	181	FUROSEMIDE.....	73
fluticasone-salmeterol aer powder ba 250-50		furosemide oral soln 10 mg/ml.....	73
mcg/act (WIXELA INHUB).....	180	furosemide tab 20 mg.....	73
fluticasone-salmeterol aer powder ba 500-50		furosemide tab 40 mg.....	73
mcg/act.....	181	furosemide tab 80 mg.....	73
fluticasone-salmeterol aer powder ba 500-50		FUZEON (enfuvirtide).....	46
mcg/act (WIXELA INHUB).....	181		
fluvastatin sodium cap 20 mg (base		G	
equivalent).....	75	gabapentin cap 100 mg.....	18
fluvastatin sodium cap 40 mg (base		gabapentin cap 300 mg.....	18
equivalent).....	75	gabapentin cap 400 mg.....	18
fluvoxamine maleate tab 100 mg.....	23	gabapentin oral soln 250 mg/5ml.....	18
fluvoxamine maleate tab 25 mg.....	23	gabapentin tab 600 mg.....	18
fluvoxamine maleate tab 50 mg.....	23	gabapentin tab 800 mg.....	18
folic acid tab 1 mg.....	95	galantamine hydrobromide cap er 24hr 16	
folic acid tab 1 mg (KP FOLIC ACID).....	95	mg (GALANTAMINE HYDROBROMIDE ER)....	20
FOLIVANE-OB (prenatal without a vit w/ fe		galantamine hydrobromide cap er 24hr 24	
fum-iron polysacch complex -fa).....	95	mg (GALANTAMINE HYDROBROMIDE ER)....	20
FORA GTEL BLOOD KETONE TEST (ketone		galantamine hydrobromide cap er 24hr 8 mg	
blood test).....	145	(GALANTAMINE HYDROBROMIDE ER).....	20
FORA LANCETS.....	145	galantamine hydrobromide tab 12 mg.....	20
fosamprenavir calcium tab 700 mg (base		galantamine hydrobromide tab 4 mg.....	20
equiv).....	47	galantamine hydrobromide tab 8 mg.....	20
fosfomycin tromethamine powd pack 3 gm		gatifloxacin ophth soln 0.5%.....	172
(base equivalent).....	10	GAVILYTE-C (peg 3350-kcl-sod bicarb-sod	
fosinopril sodium & hydrochlorothiazide tab		chloride-sod sulfat).....	101
10-12.5 mg (FOSINOPRIL SODIUM-HCTZ).....	70	gemfibrozil tab 600 mg.....	75
		GENTAK (gentamicin sulfat (ophth)).....	172

gentamicin sulfate cream 0.1%.....	9	glucagon (rdna) for inj kit 1 mg (GLUCAGON EMERGENCY).....	53
gentamicin sulfate oint 0.1%.....	9	GLUCAGON EMERGENCY (glucagon hcl) ..	53
gentamicin sulfate ophth soln 0.3%.....	172	GLUCOCOM LANCETS 28G.....	146
GENTEEL BUTTERFLY TOUCH LANCET.....	145	GLUCOCOM LANCETS 30G.....	146
GENTLE-LET GP LANCETS.....	146	GLUCOCOM LANCETS 33G.....	146
GENTLE-LET LANCETS.....	146	GLUCOPRO INSULIN SYRINGE.....	146
GENVOYA (elvitegravir-cobicistat- emtricitabine-tenofovir alafenamide).....	43	glyburide micronized tab 1.5 mg.....	51
GILENYA (fingolimod hcl).....	84	glyburide micronized tab 3 mg.....	51
GILOTRIF (afatinib dimaleate).....	34	glyburide micronized tab 6 mg.....	51
glatiramer acetate soln prefilled syringe 20 mg/ml.....	84	glyburide tab 1.25 mg.....	51
glatiramer acetate soln prefilled syringe 20 mg/ml (GLATOPA).....	84	glyburide tab 2.5 mg.....	51
glatiramer acetate soln prefilled syringe 40 mg/ml.....	84	glyburide tab 5 mg.....	51
glatiramer acetate soln prefilled syringe 40 mg/ml (GLATOPA).....	84	glyburide-metformin tab 1.25-250 mg.....	51
GLEOSTINE (lomustine).....	31	glyburide-metformin tab 2.5-500 mg.....	51
glimepiride tab 1 mg.....	50	glyburide-metformin tab 5-500 mg.....	51
glimepiride tab 2 mg.....	50	glycopyrrolate tab 1 mg.....	100
glimepiride tab 4 mg.....	50	glycopyrrolate tab 2 mg.....	100
glipizide tab 10 mg.....	50	GLYXAMBI (empagliflozin-linagliptin).....	51
glipizide tab 5 mg.....	50	GNP CLICKFINE PEN NEEDLES.....	146
glipizide tab er 24hr 10 mg (GLIPIZIDE ER).....	50	GNP INSULIN SYRINGE.....	147
glipizide tab er 24hr 10 mg (GLIPIZIDE XL).....	50	GNP INSULIN SYRINGES.....	147
glipizide tab er 24hr 2.5 mg (GLIPIZIDE ER).....	51	GNP INSULIN SYRINGES 28GX1/2".....	147
glipizide tab er 24hr 2.5 mg (GLIPIZIDE XL).....	51	GNP INSULIN SYRINGES 29GX1/2".....	147
glipizide tab er 24hr 5 mg (GLIPIZIDE ER).....	51	GNP INSULIN SYRINGES 30GX5/16".....	147
glipizide tab er 24hr 5 mg (GLIPIZIDE XL).....	51	GNP INSULIN SYRINGES 31GX5/16".....	147
glipizide-metformin hcl tab 2.5-250 mg.....	51	GNP LANCETS.....	147
glipizide-metformin hcl tab 2.5-500 mg.....	51	GNP LANCETS 21G.....	147
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ipratropium bromide nasal soln 0.03% (21		isotretinoin cap 20 mg (AMNESTEEM).....	85
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levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (LEVONORGEST-ETH EST & ETH EST).....	114	levonorgestrel & ethinyl estradiol tab 0.1 mg- 20 mcg (AUBRA).....	115
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levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (AMETHIA).....	114	levonorgestrel & ethinyl estradiol tab 0.1 mg- 20 mcg (LEVONORGESTREL-ETHINYL ESTRAD).....	115
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (ASHLYNA).....	114	levonorgestrel & ethinyl estradiol tab 0.1 mg- 20 mcg (LUTERA).....	115
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methylprednisolone tab 4 mg.....	107	metoprolol tartrate tab 75 mg.....	62
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methylprednisolone tab therapy pack 4 mg (21).....	107	metronidazole cream 0.75% (ROSADAN)...	10
METIPRANOLOL.....	173	metronidazole gel 0.75%.....	10
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	25	metronidazole gel 0.75% (ROSADAN).....	10
metoclopramide hcl tab 10 mg (base equivalent).....	25	metronidazole gel 1%.....	10
metoclopramide hcl tab 5 mg (base equivalent).....	25	metronidazole lotion 0.75%.....	10
metolazone tab 10 mg.....	74	metronidazole tab 250 mg.....	10
metolazone tab 2.5 mg.....	74	metronidazole tab 500 mg.....	10
metolazone tab 5 mg.....	74	metronidazole vaginal gel 0.75%.....	10
metoprolol & hydrochlorothiazide tab 100-25 mg (METOPROLOL-HYDROCHLOROTHIAZIDE).....	71	mexiletine hcl cap 150 mg.....	60
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mirtazapine tab 15 mg	.22	moxifloxacin hcl ophth soln 0.5% (base equiv)	172
mirtazapine tab 30 mg	.22	moxifloxacin hcl tab 400 mg (base equiv)	14
mirtazapine tab 45 mg	.22	MPD SAFETY LANCET 21G	154
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mometasone furoate oint 0.1%	107	mycophenolate mofetil cap 250 mg	131
mometasone furoate solution 0.1% (lotion)	.88	mycophenolate mofetil for oral susp 200 mg/ml	131
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montelukast sodium chew tab 5 mg (base equiv)	176		
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morphine sulfate oral soln 10 mg/5ml	.6	nadolol tab 20 mg	62
morphine sulfate oral soln 20 mg/5ml	.6	nadolol tab 40 mg	62
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morphine sulfate tab er 15 mg (MORPHINE SULFATE ER)	3		
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naloxone hcl inj 4 mg/10ml.....	8	NEONATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	95
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naproxen tab ec 500 mg (EC-NAPROXEN)...	2	niacin tab er 500 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERSLIPIDEMIC)).....	76
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penicillamine tab 250 mg	104	phenobarbital tab 97.2 mg	18
PENICILLIN V POTASSIUM	13	phenoxybenzamine hcl cap 10 mg	58
penicillin v potassium tab 250 mg	13	phentermine hcl cap 15 mg	83
penicillin v potassium tab 500 mg	13	phentermine hcl cap 30 mg	83
PENTIPS	156	phentermine hcl cap 37.5 mg	83
pentoxifylline tab er 400 mg (PENTOXIFYLLINE ER)	72	phentermine hcl tab 37.5 mg	83
PERFECT LANCETS 28G	156	phenylephrine hcl ophth soln 10%	171
PERFECT LANCETS 30G	156	phenylephrine hcl ophth soln 10% (ALTAFRIN)	171
perindopril erbumine tab 2 mg	59	phenylephrine hcl ophth soln 2.5%	171
perindopril erbumine tab 4 mg	59	phenylephrine hcl ophth soln 2.5% (ALTAFRIN)	171
		phenytoin chew tab 50 mg	19
		phenytoin chew tab 50 mg (PHENYTOIN INFATABS)	19
		phenytoin sodium extended cap 100 mg	20
		phenytoin sodium extended cap 200 mg	20
		phenytoin sodium extended cap 300 mg	20
		phenytoin susp 125 mg/5ml	20

