

This formulary details coverage for medications filled through the pharmacy benefit portion of your plan. For medications administered by a health care professional, please refer to your medical benefit for coverage details or call Member Services for assistance at (855) 624-6463 M-F 8:00 am – 6:00 pm.

****To Search for your medication press Ctrl + F and type in your medication in the search box. If the search does not automatically advance, select the previous or next arrows.**

List of Abbreviations

ACA (Affordable Care Act): preventive medications that have no cost-share when ACA conditions are met and when the medication is filled as a prescription at a participating pharmacy.

CISP: This designation is only applicable for plans that include the Chronic Illness Support Program (CISP) benefit. Enhanced coverage is limited to \$0 cost-share for Tier 1 medications, and reduced cost shares on select Tier 2 and Tier 3 medications according to your plan design without having to meet deductibles first. Reduced cost-share is only available through Express Scripts Home Delivery (mail). For non-CISP eligible plans, please refer to the numeric listing in the Drug Tier column.

CISP-1: This designation is only applicable for plans that include the Chronic Illness Support Program (CISP) benefit. The CISP-1 designation indicates the cost-share for the medication/item is \$0 through Express Scripts Home Delivery (mail).

CSE-9: This designation is only applicable to Members enrolled in a Cornerstone plan. Certain generic medications will be substituted with the brand name equivalent at the generic cost-share. The inclusion of the brand name product in this program is subject to change without notice.

H.S.A.: This designation is only applicable for employer-sponsored group plans that are Health Savings Account compatible. For drugs with this designation, the Deductible is waived and the Member pays the applicable drug Tier cost-share.

INS: This designation indicates the cost-share for this medication will be no more than \$35 for up to a 30-day supply. Becomes effective with the start of your plan's 2021 benefit year.

MSP (Mandatory Specialty Pharmacy): These drugs must be obtained directly through our exclusive mandatory pharmacy, Accredo (mail order), or the drug is not covered. We may require that you try certain drugs to treat your medical condition before you are provided coverage. These drugs are limited to a 30-day supply.

OTC: This drug is an over-the-counter product that is covered with a prescription from the prescriber and when filled at an in-network pharmacy.

PA (Prior Approval): The Plan requires you or your Provider to get Prior Approval for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you do not get approval, we may not cover the drug. We may require that you try certain drugs to treat your medical condition before you are provided coverage.

QL (Quantity Limit): A quantity limit (QL) defines how much of a particular drug you may get during a specific time period (days supply limit) or the maximum days supply you may get at once (quantity per days supply limit).

SP (Specialty Pharmacy): This means the out-of-pocket cost is at the 'specialty' cost-share. The Plan offers one courtesy fill at a retail pharmacy as a covered benefit. Then, this drug must be obtained directly through the exclusive specialty pharmacy, Accredo (mail), or you pay 100% of the retail cost. We may require that you try certain drugs to treat your medical condition before you are provided coverage.

ST (Step Therapy): In some cases, the Plan requires you to first try certain drugs to treat your medical condition within a certain look-back period before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Plan may cover Drug B. *Note: The Prior Approval process may be used to facilitate this process.

Effective March 1, 2021

If you need assistance or have questions, please call Member Services at (855) 624-6463.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON ORAL CAPSULE	4	
<i>clotrimazole mucous membrane troche</i>	2	
CRESEMBA ORAL CAPSULE	3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	4	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	4	
DIFLUCAN ORAL TABLET 150 MG	4	QL
<i>fluconazole oral suspension for reconstitution</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	2	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>fluconazole oral tablet 50 mg</i>	1	
<i>flucytosine oral capsule</i>	2	
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosize oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>itraconazole oral capsule</i>	2	QL
<i>itraconazole oral solution</i>	2	
<i>ketoconazole oral tablet</i>	2	
NOXAFIL ORAL SUSPENSION	3	PA
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	2	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	4	
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	2	PA
SPORANOX ORAL SOLUTION	4	
SPORANOX PULSEPAK ORAL CAPSULE	4	QL
<i>terbinafine hcl oral tablet</i>	2	
VFEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA
VFEND ORAL TABLET	4	PA
<i>voriconazole oral suspension for reconstitution</i>	2	PA
<i>voriconazole oral tablet</i>	2	PA
ANTIVIRALS		

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>abacavir oral solution</i>	5	MSP
<i>abacavir oral tablet</i>	5	MSP
<i>abacavir-lamivudine oral tablet</i>	5	MSP
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	MSP
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet 400 mg</i>	1	
<i>acyclovir oral tablet 800 mg</i>	2	
<i>adefovir oral tablet</i>	2	
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION	5	MSP
APTIVUS ORAL CAPSULE	5	MSP
<i>atazanavir oral capsule</i>	5	MSP
BARACLUDGE ORAL SOLUTION	3	
BIKTARVY ORAL TABLET	5	MSP

Drug Name	Drug Tier	Requirements / Limits
CIMDUO ORAL TABLET	5	MSP
COMBIVIR ORAL TABLET	5	MSP
CRIXIVAN ORAL CAPSULE 200 MG	5	MSP
DESCOVY ORAL TABLET	5	MSP
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	5	MSP
DOVATO ORAL TABLET	5	MSP
EDURANT ORAL TABLET	5	MSP
<i>efavirenz, oral capsule</i>	5	MSP
<i>efavirenz oral tablet</i>	5	MSP
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	5	MSP
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	5	MSP
<i>emtricitabine oral capsule</i>	5	MSP
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	MSP
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	CSE-9; ACA; MSP
EMTRIVA ORAL CAPSULE	5	MSP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
EMTRIVA ORAL SOLUTION	5	MSP
<i>entecavir oral tablet</i>	2	
EPCLUSA ORAL TABLET	5	PA; MSP; QL
EPIVIR HBV ORAL SOLUTION	3	
EPIVIR HBV ORAL TABLET	4	
EPIVIR ORAL SOLUTION	5	MSP
EPIVIR ORAL TABLET	5	MSP
EPZICOM ORAL TABLET	5	MSP
EVOTAZ ORAL TABLET	5	MSP
<i>famciclovir oral tablet</i>	2	QL
FLUMADINE ORAL TABLET	4	
<i>fosamprenavir oral tablet</i>	5	MSP
FUZEON SUBCUTANEOUS RECON SOLN	5	MSP
GENVOYA ORAL TABLET	5	MSP
HARVONI ORAL PELLETS IN PACKET	5	PA; MSP; QL
HARVONI ORAL TABLET	5	PA; MSP; QL
HEPSERA ORAL TABLET	4	
INTELENCE ORAL TABLET	5	MSP

Drug Name	Drug Tier	Requirements / Limits
INVIRASE ORAL TABLET	5	MSP
ISENTRESS HD ORAL TABLET	5	MSP
ISENTRESS ORAL POWDER IN PACKET	5	MSP
ISENTRESS ORAL TABLET	5	MSP
ISENTRESS ORAL TABLET,CHEWABLE	5	MSP
JULUCA ORAL TABLET	5	MSP
KALETRA ORAL SOLUTION	5	MSP
KALETRA ORAL TABLET	5	MSP
<i>lamivudine oral solution</i>	5	MSP
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	5	MSP
<i>lamivudine-zidovudine oral tablet</i>	5	MSP
LEXIVA ORAL SUSPENSION	5	MSP
LEXIVA ORAL TABLET	5	MSP
<i>lopinavir-ritonavir oral solution</i>	5	MSP
<i>nevirapine oral suspension</i>	5	MSP
<i>nevirapine oral tablet</i>	5	MSP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>nevirapine oral tablet extended release 24 hr</i>	5	MSP
NORVIR ORAL POWDER IN PACKET	5	MSP
NORVIR ORAL SOLUTION	5	MSP
NORVIR ORAL TABLET	5	MSP
ODEFSEY ORAL TABLET	5	MSP
<i>oseltamivir oral capsule</i>	2	QL
<i>oseltamivir oral suspension for reconstitution</i>	2	QL
PREVYMIS ORAL TABLET	3	QL
PREZISTA ORAL SUSPENSION	5	MSP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	5	MSP
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	QL
RETROVIR ORAL CAPSULE	5	MSP
RETROVIR ORAL SYRUP	5	MSP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	MSP

Drug Name	Drug Tier	Requirements / Limits
REYATAZ ORAL POWDER IN PACKET	5	MSP
<i>ribavirin inhalation recon soln</i>	2	
<i>rimantadine oral tablet</i>	2	
<i>ritonavir oral tablet</i>	5	MSP
SELZENTRY ORAL SOLUTION	5	MSP
SELZENTRY ORAL TABLET	5	MSP
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	5	MSP
SUSTIVA ORAL CAPSULE	5	MSP
SUSTIVA ORAL TABLET	5	MSP
SYMFI LO ORAL TABLET	5	MSP
SYMFI ORAL TABLET	5	MSP
SYMTUZA ORAL TABLET	5	MSP
SYNAGIS INTRAMUSCULAR SOLUTION	5	PA; MSP
TAMIFLU ORAL CAPSULE	4	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	4	QL
TEMIXYS ORAL TABLET	5	MSP
<i>tenofovir disoproxil fumarate oral tablet</i>	5	MSP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
TIVICAY ORAL TABLET	5	MSP
TIVICAY PD ORAL TABLET FOR SUSPENSION	5	MSP
TRIUMEQ ORAL TABLET	5	MSP
TRIZIVIR ORAL TABLET	5	MSP
TRUVADA ORAL TABLET	5	MSP
TYBOST ORAL TABLET	5	MSP
<i>valacyclovir oral tablet</i>	2	QL
VALCYTE ORAL RECON SOLN	4	
VALCYTE ORAL TABLET	4	
<i>valganciclovir oral recon soln</i>	2	
<i>valganciclovir oral tablet</i>	2	
VEMLIDY ORAL TABLET	3	
VIEKIRA PAK ORAL TABLETS,DOSE PACK	5	PA; MSP; QL
VIRACEPT ORAL TABLET	5	MSP
VIRAMUNE ORAL SUSPENSION	5	MSP
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	5	MSP

Drug Name	Drug Tier	Requirements / Limits
VIRAZOLE INHALATION RECON SOLN	4	
VIREAD ORAL POWDER	5	MSP
VIREAD ORAL TABLET	5	MSP
VOSEVI ORAL TABLET	5	PA; MSP; QL
XOFLUZA ORAL TABLET	4	QL
ZEPATIER ORAL TABLET	5	PA; MSP; QL
ZIAGEN ORAL SOLUTION	5	MSP
ZIAGEN ORAL TABLET	5	MSP
<i>zidovudine oral capsule</i>	5	MSP
<i>zidovudine oral syrup</i>	5	MSP
<i>zidovudine oral tablet</i>	5	MSP
ZOVIRAX ORAL SUSPENSION	4	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension for reconstitution</i>	1	
<i>cefditoren pivoxil oral tablet</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension for reconstitution</i>	1	
<i>cefpodoxime oral suspension for reconstitution</i>	2	
<i>cefpodoxime oral tablet</i>	2	
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
KEFLEX ORAL CAPSULE 750 MG	4	

Drug Name	Drug Tier	Requirements / Limits
SPECTRACEF ORAL TABLET 400 MG	4	
SUPRAX ORAL CAPSULE	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	4	
SUPRAX ORAL TABLET,CHEWABLE	4	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL TABLET	4	QL
<i>e.e.s. 400 oral tablet</i>	2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	4	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	4	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	2	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
ZITHROMAX ORAL PACKET	4	

Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI- PAK ORAL TABLET	4	
ZITHROMAX Z- PAK ORAL TABLET	4	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC)	4	QL
<i>albendazole oral tablet</i>	2	QL
ALBENZA ORAL TABLET	4	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ALINIA ORAL TABLET	4	QL
ARAKODA ORAL TABLET	4	QL
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; SP
<i>atovaquone oral suspension</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>atovaquone-proguanil oral tablet</i>	2	H.S.A.; QL
BENZNIDAZOLE ORAL TABLET	3	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
BILTRICIDE ORAL TABLET	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
<i>chloroquine phosphate oral tablet</i>	2	H.S.A.
CLEOCIN HCL ORAL CAPSULE	4	
CLEOCIN PEDIATRIC ORAL RECON SOLN	4	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin pediatric oral recon soln</i>	1	
COARTEM ORAL TABLET	3	QL
CYCLOSERINE ORAL CAPSULE	4	
<i>dapsone oral tablet</i>	2	
DARAPRIM ORAL TABLET	5	PA; SP
EMVERM ORAL TABLET,CHEWABLE	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ethambutol oral tablet</i>	2	
FLAGYL ORAL CAPSULE	4	
FLAGYL ORAL TABLET 500 MG	4	
<i>hydroxychloroquine oral tablet</i>	2	
IMPAVIDO ORAL CAPSULE	3	PA; QL
<i>isoniazid oral solution</i>	2	
<i>isoniazid oral tablet</i>	2	
<i>ivermectin oral tablet</i>	1	QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
KRINTAFEL ORAL TABLET	4	QL
<i>linezolid oral suspension for reconstitution</i>	1	PA
<i>linezolid oral tablet</i>	2	PA
MALARONE ORAL TABLET	4	QL
MALARONE PEDIATRIC ORAL TABLET	4	QL
<i>mefloquine oral tablet</i>	2	H.S.A.; QL
MEPRON ORAL SUSPENSION	4	
<i>metronidazole oral capsule</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole oral tablet</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN ORAL CAPSULE	4	
NEBUPENT INHALATION RECON SOLN	4	QL
<i>neomycin oral tablet</i>	1	
<i>nitazoxanide oral tablet</i>	2	QL
<i>paromomycin oral capsule</i>	2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	4	
<i>pentamidine inhalation recon soln</i>	2	QL
<i>praziquantel oral tablet</i>	2	
PRETOMANID ORAL TABLET	4	PA
PRIFTIN ORAL TABLET	3	
<i>primaquine oral tablet</i>	2	H.S.A.; QL
<i>pyrazinamide oral tablet</i>	2	
<i>pyrimethamine oral tablet</i>	5	PA; SP
QUALAQUIN ORAL CAPSULE	4	QL
<i>quinine sulfate oral capsule</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>rifabutin oral capsule</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	3	PA
SIVEXTRO ORAL TABLET	4	PA
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	3	QL
STROMEKTOL ORAL TABLET	4	QL
<i>tinidazole oral tablet</i>	2	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; MSP; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	PA; SP; QL
<i>tobramycin inhalation solution for nebulization</i>	5	PA; SP; QL
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	5	PA; SP; QL
TRECTOR ORAL TABLET	4	
XENLETA ORAL TABLET	4	
XIFAXAN ORAL TABLET	3	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	4	PA
ZYVOX ORAL TABLET	4	PA
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	4	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	4	
<i>dicloxacillin oral capsule</i>	2	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	4	
<i>penicillin v potassium oral reconstn soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
QUINOLONES		
BAXDELA ORAL TABLET	3	QL
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon</i>	1	
FACTIVE ORAL TABLET	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	

SULFA'S & RELATED AGENTS

BACTRIM DS ORAL TABLET	4	
BACTRIM ORAL TABLET	4	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	1	

TETRACYCLINES

ACTICLATE ORAL TABLET	4	ST
AVIDOXY DK KIT	4	ST
<i>avidoxy oral tablet</i>	1	
<i>coremino oral tablet extended release 24 hr</i>	2	ST
<i>demeclocycline oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC)	4	ST
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 50 MG	4	ST
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 75 mg</i>	2	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 75 mg</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	2	
<i>minocycline oral tablet extended release 24 hr</i>	2	ST
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR	4	ST
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>mondoxyne nl oral capsule 75 mg</i>	2	
MONODOX ORAL CAPSULE	4	ST
MORGIDOX 1X 50 KIT	4	ST
MORGIDOX 2X100 KIT	4	ST
<i>morgidox oral capsule 100 mg</i>	2	
NUZYRA ORAL TABLET	4	QL
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE	4	ST
SEYSARA ORAL TABLET	4	ST

Drug Name	Drug Tier	Requirements / Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	ST
TARGADOX ORAL TABLET	4	ST
<i>tetracycline oral capsule</i>	2	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	4	ST
VIBRAMYCIN ORAL SYRUP	4	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	2	
FURADANTIN ORAL SUSPENSION	4	
HIPREX ORAL TABLET	4	
MACROBID ORAL CAPSULE	4	
MACRODANTIN ORAL CAPSULE	4	
<i>methenamine hippurate oral tablet</i>	2	
<i>methenamine mandelate oral tablet</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
MONUROL ORAL PACKET	4	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension</i>	2	
PRIMSOL ORAL SOLUTION	4	
<i>trimethoprim oral tablet</i>	1	
VANCOMYCIN		
VANCOGIN ORAL CAPSULE	4	PA; QL
<i>vancomycin oral capsule</i>	2	PA; QL
<i>vancomycin oral recon soln</i>	2	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>leucovorin calcium oral tablet 15 mg</i>	2	
MESNEX ORAL TABLET	3	
VISTOGARD ORAL GRANULES IN PACKET	5	PA; SP

Drug Name	Drug Tier	Requirements / Limits
XGEVA SUBCUTANEOUS SOLUTION	5	PA; MSP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MSP; QL
<i>abiraterone oral tablet 500 mg</i>	2	PA; MSP; QL
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	5	PA; MSP
AFINITOR ORAL TABLET	5	PA; MSP
ALECENSA ORAL CAPSULE	5	PA; MSP; QL
ALKERAN ORAL TABLET	4	
ALUNBRIG ORAL TABLET	5	PA; MSP; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MSP; QL
<i>anastrozole oral tablet</i>	2	
AROMASIN ORAL TABLET	4	
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	5	PA; SP
AYVAKIT ORAL TABLET	5	PA; SP; QL
AZASAN ORAL TABLET	5	SP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>azathioprine oral tablet</i>	5	SP
BALVERSA ORAL TABLET	5	PA; SP
<i>bexarotene oral capsule</i>	5	PA; SP
<i>bicalutamide oral tablet</i>	2	
BOSULIF ORAL TABLET	5	PA; MSP; QL
BRAFTOVI ORAL CAPSULE	5	PA; SP; QL
BRUKINSA ORAL CAPSULE	5	PA; SP
BYNFEZIA SUBCUTANEOUS PEN INJECTOR	5	SP
CABOMETYX ORAL TABLET	5	PA; MSP; QL
<i>capecitabine oral tablet</i>	5	SP
CAPRELSA ORAL TABLET	5	PA; SP; QL
CASODEX ORAL TABLET	4	
CELLCEPT ORAL CAPSULE	5	SP
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	5	SP
CELLCEPT ORAL TABLET	5	SP
COMETRIQ ORAL CAPSULE	5	PA; MSP
COPIKTRA ORAL CAPSULE	5	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
COTELLIC ORAL TABLET	5	PA; MSP; QL
<i>cyclophosphamide oral capsule</i>	2	
<i>cyclosporine modified oral capsule</i>	5	SP
<i>cyclosporine modified oral solution</i>	5	SP
<i>cyclosporine oral capsule</i>	5	SP
DAURISMO ORAL TABLET	5	PA; MSP; QL
DROXIA ORAL CAPSULE	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	5	PA; MSP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	5	PA; MSP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	5	PA; MSP
ELIGARD SUBCUTANEOUS SYRINGE	5	PA; MSP
EMCYT ORAL CAPSULE	3	
ENSPRYNG SUBCUTANEOUS SYRINGE	5	PA; MSP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; SP
ERIVEDGE ORAL CAPSULE	5	PA; MSP; QL
ERLEADA ORAL TABLET	5	PA; MSP; QL
<i>erlotinib oral tablet</i>	5	PA; MSP; QL
<i>etoposide oral capsule</i>	2	
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MSP
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	5	MSP
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg</i>	5	SP
<i>exemestane oral tablet</i>	2	
FARESTON ORAL TABLET	4	
FARYDAK ORAL CAPSULE	5	PA; MSP; QL
FEMARA ORAL TABLET	4	
<i>flutamide oral capsule</i>	1	
GAVRETO ORAL CAPSULE	5	PA; SP
<i>gengraf oral capsule 100 mg, 25 mg</i>	5	SP
<i>gengraf oral solution</i>	5	SP
GILOTRIF ORAL TABLET	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
GLIADEL WAFER IMPLANT WAFER	4	
HYCAMTIN ORAL CAPSULE	5	PA; MSP
HYDREA ORAL CAPSULE	4	
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	5	PA; MSP; QL
IBRANCE ORAL TABLET	5	PA; MSP; QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	5	PA; SP; QL
ICLUSIG ORAL TABLET 30 MG	5	PA; SP
IDHIFA ORAL TABLET	5	PA; MSP; QL
<i>imatinib oral tablet</i>	5	PA; MSP; QL
IMBRUVICA ORAL CAPSULE	5	PA; SP; QL
IMBRUVICA ORAL TABLET	5	PA; SP; QL
IMURAN ORAL TABLET	5	SP
INLYTA ORAL TABLET	5	PA; MSP; QL
IRESSA ORAL TABLET	5	PA; MSP; QL
JAKAFI ORAL TABLET	5	PA; MSP; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
JELMYTO INTRA-PYELOCALYCEAL KIT	5	PA; SP
KOSELUGO ORAL CAPSULE	5	PA; SP
<i>lapatinib oral tablet</i>	5	PA; MSP; QL
LENVIMA ORAL CAPSULE	5	PA; MSP
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	3	
<i>leuprolide subcutaneous kit</i>	5	PA; SP
LONSURF ORAL TABLET	5	PA; MSP
LORBRENA ORAL TABLET	5	PA; MSP; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; MSP
LYNPARZA ORAL TABLET	5	PA; MSP; QL
LYSODREN ORAL TABLET	5	SP
MATULANE ORAL CAPSULE	5	SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL TABLET	5	PA; MSP; QL
MEKTOVI ORAL TABLET	5	PA; SP; QL
<i>melfhalan oral tablet</i>	1	
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate sodium (pf) injection recon soln</i>	2	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral tablet</i>	2	
<i>mycophenolate mofetil oral capsule</i>	5	SP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	SP
<i>mycophenolate mofetil oral tablet</i>	5	SP
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	5	SP
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC)	5	SP
MYLERAN ORAL TABLET	3	
NEORAL ORAL CAPSULE	5	SP
NEORAL ORAL SOLUTION	5	SP
NERLYNX ORAL TABLET	5	PA; MSP
NEXAVAR ORAL TABLET	5	PA; MSP; QL
NILANDRON ORAL TABLET	4	PA
<i>nilutamide oral tablet</i>	2	PA
NINLARO ORAL CAPSULE	5	PA; MSP; QL
NUBEQA ORAL TABLET	5	PA; MSP; QL
<i>octreotide acetate injection solution</i>	5	MSP
<i>octreotide acetate injection syringe</i>	5	MSP
ODOMZO ORAL CAPSULE	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
PEMAZYRE ORAL TABLET	5	PA; SP; QL
PROGRAF ORAL CAPSULE	5	SP
PROGRAF ORAL GRANULES IN PACKET	5	SP
PURIXAN ORAL SUSPENSION	5	SP
RAPAMUNE ORAL SOLUTION	5	SP
RAPAMUNE ORAL TABLET	5	SP
RETEVMO ORAL CAPSULE	5	PA; MSP; QL
ROZLYTREK ORAL CAPSULE	5	PA; MSP; QL
RUBRACA ORAL TABLET	5	PA; MSP; QL
RYDAPT ORAL CAPSULE	5	PA; MSP
SANDIMMUNE ORAL CAPSULE	5	SP
SANDIMMUNE ORAL SOLUTION	5	SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	MSP
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; SP
<i>sirolimus oral solution</i>	5	SP
<i>sirolimus oral tablet</i>	5	SP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
SOLTAMOX ORAL SOLUTION	4	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	PA; MSP
SPRYCEL ORAL TABLET	5	PA; MSP; QL
STIVARGA ORAL TABLET	5	PA; MSP; QL
SUPPRELIN LA IMPLANT KIT	5	PA; MSP
SUTENT ORAL CAPSULE	5	PA; MSP; QL
SYNRIBO SUBCUTANEOUS RECON SOLN	5	PA; SP
TABLOID ORAL TABLET	4	
TABRECTA ORAL TABLET	5	PA; MSP
<i>tacrolimus oral capsule</i>	5	SP
TAFINLAR ORAL CAPSULE	5	PA; MSP; QL
TAGRISSE ORAL TABLET	5	PA; MSP; QL
TALZENNA ORAL CAPSULE	5	PA; MSP; QL
<i>tamoxifen oral tablet 10 mg</i>	1	
<i>tamoxifen oral tablet 20 mg</i>	2	
TARCEVA ORAL TABLET	5	PA; MSP; QL
TARGRETIN TOPICAL GEL	5	PA; SP

Drug Name	Drug Tier	Requirements / Limits
TASIGNA ORAL CAPSULE	5	PA; MSP; QL
TAZVERIK ORAL TABLET	5	PA; SP
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG	5	PA; MSP
<i>temozolomide oral capsule</i>	5	PA; MSP
THALOMID ORAL CAPSULE	5	PA; MSP
TIBSOVO ORAL TABLET	5	PA; SP
<i>toremifene oral tablet</i>	2	
<i>tretinoin (antineoplastic) oral capsule</i>	2	
TREXALL ORAL TABLET	4	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	PA; SP
TUKYSA ORAL TABLET	5	PA; SP; QL
TURALIO ORAL CAPSULE	5	PA; SP; QL
TYKERB ORAL TABLET	5	PA; MSP; QL
VANTAS IMPLANT KIT	5	PA; MSP
VENCLEXTA ORAL TABLET	5	PA; SP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; SP; QL
VERZENIO ORAL TABLET	5	PA; MSP; QL
VITRAKVI ORAL CAPSULE	5	PA; MSP
VITRAKVI ORAL SOLUTION	5	PA; MSP
VIZIMPRO ORAL TABLET	5	PA; MSP; QL
VOTRIENT ORAL TABLET	5	PA; MSP; QL
XALKORI ORAL CAPSULE	5	PA; MSP; QL
XELODA ORAL TABLET	5	SP
XERMELO ORAL TABLET	5	PA; SP; QL
XOSPATA ORAL TABLET	5	PA; SP
XTANDI ORAL CAPSULE	5	PA; MSP; QL
YONSA ORAL TABLET	5	PA; MSP; QL
ZEJULA ORAL CAPSULE	5	PA; SP; QL
ZELBORAF ORAL TABLET	5	PA; MSP; QL
ZOLADEX SUBCUTANEOUS IMPLANT	5	PA; MSP
ZOLINZA ORAL CAPSULE	5	PA; MSP
ZORTRESS ORAL TABLET	5	SP

Drug Name	Drug Tier	Requirements / Limits
ZYDELIG ORAL TABLET	5	PA; MSP; QL
ZYKADIA ORAL TABLET	5	PA; MSP; QL
ZYTIGA ORAL TABLET 500 MG	5	PA; MSP; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
BANZEL ORAL SUSPENSION	4	PA
BANZEL ORAL TABLET	3	PA
BRIVIACT ORAL SOLUTION	4	ST
BRIVIACT ORAL TABLET	4	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable</i>	2	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	4	
CELONTIN ORAL CAPSULE 300 MG	3	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>clobazam oral suspension</i>	2	PA
<i>clobazam oral tablet</i>	2	PA
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)	4	ST
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	4	ST
DIACOMIT ORAL CAPSULE	5	PA; SP
DIACOMIT ORAL POWDER IN PACKET	5	PA; SP
DIASTAT ACUDIAL RECTAL KIT	4	
DIASTAT RECTAL KIT	4	
<i>diazepam rectal kit</i>	2	
DILANTIN EXTENDED ORAL CAPSULE	4	
DILANTIN INFATABS ORAL TABLET, CHEWABLE	4	

Drug Name	Drug Tier	Requirements / Limits
DILANTIN ORAL CAPSULE	3	
DILANTIN-125 ORAL SUSPENSION	4	
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	
EPIDIOLEX ORAL SOLUTION	5	PA; MSP
<i>epitol oral tablet</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	4	
<i>ethosuximide oral capsule</i>	2	
<i>ethosuximide oral solution</i>	2	
<i>felbamate oral suspension</i>	2	
<i>felbamate oral tablet</i>	2	
FELBATOL ORAL SUSPENSION	4	
FELBATOL ORAL TABLET	4	
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
<i>gabapentin oral capsule</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
GABITRIL ORAL TABLET	4	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
KLONOPIN ORAL TABLET	4	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	4	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	4	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	4	ST
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	
<i>lamotrigine oral tablet extended release 24hr</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet, chewable dispersible 25 mg</i>	2	
<i>lamotrigine oral tablet, chewable dispersible 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	2	
<i>lamotrigine oral tablets, dose pack</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet extended release 24 hr</i>	2	
MYSOLINE ORAL TABLET	4	
NAYZILAM NASAL SPRAY, NON-AEROSOL	3	PA; QL
ONFI ORAL SUSPENSION	4	PA
ONFI ORAL TABLET 10 MG, 20 MG	4	PA
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	4	ST

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg</i>	1	
<i>phenobarbital oral tablet 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
PHENYTEK ORAL CAPSULE	4	
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
<i>pregabalin oral capsule</i>	2	
<i>pregabalin oral solution</i>	2	
<i>primidone oral tablet</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	ST
<i>roovepra oral tablet</i>	1	
<i>rufinamide oral suspension</i>	2	PA
SABRIL ORAL POWDER IN PACKET	5	PA; MSP
SABRIL ORAL TABLET	5	PA; MSP
SPRITAM ORAL TABLET FOR SUSPENSION	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite oral tablet</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack</i>	2	
<i>subvenite starter (green) kit oral tablets, dose pack</i>	2	
<i>subvenite starter (orange) kit oral tablets, dose pack</i>	2	
SYMPAZAN ORAL FILM	4	PA
TEGRETOL ORAL SUSPENSION	4	
TEGRETOL ORAL TABLET	4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	4	
<i>tiagabine oral tablet</i>	2	
<i>topiramate oral capsule, sprinkle</i>	2	
<i>topiramate oral tablet</i>	2	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR	4	ST
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
VALTOCO NASAL SPRAY, NON-AEROSOL	4	QL
<i>vigabatrin oral powder in packet</i>	5	PA; MSP
<i>vigabatrin oral tablet</i>	5	PA; MSP
<i>vigadrone oral powder in packet</i>	5	PA; SP
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
XCOPRI MAINTENANCE PACK ORAL TABLET	4	QL
XCOPRI ORAL TABLET	4	QL
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK	4	QL
ZARONTIN ORAL CAPSULE	4	
ZARONTIN ORAL SOLUTION	4	
<i>zonisamide oral capsule</i>	2	
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	5	PA; MSP; QL
AZILECT ORAL TABLET	4	ST
<i>benztropine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>bromocriptine oral capsule</i>	2	
<i>bromocriptine oral tablet</i>	2	
<i>carbidopa oral tablet</i>	2	PA
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	
COMTAN ORAL TABLET	4	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	5	PA; MSP
<i>entacapone oral tablet</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; SP; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; QL
LODOSYN ORAL TABLET	4	PA

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR	4	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
NOURIANZ ORAL TABLET	5	PA; SP; QL
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR	5	PA; SP; QL
PARLODEL ORAL CAPSULE	4	
PARLODEL ORAL TABLET	4	
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	2	
<i>rasagiline oral tablet</i>	2	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	
<i>ropinirole oral tablet</i>	2	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	4	
<i>selegiline hcl oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>selegiline hcl oral tablet</i>	1	
SINEMET ORAL TABLET	4	
STALEVO 100 ORAL TABLET	4	
STALEVO 125 ORAL TABLET	4	
STALEVO 150 ORAL TABLET	4	
STALEVO 200 ORAL TABLET	4	
STALEVO 50 ORAL TABLET	4	
STALEVO 75 ORAL TABLET	4	
TASMAR ORAL TABLET 100 MG	4	PA
<i>tolcapone oral tablet</i>	2	PA
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>almotriptan malate oral tablet</i>	2	QL
AMERGE ORAL TABLET	4	ST; QL
CAFERGOT ORAL TABLET	4	
D.H.E.45 INJECTION SOLUTION	4	
<i>dihydroergotamine injection solution</i>	2	
<i>dihydroergotamine nasal spray,non-aerosol</i>	2	ST; QL
<i>eletriptan oral tablet</i>	2	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL
ERGOMAR SUBLINGUAL TABLET	4	
<i>ergotamine-caffeine oral tablet</i>	1	
FROVA ORAL TABLET	4	ST; QL
<i>frovatriptan oral tablet</i>	2	QL
<i>migergot rectal suppository</i>	2	
MIGRANAL NASAL SPRAY, NON-AEROSOL	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>naratriptan oral tablet</i>	2	QL
NURTEC ODT ORAL TABLET, DISINTEGRATING	4	PA; QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	4	ST; QL
RELPAK ORAL TABLET	4	ST; QL
REYVOW ORAL TABLET	4	PA; QL
<i>rizatriptan oral tablet</i>	2	QL
<i>rizatriptan oral tablet, disintegrating</i>	2	QL
<i>sumatriptan nasal spray, non-aerosol</i>	2	QL
<i>sumatriptan succinate oral tablet</i>	2	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	2	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	2	QL
<i>sumatriptan succinate subcutaneous solution</i>	2	QL
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan-naproxen oral tablet</i>	2	PA; QL
TOSYMRA NASAL SPRAY, NON-AEROSOL	4	ST; QL
UBRELVY ORAL TABLET	4	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	4	ST; QL
<i>zolmitriptan oral tablet</i>	2	QL
<i>zolmitriptan oral tablet, disintegrating</i>	2	QL
ZOMIG NASAL SPRAY, NON-AEROSOL	3	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT ORAL TABLET	4	ST
AUSTEDO ORAL TABLET	5	PA; MSP; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	5	PA; MSP
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet 23 mg</i>	2	ST
<i>donepezil oral tablet, disintegrating</i>	2	
EVRYSDI ORAL RECON SOLN	5	PA; MSP; QL
EXELON TRANSDERMAL PATCH 24 HOUR	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	
<i>galantamine oral solution</i>	2	
<i>galantamine oral tablet</i>	2	
HORIZANT ORAL TABLET EXTENDED RELEASE	4	ST
KEVEYIS ORAL TABLET	5	PA; SP
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	
<i>memantine oral solution</i>	2	
<i>memantine oral tablet</i>	2	
MEMANTINE ORAL TABLETS, DOSE PACK	4	
NAMENDA ORAL TABLET	4	ST
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK	4	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	4	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	ST

