New York
Individual & Family plans

2026 Prescription Drug List

Effective as of May 1, 2026

United Healthcare®

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Understanding your prescription drug list

What is a prescription drug list (PDL)?

A PDL is a list of medications or supplies covered by your plan. It includes both brand and generic prescription medications. Medications are listed by categories or classes and are placed into tiers that represent the cost you pay out-of-pocket.

To create the list, UnitedHealthcare® is guided by the Prescription Drug List Management Committee (PDL MC). This group reviews which medications will be covered based on their overall value. Medications are chosen for their safety, cost and effectiveness. The committee also makes sure there are safe and covered options.

About this PDL

When there's a difference between this PDL and your benefit plan, you should follow your benefit plan documents.

This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

How do I use my PDL?

You and your health care provider can use the PDL to help you choose the most cost-effective prescription medications. This guide tells you if your medication is covered, what tier your medication is considered under your plan and if your medication has coverage rules or limits. You can reference this list when you see your health care provider. You can also search for medications at **myuhc.com/exchange** and find the PDL in the **Pharmacies & Prescriptions** section.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost and you can find cost-sharing information in your plan documents. This determines how much you will pay when you fill a prescription at a network pharmacy. Using lower-tier medications may help you pay the lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you can ask your health care provider if a lower-tier medication can work for your condition. In the chart below, the overall value is based on factors such as medication effectiveness, safety, cost and the availability of alternative medications that can work for your condition.

Tier	Cost-share	Includes
$0	**$0**	**$0 Cost-share** Medications available at no cost to you, which includes **preventive medications.**
1	**$**	**Lower cost-share** Medications that offer the **highest overall value,** which includes mostly **generic** medications.
2	**$$**	**Mid-range cost-share** Medications that provide **good overall value,** which includes **preferred brand name** and **non-preferred generic** medications.
3	**$$$**	**Higher cost-share** Medications that provide **lower overall value,** which includes **non-preferred** brand name, non-preferred generic, and **most specialty** medications.

Can the PDL change?

Most changes in drug coverage typically happen on January 1. However, changes that have a positive impact for you — such as coverage for new medications or cost savings — may occur at any time.

Why are some medications not covered?

Non-formulary medications

Medications that are not covered on your PDL are also called non-formulary medications. We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered if your plan covers other medications for your condition. Talk to your health care provider. They may be able to ask about an exception to get your medication covered or may switch you to a covered medication that can work for your condition. See the **Prior authorization and exception requests** section.

Excluded medications

Review your benefit plan documents to see if any medications are excluded from your plan. If excluded, ask your health care provider if covered medications may work for you.

Formulary by health benefit plan

The same formulary (this PDL) applies to all plans included below. You can reference your Summary of Benefits and Coverage (SBC) document, which includes your specific plan information. Your SBC includes your deductible and out of pocket maximums, cost-shares for each tier, and a link to your PDL. Select New York State of Health (NYSOH) plans offer programs that reduce cost-sharing to $0 for maternal care (pregnancy through 12 months postpartum) and for certain diabetes medications and supplies when you have a primary diabetes diagnosis. For additional details, review your benefit documents or visit the **New York State of Health** website for more information.

2025 Marketing plan name	SBC document
UHC BRONZE STANDARD INN PEDIATRIC DENTAL CHILD ONLY-B HSA	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL CHILD ONLY	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL CHILD ONLY HSA	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL CHILD ONLY-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL CHILD ONLY-A ($0 TIER 2 RX) HSA	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL CHILD ONLY-B	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL DEP 25	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL DEP 25-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL DEP 25-A ($0 TIER 2 RX) HSA	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL DEP 25-B	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL DEP 25-B HSA	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL DEP 29	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL DEP 29 HSA	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL DEP 29-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL DEP 29-A ($0 TIER 2 RX) HSA	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL DEP 29-B	https://www.uhc.com/xnySBC2026
UHC COMPASS BRONZE ST INN PEDIATRIC DENTAL DEP 29-B HSA	https://www.uhc.com/xnySBC2026
UHC COMPASS CATASTROPHIC ST INN PEDIATRIC DENTAL	https://www.uhc.com/xnySBC2026
UHC COMPASS GOLD ST INN PEDIATRIC DENTAL CHILD ONLY	https://www.uhc.com/xnySBC2026
UHC COMPASS GOLD ST INN PEDIATRIC DENTAL CHILD ONLY-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS GOLD ST INN PEDIATRIC DENTAL CHILD ONLY-B	https://www.uhc.com/xnySBC2026
UHC COMPASS GOLD ST INN PEDIATRIC DENTAL DEP 25	https://www.uhc.com/xnySBC2026

2025 Marketing plan name	SBC document
UHC COMPASS GOLD ST INN PEDIATRIC DENTAL DEP 25-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS GOLD ST INN PEDIATRIC DENTAL DEP 25-B	https://www.uhc.com/xnySBC2026
UHC COMPASS GOLD ST INN PEDIATRIC DENTAL DEP 29	https://www.uhc.com/xnySBC2026
UHC COMPASS GOLD ST INN PEDIATRIC DENTAL DEP 29-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS GOLD ST INN PEDIATRIC DENTAL DEP 29-B	https://www.uhc.com/xnySBC2026
UHC COMPASS HSA BRONZE ST INN PEDIATRIC DENTAL DEP 25	https://www.uhc.com/xnySBC2026
UHC COMPASS PLATINUM ST INN PEDIATRIC DENTAL CHILD ONLY	https://www.uhc.com/xnySBC2026
UHC COMPASS PLATINUM ST INN PEDIATRIC DENTAL CHILD ONLY-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS PLATINUM ST INN PEDIATRIC DENTAL CHILD ONLY-B	https://www.uhc.com/xnySBC2026
UHC COMPASS PLATINUM ST INN PEDIATRIC DENTAL DEP 25	https://www.uhc.com/xnySBC2026
UHC COMPASS PLATINUM ST INN PEDIATRIC DENTAL DEP 25-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS PLATINUM ST INN PEDIATRIC DENTAL DEP 25-B	https://www.uhc.com/xnySBC2026
UHC COMPASS PLATINUM ST INN PEDIATRIC DENTAL DEP 29	https://www.uhc.com/xnySBC2026
UHC COMPASS PLATINUM ST INN PEDIATRIC DENTAL DEP 29-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS PLATINUM ST INN PEDIATRIC DENTAL DEP 29-B	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ENHANCED NS INN PEDIATRIC DENTAL CHILD ONLY-E	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ENHANCED NS INN PEDIATRIC DENTAL DEP 25-E	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ENHANCED NS INN PEDIATRIC DENTAL DEP 29-E	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ENHANCED ST INN PEDIATRIC DENTAL CHILD ONLY-E	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ENHANCED ST INN PEDIATRIC DENTAL DEP 25-E	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ENHANCED ST INN PEDIATRIC DENTAL DEP 29-E	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER NS INN PEDIATRIC DENTAL CHILD ONLY	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER NS INN PEDIATRIC DENTAL CHILD ONLY-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER NS INN PEDIATRIC DENTAL CHILD ONLY-B	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER NS INN PEDIATRIC DENTAL CHILD ONLY-C	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER NS INN PEDIATRIC DENTAL DEP 25	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER NS INN PEDIATRIC DENTAL DEP 25-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER NS INN PEDIATRIC DENTAL DEP 25-B	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER NS INN PEDIATRIC DENTAL DEP 25-C	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER NS INN PEDIATRIC DENTAL DEP 29	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER NS INN PEDIATRIC DENTAL DEP 29-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER NS INN PEDIATRIC DENTAL DEP 29-B	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER NS INN PEDIATRIC DENTAL DEP 29-C	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ST INN PEDIATRIC DENTAL CHILD ONLY	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ST INN PEDIATRIC DENTAL CHILD ONLY-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ST INN PEDIATRIC DENTAL CHILD ONLY-B	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ST INN PEDIATRIC DENTAL CHILD ONLY-C ($6 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ST INN PEDIATRIC DENTAL DEP 25	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ST INN PEDIATRIC DENTAL DEP 25-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ST INN PEDIATRIC DENTAL DEP 25-B	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ST INN PEDIATRIC DENTAL DEP 25-C ($6 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ST INN PEDIATRIC DENTAL DEP 29	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ST INN PEDIATRIC DENTAL DEP 29-A ($0 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ST INN PEDIATRIC DENTAL DEP 29-B	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER ST INN PEDIATRIC DENTAL DEP 29-C ($6 TIER 2 RX)	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER SUPREME NS INN PEDIATRIC DENTAL CHILD ONLY-D	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER SUPREME NS INN PEDIATRIC DENTAL DEP 25-D	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER SUPREME NS INN PEDIATRIC DENTAL DEP 29-D	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER SUPREME ST INN PEDIATRIC DENTAL CHILD ONLY-D	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER SUPREME ST INN PEDIATRIC DENTAL DEP 25-D	https://www.uhc.com/xnySBC2026
UHC COMPASS SILVER SUPREME ST INN PEDIATRIC DENTAL DEP 29-D	https://www.uhc.com/xnySBC2026

Coverage details

What are coverage rules or limits?

Some medications on your PDL have extra rules before they can be covered. A few of the most common coverage rules or limits are prior authorization (PA), quantity limits, and step therapy (ST). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage rules or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage rule or limit, see the **Prior authorization and exception requests** section.

PA	**Prior authorization required** Requires your health care provider to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	**Quantity limit** A limit on the amount of a medication you can get at a time.
ST	**Step therapy** Requires you to try one or more medications before the medication you are requesting may be covered.
SP	**Specialty medication** Specialty medications treat complex or rare conditions and may require special storage and handling. Your plan limits specialty medications to a 1-month supply. Specialty medications may not be available at a retail pharmacy. You may have to get these medications from a specialty pharmacy.
MME	**Morphine milligram equivalent** Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your health care provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your health care provider can ask the plan to cover the additional quantity.
7D	**7-day limit if you have not filled an opioid prescription recently** If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize initial duration if you do not have recent history of opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy. For members who have filled an opioid recently, prescriptions are limited to a 1 month supply.

Which preventive medications are covered?

Your UnitedHealthcare Individual & Family plan covers certain preventive medications and supplements at no cost to you when filled at a network pharmacy.

Under the Affordable Care Act (ACA) of 2010, prescription and over-the-counter (OTC) preventive medications and supplements include:

- Aspirin to prevent preeclampsia during pregnancy
- Birth control (contraceptives)
- Bowel preparation for a colonoscopy needed for colon cancer screening

- Breast cancer preventive medications
- Fluoride to prevent dental cavities
- Folic acid to prevent birth defects
- Gonococcal Ophthalmia Neonatorum preventive medications
- Human Immunodeficiency Virus (HIV) infection pre-exposure preventive (PrEP) medications
- Statin medications to prevent cardiovascular events
- Tobacco cessation medications to help you quit smoking
- Vaccines

We follow recommendations by the U.S. Preventive Services Task Force, Health Resources and Services Administration, and Advisory Committee on Immunization Practices.

Preventive medications are listed as Tier 1 or are noted as $0 Copay medications in this drug list. Some medications are available at no cost to you only when certain requirements are met. As noted in this list, we may need your health care provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost. Follow the steps in the **Prior authorization and exception requests** section. If you qualify, you can receive these drugs at $0 cost- share. If you are using it to treat another medical condition, a cost-share may apply.

What medications are covered under my medical benefit?

To learn about medications covered under your medical benefit, visit **uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf**

Prior authorization and exception requests

Some medications require prior authorization or may need an exception. This includes medications that:

- Require a prior authorization, including compounded prescription medications
- Require step therapy
- Exceed quantity limits
- Exceed opioid safety edits
  - 7-day supply limit for members who have not filled an opioid prescription recently or
  - Opioid use that exceeds the established morphine milligram equivalent (MME) level
- Are not listed in the PDL (also called non-formulary medications)
- May be covered at no cost when specific requirements are met such as preventive medications

How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your health care provider to submit a request. Health care providers can submit a request:

- Online: **professionals.optumrx.com/prior-authorization.html**
- Phone: 1-800-711-4555

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your health care provider and request additional information.

We'll send written notification of the decision to both you and your health care provider. If your health care provider does not agree with the decision, this notification will provide instructions on requesting a peer-to-peer review or requesting an appeal.

You and your healthcare provider can learn more and find clinical criteria by visiting **uhcprovider.com/exchange**.

Medication tips

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. If you are taking a non-formulary brand-name medication that has a generic equivalent, you may also be responsible for the difference in cost between the brand-name drug and the generic equivalent. Check your plan documents for more information.

What if my healthcare provider writes a brand-name prescription?

If your health care provider gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

Reading your PDL

The PDL gives you choices so you and your health care provider can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE (for example, JARDIANCE). Generic medications are shown in lowercase (for example, atorvastatin). There are 2 ways to find your drug within the PDL:

1. **By category** – The drugs in this formulary are grouped into categories depending on the medical conditions that they are used to treat. For example, drugs used to treat an infection are generally listed under the category, Antibacterial. If you know what your drug is used for, look for the category name, then look under the category name for your drug.
2. **By alphabet** – If you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all the drugs included in this document for both brand name drugs and generic drugs. Review the Index to find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to that page listed in the Index and find the name of your drug in the first column of the list.

Questions

Review your policy for more information about your pharmacy benefit

Call the Member Services number on your health plan ID card

Register or login to your online account at **myuhc.com/exchange** to:

- Find current list of covered medications
- Find a network pharmacy by ZIP code
- Learn about home delivery
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Brand name	Generic name	Tier	Notes
Analgesics			
APAP-CAFFEIN CAP DIHYDROC	acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	3	QL; MME; 7D; Maximum of 10 capsules per day.
APAP/CODEINE SOL 120-12/5	acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL; MME; 7D; Maximum of 150 ml per day.
APAP/CODEINE SOL 300-30MG	acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL; MME; 7D; Maximum of 150 ml per day.
APAP/CODEINE TAB 300-15MG	acetaminophen w/ codeine tab 300-15 mg	1	QL; MME; 7D; Maximum of 13 tablets per day.
APAP/CODEINE TAB 300-30MG	acetaminophen w/ codeine tab 300-30 mg	1	QL; MME; 7D; Maximum of 13 tablets per day.
APAP/CODEINE TAB 300-60MG	acetaminophen w/ codeine tab 300-60 mg	1	QL; MME; 7D; Maximum of 13 tablets per day.
ASCOMP/COD CAP 30MG	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	2	QL; MME; 7D; Maximum of 6 capsules per day.
ASPIRIN LOW CHW 81MG	aspirin chew tab 81 mg	$0	$0 Copay for members between ages of 15 to 49 years.
ASPIRIN LOW TAB 81MG EC	aspirin tab delayed release 81 mg	$0	$0 Copay for members between ages of 15 to 49 years.
BUT/APAP/CAF CAP CODEINE	butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	3	QL; MME; 7D; Maximum of 6 capsules per day.
BUT/APAP/CAF CAP CODEINE	butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	3	QL; MME; 7D; Maximum of 6 capsules per day.
BUT/ASA/CAF/ CAP CODEINE	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	2	QL; MME; 7D; Maximum of 6 capsules per day.
BUTORPHANOL SOL 10MG/ML	butorphanol tartrate nasal soln 10 mg/ml	2	QL; MME; 7D; Maximum of 2 bottles (5 ml) per 30 days.
CELECOXIB CAP 100MG	celecoxib cap 100 mg	1	QL; Maximum of 2 capsules per day.
CELECOXIB CAP 200MG	celecoxib cap 200 mg	1	QL; Maximum of 2 capsules per day.
CELECOXIB CAP 400MG	celecoxib cap 400 mg	1	QL; Maximum of 2 capsules per day.
CELECOXIB CAP 50MG	celecoxib cap 50 mg	1	QL; Maximum of 2 capsules per day.
CODEINE SULF TAB 15MG	codeine sulfate tab 15 mg	1	QL; MME; 7D; Maximum of 6 tablets per day.
CODEINE SULF TAB 30MG	codeine sulfate tab 30 mg	1	QL; MME; 7D; Maximum of 6 tablets per day.
CODEINE SULF TAB 60MG	codeine sulfate tab 60 mg	1	QL; MME; 7D; Maximum of 6 tablets per day.
DICLO/MISOPR TAB 50-0.2MG	diclofenac w/ misoprostol tab delayed release 50-0.2 mg	2	
DICLO/MISOPR TAB 75-0.2MG	diclofenac w/ misoprostol tab delayed release 75-0.2 mg	2	
DICLOFEN POT TAB 50MG	diclofenac potassium tab 50 mg	1	
DICLOFENAC GEL 1%	diclofenac sodium gel 1% (1.16% diethylamine equiv)	2	QL; Maximum of 300 grams per 30 days.
DICLOFENAC TAB 100MG ER	diclofenac sodium tab er 24hr 100 mg	2	
DICLOFENAC TAB 25MG DR	diclofenac sodium tab delayed release 25 mg	1	
DICLOFENAC TAB 50MG DR	diclofenac sodium tab delayed release 50 mg	1	
DICLOFENAC TAB 75MG DR	diclofenac sodium tab delayed release 75 mg	1	
DIFLUNISAL TAB 500MG	diflunisal tab 500 mg	1	
EC-NAPROXEN TAB 375MG	naproxen tab ec 375 mg	1	
EC-NAPROXEN TAB 500MG	naproxen tab ec 500 mg	1	
ENDOCET TAB 10-325MG	oxycodone w/ acetaminophen tab 10-325 mg	1	QL; MME; 7D; Maximum of 12 tablets per day.

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Brand name	Generic name	Tier	Notes
ENDOCET TAB 2.5-325	oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL; MME; 7D; Maximum of 12 tablets per day.
ENDOCET TAB 5-325MG	oxycodone w/ acetaminophen tab 5-325 mg	1	QL; MME; 7D; Maximum of 12 tablets per day.
ENDOCET TAB 7.5-325	oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL; MME; 7D; Maximum of 12 tablets per day.
ETODOLAC CAP 200MG	etodolac cap 200 mg	1	
ETODOLAC CAP 300MG	etodolac cap 300 mg	1	
ETODOLAC TAB 400MG	etodolac tab 400 mg	1	
ETODOLAC TAB 500MG	etodolac tab 500 mg	1	
ETODOLAC ER TAB 400MG	etodolac tab er 24hr 400 mg	2	
ETODOLAC ER TAB 500MG	etodolac tab er 24hr 500 mg	2	
ETODOLAC ER TAB 600MG	etodolac tab er 24hr 600 mg	2	
FENOPROFEN TAB 600MG	fenoprofen calcium tab 600 mg	3	
FENTANYL DIS 100MCG/H	fentanyl td patch 72hr 100 mcg/hr	2	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
FENTANYL DIS 12MCG/HR	fentanyl td patch 72hr 12 mcg/hr	2	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
FENTANYL DIS 25MCG/HR	fentanyl td patch 72hr 25 mcg/hr	2	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
FENTANYL DIS 50MCG/HR	fentanyl td patch 72hr 50 mcg/hr	2	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
FENTANYL DIS 75MCG/HR	fentanyl td patch 72hr 75 mcg/hr	2	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
FENTANYL OT LOZ 1200MCG	fentanyl citrate lozenge on a handle 1200 mcg	3	PA; QL; Maximum of 4 lozenges per day.
FENTANYL OT LOZ 1600MCG	fentanyl citrate lozenge on a handle 1600 mcg	3	PA; QL; Maximum of 4 lozenges per day.
FENTANYL OT LOZ 200MCG	fentanyl citrate lozenge on a handle 200 mcg	3	PA; QL; Maximum of 4 lozenges per day.
FENTANYL OT LOZ 400MCG	fentanyl citrate lozenge on a handle 400 mcg	3	PA; QL; Maximum of 4 lozenges per day.
FENTANYL OT LOZ 600MCG	fentanyl citrate lozenge on a handle 600 mcg	3	PA; QL; Maximum of 4 lozenges per day.
FENTANYL OT LOZ 800MCG	fentanyl citrate lozenge on a handle 800 mcg	3	PA; QL; Maximum of 4 lozenges per day.
FLURBIPROFEN TAB 100MG	flurbiprofen tab 100 mg	1	
HYDRO/ACETA SOL 10-325MG	hydrocodone-acetaminophen soln 10-325 mg/15ml	1	QL; MME; 7D; Maximum of 90 ml per day.
HYDRO/APAP SOL	hydrocodone-acetaminophen soln 10-300 mg/15ml	1	QL; MME; 7D; Maximum of 195 ml per day.
HYDROCO/APAP SOL 7.5-325	hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL; MME; 7D; Maximum of 90 ml per day.
HYDROCO/APAP TAB 10-325MG	hydrocodone-acetaminophen tab 10-325 mg	1	QL; MME; 7D; Maximum of 6 tablets per day.
HYDROCO/APAP TAB 2.5-325	hydrocodone-acetaminophen tab 2.5-325 mg	1	QL; MME; 7D; Maximum of 8 tablets per day.
HYDROCO/APAP TAB 5-325MG	hydrocodone-acetaminophen tab 5-325 mg	1	QL; MME; 7D; Maximum of 8 tablets per day.
HYDROCO/APAP TAB 7.5-325	hydrocodone-acetaminophen tab 7.5-325 mg	1	QL; MME; 7D; Maximum of 6 tablets per day.
HYDROCOD/IBU TAB 10-200MG	hydrocodone-ibuprofen tab 10-200 mg	3	QL; MME; 7D; Maximum of 5 tablets per day.
HYDROCOD/IBU TAB 5-200MG	hydrocodone-ibuprofen tab 5-200 mg	3	QL; MME; 7D; Maximum of 5 tablets per day.
HYDROCOD/IBU TAB 7.5-200	hydrocodone-ibuprofen tab 7.5-200 mg	3	QL; MME; 7D; Maximum of 5 tablets per day.