PHEXXI (lactic acid-citric acid-potassium bitartrate)	124	POT BICARB-POT CHLORIDE (potassium bicarb & chloride)	96
PHOSPHOLINE IODIDE (echothiophate iodide)	174	pot bicarbonate & chloride effer tab 25 meq (EFFERVESCENT POT CHLORIDE)	96
pilocarpine hcl ophth soln 1%	174	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHA 250 NEUTRAL)	105
pilocarpine hcl ophth soln 2%	174	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHO-TRIN 250 NEUTRAL)	105
pilocarpine hcl ophth soln 4%	174	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHOROUS)	105
pilocarpine hcl tab 5 mg	84	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (VIRT-PHOS 250 NEUTRAL)	105
pilocarpine hcl tab 7.5 mg	84	potassium bicarbonate effer tab 25 meq ...	96
pimecrolimus cream 1%	88	potassium bicarbonate effer tab 25 meq (EFFER-K)	96
PIMOZIDE	40	potassium bicarbonate effer tab 25 meq (K-EFFERVESCENT)	96
pioglitazone hcl tab 15 mg (base equiv) ...	52	potassium bicarbonate effer tab 25 meq (K-PRIME)	96
pioglitazone hcl tab 30 mg (base equiv) ...	52	potassium bicarbonate effer tab 25 meq (K-VESCENT)	96
pioglitazone hcl tab 45 mg (base equiv) ...	52	potassium bicarbonate effer tab 25 meq (K-LOR-CON/EF)	96
pioglitazone hcl-metformin hcl tab 15-500 mg	52	potassium chloride cap er 10 meq (K-LOR-CON SPRINKLE)	92
pioglitazone hcl-metformin hcl tab 15-850 mg	52	potassium chloride cap er 10 meq (POTASSIUM CHLORIDE ER)	92
PIP LANCETS 28G	156	potassium chloride cap er 8 meq (K-LOR-CON SPRINKLE)	92
PIP LANCETS 30G	156	potassium chloride cap er 8 meq (POTASSIUM CHLORIDE ER)	92
PIP PEN NEEDLES 31G X 5MM	156	POTASSIUM CHLORIDE ER	92
PIP PEN NEEDLES 32G X 4MM	156	potassium chloride microencapsulated crys er tab 10 meq (K-LOR-CON M10)	92
PIRFENIDONE	180	potassium chloride microencapsulated crys er tab 10 meq (POTASSIUM CHLORIDE CRY ER)	92
pirfenidone tab 267 mg	180		
pirfenidone tab 801 mg	180		
piroxicam cap 10 mg	2		
piroxicam cap 20 mg	2		
PNV TABS 29-1 (prenatal vit w/ iron carbonyl-folic acid)	95		
PNV-DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	95		
PNV-OMEGA (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	96		
PNV-SELECT (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	96		
POCKET CHAMBER	157		
POCKET SPACER	157		
podofilox soln 0.5%	89		
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	173		
POMALYST (pomalidomide)	32		

potassium chloride microencapsulated crys er tab 15 meq (KLOR-CON M15)	92	pramipexole dihydrochloride tab 1.5 mg	37
potassium chloride microencapsulated crys er tab 15 meq (POTASSIUM CHLORIDE CRY S ER)	92	prasugrel hcl tab 10 mg (base equiv)	57
potassium chloride microencapsulated crys er tab 20 meq (KLOR-CON M20)	92	prasugrel hcl tab 5 mg (base equiv)	57
potassium chloride microencapsulated crys er tab 20 meq (POTASSIUM CHLORIDE CRY S ER)	92	pravastatin sodium tab 10 mg	75
potassium chloride oral soln 10% (20 meq/15ml)	92	pravastatin sodium tab 20 mg	75
potassium chloride oral soln 20% (40 meq/15ml)	92	pravastatin sodium tab 40 mg	75
potassium chloride tab er 10 meq (POTASSIUM CHLORIDE ER)	92	pravastatin sodium tab 80 mg	75
potassium chloride tab er 20 meq (1500 mg) (POTASSIUM CHLORIDE ER)	92	praziquantel tab 600 mg	35
potassium chloride tab er 8 meq (600 mg) (KLOR-CON)	93	prazosin hcl cap 1 mg	58
potassium chloride tab er 8 meq (600 mg) (POTASSIUM CHLORIDE ER)	93	prazosin hcl cap 2 mg	58
potassium citrate & citric acid powder pack 3300-1002 mg (TARON-CRYSTALS)	105	prazosin hcl cap 5 mg	58
potassium citrate & citric acid soln 1100-334 mg/5ml (CYTRA-K)	105	PRECISION SURE-DOSE SYRINGE	157
potassium citrate & citric acid soln 1100-334 mg/5ml (POTASSIUM CITRATE-CITRIC ACID)	105	PRECISION SUREDOSE PLUS SYR	157
potassium citrate tab er 10 meq (1080 mg) (POTASSIUM CITRATE ER)	93	PRECISION THINS GP LANCETS	157
potassium citrate tab er 15 meq (1620 mg) (POTASSIUM CITRATE ER)	93	PRECISION XTRA KETONE (ketone blood test)	157
potassium citrate tab er 5 meq (540 mg) (POTASSIUM CITRATE ER)	93	PREDNICARBATE	107
potassium phosphate monobasic tab 500 mg (PHOSPHO-TRIN K500)	105	PREDNISOLONE ACETATE (prednisolone acetate (ophth))	173
		PREDNISOLONE ACETATE P-F (prednisolone acetate (ophth))	173
		prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (PREDNISOLONE SODIUM PHOSPHATE)	107
		prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	107
		PREDNISOLONE SODIUM PHOSPHATE	107
		PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate (ophth))	173
		prednisolone soln 15 mg/5ml	107
		PREDNISON	107
		PREDNISON INTENSOL	107
		prednisone tab 1 mg	107
		prednisone tab 10 mg	107
		prednisone tab 2.5 mg	107
		prednisone tab 20 mg	107
		prednisone tab 5 mg	107
		prednisone tab 50 mg	107
		prednisone tab therapy pack 10 mg (21)	107
		prednisone tab therapy pack 10 mg (48)	107