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	ST
NUDEXTA ORAL CAPSULE	3	PA
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR	4	ST
<i>rivastigmine tartrate oral capsule</i>	2	
<i>rivastigmine transdermal patch 24 hour</i>	2	
RUZURGI ORAL TABLET	5	PA; SP
TEGSEDI SUBCUTANEOUS SYRINGE	5	PA; MSP
<i>tetrabenazine oral tablet</i>	5	PA; MSP; QL
TYSABRI INTRAVENOUS SOLUTION	5	PA; MSP
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	1	
<i>carisoprodol oral tablet</i>	2	
<i>carisoprodol-aspirin oral tablet</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet</i>	2	QL
<i>chlorzoxazone oral tablet 250 mg</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine oral capsule,extended release 24hr</i>	1	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	4	
<i>dantrolene oral capsule</i>	2	
FEXMID ORAL TABLET	4	PA
LORZONE ORAL TABLET	4	PA
<i>meprobamate oral tablet</i>	2	
<i>metaxalone oral tablet</i>	2	
<i>methocarbamol oral tablet</i>	1	
NORGESIC FORTE ORAL TABLET	4	
<i>orphenadrine citrate oral tablet extended release</i>	2	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	2	
<i>orphengesic forte oral tablet</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide oral syrup</i>	2	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release</i>	2	
ROBAXIN-750 ORAL TABLET	4	
SKELAXIN ORAL TABLET	4	
SOMA ORAL TABLET	4	
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	2	
ZANAFLEX ORAL CAPSULE	4	
ZANAFLEX ORAL TABLET	4	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	ST; QL
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	2	ST; QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	2	ST; QL
<i>acetaminophen-codeine oral tablet</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
ACTIQ BUCCAL LOZENGE ON A HANDLE	4	ST; QL
ALLZITAL ORAL TABLET	4	PA
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE	4	ST; QL
<i>ascomp with codeine oral capsule</i>	2	ST; QL
BELBUCA BUCCAL FILM	3	ST; QL
<i>buprenorphine hcl sublingual tablet</i>	2	QL
<i>buprenorphine transdermal patch weekly</i>	2	ST; QL
<i>butalbital compound w/codeine oral capsule</i>	2	ST; QL
<i>butalbital-acetaminop-caf-cod oral capsule</i>	2	ST; QL
<i>butalbital-acetaminophen oral capsule</i>	2	
<i>butalbital-acetaminophen oral tablet</i>	2	
<i>butalbital-acetaminophen-caff oral capsule</i>	2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	
<i>butalbital-aspirin-caffeine oral capsule</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-aspirin-caffeine oral tablet</i>	2	
<i>codeine sulfate oral tablet</i>	2	ST; QL
<i>codeine-butalbital-asa-caff oral capsule</i>	2	ST; QL
DILAUDID ORAL LIQUID	4	ST; QL
DILAUDID ORAL TABLET	4	ST; QL
<i>diskets oral tablet, soluble</i>	2	ST; QL
DSUVIA SUBLINGUAL TABLET IN APPLICATOR	4	
<i>dvorah oral tablet</i>	2	ST; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	ST; QL
ESGIC ORAL CAPSULE	4	PA
ESGIC ORAL TABLET	4	PA
<i>fentanyl citrate buccal lozenge on a handle</i>	2	ST; QL
<i>fentanyl transdermal patch 72 hour</i>	2	ST; QL
FIORICET ORAL CAPSULE	4	PA
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	ST; QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	2	ST; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg</i>	1	ST; QL
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	2	ST; QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	ST; QL
<i>hydromorphone oral liquid</i>	1	ST; QL
<i>hydromorphone oral tablet</i>	1	ST; QL
<i>hydromorphone oral tablet extended release 24 hr</i>	2	ST; QL
<i>hydromorphone rectal suppository</i>	1	ST; QL
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR	3	ST; QL
<i>ibuprofen-oxycodone oral tablet</i>	2	ST; QL
<i>levorphanol tartrate oral tablet 2 mg</i>	2	PA; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	4	PA; QL
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	4	ST; QL
<i>meperidine oral solution</i>	2	ST; QL
<i>meperidine oral tablet 50 mg</i>	2	ST; QL
<i>methadone oral concentrate</i>	2	ST; QL
<i>methadone oral solution</i>	1	ST; QL
<i>methadone oral tablet</i>	2	ST; QL
<i>methadone oral tablet, soluble</i>	2	ST; QL
<i>methadose oral concentrate</i>	2	ST; QL
<i>methadose oral tablet, soluble</i>	2	ST; QL
<i>morphine concentrate oral solution</i>	2	ST; QL
<i>morphine oral capsule, er multiphase 24 hr</i>	2	ST; QL
<i>morphine oral capsule, extend. release pellets</i>	2	ST; QL
<i>morphine oral solution</i>	2	ST; QL
<i>morphine oral tablet</i>	1	ST; QL
<i>morphine oral tablet extended release</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>morphine rectal suppository 10 mg, 20 mg, 5 mg</i>	1	QL
<i>morphine rectal suppository 30 mg</i>	2	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	4	ST; QL
NALOCET ORAL TABLET	4	ST; QL
OXAYDO ORAL TABLET, ORAL ONLY	4	ST; QL
<i>oxycodone oral capsule</i>	2	ST; QL
<i>oxycodone oral concentrate</i>	2	ST; QL
<i>oxycodone oral solution</i>	2	ST; QL
<i>oxycodone oral tablet</i>	2	ST; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	ST; QL
<i>oxycodone-aspirin oral tablet</i>	2	ST; QL
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	ST; QL
<i>oxymorphone oral tablet</i>	2	ST; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>oxymorphone oral tablet extended release 12 hr</i>	2	ST; QL
PROBUPHINE SUBDERMAL IMPLANT	5	MSP
<i>prolate oral tablet</i>	2	ST; QL
ROXICODONE ORAL TABLET	4	ST; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	5	MSP; QL
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	4	ST; QL
VANATOL LQ ORAL SOLUTION	4	PA
VANATOL S ORAL SOLUTION	4	PA
<i>vtol lq oral solution</i>	2	
<i>zebutal oral capsule 50-325-40 mg</i>	2	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	1	H.S.A.; ACA; OTC
ANAPROX DS ORAL TABLET	4	ST
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC	4	ST

Drug Name	Drug Tier	Requirements / Limits
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC	4	ST
<i>aspirin low dose oral tablet, delayed release (dr/ec)</i>	1	H.S.A.; ACA; OTC
<i>aspirin oral tablet</i>	1	H.S.A.; ACA; OTC
<i>aspirin oral tablet, chewable</i>	1	H.S.A.; ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	1	H.S.A.; ACA; OTC
<i>aspir-trin oral tablet, delayed release (dr/ec)</i>	1	H.S.A.; ACA; OTC
<i>bayer aspirin oral tablet</i>	1	H.S.A.; ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	
<i>butorphanol injection solution</i>	1	QL
<i>butorphanol nasal spray, non-aerosol</i>	2	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
CAMBIA ORAL POWDER IN PACKET	4	ST; QL
<i>celecoxib oral capsule</i>	2	ST
<i>children's aspirin oral tablet, chewable</i>	1	H.S.A.; ACA; OTC
<i>choline, magnesium salicylate oral liquid</i>	1	
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83	4	ST; QL
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75	4	ST; QL
DAYPRO ORAL TABLET	4	ST
<i>diclofenac potassium oral tablet</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical gel 1 %</i>	2	ST; QL
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	2	
<i>diflunisal oral tablet</i>	2	
DISALCID ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
DUEXIS ORAL TABLET	4	ST
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC)	4	ST
<i>ecotrin low strength oral tablet, delayed release (dr/ec)</i>	1	H.S.A.; ACA; OTC
<i>ecotrin oral tablet, delayed release (dr/ec)</i>	1	H.S.A.; ACA; OTC
<i>etodolac oral capsule</i>	2	
<i>etodolac oral tablet</i>	2	
<i>etodolac oral tablet extended release 24 hr</i>	2	
FELDENE ORAL CAPSULE	4	ST
<i>fenoprofen oral tablet</i>	2	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR	3	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN ORAL SUSPENSION	4	PA
INDOCIN RECTAL SUPPOSITORY	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	2	PA
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac oral tablet</i>	1	QL
LICART TRANSDERMAL PATCH 24 HOUR	3	ST; QL
<i>lite coat aspirin oral tablet</i>	1	H.S.A.; ACA; OTC
LODINE ORAL TABLET	4	ST
<i>meclofenamate oral capsule</i>	2	
<i>mefenamic acid oral capsule</i>	2	
<i>meloxicam oral tablet 15 mg</i>	2	
<i>meloxicam oral tablet 7.5 mg</i>	2	QL
<i>meloxicam submicronized oral capsule 10 mg</i>	2	
<i>meloxicam submicronized oral capsule 5 mg</i>	2	QL
MOBIC ORAL TABLET 15 MG	4	ST

Drug Name	Drug Tier	Requirements / Limits
MOBIC ORAL TABLET 7.5 MG	4	ST; QL
<i>nabumetone oral tablet</i>	2	
NALFON ORAL TABLET	4	ST
<i>naloxone injection solution</i>	2	H.S.A.; ACA
<i>naloxone injection syringe</i>	1	H.S.A.; ACA
<i>naltrexone oral tablet</i>	2	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	4	ST
NAPROSYN ORAL SUSPENSION	4	ST
NAPROSYN ORAL TABLET 500 MG	4	ST
<i>naproxen oral suspension</i>	2	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	2	ST
NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	4	ST

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic</i>	2	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	H.S.A.; ACA; QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	4	ST; QL
<i>oxaprozin oral tablet</i>	2	
<i>pentazocine-naloxone oral tablet</i>	2	ST; QL
<i>piroxicam oral capsule</i>	2	
RELAFEN ORAL TABLET	4	ST
<i>salsalate oral tablet</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL	5	ST; SP; QL
<i>st joseph aspirin oral tablet,chewable</i>	1	H.S.A.; ACA; OTC
<i>st. joseph aspirin oral tablet,delayed release (dr/ec)</i>	1	H.S.A.; ACA; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	4	QL
<i>sulindac oral tablet</i>	1	
<i>tolmetin oral capsule</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>tolmetin oral tablet 200 mg</i>	2	
<i>tolmetin oral tablet 600 mg</i>	2	ST
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	4	ST; QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	4	ST; QL
TRAMADOL ORAL TABLET 100 MG	4	ST; QL
<i>tramadol oral tablet 50 mg</i>	2	ST; QL
<i>tramadol oral tablet extended release 24 hr</i>	2	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	ST; QL
<i>tramadol-acetaminophen oral tablet</i>	1	ST; QL
ULTRACET ORAL TABLET	4	ST; QL
ULTRAM ORAL TABLET	4	ST; QL
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC	4	ST

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	5	MSP
VOLTAREN TOPICAL GEL	4	ST; QL
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	3	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING	3	
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH	4	QL

Drug Name	Drug Tier	Requirements / Limits
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR	4	PA
ADDYI ORAL TABLET	4	PA
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80	4	PA
ADZENYS ER ORAL SUSPENSION, IR - ER, BIPHASIC 24HR	4	PA
ADZENYS XR-ODT ORAL TABLET, DISINTEGRATING ER BIPHASE 24H	4	PA
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	
<i>alprazolam oral tablet 1 mg, 2 mg</i>	2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 3 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 1 mg, 2 mg</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 1 mg, 2 mg</i>	2	
<i>amitriptyline oral tablet 10 mg, 25 mg</i>	1	
<i>amitriptyline oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	2	
<i>amphetamine sulfate oral tablet</i>	2	PA
ANAFRANIL ORAL CAPSULE	4	
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL
APTENSIO XR ORAL CAPSULE SPRINKLE, BIPHASIC 40-60	4	PA
<i>aripiprazole oral solution</i>	2	
<i>aripiprazole oral tablet</i>	2	QL
<i>aripiprazole oral tablet, disintegrating</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING	3	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING	3	
<i>armodafinil oral tablet</i>	2	PA; QL
<i>asenapine maleate sublingual tablet</i>	2	QL
ATIVAN ORAL TABLET	4	
<i>atomoxetine oral capsule</i>	2	PA
BELSOMRA ORAL TABLET	4	ST; QL
<i>bupropion hcl oral tablet</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	4	ST; QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	QL
<i>bupropion hcl oral tablet</i>	2	
<i>chlordiazepoxide hcl oral capsule</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>chlorpromazine oral tablet</i>	2	
<i>citalopram oral solution</i>	2	H.S.A.
<i>citalopram oral tablet</i>	1	H.S.A.; QL
<i>clomipramine oral capsule</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	PA
<i>clorazepate dipotassium oral tablet</i>	2	
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet, disintegrating</i>	2	
CLOZARIL ORAL TABLET	4	
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H	4	PA
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR	3	PA
DAYTRANA TRANSDERMAL PATCH 24 HOUR 30 MG/9 HR	3	PA; ST
DAYVIGO ORAL TABLET	4	ST
<i>desipramine oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
DESOXYN ORAL TABLET	4	PA
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE	4	PA
<i>dexmethylphenidate oral capsule, er biphasic 50-50</i>	2	PA
<i>dexmethylphenidate oral tablet</i>	2	PA
<i>dextroamphetamine oral capsule, extended release</i>	2	PA
<i>dextroamphetamine oral solution</i>	2	PA
<i>dextroamphetamine oral tablet</i>	2	PA
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	2	PA; CSE-9
<i>dextroamphetamine-amphetamine oral tablet</i>	2	PA
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	2	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	2	PA; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	PA
EDLUAR SUBLINGUAL TABLET	4	ST; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	4	
<i>ergoloid oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	2	H.S.A.
<i>escitalopram oxalate oral tablet</i>	1	H.S.A.; QL
<i>estazolam oral tablet</i>	1	
<i>eszopiclone oral tablet</i>	2	QL
EVEKEO ODT ORAL TABLET, DISINTEGRATING	4	PA
EVEKEO ORAL TABLET	4	PA
FANAPT ORAL TABLET	4	QL

Drug Name	Drug Tier	Requirements / Limits
FANAPT ORAL TABLETS, DOSE PACK	4	QL
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	3	ST; QL
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	H.S.A.; QL
<i>fluoxetine oral capsule 20 mg</i>	1	H.S.A.
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	H.S.A.; QL
<i>fluoxetine oral solution</i>	2	H.S.A.
<i>fluoxetine oral tablet 10 mg</i>	2	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	ST
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	2	
<i>flurazepam oral capsule</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	ST; QL
<i>fluvoxamine oral tablet</i>	2	H.S.A.; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL
GEODON ORAL CAPSULE	4	QL
<i>guanfacine oral tablet extended release 24 hr</i>	2	PA
<i>guanidine oral tablet</i>	1	
HALCION ORAL TABLET 0.25 MG	4	
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ ORAL CAPSULE	5	PA; MSP; QL
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	2	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR	4	QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	4	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK	4	PA
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
KETAMINE SUBLINGUAL TROCHE	4	
LATUDA ORAL TABLET	3	QL
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	4	
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule</i>	2	
<i>maprotiline oral tablet</i>	2	
MARPLAN ORAL TABLET	4	
<i>methamphetamine oral tablet</i>	2	PA
METHYLIN ORAL SOLUTION	4	PA
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60</i>	2	PA

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	PA
<i>methylphenidate hcl oral solution</i>	2	PA
<i>methylphenidate hcl oral tablet</i>	2	PA
<i>methylphenidate hcl oral tablet extended release</i>	2	PA
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	PA
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	4	PA
<i>methylphenidate hcl oral tablet, chewable</i>	2	PA
<i>midazolam oral syrup 2 mg/ml</i>	2	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet, disintegrating</i>	2	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE	4	
<i>modafinil oral tablet</i>	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>molindone oral tablet</i>	2	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 50 MG	3	PA; ST
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 25 MG, 37.5 MG	3	PA
NARDIL ORAL TABLET	4	
<i>nefazodone oral tablet</i>	2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	4	
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	2	
NUPLAZID ORAL CAPSULE	5	PA; MSP; QL
NUPLAZID ORAL TABLET 10 MG	5	PA; MSP; QL
<i>olanzapine oral tablet</i>	1	QL
<i>olanzapine oral tablet, disintegrating</i>	2	QL
<i>olanzapine-fluoxetine oral capsule</i>	2	
<i>oxazepam oral capsule</i>	2	
<i>paliperidone oral tablet extended release 24hr</i>	2	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
PAMELOR ORAL CAPSULE	4	
PARNATE ORAL TABLET	4	
<i>paroxetine hcl oral tablet</i>	1	H.S.A.; QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	ST; QL
<i>paroxetine mesylate(menop.sym) oral capsule</i>	2	ST; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL
PAXIL ORAL SUSPENSION	4	ST
PAXIL ORAL TABLET	4	ST; QL
<i>perphenazine oral tablet</i>	2	
<i>perphenazine-amitriptyline oral tablet</i>	2	
PEXEVA ORAL TABLET	4	ST; QL
<i>phenelzine oral tablet</i>	2	
<i>pimozide oral tablet</i>	2	
<i>procentra oral solution</i>	2	PA
<i>protriptyline oral tablet</i>	2	
QUAZEPAM ORAL TABLET	4	
<i>quetiapine oral tablet</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet extended release 24 hr</i>	2	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR	3	PA; ST
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	3	PA
<i>ramelteon oral tablet</i>	2	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR	4	PA
REMERON ORAL TABLET 15 MG, 30 MG	4	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	4	
RESTORIL ORAL CAPSULE	4	
REXULTI ORAL TABLET	4	QL
RISPERDAL ORAL SOLUTION	4	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet</i>	1	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>risperidone oral tablet, disintegrating</i>	2	QL
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	4	PA
RITALIN ORAL TABLET	4	PA
SAPHRIS SUBLINGUAL TABLET	4	QL
<i>seconal sodium oral capsule</i>	2	QL
SECUADO TRANSDERMAL PATCH 24 HOUR	4	QL
<i>sertraline oral concentrate</i>	2	H.S.A.
<i>sertraline oral tablet</i>	1	H.S.A.; QL
SILENOR ORAL TABLET	4	ST; QL
SUNOSI ORAL TABLET	3	PA; QL
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	4	
<i>temazepam oral capsule</i>	1	
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	2	
TRANXENE T-TAB ORAL TABLET 7.5 MG	4	

Drug Name	Drug Tier	Requirements / Limits
<i>tranylcypromine oral tablet</i>	2	
<i>trazodone oral tablet 100 mg, 50 mg</i>	1	
<i>trazodone oral tablet 150 mg, 300 mg</i>	2	
<i>triazolam oral tablet</i>	1	
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	2	
TRINTELLIX ORAL TABLET	4	ST; QL
<i>venlafaxine oral capsule, extended release 24hr</i>	2	QL
<i>venlafaxine oral tablet</i>	2	QL
<i>venlafaxine oral tablet extended release 24hr</i>	2	ST; QL
VERSACLOZ ORAL SUSPENSION	4	
VIIBRYD ORAL TABLET	3	ST; QL
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	3	ST; QL
VRAYLAR ORAL CAPSULE	4	QL
VRAYLAR ORAL CAPSULE, DOSE PACK	4	QL
VYLEESI SUBCUTANEOUS AUTO-INJECTOR	5	PA; SP; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
VYVANSE ORAL CAPSULE	3	PA; ST
VYVANSE ORAL TABLET,CHEWABLE	3	PA; ST
WAKIX ORAL TABLET	5	PA; MSP; QL
XYREM ORAL SOLUTION	5	PA; SP
XYWAV ORAL SOLUTION	5	PA; SP
<i>zaleplon oral capsule</i>	2	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	PA
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	PA
<i>ziprasidone hcl oral capsule</i>	2	QL
<i>zolpidem oral tablet</i>	2	QL
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL
<i>zolpidem sublingual tablet</i>	2	QL
ZOLPIMIST ORAL SPRAY, NON-AEROSOL	4	ST; QL
ZYPREXA ORAL TABLET	4	QL
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	4	QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet</i>	2	
BETAPACE AF ORAL TABLET	4	ST
BETAPACE ORAL TABLET	4	ST
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide oral capsule</i>	2	
<i>flecainide oral tablet</i>	2	
<i>mexiletine oral capsule</i>	2	
MULTAQ ORAL TABLET	4	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE	4	
NORPACE ORAL CAPSULE	4	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule,extended release 12 hr</i>	2	
<i>propafenone oral tablet</i>	2	
<i>quinidine gluconate oral tablet extended release</i>	2	
<i>quinidine sulfate oral tablet 200 mg</i>	1	
<i>quinidine sulfate oral tablet 300 mg</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR	4	
<i>sorine oral tablet</i>	2	
<i>sotalol af oral tablet</i>	2	
<i>sotalol oral tablet</i>	2	
SOTYLIZE ORAL SOLUTION	3	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	4	
ACCURETIC ORAL TABLET	4	
<i>acebutolol oral capsule</i>	1	H.S.A.
ADALAT CC ORAL TABLET EXTENDED RELEASE	4	ST
ALDACTAZIDE ORAL TABLET	4	
ALDACTONE ORAL TABLET	4	
<i>aliskiren oral tablet</i>	2	
ALTACE ORAL CAPSULE	4	
<i>amiloride oral tablet</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	
<i>amlodipine oral tablet</i>	1	CISP; H.S.A.
<i>amlodipine-benazepril oral capsule</i>	2	CISP; H.S.A.

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-olmesartan oral tablet</i>	2	H.S.A.
<i>amlodipine-valsartan oral tablet</i>	2	CISP; H.S.A.
<i>amlodipine-valsartan-hcthiazid oral tablet</i>	2	H.S.A.
<i>atenolol oral tablet</i>	1	CISP; H.S.A.
<i>atenolol-chlorthalidone oral tablet</i>	1	H.S.A.
<i>benazepril oral tablet</i>	1	H.S.A.
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	H.S.A.
<i>betaxolol oral tablet</i>	2	H.S.A.
BIDIL ORAL TABLET	4	
<i>bisoprolol fumarate oral tablet</i>	2	H.S.A.
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	CISP; H.S.A.
<i>bumetanide oral tablet</i>	2	
BYSTOLIC ORAL TABLET	3	ST
CALAN SR ORAL TABLET EXTENDED RELEASE	4	ST
<i>candesartan oral tablet</i>	2	H.S.A.
<i>candesartan-hydrochlorothiazid oral tablet</i>	2	H.S.A.

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>captopril oral tablet</i>	2	H.S.A.
<i>captopril-hydrochlorothiazide oral tablet</i>	2	H.S.A.
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	
CARDURA ORAL TABLET	4	ST; QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	4	ST; QL
CAROSPIR ORAL SUSPENSION	4	PA
<i>cartia xt oral capsule, extended release 24hr</i>	2	H.S.A.
<i>carvedilol oral tablet</i>	1	CISP; H.S.A.
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	2	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	4	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	4	QL

Drug Name	Drug Tier	Requirements / Limits
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	4	QL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	H.S.A.
<i>clonidine hcl oral tablet</i>	1	CISP; H.S.A.
<i>clonidine transdermal patch weekly</i>	2	QL
CONSENSI ORAL TABLET	4	PA
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	4	ST
CORGARD ORAL TABLET	4	ST
DEMSEER ORAL CAPSULE	4	PA
DIBENZYLINE ORAL CAPSULE	4	PA
<i>diltiazem hcl oral capsule, ext. rel 24h degradable</i>	2	H.S.A.
<i>diltiazem hcl oral capsule, extended release 12 hr</i>	2	H.S.A.
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	H.S.A.
<i>diltiazem hcl oral capsule, extended release 24hr</i>	2	H.S.A.
<i>diltiazem hcl oral tablet</i>	2	H.S.A.

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	H.S.A.
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	2	H.S.A.
DIURIL ORAL SUSPENSION	4	
<i>doxazosin oral tablet</i>	2	QL
DYRENIUM ORAL CAPSULE	4	
EDARBI ORAL TABLET	3	ST
EDARBYCLOR ORAL TABLET	3	ST
EDECRIAN ORAL TABLET	4	
<i>enalapril maleate oral tablet</i>	2	H.S.A.
<i>enalapril-hydrochlorothiazide oral tablet</i>	2	H.S.A.
<i>eplerenone oral tablet</i>	2	CISP
<i>eprosartan oral tablet</i>	2	H.S.A.
<i>ethacrynic acid oral tablet</i>	2	
<i>felodipine oral tablet extended release 24 hr</i>	2	H.S.A.
FLOLAN INTRAVENOUS RECON SOLN	5	PA; MSP
<i>fosinopril oral tablet</i>	2	H.S.A.
<i>fosinopril-hydrochlorothiazide oral tablet</i>	2	H.S.A.

Drug Name	Drug Tier	Requirements / Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	CISP; H.S.A.
<i>furosemide oral tablet</i>	1	CISP; H.S.A.
<i>guanfacine oral tablet</i>	1	
HEMANGEOL ORAL SOLUTION	5	SP
<i>hydralazine oral tablet</i>	1	CISP
<i>hydrochlorothiazide oral capsule</i>	1	CISP; H.S.A.
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg</i>	1	CISP; H.S.A.
<i>indapamide oral tablet</i>	1	H.S.A.
INSPIRA ORAL TABLET	4	
<i>irbesartan oral tablet</i>	2	H.S.A.
<i>irbesartan-hydrochlorothiazide oral tablet</i>	2	H.S.A.
<i>isradipine oral capsule</i>	2	H.S.A.
<i>labetalol oral tablet</i>	2	
LASIX ORAL TABLET	4	
<i>lisinopril oral tablet</i>	1	CISP; H.S.A.
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	CISP; H.S.A.
LOPRESSOR ORAL TABLET	4	ST

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>losartan oral tablet</i>	1	CISP; H.S.A.
<i>losartan-hydrochlorothiazide oral tablet</i>	1	CISP; H.S.A.
LOTENSIN HCT ORAL TABLET	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	
<i>matzim la oral tablet extended release 24 hr</i>	2	H.S.A.
MAXZIDE ORAL TABLET	4	
MAXZIDE-25MG ORAL TABLET	4	
<i>methyldopa oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	CISP
<i>metolazone oral tablet</i>	2	H.S.A.
<i>metoprolol succinate oral tablet extended release 24 hr</i>	2	CISP; H.S.A.
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	2	H.S.A.
<i>metoprolol tartrate intravenous solution</i>	2	CISP-1
<i>metoprolol tartrate oral tablet</i>	1	CISP; H.S.A.
<i>metyrosine oral capsule</i>	2	PA
MINIPRESS ORAL CAPSULE	4	
<i>minoxidil oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>moexipril oral tablet</i>	2	H.S.A.
<i>nadolol oral tablet</i>	2	H.S.A.
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	H.S.A.
<i>nicardipine oral capsule</i>	2	H.S.A.
<i>nifedipine oral capsule</i>	2	H.S.A.
<i>nifedipine oral tablet extended release</i>	2	H.S.A.
<i>nifedipine oral tablet extended release 24hr</i>	2	H.S.A.
<i>nimodipine oral capsule</i>	2	
<i>nisoldipine oral tablet extended release 24 hr</i>	2	H.S.A.
NYMALIZE ORAL SYRINGE	4	
<i>olmesartan oral tablet</i>	1	H.S.A.
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg</i>	1	H.S.A.
<i>olmesartan-amlodipin-hcthiazyd oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	H.S.A.
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	H.S.A.

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE	5	PA; MSP
<i>perindopril erbumine oral tablet</i>	2	H.S.A.
<i>phenoxybenzamine oral capsule</i>	2	PA
<i>pindolol oral tablet</i>	2	H.S.A.
<i>prazosin oral capsule</i>	2	
PRESTALIA ORAL TABLET	4	ST
PRINIVIL ORAL TABLET 20 MG	4	
PROCARDIA ORAL CAPSULE	4	ST
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	4	ST
<i>propranolol oral capsule, extended release 24 hr</i>	2	H.S.A.
<i>propranolol oral solution</i>	1	H.S.A.
<i>propranolol oral tablet</i>	1	CISP; H.S.A.
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	CISP; H.S.A.
<i>quinapril oral tablet</i>	2	H.S.A.
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	H.S.A.

Drug Name	Drug Tier	Requirements / Limits
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>	2	H.S.A.
<i>ramipril oral capsule</i>	1	CISP; H.S.A.
REMODULIN INJECTION SOLUTION	5	PA; MSP
<i>spironolactone oral tablet 100 mg</i>	2	CISP-1
<i>spironolactone oral tablet 25 mg, 50 mg</i>	1	CISP
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	ST
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	4	
<i>taztia xt oral capsule, extended release 24 hr</i>	2	H.S.A.
TEKTURNA HCT ORAL TABLET	3	
<i>telmisartan oral tablet</i>	2	H.S.A.
<i>telmisartan-amlodipine oral tablet</i>	2	H.S.A.
<i>telmisartan-hydrochlorothiazid oral tablet</i>	2	H.S.A.

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
TENORETIC 100 ORAL TABLET	4	ST
TENORETIC 50 ORAL TABLET	4	ST
TENORMIN ORAL TABLET	4	ST
<i>terazosin oral capsule</i>	2	QL
<i>tiadylt er oral capsule, extended release 24 hr</i>	2	H.S.A.
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	
<i>timolol maleate oral tablet</i>	2	H.S.A.
<i>torse mide oral tablet</i>	1	CISP
<i>trandolapril oral tablet</i>	1	H.S.A.
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	H.S.A.
<i>treprostinil sodium injection solution</i>	5	PA; MSP
<i>triamterene oral capsule</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	CISP
<i>triamterene-hydrochlorothiazid oral tablet</i>	2	CISP
UPTRAVI ORAL TABLET	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
UPTRAVI ORAL TABLETS, DOSE PACK	5	PA; MSP
<i>valsartan oral tablet</i>	2	H.S.A.
<i>valsartan-hydrochlorothiazide oral tablet</i>	2	H.S.A.
VASERETIC ORAL TABLET	4	
VASOTEC ORAL TABLET	4	
<i>veletri intravenous recon soln</i>	5	PA; MSP
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	H.S.A.
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	H.S.A.
<i>verapamil oral tablet</i>	1	CISP; H.S.A.
<i>verapamil oral tablet extended release</i>	2	H.S.A.
VERELAN ORAL CAPSULE, EXT REL. PELLETS 24 HR	4	ST
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT	4	ST
ZESTORETIC ORAL TABLET	4	
ZESTRIL ORAL TABLET	4	
ZIAC ORAL TABLET	4	ST
CARDIAC GLYCOSIDES		
<i>digitek oral tablet</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>digox oral tablet</i>	2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet</i>	2	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	4	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN	5	PA; MSP
ADYNOVATE INTRAVENOUS SOLUTION	5	PA; MSP
AFSTYLA INTRAVENOUS RECON SOLN	5	PA; MSP
ALPROLIX INTRAVENOUS RECON SOLN	5	PA; MSP
AMICAR ORAL SOLUTION	4	
AMICAR ORAL TABLET	4	
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	2	
ARIXTRA SUBCUTANEOUS SYRINGE	5	SP
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	2	H.S.A.

Drug Name	Drug Tier	Requirements / Limits
BENEFIX INTRAVENOUS RECON SOLN	5	PA; MSP
BRILINTA ORAL TABLET	3	
CABLIVI INJECTION KIT	5	PA; SP
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	5	PA; MSP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	5	PA; MSP
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet</i>	2	H.S.A.
COAGADEX INTRAVENOUS RECON SOLN	5	PA; SP
<i>dipyridamole oral tablet</i>	2	H.S.A.
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; MSP; QL
EFFIENT ORAL TABLET	4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	PA
ELIQUIS ORAL TABLET	3	PA
ELOCTATE INTRAVENOUS RECON SOLN	5	PA; MSP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>enoxaparin subcutaneous solution</i>	5	SP
<i>enoxaparin subcutaneous syringe</i>	5	SP
ESPEROCT INTRAVENOUS RECON SOLN	5	PA; MSP
<i>fondaparinux subcutaneous syringe</i>	5	SP
FRAGMIN SUBCUTANEOUS SOLUTION	5	SP
FRAGMIN SUBCUTANEOUS SYRINGE	5	SP
HEMLIBRA SUBCUTANEOUS SOLUTION	5	PA; MSP
<i>hep flush-10 (pf) intravenous solution</i>	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	4	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml</i>	1	
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl intravenous kit</i>	1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	1	
<i>heparin lock flush intravenous solution</i>	1	
<i>heparin lock flush intravenous syringe</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 100 unit/ml</i>	2	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	4	

Drug Name	Drug Tier	Requirements / Limits
IDELVION INTRAVENOUS RECON SOLN	5	PA; MSP
IXINITY INTRAVENOUS RECON SOLN	5	PA; MSP
<i>jantoven oral tablet</i>	1	H.S.A.
JIVI INTRAVENOUS RECON SOLN	5	PA; MSP
KOGENATE FS INTRAVENOUS RECON SOLN	5	PA; MSP
KOVALTRY INTRAVENOUS RECON SOLN	5	PA; MSP
MEPHYTON ORAL TABLET	4	QL
NOVOEIGHT INTRAVENOUS RECON SOLN	5	PA; MSP
NOVOSEVEN RT INTRAVENOUS RECON SOLN	5	PA; MSP
<i>pentoxifylline oral tablet extended release</i>	1	
<i>phytonadione (vitamin k1) injection solution</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	3	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	QL
<i>prasugrel oral tablet</i>	2	H.S.A.

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL POWDER IN PACKET	5	PA; MSP
PROMACTA ORAL TABLET	5	PA; MSP
REBINYN INTRAVENOUS RECON SOLN	5	PA; MSP
RIXUBIS INTRAVENOUS RECON SOLN	5	PA; MSP
SEVENFACT INTRAVENOUS RECON SOLN	5	PA; MSP
<i>vitamin k injection solution</i>	2	
<i>vitamin k1 injection solution</i>	1	
<i>warfarin oral tablet</i>	1	H.S.A.
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	5	PA; MSP
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	PA
XARELTO ORAL TABLET	3	PA
ZONTIVITY ORAL TABLET	4	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	2	H.S.A.; QL

Drug Name	Drug Tier	Requirements / Limits
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	H.S.A.; ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	2	H.S.A.; QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	4	ST; QL
<i>cholestyramine (with sugar) oral powder</i>	2	H.S.A.
<i>cholestyramine (with sugar) oral powder in packet</i>	2	CISP-1; H.S.A.
<i>cholestyramine light oral powder</i>	2	H.S.A.
<i>cholestyramine light oral powder in packet</i>	2	H.S.A.
<i>colesevelam oral powder in packet</i>	2	CISP; H.S.A.
<i>colesevelam oral tablet</i>	2	CISP; H.S.A.
COLESTID FLAVORED ORAL PACKET	4	ST
COLESTID ORAL GRANULES	4	ST
COLESTID ORAL PACKET	4	ST
COLESTID ORAL TABLET	4	ST
<i>colestipol oral granules</i>	2	H.S.A.