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
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ST.....Step therapy

Brand name	Generic name	Tier	Notes
HYDROCODONE CAP 10MG ER	hydrocodone bitartrate cap er 12hr 10 mg	3	PA; QL; MME; 7D; Maximum of 2 capsules per day.
HYDROCODONE CAP 15MG ER	hydrocodone bitartrate cap er 12hr 15 mg	3	PA; QL; MME; 7D; Maximum of 2 capsules per day.
HYDROCODONE CAP 20MG ER	hydrocodone bitartrate cap er 12hr 20 mg	3	PA; QL; MME; 7D; Maximum of 2 capsules per day.
HYDROCODONE CAP 30MG ER	hydrocodone bitartrate cap er 12hr 30 mg	3	PA; QL; MME; 7D; Maximum of 2 capsules per day.
HYDROCODONE CAP 40MG ER	hydrocodone bitartrate cap er 12hr 40 mg	3	PA; QL; MME; 7D; Maximum of 2 capsules per day.
HYDROCODONE CAP 50MG ER	hydrocodone bitartrate cap er 12hr 50 mg	3	PA; QL; MME; 7D; Maximum of 2 capsules per day.
HYDROMORPHON LIQ 1MG/ML	hydromorphone hcl liqd 1 mg/ml	2	QL; MME; 7D; Maximum of 50 ml per day.
HYDROMORPHON TAB 12MG ER	hydromorphone hcl tab er 24hr 12 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
HYDROMORPHON TAB 16MG ER	hydromorphone hcl tab er 24hr 16 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
HYDROMORPHON TAB 2MG	hydromorphone hcl tab 2 mg	1	QL; MME; 7D; Maximum of 8 tablets per day.
HYDROMORPHON TAB 32MG ER	hydromorphone hcl tab er 24hr 32 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
HYDROMORPHON TAB 4MG	hydromorphone hcl tab 4 mg	1	QL; MME; 7D; Maximum of 8 tablets per day.
HYDROMORPHON TAB 8MG	hydromorphone hcl tab 8 mg	1	QL; MME; 7D; Maximum of 6 tablets per day.
HYDROMORPHON TAB 8MG ER	hydromorphone hcl tab er 24hr 8 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
IBU TAB 400MG	ibuprofen tab 400 mg	1	
IBU TAB 600MG	ibuprofen tab 600 mg	1	
IBU TAB 800MG	ibuprofen tab 800 mg	1	
IBUPROFEN TAB 400MG	ibuprofen tab 400 mg	1	
IBUPROFEN TAB 600MG	ibuprofen tab 600 mg	1	
IBUPROFEN TAB 800MG	ibuprofen tab 800 mg	1	
INDOMETHACIN CAP 25MG	indomethacin cap 25 mg	1	QL; Maximum of 3 capsules per day.
INDOMETHACIN CAP 50MG	indomethacin cap 50 mg	1	QL; Maximum of 3 capsules per day.
INDOMETHACIN CAP 75MG ER	indomethacin cap er 75 mg	1	
KETOPROFEN CAP 200MG ER	ketoprofen cap er 24hr 200 mg	3	ST
KETOPROFEN CAP 25MG	ketoprofen cap 25 mg	2	ST
KETOPROFEN CAP 50MG	ketoprofen cap 50 mg	2	ST
KETOROLAC TAB 10MG	ketorolac tromethamine tab 10 mg	1	
LEVORPHANOL TAB 2MG	levorphanol tartrate tab 2 mg	3	PA; QL; MME; 7D; Maximum of 6 tablets per day.
LEVORPHANOL TAB 3MG	levorphanol tartrate tab 3 mg	3	PA; QL; MME; 7D; Maximum of 6 tablets per day.
MECLOFEN SOD CAP 100MG	meclofenamate sodium cap 100 mg	3	
MECLOFEN SOD CAP 50MG	meclofenamate sodium cap 50 mg	3	
MEFENAM ACID CAP 250MG	mefenamic acid cap 250 mg	3	
MELOXICAM TAB 15MG	meloxicam tab 15 mg	1	
MELOXICAM TAB 7.5MG	meloxicam tab 7.5 mg	1	
METHADONE CON 10MG/ML	methadone hcl conc 10 mg/ml	1	PA; QL; MME; 7D; Maximum of 12 ml per day.
METHADONE SOL 10MG/5ML	methadone hcl soln 10 mg/5ml	1	PA; QL; MME; 7D; Maximum of 60 ml per day.

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Brand name	Generic name	Tier	Notes
METHADONE SOL 5MG/5ML	methadone hcl soln 5 mg/5ml	1	PA; QL; MME; 7D; Maximum of 120 ml per day.
METHADONE TAB 10MG	methadone hcl tab 10 mg	1	PA; QL; MME; 7D; Maximum of 12 tablets per day.
METHADONE TAB 5MG	methadone hcl tab 5 mg	1	PA; QL; MME; 7D; Maximum of 8 tablets per day.
MORPHINE SUL SOL 10/0.5ML	morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	2	QL; MME; 7D; Maximum of 10 ml per day.
MORPHINE SUL SOL 100/5ML	morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	2	QL; MME; 7D; Maximum of 10 ml per day.
MORPHINE SUL SOL 10MG/5ML	morphine sulfate oral soln 10 mg/5ml	2	QL; MME; 7D; Maximum of 100 ml per day.
MORPHINE SUL SOL 20MG/5ML	morphine sulfate oral soln 20 mg/5ml	2	QL; MME; 7D; Maximum of 50 ml per day.
MORPHINE SUL SOL 20MG/ML	morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	2	QL; MME; 7D; Maximum of 10 ml per day.
MORPHINE SUL TAB 100MG ER	morphine sulfate tab er 100 mg	1	PA; QL; MME; 7D; Maximum of 3 tablets per day.
MORPHINE SUL TAB 15MG	morphine sulfate tab 15 mg	1	QL; MME; 7D; Maximum of 8 tablets per day.
MORPHINE SUL TAB 15MG ER	morphine sulfate tab er 15 mg	1	PA; QL; MME; 7D; Maximum of 3 tablets per day.
MORPHINE SUL TAB 200MG ER	morphine sulfate tab er 200 mg	1	PA; QL; MME; 7D; Maximum of 2 tablets per day.
MORPHINE SUL TAB 30MG	morphine sulfate tab 30 mg	1	QL; MME; 7D; Maximum of 6 tablets per day.
MORPHINE SUL TAB 30MG ER	morphine sulfate tab er 30 mg	1	PA; QL; MME; 7D; Maximum of 4 tablets per day.
MORPHINE SUL TAB 60MG ER	morphine sulfate tab er 60 mg	1	PA; QL; MME; 7D; Maximum of 4 tablets per day.
NABUMETONE TAB 500MG	nabumetone tab 500 mg	1	
NABUMETONE TAB 750MG	nabumetone tab 750 mg	1	
NAPROXEN SUS 125/5ML	naproxen susp 125 mg/5ml	3	PA
NAPROXEN TAB 250MG	naproxen tab 250 mg	1	
NAPROXEN TAB 375MG	naproxen tab 375 mg	1	
NAPROXEN TAB 500MG	naproxen tab 500 mg	1	
NAPROXEN DR TAB 375MG	naproxen tab ec 375 mg	1	
NAPROXEN DR TAB 500MG	naproxen tab ec 500 mg	1	
NAPROXEN SOD TAB 275MG	naproxen sodium tab 275 mg	1	
NAPROXEN SOD TAB 550MG	naproxen sodium tab 550 mg	1	
NUCYNTA ER TAB 100MG	tapentadol hcl tab er 12hr 100 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
NUCYNTA ER TAB 150MG	tapentadol hcl tab er 12hr 150 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
NUCYNTA ER TAB 200MG	tapentadol hcl tab er 12hr 200 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
NUCYNTA ER TAB 250MG	tapentadol hcl tab er 12hr 250 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
NUCYNTA ER TAB 50MG	tapentadol hcl tab er 12hr 50 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
OXAPROZIN TAB 600MG	oxaprozin tab 600 mg	2	
OXYCOD/APAP TAB 10-325MG	oxycodone w/ acetaminophen tab 10-325 mg	1	QL; MME; 7D; Maximum of 12 tablets per day.
OXYCOD/APAP TAB 2.5-325	oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL; MME; 7D; Maximum of 12 tablets per day.
OXYCOD/APAP TAB 5-325MG	oxycodone w/ acetaminophen tab 5-325 mg	1	QL; MME; 7D; Maximum of 12 tablets per day.

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Brand name	Generic name	Tier	Notes
OXYCOD/APAP TAB 7.5-325	oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL; MME; 7D; Maximum of 12 tablets per day.
OXYCODONE CAP 5MG	oxycodone hcl cap 5 mg	1	QL; MME; 7D; Maximum of 12 capsules per day.
OXYCODONE CON 100/5ML	oxycodone hcl conc 100 mg/5ml (20 mg/ml)	3	QL; MME; 7D; Maximum of 6 ml per day.
OXYCODONE SOL 5MG/5ML	oxycodone hcl soln 5 mg/5ml	1	QL; MME; 7D; Maximum of 130 ml per day.
OXYCODONE TAB 10MG	oxycodone hcl tab 10 mg	1	QL; MME; 7D; Maximum of 12 tablets per day.
OXYCODONE TAB 15MG	oxycodone hcl tab 15 mg	1	QL; MME; 7D; Maximum of 8 tablets per day.
OXYCODONE TAB 20MG	oxycodone hcl tab 20 mg	1	QL; MME; 7D; Maximum of 6 tablets per day.
OXYCODONE TAB 30MG	oxycodone hcl tab 30 mg	1	QL; MME; 7D; Maximum of 6 tablets per day.
OXYCODONE TAB 5MG	oxycodone hcl tab 5 mg	1	QL; MME; 7D; Maximum of 12 tablets per day.
OXYMORPHONE TAB 10MG ER	oxymorphone hcl tab er 12hr 10 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
OXYMORPHONE TAB 15MG ER	oxymorphone hcl tab er 12hr 15 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
OXYMORPHONE TAB 20MG ER	oxymorphone hcl tab er 12hr 20 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
OXYMORPHONE TAB 30MG ER	oxymorphone hcl tab er 12hr 30 mg	3	PA; QL; MME; 7D; Maximum of 4 tablets per day.
OXYMORPHONE TAB 40MG ER	oxymorphone hcl tab er 12hr 40 mg	3	PA; QL; MME; 7D; Maximum of 3 tablets per day.
OXYMORPHONE TAB 5MG ER	oxymorphone hcl tab er 12hr 5 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
OXYMORPHONE TAB 7.5MG ER	oxymorphone hcl tab er 12hr 7.5 mg	3	PA; QL; MME; 7D; Maximum of 2 tablets per day.
OXYMORPHONE TAB HCL 10MG	oxymorphone hcl tab 10 mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
OXYMORPHONE TAB HCL 5MG	oxymorphone hcl tab 5 mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
PENTAZ/NALOX TAB 50-0.5MG	pentazocine w/ naloxone hcl tab 50-0.5 mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
PIROXICAM CAP 10MG	piroxicam cap 10 mg	1	
PIROXICAM CAP 20MG	piroxicam cap 20 mg	1	
SALSALATE TAB 500MG	salsalate tab 500 mg	1	
SALSALATE TAB 750MG	salsalate tab 750 mg	1	
ST JOSEPH CHW LOW 81MG	aspirin chew tab 81 mg	$0	$0 Copay for members between ages of 15 to 49 years.
SULINDAC TAB 150MG	sulindac tab 150 mg	1	
SULINDAC TAB 200MG	sulindac tab 200 mg	1	
TOLMETIN SOD CAP 400MG	tolmetin sodium cap 400 mg	3	
TOLMETIN SOD TAB 600MG	tolmetin sodium tab 600 mg	3	
TRAMADL/APAP TAB 37.5-325	tramadol-acetaminophen tab 37.5-325 mg	1	QL; MME; 7D; Maximum of 8 tablets per day.
TRAMADOL HCL TAB 100MG ER	tramadol hcl tab er 24hr 100 mg	2	PA; QL; MME; 7D; Maximum of 1 tablet per day.
TRAMADOL HCL TAB 100MG ER	tramadol hcl tab er 24hr biphasic release 100 mg	2	PA; QL; MME; 7D; Maximum of 1 tablet per day.
TRAMADOL HCL TAB 200MG ER	tramadol hcl tab er 24hr 200 mg	2	PA; QL; MME; 7D; Maximum of 1 tablet per day.
TRAMADOL HCL TAB 200MG ER	tramadol hcl tab er 24hr biphasic release 200 mg	2	PA; QL; MME; 7D; Maximum of 1 tablet per day.

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Brand name	Generic name	Tier	Notes
TRAMADOL HCL TAB 300MG ER	tramadol hcl tab er 24hr 300 mg	2	PA; QL; MME; 7D; Maximum of 1 tablet per day.
TRAMADOL HCL TAB 300MG ER	tramadol hcl tab er 24hr biphasic release 300 mg	2	PA; QL; MME; 7D; Maximum of 1 tablet per day.
TRAMADOL HCL TAB 50MG	tramadol hcl tab 50 mg	1	QL; MME; 7D; Maximum of 8 tablets per day.
XTAMPZA ER CAP 13.5MG	oxycodone cap er 12hr abuse-deterrent 13.5 mg	3	PA; QL; MME; 7D; Maximum of 3 capsules per day.
XTAMPZA ER CAP 18MG	oxycodone cap er 12hr abuse-deterrent 18 mg	3	PA; QL; MME; 7D; Maximum of 3 capsules per day.
XTAMPZA ER CAP 27MG	oxycodone cap er 12hr abuse-deterrent 27 mg	3	PA; QL; MME; 7D; Maximum of 6 capsules per day.
XTAMPZA ER CAP 36MG	oxycodone cap er 12hr abuse-deterrent 36 mg	3	PA; QL; MME; 7D; Maximum of 6 capsules per day.
XTAMPZA ER CAP 9MG	oxycodone cap er 12hr abuse-deterrent 9 mg	3	PA; QL; MME; 7D; Maximum of 3 capsules per day.
XYVONA TAB 2MG	levorphanol tartrate tab 2 mg	3	PA; QL; MME; 7D; Maximum of 6 tablets per day.
XYVONA TAB 3MG	levorphanol tartrate tab 3 mg	3	PA; QL; MME; 7D; Maximum of 6 tablets per day.
Anesthetics			
ETHY ALCOHOL SOL 70% RUB	alcohol, rubbing 70%	$0	
GLYDO GEL 2%	lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	
ISOP ALCOHOL SOL 70% RUB	isopropyl alcohol 70%	$0	
LIDO/PRILOCN CRE 2.5-2.5%	lidocaine-prilocaine cream 2.5-2.5%	1	
LIDOCAINE DIS 5% PATCH	lidocaine patch 5%	2	PA; QL; Maximum of 3 patches per day.
LIDOCAINE GEL 2% JELLY	lidocaine hcl urethral/mucosal gel 2%	1	
LIDOCAINE GEL 2% JELLY	lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	
LIDOCAINE SOL 4%	lidocaine hcl soln 4%	2	
Anti-Addiction/Substance Abuse Treatment Agents			
ACAMPRO CAL TAB 333MG	acamprosate calcium tab delayed release 333 mg	2	
BUPREN/NALOX MIS 12-3MG	buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	3	
BUPREN/NALOX MIS 2-0.5MG	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	3	
BUPREN/NALOX MIS 4-1MG	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	3	
BUPREN/NALOX MIS 8-2MG	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	3	
BUPREN/NALOX SUB 2-0.5MG	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	
BUPREN/NALOX SUB 8-2MG	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	
BUPRENORPHIN SUB 2MG	buprenorphine hcl sl tab 2 mg (base equiv)	1	
BUPRENORPHIN SUB 8MG	buprenorphine hcl sl tab 8 mg (base equiv)	1	
BUPROPION TAB 150MG SR	bupropion hcl (smoking deterrent) tab er 12hr 150 mg	$0	
DISULFIRAM TAB 250MG	disulfiram tab 250 mg	1	
DISULFIRAM TAB 500MG	disulfiram tab 500 mg	1	
NALOXONE INJ 0.4MG/ML	naloxone hcl inj 0.4 mg/ml	1	
NALOXONE INJ 0.4MG/ML	naloxone hcl inj 4 mg/10ml	1	
NALOXONE INJ 0.4MG/ML	naloxone hcl soln cartridge 0.4 mg/ml	1	
NALOXONE INJ 4MG/10ML	naloxone hcl inj 4 mg/10ml	1	

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Brand name	Generic name	Tier	Notes
NALOXONE SPR 4MG	naloxone hcl nasal spray 4 mg/0.1ml	$0	
NALOXONE HCL INJ 0.4MG/ML	naloxone hcl soln prefilled syringe 0.4 mg/ml	1	
NALOXONE HCL INJ 1MG/ML	naloxone hcl soln prefilled syringe 2 mg/2ml	1	
NALOXONE HCL INJ 2MG/2ML	naloxone hcl soln prefilled syringe 2 mg/2ml	1	
NALOXONE HCL SPR 4MG	naloxone hcl nasal spray 4 mg/0.1ml	$0	
NALTREXONE TAB 50MG	naltrexone hcl tab 50 mg	1	
NARCAN SPR 4MG	naloxone hcl nasal spray 4 mg/0.1ml	$0	
NICODERM CQ DIS 14MG/24H	nicotine td patch 24hr 14 mg/24hr	$0	
NICODERM CQ DIS 21MG/24H	nicotine td patch 24hr 21 mg/24hr	$0	
NICODERM CQ DIS 7MG/24HR	nicotine td patch 24hr 7 mg/24hr	$0	
NICORETTE GUM 2MG	nicotine polacrilex gum 2 mg	$0	
NICORETTE GUM 4MG	nicotine polacrilex gum 4 mg	$0	
NICORETTE LOZ 2MG MINT	nicotine polacrilex lozenge 2 mg	$0	
NICORETTE LOZ 4MG MINT	nicotine polacrilex lozenge 4 mg	$0	
NICOTINE DIS 7MG/24HR	nicotine td patch 24hr 7 mg/24hr	$0	
NICOTINE GUM 2MG	nicotine polacrilex gum 2 mg	$0	
NICOTINE GUM 4MG	nicotine polacrilex gum 4 mg	$0	
NICOTINE LOZ 2MG MINT	nicotine polacrilex lozenge 2 mg	$0	
NICOTINE LOZ 4MG MINT	nicotine polacrilex lozenge 4 mg	$0	
NICOTINE SYS KIT TRANSDER	nicotine td patch 24 hr kit 21-14-7 mg/24hr	$0	
NICOTINE TD DIS 14MG/24H	nicotine td patch 24hr 14 mg/24hr	$0	
NICOTINE TD DIS 21MG/24H	nicotine td patch 24hr 21 mg/24hr	$0	
NICOTROL NS SPR 10MG/ML	nicotine nasal spray 10 mg/ml (0.5 mg/spray)	$0	
REXTOVY SPR 4/0.25ML	naloxone hcl nasal spray 4 mg/0.25ml	$0	
THRIVE GUM 2MG MINT	nicotine polacrilex gum 2 mg	$0	
VARENICLINE TAB 0.5& 1MG	varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	$0	
VARENICLINE TAB 0.5MG	varenicline tartrate tab 0.5 mg (base equiv)	$0	
VARENICLINE TAB 1MG	varenicline tartrate tab 1 mg (base equiv)	$0	
ZUBSOLV SUB 0.7-0.18	buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)	2	
ZUBSOLV SUB 1.4-0.36	buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	2	
ZUBSOLV SUB 11.4-2.9	buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)	2	
ZUBSOLV SUB 2.9-0.71	buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)	2	
ZUBSOLV SUB 5.7-1.4	buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)	2	
ZUBSOLV SUB 8.6-2.1	buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	2	
Antibacterials			
AMOX/K CLAV CHW 200MG	amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
AMOX/K CLAV CHW 400MG	amoxicillin & k clavulanate chew tab 400-57 mg	1	
AMOX/K CLAV SUS 200/5ML	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
AMOX/K CLAV SUS 250/5ML	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
AMOX/K CLAV SUS 400/5ML	amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
AMOX/K CLAV SUS 600/5ML	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
AMOX/K CLAV TAB 250-125	amoxicillin & k clavulanate tab 250-125 mg	1	