prednisone tab therapy pack 5 mg (21) . . .	107	PRENATRIX (prenatal vit w/ ferrous fumarate-folic acid)	97
prednisone tab therapy pack 5 mg (48) . . .	107	PRENATRYL (prenatal vit w/ ferrous fumarate-folic acid)	97
PREFERRED PLUS INSULIN SYRINGE	157	PREPLUS (prenatal vit w/ ferrous fumarate-folic acid)	97
PREFERRED PLUS LANCETS COLORED	157	PRESSURE ACTIVAT SAFETY LANCET	157
PREFERRED PLUS LANCETS THIN	157	PRETAB (prenatal vit w/ ferrous fumarate-folic acid)	97
PREFERRED PLUS UNIFINE PENTIPS	157	PREVENT DROPSAFE PEN NEEDLES	157
pregabalin cap 100 mg	83	PREVENT SAFETY PEN NEEDLES	157
pregabalin cap 150 mg	83	PREZCOBIX (darunavir-cobicistat)	47
pregabalin cap 200 mg	83	PREZISTA (darunavir ethanolate)	47
pregabalin cap 225 mg	83	PREZISTA (darunavir)	47
pregabalin cap 25 mg	83	PRIFTIN (rifapentine)	31
pregabalin cap 300 mg	83	PRIMAQUINE PHOSPHATE	36
pregabalin cap 50 mg	83	primaquine phosphate tab 26.3 mg (15 mg base)	36
pregabalin cap 75 mg	83	PRIMEAIRE HOLDING CHAMBER	157
pregabalin soln 20 mg/ml	83	primidone tab 250 mg	18
PREMARIN (estrogens, conjugated vaginal)	123	primidone tab 50 mg	18
PREMARIN (estrogens, conjugated)	123	PRO COMFORT INSULIN SYRINGE	157
PREMPRO (conjugated estrogens-medroxyprogesterone acetate)	123	PRO COMFORT LANCETS 30G	157
PRENAISSANCE (prenatal w/o vit a w/ fumarate-dss-fa-dha)	96	PRO COMFORT LANCETS 31G	157
PRENATABS FA (prenatal vit w/ ferrous fumarate-folic acid)	96	PRO COMFORT PEN NEEDLES	157
PRENATABS RX (prenatal vit w/ iron carbonyl-folic acid)	96	PRO COMFORT SPACER ADULT	157
PRENATAL (prenatal vit w/ ferrous fumarate-folic acid)	96	PRO COMFORT SPACER CHILD	158
PRENATAL 19 (prenatal vit w/ ferrous fumarate-folic acid)	96	PRO COMFORT SPACER INFANT	158
PRENATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid)	96	probenecid tab 500 mg	28
PRENATAL PLUS IRON (prenatal vit w/ iron carbonyl-folic acid)	96	PROCARE SPACER/ADULT MASK	158
PRENATAL PLUS VITAMIN/MINERAL (prenatal vit w/ ferrous fumarate-folic acid)	96	PROCARE SPACER/CHILD MASK	158
PRENATAL VITAMIN PLUS LOW IRON (prenatal vit w/ ferrous fumarate-folic acid)	97	prochlorperazine maleate tab 10 mg (base equivalent)	25
PRENATAL-U (prenatal without a vit w/ fumarate-folic acid)	97	prochlorperazine maleate tab 5 mg (base equivalent)	26
		prochlorperazine suppos 25 mg	26
		prochlorperazine suppos 25 mg (COMPRO)	26
		PRODIGY INSULIN SYRINGE	158
		PRODIGY LANCETS 28G	158
		PRODIGY SAFETY LANCETS 26G	158
		PRODIGY TWIST TOP LANCETS 28G	158

progesterone cap 100 mg	124	PROPANTHELINE BROMIDE	101
progesterone cap 200 mg	124	proparacaine hcl ophth soln 0.5%.	172
promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE VC)	182	PROPRANOLOL HCL	62
promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE-PHENYLEPHRINE) .	182	propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER)	62
promethazine hcl suppos 12.5 mg	26	propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER)	62
promethazine hcl suppos 12.5 mg (PHENADOZ)	26	propranolol hcl cap er 24hr 60 mg (PROPRANOLOL HCL ER)	62
promethazine hcl suppos 12.5 mg (PROMETHEGAN)	26	propranolol hcl cap er 24hr 80 mg (PROPRANOLOL HCL ER)	63
promethazine hcl suppos 25 mg	26	propranolol hcl oral soln 20 mg/5ml	63
promethazine hcl suppos 25 mg (PHENADOZ)	26	propranolol hcl tab 10 mg	63
promethazine hcl suppos 25 mg (PROMETHEGAN)	26	propranolol hcl tab 20 mg	63
promethazine hcl suppos 50 mg	26	propranolol hcl tab 40 mg	63
promethazine hcl syrup 6.25 mg/5ml	176	propranolol hcl tab 60 mg	63
promethazine hcl tab 12.5 mg	26	propranolol hcl tab 80 mg	63
promethazine hcl tab 25 mg	26	PROPRANOLOL-HCTZ (propranolol & hydrochlorothiazide)	72
promethazine hcl tab 50 mg	26	propylthiouracil tab 50 mg	128
promethazine w/ codeine syrup 6.25-10 mg/5ml (PROMETHAZINE-CODEINE)	182	protriptyline hcl tab 10 mg	25
PROMETHAZINE-DM	182	protriptyline hcl tab 5 mg	25
promethazine-dm syrup 6.25-15 mg/5ml . . .	182	PSEUDOEPH-CHLORPHEN-HYDROCOD (pseudoephed-cpm w/ hydrocod)	182
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE VC/CODEINE)	182	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (BROMFED DM)	182
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE- PHENYLEPH-CODEINE)	182	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (PSEUDOEPH-BROMPHEN-DM)	182
PROMETHEGAN (promethazine hcl)	26	PSORCON (diflorasone diacetate)	88
propafenone hcl cap er 12hr 225 mg (PROPAFENONE HCL ER)	60	PSS SELECT GP LANCETS	158
propafenone hcl cap er 12hr 325 mg (PROPAFENONE HCL ER)	60	PSS SELECT SAFETY LANCETS	158
propafenone hcl cap er 12hr 425 mg (PROPAFENONE HCL ER)	60	PTS PANELS KETONE TEST (ketone blood test)	158
propafenone hcl tab 150 mg	60	PURE COMFORT LANCETS 30G	158
propafenone hcl tab 225 mg	60	PURE COMFORT PEN NEEDLE	158
propafenone hcl tab 300 mg	61	PURE COMFORT SPACER CHAMBER	158
		PUSH BUTTON SAFETY LANCETS	158
		PUSH BUTTON SAFETY LANCETS 28G	158
		PX EXTRA SHORT PEN NEEDLES	158
		PX INSULIN SYRINGE	158
		PX LANCETS MICROTHIN 33G	158

PX LANCETS ULTRA THIN.....	158
PX LANCETS ULTRA THIN 28G.....	158
PX MINI PEN NEEDLES.....	158
PX PEN NEEDLE.....	158
PX SHORTLENGTH PEN NEEDLES.....	158
pyrazinamide tab 500 mg.....	31
PYRIDOSTIGMINE BROMIDE.....	30
pyridostigmine bromide tab 60 mg.....	30
pyrimethamine tab 25 mg.....	36