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>colestipol oral packet</i>	2	H.S.A.
<i>colestipol oral tablet</i>	2	H.S.A.
<i>ezetimibe oral tablet</i>	2	ST; H.S.A.
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-80 mg</i>	1	H.S.A.; QL
<i>ezetimibe-simvastatin oral tablet 10-20 mg, 10-40 mg</i>	2	H.S.A.; QL
<i>fenofibrate micronized oral capsule</i>	2	H.S.A.
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	H.S.A.
FENOFIBRATE ORAL CAPSULE	4	ST
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	2	ST; H.S.A.
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	H.S.A.
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	2	H.S.A.
<i>fenofibric acid oral tablet</i>	2	H.S.A.
FENOGLIDE ORAL TABLET	4	ST
FIBRICOR ORAL TABLET	4	ST
FLOLIPID ORAL SUSPENSION	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluvastatin oral capsule</i>	2	H.S.A.; ACA; QL
<i>fluvastatin oral tablet extended release 24 hr</i>	2	H.S.A.; ACA; QL
<i>gemfibrozil oral tablet</i>	2	CISP; H.S.A.
<i>icosapent ethyl oral capsule</i>	2	PA; H.S.A.
JUXTAPID ORAL CAPSULE	5	PA; MSP
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL
LIPOFEN ORAL CAPSULE	3	
LIVALO ORAL TABLET	3	ST; QL
LOPID ORAL TABLET	4	
<i>lovastatin oral tablet</i>	1	H.S.A.; ACA; QL
LOVAZA ORAL CAPSULE	4	PA
NEXLETOL ORAL TABLET	3	PA
NEXLIZET ORAL TABLET	3	PA
<i>niacin oral tablet 500 mg</i>	2	H.S.A.
<i>niacin oral tablet extended release 24 hr</i>	2	CISP; H.S.A.
NIACOR ORAL TABLET	4	PA

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR	4	
<i>omega-3 acid ethyl esters oral capsule</i>	2	PA
<i>pravastatin oral tablet</i>	1	H.S.A.; ACA; QL
<i>prevalite oral powder</i>	2	H.S.A.
<i>prevalite oral powder in packet</i>	2	H.S.A.
QUESTRAN LIGHT ORAL POWDER	4	ST
QUESTRAN ORAL POWDER	4	ST
QUESTRAN ORAL POWDER IN PACKET	4	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL
<i>rosuvastatin oral tablet 10 mg</i>	1	H.S.A.; ACA; QL
<i>rosuvastatin oral tablet 20 mg</i>	1	H.S.A.; QL

Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin oral tablet 40 mg</i>	2	H.S.A.; QL
<i>rosuvastatin oral tablet 5 mg</i>	2	H.S.A.; ACA; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	CISP; H.S.A.; ACA; QL
<i>simvastatin oral tablet 80 mg</i>	2	CISP-1; H.S.A.; QL
TRILIPIX ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	4	ST
VASCEPA ORAL CAPSULE	3	PA
WELCHOL ORAL TABLET	4	ST
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	4	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	3	PA
CORLANOR ORAL TABLET	3	PA
ENTRESTO ORAL TABLET	3	QL
<i>ranolazine oral tablet extended release 12 hr</i>	2	
VECAMYL ORAL TABLET	4	PA
VYNDAMAX ORAL CAPSULE	5	PA; MSP
VYNDAQEL ORAL CAPSULE	5	PA; MSP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
NITRATES		
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE	3	
GONITRO SUBLINGUAL POWDER IN PACKET	4	
ISORDIL ORAL TABLET	4	
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
MINITRAN TRANSDERMAL PATCH 24 HOUR	4	
<i>nitro-bid transdermal ointment</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	4	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin translingual spray, non-aerosol</i>	2	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL	4	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY	4	
NITROSTAT SUBLINGUAL TABLET	4	
<i>nitro-time oral capsule, extended release</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	2	
ANALPRAM-HC TOPICAL LOTION	4	ST
<i>calcipotriene scalp solution</i>	2	QL
<i>calcipotriene topical cream</i>	2	QL
<i>calcipotriene topical ointment</i>	2	QL
<i>calcipotriene-betamethasone topical ointment</i>	2	ST; QL
<i>calcipotriene-betamethasone topical suspension</i>	2	CSE-9; QL
<i>calcitriol topical ointment</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
DOVONEX TOPICAL CREAM	4	ST; QL
ENSTILAR TOPICAL FOAM	3	QL
EPIFOAM TOPICAL FOAM	4	ST
<i>hydrocortisone- pramoxine topical cream</i>	2	ST
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	4	
OVACE PLUS TOPICAL CLEANSER	4	
OVACE PLUS TOPICAL CREAM	4	
OVACE PLUS TOPICAL FOAM	4	
OVACE PLUS TOPICAL LOTION	4	
OVACE PLUS WASH TOPICAL CLEANSER, GEL	4	
OVACE TOPICAL CLEANSER	4	
PRAMOSONE TOPICAL CREAM	4	ST
PRAMOSONE TOPICAL LOTION	4	ST
PRAMOSONE TOPICAL OINTMENT	4	ST
<i>selenium sulfide topical lotion</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX TOPICAL SHAMPOO	4	
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MSP; QL
SORIATANE ORAL CAPSULE 10 MG, 25 MG	4	
SORILUX TOPICAL FOAM	4	ST; QL
STELARA SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
STELARA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>sulfacetamide sodium topical cleanser</i>	2	
<i>sulfacetamide sodium topical cleanser, gel</i>	2	
<i>sulfacetamide sodium topical shampoo</i>	1	
TACLONEX TOPICAL OINTMENT	4	ST; QL
TACLONEX TOPICAL SUSPENSION	4	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
TERSI FOAM TOPICAL FOAM	4	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
VECTICAL TOPICAL OINTMENT	4	
BURN THERAPY		
SILVADENE TOPICAL CREAM	4	
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
KERATOLYTICS		
INOVA 4-1 TOPICAL COMBO PACK	4	ST
INOVA 8-2 TOPICAL COMBO PACK	4	ST
MISCELLANEOUS DERMATOLOGICALS		

Drug Name	Drug Tier	Requirements / Limits
AMELUZ TOPICAL GEL	4	
<i>ammonium lactate topical cream</i>	2	
<i>ammonium lactate topical lotion</i>	2	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION	4	
CONDYLOX TOPICAL GEL	4	
CORTANE-B TOPICAL LOTION	4	
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL
<i>doxepin topical cream</i>	2	ST; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
EFUDEX TOPICAL CREAM	4	
ESKATA TOPICAL SOLUTION WITH APPLICATOR	4	
EUCRISA TOPICAL OINTMENT	4	ST; QL
FLUOROPLEX TOPICAL CREAM	4	
<i>fluorouracil topical cream 5 %</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>fluorouracil topical solution</i>	2	
<i>iodine-sodium iodide topical tincture 2 %</i>	2	
IODOFLEX TOPICAL PADS, MEDICATED	4	
IODOSORB TOPICAL GEL	4	
LEVULAN TOPICAL SOLUTION	4	
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	2	
<i>methyl salicylate oil</i>	2	
<i>methyl salicylate topical liquid</i>	2	
OXSORALEN ULTRA ORAL CAPSULE,LIQD-FILLED,RAPID REL	4	
PANRETIN TOPICAL GEL	4	
PICATO TOPICAL GEL	3	
<i>pimecrolimus topical cream</i>	2	ST; QL
<i>podofilox topical solution</i>	1	
PROTOPIC TOPICAL OINTMENT	4	ST; QL
<i>pradoxin topical cream</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
QBREXZA TOPICAL TOWELETTE	4	PA
REGRANEX TOPICAL GEL	3	QL
<i>tacrolimus topical ointment</i>	2	ST; QL
TOLAK TOPICAL CREAM	4	
VALCHLOR TOPICAL GEL	5	PA; MSP
VEREGEN TOPICAL OINTMENT	4	PA; QL
<i>wintergreen oil oil</i>	2	
ZONALON TOPICAL CREAM	4	ST; QL
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE	4	ST
ABSORICA ORAL CAPSULE	4	ST
ACZONE TOPICAL GEL	4	ST
ACZONE TOPICAL GEL WITH PUMP	4	ST
<i>adapalene topical cream</i>	2	
<i>adapalene topical gel 0.3 %</i>	2	
<i>adapalene topical gel with pump</i>	2	
ADAPALENE TOPICAL LOTION	4	ST
<i>adapalene topical solution</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene topical swab</i>	2	
<i>adapalene-benzoyl peroxide topical gel with pump</i>	2	
AKLIEF TOPICAL CREAM	4	PA; ST
ALTRENO TOPICAL LOTION	4	PA
<i>amnesteem oral capsule</i>	2	
AMZEEQ TOPICAL FOAM	3	ST
ARAZLO TOPICAL LOTION	4	PA
AVAR LS TOPICAL CLEANSER	4	ST
AVAR LS TOPICAL FOAM	4	ST
AVAR LS TOPICAL PADS, MEDICATED	4	ST
<i>avar topical cleanser</i>	2	
AVAR TOPICAL PADS, MEDICATED	4	ST
AVAR-E GREEN TOPICAL CREAM	4	ST
AVAR-E LS TOPICAL CREAM	4	ST
<i>avita topical cream</i>	2	PA
AVITA TOPICAL GEL	4	PA
<i>azelaic acid topical gel</i>	2	

Drug Name	Drug Tier	Requirements / Limits
AZELEX TOPICAL CREAM	4	ST
BENZAACLIN PUMP TOPICAL GEL WITH PUMP	4	ST
BENZAACLIN TOPICAL GEL	4	ST
BENZAMYCIN TOPICAL GEL	4	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	4	ST
<i>benzepro topical towelette</i>	2	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	2	
<i>bp 10-1 topical cleanser</i>	2	ST
<i>claravis oral capsule</i>	2	
CLEOCIN T TOPICAL LOTION	4	ST; QL
CLINDACIN ETZ TOPICAL KIT	4	ST
<i>clindacin p topical swab</i>	1	
CLINDACIN PAC TOPICAL KIT	4	ST
<i>clindamycin phosphate topical foam</i>	2	QL
<i>clindamycin phosphate topical gel</i>	2	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical lotion</i>	2	QL
<i>clindamycin phosphate topical solution</i>	2	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	2	
<i>clindamycin-tretinoin topical gel</i>	2	PA
<i>dapsone topical gel</i>	2	
<i>dapsone topical gel with pump</i>	2	
DIFFERIN TOPICAL CREAM	4	ST
DIFFERIN TOPICAL GEL WITH PUMP	4	ST
DIFFERIN TOPICAL LOTION	4	ST
ENZOCLEAR TOPICAL FOAM	4	ST
<i>ery pads topical swab</i>	2	
<i>erygel topical gel</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin-benzoyl peroxide topical gel</i>	2	
EVOCLIN TOPICAL FOAM	4	ST; QL
FABIOR TOPICAL FOAM	4	PA
FINACEA TOPICAL FOAM	3	ST
FINACEA TOPICAL GEL	4	ST
INOVA TOPICAL COMBO PACK	4	ST
<i>isotretinoin oral capsule</i>	2	
METROCREAM TOPICAL CREAM	4	ST
METROGEL TOPICAL GEL 1 %	4	ST
<i>metronidazole topical cream</i>	2	
<i>metronidazole topical gel</i>	2	
<i>metronidazole topical gel with pump</i>	2	
<i>metronidazole topical lotion</i>	2	
MIRVASO TOPICAL GEL WITH PUMP	3	PA
<i>myorisan oral capsule</i>	2	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	4	ST
<i>neuac topical gel</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
NORITATE TOPICAL CREAM	4	ST
ONEXTON TOPICAL GEL WITH PUMP	3	ST
PACNEX TOPICAL CLEANSER	4	ST
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED	4	ST
PLEXION TOPICAL CLEANSER	4	ST
PLEXION TOPICAL CREAM	4	ST
PLEXION TOPICAL LOTION	4	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER	4	ST
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	4	PA
RETIN-A TOPICAL CREAM	4	PA
RETIN-A TOPICAL GEL	4	PA
RHOFADE TOPICAL CREAM	4	PA
<i>rosadan topical cream</i>	2	
<i>rosadan topical gel</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ROSADAN TOPICAL KIT, CLEANSER AND GEL	4	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	4	ST
ROSANIL TOPICAL CLEANSER	4	ST
<i>rosula cleansing cloths topical pads, medicated</i>	2	
ROSULA TOPICAL CLEANSER	4	ST
SOOLANTRA TOPICAL CREAM	4	ST; QL
<i>sss 10-5 topical cream</i>	2	
<i>sss 10-5 topical foam</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	2	
<i>sulfacetamide sodium-sulfur topical cream</i>	2	
<i>sulfacetamide sodium-sulfur topical lotion</i>	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	2	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
<i>sulfacetamide-sulfur-cleansr23 topical kit</i>	2	
<i>sulfacleanse 8-4 topical suspension</i>	2	ST
SUMADAN TOPICAL CLEANSER	4	ST
SUMADAN TOPICAL KIT	4	ST
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM	4	ST
SUMAXIN CP TOPICAL KIT	4	ST
SUMAXIN TOPICAL CLEANSER	4	ST
SUMAXIN TOPICAL PADS, MEDICATED	4	ST
SUMAXIN TS TOPICAL SUSPENSION	4	ST
<i>tazarotene topical cream</i>	2	PA
TAZORAC TOPICAL CREAM 0.05 %	3	PA
TAZORAC TOPICAL GEL	3	PA
<i>tretinoin microspheres topical gel</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin microspheres topical gel with pump</i>	2	PA
<i>tretinoin topical cream</i>	2	PA
<i>tretinoin topical gel</i>	2	PA
TRETIN-X CREAM KIT TOPICAL COMBO PACK	4	PA
TRETIN-X TOPICAL CREAM 0.075 %	4	PA
VANOXIDE-HC TOPICAL SUSPENSION	4	ST
<i>zenatane oral capsule</i>	2	
ZIANA TOPICAL GEL	4	PA; ST
ZILXI TOPICAL FOAM	4	ST
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION	4	
<i>glydo mucous membrane jelly in applicator</i>	1	QL
GOPRELTO NASAL SOLUTION	4	
<i>lidocaine hcl laryngotracheal solution</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA
<i>lidocaine topical ointment</i>	2	QL
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	2	QL
<i>lidocaine-prilocaine topical kit</i>	2	
<i>lidocort topical cream</i>	2	
<i>lta pre-attached laryngotracheal solution</i>	1	
NUMBRINO NASAL SOLUTION	4	
PLIAGLIS TOPICAL CREAM	4	PA; QL
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING	4	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	3	PA

TOPICAL ANTIBACTERIALS

Drug Name	Drug Tier	Requirements / Limits
ALTABAX TOPICAL OINTMENT	4	ST; QL
CENTANY AT TOPICAL OINTMENT KIT	4	ST; QL
CENTANY TOPICAL OINTMENT	4	ST; QL
CORTISPORIN TOPICAL CREAM	4	
CORTISPORIN TOPICAL OINTMENT	4	
<i>gentamicin topical cream</i>	2	
<i>gentamicin topical ointment</i>	2	
KLARON TOPICAL SUSPENSION	4	ST
<i>lugols topical solution</i>	1	
<i>mafenide acetate topical packet</i>	2	
<i>mupirocin calcium topical cream</i>	2	ST; QL
<i>mupirocin topical ointment</i>	2	QL
NEO-SYNALAR KIT TOPICAL CREAM	4	
NEO-SYNALAR TOPICAL CREAM	4	
<i>strong iodine topical solution</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium (acne) topical suspension</i>	2	
SULFAMYLON TOPICAL CREAM	3	
SULFAMYLON TOPICAL PACKET	4	
XEPI TOPICAL CREAM	4	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	4	
CICLODAN KIT TOPICAL SOLUTION	4	ST
<i>ciclodan topical cream</i>	2	QL
<i>ciclodan topical solution</i>	2	
<i>ciclopirox topical cream</i>	2	QL
<i>ciclopirox topical gel</i>	2	QL
<i>ciclopirox topical shampoo</i>	2	QL
<i>ciclopirox topical solution</i>	2	
<i>ciclopirox topical suspension</i>	2	QL
<i>ciclopirox-ure-camph-menth-euc topical solution</i>	2	
<i>clotrimazole topical cream</i>	2	QL
<i>clotrimazole topical solution</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole-betamethasone topical cream</i>	2	QL
<i>clotrimazole-betamethasone topical lotion</i>	2	QL
<i>econazole topical cream</i>	2	QL
ERTACZO TOPICAL CREAM	4	QL
EXELDERM TOPICAL CREAM	4	QL
EXELDERM TOPICAL SOLUTION	4	QL
EXTINA TOPICAL FOAM	4	QL
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	4	ST
KERYDIN TOPICAL SOLUTION WITH APPLICATOR	4	ST
<i>ketoconazole topical cream</i>	2	QL
<i>ketoconazole topical foam</i>	2	QL
<i>ketoconazole topical shampoo</i>	1	QL
<i>ketodan kit topical combo pack</i>	2	
<i>ketodan topical foam</i>	2	QL
LOPROX (AS OLAMINE) TOPICAL CREAM	4	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	4	QL
LOPROX KIT TOPICAL COMBO PACK	4	QL
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	4	QL
LOPROX TOPICAL SHAMPOO	4	QL
LUZU TOPICAL CREAM	4	QL
MENTAX TOPICAL CREAM	4	QL
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	4	QL
<i>naftifine topical cream</i>	2	QL
<i>naftifine topical gel</i>	2	QL
NAFTIN TOPICAL GEL	4	QL
<i>nyamyc topical powder</i>	2	QL
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	2	QL
<i>nystatin topical powder</i>	1	QL
<i>nystatin-triamcinolone topical cream</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin-triamcinolone topical ointment</i>	2	QL
<i>nystop topical powder</i>	1	QL
<i>oxiconazole topical cream</i>	2	QL
OXISTAT TOPICAL CREAM	4	QL
OXISTAT TOPICAL LOTION	4	QL
<i>tavaborole topical solution with applicator</i>	2	
VUSION TOPICAL OINTMENT	4	QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	2	PA; QL
<i>acyclovir topical ointment</i>	2	PA; QL
DENAVIR TOPICAL CREAM	4	
XERESE TOPICAL CREAM	4	
ZOVIRAX TOPICAL CREAM	4	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	
ALA-SCALP TOPICAL LOTION	4	ST
<i>alclometasone topical cream</i>	2	
<i>alclometasone topical ointment</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>amcinonide topical cream</i>	2	ST
<i>amcinonide topical lotion</i>	2	ST
<i>apexicon e topical cream</i>	2	ST
<i>besser topical lotion</i>	2	ST
<i>betamethasone dipropionate topical cream</i>	2	
<i>betamethasone dipropionate topical lotion</i>	2	
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	2	ST
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	2	
<i>betamethasone, augmented topical lotion</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone, augmented topical ointment</i>	2	
BRYHALI TOPICAL LOTION	4	ST
CAPEX TOPICAL SHAMPOO	4	ST
<i>clobetasol scalp solution</i>	2	QL
<i>clobetasol topical cream</i>	2	QL
<i>clobetasol topical foam</i>	2	ST; QL
<i>clobetasol topical gel</i>	2	QL
<i>clobetasol topical lotion</i>	2	ST; QL
<i>clobetasol topical ointment</i>	2	QL
<i>clobetasol topical shampoo</i>	2	ST; QL
<i>clobetasol topical spray, non-aerosol</i>	2	ST; QL
<i>clobetasol-emollient topical cream</i>	2	QL
<i>clobetasol-emollient topical foam</i>	2	ST; QL
CLOBEX TOPICAL LOTION	4	ST; QL
CLOBEX TOPICAL SHAMPOO	4	ST; QL
CLOBEX TOPICAL SPRAY, NON-AEROSOL	4	ST; QL
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER	4	ST

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>clodan topical shampoo</i>	2	ST; QL
CLODERM TOPICAL CREAM	4	ST
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	4	ST
CORDRAN TOPICAL CREAM	4	ST; QL
CORDRAN TOPICAL LOTION	4	ST; QL
CORDRAN TOPICAL OINTMENT	4	ST; QL
CUTIVATE TOPICAL CREAM	4	ST
CUTIVATE TOPICAL LOTION	4	ST
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL	4	ST
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL	4	ST
DESONATE TOPICAL GEL	4	ST
<i>desonide topical cream</i>	2	
<i>desonide topical gel</i>	2	ST
<i>desonide topical lotion</i>	2	ST
<i>desonide topical ointment</i>	2	
DESOWEN TOPICAL LOTION	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>desoximetasone topical cream</i>	2	ST
<i>desoximetasone topical gel</i>	2	ST
<i>desoximetasone topical ointment</i>	2	ST
<i>desoximetasone topical spray, non-aerosol</i>	2	ST
<i>diflorasone topical cream</i>	2	ST; QL
<i>diflorasone topical ointment</i>	2	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	ST
<i>fluocinolone and shower cap scalp oil</i>	2	
<i>fluocinolone topical cream</i>	2	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	QL
<i>fluocinonide topical cream 0.1 %</i>	2	ST; QL
<i>fluocinonide topical gel</i>	2	QL
<i>fluocinonide topical ointment</i>	2	QL
<i>fluocinonide topical solution</i>	2	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide-e topical cream</i>	2	QL
<i>flurandrenolide topical cream</i>	2	ST; QL
<i>flurandrenolide topical lotion</i>	2	ST; QL
<i>flurandrenolide topical ointment</i>	2	ST; QL
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical lotion</i>	2	ST
<i>fluticasone propionate topical ointment</i>	2	
<i>halcinonide topical cream</i>	2	ST
<i>halobetasol propionate topical cream</i>	2	
HALOBETASOL PROPIONATE TOPICAL FOAM	4	ST
<i>halobetasol propionate topical ointment</i>	2	
HALOG TOPICAL CREAM	4	ST
HALOG TOPICAL OINTMENT	4	ST
HALOG TOPICAL SOLUTION	4	ST
<i>hydrocortisone butyrate topical cream</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyrate topical lotion</i>	2	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	2	ST
<i>hydrocortisone butyrate topical solution</i>	2	ST; QL
<i>hydrocortisone butyr-emollient topical cream</i>	2	QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	2	
<i>hydrocortisone valerate topical ointment</i>	2	
IMPOYZ TOPICAL CREAM	4	ST; QL
KENALOG TOPICAL AEROSOL	4	ST; QL
LEXETTE TOPICAL FOAM	4	ST
LUXIQ TOPICAL FOAM	4	ST
<i>mometasone topical cream</i>	2	
<i>mometasone topical ointment</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>mometasone topical solution</i>	2	
<i>nolix topical cream</i>	2	ST; QL
<i>nolix topical lotion</i>	2	ST; QL
NUCORT TOPICAL LOTION	4	ST
OLUX TOPICAL FOAM	4	ST; QL
OLUX-E TOPICAL FOAM	4	ST; QL
PANDEL TOPICAL CREAM	4	ST
<i>prednicarbate topical cream</i>	2	
<i>prednicarbate topical ointment</i>	2	
PROCTOCORT TOPICAL CREAM	4	ST
PSORCON TOPICAL CREAM	4	ST; QL
SCALACORT DK TOPICAL COMBO PACK	4	ST
<i>scalacort topical lotion</i>	2	
SERNIVO TOPICAL SPRAY WITH PUMP	4	ST
SYNALAR CREAM KIT TOPICAL CREAM	4	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM	4	ST
SYNALAR TOPICAL CREAM	4	ST

Drug Name	Drug Tier	Requirements / Limits
SYNALAR TOPICAL OINTMENT	4	ST
SYNALAR TOPICAL SOLUTION	4	ST
SYNALAR TS TOPICAL KIT	4	ST
TEMOVATE TOPICAL CREAM	4	ST; QL
TEMOVATE TOPICAL OINTMENT	4	ST; QL
TEXACORT TOPICAL SOLUTION	4	ST
TOPICORT TOPICAL CREAM	4	ST
TOPICORT TOPICAL GEL	4	ST
TOPICORT TOPICAL OINTMENT	4	ST
<i>tovet emollient topical foam</i>	2	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex topical ointment</i>	2	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TRIDESILON TOPICAL CREAM	4	ST
ULTRAVATE TOPICAL LOTION	4	ST
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT	3	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>croton topical lotion</i>	2	
ELIMITE TOPICAL CREAM	4	
EURAX TOPICAL CREAM	4	
EURAX TOPICAL LOTION	4	
<i>ivermectin topical lotion</i>	2	
<i>lindane topical shampoo</i>	2	
<i>malathion topical lotion</i>	1	
OVIDE TOPICAL LOTION	4	
<i>permethrin topical cream</i>	2	
SKLICE TOPICAL LOTION	4	

Drug Name	Drug Tier	Requirements / Limits
<i>spinosad topical suspension</i>	2	
ULESFIA TOPICAL LOTION	4	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	2	
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
SORBITOL IRRIGATION SOLUTION	4	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	4	
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	2	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	2	
<i>acetic acid irrigation solution</i>	2	
AGRYLIN ORAL CAPSULE	4	
AMMONIA N-13 INTRAVENOUS SOLUTION 3.75 MCI TO 37.5 MCI/ML	4	
<i>anagrelide oral capsule</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>aqua care sodium chloride irrigation solution</i>	2	
<i>aqua care sterile water irrigation solution</i>	2	
ARALAST NP INTRAVENOUS RECON SOLN	5	PA; MSP
AXUMIN INTRAVENOUS SOLUTION	4	
BUPHENYL ORAL POWDER	4	PA
BUPHENYL ORAL TABLET	4	PA
<i>caffeine citrate oral solution</i>	2	
CARBAGLU ORAL TABLET, DISPERSIBLE	5	PA; MSP
CARNITOR (SUGAR-FREE) ORAL SOLUTION	4	
CARNITOR ORAL SOLUTION	4	
CARNITOR ORAL TABLET	4	
<i>cevimeline oral capsule</i>	2	
CHEMET ORAL CAPSULE	3	PA
CHOLETEC INTRAVENOUS RECON SOLN	4	
<i>clovique oral capsule</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>deferasirox oral granules in packet</i>	5	PA; SP
<i>deferasirox oral tablet</i>	5	PA; SP
<i>deferasirox oral tablet, dispersible</i>	5	PA; SP
<i>deferiprone oral tablet</i>	5	PA; SP
<i>disulfiram oral tablet</i>	2	
ENDARI ORAL POWDER IN PACKET	5	PA; SP
EVOXAC ORAL CAPSULE	4	
FERRIPROX ORAL SOLUTION	5	PA; SP
FERRIPROX ORAL TABLET	5	PA; SP
FLUDEOXYGLUCOSE F-18 INTRAVENOUS SOLUTION 20 MCI TO 300 MCI/ML	4	
GLASSIA INTRAVENOUS SOLUTION	5	PA; MSP
GLEOLAN ORAL RECON SOLN	4	
<i>ic green injection recon soln</i>	2	
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; MSP
<i>indocyanine green injection recon soln</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
INFASURF INTRATRACHEAL SUSPENSION	4	
KIT FOR TC 99M-SESTAMIBI NO.1 INTRAVENOUS RECON SOLN	4	
KIT PREP OF TC-99M-MEBROFENIN INTRAVENOUS RECON SOLN	4	
KIT PREP OF TC-99M-SOD PYROPH INTRAVENOUS RECON SOLN	4	
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	1	
LITHOSTAT ORAL TABLET	4	
METOPIRONE ORAL CAPSULE	4	
<i>midodrine oral tablet</i>	2	
MYOVIEW KIT INTRAVENOUS RECON SOLN	4	
<i>nitisinone oral capsule</i>	5	PA; MSP
NITYR ORAL TABLET	5	PA; MSP
NORTHERA ORAL CAPSULE	5	PA; MSP
ORFADIN ORAL CAPSULE	5	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ORFADIN ORAL SUSPENSION	5	PA; SP
<i>pilocarpine hcl oral tablet 5 mg</i>	2	
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; SP
RADIOGARDASE ORAL CAPSULE	4	
RAVICTI ORAL LIQUID	5	PA; MSP
RILUTEK ORAL TABLET	4	PA
<i>riluzole oral tablet</i>	2	PA
<i>risedronate oral tablet 30 mg</i>	2	H.S.A.; QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	4	
SINOGRAFIN INJECTION SOLUTION	4	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride injection syringe</i>	1	
<i>sodium chloride irrigation solution</i>	1	
<i>sodium phenylbutyrate oral powder</i>	2	PA
<i>sodium phenylbutyrate oral tablet</i>	2	PA
SOLIRIS INTRAVENOUS SOLUTION	5	PA; MSP
SURVANTA INTRATRACHEAL SUSPENSION	4	
SYPRINE ORAL CAPSULE	4	PA
THALLOUS CHLORIDE TL-201 INTRAVENOUS SOLUTION	4	
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC)	5	PA; SP
THIOLA ORAL TABLET	5	PA; SP
TIGLUTIK ORAL SUSPENSION	4	PA
<i>trientine oral capsule</i>	2	PA
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET	5	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ZEMAIRA INTRAVENOUS RECON SOLN	5	PA; MSP
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	5	PA; MSP
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	2	H.S.A.; ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	ACA
CHANTIX ORAL TABLET	3	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK	3	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	3	ACA; OTC
NICORETTE BUCCAL GUM 2 MG	3	ACA; OTC
<i>nicorette buccal gum 4 mg</i>	2	H.S.A.; ACA; OTC
NICORETTE BUCCAL LOZENGE	3	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE	3	ACA; OTC

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine (polacrilex) buccal gum</i>	2	H.S.A.; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge</i>	2	H.S.A.; ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	2	H.S.A.; ACA; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	2	H.S.A.; ACA; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	2	H.S.A.; ACA; OTC
NICOTROL INHALATION CARTRIDGE	4	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL	4	ACA
<i>quit 2 buccal gum</i>	2	H.S.A.; ACA; OTC
<i>quit 2 buccal lozenge</i>	2	H.S.A.; ACA; OTC
<i>quit 4 buccal gum</i>	2	H.S.A.; ACA; OTC
<i>quit 4 buccal lozenge</i>	2	H.S.A.; ACA; OTC
<i>stop smoking aid buccal lozenge</i>	2	H.S.A.; ACA; OTC
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN DENTAL CARTRIDGE	5	SP
<i>azelastine nasal aerosol, spray</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine nasal spray, non-aerosol</i>	2	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	
CLINPRO 5000 DENTAL PASTE	4	
<i>denta 5000 plus dental cream</i>	1	H.S.A.
<i>dentagel dental gel</i>	1	H.S.A.
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	4	
<i>fluoride (sodium) dental cream</i>	1	H.S.A.
<i>fluoride (sodium) dental gel</i>	1	H.S.A.
<i>fluoride (sodium) dental paste</i>	1	H.S.A.
FLUORIDEX DAILY DEFENSE DENTAL PASTE	4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	4	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	4	
GELX MUCOUS MEMBRANE GEL	4	
<i>ipratropium bromide nasal spray, non-aerosol</i>	1	H.S.A.; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
MUGARD MUCOUS MEMBRANE SOLUTION	4	
<i>olopatadine nasal spray, non-aerosol</i>	2	QL
<i>oralone dental paste</i>	2	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	4	
<i>paroex oral rinse mucous membrane mouthwash</i>	2	
PATANASE NASAL SPRAY, NON-AEROSOL	4	QL
PERIDEX MUCOUS MEMBRANE MOUTHWASH	4	
<i>periogard mucous membrane mouthwash</i>	2	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	4	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	4	

Drug Name	Drug Tier	Requirements / Limits
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	4	
PREVIDENT 5000 PLUS DENTAL CREAM	4	
PREVIDENT 5000 SENSITIVE DENTAL PASTE	4	
PREVIDENT DENTAL GEL	4	
PREVIDENT DENTAL SOLUTION	4	
PROTHELIAL MUCOUS MEMBRANE PASTE	5	MSP
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	4	
<i>sf 5000 plus dental cream</i>	1	H.S.A.
<i>sf dental gel</i>	1	H.S.A.
<i>sodium fluoride 5000 plus dental cream</i>	1	H.S.A.
<i>sodium fluoride-pot nitrate dental paste</i>	2	H.S.A.
<i>triamcinolone acetonide dental paste</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin hcl otic (ear) dropperette</i>	2	
DERMOTIC OIL OTIC (EAR) DROPS	4	
<i>flac otic oil otic (ear) drops</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	2	
<i>ofloxacin otic (ear) drops</i>	2	
OTIPRIO INTRATYMPANIC SUSPENSION	4	QL
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	4	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	4	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	2	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	4	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	
OTOVEL OTIC (EAR) SOLUTION	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	5	PA; MSP
CORTEF ORAL TABLET	4	
<i>decadron oral tablet</i>	1	
<i>dexabliss oral tablets,dose pack</i>	1	PA
<i>dexamethasone intensol oral drops</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	PA
DXEVO ORAL TABLETS,DOSE PACK	4	PA
<i>fludrocortisone oral tablet</i>	1	
<i>hidex oral tablets,dose pack</i>	1	PA
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
MEDROL (PAK) ORAL TABLETS,DOSE PACK	4	
MEDROL ORAL TABLET	4	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>millipred dp oral tablets,dose pack</i>	2	
<i>millipred oral tablet</i>	2	
ORAPRED ODT ORAL TABLET,DISINTE GRATING	4	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	2	
<i>prednisone intensol oral concentrate</i>	1	
<i>prednisone oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
RAYOS ORAL TABLET,DELAYE D RELEASE (DR/EC)	4	PA
TAPERDEX ORAL TABLETS,DOSE PACK	4	PA
TRIESENCE (PF) INTRAOCULAR SUSPENSION	4	
ZCORT ORAL TABLETS,DOSE PACK	4	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet</i>	1	
SSKI ORAL SOLUTION	4	
TAPAZOLE ORAL TABLET	4	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	3	CISP-1; H.S.A.; OTC
FREESTYLE INSULINX TEST STRIPS STRIP	3	CISP-1; H.S.A.; OTC
FREESTYLE LITE STRIPS STRIP	3	CISP-1; H.S.A.; OTC
FREESTYLE TEST STRIP	3	CISP-1; H.S.A.; OTC

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH ULTRA BLUE TEST STRIP STRIP	3	CISP-1; H.S.A.; OTC
ONETOUCH VERIO TEST STRIPS STRIP	3	CISP-1; H.S.A.; OTC
PRECISION XTRA TEST STRIP	3	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	3	
AEROCHAMBER MINI SPACER	3	CISP-1
AEROCHAMBER PLUS FLOW-VU SPACER	3	CISP-1
AEROCHAMBER PLUS Z STAT SPACER	3	CISP-1
AEROTRACH PLUS SPACER	3	CISP-1
AEROVENT PLUS SPACER	3	
BREATHERITE MDI SPACER SPACER	3	
COMPACT SPACE CHAMBER SPACER	3	
EASIVENT HOLDING CHAMBER SPACER	3	CISP-1
FLEXICHAMBER SPACER	3	

Drug Name	Drug Tier	Requirements / Limits
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN	3	
GLUCAGON HCL INJECTION RECON SOLN	4	
INSPIRACHAMBER SPACER	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	4	CISP-1
LITEAIRE MDI CHAMBER SPACER	3	CISP-1
MICROCHAMBER SPACER	3	CISP-1
MICROSPACER SPACER	3	
OPTICHAMBER DIAMOND VHC SPACER	3	CISP-1
POCKET CHAMBER SPACER	3	
PRIMEAIRE SPACER	3	
PROCHAMBER SPACER	3	
RITFLO AEROCHAMBER SPACER	3	CISP-1
SPACE CHAMBER SPACER	3	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST
VORTEX HOLDING CHAMBER SPACER	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON- AEROSOL	3	QL
<i>diazoxide oral suspension</i>	2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	3	QL
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	3	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	QL
GVOKE PFS 2- PACK SYRINGE SUBCUTANEOUS SYRINGE	3	QL
PROGLYCEM ORAL SUSPENSION	4	

Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	4	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	4	OTC
ACCUTREND GLUCOSE CONTROL SOLUTION	4	OTC
ADVOCATE LOW CONTROL SOLUTION	4	OTC
ADVOCATE REDI- CODE+ CTRL LOW SOLUTION	4	OTC
AGAMATRIX CONTROL HIGH SOLUTION	4	OTC
ASSURE 4 CONTROL SOLUTION COMBO PACK	4	OTC
ASSURE DOSE NORMAL CONTROL SOLUTION	4	OTC
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	4	OTC
AT HOME A1C DEVICE	4	OTC

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	3	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	3	OTC
BD INTEGRA NEEDLE NEEDLE	3	
BD MICROTAINER LANCET 30 GAUGE	3	CISP-1; H.S.A.; OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	3	
BD ULTRA FINE LANCETS	3	CISP-1; H.S.A.; OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	3	CISP-1; H.S.A.; OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	4	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	4	OTC
CARESENS CONTROL A NORMAL SOLUTION	4	OTC
CEQR SIMPLICITY DEVICE	4	

Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	4	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION	4	OTC
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	4	OTC
COOL CONTROL A SOLUTION SOLUTION	4	OTC
DEXCOM G4 RECEIVER	3	
DEXCOM G5 RECEIVER	3	
DEXCOM G6 RECEIVER	3	
DEXCOM RECEIVER	3	
DIATRUE CONTROL SOLN NORMAL SOLUTION	4	OTC
EASY PLUS II HIGH CONTROL SOLUTION	4	OTC
EASY STEP HIGH CONTROL SOLN SOLUTION	4	OTC
EASY TALK HIGH CONTROL SOLUTION	4	OTC
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	4	OTC

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
EASY TRAK LOW CONTROL SOLUTION	4	OTC
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	4	OTC
EASYMAX LOW CONTROL SOLUTION	4	OTC
EASYMAX NORMAL CONTROL SOLUTION	4	OTC
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	4	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	4	OTC
ELEMENT NORMAL CONTROL SOLUTION	4	OTC
EMBRACE EVO LEVEL 1 SOLUTION	4	OTC
EMBRACE GLUCOSE CONTROL LOW SOLUTION	4	OTC
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	4	OTC
ENLITE SYSTEM	4	

Drug Name	Drug Tier	Requirements / Limits
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE	4	
EVOLUTION NORMAL CONTROL SOLUTION	4	OTC
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	4	OTC
FORA NORMAL CONTROL SOLUTION	4	OTC
FORACARE GDH LOW CONTROL SOLUTION	4	OTC
FORTISCARE NORMAL SOLUTION	4	OTC
FREESTYLE CONTROL SOLUTION	3	CISP-1; H.S.A.; OTC
FREESTYLE FREEDOM KIT	3	CISP-1; H.S.A.; OTC
FREESTYLE FREEDOM LITE KIT	3	CISP-1; H.S.A.; OTC
FREESTYLE INSULINX	3	OTC
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR KIT	3	QL
FREESTYLE LITE METER KIT	3	OTC

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
GE100 CONTROL SOLUTION NORMAL SOLUTION	4	OTC
GENTEEL VACUUM LANCING DEVICE COMBO PACK	4	OTC
GLUCOCARD 01 NORMAL CONTROL SOLUTION	4	OTC
GLUCOCOM CONTROL NORMAL SOLUTION	4	OTC
GLUCOSE CONTROL SOLUTION	4	OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	4	OTC
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	4	OTC
GOJJI MULTI-FUNCTIONAL METER KIT	4	OTC
GUARDIAN REAL-TIME GLU MONITOR	4	
HEALTHPRO HIGH-LOW CONTROL SOLUTION	4	OTC
INFINITY CONTROL SOLUTION NORM SOLUTION	4	OTC

Drug Name	Drug Tier	Requirements / Limits
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	4	OTC
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN	4	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN	4	
LANCETS 33 GAUGE	3	CISP-1; OTC
LANCING DEVICE	3	OTC
MEDISENSE COMBO PACK	3	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	3	OTC
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	4	OTC
NOVA MAX GLUCOSE CONTROL SOLUTION	4	OTC
NOVAMAX PLUS GLU-KET SOLUTION	4	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	4	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
ON CALL EXPRESS CONTROL SOLUTION	4	OTC
ON CALL PLUS CONTROL SOLUTION	4	OTC
ON CALL VIVID CONTROL SOLUTION	4	OTC
ONETOUCH ULTRA CONTROL SOLUTION	3	CISP-1; H.S.A.; OTC
ONETOUCH ULTRA2 METER	3	CISP-1; H.S.A.; OTC
ONETOUCH ULTRAMINI KIT	3	CISP-1; H.S.A.; OTC
ONETOUCH VERIO FLEX METER	3	CISP-1; H.S.A.; OTC
ONETOUCH VERIO IQ METER	3	CISP-1; H.S.A.; OTC
ONETOUCH VERIO METER	3	CISP-1; H.S.A.; OTC
ONETOUCH VERIO REFLECT METER	3	OTC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	4	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	3	OTC
PRECISION XTRA MONITOR	3	OTC

Drug Name	Drug Tier	Requirements / Limits
PRODIGY CONTROL SOLUTION, LOW SOLUTION	4	OTC
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	4	OTC
REFUAH PLUS GLUCOSE CONTROL SOLUTION	4	OTC
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	4	OTC
SAFE-CLIP BY MAIL DEVICE	3	OTC
SMARTEST CONTROL SOLUTION	4	OTC
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	4	OTC
TELCARE CONTROL SOLUTION	4	OTC
TRUE METRIX LEVEL 1 SOLUTION	4	OTC
TRUECONTROL LEVEL 0 SOLUTION	4	OTC
UNISTRIP LOW CONTROL SOLUTION	4	OTC

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION	4	OTC
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	4	OTC
WAVESENSE CONTROL SOLUTION SOLUTION	4	OTC
INSULIN THERAPY		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	4	INS
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	4	INS
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	INS

Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	3	INS
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	3	INS
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	3	INS
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	INS
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	H.S.A.; INS
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	H.S.A.; INS
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	H.S.A.; INS

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	H.S.A.; INS
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	H.S.A.; INS
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	INS
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	H.S.A.; INS
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	H.S.A.; INS
LEVEMIR FLEXTOUCH U- 100 INSULN SUBCUTANEOUS INSULIN PEN	3	INS
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	3	INS

Drug Name	Drug Tier	Requirements / Limits
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	3	INS
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	INS, QL
TOUJEO MAX U- 300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	INS
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS
TRESIBA FLEXTOUCH U- 100 SUBCUTANEOUS INSULIN PEN	3	INS
TRESIBA FLEXTOUCH U- 200 SUBCUTANEOUS INSULIN PEN	3	INS
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	INS

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	3	INS; QL
MISCELLANEOUS HORMONES		
ANADROL-50 ORAL TABLET	4	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; QL
ANDROID ORAL CAPSULE	4	PA
<i>cabergoline oral tablet</i>	2	QL
<i>calcitonin (salmon) nasal spray,non- aerosol</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	2	
CERDELGA ORAL CAPSULE	5	PA; MSP
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MSP
<i>cinacalcet oral tablet</i>	2	PA
<i>danazol oral capsule</i>	2	
DDAVP NASAL SOLUTION	3	
DDAVP ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
DEPO- TESTOSTERONE INTRAMUSCULA R OIL	4	PA
<i>desmopressin nasal spray,non-aerosol</i>	2	
<i>desmopressin oral tablet</i>	2	
<i>doxercalciferol oral capsule</i>	2	ST
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP	4	PA; QL
GALAFOLD ORAL CAPSULE	5	PA; MSP; QL
JATENZO ORAL CAPSULE	4	QL
JYNARQUE ORAL TABLET	5	PA; SP; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; SP; QL
KUVAN ORAL POWDER IN PACKET	5	PA; MSP
KUVAN ORAL TABLET,SOLUBL E	5	PA; MSP
METHITEST ORAL TABLET	3	
<i>methyltestosterone oral capsule</i>	2	
MIACALCIN INJECTION SOLUTION	3	
<i>miglustat oral capsule</i>	5	PA; MSP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
MYALEPT SUBCUTANEOUS RECON SOLN	5	PA; MSP
NATESTO NASAL GEL IN METERED-DOSE PUMP	3	PA; QL
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; MSP
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING	4	PA; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING	4	PA; QL
ORLISSA ORAL TABLET	3	ST; QL
<i>oxandrolone oral tablet</i>	2	
PALYNZIQ SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>paricalcitol intravenous solution</i>	2	
<i>paricalcitol oral capsule</i>	2	ST
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	ST
ROCALTROL ORAL CAPSULE	4	ST
ROCALTROL ORAL SOLUTION	4	ST

Drug Name	Drug Tier	Requirements / Limits
SAMSCA ORAL TABLET	5	PA; MSP; QL
<i>sapropterin oral powder in packet</i>	5	PA; SP
<i>sapropterin oral tablet,soluble</i>	5	PA; SP
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; MSP
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; SP
SYNAREL NASAL SPRAY,NON-AEROSOL	3	
TESTOPEL IMPLANT PELLETT	5	PA; SP
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate intramuscular oil</i>	2	PA
TESTOSTERONE IMPLANT PELLETT	4	PA
<i>testosterone transdermal gel</i>	2	PA; QL
<i>testosterone transdermal gel in metered-dose pump</i>	2	PA; QL
<i>testosterone transdermal gel in packet</i>	2	PA; QL
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
TESTRED ORAL CAPSULE	4	PA
<i>tolvaptan oral tablet 30 mg</i>	5	PA; MSP; QL
VOGELXO TRANSDERMAL GEL	4	PA; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	4	PA; QL
VOGELXO TRANSDERMAL GEL IN PACKET	4	PA; QL
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	4	PA
ZEMPLAR INTRAVENOUS SOLUTION	4	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	ST
<i>zoledronic acid intravenous recon soln</i>	5	MSP
<i>zoledronic acid intravenous solution</i>	5	MSP
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	5	MSP
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK	5	MSP

Drug Name	Drug Tier	Requirements / Limits
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	CISP; H.S.A.
ACTOPLUS MET ORAL TABLET	4	ST; QL
ACTOS ORAL TABLET	4	ST; QL
AMARYL ORAL TABLET	4	
AVANDIA ORAL TABLET 2 MG, 4 MG	4	ST; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	ST; CISP; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	ST; CISP; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	3	ST; QL
CYCLOSET ORAL TABLET	4	
DUETACT ORAL TABLET	4	ST; QL
FARXIGA ORAL TABLET	3	ST; CISP; QL
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR	4	PA; QL
<i>glimepiride oral tablet</i>	1	CISP; H.S.A.
<i>glipizide oral tablet</i>	1	CISP; H.S.A.
<i>glipizide oral tablet extended release 24hr</i>	1	CISP; H.S.A.

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>glipizide-metformin oral tablet</i>	1	H.S.A.
GLUCOTROL ORAL TABLET 10 MG	4	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	4	
<i>glyburide micronized oral tablet</i>	1	CISP; H.S.A.
<i>glyburide oral tablet</i>	1	CISP; H.S.A.
<i>glyburide-metformin oral tablet</i>	1	CISP; H.S.A.
GLYNASE ORAL TABLET	4	
GLYXAMBI ORAL TABLET	3	ST; QL
INVOKAMET ORAL TABLET	3	ST; CISP; QL
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; CISP; QL
INVOKANA ORAL TABLET	3	ST; QL
JANUMET ORAL TABLET	3	ST; CISP; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST; CISP; QL
JANUVIA ORAL TABLET	3	ST; CISP; QL
JARDIANCE ORAL TABLET	3	ST; CISP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral solution</i>	2	ST; H.S.A.
<i>metformin oral tablet</i>	1	CISP; H.S.A.
<i>metformin oral tablet extended release 24 hr</i>	1	CISP; H.S.A.; QL
<i>metformin oral tablet extended release osmotic 24hr</i>	2	PA; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	2	PA; QL
<i>miglitol oral tablet</i>	2	H.S.A.
<i>nateglinide oral tablet</i>	2	H.S.A.
OSENI ORAL TABLET	4	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR	3	ST; QL
<i>pioglitazone oral tablet</i>	1	CISP; H.S.A.; QL
<i>pioglitazone-glimepiride oral tablet</i>	2	H.S.A.; QL
<i>pioglitazone-metformin oral tablet</i>	2	H.S.A.; QL
PRANDIN ORAL TABLET 1 MG, 2 MG	4	
PRECOSE ORAL TABLET	4	
<i>repaglinide oral tablet</i>	2	CISP; H.S.A.

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>repaglinide-metformin oral tablet</i>	2	H.S.A.; QL
RIOMET ER ORAL SUSPENSION,EXT ENDED REL RECON	4	ST
RIOMET ORAL SOLUTION	4	ST
RYBELSUS ORAL TABLET	3	ST; QL
SEGLUROMET ORAL TABLET	3	ST; QL
STARLIX ORAL TABLET 120 MG	4	
STEGLATRO ORAL TABLET	3	ST; QL
STEGLUJAN ORAL TABLET	3	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	3	ST; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	3	ST; QL
SYNJARDY ORAL TABLET	3	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; QL
TRULICITY SUBCUTANEOUS PEN INJECTOR	3	ST; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; CISP; QL

Drug Name	Drug Tier	Requirements / Limits
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET	3	
<i>euthyrox oral tablet</i>	2	
<i>levo-t oral tablet</i>	2	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	
SYNTHROID ORAL TABLET	4	
THYROLAR-1 ORAL TABLET	4	
THYROLAR-1/2 ORAL TABLET	4	
THYROLAR-1/4 ORAL TABLET	4	
THYROLAR-2 ORAL TABLET	4	
THYROLAR-3 ORAL TABLET	4	
TIROSINT ORAL CAPSULE	4	
TIROSINT-SOL ORAL SOLUTION	4	
<i>unithroid oral tablet</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>westhroid oral tablet</i> 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet, disintegrating</i>	1	
<i>belladonna alkaloids-opium rectal suppository</i> 16.2-30 mg	1	
<i>belladonna alkaloids-opium rectal suppository</i> 16.2-60 mg	2	
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
CUVPOSA ORAL SOLUTION	4	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	4	
DONNATAL ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>ed-spaz oral tablet, disintegrating</i>	1	
GLYCATE ORAL TABLET	4	
<i>glycopyrrolate oral tablet</i> 1 mg, 2 mg	2	
<i>glycopyrrolate oral tablet</i> 1.5 mg	2	PA
<i>hyoscyamine sulfate oral drops</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release</i> 12 hr	1	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual tablet</i>	1	
<i>hyosyne oral drops</i>	1	
<i>hyosyne oral elixir</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	4	
LEVSIN ORAL TABLET	4	
LEVSIN/SL SUBLINGUAL TABLET	4	
LOMOTIL ORAL TABLET	4	
<i>loperamide oral capsule</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>methscopolamine oral tablet</i>	2	
MOTOFEN ORAL TABLET	4	
NULEV ORAL TABLET,DISINTEGRATING	4	
<i>opium tincture oral tincture</i>	2	
<i>oscimin oral tablet</i>	1	
<i>oscimin sl sublingual tablet</i>	1	
<i>oscimin sr oral tablet extended release 12 hr</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	2	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	2	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	2	
<i>phenohydro oral tablet</i>	2	
<i>propantheline oral tablet</i>	2	
SYMAX DUOTAB ORAL TABLET,EXTENDED RELEASE MULTIPHASE	4	
<i>symax fastabs oral tablet,disintegrating</i>	1	
<i>symax-sl sublingual tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>symax-sr oral tablet extended release 12 hr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE	4	QL
<i>alophen (bisacodyl) oral tablet,delayed release (dr/ec)</i>	1	ACA; OTC
<i>alosetron oral tablet</i>	2	
<i>alvimopan oral capsule</i>	2	
ANA-LEX KIT RECTAL KIT	4	
ANALPRAM-HC RECTAL CREAM 1-1 %	4	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	4	ST
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	4	
<i>anucort-hc rectal suppository</i>	2	
<i>aprepitant oral capsule</i>	2	QL
<i>aprepitant oral capsule,dose pack</i>	2	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	4	
AURYXIA ORAL TABLET	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	4	ST
AZULFIDINE ORAL TABLET	4	ST
<i>balsalazide oral capsule</i>	2	
<i>bisacodyl oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>bisa-lax (bisacodyl) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC	4	QL
<i>budesonide oral capsule, delayed, extended release</i>	2	
<i>budesonide oral tablet, delayed and ext. release</i>	2	CSE-9
<i>calcium acetate(phosphat bind) oral capsule</i>	1	
<i>calcium acetate(phosphat bind) oral tablet</i>	1	
CANASA RECTAL SUPPOSITORY	4	
CHENODAL ORAL TABLET	5	PA; SP
CHOLBAM ORAL CAPSULE 250 MG	5	PA; SP
CHOLBAM ORAL CAPSULE 50 MG	5	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>citrate of magnesia oral solution</i>	1	ACA; OTC
<i>citroma oral solution</i>	1	ACA; OTC
<i>clearlax oral powder</i>	1	ACA; OTC
<i>clearlax oral powder in packet</i>	1	ACA; OTC
CLENPIQ ORAL SOLUTION	3	
COLAZAL ORAL CAPSULE	4	ST
COMPAZINE ORAL TABLET	4	
COMPAZINE RECTAL SUPPOSITORY	4	
<i>compro rectal suppository</i>	2	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	4	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	
<i>cromolyn oral concentrate</i>	2	
CYSTADANE ORAL POWDER	5	SP
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	4	QL
DIPENTUM ORAL CAPSULE	4	ST

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i>	2	CSE-9; QL
<i>dronabinol oral capsule</i>	2	PA
<i>dulcolax (magnesium hydroxide) oral suspension</i>	1	ACA; OTC
ENTEREG ORAL CAPSULE	4	
ENTOCORT EC ORAL CAPSULE, DELAYED, EXTEND. RELEASE	4	
ENTYVIO INTRAVENOUS RECON SOLN	5	PA; MSP
<i>enulose oral solution</i>	1	
GASTROCROM ORAL CONCENTRATE	4	
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MSP
<i>gavilax oral powder</i>	1	ACA; OTC
<i>gavilyte-c oral recon soln</i>	1	H.S.A.; ACA
<i>gavilyte-g oral recon soln</i>	1	H.S.A.; ACA
<i>gavilyte-n oral recon soln</i>	1	H.S.A.; ACA
<i>generlac oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>gentlelax oral powder</i>	1	ACA; OTC
<i>glycolax oral powder</i>	1	ACA; OTC
GOLYTELY ORAL POWDER IN PACKET	4	
GOLYTELY ORAL RECON SOLN	4	
<i>granisetron hcl oral tablet</i>	2	QL
<i>healthylax oral powder in packet</i>	1	ACA; OTC
<i>hemmorex-hc rectal suppository 25 mg</i>	2	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	2	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	2	
<i>hydrocortisone-pramoxine rectal cream</i>	2	
INFLECTRA INTRAVENOUS RECON SOLN	5	PA; MSP
<i>kionex (with sorbitol) oral suspension</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
KRISTALOSE ORAL PACKET	4	
<i>lactulose oral packet</i>	1	PA
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>lanthanum oral tablet, chewable</i>	2	
<i>laxaclear oral powder</i>	1	ACA; OTC
<i>laxative (bisacodyl) oral tablet</i>	1	ACA; OTC
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>laxative peg 3350 oral powder</i>	1	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	2	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	4	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	2	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	2	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	2	
LINZESS ORAL CAPSULE	3	QL
LOKELMA ORAL POWDER IN PACKET	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>magnesium citrate oral solution</i>	1	ACA; OTC
MARINOL ORAL CAPSULE	4	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	2	CSE-9
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	2	
<i>mesalamine rectal enema</i>	2	
<i>mesalamine rectal suppository</i>	2	
<i>mesalamine with cleansing wipe rectal enema kit</i>	2	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet, disintegrating</i>	1	
<i>milk of magnesia concentrated oral suspension</i>	1	ACA; OTC
<i>milk of magnesia oral suspension</i>	1	ACA; OTC
<i>miralax oral powder in packet</i>	1	ACA; OTC
MOTTEGRITY ORAL TABLET	4	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
MOVANTIK ORAL TABLET	3	QL
<i>natura-lax oral powder</i>	1	ACA; OTC
NULYTELY LEMON-LIME ORAL RECON SOLN	4	
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN	4	
OCALIVA ORAL TABLET	5	PA; MSP; QL
<i>ondansetron hcl oral solution</i>	2	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL
<i>ondansetron oral tablet, disintegrating</i>	2	QL
<i>oral saline laxative oral liquid</i>	1	ACA; OTC
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE	4	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	

Drug Name	Drug Tier	Requirements / Limits
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	H.S.A.; ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	2	H.S.A.; ACA
<i>peg-electrolyte soln oral recon soln</i>	1	H.S.A.; ACA
<i>peg-prep oral kit</i>	2	H.S.A.; ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE	3	
PHOSLYRA ORAL SOLUTION	3	
<i>phosphate laxative oral liquid</i>	1	ACA; OTC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	4	
<i>polyethylene glycol 3350 oral powder</i>	2	ACA; OTC
<i>polyethylene glycol 3350 oral powder in packet</i>	2	ACA; OTC
<i>powderlax oral powder</i>	1	ACA; OTC
<i>powderlax oral powder in packet</i>	1	ACA; OTC
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	2	
PROCORT RECTAL CREAM	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
PROCTOCORT RECTAL SUPPOSITORY	4	ST
<i>procto-med hc topical cream with perineal applicator</i>	2	
<i>procto-pak topical cream with perineal applicator</i>	2	
<i>proctosol hc topical cream with perineal applicator</i>	2	
<i>proctozone-hc topical cream with perineal applicator</i>	2	
<i>purelax oral powder</i>	1	ACA; OTC
<i>purelax oral powder in packet</i>	1	ACA; OTC
RECTIV RECTAL OINTMENT	3	
REGLAN ORAL TABLET	4	
RELISTOR ORAL TABLET	3	ST
RELISTOR SUBCUTANEOUS SOLUTION	3	ST
RELISTOR SUBCUTANEOUS SYRINGE	3	ST
REMICADE INTRAVENOUS RECON SOLN	5	PA; MSP
RENFLIXIS INTRAVENOUS RECON SOLN	5	PA; MSP
REVELA ORAL POWDER IN PACKET	4	

Drug Name	Drug Tier	Requirements / Limits
REVELA ORAL TABLET	4	
ROWASA RECTAL ENEMA KIT	4	
SANCUSO TRANSDERMAL PATCH WEEKLY	4	QL
<i>scopolamine base transdermal patch 3 day</i>	2	
<i>sevelamer carbonate oral powder in packet</i>	1	
<i>sevelamer carbonate oral tablet</i>	2	
<i>sevelamer hcl oral tablet</i>	2	
SFROWASA RECTAL ENEMA	4	
<i>smoothlax oral powder</i>	1	ACA; OTC
<i>smoothlax oral powder in packet</i>	1	ACA; OTC
<i>sodium polystyrene (sorb free) oral suspension</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE	5	MSP
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
SUCRAID ORAL SOLUTION	5	PA; SP
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	
SYMPROIC ORAL TABLET	3	
SYNDROS ORAL SOLUTION	4	PA
TIGAN ORAL CAPSULE 300 MG	4	
<i>trilyte with flavor packets oral recon soln</i>	1	H.S.A.; ACA
<i>trimethobenzamide oral capsule</i>	2	
TRULANCE ORAL TABLET	3	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE	4	
UCERIS RECTAL FOAM	3	
URSO 250 ORAL TABLET	4	
URSO FORTE ORAL TABLET	4	
<i>ursodiol oral capsule</i>	2	
<i>ursodiol oral tablet</i>	2	
VARUBI ORAL TABLET	3	QL

Drug Name	Drug Tier	Requirements / Limits
VELPHORO ORAL TABLET, CHEWABLE	3	
VIBERZI ORAL TABLET	3	
VIOKACE ORAL TABLET	3	
<i>women's gentle laxative (bisac) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>women's laxative (bisacodyl) oral tablet</i>	1	ACA; OTC
<i>women's laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
ZELNORM ORAL TABLET	4	
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	
ZOFRAN ORAL TABLET	4	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
ZUPLENZ ORAL FILM	4	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	2	QL
CARAFATE ORAL SUSPENSION	4	
CARAFATE ORAL TABLET	4	
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine oral tablet</i>	2	
CYTOTEC ORAL TABLET	4	
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	4	ST; QL
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	4	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	ST
<i>famotidine oral suspension</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	QL
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	2	QL
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	2	
<i>misoprostol oral tablet</i>	1	
<i>nizatidine oral capsule</i>	2	
<i>nizatidine oral solution</i>	2	
OMECLAMOX-PAK ORAL COMBO PACK	4	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	2	PA; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	2	PA; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	2	PA
<i>pantoprazole oral granules dr for susp in packet</i>	2	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET	4	
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	2	
<i>ranitidine hcl oral syrup</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral suspension</i>	2	CSE-9
<i>sucralfate oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	QL

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

FULPHILA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
LEUKINE INJECTION RECON SOLN	5	PA; MSP
MACRILEN ORAL RECON SOLN	5	MSP; QL
MOZOBIL SUBCUTANEOUS SOLUTION	5	MSP
NIVESTYM INJECTION SOLUTION	5	PA; MSP
NIVESTYM SUBCUTANEOUS SYRINGE	5	PA; MSP
PROCRIT INJECTION SOLUTION	5	PA; MSP
RETACRIT INJECTION SOLUTION	5	PA; MSP
ZARXIO INJECTION SYRINGE	5	PA; MSP
ZIEXTENZO SUBCUTANEOUS SYRINGE	5	PA; MSP

GROWTH HORMONES

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
EGRIFTA SV SUBCUTANEOUS RECON SOLN	5	PA; MSP
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	5	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	5	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; SP
ZORBTIVE SUBCUTANEOUS RECON SOLN	5	PA; MSP
INTERFERONS		
AUBAGIO ORAL TABLET	5	PA; MSP
AVONEX INTRAMUSCULA R PEN INJECTOR KIT	5	PA; MSP; QL
AVONEX INTRAMUSCULA R SYRINGE KIT	5	PA; MSP; QL
BAFIERTAM ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	5	PA; MSP
BETASERON SUBCUTANEOUS KIT	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
COPAXONE SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>dimethyl fumarate oral capsule,delayed release(dr/ec)</i>	5	PA; MSP
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MSP
<i>glatiramer subcutaneous syringe</i>	5	PA; MSP; QL
<i>glatopa subcutaneous syringe</i>	5	PA; MSP; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP
MAVENCLAD (10 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	5	PA; MSP; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	5	PA; MSP; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
MAYZENT ORAL TABLET	5	PA; MSP; QL
OCREVUS INTRAVENOUS SOLUTION	5	PA; MSP
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	PA; MSP; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
PLEGRIDY SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
POMALYST ORAL CAPSULE	5	PA; MSP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
REVLIMID ORAL CAPSULE	5	PA; MSP
<i>ribavirin oral capsule</i>	5	ST; MSP

Drug Name	Drug Tier	Requirements / Limits
<i>ribavirin oral tablet 200 mg</i>	5	ST; MSP
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	5	PA; MSP
VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	5	PA; MSP
ZEPOSIA ORAL CAPSULE	5	PA; MSP
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK	5	PA; MSP
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK	5	PA; MSP
INTERLEUKINS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; MSP
ALDARA TOPICAL CREAM IN PACKET	4	
ALFERON N INJECTION SOLUTION	3	
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; MSP
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MSP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod topical cream in packet 5 %</i>	2	
INTRON A INJECTION RECON SOLN	5	MSP
INTRON A INJECTION SOLUTION	5	MSP
PROLEUKIN INTRAVENOUS RECON SOLN	5	PA; MSP
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	ACA
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE	3	ACA

Drug Name	Drug Tier	Requirements / Limits
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION	3	ACA
ASCENIV INTRAVENOUS SOLUTION	5	PA; MSP
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
BEXSERO INTRAMUSCULAR SYRINGE	3	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
BIVIGAM INTRAVENOUS SOLUTION	5	PA; MSP
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	ACA
BOTOX INJECTION RECON SOLN	5	PA; MSP
CUVITRU SUBCUTANEOUS SOLUTION	5	PA; MSP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	ACA

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	5	PA; SP
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION	3	ACA

Drug Name	Drug Tier	Requirements / Limits
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE	4	ACA
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE	3	ACA
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION	3	ACA
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION	3	ACA
GAMASTAN INTRAMUSCULAR SOLUTION	5	SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION	5	SP
GAMMAGARD LIQUID INJECTION SOLUTION	5	PA; MSP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	5	PA; MSP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	5	PA; MSP
GAMMAPLEX INTRAVENOUS SOLUTION	5	PA; MSP
GAMUNEX-C INJECTION SOLUTION	5	PA; MSP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	ACA
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	ACA
HEPAGAM B INJECTION SOLUTION	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	4	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	ACA
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	3	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	3	

Drug Name	Drug Tier	Requirements / Limits
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE	3	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION	3	
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE	3	
HYQVIA SUBCUTANEOUS SOLUTION	5	PA; MSP
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	ACA
IPOLE INJECTION SUSPENSION	3	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	
KEDRAB (PF) INTRAMUSCULAR SOLUTION	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
KINRIX (PF) INTRAMUSCULAR SUSPENSION	4	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	4	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	4	ACA
MENVEO A-C-Y- W-135-DIP (PF) INTRAMUSCULAR KIT	4	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	ACA
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION	3	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	5	PA; MSP
NABI-HB INTRAMUSCULAR SOLUTION	4	
OCTAGAM INTRAVENOUS SOLUTION	5	PA; MSP
PANZYGA INTRAVENOUS SOLUTION	4	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	ACA

Drug Name	Drug Tier	Requirements / Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	ACA
PENTACEL (PF) INTRAMUSCULAR KIT	3	ACA
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN	3	ACA
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	ACA
PNEUMOVAX-23 INJECTION SOLUTION	3	ACA
PNEUMOVAX-23 INJECTION SYRINGE	3	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	3	ACA
PRIVIGEN INTRAVENOUS SOLUTION	5	PA; MSP
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	ACA

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	ACA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	4	ACA
ROTATEQ VACCINE ORAL SOLUTION	3	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TDVAX INTRAMUSCULAR SUSPENSION	3	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	4	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	4	ACA

Drug Name	Drug Tier	Requirements / Limits
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	ACA
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	
TRUMENBA INTRAMUSCULAR SYRINGE	3	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	4	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE	4	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	ACA
VARIZIG INTRAMUSCULAR SOLUTION	3	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	3	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	4	
VAXELIS (PF) INTRAMUSCULAR SYRINGE	4	
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC)	3	
XEMBIFY SUBCUTANEOUS SOLUTION	5	PA; MSP
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	4	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet</i>	1	
<i>colchicine oral tablet</i>	2	
COLCRYS ORAL TABLET	4	ST
<i>febuxostat oral tablet</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
GLOPERBA ORAL SOLUTION	4	
MITIGARE ORAL CAPSULE	3	
<i>probenecid oral tablet</i>	1	
<i>probenecid-colchicine oral tablet</i>	2	
ZYLOPRIM ORAL TABLET	4	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	4	ST; QL
<i>alendronate oral solution</i>	2	H.S.A.; QL
<i>alendronate oral tablet 10 mg, 70 mg</i>	2	H.S.A.; QL
<i>alendronate oral tablet 35 mg, 5 mg</i>	1	H.S.A.; QL
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	4	ST; QL
BINOSTO ORAL TABLET, EFFERVESCENT	4	ST; QL
BONIVA ORAL TABLET	4	ST; QL
EVISTA ORAL TABLET	4	
FORTEO SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
FOSAMAX ORAL TABLET 70 MG	4	ST; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
FOSAMAX PLUS D ORAL TABLET	4	ST; QL
<i>ibandronate oral tablet</i>	2	H.S.A.; QL
<i>raloxifene oral tablet</i>	2	H.S.A.
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	H.S.A.; QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	H.S.A.; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
ACTEMRA INTRAVENOUS SOLUTION	5	PA; ST; MSP
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
ARAVA ORAL TABLET	4	QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
DEPEN TITRATABS ORAL TABLET	4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MSP; QL
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MSP; QL
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MSP; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT	5	PA; MSP; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MSP; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT	5	PA; MSP; QL
<i>leflunomide oral tablet</i>	2	QL
OTEZLA ORAL TABLET	5	PA; MSP; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MSP; QL
<i>penicillamine oral capsule</i>	2	PA
<i>penicillamine oral tablet</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	ST
RIDAURA ORAL CAPSULE	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MSP; QL
SAVELLA ORAL TABLET	3	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK	3	ST; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	5	PA; MSP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; MSP; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MSP; QL
XELJANZ ORAL TABLET	5	PA; MSP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MSP; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM	4	ACA
FC2 FEMALE CONDOM	3	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	3	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	5	SP; ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; MSP
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	5	SP; ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	5	SP; ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	5	SP; ACA
WIDE-SEAL DIAPHRAGM	4	ACA
ESTROGENS & PROGESTINS		