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Brand name	Generic name	Tier	Notes
AMOX/K CLAV TAB 500-125	amoxicillin & k clavulanate tab 500-125 mg	1	
AMOX/K CLAV TAB 875-125	amoxicillin & k clavulanate tab 875-125 mg	1	
AMOXICILLIN CAP 250MG	amoxicillin (trihydrate) cap 250 mg	1	
AMOXICILLIN CAP 500MG	amoxicillin (trihydrate) cap 500 mg	1	
AMOXICILLIN CHW 125MG	amoxicillin (trihydrate) chew tab 125 mg	1	
AMOXICILLIN CHW 250MG	amoxicillin (trihydrate) chew tab 250 mg	1	
AMOXICILLIN SUS 125/5ML	amoxicillin (trihydrate) for susp 125 mg/5ml	1	
AMOXICILLIN SUS 200/5ML	amoxicillin (trihydrate) for susp 200 mg/5ml	1	
AMOXICILLIN SUS 250/5ML	amoxicillin (trihydrate) for susp 250 mg/5ml	1	
AMOXICILLIN SUS 400/5ML	amoxicillin (trihydrate) for susp 400 mg/5ml	1	
AMOXICILLIN TAB 500MG	amoxicillin (trihydrate) tab 500 mg	1	
AMOXICILLIN TAB 875MG	amoxicillin (trihydrate) tab 875 mg	1	
AMPICILLIN CAP 500MG	ampicillin cap 500 mg	1	
AZITHROMYCIN POW 1GM PAK	azithromycin powd pack for susp 1 gm	1	
AZITHROMYCIN SUS 100/5ML	azithromycin for susp 100 mg/5ml	1	
AZITHROMYCIN SUS 200/5ML	azithromycin for susp 200 mg/5ml	1	
AZITHROMYCIN TAB 250MG	azithromycin tab 250 mg	1	
AZITHROMYCIN TAB 500MG	azithromycin tab 500 mg	1	
AZITHROMYCIN TAB 600MG	azithromycin tab 600 mg	1	
BAXDELA TAB 450MG	delafloxacin meglumine tab 450 mg (base equiv)	3	
CEFACLOR CAP 250MG	cefaclor cap 250 mg	1	
CEFACLOR CAP 500MG	cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	cefaclor monohydrate tab er 12hr 500 mg	2	
CEFADROXIL CAP 500MG	cefadroxil cap 500 mg	1	
CEFADROXIL SUS 250/5ML	cefadroxil for susp 250 mg/5ml	1	
CEFADROXIL SUS 500/5ML	cefadroxil for susp 500 mg/5ml	1	
CEFADROXIL TAB 1GM	cefadroxil tab 1 gm	2	
CEFDINIR CAP 300MG	cefdinir cap 300 mg	1	
CEFDINIR SUS 125/5ML	cefdinir for susp 125 mg/5ml	1	
CEFDINIR SUS 250/5ML	cefdinir for susp 250 mg/5ml	1	
CEFIXIME CAP 400MG	cefixime cap 400 mg	2	
CEFIXIME SUS 100/5ML	cefixime for susp 100 mg/5ml	3	
CEFIXIME SUS 200/5ML	cefixime for susp 200 mg/5ml	3	
CEFPODO PROX SUS 100/5ML	cefpodoxime proxetil for susp 100 mg/5ml	2	
CEFPODO PROX SUS 50MG/5ML	cefpodoxime proxetil for susp 50 mg/5ml	2	
CEFPODOXIME TAB 100MG	cefpodoxime proxetil tab 100 mg	2	
CEFPODOXIME TAB 200MG	cefpodoxime proxetil tab 200 mg	2	
CEFPROZIL SUS 125/5ML	cefprozil for susp 125 mg/5ml	1	
CEFPROZIL SUS 250/5ML	cefprozil for susp 250 mg/5ml	1	
CEFPROZIL TAB 250MG	cefprozil tab 250 mg	1	
CEFPROZIL TAB 500MG	cefprozil tab 500 mg	1	
CEFUROXIME TAB 250MG	cefuroxime axetil tab 250 mg	1	
CEFUROXIME TAB 500MG	cefuroxime axetil tab 500 mg	1	
CEPHALEXIN CAP 250MG	cephalexin cap 250 mg	1	
CEPHALEXIN CAP 500MG	cephalexin cap 500 mg	1	
CEPHALEXIN SUS 125/5ML	cephalexin for susp 125 mg/5ml	1	
CEPHALEXIN SUS 250/5ML	cephalexin for susp 250 mg/5ml	1	
CIPROFLOXACN TAB 250MG	ciprofloxacin hcl tab 250 mg (base equiv)	1	
CIPROFLOXACN TAB 500MG	ciprofloxacin hcl tab 500 mg (base equiv)	1	
CIPROFLOXACN TAB 750MG	ciprofloxacin hcl tab 750 mg (base equiv)	1	
CLARITHROMYC SUS 125/5ML	clarithromycin for susp 125 mg/5ml	3	
CLARITHROMYC SUS 250/5ML	clarithromycin for susp 250 mg/5ml	3	

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Brand name	Generic name	Tier	Notes
CLARITHROMYC TAB 250MG	clarithromycin tab 250 mg	1	
CLARITHROMYC TAB 500MG	clarithromycin tab 500 mg	1	
CLARITHROMYC TAB 500MG ER	clarithromycin tab er 24hr 500 mg	2	
CLINDACIN-P PAD 1%	clindamycin phosphate swab 1%	1	QL; Maximum of 69 pads per 30 days.
CLINDAMYCIN CAP 150MG	clindamycin hcl cap 150 mg	1	
CLINDAMYCIN CAP 300MG	clindamycin hcl cap 300 mg	1	
CLINDAMYCIN CAP 75MG	clindamycin hcl cap 75 mg	1	
CLINDAMYCIN CRE 2% VAG	clindamycin phosphate vaginal cream 2%	1	
CLINDAMYCIN MIS 1%	clindamycin phosphate swab 1%	1	QL; Maximum of 69 pads per 30 days.
CLINDAMYCIN SOL 75MG/5ML	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	2	
DEMECLOCYCL TAB 150MG	demeclocycline hcl tab 150 mg	3	
DEMECLOCYCL TAB 300MG	demeclocycline hcl tab 300 mg	3	
DICLOXACILL CAP 250MG	dicloxacillin sodium cap 250 mg	1	
DICLOXACILL CAP 500MG	dicloxacillin sodium cap 500 mg	1	
DOXYCYC MONO CAP 100MG	doxycycline monohydrate cap 100 mg	1	
DOXYCYC MONO CAP 50MG	doxycycline monohydrate cap 50 mg	1	
DOXYCYC MONO TAB 100MG	doxycycline monohydrate tab 100 mg	1	
DOXYCYC MONO TAB 150MG	doxycycline monohydrate tab 150 mg	1	
DOXYCYC MONO TAB 50MG	doxycycline monohydrate tab 50 mg	1	
DOXYCYC MONO TAB 75MG	doxycycline monohydrate tab 75 mg	1	
DOXYCYCL HYC CAP 100MG	doxycycline hyclate cap 100 mg	1	
DOXYCYCL HYC CAP 50MG	doxycycline hyclate cap 50 mg	1	
DOXYCYCL HYC TAB 100MG	doxycycline hyclate tab 100 mg	1	
DOXYCYCLINE SUS 25MG/5ML	doxycycline monohydrate for susp 25 mg/5ml	2	
ERYTHROCIN TAB 250MG	erythromycin stearate tab 250 mg	3	
ERYTHROM ETH SUS 200/5ML	erythromycin ethylsuccinate for susp 200 mg/5ml	3	
ERYTHROM ETH SUS 400/5ML	erythromycin ethylsuccinate for susp 400 mg/5ml	3	
ERYTHROM ETH TAB 400MG	erythromycin ethylsuccinate tab 400 mg	3	
ERYTHROMYCIN CAP 250MG DR	erythromycin w/ delayed release particles cap 250 mg	3	
ERYTHROMYCIN TAB 250MG BS	erythromycin tab 250 mg	2	
ERYTHROMYCIN TAB 250MG EC	erythromycin tab delayed release 250 mg	2	
ERYTHROMYCIN TAB 333MG EC	erythromycin tab delayed release 333 mg	2	
ERYTHROMYCIN TAB 500MG BS	erythromycin tab 500 mg	2	
ERYTHROMYCIN TAB 500MG EC	erythromycin tab delayed release 500 mg	2	
FOSFOMYCIN POW 3GM	fosfomycin tromethamine powd pack 3 gm (base equivalent)	3	
GENTAMICIN CRE 0.1%	gentamicin sulfate cream 0.1%	2	
GENTAMICIN OIN 0.1%	gentamicin sulfate oint 0.1%	2	
HUMATIN CAP 250MG	paromomycin sulfate cap 250 mg	3	
HYDROGEN PER SOL 3%	hydrogen peroxide soln 3%	$0	
LEVOFLOXACIN SOL 25MG/ML	levofloxacin oral soln 25 mg/ml	3	
LEVOFLOXACIN TAB 250MG	levofloxacin tab 250 mg	1	
LEVOFLOXACIN TAB 500MG	levofloxacin tab 500 mg	1	
LEVOFLOXACIN TAB 750MG	levofloxacin tab 750 mg	1	
LINEZOLID SUS 100/5ML	linezolid for susp 100 mg/5ml	3	QL; Maximum of 900 ml per 11 days.
LINEZOLID TAB 600MG	linezolid tab 600 mg	2	QL; Maximum of 2 tablets per day.

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METHENAM HIP TAB 1GM	methenamine hippurate tab 1 gm	2	
METRONIDAZOL GEL 0.75%VAG	metronidazole vaginal gel 0.75%	1	
METRONIDAZOL TAB 250MG	metronidazole tab 250 mg	1	
METRONIDAZOL TAB 500MG	metronidazole tab 500 mg	1	
MINOCYCLINE CAP 100MG	minocycline hcl cap 100 mg	1	
MINOCYCLINE CAP 50MG	minocycline hcl cap 50 mg	1	
MINOCYCLINE CAP 75MG	minocycline hcl cap 75 mg	1	
MOXIFLOXACIN TAB 400MG	moxifloxacin hcl tab 400 mg (base equiv)	1	
NEOMYCIN TAB 500MG	neomycin sulfate tab 500 mg	1	
NITROFUR MAC CAP 100MG	nitrofurantoin macrocrystalline cap 100 mg	2	
NITROFUR MAC CAP 25MG	nitrofurantoin macrocrystalline cap 25 mg	3	QL; Maximum of 4 capsules per day.
NITROFUR MAC CAP 50MG	nitrofurantoin macrocrystalline cap 50 mg	2	
NITROFURANTN CAP 100MG	nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
NITROFURANTN SUS 25MG/5ML	nitrofurantoin susp 25 mg/5ml	3	PA
NITROFURANTN SUS 50/10ML	nitrofurantoin susp 25 mg/5ml	3	PA
OFLOXACIN TAB 300MG	ofloxacin tab 300 mg	2	
OFLOXACIN TAB 400MG	ofloxacin tab 400 mg	2	
PENICILLN VK SOL 125/5ML	penicillin v potassium for soln 125 mg/5ml	1	
PENICILLN VK SOL 250/5ML	penicillin v potassium for soln 250 mg/5ml	1	
PENICILLN VK TAB 250MG	penicillin v potassium tab 250 mg	1	
PENICILLN VK TAB 500MG	penicillin v potassium tab 500 mg	1	
SIVEXTRO TAB 200MG	tedizolid phosphate tab 200 mg	3	PA; QL; Maximum of 6 tablets per 30 days.
SMZ-TMP SUS 200-40/5	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
SMZ-TMP TAB 400-80MG	sulfamethoxazole-trimethoprim tab 400-80 mg	1	
SMZ/TMP DS TAB 800-160	sulfamethoxazole-trimethoprim tab 800-160 mg	1	
SOLOSEC GRA 2GM	secnidazole granules packet 2 gm	3	QL; Maximum of 1 packet per day.
SULFACETAMID LOT 10%	sulfacetamide sodium lotion 10% (acne)	3	
SULFADIAZINE TAB 500MG	sulfadiazine tab 500 mg	3	
SULFATRIM PD SUS 200-40/5	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
TETRACYCLINE CAP 250MG	tetracycline hcl cap 250 mg	1	
TETRACYCLINE CAP 500MG	tetracycline hcl cap 500 mg	1	
TINIDAZOLE TAB 250MG	tinidazole tab 250 mg	1	
TINIDAZOLE TAB 500MG	tinidazole tab 500 mg	1	
TRIMETHOPRIM TAB 100MG	trimethoprim tab 100 mg	1	
VANCOMYCIN CAP 125MG	vancomycin hcl cap 125 mg (base equivalent)	1	QL; Maximum of 4 capsules per day.
VANCOMYCIN CAP 250MG	vancomycin hcl cap 250 mg (base equivalent)	1	QL; Maximum of 8 capsules per day.
VANCOMYCIN SOL 250/5ML	vancomycin hcl for oral soln 50 mg/ml (base equivalent)	2	
VANCOMYCIN SOL 25MG/ML	vancomycin hcl for oral soln 25 mg/ml (base equivalent)	2	
VANCOMYCIN SOL 50MG/ML	vancomycin hcl for oral soln 50 mg/ml (base equivalent)	2	
VANDAZOLE GEL 0.75%	metronidazole vaginal gel 0.75%	2	
Anticonvulsants			
CARBAMAZEPIN CAP 100MG ER	carbamazepine cap er 12hr 100 mg	2	

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Brand name	Generic name	Tier	Notes
CARBAMAZEPIN CAP 200MG ER	carbamazepine cap er 12hr 200 mg	2	
CARBAMAZEPIN CAP 300MG ER	carbamazepine cap er 12hr 300 mg	2	
CARBAMAZEPIN CHW 100MG	carbamazepine chew tab 100 mg	1	
CARBAMAZEPIN SUS 100/5ML	carbamazepine susp 100 mg/5ml	2	
CARBAMAZEPIN SUS 200/10ML	carbamazepine susp 100 mg/5ml	2	
CARBAMAZEPIN TAB 100MG ER	carbamazepine tab er 12hr 100 mg	2	
CARBAMAZEPIN TAB 200MG	carbamazepine tab 200 mg	1	
CARBAMAZEPIN TAB 200MG ER	carbamazepine tab er 12hr 200 mg	2	
CARBAMAZEPIN TAB 400MG ER	carbamazepine tab er 12hr 400 mg	2	
CLOBAZAM SUS 2.5MG/ML	clobazam suspension 2.5 mg/ml	3	PA; QL; Maximum of 16 ml per day.
CLOBAZAM TAB 10MG	clobazam tab 10 mg	3	PA; QL; Maximum of 2 tablets per day.
CLOBAZAM TAB 20MG	clobazam tab 20 mg	3	PA; QL; Maximum of 2 tablets per day.
CLONAZEP ODT TAB 0.125MG	clonazepam orally disintegrating tab 0.125 mg	2	QL; Maximum of 4 tablets per day.
CLONAZEP ODT TAB 0.25MG	clonazepam orally disintegrating tab 0.25 mg	2	QL; Maximum of 4 tablets per day.
CLONAZEP ODT TAB 0.5MG	clonazepam orally disintegrating tab 0.5 mg	2	QL; Maximum of 4 tablets per day.
CLONAZEP ODT TAB 1MG	clonazepam orally disintegrating tab 1 mg	2	QL; Maximum of 4 tablets per day.
CLONAZEP ODT TAB 2MG	clonazepam orally disintegrating tab 2 mg	2	QL; Maximum of 10 tablets per day.
CLONAZEPAM TAB 0.5MG	clonazepam tab 0.5 mg	1	QL; Maximum of 4 tablets per day.
CLONAZEPAM TAB 1MG	clonazepam tab 1 mg	1	QL; Maximum of 4 tablets per day.
CLONAZEPAM TAB 2MG	clonazepam tab 2 mg	1	QL; Maximum of 10 tablets per day.
DIACOMIT CAP 250MG	stiripentol cap 250 mg	3	PA; QL; SP;Maximum of 12 capsules per day.
DIACOMIT CAP 500MG	stiripentol cap 500 mg	3	PA; QL; SP;Maximum of 6 capsules per day.
DIACOMIT PAK 250MG	stiripentol packet 250 mg	3	PA; QL; SP;Maximum of 12 packets per day.
DIACOMIT PAK 500MG	stiripentol packet 500 mg	3	PA; QL; SP;Maximum of 6 packets per day.
DIAZEPAM GEL 10MG	diazepam rectal gel delivery system 10 mg	2	QL; Maximum of 5 packages per 30 days.
DIAZEPAM GEL 2.5MG	diazepam rectal gel delivery system 2.5 mg	2	QL; Maximum of 5 packages per 30 days.
DIAZEPAM GEL 20MG	diazepam rectal gel delivery system 20 mg	2	QL; Maximum of 5 packages per 30 days.
DILANTIN CAP 30MG	phenytoin sodium extended cap 30 mg	3	
DIVALPROEX CAP 125MG DR	divalproex sodium cap delayed release sprinkle 125 mg	1	
DIVALPROEX TAB 125MG DR	divalproex sodium tab delayed release 125 mg	1	
DIVALPROEX TAB 250MG DR	divalproex sodium tab delayed release 250 mg	1	
DIVALPROEX TAB 250MG ER	divalproex sodium tab er 24 hr 250 mg	1	
DIVALPROEX TAB 500MG DR	divalproex sodium tab delayed release 500 mg	1	
DIVALPROEX TAB 500MG ER	divalproex sodium tab er 24 hr 500 mg	1	
EPIDIOLEX SOL 100MG/ML	cannabidiol soln 100 mg/ml	3	PA; SP
EPITOL TAB 200MG	carbamazepine tab 200 mg	1	

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ESLICARBAZEP TAB 200MG	eslicarbazepine acetate tab 200 mg	3	PA; QL; Maximum of 1 tablet per day.
ESLICARBAZEP TAB 400MG	eslicarbazepine acetate tab 400 mg	3	PA; QL; Maximum of 1 tablet per day.
ESLICARBAZEP TAB 600MG	eslicarbazepine acetate tab 600 mg	3	PA; QL; Maximum of 2 tablets per day.
ESLICARBAZEP TAB 800MG	eslicarbazepine acetate tab 800 mg	3	PA; QL; Maximum of 2 tablets per day.
ETHOSUXIMIDE CAP 250MG	ethosuximide cap 250 mg	2	
ETHOSUXIMIDE SOL 250/5ML	ethosuximide soln 250 mg/5ml	2	
FELBAMATE SUS 600/5ML	felbamate susp 600 mg/5ml	3	
FELBAMATE TAB 400MG	felbamate tab 400 mg	3	
FELBAMATE TAB 600MG	felbamate tab 600 mg	3	
FYCOMPA SUS 0.5MG/ML	perampanel susp 0.5 mg/ml	3	PA; QL; Maximum of 24 ml per day.
GABAPENTIN CAP 100MG	gabapentin cap 100 mg	1	
GABAPENTIN CAP 300MG	gabapentin cap 300 mg	1	
GABAPENTIN CAP 400MG	gabapentin cap 400 mg	1	
GABAPENTIN SOL 250/5ML	gabapentin oral soln 250 mg/5ml	1	
GABAPENTIN SOL 300/6ML	gabapentin oral soln 250 mg/5ml	1	
GABAPENTIN TAB 600MG	gabapentin tab 600 mg	1	
GABAPENTIN TAB 800MG	gabapentin tab 800 mg	1	
LACOSAMIDE SOL 100/10ML	lacosamide oral solution 10 mg/ml	3	PA; QL; Maximum of 40 ml per day.
LACOSAMIDE SOL 10MG/ML	lacosamide oral solution 10 mg/ml	3	PA; QL; Maximum of 40 ml per day.
LACOSAMIDE SOL 150/15ML	lacosamide oral solution 10 mg/ml	3	PA; QL; Maximum of 40 ml per day.
LACOSAMIDE SOL 200/20ML	lacosamide oral solution 10 mg/ml	3	PA; QL; Maximum of 40 ml per day.
LACOSAMIDE SOL 50/5ML	lacosamide oral solution 10 mg/ml	3	PA; QL; Maximum of 40 ml per day.
LACOSAMIDE SOL 50MG/5ML	lacosamide oral solution 10 mg/ml	3	PA; QL; Maximum of 40 ml per day.
LACOSAMIDE TAB 100MG	lacosamide tab 100 mg	1	QL; Maximum of 2 tablets per day.
LACOSAMIDE TAB 150MG	lacosamide tab 150 mg	1	QL; Maximum of 2 tablets per day.
LACOSAMIDE TAB 200MG	lacosamide tab 200 mg	1	QL; Maximum of 2 tablets per day.
LACOSAMIDE TAB 50MG	lacosamide tab 50 mg	1	QL; Maximum of 2 tablets per day.
LAMOTRIGINE CHW 25MG	lamotrigine tab chewable dispersible 25 mg	1	
LAMOTRIGINE CHW 5MG	lamotrigine tab chewable dispersible 5 mg	1	
LAMOTRIGINE TAB 100MG	lamotrigine tab 100 mg	1	
LAMOTRIGINE TAB 150MG	lamotrigine tab 150 mg	1	
LAMOTRIGINE TAB 200MG	lamotrigine tab 200 mg	1	
LAMOTRIGINE TAB 25MG	lamotrigine tab 25 mg	1	
LEVETIRACETA SOL 100MG/ML	levetiracetam oral soln 100 mg/ml	1	
LEVETIRACETA SOL 500/5ML	levetiracetam oral soln 100 mg/ml	1	
LEVETIRACETA TAB 1000MG	levetiracetam tab 1000 mg	1	
LEVETIRACETA TAB 250MG	levetiracetam tab 250 mg	1	
LEVETIRACETA TAB 500MG	levetiracetam tab 500 mg	1	
LEVETIRACETA TAB 500MG ER	levetiracetam tab er 24hr 500 mg	1	
LEVETIRACETA TAB 750MG	levetiracetam tab 750 mg	1	