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QC LANCETS SUPER THIN 30G.....	158
QC LANCETS ULTRA THIN.....	158
QC PEN NEEDLES.....	159
QC UNIFINE PENTIPS.....	159
QC UNILET LANCETS 28G.....	159
QC UNILET LANCETS MICRO THIN.....	159
QUETIAPINE FUMARATE.....	41
quetiapine fumarate tab 100 mg.....	41
quetiapine fumarate tab 200 mg.....	41
quetiapine fumarate tab 25 mg.....	41
quetiapine fumarate tab 300 mg.....	41
quetiapine fumarate tab 400 mg.....	41
quetiapine fumarate tab 50 mg.....	41
quinapril hcl tab 10 mg.....	59
quinapril hcl tab 20 mg.....	59
quinapril hcl tab 40 mg.....	59
quinapril hcl tab 5 mg.....	59
quinapril-hydrochlorothiazide tab 10-12.5 mg.....	72
quinapril-hydrochlorothiazide tab 20-12.5 mg.....	72
quinapril-hydrochlorothiazide tab 20-25 mg.....	72
QUINIDINE SULFATE.....	61
quinidine sulfate tab 200 mg.....	61
quinidine sulfate tab 300 mg.....	61
quinine sulfate cap 324 mg.....	36
QVAR REDHALER (beclomethasone dipropionate hfa).....	176

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RA E-ZJECT COLOR LANCETS 33G.....	159
RA E-ZJECT LANCETS 28G.....	159
RA E-ZJECT LANCETS THIN 26G.....	159
RA E-ZJECT LANCETS THIN 28G.....	159
RA E-ZJECT LANCETS ULTRA THIN.....	159
RA INSULIN SYRINGE.....	159
RA PEN NEEDLES.....	159
rabeprazole sodium ec tab 20 mg.....	102
RADIOGARDASE (prussian blue insoluble (ferric hexacyanoferrate ii)).....	97
raloxifene hcl tab 60 mg.....	125
ramelteon tab 8 mg.....	183
ramipril cap 1.25 mg.....	60
ramipril cap 10 mg.....	60
ramipril cap 2.5 mg.....	60
ramipril cap 5 mg.....	60
ranitidine hcl cap 150 mg.....	102
ranitidine hcl cap 300 mg.....	102
ranitidine hcl syrup 15 mg/ml (75 mg/5ml).....	102
ranitidine hcl tab 300 mg.....	102
ranolazine tab er 12hr 1000 mg (RANOLAZINE ER).....	72
ranolazine tab er 12hr 500 mg (RANOLAZINE ER).....	72
rasagiline mesylate tab 0.5 mg (base equiv).....	39
rasagiline mesylate tab 1 mg (base equiv).....	39
RAYA SURE PEN NEEDLE.....	159
READYLANCE SAFETY LANCETS.....	159
REALITY INSULIN SYRINGE.....	159
REALITY LANCETS.....	159
REALITY TRIGGER LANCETS.....	159
RELENZA DISKHALER (zanamivir).....	48
RELEXXII (methylphenidate hcl).....	82
RELI-ON INSULIN SYRINGE.....	159
RELION INSULIN SYRINGE.....	160
RELION KETONE (acetone (urine) test).....	160
RELION KETONE TEST (acetone (urine) test).....	160
RELION LANCETS MICRO-THIN 33G.....	160
RELION LANCETS STANDARD 21G.....	160

RELION LANCETS THIN 26G.....	160	risedronate sodium tab 5 mg.....	133
RELION LANCETS ULTRA-THIN 30G.....	160	risedronate sodium tab delayed release 35	
RELION MINI PEN NEEDLES.....	160	mg.....	133
RELION PEN NEEDLES.....	160	risperidone soln 1 mg/ml.....	41
RELION SHORT PEN NEEDLES.....	160	risperidone tab 0.25 mg.....	41
RELION ULTRA THIN LANCETS 30G.....	160	risperidone tab 0.5 mg.....	41
RELION ULTRA THIN PLUS LANCETS.....	160	risperidone tab 1 mg.....	41
RELNATE DHA (prenatal vit w/ ferrous		risperidone tab 2 mg.....	41
fumarate-fa-omega 3 fatty acids).....	97	risperidone tab 3 mg.....	41
repaglinide tab 0.5 mg.....	52	risperidone tab 4 mg.....	41
repaglinide tab 1 mg.....	52	RITEFLO.....	160
repaglinide tab 2 mg.....	52	ritonavir tab 100 mg.....	47
REPATHA (evolocumab).....	77	rivastigmine tartrate cap 1.5 mg (base	
REPATHA PUSHTRONEX SYSTEM		equivalent).....	20
(evolocumab).....	77	rivastigmine tartrate cap 3 mg (base	
REPATHA SURECLICK (evolocumab).....	77	equivalent).....	21
RESCRIPTOR (delavirdine mesylate).....	44	rivastigmine tartrate cap 4.5 mg (base	
RESTASIS (cyclosporine (ophth)).....	172	equivalent).....	21
RESTASIS MULTIDOSE (cyclosporine		rivastigmine tartrate cap 6 mg (base	
(ophth)).....	172	equivalent).....	21
RETACRIT (epoetin alfa-epbx).....	56	rivastigmine td patch 24hr 13.3 mg/24hr....	21
REVLIMID (lenalidomide).....	32	rivastigmine td patch 24hr 4.6 mg/24hr....	21
REXALL LANCETS ULTRA THIN 30G.....	160	rivastigmine td patch 24hr 9.5 mg/24hr....	21
REYATAZ (atazanavir sulfate).....	47	rizatriptan benzoate oral disintegrating tab 10	
ribavirin cap 200 mg.....	43	mg (base eq).....	29
ribavirin tab 200 mg.....	43	rizatriptan benzoate oral disintegrating tab 5	
ribavirin tab 200 mg (MODERIBA).....	43	mg (base eq).....	29
RIDAURA (auranofin).....	128	rizatriptan benzoate tab 10 mg (base	
rifabutin cap 150 mg.....	30	equivalent).....	29
rifampin cap 150 mg.....	31	rizatriptan benzoate tab 5 mg (base	
rifampin cap 300 mg.....	31	equivalent).....	29
RIFATER (isoniazid-rifampin w/		roflumilast tab 250 mcg.....	179
pyrazinamide).....	31	roflumilast tab 500 mcg.....	179
RIGHTEST GL300 LANCETS.....	160	ropinirole hydrochloride tab 0.25 mg	
riluzole tab 50 mg.....	83	(ROPINIROLE HCL).....	38
RIMANTADINE HCL (rimantadine		ropinirole hydrochloride tab 0.5 mg	
hydrochloride).....	48	(ROPINIROLE HCL).....	38
RINVOQ (upadacitinib).....	131	ropinirole hydrochloride tab 1 mg	
risedronate sodium tab 150 mg.....	133	(ROPINIROLE HCL).....	38
risedronate sodium tab 30 mg.....	133	ropinirole hydrochloride tab 2 mg	
risedronate sodium tab 35 mg.....	133	(ROPINIROLE HCL).....	38

ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL).....	38	salicylic acid film forming liquid 27.5% (SALICYLIC ACID WART REMOVER).....	89
ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL).....	38	salicylic acid lotion 6%.....	89
ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL).....	38	salicylic acid lotion 6% (SALITECH FORTE)....	89
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (ROPINIROLE HCL ER)....	38	SAPS HEALTH PLUS LANCETS.....	161
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIROLE HCL ER)....	38	SAPS HEALTH TWIST TOP LANCETS.....	161
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (ROPINIROLE HCL ER)....	38	SAPS TWIST TOP LANCETS.....	161
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIROLE HCL ER)....	38	SAPSCARE TWIST TOP LANCETS.....	161
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (ROPINIROLE HCL ER)....	38	SB INSULIN SYRINGE.....	161
rosuvastatin calcium tab 10 mg.....	75	SB LANCETS THIN.....	161
rosuvastatin calcium tab 20 mg.....	75	SB LANCETS ULTRA THIN.....	161
rosuvastatin calcium tab 40 mg.....	75	scopolamine td patch 72hr 1 mg/3days....	26
rosuvastatin calcium tab 5 mg.....	75	SE-NATAL 19 (prenatal vit w/ ferrous fumarate- folic acid).....	97
RUZURGI (amifampridine).....	160	SECURESAFE INSULIN SYRINGE.....	161
RYBELSUS (semaglutide).....	52	SECURESAFE SAFETY PEN NEEDLES.....	161
S		selegiline hcl cap 5 mg.....	39
SAFE-T-LANCE.....	160	selegiline hcl tab 5 mg.....	39
SAFE-T-LANCE PLUS.....	160	selenium sulfide lotion 2.5%.....	88
SAFESNAP INSULIN SYRINGE.....	160	SELZENTRY (maraviroc).....	46
SAFETY INSULIN SYRINGES.....	160	sertraline hcl oral concentrate for solution 20 mg/ml.....	23
SAFETY LANCET 21G/PRESSURE ACT.....	161	sertraline hcl tab 100 mg.....	23
SAFETY LANCET 23G/PRESSURE ACT.....	161	sertraline hcl tab 25 mg.....	23
SAFETY LANCET 28G/PRESSURE ACT.....	161	sertraline hcl tab 50 mg.....	23
SAFETY LANCET 30G/PRESSURE ACT.....	161	sevelamer carbonate packet 0.8 gm.....	93
SAFETY LANCETS.....	161	sevelamer carbonate packet 2.4 gm.....	93
SAFETY LANCETS 21G.....	161	sevelamer carbonate tab 800 mg.....	93
SAFETY LANCETS 28G.....	161	SHOPKO ON-THE-GO LANCETS 30G.....	161
SAFETY LET LANCETS.....	161	SHOPKO UNIFINE PENTIPS.....	161
SAFETY PEN NEEDLES.....	161	SHOPKO UNIFINE PENTIPS PLUS.....	161
SAFETY SEAL LANCETS.....	161	SHOPKO UNILET LANCETS 28G.....	161
SALICYLIC ACID.....	89	SHOPKO UNILET LANCETS 30G.....	161
salicylic acid film forming liquid 27.5%.....	89	SIDE BUTTON SAFETY LANCET.....	161
		sildenafil citrate tab 100 mg.....	105
		sildenafil citrate tab 20 mg.....	179
		sildenafil citrate tab 25 mg.....	105
		sildenafil citrate tab 50 mg.....	105
		silodosin cap 4 mg.....	104
		silodosin cap 8 mg.....	104
		silver sulfadiazine cream 1%.....	89

silver sulfadiazine cream 1% (SSD).....	89	sodium polystyrene sulfonate rectal susp 30 gm/120ml.....	93
SIMBRINZA (brinzolamide-brimonidine tartrate).....	174	SODIUM SULFACETAMIDE-BAKUCHIOL (sulfacetamide sodium in bakuchiol vehicle).....	89
simvastatin tab 10 mg.....	75	solifenacin succinate tab 10 mg.....	104
simvastatin tab 20 mg.....	75	solifenacin succinate tab 5 mg.....	104
simvastatin tab 40 mg.....	75	SOLUS V2 LANCETS 28G.....	162
simvastatin tab 5 mg.....	75	SOLUS V2 TWIST LANCETS 30G.....	162
simvastatin tab 80 mg.....	76	sorafenib tosylate tab 200 mg (base equivalent).....	34
SINGLE-LET.....	162	sotalol hcl (afib/afl) tab 120 mg (SOTALOL HCL (AF)).....	61
sirolimus oral soln 1 mg/ml.....	131	sotalol hcl (afib/afl) tab 160 mg (SOTALOL HCL (AF)).....	61
sirolimus tab 0.5 mg.....	131	sotalol hcl (afib/afl) tab 80 mg (SOTALOL HCL (AF)).....	61
sirolimus tab 1 mg.....	131	sotalol hcl tab 120 mg.....	61
sirolimus tab 2 mg.....	131	sotalol hcl tab 120 mg (SORINE).....	61
SKYRIZI (150 MG DOSE) (risankizumab-rzaa)	128	sotalol hcl tab 160 mg.....	61
SKYRIZI (risankizumab-rzaa (crohn's)).....	101	sotalol hcl tab 160 mg (SORINE).....	61
SKYRIZI (risankizumab-rzaa).....	128	sotalol hcl tab 240 mg.....	61
SKYRIZI PEN (risankizumab-rzaa).....	129	sotalol hcl tab 240 mg (SORINE).....	61
SLYND (drospirenone).....	125	sotalol hcl tab 80 mg.....	61
SM LANCETS 33G.....	162	sotalol hcl tab 80 mg (SORINE).....	61
SMART SENSE COLOR LANCETS 33G.....	162	SPINOSAD.....	91
SMART SENSE STANDARD LANCETS.....	162	SPIRIVA HANDIHALER (tiotropium bromide monohydrate).....	177
SMART SENSE SUPER THIN LANCETS.....	162	SPIRIVA RESPIMAT (tiotropium bromide monohydrate).....	177
SMART SENSE THIN LANCETS 26G.....	162	spironolactone & hydrochlorothiazide tab 25-25 mg (SPIRONOLACTONE-HCTZ).....	72
SMARTEST LANCETS 28G.....	162	spironolactone tab 100 mg.....	74
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (NA SULFATE-K SULFATE-MG SULF).....	100	spironolactone tab 25 mg.....	74
sodium chloride soln nebu 0.9%.....	182	spironolactone tab 50 mg.....	74
sodium chloride soln nebu 10%.....	182	SPRYCEL (dasatinib).....	34
sodium chloride soln nebu 3%.....	182	SPS (sodium polystyrene sulfonate).....	94
sodium chloride soln nebu 3% (NEBUSAL).....	182	SSKI (potassium iodide (expectorant)).....	128
sodium chloride soln nebu 7%.....	182	SSS 10-5 (sulfacetamide sodium w/ sulfur).....	89
sodium chloride soln nebu 7% (PULMOSAL).....	182	STAVUDINE.....	45
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (FLUORITAB).....	97	stavudine cap 15 mg.....	45
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (NAFRINSE DROPS).....	97		
sodium polystyrene sulfonate oral susp 15 gm/60ml.....	93		
sodium polystyrene sulfonate oral susp 15 gm/60ml (KIONEX).....	93		