Drug Name	Drug Tier	Requirements / Limits
ACTIVELLA ORAL TABLET 1-0.5 MG	4	
ALORA TRANSDERMAL PATCH SEMIWEEKLY	4	QL
<i>amabelz oral tablet 0.5-0.1 mg</i>	1	
<i>amabelz oral tablet 1-0.5 mg</i>	2	
ANGELIQ ORAL TABLET	4	
AYGESTIN ORAL TABLET	4	
BIJUVA ORAL CAPSULE	4	
<i>camila oral tablet</i>	1	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY	4	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	3	
<i>covaryx h.s. oral tablet</i>	1	
<i>covaryx oral tablet</i>	2	
<i>deblitane oral tablet</i>	1	ACA
DELESTROGEN INTRAMUSCULAR OIL	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	ACA; QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	ACA; QL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	ACA; QL
DIVIGEL TRANSDERMAL GEL IN PACKET	3	QL
<i>dotti transdermal patch semiweekly</i>	2	QL
DUAVEE ORAL TABLET	3	
<i>eemt hs oral tablet</i>	1	
<i>eemt oral tablet</i>	2	
ENDOMETRIN VAGINAL INSERT	5	SP
<i>errin oral tablet</i>	1	ACA
ESTRACE ORAL TABLET	4	
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal patch semiweekly</i>	2	QL
<i>estradiol transdermal patch weekly</i>	2	QL
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet</i>	2	
ESTRING VAGINAL RING	3	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i>	1	
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>	2	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	4	QL
FEMHRT LOW DOSE ORAL TABLET	4	
<i>fyavolv oral tablet</i>	2	
<i>heather oral tablet</i>	1	ACA
<i>hydroxyprogesterone (pf)(preg presv) intramuscular oil</i>	5	PA; MSP
<i>hydroxyprogesterone cap(ppres) intramuscular oil</i>	5	PA; MSP
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	4	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	4	QL
<i>incassia oral tablet</i>	2	ACA
<i>jencycla oral tablet</i>	2	ACA
<i>jinteli oral tablet</i>	2	
<i>lyleq oral tablet</i>	2	ACA
<i>lyllana transdermal patch semiweekly</i>	2	QL
<i>lyza oral tablet</i>	1	ACA
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	5	PA; MSP
<i>medroxyprogesterone intramuscular suspension</i>	2	ACA; QL
<i>medroxyprogesterone intramuscular syringe</i>	2	ACA; QL
<i>medroxyprogesterone oral tablet</i>	1	
MENEST ORAL TABLET	4	
MENOSTAR TRANSDERMAL PATCH WEEKLY	4	QL
<i>mimvey oral tablet</i>	2	
<i>nora-be oral tablet</i>	2	ACA
<i>norethindrone (contraceptive) oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet</i>	1	ACA
PREFEST ORAL TABLET	4	
PREMARIN ORAL TABLET	3	
PREMARIN VAGINAL CREAM	3	
PREMPHASE ORAL TABLET	3	
PREMPRO ORAL TABLET	3	
<i>progesterone micronized oral capsule</i>	2	
PROMETRIUM ORAL CAPSULE	4	
PROVERA ORAL TABLET	4	
<i>sharobel oral tablet</i>	1	ACA
<i>tulana oral tablet</i>	2	ACA
<i>yuvafem vaginal tablet</i>	2	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	4	ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN VAGINAL CREAM	4	
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin phosphate vaginal cream</i>	2	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE	4	
<i>eluryng vaginal ring</i>	2	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2	ACA
<i>fem ph vaginal gel</i>	1	
<i>gynol ii vaginal gel</i>	1	ACA; OTC
INTRAROSA VAGINAL INSERT	4	
<i>isoxsuprine oral tablet</i>	1	
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET	5	PA; SP
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET	5	PA; SP
LYSTEDA ORAL TABLET	4	
METROGEL VAGINAL VAGINAL GEL	4	
<i>metronidazole vaginal gel</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>miconazole-3 vaginal suppository</i>	1	
NEXPLANON SUBDERMAL IMPLANT	5	ACA; MSP
NUVARING VAGINAL RING	4	PA; ACA
NUVESSA VAGINAL GEL	4	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	3	PA
OSPHENA ORAL TABLET	4	
PREPIDIL VAGINAL GEL	4	
PROSTIN E2 VAGINAL SUPPOSITORY	4	
RELAGARD VAGINAL GEL	4	
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE	3	ACA; OTC
<i>tranexamic acid oral tablet</i>	2	
TRIMO-SAN JELLY VAGINAL GEL	3	
<i>vaginal contraceptive foam vaginal foam</i>	1	ACA; OTC

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>vandazole vaginal gel</i>	2	
VCF CONTRACEPTIVE FILM VAGINAL FILM	3	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	3	ACA; OTC
<i>xulane transdermal patch weekly</i>	2	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	2	ACA
AFTERA ORAL TABLET	4	ACA; OTC; QL
<i>altavera (28) oral tablet</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	1	ACA
<i>amethia lo oral tablets,dose pack,3 month</i>	1	ACA
<i>amethia oral tablets,dose pack,3 month</i>	2	ACA
<i>amethyst (28) oral tablet</i>	2	ACA
<i>apri oral tablet</i>	1	ACA
<i>aranelle (28) oral tablet</i>	1	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>aubra eq oral tablet</i>	1	ACA
<i>aubra oral tablet</i>	1	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	2	ACA
<i>aurovela 1/20 (21) oral tablet</i>	2	ACA
<i>aurovela 24 fe oral tablet</i>	2	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	2	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	2	ACA
<i>aviane oral tablet</i>	1	ACA
<i>ayuna oral tablet</i>	2	ACA
<i>azurette (28) oral tablet</i>	1	ACA
BALCOLTRA ORAL TABLET	4	ST; ACA
<i>balziva (28) oral tablet</i>	1	ACA
<i>bekyree (28) oral tablet</i>	1	ACA
BEYAZ ORAL TABLET	4	ST; ACA
<i>blisovi 24 fe oral tablet</i>	2	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	2	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	2	ACA
<i>briellyn oral tablet</i>	2	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	1	ACA

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>camrese oral tablets,dose pack,3 month</i>	2	ACA
<i>caziant (28) oral tablet</i>	1	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	2	ACA
<i>chateal (28) oral tablet</i>	1	ACA
<i>chateal eq (28) oral tablet</i>	2	ACA
<i>cryselle (28) oral tablet</i>	1	ACA
<i>cyclafem 1/35 (28) oral tablet</i>	1	ACA
<i>cyclafem 7/7/7 (28) oral tablet</i>	1	ACA
<i>cyred eq oral tablet</i>	1	ACA
<i>cyred oral tablet</i>	1	ACA
<i>dasetta 1/35 (28) oral tablet</i>	1	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	1	ACA
<i>daysee oral tablets,dose pack,3 month</i>	2	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	ACA
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	2	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>econtra ez oral tablet</i>	2	ACA; OTC; QL
<i>econtra one-step oral tablet</i>	2	ACA; OTC; QL
<i>elinest oral tablet</i>	1	ACA
ELLA ORAL TABLET	4	ACA; QL
<i>emoquette oral tablet</i>	1	ACA
<i>enpresse oral tablet</i>	1	ACA
<i>enskyce oral tablet</i>	1	ACA
<i>estarylla oral tablet</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	ACA
<i>falmina (28) oral tablet</i>	1	ACA
<i>fayosim oral tablets,dose pack,3 month</i>	1	ACA
<i>femynor oral tablet</i>	1	ACA
<i>gemmily oral capsule</i>	2	ACA
<i>gianvi (28) oral tablet</i>	2	ACA
<i>hailey 24 fe oral tablet</i>	2	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	2	ACA
<i>hailey fe 1/20 (28) oral tablet</i>	2	ACA
<i>hailey oral tablet</i>	2	ACA
<i>iclevia oral tablets,dose pack,3 month</i>	2	ACA

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>introvale oral tablets,dose pack,3 month</i>	2	ACA
<i>isibloom oral tablet</i>	1	ACA
<i>jaimiess oral tablets,dose pack,3 month</i>	2	ACA
<i>jasmiel (28) oral tablet</i>	2	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	2	ACA
<i>juleber oral tablet</i>	1	ACA
<i>junel 1.5/30 (21) oral tablet</i>	1	ACA
<i>junel 1/20 (21) oral tablet</i>	1	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	2	ACA
<i>junel fe 1/20 (28) oral tablet</i>	2	ACA
<i>junel fe 24 oral tablet</i>	2	ACA
<i>kaitlib fe oral tablet,chewable</i>	1	ACA
<i>kalliga oral tablet</i>	1	ACA
<i>kariva (28) oral tablet</i>	1	ACA
<i>kelnor 1/35 (28) oral tablet</i>	1	ACA
<i>kelnor 1-50 (28) oral tablet</i>	1	ACA
<i>kurvelo (28) oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month</i>	2	ACA
<i>larin 1.5/30 (21) oral tablet</i>	1	ACA
<i>larin 1/20 (21) oral tablet</i>	1	ACA
<i>larin 24 fe oral tablet</i>	1	ACA
<i>larin fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>larin fe 1/20 (28) oral tablet</i>	1	ACA
<i>larissia oral tablet</i>	1	ACA
<i>layolis fe oral tablet,chewable</i>	1	ACA
<i>leena 28 oral tablet</i>	1	ACA
<i>lessina oral tablet</i>	1	ACA
<i>levonest (28) oral tablet</i>	1	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	2	ACA; OTC; QL
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mcg, 0.15-0.03 mg</i>	1	ACA
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	2	ACA
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	ACA
<i>levonorg-eth estradiol triphasic oral tablet</i>	1	ACA
<i>levora-28 oral tablet</i>	1	ACA

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>lillow (28) oral tablet</i>	1	ACA
LO LOESTRIN FE ORAL TABLET	3	ST; ACA
<i>lojaimiess oral tablets,dose pack,3 month</i>	2	ACA
<i>loryna (28) oral tablet</i>	2	ACA
<i>low-ogestrel (28) oral tablet</i>	1	ACA
<i>lo-zumandimine (28) oral tablet</i>	2	ACA
<i>lutra (28) oral tablet</i>	1	ACA
<i>marlissa (28) oral tablet</i>	1	ACA
<i>melodetta 24 fe oral tablet,chewable</i>	2	ACA
<i>merzee oral capsule</i>	2	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	2	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	2	ACA
<i>microgestin 1/20 (21) oral tablet</i>	1	ACA
MICROGESTIN 24 FE ORAL TABLET	4	ST; ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	1	ACA
<i>mili oral tablet</i>	1	ACA
<i>mono-lynyah oral tablet</i>	1	ACA
<i>my choice oral tablet</i>	2	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>my way oral tablet</i>	1	ACA; OTC; QL
NATAZIA ORAL TABLET	4	ST; ACA
<i>necon 0.5/35 (28) oral tablet</i>	1	ACA
<i>new day oral tablet</i>	2	ACA; OTC; QL
<i>nikki (28) oral tablet</i>	2	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	2	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	2	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	2	ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	1	ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	1	ACA
<i>nortrel 1/35 (21) oral tablet</i>	1	ACA
<i>nortrel 1/35 (28) oral tablet</i>	1	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	1	ACA

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>nylia 7/7/7 (28) oral tablet</i>	2	ACA
<i>nymyo oral tablet</i>	2	ACA
<i>ocella oral tablet</i>	2	ACA
<i>opcicon one-step oral tablet</i>	1	ACA; OTC; QL
<i>option-2 oral tablet</i>	1	ACA; OTC; QL
<i>orsythia oral tablet</i>	1	ACA
<i>philith oral tablet</i>	2	ACA
<i>pimtrea (28) oral tablet</i>	2	ACA
<i>pirmella oral tablet</i>	1	ACA
PLAN B ONE-STEP ORAL TABLET	1	ACA; OTC; QL
<i>portia 28 oral tablet</i>	1	ACA
<i>previfem oral tablet</i>	1	ACA
<i>reclipsen (28) oral tablet</i>	1	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	1	ACA
<i>setlakin oral tablets,dose pack,3 month</i>	1	ACA
<i>simliya (28) oral tablet</i>	2	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	2	ACA
SLYND ORAL TABLET	4	ST; ACA
<i>sprintec (28) oral tablet</i>	1	ACA
<i>sronyx oral tablet</i>	1	ACA
<i>syeda oral tablet</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
TAKE ACTION ORAL TABLET	4	ACA; OTC; QL
<i>tarina 24 fe oral tablet</i>	1	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	1	ACA
TAYTULLA ORAL CAPSULE	3	ST; ACA
<i>tilia fe oral tablet</i>	2	ACA
<i>tri femynor oral tablet</i>	1	ACA
<i>tri-estarylla oral tablet</i>	1	ACA
<i>tri-legest fe oral tablet</i>	1	ACA
<i>tri-lynyah oral tablet</i>	1	ACA
<i>tri-lo-estarylla oral tablet</i>	1	ACA
<i>tri-lo-marzia oral tablet</i>	1	ACA
<i>tri-lo-mili oral tablet</i>	2	ACA
<i>tri-lo-sprintec oral tablet</i>	1	ACA
<i>tri-mili oral tablet</i>	2	ACA
<i>tri-nymyo oral tablet</i>	2	ACA
<i>tri-previfem (28) oral tablet</i>	1	ACA
<i>tri-sprintec (28) oral tablet</i>	1	ACA
<i>trivora (28) oral tablet</i>	1	ACA
<i>tri-vylibra lo oral tablet</i>	2	ACA
<i>tri-vylibra oral tablet</i>	1	ACA

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
TYBLUME ORAL TABLET	4	ST; ACA
<i>tydemy oral tablet</i>	2	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	2	ACA
<i>vienva oral tablet</i>	1	ACA
<i>viorele (28) oral tablet</i>	2	ACA
<i>volnea (28) oral tablet</i>	2	ACA
<i>vyfemla (28) oral tablet</i>	1	ACA
<i>vylibra oral tablet</i>	1	ACA
<i>wera (28) oral tablet</i>	1	ACA
<i>wymzya fe oral tablet, chewable</i>	2	ACA
YAZ (28) ORAL TABLET	4	ST; ACA
<i>zarah oral tablet</i>	1	ACA
<i>zovia 1/35e (28) oral tablet</i>	1	ACA
<i>zumandimine (28) oral tablet</i>	2	ACA
OXYTOCICS		
<i>methergine oral tablet</i>	2	PA; QL
<i>methylergonovine oral tablet</i>	2	PA; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment</i>	2	

Drug Name	Drug Tier	Requirements / Limits
AZASITE OPHTHALMIC (EYE) DROPS	3	
<i>bacitracin ophthalmic (eye) ointment</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION	4	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	4	
CILOXAN OPHTHALMIC (EYE) DROPS	4	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	2	
<i>gatifloxacin ophthalmic (eye) drops</i>	2	
<i>gentak ophthalmic (eye) ointment</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
MOXEZA OPHTHALMIC (EYE) DROPS, VISCIOUS	4	
MOXIFLOXACIN (PF)-BSS INTRAVITREAL SOLUTION	4	ST
<i>moxifloxacin ophthalmic (eye) drops</i>	2	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
MOXIFLOXACIN- SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION	4	ST
MOXIFLOXACIN- SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE	4	ST
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSIO N	3	
<i>neomycin- bacitracin- polymyxin ophthalmic (eye) ointment</i>	2	
<i>neomycin- polymyxin- gramicidin ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neo-polycin ophthalmic (eye) ointment</i>	2	
OCUFLOX OPHTHALMIC (EYE) DROPS	4	
<i>ofloxacin ophthalmic (eye) drops</i>	2	
<i>polycin ophthalmic (eye) ointment</i>	2	
<i>polymyxin b sulf- trimethoprim ophthalmic (eye) drops</i>	1	
POLYTRIM OPHTHALMIC (EYE) DROPS	4	
<i>tobramycin ophthalmic (eye) drops</i>	1	
TOBREX OPHTHALMIC (EYE) DROPS	4	
TOBREX OPHTHALMIC (EYE) OINTMENT	4	
VIGAMOX OPHTHALMIC (EYE) DROPS	4	
ZYMAXID OPHTHALMIC (EYE) DROPS	4	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	2	
BETIMOL OPTHALMIC (EYE) DROPS	4	
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>carteolol ophthalmic (eye) drops</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.5 %</i>	2	
TIMOPTIC OPTHALMIC (EYE) DROPS	4	

Drug Name	Drug Tier	Requirements / Limits
TIMOPTIC-XE OPTHALMIC (EYE) GEL FORMING SOLUTION	4	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	1	
ATROPINE OPTHALMIC (EYE) DROPS, EMULSION	4	
<i>atropine ophthalmic (eye) ointment</i>	2	
CYCLOGYL OPTHALMIC (EYE) DROPS	4	
<i>cyclopentolate ophthalmic (eye) drops</i>	1	
CYCLOPENTROPIC-PHENYLEPHWATR OPTHALMIC (EYE) DROPS	4	
CYCLOPENTROPIC-PHENKETR-WAT OPTHALMIC (EYE) DROPS	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
CYCLOP-TROP-PROPA-PHEN-KET-WAT OPHTHALMIC (EYE) DROPS	4	
<i>homatropaire ophthalmic (eye) drops</i>	1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS	4	
MYDRIACYL OPHTHALMIC (EYE) DROPS	4	
PAREMYD OPHTHALMIC (EYE) DROPS	4	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS	4	
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS	4	
MIOCHOL-E INTRAOCULAR KIT	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		

Drug Name	Drug Tier	Requirements / Limits
AKTEN (PF) OPHTHALMIC (EYE) GEL	4	
ALCAINE OPHTHALMIC (EYE) DROPS	4	
ALOCRILOPHTHALMIC (EYE) DROPS	4	ST
ALOMIDE OPHTHALMIC (EYE) DROPS	4	ST
<i>altacaine ophthalmic (eye) drops</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	4	
<i>azelastine ophthalmic (eye) drops</i>	2	
BEOVU INTRAVITREAL SOLUTION	5	PA; MSP
BEPREVE OPHTHALMIC (EYE) DROPS	4	ST
BEVACIZUMAB INTRAVITREAL SYRINGE 2.5 MG/0.1 ML, 3.25 MG/0.13 ML	4	MSP
CEQUA OPHTHALMIC (EYE) DROPPERETTE	4	PA
<i>cromolyn ophthalmic (eye) drops</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS	4	
CYSTARAN OPHTHALMIC (EYE) DROPS	5	PA; SP
DEXAMET-MOXIFL-KETORONACL(PF) INTRAOCULAR SOLUTION	4	
<i>epinastine ophthalmic (eye) drops</i>	1	
EYLEA INTRAVITREAL SOLUTION	5	PA; MSP
EYLEA INTRAVITREAL SYRINGE	5	PA; MSP
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	1	
KLARITY-A (AZITHROCHONDR)(PF) OPHTHALMIC (EYE) DROPS	4	
KLARITY-B (BETAMETHCHOND)(PF) OPHTHALMIC (EYE) DROPS	4	
KLARITY-L (LOTEPREDCHOND)(PF) OPHTHALMIC (EYE) DROPS	4	

Drug Name	Drug Tier	Requirements / Limits
LACRISERT OPHTHALMIC (EYE) INSERT	4	
LIDOCAINE-PHENYLEPHRIN-BSS(PF) INTRAOCULAR SYRINGE	4	
<i>lidocaine-phenylephrn in water intraocular solution</i>	2	
LUCENTIS INTRAVITREAL SOLUTION	5	PA; MSP
LUCENTIS INTRAVITREAL SYRINGE	5	PA; MSP
LUXTURNA SUBRETINAL SUSPENSION	5	PA; MSP
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS	4	
<i>olopatadine ophthalmic (eye) drops</i>	2	
OMIDRIA INTRAOCULAR CONCENTRATE	4	
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; MSP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS	4	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS	4	
PREDNISOL ACE- GATIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSIO N	4	
PREDNISOLN SP- GATIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS	4	
PREDNISOLN SP- MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS	4	
PREDNISOLONE ACETATE- BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSIO N	4	
PREDNISOLONE- MOXIFLO- NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSIO N	4	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE- MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSIO N	4	
<i>proparacaine ophthalmic (eye) drops</i>	1	
RACEPINEPH- LIDOCAINE-BSS 7(PF) INTRAOCULAR SOLUTION	4	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	4	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE	3	ST
NON-STEROIDAL ANTI- INFLAMMATORY AGENTS		

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
ACULAR LS OPTHALMIC (EYE) DROPS	4	ST
ACULAR OPTHALMIC (EYE) DROPS	4	ST
<i>bromfenac ophthalmic (eye) drops</i>	2	
BROMSITE OPTHALMIC (EYE) DROPS	4	
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION	4	ST
<i>ketorolac ophthalmic (eye) drops</i>	1	
PROLENSA OPTHALMIC (EYE) DROPS	4	ST

ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide oral capsule, extended release</i>	2	
<i>acetazolamide oral tablet</i>	2	
<i>methazolamide oral tablet</i>	2	

OTHER GLAUCOMA DRUGS

Drug Name	Drug Tier	Requirements / Limits
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>bimatoprost ophthalmic (eye) drops</i>	2	ST
BRIMONIDINE-DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	4	
COMBIGAN OPTHALMIC (EYE) DROPS	3	
COSOPT (PF) OPTHALMIC (EYE) DROPPERETTE	4	
DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	4	
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
DORZOLAMIDE-TIMOLOL (PF) OPTHALMIC (EYE) DROPS	4	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS	4	
<i>latanoprost ophthalmic (eye) drops</i>	1	ST
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST
<i>miostat intraocular solution</i>	2	
MITOSOL OPHTHALMIC (EYE) KIT	4	
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	
ROCKLATAN OPHTHALMIC (EYE) DROPS	4	ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
TIMOL-BRIMON-DORZO-LATANOP(PF) OPHTHALMIC (EYE) DROPS	4	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS	4	

Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-DORZOLAMID-LATANOP(PF) OPHTHALMIC (EYE) DROPS	4	
TIMOLOL-LATANOPROST(PF) OPHTHALMIC (EYE) DROPS	4	
<i>travoprost ophthalmic (eye) drops</i>	2	ST
TRUSOPT OPHTHALMIC (EYE) DROPS	4	
VYZULTA OPHTHALMIC (EYE) DROPS	4	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION	4	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
MAXITROL OPHTHALMIC (EYE) OINTMENT	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT	4	
PREDNISOLONE ACET-GATIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS	4	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	
TRIAMCINOLON-MOXIFLOX-WATR(PF) INTRAOCULAR SUSPENSION	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	4	ST

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	
DEXTENZA INTRACANALICULAR INSERT	4	
DEXYCU (PF) INTRAOCULAR SUSPENSION	4	
DUREZOL OPHTHALMIC (EYE) DROPS	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	4	QL
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
ILUVIEN INTRAVITREAL IMPLANT	5	MSP
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	
OZURDEX INTRAVITREAL IMPLANT	5	MSP
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
RETISERT INTRAVITREAL IMPLANT	5	MSP
YUTIQ INTRAVITREAL IMPLANT	5	SP
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	4	
<i>sulfacetamide- prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
BLEPH-10 OPHTHALMIC (EYE) DROPS	4	
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	

Drug Name	Drug Tier	Requirements / Limits
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	4	
<i>apraclonidine ophthalmic (eye) drops</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	4	
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	4	QL
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup</i>	1	
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	2	QL
<i>desloratadine oral tablet, disintegrating</i>	2	QL
<i>dexchlorpheniramine maleate oral solution</i>	2	PA
DIPHEN ORAL ELIXIR	4	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	3	PA; QL
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	3	PA; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyzine pamoate oral capsule</i>	1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR	4	ST
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	2	QL
<i>phenadoz rectal suppository 25 mg</i>	2	
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethegan rectal suppository</i>	2	
RYCLORA ORAL SOLUTION	4	
RYVENT ORAL TABLET	4	ST
SYMJEPI INJECTION SYRINGE	3	QL
VISTARIL ORAL CAPSULE	4	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule</i>	2	
BROMFED DM ORAL SYRUP	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF ORAL LIQUID	4	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	4	QL
<i>codeine-guaifenesin oral liquid</i>	2	
CODITUSSIN AC ORAL LIQUID	4	
CODITUSSIN DAC ORAL LIQUID	4	
<i>g tussin ac oral liquid</i>	2	
<i>guaiaatussin ac oral liquid</i>	2	
HISTEX-AC ORAL SYRUP	4	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	4	
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr</i>	2	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet oral syrup</i>	1	
MAR-COF CG ORAL LIQUID	4	

Drug Name	Drug Tier	Requirements / Limits
<i>maxi-tuss ac oral liquid</i>	2	
MAXI-TUSS CD ORAL LIQUID	4	
<i>m-clear wc oral liquid</i>	1	
M-END PE ORAL LIQUID	4	
NINJACOF-XG ORAL LIQUID	4	
OBREDON ORAL SOLUTION	4	PA
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	4	
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
<i>promethazine-phenyleph-codeine oral syrup</i>	1	
<i>promethazine-phenylephrine oral syrup</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	4	
TESSALON PERLES ORAL CAPSULE	4	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	4	PA

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	4	
TUZISTRA XR ORAL SUSPENSION, EXTENDED REL 12 HR	4	PA
<i>virtussin ac oral liquid</i>	2	
<i>virtussin dac oral syrup</i>	2	
Z-TUSS AC ORAL LIQUID	4	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	4	
<i>acetylcysteine solution</i>	2	
ADEMPAS ORAL TABLET	5	PA; MSP
ADRENALIN NASAL SOLUTION	4	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	4	ST; QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	3	ST; CISP; H.S.A.; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	1	CISP; H.S.A.
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	1	CISP
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	2	
ALVESCO INHALATION HFA AEROSOL INHALER	4	QL
<i>alyq oral tablet</i>	5	PA; MSP; QL
<i>ambrisentan oral tablet</i>	5	PA; MSP
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION	3	CISP; H.S.A.; QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION	3	H.S.A.; QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	CISP; H.S.A.; QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	4	QL
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	2	ST; QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	QL
<i>bosentan oral tablet</i>	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	ST; CISP; H.S.A.; QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	QL
BROVANA INHALATION SOLUTION FOR NEBULIZATION	4	QL
<i>budesonide inhalation suspension for nebulization</i>	2	CISP; H.S.A.; QL
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MSP
COMBIVENT RESPIMAT INHALATION MIST	3	CISP; QL
<i>cromolyn inhalation solution for nebulization</i>	1	CISP
CUROSURF INTRATRACHEAL SUSPENSION	4	
DALIRESP ORAL TABLET 250 MCG	3	PA; QL
DALIRESP ORAL TABLET 500 MCG	3	PA
DULERA INHALATION HFA AEROSOL INHALER	3	ST; CISP; QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
DYMISTA NASAL SPRAY, NON-AEROSOL	4	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	
<i>epinephrine hcl nasal solution</i>	2	
ESBRIET ORAL CAPSULE	5	PA; MSP; QL
ESBRIET ORAL TABLET 267 MG	5	PA; MSP; QL
ESBRIET ORAL TABLET 801 MG	5	PA; MSP
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	3	H.S.A.; QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER	3	H.S.A.; QL
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	ST; QL
<i>fluticasone propionate nasal spray, suspension</i>	1	H.S.A.; QL
<i>fluticasone propionate-salmeterol inhalation blister with device</i>	2	ST; CISP; H.S.A.; CSE-9; QL
HAEGARDA SUBCUTANEOUS RECON SOLN	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	4	
<i>icatibant subcutaneous syringe</i>	5	PA; SP
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	CISP; H.S.A.; QL
<i>ipratropium bromide inhalation solution</i>	1	CISP; H.S.A.
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	CISP; H.S.A.; QL
KALBITOR SUBCUTANEOUS SOLUTION	5	PA; MSP
KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PA; MSP
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; MSP; QL
KALYDECO ORAL TABLET	5	PA; MSP; QL
<i>levalbuterol hcl inhalation solution for nebulization</i>	2	H.S.A.
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION	4	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION	4	QL
<i>metaproterenol oral syrup</i>	1	CISP; H.S.A.
<i>mometasone nasal spray, non-aerosol</i>	2	ST; QL
<i>montelukast oral granules in packet</i>	2	
<i>montelukast oral tablet</i>	2	CISP; H.S.A.
<i>montelukast oral tablet, chewable</i>	2	CISP; H.S.A.
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
NUCALA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
OFEV ORAL CAPSULE	5	PA; MSP; QL
OPSUMIT ORAL TABLET	5	PA; MSP
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MSP; QL
ORKAMBI ORAL TABLET	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	3	QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	5	PA; MSP
QNASL NASAL HFA AEROSOL INHALER	3	QL
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	3	QL
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	5	PA; SP; QL
REVATIO ORAL TABLET	5	PA; SP; QL
RUCONEST INTRAVENOUS RECON SOLN	5	PA; MSP
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	CISP; H.S.A.; QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	5	PA; SP; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	5	PA; SP; QL
SINUVA SINUS IMPLANT	5	SP
<i>sodium chloride inhalation solution for nebulization</i>	1	
SPIRIVA RESPIMAT INHALATION MIST	3	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	QL
STIOLTO RESPIMAT INHALATION MIST	3	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	3	ST; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tadalafil (pulm.hypertension) oral tablet</i>	5	PA; MSP; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; MSP
<i>terbutaline oral tablet</i>	2	H.S.A.
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	4	
<i>theophylline oral elixir</i>	1	CISP; H.S.A.
<i>theophylline oral solution</i>	1	CISP; H.S.A.
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	2	CISP-1; H.S.A.
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	2	CISP; H.S.A.
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	2	CISP; H.S.A.
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	2	CISP-1; H.S.A.
TRACLEER ORAL TABLET	5	PA; MSP
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; MSP
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MSP
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	QL
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
<i>wixela inhub inhalation blister with device</i>	2	ST; CISP; H.S.A.; CSE-9; QL
XHANCE NASAL AEROSOL BREATH ACTIVATED	4	ST; QL
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MSP; QL
XOLAIR SUBCUTANEOUS SYRINGE	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION	4	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION	4	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	3	QL
<i>zafirlukast oral tablet</i>	2	H.S.A.
<i>zileuton oral tablet, er multiphase 12 hr</i>	1	PA
ZYFLO ORAL TABLET	4	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr</i>	2	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	4	ST
<i>flavoxate oral tablet</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET	3	QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	4	ST; QL
<i>solifenacin oral tablet</i>	2	
<i>tolterodine oral capsule, extended release 24hr</i>	2	
<i>tolterodine oral tablet</i>	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>trospium oral capsule, extended release 24hr</i>	2	
<i>trospium oral tablet</i>	2	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	2	
<i>dutasteride oral capsule</i>	2	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>finasteride oral tablet 5 mg</i>	2	
FLOMAX ORAL CAPSULE	4	ST
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	4	ST
PROSCAR ORAL TABLET	4	ST
<i>silodosin oral capsule</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL
<i>tamsulosin oral capsule</i>	2	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	2	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE	5	PA; SP
ELMIRON ORAL CAPSULE	3	
<i>hyophen oral tablet</i>	2	
K-PHOS NO 2 ORAL TABLET	4	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE	3	
<i>methen-sod phosph-meth blue-hyos oral tablet</i>	2	
ORACIT ORAL SOLUTION	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>phosphasal oral tablet</i>	2	
<i>potassium citrate oral tablet extended release</i>	2	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	
SHOHL'S MODIFIED ORAL SOLUTION	4	
<i>sildenafil oral tablet</i>	2	PA; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	PA; QL
URELLE ORAL TABLET	4	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL ORAL CAPSULE	4	
<i>urimar-t oral tablet</i>	2	
<i>urin ds oral tablet</i>	1	
<i>uro-458 oral tablet</i>	2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	4	

Drug Name	Drug Tier	Requirements / Limits
<i>urogesic-blue oral tablet</i>	2	
<i>uro-mp oral capsule</i>	2	
UROQID-ACID NO.2 ORAL TABLET	4	
<i>uryl oral tablet</i>	2	
<i>ustell oral capsule</i>	2	
<i>utira-c oral tablet</i>	2	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	2	
PYRIDIUM ORAL TABLET	4	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium 500 + d oral tablet, chewable</i>	1	ACA; OTC
<i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit</i>	1	ACA; OTC
<i>calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	1	ACA; OTC
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	4	
<i>effe-k oral tablet, effervescent 25 meq</i>	2	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
GALZIN ORAL CAPSULE	4	
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	
<i>klor-con oral packet</i>	2	
<i>klor-con/ef oral tablet, effervescent</i>	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	4	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols oral solution</i>	1	
<i>oyster shell + d3 oral tablet</i>	1	ACA; OTC
<i>oyster shell calcium-vit d3 oral tablet 500 mg(1,250mg) -400 unit</i>	1	ACA; OTC
POTABA ORAL CAPSULE	4	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>strong iodine oral solution</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	5	PA; MSP
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid) oral tablet</i>	1	ACA; OTC
<i>b complex-vitamin b12 oral tablet</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	1	ACA; OTC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	1	ACA; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	1	ACA; OTC
<i>balanced b-50 oral tablet</i>	1	ACA; OTC
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>bal-care dha oral combo pack,tablet and cap,dr</i>	1	H.S.A.
<i>b-complex with vitamin c oral tablet</i>	1	ACA; OTC
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i>	1	ACA; OTC
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	1	ACA; OTC
CITRANATAL (DUAL-IRON) ORAL TABLET	4	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK	4	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG - 50 MG-300 MG	4	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	4	
CITRANATAL BLOOM ORAL TABLET	4	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK	4	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE	4	

Drug Name	Drug Tier	Requirements / Limits
<i>classic prenatal oral tablet</i>	1	H.S.A.; ACA; OTC
<i>c-nate dha oral capsule</i>	1	H.S.A.
<i>complete natal dha oral combo pack</i>	1	H.S.A.
<i>complex b-100 oral tablet extended release</i>	1	ACA; OTC
CONCEPT DHA ORAL CAPSULE	4	
CONCEPT OB ORAL CAPSULE	4	
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	
<i>dialyvite 800 oral tablet</i>	1	ACA; OTC
DRISDOL ORAL CAPSULE	4	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG - 267 MG-233 MG	4	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	4	
<i>elite-ob oral tablet</i>	1	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FER-IN-SOL ORAL DROPS	3	OTC
<i>ferrous sulfate oral liquid</i>	1	OTC
<i>ferrous sulfate oral solution</i>	1	OTC
FOLET ONE ORAL CAPSULE	4	
<i>folic acid oral tablet 1 mg</i>	1	H.S.A.
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	H.S.A.; ACA; OTC
<i>folivane-ob oral capsule</i>	1	
<i>foltabs 800 oral tablet</i>	1	ACA; OTC
<i>full spectrum b-vitamin c oral tablet</i>	1	ACA; OTC
<i>hydroxocobalamin intramuscular solution</i>	1	
<i>kobee oral tablet</i>	1	ACA; OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET	4	
<i>kpn oral tablet</i>	1	H.S.A.; ACA; OTC
MARNATAL-F ORAL CAPSULE	4	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	4	

Drug Name	Drug Tier	Requirements / Limits
<i>m-natal plus oral tablet</i>	1	H.S.A.
<i>mynatal advance oral tablet</i>	1	H.S.A.
<i>mynatal oral capsule</i>	1	H.S.A.
<i>mynatal oral tablet</i>	1	H.S.A.
<i>mynatal plus oral tablet</i>	1	H.S.A.
<i>mynatal-z oral tablet</i>	1	H.S.A.
<i>mynate 90 plus oral tablet extended release</i>	1	H.S.A.
NASCOBAL NASAL SPRAY, NON-AEROSOL	3	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE	4	
<i>natural b-100 complex oral tablet</i>	1	ACA; OTC
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	4	
NESTABS ABC ORAL COMBO PACK	4	
NESTABS DHA ORAL COMBO PACK	4	
NESTABS ONE ORAL CAPSULE	4	
NESTABS ORAL TABLET	4	
<i>newgen oral tablet</i>	1	H.S.A.