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LEVETIRACETA TAB 750MG ER	levetiracetam tab er 24hr 750 mg	1	
METHSUXIMIDE CAP 300MG	methsuximide cap 300 mg	2	
NAYZILAM SPR 5MG	midazolam nasal spray soln 5 mg/0.1 ml	3	PA; QL; Maximum of 10 devices per 30 days.
OXCARBAZEPIN SUS 300/5ML	oxcarbazepine susp 300 mg/5ml (60 mg/ml)	3	
OXCARBAZEPIN TAB 150MG	oxcarbazepine tab 150 mg	1	
OXCARBAZEPIN TAB 300MG	oxcarbazepine tab 300 mg	1	
OXCARBAZEPIN TAB 600MG	oxcarbazepine tab 600 mg	1	
PERAMPANEL SUS 0.5MG/ML	perampanel susp 0.5 mg/ml	3	PA; QL; Maximum of 24 ml per day.
PHENOBARB ELX 20MG/5ML	phenobarbital elixir 20 mg/5ml	1	
PHENOBARB ELX 30/7.5ML	phenobarbital elixir 20 mg/5ml	1	
PHENOBARB ELX 60/15ML	phenobarbital elixir 20 mg/5ml	1	
PHENOBARB SOL 20MG/5ML	phenobarbital elixir 20 mg/5ml	1	
PHENOBARB TAB 100MG	phenobarbital tab 100 mg	1	
PHENOBARB TAB 15MG	phenobarbital tab 15 mg	1	
PHENOBARB TAB 16.2MG	phenobarbital tab 16.2 mg	1	
PHENOBARB TAB 30MG	phenobarbital tab 30 mg	1	
PHENOBARB TAB 32.4MG	phenobarbital tab 32.4 mg	1	
PHENOBARB TAB 60MG	phenobarbital tab 60 mg	1	
PHENOBARB TAB 64.8MG	phenobarbital tab 64.8 mg	1	
PHENOBARB TAB 97.2MG	phenobarbital tab 97.2 mg	1	
PHENYTEK CAP 200MG	phenytoin sodium extended cap 200 mg	1	
PHENYTEK CAP 300MG	phenytoin sodium extended cap 300 mg	1	
PHENYTOIN CHW 50MG	phenytoin chew tab 50 mg	1	
PHENYTOIN SUS 100/4ML	phenytoin susp 125 mg/5ml	1	
PHENYTOIN SUS 125/5ML	phenytoin susp 125 mg/5ml	1	
PHENYTOIN EX CAP 100MG	phenytoin sodium extended cap 100 mg	1	
PHENYTOIN EX CAP 200MG	phenytoin sodium extended cap 200 mg	1	
PHENYTOIN EX CAP 300MG	phenytoin sodium extended cap 300 mg	1	
PREGABALIN CAP 100MG	pregabalin cap 100 mg	1	QL; Maximum of 3 capsules per day.
PREGABALIN CAP 150MG	pregabalin cap 150 mg	1	QL; Maximum of 3 capsules per day.
PREGABALIN CAP 200MG	pregabalin cap 200 mg	1	QL; Maximum of 3 capsules per day.
PREGABALIN CAP 225MG	pregabalin cap 225 mg	1	QL; Maximum of 2 capsules per day.
PREGABALIN CAP 25MG	pregabalin cap 25 mg	1	QL; Maximum of 3 capsules per day.
PREGABALIN CAP 300MG	pregabalin cap 300 mg	1	QL; Maximum of 2 capsules per day.
PREGABALIN CAP 50MG	pregabalin cap 50 mg	1	QL; Maximum of 3 capsules per day.
PREGABALIN CAP 75MG	pregabalin cap 75 mg	1	QL; Maximum of 3 capsules per day.
PRIMIDONE TAB 125MG	primidone tab 125 mg	1	
PRIMIDONE TAB 250MG	primidone tab 250 mg	1	
PRIMIDONE TAB 50MG	primidone tab 50 mg	1	
ROWEEPRA TAB 500MG	levetiracetam tab 500 mg	1	
RUFINAMIDE SUS 40MG/ML	rufinamide susp 40 mg/ml	3	PA
RUFINAMIDE TAB 200MG	rufinamide tab 200 mg	3	PA
RUFINAMIDE TAB 400MG	rufinamide tab 400 mg	3	PA
SUBVENITE TAB 100MG	lamotrigine tab 100 mg	1	

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SUBVENITE TAB 150MG	lamotrigine tab 150 mg	1	
SUBVENITE TAB 200MG	lamotrigine tab 200 mg	1	
SUBVENITE TAB 25MG	lamotrigine tab 25 mg	1	
TIAGABINE TAB 12MG	tiagabine hcl tab 12 mg	3	
TIAGABINE TAB 16MG	tiagabine hcl tab 16 mg	3	
TIAGABINE TAB 2MG	tiagabine hcl tab 2 mg	3	
TIAGABINE TAB 4MG	tiagabine hcl tab 4 mg	3	
TOPIRAMATE CAP 15MG	topiramate sprinkle cap 15 mg	2	
TOPIRAMATE CAP 25MG	topiramate sprinkle cap 25 mg	2	
TOPIRAMATE CAP 50MG	topiramate sprinkle cap 50 mg	2	
TOPIRAMATE TAB 100MG	topiramate tab 100 mg	1	
TOPIRAMATE TAB 200MG	topiramate tab 200 mg	1	
TOPIRAMATE TAB 25MG	topiramate tab 25 mg	1	
TOPIRAMATE TAB 50MG	topiramate tab 50 mg	1	
VALPROIC ACD CAP 250MG	valproic acid cap 250 mg	1	
VALPROIC ACD SOL 250/5ML	valproate sodium oral soln 250 mg/5ml (base equiv)	1	
VALPROIC ACD SOL 500/10ML	valproate sodium oral soln 250 mg/5ml (base equiv)	1	
VIGABATRIN PAK 500MG	vigabatrin powd pack 500 mg	3	PA; QL; SP;Maximum of 6 packets per day.
VIGABATRIN TAB 500MG	vigabatrin tab 500 mg	3	PA; QL; SP;Maximum of 6 tablets per day.
VIGPODER POW 500MG	vigabatrin powd pack 500 mg	3	PA; QL; SP;Maximum of 6 packets per day.
ZONISAMIDE CAP 100MG	zonisamide cap 100 mg	1	
ZONISAMIDE CAP 25MG	zonisamide cap 25 mg	1	
ZONISAMIDE CAP 50MG	zonisamide cap 50 mg	1	
Antidementia Agents			
DONEPEZIL TAB 10MG	donepezil hydrochloride tab 10 mg	1	QL; Maximum of 2 tablets per day.
DONEPEZIL TAB 10MG ODT	donepezil hydrochloride orally disintegrating tab 10 mg	1	QL; Maximum of 2 tablets per day.
DONEPEZIL TAB 5MG	donepezil hydrochloride tab 5 mg	1	QL; Maximum of 1 tablet per day.
DONEPEZIL TAB 5MG ODT	donepezil hydrochloride orally disintegrating tab 5 mg	1	QL; Maximum of 1 tablet per day.
DONEPEZIL TAB ODT 10MG	donepezil hydrochloride orally disintegrating tab 10 mg	1	QL; Maximum of 2 tablets per day.
DONEPEZIL TAB ODT 5MG	donepezil hydrochloride orally disintegrating tab 5 mg	1	QL; Maximum of 1 tablet per day.
ERGOLOID MES TAB 1MG ORAL	ergoloid mesylates tab 1 mg	3	
GALANTAMINE CAP 16MG ER	galantamine hydrobromide cap er 24hr 16 mg	2	QL; Maximum of 1 capsule per day.
GALANTAMINE CAP 24MG ER	galantamine hydrobromide cap er 24hr 24 mg	2	QL; Maximum of 1 capsule per day.
GALANTAMINE CAP 8MG ER	galantamine hydrobromide cap er 24hr 8 mg	2	QL; Maximum of 1 capsule per day.
GALANTAMINE SOL 4MG/ML	galantamine hydrobromide oral soln 4 mg/ml	3	QL; Maximum of 2 bottles (200 ml) per 30 days.
GALANTAMINE TAB 12MG	galantamine hydrobromide tab 12 mg	2	QL; Maximum of 2 tablets per day.
GALANTAMINE TAB 4MG	galantamine hydrobromide tab 4 mg	2	QL; Maximum of 2 tablets per day.
GALANTAMINE TAB 8MG	galantamine hydrobromide tab 8 mg	2	QL; Maximum of 2 tablets per day.

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MEMANT TITRA PAK 5-10MG	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	QL; Maximum of 1 pack per year.
MEMANTINE SOL 10MG/5ML	memantine hcl oral solution 2 mg/ml	3	QL; Maximum of 10 ml per day.
MEMANTINE SOL 2MG/ML	memantine hcl oral solution 2 mg/ml	3	QL; Maximum of 10 ml per day.
MEMANTINE TAB HCL 10MG	memantine hcl tab 10 mg	1	QL; Maximum of 2 tablets per day.
MEMANTINE TAB HCL 5MG	memantine hcl tab 5 mg	1	QL; Maximum of 3 tablets per day.
MEMANTINE HC SOL 2MG/ML	memantine hcl oral solution 2 mg/ml	3	QL; Maximum of 10 ml per day.
RIVASTIGMINE CAP 1.5MG	rivastigmine tartrate cap 1.5 mg (base equivalent)	1	QL; Maximum of 2 capsules per day.
RIVASTIGMINE CAP 3MG	rivastigmine tartrate cap 3 mg (base equivalent)	1	QL; Maximum of 2 capsules per day.
RIVASTIGMINE CAP 4.5MG	rivastigmine tartrate cap 4.5 mg (base equivalent)	1	QL; Maximum of 2 capsules per day.
RIVASTIGMINE CAP 6MG	rivastigmine tartrate cap 6 mg (base equivalent)	1	QL; Maximum of 2 capsules per day.
RIVASTIGMINE DIS 13.3/24	rivastigmine td patch 24hr 13.3 mg/24hr	3	QL; Maximum of 1 patch per day.
RIVASTIGMINE DIS 4.6MG/24	rivastigmine td patch 24hr 4.6 mg/24hr	3	QL; Maximum of 1 patch per day.
RIVASTIGMINE DIS 9.5MG/24	rivastigmine td patch 24hr 9.5 mg/24hr	3	QL; Maximum of 1 patch per day.
Antidepressants			
AMITRIPTYLIN TAB 100MG	amitriptyline hcl tab 100 mg	1	
AMITRIPTYLIN TAB 10MG	amitriptyline hcl tab 10 mg	1	
AMITRIPTYLIN TAB 150MG	amitriptyline hcl tab 150 mg	1	
AMITRIPTYLIN TAB 25MG	amitriptyline hcl tab 25 mg	1	
AMITRIPTYLIN TAB 50MG	amitriptyline hcl tab 50 mg	1	
AMITRIPTYLIN TAB 75MG	amitriptyline hcl tab 75 mg	1	
AMOXAPINE TAB 100MG	amoxapine tab 100 mg	1	
AMOXAPINE TAB 150MG	amoxapine tab 150 mg	1	
AMOXAPINE TAB 25MG	amoxapine tab 25 mg	1	
AMOXAPINE TAB 50MG	amoxapine tab 50 mg	1	
BUPROPION TAB 100MG	bupropion hcl tab 100 mg	1	
BUPROPION TAB 100MG SR	bupropion hcl tab er 12hr 100 mg	1	
BUPROPION TAB 150MG SR	bupropion hcl tab er 12hr 150 mg	1	
BUPROPION TAB 150MG XL	bupropion hcl tab er 24hr 150 mg	1	QL; Maximum of 1 tablet per day.
BUPROPION TAB 200MG SR	bupropion hcl tab er 12hr 200 mg	1	
BUPROPION TAB 300MG XL	bupropion hcl tab er 24hr 300 mg	1	QL; Maximum of 1 tablet per day.
BUPROPION TAB 75MG	bupropion hcl tab 75 mg	1	
CDP/AMITRIP TAB 10-25MG	chlordiazepoxide-amitriptyline tab 10-25 mg	2	
CDP/AMITRIP TAB 5-12.5MG	chlordiazepoxide-amitriptyline tab 5-12.5 mg	2	
CITALOPRAM SOL 10MG/5ML	citalopram hydrobromide oral soln 10 mg/5ml	2	
CITALOPRAM SOL 20/10ML	citalopram hydrobromide oral soln 10 mg/5ml	2	
CITALOPRAM TAB 10MG	citalopram hydrobromide tab 10 mg (base equiv)	$0	
CITALOPRAM TAB 20MG	citalopram hydrobromide tab 20 mg (base equiv)	$0	
CITALOPRAM TAB 40MG	citalopram hydrobromide tab 40 mg (base equiv)	$0	
CLOMIPRAMINE CAP 25MG	clomipramine hcl cap 25 mg	3	
CLOMIPRAMINE CAP 50MG	clomipramine hcl cap 50 mg	3	

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Brand name	Generic name	Tier	Notes
CLOMIPRAMINE CAP 75MG	clomipramine hcl cap 75 mg	3	
DESIPRAMINE TAB 100MG	desipramine hcl tab 100 mg	2	
DESIPRAMINE TAB 10MG	desipramine hcl tab 10 mg	2	
DESIPRAMINE TAB 150MG	desipramine hcl tab 150 mg	2	
DESIPRAMINE TAB 25MG	desipramine hcl tab 25 mg	2	
DESIPRAMINE TAB 50MG	desipramine hcl tab 50 mg	2	
DESIPRAMINE TAB 75MG	desipramine hcl tab 75 mg	2	
DESVENLAFAX TAB 100MG ER	desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	2	QL; Maximum of 4 tablets per day.
DESVENLAFAX TAB 25MG ER	desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	2	QL; Maximum of 1 tablet per day.
DESVENLAFAX TAB 50MG ER	desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	2	QL; Maximum of 1 tablet per day.
DOXEPIN HCL CAP 100MG	doxepin hcl cap 100 mg	1	
DOXEPIN HCL CAP 10MG	doxepin hcl cap 10 mg	1	
DOXEPIN HCL CAP 150MG	doxepin hcl cap 150 mg	1	
DOXEPIN HCL CAP 25MG	doxepin hcl cap 25 mg	1	
DOXEPIN HCL CAP 50MG	doxepin hcl cap 50 mg	1	
DOXEPIN HCL CAP 75MG	doxepin hcl cap 75 mg	1	
DOXEPIN HCL CON 10MG/ML	doxepin hcl conc 10 mg/ml	1	
DULOXETINE CAP 20MG DR	duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	QL; Maximum of 2 capsules per day.
DULOXETINE CAP 30MG DR	duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	QL; Maximum of 3 capsules per day.
DULOXETINE CAP 60MG DR	duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	QL; Maximum of 2 capsules per day.
EMSAM DIS 12MG/24H	selegiline td patch 24hr 12 mg/24hr	3	PA; QL; Maximum of 1 patch per day.
EMSAM DIS 6MG/24HR	selegiline td patch 24hr 6 mg/24hr	3	PA; QL; Maximum of 1 patch per day.
EMSAM DIS 9MG/24HR	selegiline td patch 24hr 9 mg/24hr	3	PA; QL; Maximum of 1 patch per day.
ESCITALOPRAM SOL 10/10ML	escitalopram oxalate soln 5 mg/5ml (base equiv)	2	
ESCITALOPRAM SOL 5MG/5ML	escitalopram oxalate soln 5 mg/5ml (base equiv)	2	
ESCITALOPRAM TAB 10MG	escitalopram oxalate tab 10 mg (base equiv)	$0	
ESCITALOPRAM TAB 20MG	escitalopram oxalate tab 20 mg (base equiv)	$0	
ESCITALOPRAM TAB 5MG	escitalopram oxalate tab 5 mg (base equiv)	$0	
FETZIMA CAP 120MG	levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	3	QL; ST; Maximum of 1 capsule per day.
FETZIMA CAP 20MG	levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	3	QL; ST; Maximum of 1 capsule per day.
FETZIMA CAP 40MG	levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	3	QL; ST; Maximum of 1 capsule per day.
FETZIMA CAP 80MG	levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	3	QL; ST; Maximum of 1 capsule per day.
FLUOXETINE CAP 10MG	fluoxetine hcl cap 10 mg	$0	
FLUOXETINE CAP 20MG	fluoxetine hcl cap 20 mg	$0	
FLUOXETINE CAP 40MG	fluoxetine hcl cap 40 mg	$0	
FLUOXETINE CAP 90MG DR	fluoxetine hcl cap delayed release 90 mg	2	QL; Maximum of 4 capsules per 28 days.
FLUOXETINE SOL 20MG/5ML	fluoxetine hcl solution 20 mg/5ml	1	
FLUOXETINE TAB 10MG	fluoxetine hcl tab 10 mg	2	QL; Maximum of 1 tablet per day.

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FLUOXETINE TAB 20MG	fluoxetine hcl tab 20 mg	2	QL; Maximum of 1 tablet per day.
FLUVOXAMINE CAP 100MG ER	fluvoxamine maleate cap er 24hr 100 mg	3	QL; Maximum of 2 capsules per day.
FLUVOXAMINE CAP 150MG ER	fluvoxamine maleate cap er 24hr 150 mg	3	QL; Maximum of 2 capsules per day.
FLUVOXAMINE TAB 100MG	fluvoxamine maleate tab 100 mg	1	
FLUVOXAMINE TAB 25MG	fluvoxamine maleate tab 25 mg	1	
FLUVOXAMINE TAB 50MG	fluvoxamine maleate tab 50 mg	1	
IMIPRAM HCL TAB 10MG	imipramine hcl tab 10 mg	1	
IMIPRAM HCL TAB 25MG	imipramine hcl tab 25 mg	1	
IMIPRAM HCL TAB 50MG	imipramine hcl tab 50 mg	1	
IMIPRAM PAM CAP 100MG	imipramine pamoate cap 100 mg	3	
IMIPRAM PAM CAP 125MG	imipramine pamoate cap 125 mg	3	
IMIPRAM PAM CAP 150MG	imipramine pamoate cap 150 mg	3	
IMIPRAM PAM CAP 75MG	imipramine pamoate cap 75 mg	3	
MARPLAN TAB 10MG	isocarboxazid tab 10 mg	3	
MIRTAZAPINE TAB 15MG	mirtazapine tab 15 mg	1	
MIRTAZAPINE TAB 15MG ODT	mirtazapine orally disintegrating tab 15 mg	2	
MIRTAZAPINE TAB 30MG	mirtazapine tab 30 mg	1	
MIRTAZAPINE TAB 30MG ODT	mirtazapine orally disintegrating tab 30 mg	2	
MIRTAZAPINE TAB 45MG	mirtazapine tab 45 mg	1	
MIRTAZAPINE TAB 45MG ODT	mirtazapine orally disintegrating tab 45 mg	2	
MIRTAZAPINE TAB 7.5MG	mirtazapine tab 7.5 mg	1	
NEFAZODONE TAB 100MG	nefazodone hcl tab 100 mg	2	
NEFAZODONE TAB 150MG	nefazodone hcl tab 150 mg	2	
NEFAZODONE TAB 200MG	nefazodone hcl tab 200 mg	2	
NEFAZODONE TAB 250MG	nefazodone hcl tab 250 mg	2	
NEFAZODONE TAB 50MG	nefazodone hcl tab 50 mg	2	
NORTRIPTYLIN CAP 10MG	nortriptyline hcl cap 10 mg	1	
NORTRIPTYLIN CAP 25MG	nortriptyline hcl cap 25 mg	1	
NORTRIPTYLIN CAP 50MG	nortriptyline hcl cap 50 mg	1	
NORTRIPTYLIN CAP 75MG	nortriptyline hcl cap 75 mg	1	
NORTRIPTYLIN SOL 10MG/5ML	nortriptyline hcl soln 10 mg/5ml	2	
OLANZA/FLUOX CAP 12-25MG	olanzapine-fluoxetine hcl cap 12-25 mg	3	QL; Maximum of 1 capsule per day.
OLANZA/FLUOX CAP 12-50MG	olanzapine-fluoxetine hcl cap 12-50 mg	3	QL; Maximum of 1 capsule per day.
OLANZA/FLUOX CAP 3-25MG	olanzapine-fluoxetine hcl cap 3-25 mg	3	QL; Maximum of 1 capsule per day.
OLANZA/FLUOX CAP 6-25MG	olanzapine-fluoxetine hcl cap 6-25 mg	3	QL; Maximum of 1 capsule per day.
OLANZA/FLUOX CAP 6-50MG	olanzapine-fluoxetine hcl cap 6-50 mg	3	QL; Maximum of 1 capsule per day.
PAROXETIN ER TAB 12.5MG	paroxetine hcl tab er 24hr 12.5 mg	2	QL; Maximum of 1 tablet per day.
PAROXETIN ER TAB 37.5MG	paroxetine hcl tab er 24hr 37.5 mg	2	QL; Maximum of 2 tablets per day.
PAROXETINE SUS 10MG/5ML	paroxetine hcl oral susp 10 mg/5ml (base equiv)	3	
PAROXETINE TAB 10MG	paroxetine hcl tab 10 mg	1	
PAROXETINE TAB 20MG	paroxetine hcl tab 20 mg	1	
PAROXETINE TAB 25MG ER	paroxetine hcl tab er 24hr 25 mg	2	QL; Maximum of 2 tablets per day.
PAROXETINE TAB 30MG	paroxetine hcl tab 30 mg	1	