stavudine cap 20 mg.....	45	sulfacetamide sodium w/ sulfur susp 8-4% (SULFACETAMIDE SODIUM-SULFUR).....	90
stavudine cap 30 mg.....	45	sulfacetamide sodium w/ sulfur susp 8-4% (SULFACLEANSE 8/4).....	90
stavudine cap 40 mg.....	46	sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SOD-SULFUR WASH).....	90
STELARA (ustekinumab).....	129	sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SODIUM-SULFUR).....	90
STERILANCE TL.....	162	sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% (SULFACETAMIDE- PREDNISOLONE).....	172
STIVARGA (regorafenib).....	35	SULFACETAMIDE SODIUM-SULFUR (sulfacetamide sodium w/ sulfur).....	91
STRIVERDI RESPIMAT (olodaterol hcl).....	178	SULFACETAMIDE-PREDNISOLONE (sulfacetamide sod-prednisolone).....	172
sucralfate susp 1 gm/10ml.....	102	SULFADIAZINE.....	15
sucralfate tab 1 gm.....	102	sulfadiazine tab 500 mg.....	15
SULFACETAMIDE SODIUM (sulfacetamide sodium (ophth)).....	173	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	15
sulfacetamide sodium liquid 10%.....	90	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (SULFATRIM PEDIATRIC).....	15
sulfacetamide sodium liquid 10% (SODIUM SULFACETAMIDE WASH).....	90	sulfamethoxazole-trimethoprim tab 400-80 mg.....	15
sulfacetamide sodium lotion 10% (acne) (SULFACETAMIDE SODIUM (ACNE)).....	15	sulfamethoxazole-trimethoprim tab 800-160 mg.....	15
sulfacetamide sodium ophth soln 10%.....	173	sulfasalazine tab 500 mg.....	132
sulfacetamide sodium shampoo 10% (SODIUM SULFACETAMIDE).....	90	sulfasalazine tab delayed release 500 mg.	132
sulfacetamide sodium w/ sulfur cleanser 10- 2% (SULFACETAMIDE SODIUM-SULFUR).....	90	sulindac tab 150 mg.....	2
sulfacetamide sodium w/ sulfur cleanser 10- 5% (AVAR CLEANSER).....	90	sulindac tab 200 mg.....	2
sulfacetamide sodium w/ sulfur cleanser 10- 5% (ROSANIL CLEANSER).....	90	sumatriptan nasal spray 20 mg/act.....	29
sulfacetamide sodium w/ sulfur cleanser 10- 5% (SULFACETAMIDE SODIUM-SULFUR).....	90	sumatriptan nasal spray 5 mg/act.....	29
sulfacetamide sodium w/ sulfur cleanser 9.8- 4.8% (SULFACETAMIDE SODIUM-SULFUR).....	90	SUMATRIPTAN SUCCINATE.....	29
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (SULFACETAMIDE SODIUM-SULFUR).....	90	sumatriptan succinate inj 6 mg/0.5ml.....	29
sulfacetamide sodium w/ sulfur cream 10-2% (SULFACETAMIDE SODIUM-SULFUR).....	90	SUMATRIPTAN SUCCINATE REFILL.....	29
sulfacetamide sodium w/ sulfur cream 10-5% (SSS 10-5).....	90	sumatriptan succinate solution auto-injector 4 mg/0.5ml.....	29
sulfacetamide sodium w/ sulfur cream 10-5% (SULFACETAMIDE SODIUM-SULFUR).....	90	sumatriptan succinate solution auto-injector 6 mg/0.5ml.....	29
sulfacetamide sodium w/ sulfur cream 9.8- 4.8% (SULFACETAMIDE SODIUM-SULFUR).....	90	sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL).....	29
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR).....	90		

sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL)	30	tacrolimus cap 0.5 mg	132
sumatriptan succinate tab 100 mg	30	tacrolimus cap 1 mg	132
sumatriptan succinate tab 25 mg	30	tacrolimus cap 5 mg	132
sumatriptan succinate tab 50 mg	30	tacrolimus oint 0.03%	88
sunitinib malate cap 12.5 mg (base equivalent)	35	tacrolimus oint 0.1%	88
sunitinib malate cap 25 mg (base equivalent)	35	tadalafil tab 20 mg (pah) (ALYQ)	180
sunitinib malate cap 37.5 mg (base equivalent)	35	tadalafil tab 20 mg (pah) (TADALAFIL (PAH))	180
sunitinib malate cap 50 mg (base equivalent)	35	TAFINLAR (dabrafenib mesylate)	35
SUPER THIN LANCETS	162	TALTZ (ixekizumab)	129
SUPREP BOWEL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	100	tamoxifen citrate tab 10 mg (base equivalent)	32
SURE COMFORT INSULIN SYRINGE	162	tamoxifen citrate tab 20 mg (base equivalent)	32
SURE COMFORT LANCETS 18G	162	tamsulosin hcl cap 0.4 mg	104
SURE COMFORT LANCETS 21G	162	TARON-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	97
SURE COMFORT LANCETS 23G	162	TASIGNA (nilotinib hcl)	35
SURE COMFORT LANCETS 28G	162	TECHLITE AST LANCETS	163
SURE COMFORT LANCETS 30G	162	TECHLITE INSULIN SYRINGE	163
SURE COMFORT PEN NEEDLES	162	TECHLITE LANCETS	163
SURE-FINE PEN NEEDLES	162	TECHLITE LANCETS 30G	163
SURE-JECT INSULIN SYRINGE	163	TECHLITE PEN NEEDLES	163
SURE-LANCE FLAT LANCETS	163	telmisartan tab 20 mg	58
SURE-LANCE LANCETS 26G	163	telmisartan tab 40 mg	58
SURE-LANCE THIN LANCETS 28G	163	telmisartan tab 80 mg	58
SURE-LANCE ULTRA THIN LANCETS	163	telmisartan-amlodipine tab 40-10 mg	72
SURE-TOUCH LANCETS UNIVERSAL	163	telmisartan-amlodipine tab 40-5 mg	72
SURELITE LANCETS	163	telmisartan-amlodipine tab 80-10 mg	72
SYMBICORT (budesonide-formoterol fumarate dihydrate)	182	telmisartan-amlodipine tab 80-5 mg	72
SYMDEKO (tezacaftor-ivacaftor)	178	telmisartan-hydrochlorothiazide tab 40-12.5 mg (TELMISARTAN-HCTZ)	72
SYNAREL (nafarelin acetate)	127	telmisartan-hydrochlorothiazide tab 80-12.5 mg (TELMISARTAN-HCTZ)	72
SYNJARDY (empagliflozin-metformin hcl)	52	telmisartan-hydrochlorothiazide tab 80-25 mg (TELMISARTAN-HCTZ)	73
SYNJARDY XR (empagliflozin-metformin hcl)	52	temazepam cap 15 mg	183
SYNTHROID (levothyroxine sodium)	127	temazepam cap 22.5 mg	183
		temazepam cap 30 mg	183
		temazepam cap 7.5 mg	183
T			
TABLOID (thioguanine)	32		

TEMIXYS (lamivudine-tenofovir disoproxil fumarate).....	46	theophylline tab er 12hr 300 mg (THEOPHYLLINE ER).....	179
tenofovir disoproxil fumarate tab 300 mg...	46	theophylline tab er 12hr 450 mg (THEOPHYLLINE ER).....	179
terazosin hcl cap 1 mg (base equivalent) ..	58	theophylline tab er 24hr 400 mg (THEOPHYLLINE ER).....	179
terazosin hcl cap 10 mg (base equivalent) ..	58	theophylline tab er 24hr 600 mg (THEOPHYLLINE ER).....	179
terazosin hcl cap 2 mg (base equivalent) ..	58	THINLETS GP LANCETS.....	163
terazosin hcl cap 5 mg (base equivalent) ..	58	THIOLA EC (tiopronin).....	105
terbinafine hcl tab 250 mg.....	28	thioridazine hcl tab 10 mg.....	40
terconazole vaginal cream 0.4%.....	28	thioridazine hcl tab 100 mg.....	40
terconazole vaginal cream 0.8%.....	28	thioridazine hcl tab 25 mg.....	40
TESTOSTERONE.....	108	thioridazine hcl tab 50 mg.....	40
TESTOSTERONE CYPIONATE.....	108	thiothixene cap 1 mg.....	40
testosterone cypionate im inj in oil 100 mg/ml.....	108	thiothixene cap 10 mg.....	40
testosterone cypionate im inj in oil 200 mg/ml.....	108	thiothixene cap 2 mg.....	40
TESTOSTERONE ENANTHATE.....	109	thiothixene cap 5 mg.....	40
testosterone enanthate im inj in oil 200 mg/ml.....	109	THRIVITE RX (prenatal vit w/ iron carbonyl-folic acid).....	97
testosterone td gel 12.5 mg/act (1%)	109	thyroid tab 120 mg (2 grain).....	127
testosterone td gel 20.25 mg/1.25gm (1.62%).....	109	thyroid tab 15 mg (1/4 grain).....	127
testosterone td gel 20.25 mg/act (1.62%)..	109	thyroid tab 30 mg (1/2 grain).....	127
testosterone td gel 25 mg/2.5gm (1%).....	109	thyroid tab 60 mg (1 grain).....	127
testosterone td gel 40.5 mg/2.5gm (1.62%)..	109	thyroid tab 90 mg (1 1/2 grain).....	127
testosterone td gel 50 mg/5gm (1%).....	109	TIBSOVO (ivosidenib).....	35
tetracycline hcl cap 250 mg.....	16	timolol maleate ophth gel forming soln 0.25%.....	173
tetracycline hcl cap 500 mg.....	16	timolol maleate ophth gel forming soln 0.5%.....	174
TGT LANCET MICRO THIN 33G.....	163	timolol maleate ophth soln 0.25%.....	174
TGT LANCET THIN 26G.....	163	timolol maleate ophth soln 0.5%.....	174
TGT LANCET ULTRA THIN 30G.....	163	tinidazole tab 250 mg.....	10
THALOMID (thalidomide).....	32	tinidazole tab 500 mg.....	10
theophylline elixir 80 mg/15ml.....	179	tiopronin tab 100 mg.....	105
theophylline elixir 80 mg/15ml (ELIXOPHYLLIN).....	179	TIVICAY (dolutegravir sodium).....	44
theophylline soln 80 mg/15ml.....	179	TIVICAY PD (dolutegravir sodium).....	44
theophylline tab er 12hr 100 mg (THEOPHYLLINE ER).....	179	tizanidine hcl tab 2 mg (base equivalent) ..	42
theophylline tab er 12hr 200 mg (THEOPHYLLINE ER).....	179	tizanidine hcl tab 4 mg (base equivalent) ..	42
		TL-SELECT (prenatal w/o vit a w/ fe fumarate-dss-fa-dha).....	97