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE ONE ORAL CAPSULE	4	
OB COMPLETE ORAL TABLET	4	
OB COMPLETE PETITE ORAL CAPSULE	4	
OB COMPLETE PREMIER ORAL TABLET	4	
OB COMPLETE WITH DHA ORAL CAPSULE	4	
<i>obstetrix dha oral combo pack,tablet and cap,dr</i>	1	H.S.A.
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	
OBSTETRIX ONE ORAL CAPSULE	4	
OBTREX DHA ORAL COMBO PACK, TABLET AND CAP, DR	4	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	1	H.S.A.; ACA; OTC
<i>perry prenatal oral capsule</i>	1	H.S.A.; ACA; OTC
<i>pnv 29-1 oral tablet</i>	1	H.S.A.
<i>pnv-dha + docusate oral capsule</i>	2	H.S.A.
<i>pnv-dha oral capsule</i>	2	
<i>pnv-omega oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>pnv-select oral tablet</i>	2	H.S.A.
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	H.S.A.
<i>pr natal 400 oral combo pack</i>	1	H.S.A.
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	H.S.A.
<i>pr natal 430 oral combo pack</i>	1	H.S.A.
<i>prenal chew oral tablet,chew,ir - dr,biphase</i>	2	H.S.A.
<i>prenal pearl oral capsule,ir - delay rel,biphase</i>	2	H.S.A.
<i>prenal true oral combo pack</i>	1	H.S.A.
<i>prenaissance oral capsule</i>	2	H.S.A.
<i>prenaissance plus oral capsule</i>	2	H.S.A.
PRENATA ORAL TABLET,CHEWABLE	4	
<i>prenatabs fa oral tablet</i>	1	H.S.A.
<i>prenatabs rx oral tablet</i>	1	H.S.A.
<i>prenatal complete oral tablet</i>	1	H.S.A.; ACA; OTC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	1	H.S.A.; ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule</i>	1	H.S.A.; ACA; OTC

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal one daily oral tablet</i>	1	H.S.A.; ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	1	H.S.A.; ACA; OTC
<i>prenatal plus (calcium carb) oral tablet</i>	1	H.S.A.
PRENATAL PLUS DHA ORAL COMBO PACK	4	
<i>prenatal plus oral tablet</i>	1	H.S.A.
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	H.S.A.; ACA; OTC
<i>prenatal vitamin plus low iron oral tablet</i>	1	H.S.A.
<i>prenatal vitamin with minerals oral tablet</i>	1	H.S.A.; ACA; OTC
<i>prenatal vits96-iron fum-folic oral tablet</i>	1	H.S.A.; ACA; OTC
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	4	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	4	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	4	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
PRENATE ENHANCE ORAL CAPSULE	4	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	4	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	4	
PRENATE PIXIE ORAL CAPSULE	4	
PRENATE RESTORE ORAL CAPSULE	4	
PRENATE STAR ORAL TABLET	4	
<i>preplus oral tablet</i>	1	H.S.A.
<i>pretab oral tablet</i>	1	H.S.A.
PRIMACARE ORAL CAPSULE	4	
PROVIDA OB ORAL CAPSULE	4	
PUREFE OB PLUS ORAL CAPSULE	4	
<i>rena-vite oral tablet</i>	1	ACA; OTC
R-NATAL OB ORAL CAPSULE	4	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	4	
SELECT-OB + DHA ORAL COMBO PACK	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
SELECT-OB ORAL TABLET,CHEWABLE	4	
<i>se-natal 19 chewable oral tablet,chewable</i>	1	H.S.A.
<i>se-natal-19 oral tablet</i>	2	H.S.A.
<i>stress formula oral tablet</i>	1	ACA; OTC
<i>stress formula with iron oral tablet</i>	1	ACA; OTC
<i>stress formula with iron(sulf) oral tablet</i>	1	ACA; OTC
<i>super b complex-vitamin c oral tablet</i>	1	ACA; OTC
<i>super b maxi complex oral tablet</i>	1	ACA; OTC
<i>super quints b-50 oral tablet</i>	1	ACA; OTC
<i>super quints oral tablet</i>	1	ACA; OTC
<i>taron-c dha oral capsule</i>	1	
<i>taron-prex prenatal-dha oral capsule</i>	2	
THRIVITE RX ORAL TABLET	4	
TRICARE ORAL TABLET	4	
TRIFERIC HEMODIALYSIS POWDER IN PACKET	4	
TRIFERIC HEMODIALYSIS SOLUTION	4	
<i>trinatal rx 1 oral tablet</i>	1	H.S.A.

Drug Name	Drug Tier	Requirements / Limits
<i>trinate oral tablet</i>	1	H.S.A.
TRISTART DHA ORAL CAPSULE	4	
<i>triveen-duo dha oral combo pack</i>	1	H.S.A.
VINATE DHA RF ORAL CAPSULE	4	
<i>virt-c dha oral capsule</i>	1	
<i>virt-nate dha oral capsule</i>	2	H.S.A.
<i>virt-pn dha oral capsule</i>	2	
<i>virt-pn plus oral capsule</i>	2	
VITAFOL FE PLUS ORAL CAPSULE	4	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE	4	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	4	
VITAFOL NANO ORAL TABLET	4	
VITAFOL ULTRA ORAL CAPSULE	4	
VITAFOL-OB ORAL TABLET	4	
VITAFOL-OB+DHA ORAL COMBO PACK	4	
VITAFOL-ONE ORAL CAPSULE	4	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Drug Name	Drug Tier	Requirements / Limits
VITAMED MD ONE RX ORAL CAPSULE	4	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE	4	
<i>vitamin b complex oral tablet</i>	1	ACA; OTC
<i>vitamin b complex-folic acid oral tablet</i>	1	ACA; OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	1	ACA; OTC
<i>vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE	4	
VITATRUE ORAL COMBO PACK	4	
<i>vp-ch-pnv oral capsule</i>	2	H.S.A.
VP-PNV-DHA ORAL CAPSULE	4	
<i>westab plus oral tablet</i>	1	H.S.A.
<i>westgel dha oral capsule</i>	2	H.S.A.
<i>zatean-pn dha oral capsule</i>	2	
<i>zatean-pn plus oral capsule</i>	2	
<i>zingiber oral tablet</i>	1	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Index

A		
abacavir	3	
abacavir-lamivudine	3	
abacavir-lamivudine- zidovudine	3	
ABILIFY MAINTENA.....	36	
ABILIFY MYCITE.....	36	
abiraterone	14	
ABSORICA.....	60	
ABSORICA LD	60	
acamprosate	72	
acarbose	90	
ACCOLATE.....	135	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	81	
ACCU-CHEK SMARTVIEW CONTRL SOL	81	
ACCUPRIL	45	
ACCURETIC	45	
ACCU-TREND GLUCOSE CONTROL	81	
ACE AEROSOL CLOUD ENHANCER	80	
acebutolol	45	
acetaminophen-caff- dihydrocod.....	29	
acetaminophen-codeine.....	29	
acetazolamide	128	
acetic acid.....	72, 77	
acetylcysteine	135	
acitretin.....	57	
ACTEMRA	111	
ACTEMRA ACTPEN.....	111	
ACTHAR	78	
ACTHIB (PF).....	105	
ACTICLATE.....	12	
ACTIMMUNE	104	
ACTIQ.....	29	
ACTIVELLA	113	
ACTONEL	110	
ACTOPLUS MET.....	90	
ACTOS.....	90	
ACULAR	128	
ACULAR LS.....	128	
acyclovir	3, 67	
ACZONE.....	60	
ADACEL(TDAP ADOLESN/ADULT)(PF)	105	
ADALAT CC	45	
adapalene	60, 61	
ADAPALENE	60	
adapalene-benzoyl peroxide.	61	
ADASUVE.....	36	
ADDERALL XR.....	36	
ADDYI.....	36	
adefovir.....	3	
ADEMPAS	135	
ADHANSIA XR.....	36	
ADRENALIN.....	135	
adult aspirin regimen	32	
ADVAIR DISKUS	135	
ADVAIR HFA	135	
ADVATE.....	51	
ADVOCATE LOW CONTROL	81	
ADVOCATE REDI-CODE+ CTRL LOW	81	
ADYNOVATE.....	51	
ADZENYS ER	36	
ADZENYS XR-ODT	36	
AEMCOLO	8	
AEROCHAMBER MINI.....	80	
AEROCHAMBER PLUS FLOW-VU.....	80	
AEROCHAMBER PLUS Z STAT	80	
AEROTRACH PLUS.....	80	
AEROVENT PLUS.....	80	
AFINITOR	14	
AFINITOR DISPERZ	14	
afirmelle.....	117	
AFLURIA QD 2020-21(3YR UP)(PF)	105	
AFLURIA QD 2020-21(6- 35MO)(PF)	105	
AFLURIA QUAD 2020- 2021(6MO UP).....	105	
AFREZZA	86	
AFSTYLA	51	
AFTERA	117	
AGAMATRIX CONTROL HIGH	81	
AGRYLIN	72	
AIMOVIG AUTOINJECTOR	25	
AJOVY AUTOINJECTOR..	25	
AJOVY SYRINGE.....	25	
AKLIEF.....	61	
ak-poly-bac	122	
AKTEN (PF)	125	
AKYNZEO (NETUPITANT)	94	
ala-cort.....	67	
ALA-SCALP	67	
albendazole	8	
ALBENZA	8	
albuterol sulfate	135	
ALCAINE.....	125	
alclometasone	67	
ALDACTAZIDE	45	
ALDACTONE.....	45	
ALDARA	104	
ALECENSA	14	
alendronate	110	
ALFERON N.....	104	
alfuzosin	141	
ALINIA	8	
aliskiren	45	
ALKERAN	14	
allopurinol.....	110	
ALLZITAL.....	29	
almotriptan malate	26	
ALOCRIL.....	125	
ALOMIDE.....	125	
alopen (bisacodyl)	94	
ALORA	113	
alosetron	94	
ALPHAGAN P	132	
alprazolam	36, 37	
alprazolam intensol.....	36	
ALPROLIX	51	
ALREX.....	130	
ALTABAX	65	
altacaine	125	
ALTACE	45	
ALTAFLUOR BENOX.....	125	
altavera (28).....	117	
ALTRENO	61	
ALUNBRIG	14	

ALVESCO	135	anaspaz	93	ASMANEX TWISTHALER	
alvimopan	94	anastrozole	14	.....	136
alyacen 1/35 (28).....	117	ANCOBON	2	aspirin	32
alyacen 7/7/7 (28).....	117	ANDRODERM	88	aspirin low dose.....	32
alyq	135	ANDROID.....	88	aspirin-dipyridamole.....	51
amabelz.....	113	ANGELIQ	113	aspir-trin	32
amantadine hcl.....	3	ANNOVERA.....	115	ASSURE 4 CONTROL	
AMARYL.....	90	ANORO ELLIPTA.....	135	SOLUTION	81
ambrisentan	135	ANTARA	54	ASSURE DOSE NORMAL	
amcinonide	68	anucort-hc	94	CONTROL	81
AMELUZ	59	apexicon e.....	68	ASSURE PRISM CONTROL	
AMERGE	26	APLENZIN	37	1-2 SOLN	81
amethia	117	APOKYN	24	ASTAGRAF XL.....	14
amethia lo	117	apraclonidine	132	AT HOME A1C	81
amethyst (28).....	117	aprepitant	94	atazanavir.....	3
AMICAR.....	51	apri.....	117	ATELVIA.....	110
amiloride.....	45	APRISO.....	94	atenolol	45
amiloride-hydrochlorothiazide		APTENSIO XR	37	atenolol-chlorthalidone.....	45
.....	45	APTIVUS	3	ATIVAN.....	37
aminocaproic acid	51	APTIVUS (WITH VITAMIN		atomoxetine	37
amidarone	44	E)	3	atorvastatin	54
amitriptyline	37	aqua care sodium chloride....	73	atovaquone.....	8
amitriptyline-chlordiazepoxide		aqua care sterile water	73	atovaquone-proguanil	9
.....	37	ARAKODA	8	atropine	124
amlodipine.....	45	ARALAST NP	73	ATROPINE	124
amlodipine-atorvastatin.....	54	aranelle (28).....	117	ATROVENT HFA.....	136
amlodipine-benazepril	45	ARAVA.....	111	AUBAGIO.....	103
amlodipine-olmesartan	45	ARAZLO.....	61	aubra	117
amlodipine-valsartan	45	ARCALYST.....	104	aubra eq	117
amlodipine-valsartan-hcthiazid		ARCAPTA NEOHALER...	135	AUGMENTIN	11
.....	45	ARESTIN	76	AUGMENTIN XR	11
AMMONIA N-13.....	72	ARICEPT	27	aurovela 1.5/30 (21).....	117
ammonium lactate	59	ARIKAYCE	8	aurovela 1/20 (21).....	117
amnesteem.....	61	aripiprazole.....	37	aurovela 24 fe	117
amoxapine	37	ARISTADA.....	37	aurovela fe 1.5/30 (28)	117
amoxicil-clarithromy-lansopraz		ARISTADA INITIO.....	37	aurovela fe 1-20 (28)	117
.....	101	ARIXTRA	51	AURYXIA.....	94
amoxicillin.....	11	armodafinil	37	AUSTEDO	27
amoxicillin-pot clavulanate..	11	ARMOUR THYROID	92	AUTOJECT 2 INJECTION	
amphetamine sulfate.....	37	ARNUITY ELLIPTA.....	135	DEVICE	82
ampicillin.....	11	AROMASIN.....	14	AUTOPEN 1 TO 21 UNITS	82
AMZEEQ	61	ARTHROTEC 50.....	32	AVANDIA	90
ANADROL-50	88	ARTHROTEC 75	32	avar	61
ANAFRANIL.....	37	ARYMO ER.....	29	AVAR.....	61
anagrelide	72	ASCENIV.....	105	AVAR LS	61
ANA-LEX KIT	94	ascomp with codeine	29	AVAR-E GREEN.....	61
ANALPRAM-HC.....	57, 94	asenapine maleate.....	37	AVAR-E LS	61
ANALPRAM-HC SINGLES	94	ashlyna.....	117	aviane.....	117
ANAPROX DS	32	ASMANEX HFA	136	avidoxy	12

AVIDOXY DK	12	bayer aspirin	32	BEVACIZUMAB	125
avita	61	BCG VACCINE, LIVE (PF)		BEVESPI AEROSPHERE .	136
AVITA	61	.....	105	bexarotene.....	15
AVONEX	103	b-complex with vitamin c...	144	BEXSERO.....	105
AXUMIN	73	BD INTEGRA NEEDLE	82	BEYAZ.....	117
AYGESTIN.....	113	BD MICROTAINER		bicalutamide	15
ayuna	117	LANCET	82	BIDIL	45
AYVAKIT.....	14	BD SPECIALTY USE		BIJUVA.....	113
AZASAN.....	14	NEEDLES	82	BIKTARVY	3
AZASITE	122	BD ULTRA FINE LANCETS		BILTRICIDE.....	9
azathioprine	15	.....	82	bimatoprost.....	128
azelaic acid.....	61	BD ULTRA-FINE NANO		BINOSTO.....	110
azelastine	76, 125	PEN NEEDLE.....	82	BIOTHRAX	105
azelastine-fluticasone	136	bekyree (28).....	117	bisacodyl.....	95
AZELEX	61	BELBUCA	29	bisa-lax (bisacodyl)	95
AZILECT	24	belladonna alkaloids-opium .	93	bisoprolol fumarate.....	45
azithromycin.....	7	BELSOMRA	37	bisoprolol-hydrochlorothiazide	
AZOPT	128	benazepril	45	.....	45
AZULFIDINE	95	benazepril-hydrochlorothiazide		BIVIGAM.....	105
AZULFIDINE EN-TABS ...	95	.....	45	BLEPH-10	132
azurette (28).....	117	BENEFIX	51	BLEPHAMIDE	132
B		BENLYSTA	111	BLEPHAMIDE S.O.P.	132
b complex 1 (with folic acid)		BENZACLIN	61	blisovi 24 fe	117
.....	143	BENZACLIN PUMP	61	blisovi fe 1.5/30 (28)	117
b complex-vitamin b12.....	143	BENZAMYCIN	61	blisovi fe 1/20 (28)	117
b complex-vitamin c-folic acid		benzepro	61	BLOOD GLUCOSE	
.....	143	BENZEPRO		CONTROL, NORMAL ...	82
bacitracin	122	(MICROSPHERES).....	61	BONIVA.....	110
bacitracin-polymyxin b	122	BENZNIDAZOLE	9	BONJESTA	95
baclofen	28	benzonatate.....	133	BOOSTRIX TDAP.....	105
BACTRIM.....	12	benzoyl peroxide	61	bosentan.....	136
BACTRIM DS.....	12	benztropine	24	BOSULIF	15
BAFIERTAM.....	103	BEOVU	125	BOTOX	105
balanced b-100	143	BEPREVE	125	bp 10-1.....	61
balanced b-100 complex.....	143	beser.....	68	BRAFTOVI	15
balanced b-50	143	BESIVANCE.....	122	BREATHERITE MDI	
bal-care dha	144	BETADINE OPHTHALMIC		SPACER.....	80
BAL-CARE DHA		PREP	122	BREEZE 2 CONTROL	
ESSENTIAL.....	143	betamethasone dipropionate .	68	SOLUTION,HIGH	82
BALCOLTRA.....	117	betamethasone valerate.....	68	BREO ELLIPTA	136
balsalazide	95	betamethasone, augmented..	68	BREZTRI AEROSPHERE.	136
BALVERSA.....	15	BETAPACE	44	briellyn.....	117
balziva (28).....	117	BETAPACE AF	44	BRILINTA	51
BANZEL	20	BETASERON	103	brimonidine.....	132
BAQSIMI	81	betaxolol	45, 124	BRIMONIDINE-	
BARACLUDGE	3	bethanechol chloride.....	141	DORZOLAMIDE (PF)...	128
BASAGLAR KWIKPEN U-		BETHKIS	9	BRIVIACT	20
100 INSULIN.....	86	BETIMOL	124	BROMFED DM	133
BAXDELA.....	11	BETOPTIC S.....	124	bromfenac	128

bromocriptine	24	calcium citrate-vitamin d3..	142	CAYA CONTOURED	113
brompheniramine-pseudoeph-		CAMBIA	33	CAYSTON	9
dm.....	134	camila	113	caziant (28)	118
BROMSITE.....	128	camrese	118	cefaclor	6
BROVANA	136	camrese lo.....	117	cefadroxil	6, 7
BRUKINSA	15	CANASA.....	95	cefdinir.....	7
BRYHALI	68	candesartan	45	cefditoren pivoxil.....	7
budesonide.....	95, 136	candesartan-hydrochlorothiazid		cefixime	7
bumetanide	45	.....	45	cefepodoxime	7
BUPHENYL.....	73	CANTHARIDIN IN		cefprozil	7
buprenorphine.....	29	ACETONE	59	cefuroxime axetil	7
buprenorphine hcl.....	29	CAPCOF	134	celecoxib.....	33
buprenorphine-naloxone.....	32	capecitabine	15	CELLCEPT	15
bupropion hcl.....	37	CAPEX.....	68	CELONTIN	20
BUPROPION HCL	37	CAPRELSA.....	15	CENTANY	65
bupropion hcl (smoking deter)		captopril.....	46	CENTANY AT.....	65
.....	75	captopril-hydrochlorothiazide		cephalexin.....	7
buspirone	37	.....	46	CEPROTIN (BLUE BAR) ..	51
butalbital compound w/codeine		CARAFATE.....	101	CEPROTIN (GREEN BAR)	51
.....	29	CARBAGLU	73	CEQUA	125
butalbital-acetaminop-caf-cod		carbamazepine	20	CEQUR SIMPLICITY	82
.....	29	CARBATROL.....	20	CERDELGA.....	88
butalbital-acetaminophen	29	carbidopa	24	CEREZYME.....	88
butalbital-acetaminophen-caff		carbidopa-levodopa	24	CERVIDIL	115
.....	29	carbidopa-levodopa-		cetirizine	133
butalbital-aspirin-caffeine ...	29,	entacapone.....	24	cevimeline.....	73
30		carbinoxamine maleate.....	132	CHANTIX	75
butorphanol.....	32	CARDIZEM	46	CHANTIX CONTINUING	
BYDUREON.....	90	CARDIZEM CD.....	46	MONTH BOX	75
BYDUREON BCISE	90	CARDIZEM LA.....	46	CHANTIX STARTING	
BYETTA	90	CARDURA	46	MONTH BOX	75
BYNFEZIA	15	CARDURA XL	46	charlotte 24 fe.....	118
BYSTOLIC	45	CARESENS CONTROL A		chateal (28)	118
C		NORMAL.....	82	chateal eq (28)	118
cabergoline	88	carisoprodol	28	CHEMET.....	73
CABLIVI.....	51	carisoprodol-aspirin.....	28	CHENODAL	95
CABOMETYX.....	15	carisoprodol-aspirin-codeine	28	children's aspirin.....	33
CADUET.....	54	CARNITOR.....	73	chlordiazepoxide hcl.....	37
CAFERGOT.....	26	CARNITOR (SUGAR-FREE)		chlordiazepoxide-clidinium..	93
caffeine citrate	73	.....	73	chlorhexidine gluconate.....	76
CALAN SR	45	CAROSPIR	46	chloroquine phosphate.....	9
calcipotriene	57	carteolol	124	chlorpromazine	38
calcipotriene-betamethasone	57	cartia xt	46	chlorthalidone	46
calcitonin (salmon).....	88	carvedilol	46	chlorzoxazone.....	28
calcitriol.....	57, 88	carvedilol phosphate.....	46	CHOLBAM	95
calcium 500 + d.....	142	CASODEX	15	cholecalciferol (vitamin d3)	144
calcium 600 + d(3)	142	CATAPRES-TTS-1	46	cholestyramine (with sugar)	54
calcium acetate(phosphat bind)		CATAPRES-TTS-2.....	46	cholestyramine light	54
.....	95	CATAPRES-TTS-3.....	46	CHOLETEC	73

choline,magnesium salicylate	CLEVER CHOICE LEVEL 2	COMBIGAN	128
.....	CONTROL	COMBIPATCH.....	113
ciclodan	CLIMARA.....	COMBIVENT RESPIMAT	136
CICLODAN KIT.....	CLINDACIN ETZ.....	COMBIVIR	3
ciclopirox.....	clindacin p	COMETRIQ	15
ciclopirox-ure-camph-menth-	CLINDACIN PAC	COMPACT SPACE	
euc	clindamycin hcl	CHAMBER	80
cilostazol.....	clindamycin pediatric	COMPAZINE.....	95
CILOXAN.....	clindamycin phosphate ..	complete natal dha	144
CIMDUO.....	116	complex b-100	144
cimetidine	clindamycin-benzoyl peroxide	compro	95
cimetidine hcl .....	.....	COMTAN.....	24
cinacalcet.....	.....	CONCEPT DHA	144
CINRYZE.....	clindamycin-tretinoin	CONCEPT OB	144
CIPRO	CLINDESSE	CONDYLOX.....	59
CIPRO HC.....	CLINPRO 5000.....	CONSENSI.....	46
CIPRODEX.....	clobazam.....	constulose	95
ciprofloxacin.....	clobetasol.....	CONTOUR CONTROL	
ciprofloxacin hcl.....	clobetasol-emollient	SOLUTION, NML	82
ciprofloxacin-dexamethasone	CLOBEX.....	CONTOUR NEXT LEV 2	
.....	clodan	CONTROL SOL.....	82
citalopram.....	CLODAN KIT.....	CONZIP.....	33
CITRANATAL (DUAL-	CLODERM	COOL CONTROL A	
IRON).....	clomipramine.....	SOLUTION	82
CITRANATAL 90 DHA	clonazepam.....	COPAXONE	103
(ALGAL OIL).....	clonidine	COPIKTRA	15
CITRANATAL ASSURE ..	clonidine hcl	CORDRAN.....	69
144	clopidogrel.....	CORDRAN TAPE LARGE	
CITRANATAL B-CALM (FE	clorazepate dipotassium	ROLL.....	69
GLUC).....	clotrimazole	COREG CR	46
144	clotrimazole-betamethasone ..	coremino	12
CITRANATAL BLOOM... 144	66	CORGARD.....	46
CITRANATAL DHA	clovique	CORLANOR	56
(ALGAL OIL).....	clozapine.....	CORTANE-B	59
144	CLOZARIL	CORTEF.....	78
CITRANATAL HARMONY	c-nate dha	CORTENEMA	95
(IRON FUM).....	COAGADEX.....	CORTISPORIN	65
144	COARTEM	CORTISPORIN-TC	78
citrate of magnesia	COCAINE	COSOPT (PF).....	128
95	codeine sulfate.....	COTELLIC.....	15
citroma.....	30	COTEMPLA XR-ODT	38
claravis	codeine-butalbital-asa-caff ...	covaryx	113
CLARINEX.....	30	covaryx h.s.....	113
CLARINEX-D 12 HOUR ..	codeine-guaifenesin.....	CREON.....	95
134	CODITUSSIN AC.....	CRESEMBA.....	2
clarithromycin	CODITUSSIN DAC.....	CRIVIVAN.....	3
7	COLAZAL	cromolyn.....	95, 125, 136
classic prenatal	95	crotan	72
144	colchicine.....	cryselle (28).....	118
clearlax	COLCRYST.....		
95	110		
clemastine.....	COLCRYST.....		
133	110		
CLENPIQ	colesevelam		
95	54		
CLEOCIN.....	COLESTID.....		
116	54		
CLEOCIN HCL.....	COLESTID FLAVORED		
9	54		
CLEOCIN PEDIATRIC.....	54		
9	54, 55		
CLEOCIN T	54, 55		

CUROSURF.....	136	DAYTRANA.....	38	DEXAMETH-	
CUTIVATE.....	69	DAYVIGO	38	MOXIFLOX(PF)-	
CUVITRU	105	DDAVP	88	NACL,ISO.....	129
CUVPOSA	93	deblitane	113	DEXAMET-MOXIFL-	
cyanocobalamin (vitamin b-12)		decadron	78	KETORO-NACL(PF).....	126
.....	144	deferasirox	73	dexchlorpheniramine maleate	
cyclafem 1/35 (28)	118	deferiprone.....	73	.....	133
cyclafem 7/7/7 (28)	118	DELESTROGEN	113	DEXCOM G4 RECEIVER ..	82
cyclobenzaprine.....	28	demeclocycline.....	12	DEXCOM G5 RECEIVER ..	82
CYCLOGYL	124	DEMSEK.....	46	DEXCOM G6 RECEIVER ..	82
CYCLOMYDRIL.....	132	DENAVIR	67	DEXCOM RECEIVER	82
cyclopentolate.....	124	denta 5000 plus.....	76	DEXEDRINE SPANSULE ..	38
CYCLOPEN-TROPIC-		dentagel	76	DEXILANT	101
PHENYLEPH-WATR ...	124	DEPAKOTE.....	21	dexmethylphenidate.....	38
CYCLOPENT-TROPIC-		DEPAKOTE ER.....	21	DEXTENZA	131
PHEN-KETR-WAT	124	DEPAKOTE SPRINKLES ..	21	dextroamphetamine	38
cyclophosphamide.....	15	DEPEN TITRATABS	111	dextroamphetamine-	
CYCLOP-TROP-PROPA-		DEPO-ESTRADIOL	113	amphetamine.....	38
PHEN-KET-WAT	125	DEPO-PROVERA.....	114	DEXYCU (PF)	131
CYCLOSERINE	9	DEPO-SUBQ PROVERA	104	DIACOMIT	21
CYCLOSET	90	.....	114	dialyvit 800	144
cyclosporine	15	DEPO-TESTOSTERONE....	88	DIASTAT	21
CYCLOSPORINE IN		DERMA-SMOOTH/FS		DIASTAT ACUDIAL	21
KLARITY	126	BODY OIL.....	69	DIATRUE CONTROL SOLN	
cyclosporine modified.....	15	DERMA-SMOOTH/FS		NORMAL.....	82
cyproheptadine	133	SCALP OIL.....	69	diazepam.....	21, 38, 39
cyred.....	118	DERMOTIC OIL	78	diazepam intensol	38
cyred eq	118	DESCOVY	3	diazoxide.....	81
CYSTADANE.....	95	desipramine	38	DIBENZYLINE	46
CYSTAGON	141	desloratadine.....	133	DICLEGIS	95
CYSTARAN	126	desmopressin	88	diclofenac potassium	33
CYTOTEC	101	desog-e.estradiol/e.estradiol		diclofenac sodium...33, 59, 128	
D		.....	118	diclofenac-misoprostol	33
D.H.E.45.....	26	desogestrel-ethinyl estradiol		dicloxacillin	11
dalfampridine	27	.....	118	dicyclomine	93
DALIRESP.....	136	DESONATE.....	69	didanosine.....	3
danazol	88	desonide.....	69	DIFFERIN	62
DANTRIUM	28	DESOWEN	69	DIFICID	7
dantrolene.....	28	desoximetasone	69	diflorasone	69
dapsone.....	9, 62	DESOXYN.....	38	DIFLUCAN	2
DAPTACEL (DTAP		DESVENLAFAXINE	38	diflunisal	33
PEDIATRIC) (PF).....	105	desvenlafaxine succinate	38	digitek	50
DARAPRIM.....	9	dexabliss	78	digox	51
darifenacin.....	140	dexamethasone	78	digoxin.....	51
dasetta 1/35 (28).....	118	dexamethasone intensol.....	78	dihydroergotamine.....	26
dasetta 7/7/7 (28).....	118	dexamethasone sodium		DILANTIN	21
DAURISMO.....	15	phosphate.....	131	DILANTIN EXTENDED....	21
DAYPRO	33			DILANTIN INFATABS	21
daysee.....	118			DILANTIN-125.....	21

DILATRATE-SR	57	drosiprenone-ethinyl estradiol	118	econtra ez.....	118
DILAUDID	30	.....	118	econtra one-step.....	118
diltiazem	46, 47	DROXIA	15	ecotrin	33
dilt-xr.....	47	DSUVIA.....	30	ecotrin low strength	33
dimethyl fumarate	103	DUAVEE.....	114	EDARBI	47
DIPENTUM	95	DUET DHA BALANCED.....	144	EDARBYCLOR.....	47
DIPHEN	133	DUET DHA WITH OMEGA-3	144	EDECIN.....	47
diphenhydramine hcl.....	133	.....	144	EDLUAR.....	39
diphenoxylate-atropine.....	93	DUETACT	90	ed-spaz.....	93
DIPROLENE		DUEXIS	33	EDURANT	3
(AUGMENTED).....	69	dulcolax (magnesium		eemt	114
dipyridamole.....	51	hydroxide)	96	eemt hs.....	114
DISALCID	33	DULERA.....	136	efavirenz	3
diskets.....	30	duloxetine	39	efavirenz-emtricitabin-tenofov	
disopyramide phosphate.....	44	DUOPA	24	.....	3
disulfiram	73	DUPIXENT PEN	59	efavirenz-lamivu-tenofov disop	
DITROPAN XL	140	DUPIXENT SYRINGE.....	59	.....	3
DIURIL	47	DUREZOL	131	effer-k	142
divalproex.....	21	dutasteride	141	EFFER-K.....	142
DIVIGEL.....	114	dutasteride-tamsulosin.....	141	EFFIENT	51
dofetilide.....	44	dvorah.....	30	EFUDEX	59
DOJOLVI.....	143	DXEVO.....	78	EGRIFTA SV	103
donepezil	27	DYANAVEL XR	39	ELEMENT COMPACT	
DONNATAL.....	93	DYMISTA.....	137	NORMAL CONTROL.....	83
DOPTELET (15 TAB PACK)		DYRENIUM	47	ELEMENT NORMAL	
.....	51	E		CONTROL	83
DORYX.....	12	e.e.s. 400.....	7	eletriptan	26
DORYX MPC	12	E.E.S. GRANULES.....	7	ELIGARD.....	15
dorzolamide.....	128	EASIVENT HOLDING		ELIGARD (3 MONTH)	15
DORZOLAMIDE (PF)	128	CHAMBER	80	ELIGARD (4 MONTH)	15
dorzolamide-timolol.....	128	EASY PLUS II HIGH		ELIGARD (6 MONTH)	15
dorzolamide-timolol (pf)....	128	CONTROL	82	ELIMITE	72
DORZOLAMIDE-TIMOLOL		EASY STEP HIGH		elinest.....	118
(PF).....	128	CONTROL SOLN.....	82	ELIQUIS.....	51
dotti.....	114	EASY TALK HIGH		ELIQUIS DVT-PE TREAT	
DOVATO	3	CONTROL	82	30D START.....	51
DOVONEX	58	EASY TRAK II CTRL SOLN-		elite-ob	144
doxazosin.....	47	NORMAL.....	82	ELIXOPHYLLIN	137
doxepin.....	39, 59	EASY TRAK LOW		ELLA.....	118
doxercalciferol.....	88	CONTROL	83	ELMIRON.....	141
doxycycline hyclate.....	12	EASYGLUCO PLUS		ELOCTATE	51
doxycycline monohydrate ...	12,	NORMAL CONTROL.....	83	eluryng.....	116
13		EASYMAX LOW CONTROL		EMBRACE EVO LEVEL 1.....	83
doxylamine-pyridoxine (vit b6)		.....	83	EMBRACE GLUCOSE	
.....	96	EASYMAX NORMAL		CONTROL LOW	83
DRISDOL.....	144	CONTROL	83	EMBRACE TALK	
dronabinol.....	96	ECLIPSE NEEDLE.....	83	CONTROL-LOW (L1).....	83
drosiprenone-e.estradiol-lm.fa		EC-NAPROSYN	33	EMCYT	15
.....	118	econazole	66	EMGALITY PEN.....	26