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PAROXETINE TAB 40MG	paroxetine hcl tab 40 mg	1	
PERPHEN/AMIT TAB 2-10MG	perphenazine-amitriptyline tab 2-10 mg	2	
PERPHEN/AMIT TAB 2-25MG	perphenazine-amitriptyline tab 2-25 mg	2	
PERPHEN/AMIT TAB 4-10MG	perphenazine-amitriptyline tab 4-10 mg	2	
PERPHEN/AMIT TAB 4-25MG	perphenazine-amitriptyline tab 4-25 mg	2	
PERPHEN/AMIT TAB 4-50MG	perphenazine-amitriptyline tab 4-50 mg	2	
PHENELZINE TAB 15MG	phenelzine sulfate tab 15 mg	1	
PROTRIPTYLIN TAB 10MG	protriptyline hcl tab 10 mg	2	
PROTRIPTYLIN TAB 5MG	protriptyline hcl tab 5 mg	2	
QUETIAPINE TAB 150MG	quetiapine fumarate tab 150 mg	1	QL; Maximum of 3 tablets per day.
SERTRALINE CON 20MG/ML	sertraline hcl oral concentrate for solution 20 mg/ml	1	
SERTRALINE TAB 100MG	sertraline hcl tab 100 mg	$0	
SERTRALINE TAB 25MG	sertraline hcl tab 25 mg	$0	
SERTRALINE TAB 50MG	sertraline hcl tab 50 mg	$0	
TRANYLCYPROM TAB 10MG	tranylcypromine sulfate tab 10 mg	3	
TRAZODONE TAB 100MG	trazodone hcl tab 100 mg	1	
TRAZODONE TAB 150MG	trazodone hcl tab 150 mg	1	
TRAZODONE TAB 300MG	trazodone hcl tab 300 mg	1	
TRAZODONE TAB 50MG	trazodone hcl tab 50 mg	1	
TRIMIPRAMINE CAP 100MG	trimipramine maleate cap 100 mg	3	
TRIMIPRAMINE CAP 25MG	trimipramine maleate cap 25 mg	3	
TRIMIPRAMINE CAP 50MG	trimipramine maleate cap 50 mg	3	
VENLAFAXINE CAP 150MG ER	venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
VENLAFAXINE CAP 37.5 ER	venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
VENLAFAXINE CAP 75MG ER	venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
VENLAFAXINE TAB 100MG	venlafaxine hcl tab 100 mg (base equivalent)	1	
VENLAFAXINE TAB 25MG	venlafaxine hcl tab 25 mg (base equivalent)	1	
VENLAFAXINE TAB 37.5MG	venlafaxine hcl tab 37.5 mg (base equivalent)	1	
VENLAFAXINE TAB 50MG	venlafaxine hcl tab 50 mg (base equivalent)	1	
VENLAFAXINE TAB 75MG	venlafaxine hcl tab 75 mg (base equivalent)	1	
VILAZODONE TAB 10MG	vilazodone hcl tab 10 mg	3	QL; Maximum of 1 tablet per day.
VILAZODONE TAB 20MG	vilazodone hcl tab 20 mg	3	QL; Maximum of 1 tablet per day.
VILAZODONE TAB 40MG	vilazodone hcl tab 40 mg	3	QL; Maximum of 1 tablet per day.
Antiemetics			
ANZEMET TAB 50MG	dolasetron mesylate tab 50 mg	3	QL; Maximum of 5 tablets per 30 days.
APREPITANT CAP 125 & 80	aprepitant capsule therapy pack 80 & 125 mg	2	QL; Maxiumum of 6 capsules (2 packs) per 28 days.
APREPITANT CAP 125MG	aprepitant capsule 125 mg	2	QL; Maxiumum of 2 capsules per 28 days.
APREPITANT CAP 40MG	aprepitant capsule 40 mg	2	QL; Maximum of 1 capsule per 30 days.
APREPITANT CAP 80MG	aprepitant capsule 80 mg	2	QL; Maxiumum of 4 capsules per 28 days.
DOXYL/PYRID TAB 10-10MG	doxylamine-pyridoxine tab delayed release 10-10 mg	3	
DRONABINOL CAP 10MG	dronabinol cap 10 mg	3	

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DRONABINOL CAP 2.5MG	dronabinol cap 2.5 mg	3	
DRONABINOL CAP 5MG	dronabinol cap 5 mg	3	
GRANISETRON TAB 1MG	granisetron hcl tab 1 mg	2	QL; Maximum of 2 tablets per day.
MECLIZINE TAB 25MG	meclizine hcl tab 25 mg	1	
MECLIZINE TAB 50MG	meclizine hcl tab 50 mg	2	
ONDANSETRON SOL 4MG/5ML	ondansetron hcl oral soln 4 mg/5ml	1	
ONDANSETRON TAB 24MG	ondansetron hcl tab 24 mg	1	
ONDANSETRON TAB 4MG	ondansetron hcl tab 4 mg	1	
ONDANSETRON TAB 4MG ODT	ondansetron orally disintegrating tab 4 mg	1	
ONDANSETRON TAB 8MG	ondansetron hcl tab 8 mg	1	
ONDANSETRON TAB 8MG ODT	ondansetron orally disintegrating tab 8 mg	1	
PROCHLORPER SUP 25MG	prochlorperazine suppos 25 mg	2	
PROCHLORPER TAB 10MG	prochlorperazine maleate tab 10 mg (base equivalent)	1	
PROCHLORPER TAB 5MG	prochlorperazine maleate tab 5 mg (base equivalent)	1	
PROMETHAZINE SOL 12.5/10	promethazine hcl oral soln 6.25 mg/5ml	1	
PROMETHAZINE SOL 6.25/5ML	promethazine hcl oral soln 6.25 mg/5ml	1	
PROMETHAZINE SUP 12.5MG	promethazine hcl suppos 12.5 mg	2	QL; Maximum of 6 suppositories per day.
PROMETHAZINE SUP 25MG	promethazine hcl suppos 25 mg	2	QL; Maximum of 4 suppositories per day.
PROMETHAZINE TAB 12.5MG	promethazine hcl tab 12.5 mg	1	
PROMETHAZINE TAB 25MG	promethazine hcl tab 25 mg	1	
PROMETHAZINE TAB 50MG	promethazine hcl tab 50 mg	1	
SCOPOLAMINE DIS 1MG/3DAY	scopolamine td patch 72hr 1 mg/3days	2	
TRIMETHOBENZ CAP 300MG	trimethobenzamide hcl cap 300 mg	1	
VARUBI TAB 90MG	rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)	3	QL; Maximum of 4 tablets per 28 days.
Antifungals			
CLOTRIMAZOLE TRO 10MG	clotrimazole troche 10 mg	1	
CRESEMBA CAP 186MG	isavuconazonium sulfate cap 186 mg	3	PA
CRESEMBA CAP 74.5MG	isavuconazonium sulfate cap 74.5 mg	3	PA
ECONAZOLE CRE 1%	econazole nitrate cream 1%	2	QL; Maximum of 90 grams per 30 days.
EXELDERM CRE 1%	sulconazole nitrate cream 1%	3	
EXELDERM SOL 1%	sulconazole nitrate solution 1%	3	
FLUCONAZOLE SUS 10MG/ML	fluconazole for susp 10 mg/ml	1	
FLUCONAZOLE SUS 40MG/ML	fluconazole for susp 40 mg/ml	1	
FLUCONAZOLE TAB 100MG	fluconazole tab 100 mg	1	
FLUCONAZOLE TAB 150MG	fluconazole tab 150 mg	1	
FLUCONAZOLE TAB 200MG	fluconazole tab 200 mg	1	
FLUCONAZOLE TAB 50MG	fluconazole tab 50 mg	1	
FLUCYTOSINE CAP 250MG	flucytosine cap 250 mg	3	
FLUCYTOSINE CAP 500MG	flucytosine cap 500 mg	3	
GRISEOFULVIN SUS 125/5ML	griseofulvin microsize susp 125 mg/5ml	2	
GRISEOFULVIN TAB MICR 500	griseofulvin microsize tab 500 mg	2	
GRISEOFULVIN TAB ULTR 125	griseofulvin ultramicrosize tab 125 mg	2	
GRISEOFULVIN TAB ULTR 250	griseofulvin ultramicrosize tab 250 mg	2	
GYNAZOLE-1 CRE 2%	butoconazole nitrate (one dose) vaginal cream 2%	3	
ITRACONAZOLE CAP 100MG	itraconazole cap 100 mg	3	QL; Maximum of 4 capsules per day.

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ITRACONAZOLE SOL 100/10ML	itraconazole oral soln 10 mg/ml	3	QL; Maximum of 1800 ml per year.
ITRACONAZOLE SOL 10MG/ML	itraconazole oral soln 10 mg/ml	3	QL; Maximum of 1800 ml per year.
KETOCONAZOLE CRE 2%	ketoconazole cream 2%	1	QL; Maximum of 90 grams per 30 days.
KETOCONAZOLE SHA 2%	ketoconazole shampoo 2%	1	
KETOCONAZOLE TAB 200MG	ketoconazole tab 200 mg	1	
KLAYESTA POW 100000	nystatin topical powder 100000 unit/gm	1	QL; Maximum of 120 grams per 30 days.
LULICONAZOLE CRE 1%	luliconazole cream 1%	3	QL; Maximum of 60 grams per 28 days.
MICONAZOLE 3 SUP 200MG	miconazole nitrate vaginal suppos 200 mg	1	
NAFTIFINE CRE HCL 1%	naftifine hcl cream 1%	3	
NAFTIFINE CRE HCL 2%	naftifine hcl cream 2%	3	
NYAMYC POW 100000	nystatin topical powder 100000 unit/gm	1	QL; Maximum of 120 grams per 30 days.
NYSTATIN CRE 100000	nystatin cream 100000 unit/gm	1	
NYSTATIN OIN 100000	nystatin oint 100000 unit/gm	1	
NYSTATIN OIN 100000U	nystatin oint 100000 unit/gm	1	
NYSTATIN POW 100000	nystatin topical powder 100000 unit/gm	1	QL; Maximum of 120 grams per 30 days.
NYSTATIN SUS 100000	nystatin susp 100000 unit/ml	1	
NYSTATIN TAB 500000	nystatin tab 500000 unit	1	
NYSTOP POW 100000	nystatin topical powder 100000 unit/gm	1	QL; Maximum of 120 grams per 30 days.
OXICONAZOLE CRE NITRATE	oxiconazole nitrate cream 1%	3	QL; Maximum of 90 grams per 30 days.
POSACONAZOLE TAB 100MG DR	posaconazole tab delayed release 100 mg	2	QL; Maximum of 6 tablets per day.
SULCONAZOLE CRE 1%	sulconazole nitrate cream 1%	3	
SULCONAZOLE SOL 1%	sulconazole nitrate solution 1%	3	
TAVABOROLE SOL 5%	tavaborole soln 5%	2	QL; Maximum of 4 ml per 30 days.
TERBINAFINE TAB 250MG	terbinafine hcl tab 250 mg	1	QL; Maximum of 90 tablets per year.
TERCONAZOLE CRE 0.4%	terconazole vaginal cream 0.4%	1	
TERCONAZOLE CRE 0.8%	terconazole vaginal cream 0.8%	1	
TERCONAZOLE SUP 80MG	terconazole vaginal suppos 80 mg	2	
VORICONAZOLE SUS 40MG/ML	voriconazole for susp 40 mg/ml	3	
VORICONAZOLE TAB 200MG	voriconazole tab 200 mg	3	QL; Maximum of 1 tablet per day.
VORICONAZOLE TAB 50MG	voriconazole tab 50 mg	3	QL; Maximum of 4 tablets per day.
Antigout Agents			
ALLOPURINOL TAB 100MG	allopurinol tab 100 mg	1	
ALLOPURINOL TAB 300MG	allopurinol tab 300 mg	1	
COLCHICINE TAB 0.6MG	colchicine tab 0.6 mg	1	QL; Maximum of 4 tablets per day.
FEBUXOSTAT TAB 40MG	febuxostat tab 40 mg	1	QL; Maximum of 1 tablet per day.
FEBUXOSTAT TAB 80MG	febuxostat tab 80 mg	1	QL; Maximum of 1 tablet per day.
PROBEN/COLCH TAB 500-0.5	colchicine w/ probenecid tab 0.5-500 mg	1	
PROBENECID TAB 500MG	probenecid tab 500 mg	1	
Antimigraine Agents			

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AIMOVIG INJ 140MG/ML	erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	2	PA; QL; Maximum of 1 pen (1 ml) per 30 days.
AIMOVIG INJ 70MG/ML	erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	2	PA; QL; Maximum of 2 pens (2 ml) per 30 days.
ALMOTRIP MAL TAB 12.5MG	almotriptan malate tab 12.5 mg	2	QL; ST; Maximum of 12 tablets per 30 days.
ALMOTRIP MAL TAB 6.25MG	almotriptan malate tab 6.25 mg	2	QL; ST; Maximum of 12 tablets per 30 days.
ALMOTRIPTAN TAB 12.5MG	almotriptan malate tab 12.5 mg	2	QL; ST; Maximum of 12 tablets per 30 days.
ALMOTRIPTAN TAB 6.25MG	almotriptan malate tab 6.25 mg	2	QL; ST; Maximum of 12 tablets per 30 days.
DIHYDROERGOT INJ 1MG/ML	dihydroergotamine mesylate inj 1 mg/ml	3	QL; Maximum of 24 ampules (24 ml) per 28 days.
ELETRIPTAN TAB 20MG	eletriptan hydrobromide tab 20 mg (base equivalent)	2	QL; ST; Maximum of 12 tablets per 30 days.
ELETRIPTAN TAB 40MG	eletriptan hydrobromide tab 40 mg (base equivalent)	2	QL; ST; Maximum of 12 tablets per 30 days.
EMGALITY INJ 100MG/ML	galcanezumab-gnlm subcutaneous soln pre-filled syr 100 mg/ml	2	PA; QL; Maximum of 3 syringes or pens (3 ml) per 30 days.
EMGALITY INJ 120MG/ML	galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2	PA; QL; Maximum of 2 syringes or pens (2 ml) per 30 days.
EMGALITY INJ 120MG/ML	galcanezumab-gnlm subcutaneous soln pre-filled syr 120 mg/ml	2	PA; QL; Maximum of 2 syringes or pens (2 ml) per 30 days.
ERGOMAR SUB 2MG	ergotamine tartrate sl tab 2 mg	3	QL; Maximum of 20 tablets per 28 days.
ERGOT/CAFFEN TAB 1-100MG	ergotamine w/ caffeine tab 1-100 mg	3	
FROVATRIPTAN TAB 2.5MG	frovatriptan succinate tab 2.5 mg (base equivalent)	3	QL; ST; Maximum of 12 tablets per 30 days.
MIGERGOT SUP 2/100	ergotamine w/ caffeine suppos 2-100 mg	3	
NARATRIPTAN TAB 1MG	naratriptan hcl tab 1 mg (base equiv)	1	QL; Maximum of 12 tablets per 30 days.
NARATRIPTAN TAB 2.5MG	naratriptan hcl tab 2.5 mg (base equiv)	1	QL; Maximum of 12 tablets per 30 days.
RIZATRIPTAN TAB 10MG	rizatriptan benzoate tab 10 mg (base equivalent)	1	QL; Maximum of 12 tablets per 30 days.
RIZATRIPTAN TAB 10MG ODT	rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL; Maximum of 12 tablets per 30 days.
RIZATRIPTAN TAB 5MG	rizatriptan benzoate tab 5 mg (base equivalent)	1	QL; Maximum of 12 tablets per 30 days.
RIZATRIPTAN TAB 5MG ODT	rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL; Maximum of 12 tablets per 30 days.
SUMAT-NAPROX TAB 85-500MG	sumatriptan-naproxen sodium tab 85-500 mg	3	QL; ST; Maximum of 9 tablets per 30 days.
SUMATRIPTAN INJ 4MG/0.5	sumatriptan succinate solution cartridge 4 mg/0.5ml	3	QL; Maximum of 12 injections (6 ml) per 30 days.
SUMATRIPTAN INJ 4MG/0.5	sumatriptan succinate solution auto-injector 4 mg/0.5ml	3	QL; Maximum of 12 injections (6 ml) per 30 days.
SUMATRIPTAN INJ 6/0.5ML	sumatriptan succinate inj 6 mg/0.5ml	3	QL; Maximum of 12 injections (6 ml) per 30 days.
SUMATRIPTAN INJ 6/0.5ML	sumatriptan succinate solution auto-injector 6 mg/0.5ml	3	QL; Maximum of 12 injections (6 ml) per 30 days.
SUMATRIPTAN INJ 6MG/.5ML	sumatriptan succinate inj 6 mg/0.5ml	3	QL; Maximum of 12 injections (6 ml) per 30 days.
SUMATRIPTAN INJ 6MG/.5ML	sumatriptan succinate solution auto-injector 6 mg/0.5ml	3	QL; Maximum of 12 injections (6 ml) per 30 days.
SUMATRIPTAN INJ 6MG/0.5	sumatriptan succinate inj 6 mg/0.5ml	3	QL; Maximum of 12 injections (6 ml) per 30 days.

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
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Brand name	Generic name	Tier	Notes
SUMATRIPTAN INJ 6MG/0.5	sumatriptan succinate solution cartridge 6 mg/0.5ml	3	QL; Maximum of 12 injections (6 ml) per 30 days.
SUMATRIPTAN INJ 6MG/0.5	sumatriptan succinate solution auto-injector 6 mg/0.5ml	3	QL; Maximum of 12 injections (6 ml) per 30 days.
SUMATRIPTAN SPR 20MG/ACT	sumatriptan nasal spray 20 mg/act	3	QL; Maximum of 12 devices per 30 days.
SUMATRIPTAN SPR 5MG/ACT	sumatriptan nasal spray 5 mg/act	3	QL; Maximum of 12 devices per 30 days.
SUMATRIPTAN TAB 100MG	sumatriptan succinate tab 100 mg	1	QL; Maximum of 12 tablets per 30 days.
SUMATRIPTAN TAB 25MG	sumatriptan succinate tab 25 mg	1	QL; Maximum of 12 tablets per 30 days.
SUMATRIPTAN TAB 50MG	sumatriptan succinate tab 50 mg	1	QL; Maximum of 12 tablets per 30 days.
TIMOLOL MAL TAB 10MG	timolol maleate tab 10 mg	1	
TIMOLOL MAL TAB 20MG	timolol maleate tab 20 mg	1	
TIMOLOL MAL TAB 5MG	timolol maleate tab 5 mg	1	
UBRELVY TAB 100MG	ubrogepant tab 100 mg	2	PA; QL; Maximum of 16 tablets per 30 days.
UBRELVY TAB 50MG	ubrogepant tab 50 mg	2	PA; QL; Maximum of 16 tablets per 30 days.
ZOLMITRIPTAN SPR 2.5MG	zolmitriptan nasal spray 2.5 mg/spray unit	3	QL; ST; Maximum of 18 devices per 30 days.
ZOLMITRIPTAN SPR 5MG	zolmitriptan nasal spray 5 mg/spray unit	3	QL; ST; Maximum of 12 devices per 30 days.
ZOLMITRIPTAN TAB 2.5 MG	zolmitriptan orally disintegrating tab 2.5 mg	2	QL; ST; Maximum of 12 tablets per 30 days.
ZOLMITRIPTAN TAB 2.5MG	zolmitriptan tab 2.5 mg	2	QL; ST; Maximum of 12 tablets per 30 days.
ZOLMITRIPTAN TAB 5MG	zolmitriptan tab 5 mg	2	QL; ST; Maximum of 12 tablets per 30 days.
ZOLMITRIPTAN TAB 5MG ODT	zolmitriptan orally disintegrating tab 5 mg	2	QL; ST; Maximum of 12 tablets per 30 days.
Antimyasthenic Agents			
PYRIDOSTIGM TAB 60MG	pyridostigmine bromide tab 60 mg	1	
PYRIDOSTIGMI SOL 60MG/5ML	pyridostigmine bromide oral soln 60 mg/5ml	3	
PYRIDOSTIGMI TAB ER 180MG	pyridostigmine bromide tab er 180 mg	3	
Antimycobacterials			
CYCLOSERINE CAP 250MG	cycloserine cap 250 mg	3	
DAPSONE TAB 100MG	dapsone tab 100 mg	1	
DAPSONE TAB 25MG	dapsone tab 25 mg	1	
ETHAMBUTOL TAB 100MG	ethambutol hcl tab 100 mg	1	
ETHAMBUTOL TAB 400MG	ethambutol hcl tab 400 mg	1	
ISONIAZID SYP 50MG/5ML	isoniazid syrup 50 mg/5ml	3	
ISONIAZID TAB 100MG	isoniazid tab 100 mg	1	
ISONIAZID TAB 300MG	isoniazid tab 300 mg	1	
PRIFTIN TAB 150MG	rifapentine tab 150 mg	2	
PYRAZINAMIDE TAB 500MG	pyrazinamide tab 500 mg	2	
RIFABUTIN CAP 150MG	rifabutin cap 150 mg	3	
RIFAMPIN CAP 150MG	rifampin cap 150 mg	1	
RIFAMPIN CAP 300MG	rifampin cap 300 mg	1	
SIRTURO TAB 100MG	bedaquiline fumarate tab 100 mg (base equiv)	3	PA
SIRTURO TAB 20MG	bedaquiline fumarate tab 20 mg (base equiv)	3	PA
TRECATOR TAB 250MG	ethionamide tab 250 mg	2	

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Antineoplastics			
ABIRATERONE TAB 250MG	abiraterone acetate tab 250 mg	3	PA; QL; SP;Maximum of 4 tablets per day.
ABIRATERONE TAB 500MG	abiraterone acetate tab 500 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
ALECENSA CAP 150MG	alectinib hcl cap 150 mg (base equivalent)	3	PA; QL; SP;Maximum of 8 capsules per day.
ANASTROZOLE TAB 1MG	anastrozole tab 1 mg	1	PA;$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
BEXAROTENE CAP 75MG	bexarotene cap 75 mg	3	SP
BEXAROTENE GEL 1%	bexarotene gel 1%	3	QL; SP;Maximum of 60 grams per 30 days.
BICALUTAMIDE TAB 50MG	bicalutamide tab 50 mg	1	
BOSULIF CAP 100MG	bosutinib cap 100 mg	3	PA; QL; SP;Maximum of 6 capsules per day.
BOSULIF CAP 50MG	bosutinib cap 50 mg	3	PA; QL; SP;Maximum of 11 capsules per day.
BOSULIF TAB 100MG	bosutinib tab 100 mg	3	PA; QL; SP;Maximum of 6 tablets per day.
BOSULIF TAB 400MG	bosutinib tab 400 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
BOSULIF TAB 500MG	bosutinib tab 500 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
BRUKINSA CAP 80MG	zanubrutinib cap 80 mg	3	PA; QL; SP;Maximum of 4 capsules per day.
BRUKINSA TAB 160MG	zanubrutinib tab 160 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
CALQUENCE TAB 100MG	acalabrutinib maleate tab 100 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
CAPECITABINE TAB 150MG	capecitabine tab 150 mg	3	SP
CAPECITABINE TAB 500MG	capecitabine tab 500 mg	3	SP
CAPRELSA TAB 100MG	vandetanib tab 100 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
CAPRELSA TAB 300MG	vandetanib tab 300 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
COMETRIQ KIT 100MG	cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	3	PA; QL; SP;Maximum of 2 capsules per day.
COMETRIQ KIT 140MG	cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	3	PA; QL; SP;Maximum of 4 capsules per day.
COMETRIQ KIT 60MG	cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	3	PA; QL; SP;Maximum of 3 capsules per day.
COTELLIC TAB 20MG	cobimetinib fumarate tab 20 mg (base equivalent)	3	PA; QL; SP;Maximum of 3 tablets per day.
CYCLOPHOSPH CAP 25MG	cyclophosphamide cap 25 mg	3	
CYCLOPHOSPH CAP 50MG	cyclophosphamide cap 50 mg	3	
CYCLOPHOSPH TAB 25MG	cyclophosphamide tab 25 mg	3	
CYCLOPHOSPH TAB 50MG	cyclophosphamide tab 50 mg	3	
DASATINIB TAB 100MG	dasatinib tab 100 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
DASATINIB TAB 140MG	dasatinib tab 140 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
DASATINIB TAB 20MG	dasatinib tab 20 mg	3	PA; QL; SP;Maximum of 3 tablets per day.
DASATINIB TAB 50MG	dasatinib tab 50 mg	3	PA; QL; SP;Maximum of 3 tablets per day.