TOBRADEX (tobramycin-dexamethasone) .	172	tramadol hcl tab er 24hr 200 mg (TRAMADOL HCL ER) .	3
TOBRAMYCIN .	178	tramadol hcl tab er 24hr 300 mg (TRAMADOL HCL ER) .	3
tobramycin nebu soln 300 mg/5ml .	178	tramadol hcl tab er 24hr biphasic release 100 mg (TRAMADOL HCL ER (BIPHASIC)) .	3
tobramycin ophth soln 0.3% .	173	tramadol hcl tab er 24hr biphasic release 200 mg (TRAMADOL HCL ER (BIPHASIC)) .	3
tobramycin-dexamethasone ophth susp 0.3-0.1% .	172	tramadol hcl tab er 24hr biphasic release 300 mg (TRAMADOL HCL ER (BIPHASIC)) .	3
TODAYS HEALTH MINI PEN NEEDLES .	163	tramadol-acetaminophen tab 37.5-325 mg .	7
TODAYS HEALTH PEN NEEDLES .	163	trandolapril tab 1 mg .	60
TODAYS HEALTH SHORT PEN NEEDLE .	163	trandolapril tab 2 mg .	60
TODAYS HEALTH THIN LANCETS 28G .	164	trandolapril tab 4 mg .	60
TODAYS HEALTH THIN LANCETS 30G .	164	tranexamic acid tab 650 mg .	56
tolterodine tartrate cap er 24hr 2 mg (TOLTERODINE TARTRATE ER) .	104	tranylcypromine sulfate tab 10 mg .	22
tolterodine tartrate cap er 24hr 4 mg (TOLTERODINE TARTRATE ER) .	104	TRAVEL LANCETS .	164
tolterodine tartrate tab 1 mg .	104	TRAVEL LANCETS ADVANCED 28G .	164
tolterodine tartrate tab 2 mg .	104	travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE)) .	174
TOPCARE CLICKFINE PEN NEEDLES .	164	trazodone hcl tab 100 mg .	23
TOPCARE LANCETS MICRO-THIN 33G .	164	trazodone hcl tab 150 mg .	23
TOPCARE ULTRA COMFORT INS SYR .	164	trazodone hcl tab 300 mg .	23
topiramate sprinkle cap 15 mg .	17	trazodone hcl tab 50 mg .	23
topiramate sprinkle cap 25 mg .	17	TRECATOR (ethionamide) .	31
topiramate tab 100 mg .	18	TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol) .	183
topiramate tab 200 mg .	18	TREMFYA (guselkumab) .	129
topiramate tab 25 mg .	18	TRESIBA (insulin degludec) .	54
topiramate tab 50 mg .	18	TRESIBA FLEXTOUCH (insulin degludec) .	54
toremifene citrate tab 60 mg (base equivalent) .	32	tretinoin cap 10 mg .	35
torsemide tab 10 mg .	73	tretinoin cream 0.025% .	85
torsemide tab 100 mg .	73	tretinoin cream 0.05% .	86
torsemide tab 20 mg .	73	tretinoin cream 0.1% .	86
torsemide tab 5 mg .	73	tretinoin gel 0.01% .	86
TOUJEO MAX SOLOSTAR (insulin glargine) .	54	tretinoin gel 0.025% .	86
TOUJEO SOLOSTAR (insulin glargine) .	54	tretinoin gel 0.05% .	86
TRACLEER (bosentan) .	180	triamcinolone acetonide cream 0.025% .	88
TRAMADOL HCL ER (BIPHASIC) .	3	triamcinolone acetonide cream 0.1% .	88
tramadol hcl tab 100 mg .	7	triamcinolone acetonide cream 0.1% (TRIDERM) .	88
tramadol hcl tab 50 mg .	7		
tramadol hcl tab er 24hr 100 mg (TRAMADOL HCL ER) .	3		

triamcinolone acetonide cream 0.5%	88	TRINATE (prenatal vit w/ ferrous fumarate-folic acid)	97
triamcinolone acetonide cream 0.5% (TRIDERM)	88	TRIUMEQ (abacavir-dolutegravir-lamivudine)	46
triamcinolone acetonide dental paste 0.1%	84	TRIUMEQ PD (abacavir-dolutegravir-lamivudine)	46
triamcinolone acetonide dental paste 0.1% (ORALONE)	84	tropicamide ophth soln 0.5%	172
triamcinolone acetonide lotion 0.025%	88	tropicamide ophth soln 1%	172
triamcinolone acetonide lotion 0.1%	88	tropium chloride tab 20 mg	104
triamcinolone acetonide oint 0.025%	88	TRUE COMFORT INSULIN SYRINGE	164
triamcinolone acetonide oint 0.1%	88	TRUE COMFORT PEN NEEDLES	164
triamcinolone acetonide oint 0.5%	88	TRUE COMFORT PRO INSULIN SYR	164
triamterene & hydrochlorothiazide cap 37.5-25 mg (TRIAMTERENE-HCTZ)	73	TRUE COMFORT PRO PEN NEEDLES	164
triamterene & hydrochlorothiazide tab 37.5-25 mg (TRIAMTERENE-HCTZ)	73	TRUE COMFORT TWIST TOP LANCETS	164
triamterene & hydrochlorothiazide tab 75-50 mg (TRIAMTERENE-HCTZ)	73	TRUEPLUS 5-BEVEL PEN NEEDLES	164
TRICARE (prenatal vit w/ ferrous fumarate-folic acid)	97	TRUEPLUS INSULIN SYRINGE	165
trifluoperazine hcl tab 1 mg (base equivalent)	40	TRUEPLUS LANCETS 26G	165
trifluoperazine hcl tab 10 mg (base equivalent)	40	TRUEPLUS LANCETS 28G	165
trifluoperazine hcl tab 2 mg (base equivalent)	40	TRUEPLUS LANCETS 30G	165
trifluoperazine hcl tab 5 mg (base equivalent)	40	TRUEPLUS LANCETS 33G	165
TRIFLURIDINE	48	TRUEPLUS PEN NEEDLES	165
TRIHXYPHENIDYL HCL	36	TRUEPLUS SAFETY LANCETS 28G	165
trihexyphenidyl hcl oral soln 0.4 mg/ml	36	TRULICITY (dulaglutide)	52
trihexyphenidyl hcl tab 2 mg	36	TWIRLA (levonorgestrel-ethinyl estradiol)	123
trihexyphenidyl hcl tab 5 mg	37	TYBLUME (levonorgestrel & eth estradiol)	123
trimethobenzamide hcl cap 300 mg	26	TYMLOS (abaloparatide)	133
TRIMETHOPRIM	10	U	
trimethoprim tab 100 mg	10	ULTICARE INSULIN SAFETY SYR	165
trimipramine maleate cap 100 mg	25	ULTICARE INSULIN SYRINGE	165
trimipramine maleate cap 25 mg	25	ULTICARE MICRO PEN NEEDLES	165
trimipramine maleate cap 50 mg	25	ULTICARE MINI PEN NEEDLES	165
TRINATAL RX 1 (prenatal vit w/ ferrous fumarate-folic acid)	97	ULTICARE PEN NEEDLES	165
		ULTICARE SHORT PEN NEEDLES	165
		ULTIGUARD SAFEPACK PEN NEEDLE	165
		ULTIGUARD SAFEPACK SYR/NEEDLE	166
		ULTILET CLASSIC LANCETS	166
		ULTILET INSULIN SYRINGE	166
		ULTILET INSULIN SYRINGE SHORT	166
		ULTILET LANCETS	166
		ULTILET PEN NEEDLE	166