EMGALITY SYRINGE.....	26	EPZICOM	4	EUCRISA	59
emoquette	118	EQUETRO	21	EURAX	72
EMSAM	39	ergocalciferol (vitamin d2) ..	145	euthyrox	92
emtricitabine.....	3	ergoloid.....	39	EVAMIST	114
emtricitabine-tenofovir (tdf)...	3	ERGOMAR	26	EVEKEO	39
EMTRIVA.....	3, 4	ergotamine-caffeine.....	26	EVEKEO ODT	39
EMVERM	9	ERIVEDGE	16	everolimus (antineoplastic) ..	16
enalapril maleate	47	ERLEADA	16	everolimus	
enalapril-hydrochlorothiazide		erlotinib	16	(immunosuppressive)	16
.....	47	errin	114	EVERSENSE SENSOR-	
ENBRACE HR.....	144	ERTACZO.....	66	HOLDER.....	83
ENBREL	111	ery pads.....	62	EVISTA.....	110
ENBREL MINI	111	erygel	62	EVOCLIN.....	62
ENBREL SURECLICK	111	ERYPED 200	8	EVOLUTION NORMAL	
ENDARI.....	73	ERYPED 400	8	CONTROL	83
endocet	30	ery-tab.....	8	EVOTAZ	4
ENDOMETRIN	114	ERY-TAB.....	8	EVOXAC	73
ENGERIX-B (PF)	106	erythrocin (as stearate)	8	EVRYSDI.....	27
ENGERIX-B PEDIATRIC		erythromycin	8, 122	EXELDERM	66
(PF).....	106	erythromycin ethylsuccinate... 8		EXELON	27
ENLITE SYSTEM	83	erythromycin with ethanol... 62		exemestane	16
enoxaparin	52	erythromycin-benzoyl peroxide		EXTINA	66
enpresse	118	.....	62	EYLEA	126
enskyce	118	ESBRIET.....	137	EYSUVIS	131
ENSPRYNG.....	15	escitalopram oxalate	39	ezetimibe.....	55
ENSTILAR.....	58	ESGIC	30	ezetimibe-simvastatin	55
entacapone	24	ESKATA	59	F	
entecavir	4	esomeprazole magnesium... 101		FABIOR	62
ENTEREG.....	96	ESPEROCT	52	FACTIVE	11
ENTOCORT EC	96	estarylla	118	falmina (28)	118
ENTRESTO	56	estazolam	39	famciclovir.....	4
ENTYVIO	96	ESTRACE	114	famotidine.....	101
enulose.....	96	estradiol	114	FANAPT.....	39
ENVARUSUS XR	16	estradiol valerate.....	114	FARESTON	16
ENZOCLEAR	62	estradiol-norethindrone acet		FARXIGA	90
EPCLUSA	4	.....	114	FARYDAK.....	16
EPIDIOLEX	21	ESTRING	114	FASENRA PEN	137
EPIFOAM	58	estrogens-methyltestosterone		fayosim	118
epinastine.....	126	.....	114	FC2 FEMALE CONDOM ..	113
epinephrine	133	eszopiclone	39	febuxostat	110
epinephrine hcl	137	ethacrynic acid.....	47	felbamate	21
EPIPEN 2-PAK.....	133	ethambutol.....	9	FELBATOL.....	21
EPIPEN JR 2-PAK.....	133	ethosuximide	21	FELDENE	33
EPISIL	76	ethynodiol diac-eth estradiol		felodipine.....	47
epitol.....	21	.....	118	fem ph.....	116
EPIVIR	4	etodolac	33	FEMARA	16
EPIVIR HBV.....	4	etonogestrel-ethinyl estradiol		FEMCAP	113
eplerenone	47	.....	116	FEMHRT LOW DOSE	114
eprosartan	47	etoposide.....	16	femynor.....	118

fenofibrate	55	FLUDEOXYGLUCOSE F-18	73	FORA NORMAL CONTROL	83
FENOFIBRATE.....	55	.....	73	.....	83
fenofibrate micronized	55	fludrocortisone.....	78	FORACARE GDH LOW	
fenofibrate nanocrystallized .	55	FLULAVAL QUAD 2020-		CONTROL	83
fenofibric acid	55	2021 (PF).....	106	FORFIVO XL.....	40
fenofibric acid (choline).....	55	FLUMADINE	4	FORTAMET.....	90
FENOGLIDE	55	FLUMIST QUAD 2020-2021		FORTEO.....	110
fenopropfen	33	.....	106	FORTESTA.....	88
fenentanyl.....	30	flunisolide.....	137	FORTISCARE NORMAL ..	83
fenentanyl citrate.....	30	fluocinolone.....	69	FOSAMAX.....	110
FER-IN-SOL	145	fluocinolone acetone oil ...	78	FOSAMAX PLUS D.....	111
FERRIPROX.....	73	fluocinolone and shower cap	69	fosamprenavir	4
ferrous sulfate.....	145	fluocinonide.....	69	fosfomycin tromethamine....	13
FETZIMA.....	39	fluocinonide-e.....	70	fosinopril.....	47
FEXMID.....	28	fluorescein-proparacaine ...	126	fosinopril-hydrochlorothiazide	
FIBRICOR	55	fluoride (sodium).....	76	.....	47
FINACEA.....	62	FLUORIDEX DAILY		FRAGMIN.....	52
finasteride	141	DEFENSE	76	FREESTYLE CONTROL ...	83
FIORICET.....	30	FLUORIDEX SENSITIVITY		FREESTYLE FREEDOM....	83
FIORICET WITH CODEINE		RELIEF	76	FREESTYLE FREEDOM	
.....	30	fluorometholone	131	LITE	83
flac otic oil.....	78	FLUROPLEX	59	FREESTYLE INSULINX...79,	
FLAGYL	9	fluorouracil	59, 60	83	
FLAREX	131	fluoxetine.....	39	FREESTYLE INSULINX	
flavoxate	140	fluphenazine hcl	39	TEST STRIPS	79
FLEBOGAMMA DIF.....	106	flurandrenolide	70	FREESTYLE LIBRE 14 DAY	
flecainide	44	flurazepam	39	READER	83
FLECTOR	33	flurbiprofen.....	33	FREESTYLE LIBRE 14 DAY	
FLEXICHAMBER.....	80	flurbiprofen sodium.....	128	SENSOR.....	83
FLOLAN	47	flutamide.....	16	FREESTYLE LITE METER	83
FLOLIPID	55	fluticasone propionate ..	70, 137	FREESTYLE LITE STRIPS	79
FLOMAX	141	fluticasone propion-salmeterol		FREESTYLE TEST	79
FLOVENT DISKUS	137	.....	137	FROVA.....	26
FLOVENT HFA.....	137	fluvastatin	55	frovatriptan	26
FLUAD 2020-2021 (65 YR		fluvoxamine.....	39	full spectrum b-vitamin c....	145
UP)(PF)	106	FLUZONE HIGHDOSE		FULPHILA.....	102
FLUAD QUAD 2020-21(65Y		QUAD 20-21 PF.....	106	FURADANTIN	13
UP)(PF)	106	FLUZONE QUAD 2020-2021		furosemide	47
FLUARIX QUAD 2020-2021		.....	106	FUZEON	4
(PF).....	106	FLUZONE QUAD 2020-2021		fyavolv.....	114
FLUBLOK QUAD 2020-2021		(PF).....	106	FYCOMPA.....	21
(PF).....	106	FML LIQUIFILM	131	G	
FLUCELVAX QUAD 2020-		FOLET ONE	145	g tussin ac	134
2021	106	folic acid.....	145	gabapentin.....	21, 22
FLUCELVAX QUAD 2020-		folivane-ob.....	145	GABITRIL	22
2021 (PF).....	106	foltabs 800	145	GALAFOLD.....	88
fluconazole	2	fondaparinux.....	52	galantamine.....	27
flucytosine	2	FORA GTEL MULTI-		GALZIN	143
		FUNCTN MONITOR	83	GAMASTAN	106

GAMASTAN S/D.....	106	GLOPERBA.....	110	H	
GAMMAGARD LIQUID..	106	GLUCAGEN DIAGNOSTIC		HAEGARDA.....	137
GAMMAGARD S-D (IGA < 1		KIT	80	hailey	118
MCG/ML)	106	GLUCAGEN HYPOKIT	81	hailey 24 fe	118
GAMMAPLEX	107	GLUCAGON (HCL)		hailey fe 1.5/30 (28)	118
GAMMAPLEX (WITH		EMERGENCY KIT	81	hailey fe 1/20 (28)	118
SORBITOL)	107	GLUCAGON EMERGENCY		halcinonide	70
GAMUNEX-C	107	KIT (HUMAN).....	81	HALCION	40
GARDASIL 9 (PF).....	107	GLUCAGON HCL.....	80	halobetasol propionate.....	70
GASTROCROM.....	96	GLUCOCARD 01 NORMAL		HALOBETASOL	
gatifloxacin.....	122	CONTROL	84	PROPIONATE	70
GATTEX 30-VIAL.....	96	GLUCOCOM CONTROL		HALOG	70
gavilax	96	NORMAL.....	84	haloperidol	40
gavilyte-c.....	96	GLUCOSE CONTROL.....	84	haloperidol lactate	40
gavilyte-g.....	96	GLUCOTROL.....	91	HARVONI.....	4
gavilyte-n.....	96	GLUCOTROL XL	91	HAVRIX (PF)	107
GAVRETO.....	16	glyburide.....	91	HEALTHPRO HIGH-LOW	
GE100 CONTROL		glyburide micronized.....	91	CONTROL	84
SOLUTION NORMAL....	84	glyburide-metformin	91	healthylax	96
GELCLAIR	76	GLYCATE	93	heather	114
GELNIQUE.....	140	glycolax	96	HEMANGEOL.....	47
GELX	76	glycopyrrolate.....	93	HEMLIBRA	52
gemfibrozil	55	glydo.....	64	hemmorex-hc	96
gemmily.....	118	GLYNASE	91	hep flush-10 (pf)	52
generlac	96	GLYXAMBI	91	HEPAGAM B.....	107
gengraf.....	16	GOJJI GLUCOSE CNTRL		heparin (porcine)	52
GENOTROPIN	103	SOL-NORMAL.....	84	HEPARIN (PORCINE) IN	
GENOTROPIN MINIQUICK		GOJJI KETONE CONTROL		0.9% NACL.....	52
.....	103	SOLN-L1	84	heparin (porcine) in 5 % dex	52
gentak	122	GOJJI MULTI-FUNCTIONAL		heparin (porcine) in nacl (pf)	52
gentamicin	65, 122	METER	84	heparin flush(porcine)-0.9nacl	
GENTEEL VACUUM		GOLYTELY.....	96	.....	52
LANCING DEVICE	84	GONITRO	57	heparin lock flush	52
gentle laxative (bisacodyl) ...	96	GOPRELTO	64	heparin lock flush (porcine)..	52
gentlelax	96	GRALISE	22	heparin lockflush(porcine)(pf)	
GENVOYA	4	granisetron hcl	96	.....	53
GEODON	40	griseofulvin microsize	2	heparin(porcine) in 0.45% nacl	
gianvi (28)	118	griseofulvin ultramicrosize....	2	.....	53
GILENYA	103	guaiafenesin ac	134	HEPARIN(PORCINE) IN	
GILOTRIF.....	16	guanfacine	40, 47	0.45% NACL	53
GLASSIA	73	guanidine	40	heparin, porcine (pf)	53
glatiramer	103	GUARDIAN REAL-TIME		HEPARIN, PORCINE (PF)..	53
glatopa	103	GLU MONITOR	84	HEPLISAV-B (PF).....	107
GLEOLAN	73	GVOKE HYPOPEN 2-PACK		HEPSERA	4
GLEOSTINE.....	16	.....	81	HETLIOZ	40
GLIADEL WAFER.....	16	GVOKE PFS 2-PACK		HIBERIX (PF).....	107
glimepiride	90	SYRINGE.....	81	hidex	78
glipizide.....	90	gynol ii.....	116	HIPREX.....	13
glipizide-metformin.....	91			HISTEX-AC	134

homatropaire.....	125	hydrochlorothiazide.....	47	IDELVION	53
HORIZANT	27	hydrocodone bitartrate.....	30	IDHIFA.....	16
HUMALOG JUNIOR		hydrocodone-acetaminophen	30	ILARIS (PF)	104
KWIKPEN U-100	86	hydrocodone-chlorpheniramine		ILEVRO	128
HUMALOG KWIKPEN		.....	134	ILUVIEN.....	131
INSULIN.....	86	hydrocodone-homatropine..	134	imatinib.....	16
HUMALOG MIX 50-50		hydrocodone-ibuprofen	30	IMBRUVICA	16
INSULN U-100.....	86	hydrocortisone	70, 78, 96	imipramine hcl.....	40
HUMALOG MIX 50-50		hydrocortisone acetate.....	96	imipramine pamoate	40
KWIKPEN	86	hydrocortisone butyrate.....	70	imiquimod.....	105
HUMALOG MIX 75-25		hydrocortisone butyr-emollient		IMOGAM RABIES-HT (PF)	
KWIKPEN	86	.....	70	.....	107
HUMALOG MIX 75-25(U-		hydrocortisone valerate	70	IMOVAX RABIES VACCINE	
100)INSULN.....	86	hydrocortisone-acetic acid....	78	(PF).....	107
HUMALOG U-100 INSULIN		hydrocortisone-pramoxine...58,		IMPAVIDO	9
.....	86	96		IMPOYZ.....	70
HUMIRA.....	111	hydromet.....	134	IMURAN.....	16
HUMIRA PEN	111	hydromorphone	30	IMVEXXY MAINTENANCE	
HUMIRA PEN CROHNS-UC-		hydroxocobalamin	145	PACK	114
HS START	111	hydroxychloroquine.....	9	IMVEXXY STARTER PACK	
HUMIRA PEN PSOR-		hydroxyproggest(pf)(preg presv)		.....	115
UVEITS-ADOL HS	111	.....	114	INBRIJA.....	24
HUMIRA(CF).....	112	hydroxyprogesterone		incassia	115
HUMIRA(CF) PEDI		cap(ppres).....	114	INCRELEX	73
CROHNS STARTER.....	112	hydroxyurea.....	16	INCRUSE ELLIPTA.....	137
HUMIRA(CF) PEN.....	112	hydroxyzine hcl	133	indapamide	47
HUMIRA(CF) PEN		hydroxyzine pamoate	133	INDOCIN	33
CROHNS-UC-HS	112	hyophen	141	indocyanine green.....	73
HUMIRA(CF) PEN PSOR-		hyoscyamine sulfate	93	indomethacin	34
UV-ADOL HS.....	112	hyosyne.....	93	INFANRIX (DTAP) (PF)...	107
HUMULIN 70/30 U-100		HYPERHEP B S/D	107	INFASURF.....	74
INSULIN.....	86	HYPERHEP B S-D		INFINITY CONTROL	
HUMULIN 70/30 U-100		NEONATAL	107	SOLUTION NORM	84
KWIKPEN	86	HYPERRAB (PF).....	107	INFINITY VOICE CTRL	
HUMULIN N NPH INSULIN		HYPER-SAL	137	SOLN-LVL 2.....	84
KWIKPEN	87	HYPERTET S/D (PF)	107	INFLECTRA	96
HUMULIN N NPH U-100		HYQVIA	107	INLYTA	16
INSULIN.....	87	HYSINGLA ER	30	INOVA	62
HUMULIN R REGULAR U-		I		INOVA 4-1	59
100 INSULN	87	ibandronate	111	INOVA 8-2.....	59
HUMULIN R U-500 (CONC)		IBRANCE	16	INPEN (FOR HUMALOG) .	84
INSULIN.....	87	ibu.....	33	INPEN (FOR NOVLOG OR	
HUMULIN R U-500 (CONC)		ibuprofen	33	FIASP).....	84
KWIKPEN	87	ibuprofen-oxycodone.....	30	INSPIRACHAMBER.....	80
HYCAMTIN	16	ic green	73	INSPIRA.....	47
HYCODAN (WITH		icatibant	137	INSULIN SYRINGE-	
HOMATROPINE)	134	iclevia	118	NEEDLE U-100	80
hydralazine	47	ICLUSIG	16	INTELENCE	4
HYDREA	16	icosapent ethyl.....	55	INTRAROSA	116

INTRON A.....	105	jencycla.....	115	KLARITY-B (BETAMETH-	
introvale.....	119	jinteli.....	115	CHOND)(PF)	126
INVEGA.....	40	JIVI.....	53	KLARITY-L (LOTEPRED-	
INVEGA SUSTENNA.....	40	jolessa.....	119	CHOND)(PF)	126
INVELTYS	131	JORNAY PM	40	KLARON	65
INVIRASE	4	JUBLIA	66	KLONOPIN.....	22
INVOKAMET.....	91	juleber.....	119	klor-con.....	143
INVOKAMET XR	91	JULUCA.....	4	klor-con 10.....	143
INVOKANA	91	junel 1.5/30 (21)	119	klor-con 8.....	143
iodine-sodium iodide.....	60	junel 1/20 (21)	119	klor-con m10	143
IODOFLEX.....	60	junel fe 1.5/30 (28).....	119	klor-con m15	143
IODOSORB	60	junel fe 1/20 (28).....	119	klor-con m20	143
IOPIDINE.....	132	junel fe 24.....	119	klor-con/ef	143
IPOL	107	JUXTAPID.....	55	kobee.....	145
ipratropium bromide.....	76, 137	JYNARQUE.....	88	KOGENATE FS	53
ipratropium-albuterol	137	K		KOSELUGO.....	17
irbesartan	47	kaitlib fe.....	119	KOSHER PRENATAL PLUS	
irbesartan-hydrochlorothiazide		KALBITOR.....	137	IRON	145
.....	47	KALETRA	4	KOVALTRY	53
IRESSA	16	kalliga.....	119	K-PHOS NO 2.....	141
ISENTRESS	4	KALYDECO	137	K-PHOS ORIGINAL	141
ISENTRESS HD	4	KAPVAY	40	kpn	145
isibloom.....	119	KARBINAL ER	133	KRINTAFEL.....	9
isoniazid	9	kariva (28)	119	KRISTALOSE.....	97
ISOPTO ATROPINE	125	KEDRAB (PF)	107	k-tab.....	143
ISOPTO CARPINE.....	125	KEFLEX.....	7	K-TAB.....	143
ISORDIL	57	kelnor 1/35 (28).....	119	kurvelo (28)	119
ISORDIL TITRADOSE.....	57	kelnor 1-50 (28).....	119	KUVAN.....	88
isosorbide dinitrate	57	KENALOG.....	70	KYLEENA	113
isosorbide mononitrate	57	KERYDIN	66	KYNMOBI	24
isotretinoin.....	62	KESIMPTA PEN	103	L	
isoxsuprine	116	KETAMINE.....	40	l norgest/e.estradiol-e.estrad	
isradipine	47	ketoconazole.....	2, 66	.....	119
itraconazole	2	ketodan	66	labetalol	47
ivermectin.....	9, 72	ketodan kit	66	LACRISERT	126
IXIARO (PF).....	107	ketoprofen.....	34	lactated ringers.....	72
IXINITY	53	ketorolac	34, 128	lactulose.....	97
J		KEVEYIS	27	LAMICTAL XR STARTER	
jaimiess.....	119	KINRIX (PF).....	108	(BLUE).....	22
JAKAFI.....	16	kionex (with sorbitol).....	96	LAMICTAL XR STARTER	
JALYN	141	KIT FOR TC 99M-		(GREEN).....	22
jantoven	53	SESTAMIBI NO.1	74	LAMICTAL XR STARTER	
JANUMET	91	KIT PREP OF TC-99M-		(ORANGE).....	22
JANUMET XR.....	91	MEBROFENIN	74	lamivudine	4
JANUVIA.....	91	KIT PREP OF TC-99M-SOD		lamivudine-zidovudine	4
JARDIANCE.....	91	PYROPH	74	lamotrigine.....	22
jasmiel (28).....	119	KITABIS PAK	9	LANCETS	84
JATENZO	88	KLARITY-A (AZITHRO-		LANCING DEVICE	84
JELMYTO.....	17	CHONDR)(PF).....	126	LANOXIN.....	51

lansoprazole.....	101	LEVORPHANOL		LOKELMA.....	97
lanthanum.....	97	TARTRATE.....	31	LOMOTIL.....	93
LANTUS SOLOSTAR U-100		levo-t.....	92	LONHALA MAGNAIR	
INSULIN.....	87	levothyroxine.....	92	REFILL.....	137
LANTUS U-100 INSULIN..	87	levoxyl.....	92	LONHALA MAGNAIR	
lapatinib.....	17	LEVSIN.....	93	STARTER.....	138
larin 1.5/30 (21).....	119	LEVSIN/SL.....	93	LONSURF.....	17
larin 1/20 (21).....	119	LEVULAN.....	60	loperamide.....	93
larin 24 fe.....	119	LEXETTE.....	70	LOPID.....	55
larin fe 1.5/30 (28).....	119	LEXIVA.....	4	lopinavir-ritonavir.....	4
larin fe 1/20 (28).....	119	LICART.....	34	LOPRESSOR.....	47
larissia.....	119	lidocaine.....	65	LOPROX.....	67
LASIX.....	47	lidocaine hcl.....	64, 65	LOPROX (AS OLAMINE).....	66,
latanoprost.....	129	lidocaine hcl-hydrocortison ac		67	
LATANOPROST (PF).....	129	.....	65, 97	LOPROX KIT.....	67
LATUDA.....	40	LIDOCAINE HCL-		lorazepam.....	40
laxaclear.....	97	HYDROCORTISON AC.....	97	lorazepam intensol.....	40
laxative (bisacodyl).....	97	lidocaine viscous.....	65	LORBRENA.....	17
laxative peg 3350.....	97	lidocaine-hydrocortison-aloe		LORTAB ELIXIR.....	31
layolis fe.....	119	.....	97	loryna (28).....	120
leena 28.....	119	LIDOCAINE-		LORZONE.....	28
leflunomide.....	112	PHENYLEPHRIN-BSS(PF)		losartan.....	48
LENVIMA.....	17	.....	126	losartan-hydrochlorothiazide.....	48
LESCOL XL.....	55	lidocaine-phenylephrn in water		LOTEMAX.....	131
lessina.....	119	.....	126	LOTEMAX SM.....	131
letrozole.....	17	lidocaine-prilocaine.....	65	LOTENSIN.....	48
leucovorin calcium.....	14	lidocort.....	65	LOTENSIN HCT.....	48
LEUKERAN.....	17	LILETTA.....	113	loteprednol etabonate.....	131
LEUKINE.....	102	lillow (28).....	120	lovastatin.....	55
leuprolide.....	17	lindane.....	72	LOVAZA.....	55
levallbuterol hcl.....	137	linezolid.....	9	low-ogestrel (28).....	120
LEVBID.....	93	LINZESS.....	97	loxapine succinate.....	40
LEVEMIR FLEXTOUCH U-		liothyronine.....	92	lo-zumandimine (28).....	120
100 INSULN.....	87	LIPOFEN.....	55	lta pre-attached.....	65
LEVEMIR U-100 INSULIN.....	87	lisinopril.....	47	LUCENTIS.....	126
levetiracetam.....	22	lisinopril-hydrochlorothiazide		lugols.....	65, 143
levobunolol.....	124	.....	47	LUMIGAN.....	129
levocarnitine.....	74	lite coat aspirin.....	34	LUPANETA PACK (1	
levocarnitine (with sugar).....	74	LITEAIRE MDI CHAMBER		MONTH).....	116
levocetirizine.....	133	.....	80	LUPANETA PACK (3	
levofloxacin.....	12, 122	lithium carbonate.....	40	MONTH).....	116
levonest (28).....	119	lithium citrate.....	40	LUPRON DEPOT.....	17
levonorgestrel.....	119	LITHOBID.....	40	LUPRON DEPOT (3	
levonorgestrel-ethinyl estrad		LITHOSTAT.....	74	MONTH).....	17
.....	119	LIVALO.....	55	LUPRON DEPOT (4	
levonorg-eth estrad triphasic		LO LOESTRIN FE.....	120	MONTH).....	17
.....	119	LODINE.....	34	LUPRON DEPOT (6	
levora-28.....	119	LODOSYN.....	24	MONTH).....	17
levorphanol tartrate.....	30	lojaimiess.....	120	LUPRON DEPOT-PED.....	17

LUPRON DEPOT-PED (3 MONTH).....	17	MAVENCLAD (9 TABLET PACK).....	103	metaxalone.....	28
luteru (28).....	120	MAXITROL.....	129	metformin.....	91
LUXIQ.....	70	maxi-tuss ac.....	134	methadone.....	31
LUXTURNA.....	126	MAXI-TUSS CD.....	134	methadose.....	31
LUZU.....	67	MAXZIDE.....	48	methamphetamine.....	40
lyleq.....	115	MAXZIDE-25MG.....	48	methazolamide.....	128
lyllana.....	115	MAYZENT.....	104	methenamine hippurate.....	13
LYNPARZA.....	17	m-clear wc.....	134	methenamine mandelate.....	13
LYSODREN.....	17	meclizine.....	97	methen-sod phos-meth blue-hyos.....	141
LYSTEDA.....	116	meclufenamate.....	34	methergine.....	122
LYUMJEV KWIKPEN U-100 INSULIN.....	87	MECOBALAMIN (VITAMIN B12).....	145	methimazole.....	79
LYUMJEV KWIKPEN U-200 INSULIN.....	87	MEDISENSE.....	84	METHITEST.....	88
LYUMJEV U-100 INSULIN.....	87	MEDISENSE GLUCOSE KETONE.....	84	methocarbamol.....	28
lyza.....	115	MEDROL.....	79	methotrexate sodium.....	17
M		MEDROL (PAK).....	79	methotrexate sodium (pf).....	17
MACRILEN.....	102	medroxyprogesterone.....	115	methoxsalen.....	60
MACROBID.....	13	mefenamic acid.....	34	methscopolamine.....	94
MACRODANTIN.....	13	mefloquine.....	9	methyl salicylate.....	60
mafenide acetate.....	65	megestrol.....	17	methylropa.....	48
magnesium citrate.....	97	MEKINIST.....	17	methylropa-hydrochlorothiazide.....	48
MAKENA.....	115	MEKTOVI.....	17	methylergonovine.....	122
MAKENA (PF).....	115	melodetta 24 fe.....	120	METHYLIN.....	40
MALARONE.....	9	meloxicam.....	34	methylphenidate hcl.....	40, 41
MALARONE PEDIATRIC...	9	meloxicam submicronized....	34	METHYLPHENIDATE HCL.....	41
malathion.....	72	melphalan.....	17	.....	41
maprotiline.....	40	memantine.....	27	methylprednisolone.....	79
MAR-COF CG.....	134	MEMANTINE.....	27	methyltestosterone.....	88
MARINOL.....	97	MENACTRA (PF).....	108	metoclopramide hcl.....	97
marlissa (28).....	120	M-END PE.....	134	metolazone.....	48
MARNATAL-F.....	145	MENEST.....	115	METOPIRONONE.....	74
MARPLAN.....	40	MENOSTAR.....	115	metoprolol succinate.....	48
MATULANE.....	17	MENQUADFI (PF).....	108	metoprolol ta-hydrochlorothiaz.....	48
matzim la.....	48	MENTAX.....	67	.....	48
MAVENCLAD (10 TABLET PACK).....	103	MENVEO A-C-Y-W-135-DIP (PF).....	108	metoprolol tartrate.....	48
MAVENCLAD (4 TABLET PACK).....	103	meperidine.....	31	METROCREAM.....	62
MAVENCLAD (5 TABLET PACK).....	103	MEPHYTON.....	53	METROGEL.....	62
MAVENCLAD (6 TABLET PACK).....	103	meprobamate.....	28	METROGEL VAGINAL...	116
MAVENCLAD (7 TABLET PACK).....	103	MEPRON.....	9	metronidazole.....	9, 10, 62, 116
MAVENCLAD (8 TABLET PACK).....	103	mercaptopurine.....	17	metyrosine.....	48
		merzee.....	120	mexiletine.....	44
		mesalamine.....	97	MIACALCIN.....	88
		mesalamine with cleansing wipe.....	97	mibelas 24 fe.....	120
		MESNEX.....	14	MICONAZOLE NITRATE-ZINC OX-PET.....	67
		metaproterenol.....	138	miconazole-3.....	116
				MICROCHAMBER.....	80
				microgestin 1.5/30 (21).....	120

microgestin 1/20 (21)	120	morgidox	13	nadolol	48
MICROGESTIN 24 FE.....	120	MORGIDOX 1X 50	13	nadolol-bendroflumethiazide	48
microgestin fe 1.5/30 (28) ..	120	MORGIDOX 2X100	13	naftifine.....	67
microgestin fe 1/20 (28)	120	morphine.....	31	NAFTIN	67
MICROSPACER.....	80	morphine concentrate	31	NALFON.....	34
midazolam	41	MOTEGRITY	97	NALOCET	31
midodrine	74	MOTOFEN.....	94	naloxone	34
migergot	26	MOVANTIK	98	naltrexone	34
miglitol	91	MOXATAG.....	11	NAMENDA.....	27
miglustat.....	88	MOXEZA.....	123	NAMENDA TITRATION	
MIGRANAL	26	moxifloxacin.....	12, 123	PAK.....	27
mili	120	MOXIFLOXACIN (PF)-BSS		NAMENDA XR	27
milk of magnesia	97	.....	123	NAMZARIC.....	27, 28
milk of magnesia concentrated		MOXIFLOXACIN-SOD		NAPRELAN CR	34
.....	97	CHLOR,ISO(PF).....	123	NAPROSYN.....	34
millipred	79	MOZOBIL.....	102	naproxen	34
millipred dp	79	MS CONTIN	31	naproxen sodium	34
mimvey.....	115	MUGARD	77	NAPROXEN SODIUM.....	34
MINIPRESS	48	MULTAQ.....	44	naproxen-esomeprazole	35
MINITRAN.....	57	mupirocin.....	65	naratriptan.....	26
minocycline	13	mupirocin calcium.....	65	NARCAN	35
MINOLIRA ER.....	13	my choice	120	NARDIL	41
minoxidil	48	my way	120	NASCOBAL.....	145
MIOCHOL-E	125	MYALEPT	89	NATACHEW (FE BIS-	
miostat	129	MYAMBUTOL.....	10	GLYCINATE).....	145
miralax.....	97	MYCOBUTIN.....	10	NATACYN.....	123
MIRAPEX ER.....	25	mycophenolate mofetil ...	17, 18	NATAZIA	120
MIRENA	113	mycophenolate sodium.....	18	nateglinide	91
mirtazapine	41	MYDAYIS	41	NATESTO	89
MIRVASO	62	MYDRIACYL.....	125	NATPARA	89
misoprostol.....	101	MYDRIATIC4(TROP-PROP-		natural b-100 complex	145
MITIGARE	110	PE-KTRLC).....	126	natura-lax.....	98
MITOSOL.....	129	MYFORTIC	18	NAYZILAM.....	22
MKO (MIDAZOLAM-		MYGLUCOHEALTH		NEBUPENT	10
KETAMINE-ONDAN)....	41	CONTROL SOLUTION ..	84	nebusal	138
M-M-R II (PF).....	108	MYLERAN	18	NEBUSAL.....	138
m-natal plus	145	mynatal	145	necon 0.5/35 (28).....	120
MOBIC.....	34	mynatal advance.....	145	NEEVODHA (WITH ALGAL	
modafinil	41	mynatal plus	145	OIL)	145
MODERNA COVID-19		mynatal-z.....	145	nefazodone.....	41
VACCINE (EUA)	108	mynate 90 plus.....	145	neomycin	10
moexipril	48	MYOBLOC	108	neomycin-bacitracin-poly-hc	
molindone.....	41	myorisan	62	.....	130
mometasone.....	70, 71, 138	MYOVIEW KIT.....	74	neomycin-bacitracin-	
mondoxyne nl.....	13	MYRBETRIQ	140	polymyxin.....	123
MONODOX.....	13	MYSOLINE	22	neomycin-polymyxin b gu....	72
mono-lynyah	120	N		neomycin-polymyxin b-	
montelukast	138	NABI-HB	108	dexameth.....	130
MONUROL.....	14	nabumetone	34		

neomycin-polymyxin-gramicidin.....	123	nitrofurantoin macrocrystal ..	14	NOXAFIL.....	2
neomycin-polymyxin-hc	78, 130	nitrofurantoin monohyd/m-cryst	14	np thyroid.....	92
neo-polycin.....	123	nitroglycerin	57	NUBEQA	18
neo-polycin hc	130	NITROLINGUAL	57	NUCALA	138
NEORAL.....	18	NITROMIST	57	NUCORT.....	71
NEO-SYNALAR	65	NITROSTAT	57	NUCYNTA ER	35
NEO-SYNALAR KIT.....	65	nitro-time	57	NUEDEXTA	28
NERLYNX.....	18	NITYR.....	74	NULEV.....	94
NESTABS	145	NIVESTYM	102	NULYTELY LEMON-LIME	98
NESTABS ABC.....	145	nizatidine	101	NULYTELY WITH FLAVOR PACKS	98
NESTABS DHA	145	NOCDURNA (MEN).....	89	NUMBRINO	65
NESTABS ONE.....	145	NOCDURNA (WOMEN) ...	89	NUPLAZID	41
neuac.....	62	nolix.....	71	NURTEC ODT	26
NEUAC KIT	62	nora-be.....	115	NUVARING.....	116
NEUPRO.....	25	NORDITROPIN FLEXPRO	103	NUVESSA.....	116
nevirapine	4, 5	noreth-ethinyl estradiol-iron	120	NUZYRA	13
new day	120	norethindrone (contraceptive)	115	nyamyc	67
newgen	145	norethindrone acetate	115	nylia 7/7/7 (28)	121
NEXAVAR	18	norethindrone ac-eth estradiol	115, 120	NYMALIZE	48
NEXLETOL	55	norethindrone-e.estradiol-iron	120	nymyo.....	121
NEXLIZET.....	55	NORGESIC FORTE	28	nystatin	2, 67
NEXPLANON	116	norgestimate-ethinyl estradiol	120	nystatin-triamcinolone.....	67
niacin	55	NORITATE	63	nystop	67
NIACOR.....	55	norlyda.....	115	O	
NIASPAN EXTENDED-RELEASE	56	NORPACE	44	OB COMPLETE	146
nicardipine.....	48	NORPACE CR.....	44	OB COMPLETE ONE	146
NICODERM CQ.....	75	NORPRAMIN	41	OB COMPLETE PETITE ..	146
nicorette.....	75	NORTHERA	74	OB COMPLETE PREMIER	146
NICORETTE.....	75	nortrel 0.5/35 (28).....	120	OB COMPLETE WITH DHA	146
nicotine	76	nortrel 1/35 (21).....	120	OBREDON.....	134
nicotine (polacrilex)	76	nortrel 1/35 (28).....	120	obstetrix dha	146
NICOTROL.....	76	nortrel 7/7/7 (28)	120	OBSTETRIX EC	146
NICOTROL NS.....	76	nortriptyline	41	OBSTETRIX ONE.....	146
nifedipine.....	48	NORVIR.....	5	OBTREX DHA	146
nikki (28).....	120	NOURIANZ.....	25	OCALIVA	98
NILANDRON	18	NOVA MAX GLUCOSE CONTROL	84	ocella.....	121
nilutamide.....	18	NOVAMAX PLUS GLU-KET	84	OCREVUS	104
nimodipine.....	48	NOVOPEN ECHO	84	OCTAGAM.....	108
NINJACOF-XG	134	NOVOSEVEN RT	53	octreotide acetate	18
NINLARO.....	18			OCUFLOX	123
nisoldipine	48			ODEFSEY	5
nitazoxanide	10			ODOMZO.....	18
nitisinone	74			OFEV.....	138
nitro-bid.....	57			ofloxacin	12, 78, 123
NITRO-DUR.....	57			olanzapine.....	41
nitrofurantoin.....	14				