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DASATINIB TAB 70MG	dasatinib tab 70 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
DASATINIB TAB 80MG	dasatinib tab 80 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
DROXIA CAP 200MG	hydroxyurea cap 200 mg	3	
DROXIA CAP 300MG	hydroxyurea cap 300 mg	3	
DROXIA CAP 400MG	hydroxyurea cap 400 mg	3	
EMCYT CAP 140MG	estramustine phosphate sodium cap 140 mg	3	
ERLEADA TAB 240MG	apalutamide tab 240 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
ERLEADA TAB 60MG	apalutamide tab 60 mg	3	PA; QL; SP;Maximum of 4 tablets per day.
ERLOTINIB TAB 100MG	erlotinib hcl tab 100 mg (base equivalent)	3	QL; SP;Maximum of 1 tablet per day.
ERLOTINIB TAB 150MG	erlotinib hcl tab 150 mg (base equivalent)	3	QL; SP;Maximum of 1 tablet per day.
ERLOTINIB TAB 25MG	erlotinib hcl tab 25 mg (base equivalent)	3	QL; SP;Maximum of 3 tablets per day.
ETOPOSIDE CAP 50MG	etoposide cap 50 mg	3	SP
EVEROLIMUS TAB 10MG	everolimus tab 10 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
EVEROLIMUS TAB 2.5MG	everolimus tab 2.5 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
EVEROLIMUS TAB 5MG	everolimus tab 5 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
EVEROLIMUS TAB 7.5MG	everolimus tab 7.5 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
EXEMESTANE TAB 25MG	exemestane tab 25 mg	3	PA;$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
GEFITINIB TAB 250MG	gefitinib tab 250 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
GILOTRIF TAB 20MG	afatinib dimaleate tab 20 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 tablet per day.
GILOTRIF TAB 30MG	afatinib dimaleate tab 30 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 tablet per day.
GILOTRIF TAB 40MG	afatinib dimaleate tab 40 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 tablet per day.
GLEOSTINE CAP 100MG	lomustine cap 100 mg	3	SP
GLEOSTINE CAP 10MG	lomustine cap 10 mg	3	SP
GLEOSTINE CAP 40MG	lomustine cap 40 mg	3	SP
HYCAMTIN CAP 0.25MG	topotecan hcl cap 0.25 mg (base equiv)	3	PA; QL; SP;Maximum of 6 capsules per day.
HYCAMTIN CAP 1MG	topotecan hcl cap 1 mg (base equiv)	3	PA; QL; SP;Maximum of 6 capsules per day.
HYDROXYUREA CAP 500MG	hydroxyurea cap 500 mg	1	
IMATINIB MES TAB 100MG	imatinib mesylate tab 100 mg (base equivalent)	3	QL; SP;Maximum of 3 tablets per day.
IMATINIB MES TAB 400MG	imatinib mesylate tab 400 mg (base equivalent)	3	QL; SP;Maximum of 3 tablets per day.
IMBRUVICA CAP 140MG	ibrutinib cap 140 mg	3	PA; QL; SP;Maximum of 4 capsules per day.
IMBRUVICA CAP 70MG	ibrutinib cap 70 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
IMBRUVICA SUS 70MG/ML	ibrutinib oral susp 70 mg/ml	3	PA; QL; SP;Maximum of 8 ml per day.

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IMBRUVICA TAB 140MG	ibrutinib tab 140 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
IMBRUVICA TAB 280MG	ibrutinib tab 280 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
IMBRUVICA TAB 420MG	ibrutinib tab 420 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
INLYTA TAB 1MG	axitinib tab 1 mg	3	PA; QL; SP;Maximum of 4 tablets per day.
INLYTA TAB 5MG	axitinib tab 5 mg	3	PA; QL; SP;Maximum of 4 tablets per day.
JAKAFI TAB 10MG	ruxolitinib phosphate tab 10 mg (base equivalent)	3	PA; QL; SP;Maximum of 2 tablets per day.
JAKAFI TAB 15MG	ruxolitinib phosphate tab 15 mg (base equivalent)	3	PA; QL; SP;Maximum of 2 tablets per day.
JAKAFI TAB 20MG	ruxolitinib phosphate tab 20 mg (base equivalent)	3	PA; QL; SP;Maximum of 2 tablets per day.
JAKAFI TAB 25MG	ruxolitinib phosphate tab 25 mg (base equivalent)	3	PA; QL; SP;Maximum of 2 tablets per day.
JAKAFI TAB 5MG	ruxolitinib phosphate tab 5 mg (base equivalent)	3	PA; QL; SP;Maximum of 2 tablets per day.
KISQALI TAB 200DOSE	ribociclib succinate tab pack 200 mg daily dose	3	PA; QL; SP;Maximum of 1 tablet per day.
KISQALI TAB 400DOSE	ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	3	PA; QL; SP;Maximum of 2 tablets per day.
KISQALI TAB 600DOSE	ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	3	PA; QL; SP;Maximum of 3 tablets per day.
KISQALI 200 PAK FEMARA	ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	3	PA; QL; SP;Maximum of 1 pack (49 tablets) per 28 days.
KISQALI 400 PAK FEMARA	ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	3	PA; QL; SP;Maximum of 1 pack (70 tablets) per 28 days.
KISQALI 600 PAK FEMARA	ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	3	PA; QL; SP;Maximum of 1 pack (91 tablets) per 28 days.
LENALIDOMIDE CAP 10MG	lenalidomide cap 10 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
LENALIDOMIDE CAP 15MG	lenalidomide cap 15 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
LENALIDOMIDE CAP 2.5MG	lenalidomide caps 2.5 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
LENALIDOMIDE CAP 20MG	lenalidomide cap 20 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
LENALIDOMIDE CAP 25MG	lenalidomide cap 25 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
LENALIDOMIDE CAP 5MG	lenalidomide cap 5 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
LENVIMA CAP 10 MG	lenvatinib cap therapy pack 10 mg (10 mg daily dose)	3	PA; QL; SP;Maximum of 1 capsule per day.
LENVIMA CAP 12MG	lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	3	PA; QL; SP;Maximum of 3 capsules per day.
LENVIMA CAP 14 MG	lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	3	PA; QL; SP;Maximum of 2 capsules per day.
LENVIMA CAP 18 MG	lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	3	PA; QL; SP;Maximum of 3 capsules per day.
LENVIMA CAP 20 MG	lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	3	PA; QL; SP;Maximum of 2 capsules per day.
LENVIMA CAP 24 MG	lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	3	PA; QL; SP;Maximum of 3 capsules per day.
LENVIMA CAP 4MG	lenvatinib cap therapy pack 4 mg (4 mg daily dose)	3	PA; QL; SP;Maximum of 1 capsule per day.

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LENVIMA CAP 8 MG	lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	3	PA; QL; SP;Maximum of 2 capsules per day.
LETROZOLE TAB 2.5MG	letrozole tab 2.5 mg	1	PA;$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
LEUCOVOR CA TAB 10MG	leucovorin calcium tab 10 mg	1	
LEUCOVOR CA TAB 15MG	leucovorin calcium tab 15 mg	1	
LEUCOVOR CA TAB 25MG	leucovorin calcium tab 25 mg	1	
LEUCOVOR CA TAB 5MG	leucovorin calcium tab 5 mg	1	
LEUKERAN TAB 2MG	chlorambucil tab 2 mg	3	
LOMUSTINE CAP 100MG	lomustine cap 100 mg	3	SP
LOMUSTINE CAP 10MG	lomustine cap 10 mg	3	SP
LOMUSTINE CAP 40MG	lomustine cap 40 mg	3	SP
LORBRENA TAB 100MG	lorlatinib tab 100 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
LORBRENA TAB 25MG	lorlatinib tab 25 mg	3	PA; QL; SP;Maximum of 3 tablets per day.
LYNPARZA TAB 100MG	olaparib tab 100 mg	3	PA; QL; SP;Maximum of 4 tablets per day.
LYNPARZA TAB 150MG	olaparib tab 150 mg	3	PA; QL; SP;Maximum of 4 tablets per day.
LYSODREN TAB 500MG	mitotane tab 500 mg	3	
MATULANE CAP 50MG	procarbazine hcl cap 50 mg	3	SP
MELPHALAN TAB 2MG	melphalan tab 2 mg	3	
MERCAPTOPUR TAB 50MG	mercaptopurine tab 50 mg	1	
MESNA TAB 400MG	mesna tab 400 mg	3	SP
MYLERAN TAB 2MG	busulfan tab 2 mg	3	
NILUTAMIDE TAB 150MG	nilutamide tab 150 mg	3	SP
NUBEQA TAB 300MG	darolutamide tab 300 mg	3	PA; QL; SP;Maximum of 4 tablets per day.
PIQRAY 200MG TAB DOSE	alpelisib tab therapy pack 200 mg daily dose	3	PA; QL; SP;Maximum of 1 tablet per day.
PIQRAY 250MG TAB DOSE	alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	3	PA; QL; SP;Maximum of 2 tablets per day.
PIQRAY 300MG TAB DOSE	alpelisib tab pack 300 mg daily dose (2x150 mg tab)	3	PA; QL; SP;Maximum of 2 tablets per day.
POMALIDOMIDE CAP 1MG	pomalidomide cap 1 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
POMALIDOMIDE CAP 2MG	pomalidomide cap 2 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
POMALIDOMIDE CAP 3MG	pomalidomide cap 3 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
POMALIDOMIDE CAP 4MG	pomalidomide cap 4 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
POMALYST CAP 1MG	pomalidomide cap 1 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
POMALYST CAP 2MG	pomalidomide cap 2 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
POMALYST CAP 3MG	pomalidomide cap 3 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
POMALYST CAP 4MG	pomalidomide cap 4 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
ROZLYTREK CAP 100MG	entrectinib cap 100 mg	3	PA; QL; SP;Maximum of 5 capsules per day.

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ROZLYTREK CAP 200MG	entrectinib cap 200 mg	3	PA; QL; SP;Maximum of 3 capsules per day.
ROZLYTREK PAK 50MG	entrectinib pellet pack 50 mg	3	PA; QL; SP;Maximum of 12 packets per day.
SORAFENIB TAB 200MG	sorafenib tosylate tab 200 mg (base equivalent)	3	PA; QL; SP;Maximum of 4 tablets per day.
STIVARGA TAB 40MG	regorafenib tab 40 mg	3	PA; QL; SP;Maximum of 4 tablets per day.
SUNITINIB CAP 12.5MG	sunitinib malate cap 12.5 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 capsule per day.
SUNITINIB CAP 25MG	sunitinib malate cap 25 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 capsule per day.
SUNITINIB CAP 37.5MG	sunitinib malate cap 37.5 mg (base equivalent)	3	PA; QL; SP;Maximum of 2 capsules per day.
SUNITINIB CAP 50MG	sunitinib malate cap 50 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 capsule per day.
TABLOID TAB 40MG	thioguanine tab 40 mg	3	SP
TAGRISSO TAB 40MG	osimertinib mesylate tab 40 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 tablet per day.
TAGRISSO TAB 80MG	osimertinib mesylate tab 80 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 tablet per day.
TALZENNA CAP 0.1MG	talazoparib tosylate cap 0.1 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 capsule per day.
TALZENNA CAP 0.25MG	talazoparib tosylate cap 0.25 mg (base equivalent)	3	PA; QL; SP;Maximum of 3 capsules per day.
TALZENNA CAP 0.35MG	talazoparib tosylate cap 0.35 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 capsule per day.
TALZENNA CAP 0.5MG	talazoparib tosylate cap 0.5 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 capsule per day.
TALZENNA CAP 0.75MG	talazoparib tosylate cap 0.75 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 capsule per day.
TALZENNA CAP 1MG	talazoparib tosylate cap 1 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 capsule per day.
TAMOXIFEN TAB 10MG	tamoxifen citrate tab 10 mg (base equivalent)	1	
TAMOXIFEN TAB 20MG	tamoxifen citrate tab 20 mg (base equivalent)	1	PA;$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
TEMOZOLOMIDE CAP 100MG	temozolomide cap 100 mg	3	SP
TEMOZOLOMIDE CAP 140MG	temozolomide cap 140 mg	3	SP
TEMOZOLOMIDE CAP 180MG	temozolomide cap 180 mg	3	SP
TEMOZOLOMIDE CAP 20MG	temozolomide cap 20 mg	3	SP
TEMOZOLOMIDE CAP 250MG	temozolomide cap 250 mg	3	SP
TEMOZOLOMIDE CAP 5MG	temozolomide cap 5 mg	3	SP
THALOMID CAP 100MG	thalidomide cap 100 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
THALOMID CAP 150MG	thalidomide cap 150 mg	3	PA; QL; SP;Maximum of 2 capsules per day.
THALOMID CAP 200MG	thalidomide cap 200 mg	3	PA; QL; SP;Maximum of 2 capsules per day.
THALOMID CAP 50MG	thalidomide cap 50 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
TOREMIFENE TAB 60MG	toremifene citrate tab 60 mg (base equivalent)	3	
TRETINOIN CAP 10MG	tretinoin cap 10 mg	3	QL; SP;Maximum of 9 capsules per day.

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TRUQAP PAK 160MG	capivasertib tab therapy pack 160 mg	3	PA; QL; SP;Maximum of 1 pack (64 tablets) per 28 days.
TRUQAP PAK 200MG	capivasertib tab therapy pack 200 mg	3	PA; QL; SP;Maximum of 1 pack (64 tablets) per 28 days.
TRUQAP TAB 160MG	capivasertib tab 160 mg	3	PA; QL; SP;Maximum of 64 tablets per 28 days.
TRUQAP TAB 200MG	capivasertib tab 200 mg	3	PA; QL; SP;Maximum of 64 tablets per 28 days.
TURALIO CAP 125MG	pexidartinib hcl cap 125 mg (base equivalent)	3	PA; QL; SP;Maximum of 4 capsules per day.
VALCHLOR GEL 0.016%	mechlorethamine hcl gel 0.016% (base equivalent)	3	PA; QL; SP;Maximum of 60 grams per 30 days.
VENCLEXTA TAB 100MG	venetoclax tab 100 mg	3	PA; QL; SP;Maximum of 6 tablets per day.
VENCLEXTA TAB 10MG	venetoclax tab 10 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
VENCLEXTA TAB 50MG	venetoclax tab 50 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
VENCLEXTA TAB START PK	venetoclax tab therapy starter pack 10 & 50 & 100 mg	3	PA; QL; SP;Maximum of 42 tablets per year.
VERZENIO TAB 100MG	abemaciclib tab 100 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
VERZENIO TAB 150MG	abemaciclib tab 150 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
VERZENIO TAB 200MG	abemaciclib tab 200 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
VERZENIO TAB 50MG	abemaciclib tab 50 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
VITRAKVI CAP 100MG	larotrectinib sulfate cap 100 mg (base equivalent)	3	PA; QL; SP;Maximum of 4 capsules per day.
VITRAKVI CAP 25MG	larotrectinib sulfate cap 25 mg (base equivalent)	3	PA; QL; SP;Maximum of 6 capsules per day.
VITRAKVI SOL 20MG/ML	larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	3	PA; QL; SP;Maximum of 20 ml per day.
XOSPATA TAB 40MG	gilteritinib fumarate tablet 40 mg (base equivalent)	3	PA; QL; SP;Maximum of 3 tablets per day.
XTANDI CAP 40MG	enzalutamide cap 40 mg	3	PA; QL; SP;Maximum of 4 capsules per day.
XTANDI TAB 40MG	enzalutamide tab 40 mg	3	PA; QL; SP;Maximum of 4 tablets per day.
XTANDI TAB 80MG	enzalutamide tab 80 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
ZELBORAF TAB 240MG	vemurafenib tab 240 mg	3	PA; QL; SP;Maximum of 8 tablets per day.
ZOLINZA CAP 100MG	vorinostat cap 100 mg	3	QL; SP;Maximum of 4 capsules per day.
ZYKADIA TAB 150MG	ceritinib tab 150 mg	3	PA; QL; SP;Maximum of 3 tablets per day.
Antiparasitics			
ALBENDAZOLE TAB 200MG	albendazole tab 200 mg	3	QL; Maximum of 16 tablets per day.
ALINIA SUS 100/5ML	nitazoxanide for susp 100 mg/5ml	2	QL; Maximum of 2 ml per day.
ATOVAQ/PROGU TAB 250-100	atovaquone-proguanil hcl tab 250-100 mg	2	
ATOVAQ/PROGU TAB 62.5-25	atovaquone-proguanil hcl tab 62.5-25 mg	2	
ATOVAQUONE SUS 750/5ML	atovaquone susp 750 mg/5ml	3	
BENZNIDAZOLE TAB 100MG	benznidazole tab 100 mg	2	QL; Maximum of 4 tablets per day.