ULTILET SAFETY LANCETS.....	166	UNISTIK TOUCH SAFETY LANC 28G.....	168
ULTILET SAFETY LANCETS 23G.....	166	UNISTIK TOUCH SAFETY LANC 30G.....	168
ULTRA COMFORT INSULIN SYRINGE.....	166	UNIVERSAL 1 LANCETS THIN 26G.....	168
ULTRA FLO INSULIN PEN NEEDLES.....	166	UNIVERSAL 1 LANCETS THIN 33G.....	168
ULTRA FLO INSULIN SYR 1/2 UNIT.....	166	UNIVERSAL 1 LANCETS ULTRA THIN.....	168
ULTRA FLO INSULIN SYRINGE.....	166	urea cream 40%.....	91
ULTRA THIN LANCETS 31G.....	166	urea cream 40% (UREMEZ-40).....	91
ULTRA THIN PEN NEEDLES.....	166	urea lotion 40%.....	91
ULTRA-CARE LANCETS 30G.....	167	urea lotion 40% (CEROVEL).....	91
ULTRA-COMFORT INSULIN SYRINGE.....	167	urea lotion 40% (UREA-C40).....	91
ULTRA-THIN II AUTO LANCET.....	167	ursodiol cap 300 mg.....	101
ULTRA-THIN II INS SYR SHORT.....	167	ursodiol tab 250 mg.....	101
ULTRA-THIN II INSULIN SYRINGE.....	167	ursodiol tab 500 mg.....	101
ULTRA-THIN II LANCETS.....	167	V	
ULTRA-THIN II MINI PEN NEEDLE.....	167	valacyclovir hcl tab 1 gm.....	48
ULTRA-THIN II PEN NEEDLE SHORT.....	167	valacyclovir hcl tab 500 mg.....	48
ULTRA-THIN II PEN NEEDLES.....	167	valganciclovir hcl for soln 50 mg/ml (base	
ULTRACARE INSULIN SYRINGE.....	167	equiv).....	42
ULTRACARE PEN NEEDLES.....	167	valganciclovir hcl tab 450 mg (base	
UNIFINE PEN NEEDLES.....	167	equivalent).....	42
UNIFINE PENTIPS.....	167	valproate sodium oral soln 250 mg/5ml (base	
UNIFINE PENTIPS PLUS.....	167	equiv) (VALPROIC ACID).....	18
UNIFINE SAFECONTROL PEN NEEDLE.....	168	valproic acid cap 250 mg.....	18
UNIFINE ULTRA PEN NEEDLE.....	168	valsartan tab 160 mg.....	58
UNILET COMFORTOUCH LANCET.....	168	valsartan tab 320 mg.....	58
UNILET EXCELITE.....	168	valsartan tab 40 mg.....	59
UNILET EXCELITE II.....	168	valsartan tab 80 mg.....	59
UNILET G.P. LANCET.....	168	valsartan-hydrochlorothiazide tab 160-12.5	
UNILET G.P. SUPERLITE LANCET.....	168	mg.....	73
UNILET GP 28 ULTRA THIN.....	168	valsartan-hydrochlorothiazide tab 160-25	
UNILET LANCET.....	168	mg.....	73
UNILET MICRO-THIN 33G.....	168	valsartan-hydrochlorothiazide tab 320-12.5	
UNILET SUPER-THIN 30G.....	168	mg.....	73
UNILET SUPERLITE LANCET.....	168	valsartan-hydrochlorothiazide tab 320-25	
UNILET ULTRA-THIN 28G.....	168	mg.....	73
UNISTIK 3 GENTLE.....	168	valsartan-hydrochlorothiazide tab 80-12.5	
UNISTIK PRO SAFETY LANCET.....	168	mg.....	73
UNISTIK SAFETY LANCETS 28G.....	168	VALUE HEALTH INSULIN SYRINGE.....	168
UNISTIK SAFETY LANCETS 30G.....	168	VALUE PLUS LANCET STANDARD 21G.....	168
UNISTIK TOUCH SAFETY LANC 21G.....	168	VALUE PLUS LANCETS SUPER THIN.....	168
UNISTIK TOUCH SAFETY LANC 23G.....	168		

VALUE PLUS LANCETS THIN 26G.....	168	verapamil hcl cap er 24hr 300 mg (VERAPAMIL HCL ER).....	66
VALUMARK LANCET SUPER THIN 30G.....	169	VERAPAMIL HCL ER.....	67
VALUMARK LANCET ULTRA THIN 28G.....	169	verapamil hcl tab 120 mg.....	67
VALUMARK PEN NEEDLES.....	169	verapamil hcl tab 40 mg.....	67
VALVED HOLDING CHAMBER.....	169	verapamil hcl tab 80 mg.....	67
vancomycin hcl cap 125 mg (base equivalent).....	10	verapamil hcl tab er 120 mg (VERAPAMIL HCL ER).....	67
vancomycin hcl cap 250 mg (base equivalent).....	10	verapamil hcl tab er 180 mg (VERAPAMIL HCL ER).....	67
VANDAZOLE (metronidazole vaginal).....	11	verapamil hcl tab er 240 mg (VERAPAMIL HCL ER).....	67
VANISHPOINT INSULIN SYRINGE.....	169	VERZENIO (abemaciclib).....	35
VARENICLINE TARTRATE.....	9	VICTOZA (liraglutide).....	52
VASCEPA (icosapent ethyl).....	77	VIDA MIA UNIFINE PENTIPS.....	169
VELIVET (desogestrel-ethinyl estradiol (triphasic)).....	123	VIDA MIA UNILET LANCETS 28G.....	169
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER).....	23	VIDA MIA UNILET LANCETS 30G.....	169
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER).....	24	VIDEX (didanosine).....	46
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER).....	24	VIL-RX (prenatal vit w/ iron carbonyl-folic acid).....	97
venlafaxine hcl tab 100 mg (base equivalent).....	24	VINATE CARE (prenatal without a vit w/ fe fumarate-folic acid).....	98
venlafaxine hcl tab 25 mg (base equivalent).....	24	VINATE M (prenatal vit w/ selenium-fe fumarate-folic acid).....	98
venlafaxine hcl tab 37.5 mg (base equivalent).....	24	VINATE ONE (prenatal vit w/ ferrous fumarate- folic acid).....	98
venlafaxine hcl tab 50 mg (base equivalent).....	24	VIRACEPT (nelfinavir mesylate).....	47
venlafaxine hcl tab 75 mg (base equivalent).....	24	VIREAD (tenofovir disoproxil fumarate).....	46
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