olanzapine-fluoxetine	41	OPTICHAMBER DIAMOND		oxycodone-aspirin	31
olmesartan	48	VHC.....	80	OXYCONTIN	31
olmesartan-amlodipin-		option-2	121	oxymorphone.....	31, 32
hcthiazyd	48	ORACEA.....	13	OXYTROL	141
olmesartan-		ORACIT	141	oyster shell + d3.....	143
hydrochlorothiazide.....	48	oral saline laxative.....	98	oyster shell calcium-vit d3..	143
olopatadine	77, 126	oralone	77	OZEMPIC.....	91
OLUX.....	71	ORAMAGICRX.....	77	OZURDEX	131
OLUX-E.....	71	ORAPRED ODT	79	P	
OMECLAMOX-PAK	101	ORAVIG	2	pacerone.....	44
omega-3 acid ethyl esters	56	ORENITRAM	49	PACNEX	63
omeprazole	101	ORFADIN	74	paliperidone	41
omeprazole-sodium		ORIAHNN.....	116	PALYNZIQ	89
bicarbonate	102	ORLISSA	89	PAMELOR.....	42
OMIDRIA	126	ORKAMBI.....	138	PANCREAZE.....	98
OMNIPOD DASH 5 PACK		orphenadrine citrate.....	28	PANDEL	71
POD.....	84	orphenadrine-asa-caffeine	28	PANRETIN	60
ON CALL EXPRESS		orphengesic forte	28	pantoprazole	102
CONTROL.....	85	orsythia	121	PANZYGA	108
ON CALL PLUS CONTROL		ORTIKOS.....	98	PARAGARD T 380A.....	113
.....	85	oscimin	94	PAREMYD.....	125
ON CALL VIVID CONTROL		oscimin sl.....	94	paricalcitol	89
.....	85	oscimin sr	94	PARLODEL	25
ondansetron	98	oseltamivir	5	PARNATE.....	42
ondansetron hcl	98	OSENI	91	paroex oral rinse	77
one daily prenatal	146	OSMOLEX ER.....	25	paromomycin.....	10
ONETOUCH ULTRA BLUE		OSPHENA.....	116	paroxetine hcl	42
TEST STRIP	80	OTEZLA	112	paroxetine	
ONETOUCH ULTRA		OTEZLA STARTER.....	112	mesylate(menop.sym).....	42
CONTROL.....	85	OTIPRIO	78	PASER.....	10
ONETOUCH ULTRA2		OTOVEL	78	PATANASE	77
METER	85	OVACE	58	PAXIL	42
ONETOUCH ULTRAMINI	85	OVACE PLUS	58	PAXIL CR.....	42
ONETOUCH VERIO FLEX		OVACE PLUS SHAMPOO.....	58	PEDIARIX (PF)	108
METER	85	OVACE PLUS WASH.....	58	PEDVAX HIB (PF).....	108
ONETOUCH VERIO IQ		OVIDE.....	72	peg 3350-electrolytes.....	98
METER	85	oxandrolone	89	peg3350-sod sul-nacl-kcl-asb-c	
ONETOUCH VERIO METER		oxaprozin	35	.....	98
.....	85	OXAYDO.....	31	PEGASYS	104
ONETOUCH VERIO		oxazepam.....	41	peg-electrolyte soln	98
REFLECT METER.....	85	oxcarbazepine.....	22	PEGINTRON	104
ONETOUCH VERIO TEST		OXERVATE	126	peg-prep.....	98
STRIPS.....	80	oxiconazole.....	67	PEMAZYRE.....	18
ONEXTON.....	63	OXISTAT	67	PEN NEEDLE, DIABETIC	85
ONFI.....	22	OXSORALEN ULTRA	60	penicillamine	112
ONZETRA XSAIL	26	OXTELLAR XR	22	penicillin v potassium.....	11
opcicon one-step.....	121	oxybutynin chloride.....	141	PENTACEL (PF).....	108
opium tincture	94	oxycodone	31	PENTACEL ACTHIB	
OPSUMIT	138	oxycodone-acetaminophen...31		COMPONENT (PF)	108

pentamidine	10	pioglitazone-glimepiride	91	PRECOSE.....	91
PENTASA.....	98	pioglitazone-metformin	91	PRED FORTE	131
pentazocine-naloxone.....	35	pirmella.....	121	PRED-G.....	130
pentoxifylline	53	piroxicam.....	35	PRED-G S.O.P.	130
PEPCID	102	PLAN B ONE-STEP	121	prednicarbate	71
PERFOROMIST	138	PLEGRIDY	104	PREDNISOL ACE-	
PERIDEX	77	PLENVU	98	GATIFLOX-BROMFEN	127
perindopril erbumine.....	49	PLEXION.....	63	PREDNISOLN SP-	
perio gard.....	77	PLEXION CLEANSING		GATIFLOX-BROMFEN	127
permethrin	72	CLOTHS	63	PREDNISOLN SP-	
perphenazine.....	42	PLIAGLIS	65	MOXIFLOX-BROMFEN	
perphenazine-amitriptyline..	42	PNEUMOVAX-23	108	.....	127
perry prenatal.....	146	pnv 29-1.....	146	prednisolone	79
PEXEVA	42	pnv-dha.....	146	prednisolone acetate	131
PFIZER COVID-19		pnv-dha + docusate.....	146	PREDNISOLONE ACETATE	
VACCINE (EUA)	108	pnv-omega.....	146	(PF).....	131
phenadoz.....	133	pnv-select.....	146	PREDNISOLONE ACETATE-	
phenazopyridine	142	POCKET CHAMBER.....	80	BROMFENAC	127
phenelzine.....	42	podofilox	60	PREDNISOLONE ACET-	
phenobarb-hyoscy-atropine-		polycin	123	GATIFLOXACIN	130
scop.....	94	polyethylene glycol 3350	98	PREDNISOLONE SOD PH-	
phenobarbital.....	23	polymyxin b sulf-trimethoprim		MOXIFLOX	130
phenohydro.....	94	.....	123	prednisolone sodium phosphate	
phenoxybenzamine.....	49	POLYTRIM.....	123	.....	79, 131
phenylephrine hcl	132	POLY-TUSSIN AC.....	134	PREDNISOLONE-	
PHENYLEPH-		POMALYST	104	MOXIFLO-NEPAFENAC	
TROPICAMIDE IN		portia 28.....	121	.....	127
WATER.....	125	posaconazole	2	PREDNISOLONE-	
PHENYTEK.....	23	POTABA	143	MOXIFLOXACIN HCL	130
phenytoin.....	23	potassium chloride.....	143	PREDNISOLONE-	
phenytoin sodium extended..	23	potassium citrate.....	142	MOXIFLOX-BROMFEN	
philith	121	powderlax	98	.....	127
PHOSLYRA.....	98	PR BENZOYL PEROXIDE.....	63	prednisone.....	79
phosphasal	142	pr natal 400.....	146	prednisone intensol.....	79
phosphate laxative	98	pr natal 400 ec	146	PREFEST	115
PHOSPHOLINE IODIDE..	124	pr natal 430.....	146	pregabalin	23
PHOTREXA CROSS-		pr natal 430 ec	146	PREMARIN	115
LINKING KIT.....	127	pramipexole	25	PREMPHASE.....	115
PHOTREXA VISCOUS	127	PRAMOSONE	58	PREMPRO	115
phytonadione (vitamin k1) ...	53	PRANDIN	91	prenal chew.....	146
PHYTONADIONE		prasugrel	53	prenal pearl	146
(VITAMIN K1).....	53	pravastatin	56	prenal true.....	146
PICATO	60	praziquantel	10	prenaissance.....	146
pilocarpine hcl	74, 77, 125	prazosin	49	prenaissance plus	146
pimecrolimus	60	PRECISION XTRA		PRENATA.....	146
pimozide.....	42	KETONE-GLUCOSE	85	prenatabs fa.....	146
pimtree (28).....	121	PRECISION XTRA		prenatabs rx	146
pindolol.....	49	MONITOR	85	prenatal	147
pioglitazone	91	PRECISION XTRA TEST...80		prenatal complete.....	146

prenatal formula	146	PREVNAR 13 (PF)	108	propranolol	49
prenatal multi-dha (algal oil)		PREVYMIS	5	propranolol-hydrochlorothiazid	
.....	146	PREZISTA	5	.....	49
prenatal one daily	147	PRIFTIN	10	propylthiouracil	79
prenatal plus	147	PRIMACARE	147	PROQUAD (PF)	108
prenatal plus (calcium carb)	147	primaquine	10	PROSCAR	141
PRENATAL PLUS DHA	147	PRIMEAIRE	80	PROSTIN E2	116
prenatal vitamin	147	primidone	23	PROTHELIAL	77
prenatal vitamin plus low iron		PRIMSOL	14	PROTOPIC	60
.....	147	PRINIVIL	49	protriptyline	42
prenatal vitamin with minerals		PRIVIGEN	108	PROVERA	115
.....	147	probenecid	110	PROVIDA OB	147
prenatal vits96-iron fum-folic		probenecid-colchicine	110	prudoxin	60
.....	147	PROBUPHINE	32	PSORCON	71
prenatal-u	147	PROCARDIA	49	PULMICORT FLEXHALER	
PRENATE AM	147	PROCARDIA XL	49	.....	138
PRENATE CHEWABLE	147	procentra	42	pulmosal	138
PRENATE DHA (FERR ASP		PROCHAMBER	80	PULMOZYME	138
GLYCIN)	147	prochlorperazine	98	PUREFE OB PLUS	147
PRENATE ELITE (IRON ASP		prochlorperazine maleate	98	purelax	99
GLYC)	147	PROCORT	98	PURIXAN	18
PRENATE ENHANCE	147	PROCRIT	102	pyrazinamide	10
PRENATE		PROCTOCORT	71, 99	PYRIDIDIUM	142
ESSENTIAL (IRON-ASP-		procto-med hc	99	pyridostigmine bromide	29
GL)	147	procto-pak	99	PYRIDOSTIGMINE	
PRENATE MINI (FERR ASP		proctosol hc	99	BROMIDE	29
GLYCIN)	147	proctozone-hc	99	pyrimethamine	10
PRENATE PIXIE	147	PRODIGY CONTROL		Q	
PRENATE RESTORE	147	SOLUTION, LOW	85	QBREXZA	60
PRENATE STAR	147	PRODIGY CONTROL		QNASL	138
PREPIDIL	116	SOLUTION, HIGH	85	QUADRACEL (PF)	108
preplus	147	progesterone micronized	115	QUALAQUIN	10
PRESTALIA	49	PROGLYCEM	81	QUAZEPAM	42
pretab	147	PROGRAF	18	QUDEXY XR	23
PRETOMANID	10	PROLASTIN-C	74	QUESTRAN	56
prevalite	56	prolate	32	QUESTRAN LIGHT	56
PREVIDENT	77	PROLENSA	128	quetiapine	42
PREVIDENT 5000 BOOSTER		PROLEUKIN	105	QUILLICHEW ER	42
PLUS	77	PROMACTA	54	QUILLIVANT XR	42
PREVIDENT 5000 DRY		promethazine	133	quinapril	49
MOUTH	77	promethazine-codeine	134	quinapril-hydrochlorothiazide	
PREVIDENT 5000 ENAMEL		promethazine-dm	134	.....	49
PROTECT	77	promethazine-phenyleph-		quinidine gluconate	44
PREVIDENT 5000 ORTHO		codeine	134	quinidine sulfate	44
DEFENSE	77	promethazine-phenylephrine		quinine sulfate	10
PREVIDENT 5000 PLUS	77	.....	134	quit 2	76
PREVIDENT 5000		promethegan	133	quit 4	76
SENSITIVE	77	PROMETRIUM	115		
previfem	121	propafenone	44		

QVAR REDIHALER.....	138	REPATHA SURECLICK	56	ropinirole	25
R		REPATHA SYRINGE	56	rosadan.....	63
RABAVERT (PF)	109	REQUIP XL	25	ROSADAN.....	63
rabeprazole	102	RESPA-AR.....	134	ROSANIL.....	63
RACEPINEPH-LIDOCAINE-		RESTASIS.....	127	ROSULA	63
BSS 7(PF).....	127	RESTASIS MULTIDOSE .	127	rosula cleansing cloths.....	63
RADIOGARDASE	74	RESTORIL	42	rosuvastatin.....	56
raloxifene.....	111	RETACRIT	102	ROTARIX	109
ramelteon.....	42	RETEVMO.....	18	ROTATEQ VACCINE.....	109
ramipril	49	RETIN-A	63	ROWASA.....	99
ranitidine hcl.....	102	RETIN-A MICRO PUMP ...	63	roweepra	23
ranolazine	56	RETISERT	132	ROXICODONE.....	32
RAPAMUNE	18	RETROVIR	5	ROZLYTREK	18
rasagiline	25	REVATIO	138	RUBRACA.....	18
RASUVO (PF)	112	REVLIMID	104	RUCONEST	138
RAVICTI.....	74	REXULTI.....	42	rufinamide.....	23
RAYALDEE	89	REYATAZ	5	RUZURGI	28
RAYOS	79	REYVOW	26	RYBELSUS.....	92
RAZADYNE ER.....	28	RHOFADE.....	63	RYCLORA	133
REBIF (WITH ALBUMIN)		RHOPRESSA.....	129	RYDAPT	18
.....	104	ribavirin	5, 104	RYTARY.....	25
REBIF REBIDOSE.....	104	RIDAURA.....	112	RYTHMOL SR	45
REBIF TITRATION PACK		rifabutin	10	RYVENT	133
.....	104	rifampin	10	S	
REBINYN	54	RIGHTEST CONTROL		SABRIL.....	23
reclipsen (28).....	121	SOLUTION HIGH.....	85	SAFE-CLIP BY MAIL.....	85
RECOMBIVAX HB (PF) ..	109	RILUTEK.....	74	SALAGEN (PILOCARPINE)	
RECTIV	99	riluzole.....	74	.....	74, 77
REFUAH PLUS GLUCOSE		rimantadine.....	5	salsalate.....	35
CONTROL.....	85	RINVOQ	112	SAMSCA.....	89
REGLAN.....	99	RIOMET.....	92	SANCUSO	99
REGRANEX.....	60	RIOMET ER.....	92	SANDIMMUNE.....	18
RELAFEN.....	35	risedronate	74, 111	SANDOSTATIN	18
RELAGARD.....	116	RISPERDAL	42	SANTYL	72
RELENZA DISKHALER.....	5	risperidone	42, 43	SAPHRIS.....	43
RELEXXII	42	RITALIN	43	sapropterin	89
RELISTOR.....	99	RITALIN LA.....	43	SAVELLA	112
RELPAX	26	RITEFLO AEROCHAMBER		scalacort.....	71
REMERON	42	.....	80	SCALACORT DK.....	71
REMERON SOLTAB.....	42	ritonavir	5	scopolamine base.....	99
REMICADE.....	99	rivastigmine.....	28	seconal sodium	43
REMODULIN.....	49	rivastigmine tartrate.....	28	SECUADO	43
RENACIDIN	142	rivelsa	121	SEEBRI NEOHALER.....	138
rena-vite.....	147	RIXUBIS	54	SEGLUROMET	92
RENFLEXIS	99	rizatriptan.....	26	SELECT-OB.....	148
RENVELA	99	R-NATAL OB.....	147	SELECT-OB (FOLIC ACID)	
repaglinide.....	91	ROBAXIN-750	29	.....	147
repaglinide-metformin.....	92	ROCALTROL	89	SELECT-OB + DHA.....	147
REPATHA PUSHTRONEX 56		ROCKLATAN	129	selegiline hcl.....	25

selenium sulfide.....	58	sodium chloride 0.9 % (flush)	74	sss 10-5	63
SELRX	58	.....	74	st joseph aspirin	35
SELZENTRY	5	sodium fluoride 5000 plus....	77	st. joseph aspirin	35
se-natal 19 chewable	148	sodium fluoride-pot nitrate...	77	STALEVO 100.....	25
se-natal-19	148	sodium phenylbutyrate	75	STALEVO 125.....	25
SEREVENT DISKUS	139	sodium polystyrene (sorb free)	99	STALEVO 150.....	25
SERNIVO.....	71	.....	99	STALEVO 200.....	25
SEROSTIM	103	sodium polystyrene sulfonate	99	STALEVO 50.....	25
sertraline	43	.....	99	STALEVO 75.....	25
setlakin	121	SOLESTA	99	STAMARIL (PF).....	109
sevelamer carbonate	99	solifenacin	141	STARLIX	92
sevelamer hcl.....	99	SOLQUA 100/33	87	stavudine.....	5
SEVENFACT	54	SOLIRIS.....	75	STEGLATRO.....	92
SEYSARA.....	13	SOLODYN.....	13	STEGLUJAN	92
sf 77		SOLOSEC	10	STELARA	58
sf 5000 plus	77	SOLTAMOX.....	19	STIOLTO RESPIMAT.....	139
SFROWASA	99	SOLUS V2 CONTROL		STIVARGA.....	19
sharobel	115	SOLUTION,HIGH.....	85	stop smoking aid.....	76
SHINGRIX (PF).....	109	SOMA	29	STRENSIQ	89
SHOHL'S MODIFIED	142	SOMATULINE DEPOT	19	stress formula.....	148
SIGNIFOR	18	SOMAVERT	89	stress formula with iron.....	148
sildenafil.....	142	SOOLANTRA.....	63	stress formula with iron(sulf)	148
sildenafil (pulm.hypertension)	139	SORBITOL	72	.....	148
SILENOR	43	SORBITOL-MANNITOL....	72	STROMECTOL	10
silodosin	141	SORIATANE	58	strong iodine	65, 143
SILVADENE	59	SORILUX.....	58	SUBLOCADE.....	32
silver sulfadiazine.....	59	sorine	45	SUBOXONE	35
SIMBRINZA.....	129	sotalol	45	subvenite.....	23
simliya (28)	121	sotalol af	45	subvenite starter (blue) kit....	23
simpesse	121	SOTYLIZE.....	45	subvenite starter (green) kit..	23
SIMPONI	112	SPACE CHAMBER.....	80	subvenite starter (orange) kit	23
SIMPONI ARIA.....	112	SPECTRACEF.....	7	SUCRAID.....	100
simvastatin.....	56	spinosad.....	72	sucralfate.....	102
SINEMET.....	25	SPIRIVA RESPIMAT.....	139	SULAR.....	49
SINOGRAFIN.....	74	SPIRIVA WITH		sulfacetamide sodium ...	58, 132
SINUVA.....	139	HANDIHALER.....	139	sulfacetamide sodium (acne)	66
sirolimus	18	spironolactone	49	sulfacetamide sodium-sulfur	63,
SIRTURO.....	10	spironolacton-hydrochlorothiaz	49	64	
SIVEXTRO	10	.....	49	sulfacetamide-prednisolone	132
SKELAXIN.....	29	SPORANOX	2	sulfacetamide-sulfur-cleansr	23
SKLICE.....	72	SPORANOX PULSEPAK.....	2	.....	64
SKYLA.....	113	sprintec (28).....	121	sulfacleanse 8-4	64
SKYRIZI.....	58	SPRITAM.....	23	sulfadiazine.....	12
SLYND.....	121	SPRIX.....	35	sulfamethoxazole-trimethoprim	12
SMARTEST CONTROL.....	85	SPRYCEL	19	.....	12
smoothlax	99	sps (with sorbitol).....	99	SULFAMYLON.....	66
sodium chloride.....	75, 139	sronyx	121	sulfasalazine	100
sodium chloride 0.9 %.....	74	ssd.....	59	sulfatrim.....	12
		SSKI	79	sulindac.....	35

SUMADAN.....	64	SYPRINE	75	telmisartan	49
SUMADAN XLT	64	T		telmisartan-amlodipine	49
sumatriptan	26	TABLOID	19	telmisartan-hydrochlorothiazid	49
sumatriptan succinate	26	TABRECTA.....	19	temazepam	43
sumatriptan-naproxen.....	27	TACLONEX	58	TEMIXYS	5
SUMAXIN	64	tacrolimus	19, 60	TEMODAR	19
SUMAXIN CP	64	tadalafil	141, 142	TEMOVATE	71
SUMAXIN TS.....	64	tadalafil (pulm. hypertension)	139	temozolomide	19
SUNOSI	43	TAFINLAR	19	tencon	32
super b complex-vitamin c .	148	TAGRISO	19	TENIVAC (PF)	109
super b maxi complex	148	TAKE ACTION	121	tenofovir disoproxil fumarate .	5
super quints	148	TAKHZYRO	139	TENORETIC 100.....	50
super quints b-50	148	TALICIA	102	TENORETIC 50.....	50
SUPPRELIN LA	19	TALTZ AUTOINJECTOR ..	59	TENORMIN	50
SUPRAX	7	TALTZ AUTOINJECTOR (2		terazosin.....	50
SUPREP BOWEL PREP KIT	100	PACK).....	58	terbinafine hcl	2
SURVANTA	75	TALTZ AUTOINJECTOR (3		terbutaline	139
SUSTIVA	5	PACK).....	59	terconazole.....	116
SUTENT.....	19	TALTZ SYRINGE.....	59	TERIPARATIDE	111
syeda.....	121	TALZENNA.....	19	TERSI FOAM	59
SYMAX DUOTAB.....	94	TAMIFLU	5	TESSALON PERLES	134
symax fastabs	94	tamoxifen.....	19	TESTOPEL.....	89
symax-sl	94	tamsulosin.....	141	testosterone	89
symax-sr	94	TAPAZOLE	79	TESTOSTERONE.....	89
SYMBICORT.....	139	TAPERDEX	79	testosterone cypionate	89
SYMBYAX.....	43	TARCEVA	19	testosterone enanthate.....	89
SYMDEKO	139	TARGADOX.....	13	TESTRED.....	90
SYMFI.....	5	TARGRETIN	19	TETANUS,DIPHThERIA	
SYMFI LO	5	tarina 24 fe.....	121	TOX PED(PF)	109
SYMJEPI.....	133	tarina fe 1/20 (28).....	121	tetrabenazine	28
SYMLINPEN 120.....	92	TARKA	49	tetracaine hcl.....	127
SYMLINPEN 60	92	taron-c dha.....	148	TETRACAINE HCL (PF)..	127
SYMPAZAN.....	23	taron-prex prenatal-dha	148	tetracycline	13
SYMPROIC	100	TASIGNA	19	TEXACORT	71
SYMPTUZA.....	5	TASMAR	25	THALLOUS CHLORIDE TL-	
SYNAGIS.....	5	tavaborole	67	201	75
SYNALAR	71	TAYTULLA.....	121	THALOMID.....	19
SYNALAR CREAM KIT	71	tazarotene.....	64	THEO-24	139
SYNALAR OINTMENT KIT	71	TAZORAC	64	theophylline	139
SYNALAR TS	71	taztia xt	49	THIOLA	75
SYNAREL	89	TAZVERIK	19	THIOLA EC	75
SYNDROS	100	TDVAX.....	109	thioridazine	43
SYNERA.....	65	TECFIDERA.....	104	thiothixene	43
SYNJARDY	92	TEGRETOL	23	THRIVITE RX	148
SYNJARDY XR	92	TEGRETOL XR.....	23	THYROLAR-1	92
SYNRIBO	19	TEGSEDI	28	THYROLAR-1/2.....	92
SYNTHROID.....	92	TEKTRUNA HCT	49	THYROLAR-1/4.....	92
		TELCARE CONTROL	85	THYROLAR-2	92

THYROLAR-3.....	92	TOUJEO MAX U-300		tri-estarylla.....	121
tiadylt er.....	50	SOLOSTAR	87	TRIFERIC	148
tiagabine	23	TOUJEO SOLOSTAR U-300		trifluoperazine.....	43
TIAZAC	50	INSULIN	87	trifluridine.....	123
TIBSOVO.....	19	tovet emollient.....	71	trihexyphenidyl.....	25
TICE BCG.....	109	TOVIAZ	141	TRIJARDY XR	81
TIGAN	100	TRACLEER	139	TRIKAFTA	140
TIGLUTIK	75	tramadol.....	35	tri-legest fe.....	121
tilia fe.....	121	TRAMADOL	35	tri-linyah	121
TIMOL-BRIMON-DORZO-		tramadol-acetaminophen	35	TRILIPIX	56
LATANOP(PF)	129	trandolapril	50	tri-lo-estarylla	121
timolol maleate.....	50, 124	trandolapril-verapamil	50	tri-lo-marzia.....	121
timolol maleate (pf).....	124	tranexamic acid.....	116	tri-lo-mili	121
TIMOLOL-BRIMONIDI-		TRANXENE T-TAB.....	43	tri-lo-sprintec	121
DORZOLAM(PF)	129	tranylcypromine.....	43	trilyte with flavor packets ...	100
TIMOLOL-DORZOLAMID-		travoprost.....	129	trimethobenzamide	100
LATANOP(PF)	129	trazodone	43	trimethoprim	14
TIMOLOL-		TRECTOR.....	10	tri-mili.....	121
LATANOPROST(PF)....	129	TRELEGY ELLIPTA.....	139	trimipramine	43
TIMOPTIC	124	TREMFYA.....	59	TRIMO-SAN JELLY	116
TIMOPTIC-XE	124	treprostinil sodium.....	50	trinatal rx 1	148
tinidazole	10	TRESIBA FLEXTOUCH U-		trinate.....	148
TIROSINT.....	92	100.....	87	TRINTELLIX.....	43
TIROSINT-SOL.....	92	TRESIBA FLEXTOUCH U-		tri-nymyo	121
tis-u-sol pentalyte	72	200.....	87	tri-previfem (28)	121
TIVICAY	6	TRESIBA U-100 INSULIN	87	TRIPTODUR.....	19
TIVICAY PD	6	tretinoin	64	tri-sprintec (28).....	121
tizanidine	29	tretinoin (antineoplastic).....	19	TRISTART DHA	148
TOBI PODHALER	10	tretinoin microspheres	64	TRIUMEQ.....	6
TOBRADEX.....	130	TRETIN-X.....	64	triveen-duo dha.....	148
TOBRADEX ST	130	TRETIN-X CREAM KIT....	64	trivora (28).....	121
tobramycin.....	10, 123	TREXALL.....	19	tri-vylibra.....	121
tobramycin in 0.225 % nacl .	10	TREZIX.....	32	tri-vylibra lo.....	121
TOBRAMYCIN WITH		tri femynor.....	121	TRIZIVIR	6
NEBULIZER.....	10	triamcinolone acetonide 71, 72,		TROKENDI XR	23
tobramycin-dexamethasone	130	77		tropicamide	125
TOBREX.....	123	TRIAMCINOLON-		tropium	141
TODAY CONTRACEPTIVE		MOXIFLOX-WATR(PF)		TRUE METRIX LEVEL 1...85	
SPONGE	116	.....	130	TRUECONTROL LEVEL 0 85	
TOLAK	60	triamterene.....	50	TRULANCE.....	100
tolcapone	25	triamterene-hydrochlorothiazid		TRULICITY	92
tolmetin.....	35	.....	50	TRUMENBA.....	109
tolterodine.....	141	trianex	72	TRUSOPT	129
tolvaptan	90	triazolam.....	43	TRUVADA.....	6
TOPICORT	71	TRICARE.....	148	TUKYSA.....	19
topiramate.....	23	triderm	72	tulana	115
toremifene.....	19	TRIDESILON	72	TURALIO.....	19
toremide	50	trientine.....	75	TUSSICAPS	134
TOSYMRA	27	TRIESENCE (PF)	79	TUXARIN ER.....	135

TUZISTRA XR.....	135	valproic acid (as sodium salt)	V-GO 30.....	86
TWINRIX (PF).....	109	.....	V-GO 40.....	86
TYBLUME.....	122	valsartan.....	VIBERZI.....	100
TYBOST.....	6	valsartan-hydrochlorothiazide	VIBRAMYCIN.....	13
tydemy.....	122	.....	VIEKIRA PAK.....	6
TYKERB.....	19	VALTOCO.....	vienna.....	122
TYMLOS.....	111	vanadom.....	vigabatrin.....	24
TYPHIM VI.....	109	VANATOL LQ.....	vigadrone.....	24
TYSABRI.....	28	VANATOL S.....	VIGAMOX.....	123
TYVASO.....	140	VANCOCIN.....	VIIBRYD.....	43
TYVASO REFILL KIT.....	140	vancomycin.....	VIMOVO.....	35
TYVASO STARTER KIT.....	140	vandazole.....	VIMPAT.....	24
U		VANOXIDE-HC.....	VINATE DHA RF.....	148
UBRELVY.....	27	VANTAS.....	VIOKACE.....	100
UCERIS.....	100	VAQTA (PF).....	viorele (28).....	122
ULESFIA.....	72	VARIVAX (PF).....	VIRACEPT.....	6
ULTRACET.....	35	VARIZIG.....	VIRAMUNE.....	6
ULTRAM.....	35	VARUBI.....	VIRAMUNE XR.....	6
ULTRAVATE.....	72	VASCEPA.....	VIRAZOLE.....	6
UNISTRIP LOW CONTROL		VASERETIC.....	VIREAD.....	6
.....	85	VASOTEC.....	virt-c dha.....	148
unithroid.....	92	VAXCHORA VACCINE..	virt-nate dha.....	148
UPTRAVI.....	50	VAXELIS (PF).....	virt-pn dha.....	148
URELLE.....	142	VCF CONTRACEPTIVE	virt-pn plus.....	148
uretron d-s.....	142	FILM.....	virtussin ac.....	135
URIBEL.....	142	VCF CONTRACEPTIVE GEL	virtussin dac.....	135
urimar-t.....	142	.....	VISTARIL.....	133
urin ds.....	142	VECAMYL.....	VISTOGARD.....	14
uro-458.....	142	VECTICAL.....	VITAFOL FE PLUS.....	148
UROCIT-K 10.....	142	veletri.....	VITAFOL FE+ (WITH	
UROCIT-K 15.....	142	velivet triphasic regimen (28)	DOCUSATE).....	148
UROCIT-K 5.....	142	.....	VITAFOL GUMMIES.....	148
urogesic-blue.....	142	VELPHORO.....	VITAFOL NANO.....	148
uro-mp.....	142	VEMLIDY.....	VITAFOL ULTRA.....	148
UROQID-ACID NO.2.....	142	VENCLEXTA.....	VITAFOL-OB.....	148
URSO 250.....	100	VENCLEXTA STARTING	VITAFOL-OB+DHA.....	148
URSO FORTE.....	100	PACK.....	VITAFOL-ONE.....	148
ursodiol.....	100	venlafaxine.....	VITAMED MD ONE RX.....	149
uryl.....	142	VENTAVIS.....	VITAMEDMD REDICHEW	
ustell.....	142	verapamil.....	RX.....	149
UTIBRON NEOHALER....	140	VERASENS CONTROL	vitamin b complex.....	149
utira-c.....	142	SOLN-LEVEL 1.....	vitamin b complex-folic acid	
V		VEREGEN.....	.....	149
vaginal contraceptive foam	116	VERELAN.....	vitamin d3.....	149
valacyclovir.....	6	VERELAN PM.....	vitamin k.....	54
VALCHLOR.....	60	VERSACLOZ.....	vitamin k1.....	54
VALCYTE.....	6	VERZENIO.....	VITAPEARL.....	149
valganciclovir.....	6	VFEND.....	VITATRUE.....	149
valproic acid.....	23	V-GO 20.....	VITRAKVI.....	20

VIVAGUARD INO CTRL	XARELTO	54	zatean-pn plus	149
SOLN-L1,2,3.....	XARELTO DVT-PE TREAT		ZCORT	79
VIVITROL	30D START	54	zebutal.....	32
VIVOTIF	XCOPRI	24	ZEJULA	20
VIZIMPRO.....	XCOPRI MAINTENANCE		ZELBORAF	20
VOGELXO.....	PACK	24	ZELNORM.....	100
volnea (28).....	XCOPRI TITRATION PACK		ZEMAIRA	75
VOLTAREN .....	.....	24	ZEMBRACE SYMTOUCH.27	
voriconazole	XELJANZ	112	ZEMPLAR	90
VORTEX HOLDING	XELJANZ XR.....	112	zenatane	64
CHAMBER.....	XELODA.....	20	ZENPEP	100
VOSEVI	XEMBIFY	110	zenzedi.....	44
VOTRIENT	XENLETA.....	10	ZENZEDI	44
vp-ch-pnv	XEPI.....	66	ZEPATIER	6
VP-PNV-DHA	XERESE.....	67	ZEPOSIA.....	104
VRAYLAR.....	XERMELO.....	20	ZEPOSIA STARTER KIT .104	
vtol lq.....	XGEVA	14	ZEPOSIA STARTER PACK	
VUMERITY	XHANCE	140	.....	104
VUSION.....	XIFAXAN.....	10	ZERVIA TE.....	127
vyfemla (28)	XIGDUO XR.....	92	ZESTORETIC	50
VYLEESI	XIIDRA	127	ZESTRIL	50
vylibra.....	XOFLUZA	6	ZIAC.....	50
VYNDAMAX	XOLAIR.....	140	ZIAGEN	6
VYNDAQEL.....	XOPENEX	140	ZIANA.....	64
VYVANSE.....	XOPENEX CONCENTRATE		zidovudine	6
VYZULTA .....	.....	140	ZIEXTENZO	102
W	XOSPATA.....	20	zileuton	140
WAKIX	XTANDI.....	20	ZILXI.....	64
warfarin	xulane	117	zingiber	149
water for irrigation, sterile....	XULTOPHY 100/3.6	88	ZIOPTAN (PF).....	129
WAVESENSE CONTROL	XURIDEN	75	ziprasidone hcl.....	44
SOLUTION.....	XYOSTED	90	ZIRGAN	123
WELCHOL	XYREM.....	44	ZITHROMAX	8
wera (28)	XYWAV.....	44	ZITHROMAX TRI-PAK	8
westab plus	Y		ZITHROMAX Z-PAK	8
westgel dha.....	YAZ (28)	122	ZOFRAN	100
westhroid	YF-VAX (PF).....	110	ZOLADEX	20
WIDE-SEAL DIAPHRAGM	YONSA	20	zoledronic acid.....	90
.....	YUPELRI	140	zoledronic acid-mannitol-water	
WILATE.....	YUTIQ.....	132	.....	75, 90
wintergreen oil.....	yuvafem	115	ZOLEDRONIC AC-	
wixela inhub	Z		MANNITOL-0.9NACL...90	
women's gentle laxative(bisac)	zafirlukast	140	ZOLINZA	20
.....	zaleplon	44	zolmitriptan.....	27
women's laxative (bisacodyl)	ZANAFLEX.....	29	zolpidem	44
.....	zarah	122	ZOLPIMIST	44
wymzya fe	ZARONTIN.....	24	ZOMIG	27
X	ZARXIO.....	102	ZONALON.....	60
XALKORI.....	zatean-pn dha.....	149	zonisamide	24

ZONTIVITY	54	ZUBSOLV	36	ZYMAXID	123
ZORBTIVE	103	zumandimine (28).....	122	ZYPITAMAG.....	56
ZORTRESS.....	20	ZUPLENZ	101	ZYPREXA.....	44
ZOSTAVAX (PF)	110	ZYDELIG.....	20	ZYPREXA ZYDIS	44
zovia 1/35e (28).....	122	ZYFLO	140	ZYTIGA	20
ZOVIRAX.....	6, 67	ZYKADIA.....	20	ZYVOX	11
ZTLIDO	65	ZYLET	130		
Z-TUSS AC.....	135	ZYLOPRIM.....	110		