KEY: **7D**.....7 day limit
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Brand name	Generic name	Tier	Notes
BENZNIDAZOLE TAB 12.5MG	benznidazole tab 12.5 mg	2	QL; Maximum of 12 tablets per day.
CHLOROQUINE TAB 250MG	chloroquine phosphate tab 250 mg	1	QL; Maximum of 2 tablets per day.
CHLOROQUINE TAB 500MG	chloroquine phosphate tab 500 mg	1	QL; Maximum of 2 tablets per day.
HYDROXYCHLOR TAB 100MG	hydroxychloroquine sulfate tab 100 mg	1	QL; Maximum of 2 tablets per day.
HYDROXYCHLOR TAB 200MG	hydroxychloroquine sulfate tab 200 mg	1	QL; Maximum of 3 tablets per day.
IVERMECTIN TAB 3MG	ivermectin tab 3 mg	1	PA; QL; Maximum of 20 tablets per 90 days.
KRINTAFEL TAB 150MG	tafenoquine succinate tab 150 mg (base equivalent)	2	QL; Maximum of 2 tablets per day.
MEFLOQUINE TAB 250MG	mefloquine hcl tab 250 mg	1	
NITAZOXANIDE TAB 500MG	nitazoxanide tab 500 mg	2	QL; Maximum of 6 tablets per 30 days.
PENTAMIDINE INH 300MG	pentamidine isethionate for nebulization soln 300 mg	2	QL; Maximum of 1 vial (300 mg) per 28 days.
PRAZIQUANTEL TAB 600MG	praziquantel tab 600 mg	3	
PRIMAQUINE TAB 26.3MG	primaquine phosphate tab 26.3 mg (15 mg base)	1	
PYRIMETHAMIN TAB 25MG	pyrimethamine tab 25 mg	3	PA; SP
QUININE SULF CAP 324MG	quinine sulfate cap 324 mg	2	
Antiparkinson Agents			
APOMORPHINE INJ 30MG/3ML	apomorphine hcl soln cartridge 30 mg/3ml	3	QL; SP;Maximum of 3 ml per day.
BENZTROPINE TAB 0.5MG	benztropine mesylate tab 0.5 mg	1	
BENZTROPINE TAB 1MG	benztropine mesylate tab 1 mg	1	
BENZTROPINE TAB 2MG	benztropine mesylate tab 2 mg	1	
BROMOCRIPTIN CAP 5MG	bromocriptine mesylate cap 5 mg (base equivalent)	3	
BROMOCRIPTIN TAB 2.5MG	bromocriptine mesylate tab 2.5 mg (base equivalent)	2	
CARB/LEVO TAB 10-100MG	carbidopa & levodopa tab 10-100 mg	1	
CARB/LEVO TAB 10-100MG	carbidopa & levodopa orally disintegrating tab 10-100 mg	2	
CARB/LEVO TAB 25-100MG	carbidopa & levodopa tab 25-100 mg	1	
CARB/LEVO TAB 25-100MG	carbidopa & levodopa orally disintegrating tab 25-100 mg	2	
CARB/LEVO TAB 25-250MG	carbidopa & levodopa tab 25-250 mg	1	
CARB/LEVO TAB 25-250MG	carbidopa & levodopa orally disintegrating tab 25-250 mg	2	
CARB/LEVO 50 TAB /ENTACAP	carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	3	
CARB/LEVO 75 TAB /ENTACAP	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	3	
CARB/LEVO ER TAB 25-100MG	carbidopa & levodopa tab er 25-100 mg	1	
CARB/LEVO ER TAB 50-200MG	carbidopa & levodopa tab er 50-200 mg	1	
CARB/LEVO100 TAB /ENTACAP	carbidopa-levodopa-entacapone tabs 25-100-200 mg	3	
CARB/LEVO125 TAB /ENTACAP	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	3	
CARB/LEVO150 TAB /ENTACAP	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	3	
CARB/LEVO200 TAB /ENTACAP	carbidopa-levodopa-entacapone tabs 50-200-200 mg	3	

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Brand name	Generic name	Tier	Notes
CARBIDOPA TAB 25MG	carbidopa tab 25 mg	3	
DUOPA SUS 4.63-20	carbidopa-levodopa enteral susp 4.63-20 mg/ml	3	PA; SP
ENTACAPONE TAB 200MG	entacapone tab 200 mg	2	
NEUPRO DIS 2MG/24HR	rotigotine td patch 24hr 2 mg/24hr	3	
PRAMIPEXOLE TAB 0.125MG	pramipexole dihydrochloride tab 0.125 mg	1	
PRAMIPEXOLE TAB 0.25MG	pramipexole dihydrochloride tab 0.25 mg	1	
PRAMIPEXOLE TAB 0.5MG	pramipexole dihydrochloride tab 0.5 mg	1	
PRAMIPEXOLE TAB 0.75MG	pramipexole dihydrochloride tab 0.75 mg	1	
PRAMIPEXOLE TAB 1.5MG	pramipexole dihydrochloride tab 1.5 mg	1	
PRAMIPEXOLE TAB 1MG	pramipexole dihydrochloride tab 1 mg	1	
RASAGILINE TAB 0.5MG	rasagiline mesylate tab 0.5 mg (base equiv)	3	ST
RASAGILINE TAB 1MG	rasagiline mesylate tab 1 mg (base equiv)	3	ST
ROPINIROLE TAB 0.25MG	ropinirole hydrochloride tab 0.25 mg	1	
ROPINIROLE TAB 0.5MG	ropinirole hydrochloride tab 0.5 mg	1	
ROPINIROLE TAB 1MG	ropinirole hydrochloride tab 1 mg	1	
ROPINIROLE TAB 2MG	ropinirole hydrochloride tab 2 mg	1	
ROPINIROLE TAB 3MG	ropinirole hydrochloride tab 3 mg	1	
ROPINIROLE TAB 4MG	ropinirole hydrochloride tab 4 mg	1	
ROPINIROLE TAB 5MG	ropinirole hydrochloride tab 5 mg	1	
SELEGILINE CAP 5MG	selegiline hcl cap 5 mg	2	
SELEGILINE TAB 5MG	selegiline hcl tab 5 mg	2	
TOLCAPONE TAB 100MG	tolcapone tab 100 mg	3	QL; Maximum of 6 tablets per day.
TRIHEXYPHEN SOL 0.4MG/ML	trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
TRIHEXYPHEN TAB 2MG	trihexyphenidyl hcl tab 2 mg	1	
TRIHEXYPHEN TAB 5MG	trihexyphenidyl hcl tab 5 mg	1	
Antipsychotics			
ARIPIPRAZOLE SOL 1MG/ML	aripiprazole oral solution 1 mg/ml	3	QL; Maximum of 25 ml per day.
ARIPIPRAZOLE TAB 10MG	aripiprazole tab 10 mg	1	QL; Maximum of 1 tablet per day.
ARIPIPRAZOLE TAB 15MG	aripiprazole tab 15 mg	1	QL; Maximum of 1 tablet per day.
ARIPIPRAZOLE TAB 20MG	aripiprazole tab 20 mg	1	QL; Maximum of 1 tablet per day.
ARIPIPRAZOLE TAB 2MG	aripiprazole tab 2 mg	1	QL; Maximum of 1 tablet per day.
ARIPIPRAZOLE TAB 30MG	aripiprazole tab 30 mg	1	QL; Maximum of 1 tablet per day.
ARIPIPRAZOLE TAB 5MG	aripiprazole tab 5 mg	1	QL; Maximum of 1 tablet per day.
ASENAPINE SUB 10MG	asenapine maleate sl tab 10 mg (base equiv)	3	QL; ST; Maximum of 2 tablets per day.
ASENAPINE SUB 2.5MG	asenapine maleate sl tab 2.5 mg (base equiv)	3	QL; ST; Maximum of 2 tablets per day.
ASENAPINE SUB 5MG	asenapine maleate sl tab 5 mg (base equiv)	3	QL; ST; Maximum of 2 tablets per day.
CHLORPROMAZ TAB 100MG	chlorpromazine hcl tab 100 mg	1	
CHLORPROMAZ TAB 10MG	chlorpromazine hcl tab 10 mg	1	
CHLORPROMAZ TAB 200MG	chlorpromazine hcl tab 200 mg	1	
CHLORPROMAZ TAB 25MG	chlorpromazine hcl tab 25 mg	1	
CHLORPROMAZ TAB 50MG	chlorpromazine hcl tab 50 mg	1	
CLOZAPINE TAB 100/ODT	clozapine orally disintegrating tab 100 mg	3	QL; Maximum of 9 tablets per day.
CLOZAPINE TAB 100MG	clozapine tab 100 mg	1	

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CLOZAPINE TAB 12.5/ODT	clozapine orally disintegrating tab 12.5 mg	3	QL; Maximum of 2 tablets per day.
CLOZAPINE TAB 150/ODT	clozapine orally disintegrating tab 150 mg	3	QL; Maximum of 6 tablets per day.
CLOZAPINE TAB 200/ODT	clozapine orally disintegrating tab 200 mg	3	QL; Maximum of 4 tablets per day.
CLOZAPINE TAB 200MG	clozapine tab 200 mg	1	
CLOZAPINE TAB 25MG	clozapine tab 25 mg	1	
CLOZAPINE TAB 25MG ODT	clozapine orally disintegrating tab 25 mg	3	QL; Maximum of 3 tablets per day.
CLOZAPINE TAB 50MG	clozapine tab 50 mg	1	
FLUPHENAZINE CON 5MG/ML	fluphenazine hcl oral conc 5 mg/ml	2	
FLUPHENAZINE ELX 2.5/5ML	fluphenazine hcl elixir 2.5 mg/5ml	2	
FLUPHENAZINE TAB 10MG	fluphenazine hcl tab 10 mg	2	
FLUPHENAZINE TAB 1MG	fluphenazine hcl tab 1 mg	2	
FLUPHENAZINE TAB 2.5MG	fluphenazine hcl tab 2.5 mg	2	
FLUPHENAZINE TAB 5MG	fluphenazine hcl tab 5 mg	2	
HALOPERIDOL CON 2MG/ML	haloperidol lactate oral conc 2 mg/ml	1	
HALOPERIDOL TAB 0.5MG	haloperidol tab 0.5 mg	1	
HALOPERIDOL TAB 10MG	haloperidol tab 10 mg	1	
HALOPERIDOL TAB 1MG	haloperidol tab 1 mg	1	
HALOPERIDOL TAB 20MG	haloperidol tab 20 mg	1	
HALOPERIDOL TAB 2MG	haloperidol tab 2 mg	1	
HALOPERIDOL TAB 5MG	haloperidol tab 5 mg	1	
LOXAPINE CAP 10MG	loxapine succinate cap 10 mg	1	
LOXAPINE CAP 25MG	loxapine succinate cap 25 mg	1	
LOXAPINE CAP 50MG	loxapine succinate cap 50 mg	1	
LOXAPINE CAP 5MG	loxapine succinate cap 5 mg	1	
LURASIDONE TAB 120MG	lurasidone hcl tab 120 mg	1	QL; Maximum of 1 tablet per day.
LURASIDONE TAB 20MG	lurasidone hcl tab 20 mg	1	QL; Maximum of 1 tablet per day.
LURASIDONE TAB 40MG	lurasidone hcl tab 40 mg	1	QL; Maximum of 1 tablet per day.
LURASIDONE TAB 60MG	lurasidone hcl tab 60 mg	1	QL; Maximum of 1 tablet per day.
LURASIDONE TAB 80MG	lurasidone hcl tab 80 mg	1	QL; Maximum of 2 tablets per day.
OLANZAPINE TAB 10MG	olanzapine tab 10 mg	1	QL; Maximum of 2 tablets per day.
OLANZAPINE TAB 10MG ODT	olanzapine orally disintegrating tab 10 mg	2	QL; Maximum of 2 tablets per day.
OLANZAPINE TAB 15MG	olanzapine tab 15 mg	1	QL; Maximum of 1 tablet per day.
OLANZAPINE TAB 15MG ODT	olanzapine orally disintegrating tab 15 mg	2	QL; Maximum of 1 tablet per day.
OLANZAPINE TAB 2.5MG	olanzapine tab 2.5 mg	1	QL; Maximum of 2 tablets per day.
OLANZAPINE TAB 20MG	olanzapine tab 20 mg	1	QL; Maximum of 1 tablet per day.
OLANZAPINE TAB 20MG ODT	olanzapine orally disintegrating tab 20 mg	2	QL; Maximum of 1 tablet per day.
OLANZAPINE TAB 5MG	olanzapine tab 5 mg	1	QL; Maximum of 2 tablets per day.
OLANZAPINE TAB 5MG ODT	olanzapine orally disintegrating tab 5 mg	2	QL; Maximum of 2 tablets per day.

Brand name	Generic name	Tier	Notes
OLANZAPINE TAB 7.5MG	olanzapine tab 7.5 mg	1	QL; Maximum of 2 tablets per day.
PALIPERIDONE TAB ER 1.5MG	paliperidone tab er 24hr 1.5 mg	3	QL; Maximum of 1 tablet per day.
PALIPERIDONE TAB ER 3MG	paliperidone tab er 24hr 3 mg	3	QL; Maximum of 1 tablet per day.
PALIPERIDONE TAB ER 6MG	paliperidone tab er 24hr 6 mg	3	QL; Maximum of 2 tablets per day.
PALIPERIDONE TAB ER 9MG	paliperidone tab er 24hr 9 mg	3	QL; Maximum of 1 tablet per day.
PERPHENAZINE TAB 16MG	perphenazine tab 16 mg	1	
PERPHENAZINE TAB 2MG	perphenazine tab 2 mg	1	
PERPHENAZINE TAB 4MG	perphenazine tab 4 mg	1	
PERPHENAZINE TAB 8MG	perphenazine tab 8 mg	1	
PIMOZIDE TAB 1MG	pimozide tab 1 mg	2	
PIMOZIDE TAB 2MG	pimozide tab 2 mg	2	
QUETIAPINE TAB 100MG	quetiapine fumarate tab 100 mg	1	QL; Maximum of 3 tablets per day.
QUETIAPINE TAB 150MG ER	quetiapine fumarate tab er 24hr 150 mg	2	QL; Maximum of 1 tablet per day.
QUETIAPINE TAB 200MG	quetiapine fumarate tab 200 mg	1	QL; Maximum of 3 tablets per day.
QUETIAPINE TAB 200MG ER	quetiapine fumarate tab er 24hr 200 mg	2	QL; Maximum of 1 tablet per day.
QUETIAPINE TAB 25MG	quetiapine fumarate tab 25 mg	1	QL; Maximum of 4 tablets per day.
QUETIAPINE TAB 300MG	quetiapine fumarate tab 300 mg	1	QL; Maximum of 2 tablets per day.
QUETIAPINE TAB 300MG ER	quetiapine fumarate tab er 24hr 300 mg	2	QL; Maximum of 2 tablets per day.
QUETIAPINE TAB 400MG	quetiapine fumarate tab 400 mg	1	QL; Maximum of 2 tablets per day.
QUETIAPINE TAB 400MG ER	quetiapine fumarate tab er 24hr 400 mg	2	QL; Maximum of 2 tablets per day.
QUETIAPINE TAB 50MG	quetiapine fumarate tab 50 mg	1	QL; Maximum of 3 tablets per day.
QUETIAPINE TAB 50MG ER	quetiapine fumarate tab er 24hr 50 mg	2	QL; Maximum of 2 tablets per day.
RISPERIDONE SOL 1MG/ML	risperidone soln 1 mg/ml	1	
RISPERIDONE TAB 0.25 ODT	risperidone orally disintegrating tab 0.25 mg	2	
RISPERIDONE TAB 0.25MG	risperidone tab 0.25 mg	1	
RISPERIDONE TAB 0.5MG	risperidone tab 0.5 mg	1	
RISPERIDONE TAB 0.5MG OD	risperidone orally disintegrating tab 0.5 mg	2	
RISPERIDONE TAB 1MG	risperidone tab 1 mg	1	
RISPERIDONE TAB 1MG ODT	risperidone orally disintegrating tab 1 mg	2	
RISPERIDONE TAB 2MG	risperidone tab 2 mg	1	
RISPERIDONE TAB 2MG ODT	risperidone orally disintegrating tab 2 mg	2	
RISPERIDONE TAB 3MG	risperidone tab 3 mg	1	
RISPERIDONE TAB 3MG ODT	risperidone orally disintegrating tab 3 mg	2	
RISPERIDONE TAB 4MG	risperidone tab 4 mg	1	
RISPERIDONE TAB 4MG ODT	risperidone orally disintegrating tab 4 mg	2	
THIORIDAZINE TAB 100MG	thioridazine hcl tab 100 mg	1	
THIORIDAZINE TAB 10MG	thioridazine hcl tab 10 mg	1	
THIORIDAZINE TAB 25MG	thioridazine hcl tab 25 mg	1	
THIORIDAZINE TAB 50MG	thioridazine hcl tab 50 mg	1	
THIOTHIXENE CAP 10MG	thiothixene cap 10 mg	1	

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THIOTHIXENE CAP 1MG	thiothixene cap 1 mg	1	
THIOTHIXENE CAP 2MG	thiothixene cap 2 mg	1	
THIOTHIXENE CAP 5MG	thiothixene cap 5 mg	1	
TRIFLUOPERAZ TAB 10MG	trifluoperazine hcl tab 10 mg (base equivalent)	1	
TRIFLUOPERAZ TAB 1MG	trifluoperazine hcl tab 1 mg (base equivalent)	1	
TRIFLUOPERAZ TAB 2MG	trifluoperazine hcl tab 2 mg (base equivalent)	1	
TRIFLUOPERAZ TAB 5MG	trifluoperazine hcl tab 5 mg (base equivalent)	1	
VRAYLAR CAP 0.5MG	cariprazine hcl cap 0.5 mg (base equivalent)	3	QL; Maximum of 1 capsule per day.
VRAYLAR CAP 0.75MG	cariprazine hcl cap 0.75 mg (base equivalent)	3	QL; Maximum of 1 capsule per day.
VRAYLAR CAP 1.5MG	cariprazine hcl cap 1.5 mg (base equivalent)	3	QL; Maximum of 1 capsule per day.
VRAYLAR CAP 3MG	cariprazine hcl cap 3 mg (base equivalent)	3	QL; Maximum of 1 capsule per day.
VRAYLAR CAP 4.5MG	cariprazine hcl cap 4.5 mg (base equivalent)	3	QL; Maximum of 1 capsule per day.
VRAYLAR CAP 6MG	cariprazine hcl cap 6 mg (base equivalent)	3	QL; Maximum of 1 capsule per day.
ZIPRASIDONE CAP 20MG	ziprasidone hcl cap 20 mg	2	QL; Maximum of 2 capsules per day.
ZIPRASIDONE CAP 40MG	ziprasidone hcl cap 40 mg	2	QL; Maximum of 2 capsules per day.
ZIPRASIDONE CAP 60MG	ziprasidone hcl cap 60 mg	2	QL; Maximum of 2 capsules per day.
ZIPRASIDONE CAP 80MG	ziprasidone hcl cap 80 mg	2	QL; Maximum of 2 capsules per day.
Antispasticity Agents			
BACLOFEN TAB 10MG	baclofen tab 10 mg	1	
BACLOFEN TAB 20MG	baclofen tab 20 mg	1	
BACLOFEN TAB 5MG	baclofen tab 5 mg	1	
DANTROLENE CAP 100MG	dantrolene sodium cap 100 mg	2	
DANTROLENE CAP 25MG	dantrolene sodium cap 25 mg	2	
DANTROLENE CAP 50MG	dantrolene sodium cap 50 mg	2	
TIZANIDINE CAP 2MG	tizanidine hcl cap 2 mg (base equivalent)	2	
TIZANIDINE CAP 4MG	tizanidine hcl cap 4 mg (base equivalent)	2	
TIZANIDINE CAP 6MG	tizanidine hcl cap 6 mg (base equivalent)	2	
TIZANIDINE TAB 2MG	tizanidine hcl tab 2 mg (base equivalent)	1	
TIZANIDINE TAB 4MG	tizanidine hcl tab 4 mg (base equivalent)	1	
Antivirals			
ABACA/LAMIVU TAB 600-300	abacavir sulfate-lamivudine tab 600-300 mg	1	QL; Maximum of 1 tablet per day.
ABACAVIR SOL 20MG/ML	abacavir sulfate soln 20 mg/ml (base equiv)	2	QL; Maximum of 32 ml per day.
ABACAVIR TAB 300MG	abacavir sulfate tab 300 mg (base equiv)	1	QL; Maximum of 2 tablets per day.
ACYCLOVIR CAP 200MG	acyclovir cap 200 mg	1	
ACYCLOVIR SUS 200/5ML	acyclovir susp 200 mg/5ml	1	
ACYCLOVIR SUS 800/20ML	acyclovir susp 200 mg/5ml	1	
ACYCLOVIR TAB 400MG	acyclovir tab 400 mg	1	
ACYCLOVIR TAB 800MG	acyclovir tab 800 mg	1	
ADEFOV DIPIV TAB 10MG	adefovir dipivoxil tab 10 mg	3	
AMANTADINE CAP 100MG	amantadine hcl cap 100 mg	1	
AMANTADINE SOL 100/10ML	amantadine hcl soln 50 mg/5ml	1	
AMANTADINE SOL 50MG/5ML	amantadine hcl soln 50 mg/5ml	1	

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AMANTADINE TAB 100MG	amantadine hcl tab 100 mg	1	
APTIVUS CAP 250MG	tipranavir cap 250 mg	3	QL; Maximum of 4 capsules per day.
ATAZANAVIR CAP 150MG	atazanavir sulfate cap 150 mg (base equiv)	1	QL; Maximum of 1 capsule per day.
ATAZANAVIR CAP 200MG	atazanavir sulfate cap 200 mg (base equiv)	1	QL; Maximum of 2 capsules per day.
ATAZANAVIR CAP 300MG	atazanavir sulfate cap 300 mg (base equiv)	1	QL; Maximum of 1 capsule per day.
BARACLUDE SOL	entecavir oral soln 0.05 mg/ml	3	
BIKTARVY TAB	bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg	3	QL; Maximum of 1 tablet per day.
BIKTARVY TAB	bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	3	QL; Maximum of 1 tablet per day.
DARUNAVIR TAB 600MG	darunavir tab 600 mg	1	QL; Maximum of 2 tablets per day.
DARUNAVIR TAB 800MG	darunavir tab 800 mg	1	QL; Maximum of 1 tablet per day.
DESCOVY TAB 200/25MG	emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	3	QL; PA;Maximum of 1 tab-let per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
DOVATO TAB 50-300MG	dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	3	QL; Maximum of 1 tablet per day.
EDURANT TAB 25MG	rilpivirine hcl tab 25 mg (base equivalent)	3	QL; Maximum of 1 tablet per day.
EDURANT PED TAB 2.5MG	rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	3	QL; Maximum of 6 tablets per day.
EFAVIR/EMTRI TAB TENOFOVI	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL; Maximum of 1 tablet per day.
EFAVIR/LAMIV TAB TENOFOVI	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2	QL; Maximum of 1 tablet per day.
EFAVIR/LAMIV TAB TENOFOVI	efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2	QL; Maximum of 1 tablet per day.
EFAVIRENZ CAP 200MG	efavirenz cap 200 mg	1	QL; Maximum of 3 capsules per day.
EFAVIRENZ CAP 50MG	efavirenz cap 50 mg	1	QL; Maximum of 3 capsules per day.
EFAVIRENZ TAB 600MG	efavirenz tab 600 mg	1	QL; Maximum of 1 tablet per day.
EMTR/TEN DF TAB 100-150	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL; Maximum of 1 tablet per day.
EMTR/TEN DF TAB 133-200	emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL; Maximum of 1 tablet per day.
EMTR/TEN DF TAB 167-250	emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL; Maximum of 1 tablet per day.
EMTR/TENOFOV TAB 200-300	emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	QL; PA;Maximum of 1 tab-let per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
EMTRIC/RILPI TAB TENOF DF	emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	3	QL; Maximum of 1 tablet per day.

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EMTRICITABIN CAP 200MG	emtricitabine caps 200 mg	2	QL; Maximum of 1 capsule per day.
ENTECAVIR TAB 0.5MG	entecavir tab 0.5 mg	2	
ENTECAVIR TAB 1MG	entecavir tab 1 mg	2	
ETRAVIRINE TAB 100MG	etravirine tab 100 mg	3	QL; Maximum of 2 tablets per day.
ETRAVIRINE TAB 200MG	etravirine tab 200 mg	3	QL; Maximum of 2 tablets per day.
EVOTAZ TAB 300-150	atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	3	QL; Maximum of 1 tablet per day.
FAMCICLOVIR TAB 125MG	famciclovir tab 125 mg	1	QL; Maximum of 2 tablets per day.
FAMCICLOVIR TAB 250MG	famciclovir tab 250 mg	1	QL; Maximum of 2 tablets per day.
FAMCICLOVIR TAB 500MG	famciclovir tab 500 mg	1	QL; Maximum of 3 tablets per day.
FOSAMPRENAVI TAB 700MG	fosamprenavir calcium tab 700 mg (base equiv)	3	QL; Maximum of 4 tablets per day.
FUZEON INJ 90MG	enfuvirtide for inj 90 mg	3	QL; Maximum of 2 vials per day.
GENVOYA TAB	elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	3	QL; Maximum of 1 tablet per day.
INTELENCE TAB 25MG	etravirine tab 25 mg	3	QL; Maximum of 4 tablets per day.
ISENTRESS POW 100MG	raltegravir potassium packet for susp 100 mg (base equiv)	3	QL; Maximum of 2 packets per day.
ISENTRESS TAB 400MG	raltegravir potassium tab 400 mg (base equiv)	3	QL; Maximum of 2 tablets per day.
JULUCA TAB 50-25MG	dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	3	QL; Maximum of 1 tablet per day.
LAGEVRIO CAP 200MG	molnupiravir cap 200 mg	3	QL; Maximum of 40 tablets (1 treatment course) per 30 days.
LAMIVUD/ZIDO TAB 150-300	lamivudine-zidovudine tab 150-300 mg	1	QL; Maximum of 2 tablets per day.
LAMIVUDINE SOL 10MG/ML	lamivudine oral soln 10 mg/ml	1	QL; Maximum of 32 ml per day.
LAMIVUDINE SOL 300/30ML	lamivudine oral soln 10 mg/ml	1	QL; Maximum of 32 ml per day.
LAMIVUDINE TAB 100MG	lamivudine tab 100 mg (hbv)	2	
LAMIVUDINE TAB 150MG	lamivudine tab 150 mg	1	QL; Maximum of 2 tablets per day.
LAMIVUDINE TAB 300MG	lamivudine tab 300 mg	1	QL; Maximum of 1 tablet per day.
LEDIP-SOFOSB TAB 90-400MG	ledipasvir-sofosbuvir tab 90-400 mg	2	PA; QL; SP;Maximum of 1 tablet per day.
LOPIN/RITON SOL 80-20/ML	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL; Maximum of 2 bottles (320 ml) per 30 days.
LOPIN/RITON TAB 100-25MG	lopinavir-ritonavir tab 100-25 mg	1	QL; Maximum of 2 tablets per day.
LOPIN/RITON TAB 200-50MG	lopinavir-ritonavir tab 200-50 mg	1	QL; Maximum of 4 tablets per day.
MARAVIROC TAB 150MG	maraviroc tab 150 mg	1	QL; Maximum of 2 tablets per day.
MARAVIROC TAB 300MG	maraviroc tab 300 mg	1	QL; Maximum of 4 tablets per day.
NEVIRAPINE SUS 50MG/5ML	nevirapine susp 50 mg/5ml	1	QL; Maximum of 40 ml per day.
NEVIRAPINE TAB 200MG	nevirapine tab 200 mg	1	QL; Maximum of 2 tablets per day.
NEVIRAPINE TAB 400MG ER	nevirapine tab er 24hr 400 mg	1	QL; Maximum of 1 tablet per day.

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Brand name	Generic name	Tier	Notes
NORVIR POW 100MG	ritonavir powder packet 100 mg	3	QL; Maximum of 12 packets per day.
ODEFSEY TAB	emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	3	QL; Maximum of 1 tablet per day.
OSELTAMIVIR CAP 30MG	oseltamivir phosphate cap 30 mg (base equiv)	1	QL; Maximum of 2 capsules per day.
OSELTAMIVIR CAP 45MG	oseltamivir phosphate cap 45 mg (base equiv)	1	QL; Maximum of 2 capsules per day.
OSELTAMIVIR CAP 75MG	oseltamivir phosphate cap 75 mg (base equiv)	1	QL; Maximum of 2 capsules per day.
OSELTAMIVIR SUS 6MG/ML	oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL; Maximum of 26 ml per day.
PAXLOVID PAK	nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	3	QL; Maximum of 11 tablets (1 treatment course) per 30 days.
PAXLOVID TAB 150-100	nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL; Maximum of 20 tablets (1 treatment course) per 30 days.
PAXLOVID TAB 300-100	nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL; Maximum of 30 tablets (1 treatment course) per 30 days.
PREZISTA SUS 100MG/ML	darunavir oral susp 100 mg/ml	3	QL; Maximum of 2 bottles (400 ml) per 30 days.
RELENZA MIS DISKHALE	zanamivir aerosol powder breath activated 5 mg/act	3	QL; Maximum of 3 inhalers (60 blisters) per 30 days.
REYATAZ POW 50MG	atazanavir sulfate oral powder packet 50 mg (base equiv)	3	QL; Maximum of 6 packets per day.
RIBAVIRIN CAP 200MG	ribavirin cap 200 mg	2	
RIBAVIRIN TAB 200MG	ribavirin tab 200 mg	2	
RILPIVIRINE TAB 25MG	rilpivirine hcl tab 25 mg (base equivalent)	3	QL; Maximum of 1 tablet per day.
RIMANTADINE TAB 100MG	rimantadine hydrochloride tab 100 mg	2	
RITONAVIR TAB 100MG	ritonavir tab 100 mg	1	QL; Maximum of 12 tablets per day.
SELZENTRY SOL 20MG/ML	maraviroc oral soln 20 mg/ml	3	QL; Maximum of 8 bottles (1840 ml) per 30 days.
SOFOS/VELPAT TAB 400-100	sofosbuvir-velpatasvir tab 400-100 mg	2	PA; QL; SP;Maximum of 1 tablet per day.
SOVALDI PAK 150MG	sofosbuvir pellet pack 150 mg	3	PA; QL; SP;Maximum of 1 carton (28 packets) per 28 days.
SOVALDI PAK 200MG	sofosbuvir pellet pack 200 mg	3	PA; QL; SP;Maximum of 2 cartons (56 packets) per 28 days.
SOVALDI TAB 200MG	sofosbuvir tab 200 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
SOVALDI TAB 400MG	sofosbuvir tab 400 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
TENOFOVIR TAB 300MG	tenofovir disoproxil fumarate tab 300 mg	1	QL; PA;Maximum of 1 tablet per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
TIVICAY TAB 50MG	dolutegravir sodium tab 50 mg (base equiv)	3	QL; Maximum of 2 tablets per day.
TRIUMEQ TAB	abacavir-dolutegravir-lamivudine tab 600-50-300 mg	3	QL; Maximum of 1 tablet per day.
VALACYCLOVIR TAB 1GM	valacyclovir hcl tab 1 gm	1	QL; Maximum of 4 tablets per day.
VALACYCLOVIR TAB 500MG	valacyclovir hcl tab 500 mg	1	QL; Maximum of 2 tablets per day.

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VALGANCICLOV SOL 50MG/ML	valganciclovir hcl for soln 50 mg/ml (base equiv)	3	QL; Maximum of 36 ml per day.
VALGANCICLOV TAB 450MG	valganciclovir hcl tab 450 mg (base equivalent)	1	QL; Maximum of 4 tablets per day.
VIRACEPT TAB 250MG	nelfinavir mesylate tab 250 mg	3	QL; Maximum of 10 tablets per day.
VIRACEPT TAB 625MG	nelfinavir mesylate tab 625 mg	3	QL; Maximum of 4 tablets per day.
VOSEVI TAB	sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	PA; QL; SP;Maximum of 1 tablet per day.
YEZTUGO TAB 300MG	lenacapavir sodium tab 300 mg (prophylaxis)	3	QL; Maximum of 4 tablets per year.
ZIDOVUDINE CAP 100MG	zidovudine cap 100 mg	1	QL; Maximum of 6 capsules per day.
ZIDOVUDINE SYP 50MG/5ML	zidovudine syrup 10 mg/ml	1	QL; Maximum of 64 ml per day.
ZIDOVUDINE TAB 300MG	zidovudine tab 300 mg	1	QL; Maximum of 2 tablets per day.
Anxiolytics			
ALPRAZOLAM CON 1 MG/ML	alprazolam conc 1 mg/ml	2	QL; Maximum of 10 ml per day.
ALPRAZOLAM TAB 0.25 ODT	alprazolam orally disintegrating tab 0.25 mg	2	QL; Maximum of 4 tablets per day.
ALPRAZOLAM TAB 0.25MG	alprazolam tab 0.25 mg	1	QL; Maximum of 4 tablets per day.
ALPRAZOLAM TAB 0.5MG	alprazolam tab 0.5 mg	1	QL; Maximum of 4 tablets per day.
ALPRAZOLAM TAB 0.5MG ER	alprazolam tab er 24hr 0.5 mg	2	QL; Maximum of 1 tablet per day.
ALPRAZOLAM TAB 0.5MG OD	alprazolam orally disintegrating tab 0.5 mg	2	QL; Maximum of 4 tablets per day.
ALPRAZOLAM TAB 0.5MG XR	alprazolam tab er 24hr 0.5 mg	2	QL; Maximum of 1 tablet per day.
ALPRAZOLAM TAB 1MG	alprazolam tab 1 mg	1	QL; Maximum of 4 tablets per day.
ALPRAZOLAM TAB 1MG ER	alprazolam tab er 24hr 1 mg	2	QL; Maximum of 1 tablet per day.
ALPRAZOLAM TAB 1MG ODT	alprazolam orally disintegrating tab 1 mg	2	QL; Maximum of 4 tablets per day.
ALPRAZOLAM TAB 1MG XR	alprazolam tab er 24hr 1 mg	2	QL; Maximum of 1 tablet per day.
ALPRAZOLAM TAB 2MG	alprazolam tab 2 mg	1	QL; Maximum of 5 tablets per day.
ALPRAZOLAM TAB 2MG ER	alprazolam tab er 24hr 2 mg	2	QL; Maximum of 5 tablets per day.
ALPRAZOLAM TAB 2MG ODT	alprazolam orally disintegrating tab 2 mg	2	QL; Maximum of 5 tablets per day.
ALPRAZOLAM TAB 2MG XR	alprazolam tab er 24hr 2 mg	2	QL; Maximum of 5 tablets per day.
ALPRAZOLAM TAB 3MG ER	alprazolam tab er 24hr 3 mg	2	QL; Maximum of 3 tablets per day.
ALPRAZOLAM TAB 3MG XR	alprazolam tab er 24hr 3 mg	2	QL; Maximum of 3 tablets per day.
BUSPIRONE TAB 10MG	buspirone hcl tab 10 mg	1	
BUSPIRONE TAB 15MG	buspirone hcl tab 15 mg	1	
BUSPIRONE TAB 30MG	buspirone hcl tab 30 mg	1	
BUSPIRONE TAB 5MG	buspirone hcl tab 5 mg	1	
BUSPIRONE TAB 7.5MG	buspirone hcl tab 7.5 mg	1	
CHLORDIAZEP CAP 10MG	chlordiazepoxide hcl cap 10 mg	1	

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CHLORDIAZEP CAP 25MG	chlordiazepoxide hcl cap 25 mg	1	
CHLORDIAZEP CAP 5MG	chlordiazepoxide hcl cap 5 mg	1	
CLORAZ DIPOT TAB 15MG	clorazepate dipotassium tab 15 mg	2	QL; Maximum of 6 tablets per day.
CLORAZ DIPOT TAB 3.75MG	clorazepate dipotassium tab 3.75 mg	2	QL; Maximum of 24 tablets per day.
CLORAZ DIPOT TAB 7.5MG	clorazepate dipotassium tab 7.5 mg	2	QL; Maximum of 12 tablets per day.
DIAZEPAM CON 25MG/5ML	diazepam conc 5 mg/ml	1	QL; Maximum of 8 ml per day.
DIAZEPAM CON 5MG/ML	diazepam conc 5 mg/ml	1	QL; Maximum of 8 ml per day.
DIAZEPAM SOL 5MG/5ML	diazepam oral soln 1 mg/ml	1	
DIAZEPAM TAB 10MG	diazepam tab 10 mg	1	QL; Maximum of 4 tablets per day.
DIAZEPAM TAB 2MG	diazepam tab 2 mg	1	QL; Maximum of 4 tablets per day.
DIAZEPAM TAB 5MG	diazepam tab 5 mg	1	QL; Maximum of 4 tablets per day.
HYDROXYZINE SOL 10MG/5ML	hydroxyzine hcl syrup 10 mg/5ml	1	
LORAZEPAM CON 2MG/ML	lorazepam conc 2 mg/ml	1	QL; Maximum of 5 ml per day.
LORAZEPAM TAB 0.5MG	lorazepam tab 0.5 mg	1	QL; Maximum of 4 tablets per day.
LORAZEPAM TAB 1MG	lorazepam tab 1 mg	1	QL; Maximum of 4 tablets per day.
LORAZEPAM TAB 2MG	lorazepam tab 2 mg	1	QL; Maximum of 5 tablets per day.
MEPROBAMATE TAB 200MG	meprobamate tab 200 mg	3	
MEPROBAMATE TAB 400MG	meprobamate tab 400 mg	3	
OXAZEPAM CAP 10MG	oxazepam cap 10 mg	1	
OXAZEPAM CAP 15MG	oxazepam cap 15 mg	1	
OXAZEPAM CAP 30MG	oxazepam cap 30 mg	1	
Bipolar Agents			
LITHIUM SOL 8MEQ/5ML	lithium oral solution 8 meq/5ml	1	
LITHIUM CARB CAP 150MG	lithium carbonate cap 150 mg	1	
LITHIUM CARB CAP 300MG	lithium carbonate cap 300 mg	1	
LITHIUM CARB CAP 600MG	lithium carbonate cap 600 mg	1	
LITHIUM CARB TAB 300MG	lithium carbonate tab 300 mg	1	
LITHIUM CARB TAB 300MG ER	lithium carbonate tab er 300 mg	1	
LITHIUM CARB TAB 450MG ER	lithium carbonate tab er 450 mg	1	
Blood Glucose Regulators			
ACARBOSE TAB 100MG	acarbose tab 100 mg	1	QL; Maximum of 3 tablets per day.
ACARBOSE TAB 25MG	acarbose tab 25 mg	1	QL; Maximum of 12 tablets per day.
ACARBOSE TAB 50MG	acarbose tab 50 mg	1	QL; Maximum of 6 tablets per day.
BAQSIMI ONE POW 3MG/DOSE	glucagon nasal powder 3 mg/dose	$0	QL; Maximum of 2 intranasal devices per month.
BAQSIMI TWO POW 3MG/DOSE	glucagon nasal powder 3 mg/dose	$0	QL; Maximum of 2 intranasal devices per month.
BASAGLAR KWP INJ 100/ML	insulin glargine soln pen-injector 100 unit/ml	$0	QL; Maximum of 1.5 ml per day.
BD GLUCOSE CHW 5GM	glucose chew tab 5 gm	2	
BYDUREON BC INJ 2/0.85ML	exenatide extended release susp auto-injector 2 mg/0.85ml	2	PA; QL; Maximum of 4 pens (3.4 ml) per 28 days.
DIAZOXIDE SUS 50MG/ML	diazoxide susp 50 mg/ml	3	
GLIMEPIRIDE TAB 1MG	glimepiride tab 1 mg	$0	QL; Maximum of 8 tablets per day.

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GLIMEPIRIDE TAB 2MG	glimepiride tab 2 mg	$0	QL; Maximum of 4 tablets per day.
GLIMEPIRIDE TAB 4MG	glimepiride tab 4 mg	$0	QL; Maximum of 2 tablets per day.
GLIP/METFORM TAB 2.5-250	glipizide-metformin hcl tab 2.5-250 mg	2	QL; Maximum of 8 tablets per day.
GLIP/METFORM TAB 2.5-250M	glipizide-metformin hcl tab 2.5-250 mg	2	QL; Maximum of 8 tablets per day.
GLIP/METFORM TAB 2.5-500	glipizide-metformin hcl tab 2.5-500 mg	2	QL; Maximum of 4 tablets per day.
GLIP/METFORM TAB 2.5-500M	glipizide-metformin hcl tab 2.5-500 mg	2	QL; Maximum of 4 tablets per day.
GLIP/METFORM TAB 5-500MG	glipizide-metformin hcl tab 5-500 mg	2	QL; Maximum of 4 tablets per day.
GLIPIZIDE TAB 10MG	glipizide tab 10 mg	$0	QL; Maximum of 4 tablets per day.
GLIPIZIDE TAB 2.5MG	glipizide tab 2.5 mg	$0	QL; Maximum of 8 tablets per day.
GLIPIZIDE TAB 5MG	glipizide tab 5 mg	$0	QL; Maximum of 8 tablets per day.
GLIPIZIDE ER TAB 10MG	glipizide tab er 24hr 10 mg	$0	QL; Maximum of 2 tablets per day.
GLIPIZIDE ER TAB 2.5MG	glipizide tab er 24hr 2.5 mg	$0	QL; Maximum of 8 tablets per day.
GLIPIZIDE ER TAB 5MG	glipizide tab er 24hr 5 mg	$0	QL; Maximum of 4 tablets per day.
GLUCAGON INJ 1MG	glucagon for inj 1 mg	$0	QL; Maximum of 2 devices per month.
GLUCAGON EMR SOL 1MG	glucagon hcl for inj 1 mg	$0	QL; Maximum of 2 kits per 30 days.
GLUCOSE CHW RASPBERY	glucose chew tab 4 gm (rounded)	2	
GLUCOSE GEL 15GM/33G	glucose gel 15 gm/33gm	2	
GLUCOSE GEL 40%	glucose gel 40%	2	
GLUCOSE BITS CHW 1GM	glucose chew tab 1 gm	2	
GLYB/METFORM TAB 1.25-250	glyburide-metformin tab 1.25-250 mg	1	QL; Maximum of 8 tablets per day.
GLYB/METFORM TAB 2.5-500	glyburide-metformin tab 2.5-500 mg	1	QL; Maximum of 4 tablets per day.
GLYB/METFORM TAB 5-500MG	glyburide-metformin tab 5-500 mg	1	QL; Maximum of 4 tablets per day.
GLYBURID MCR TAB 1.5MG	glyburide micronized tab 1.5 mg	1	QL; Maximum of 8 tablets per day.
GLYBURID MCR TAB 3MG	glyburide micronized tab 3 mg	1	QL; Maximum of 4 tablets per day.
GLYBURID MCR TAB 6MG	glyburide micronized tab 6 mg	1	QL; Maximum of 2 tablets per day.
GLYBURIDE TAB 1.25MG	glyburide tab 1.25 mg	1	QL; Maximum of 16 tablets per day.
GLYBURIDE TAB 2.5MG	glyburide tab 2.5 mg	1	QL; Maximum of 8 tablets per day.
GLYBURIDE TAB 5MG	glyburide tab 5 mg	1	QL; Maximum of 4 tablets per day.
GNP GLUCOSE CHW 2GM	glucose chew tab 2 gm (carb equiv)	2	
GVOKE HYPO 1 INJ 0.5/.1ML	glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	$0	QL; Maximum of 0.2 ml per 30 days.
GVOKE HYPO 1 INJ 1/0.2ML	glucagon subcutaneous solution auto-injector 1 mg/0.2ml	$0	QL; Maximum of 0.4 ml per 30 days.

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GVOKE HYPO 2 INJ 0.5/.1ML	glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	$0	QL; Maximum of 0.2 ml per 30 days.
GVOKE HYPO 2 INJ 1/0.2ML	glucagon subcutaneous solution auto-injector 1 mg/0.2ml	$0	QL; Maximum of 0.4 ml per 30 days.
GVOKE KIT SOL 1/0.2ML	glucagon subcutaneous soln 1 mg/0.2ml	$0	QL; Maximum of 2 kits (0.4 ml) per 30 days.
GVOKE PFS INJ 1/0.2ML	glucagon subcutaneous soln pref syringe 1 mg/0.2ml	$0	QL; Maximum of 0.4 ml per 30 days.
HUMALOG INJ 100/ML	insulin lispro soln cartridge 100 unit/ml	$0	QL; Maximum of 1.5 ml per day.
HUMALOG JR INJ 100/ML	insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	$0	QL; Maximum of 1.5 ml per day.
HUMALOG KWPN INJ 100/ML	insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	$0	QL; Maximum of 1.5 ml per day.
HUMALOG KWPN INJ 200/ML	insulin lispro soln pen-injector 200 unit/ml	$0	QL; Maximum of 1.5 ml per day.
HUMALOG MIX INJ 50/50	insulin lispro protamine & lispro inj 100 unit/ml (50-50)	$0	QL; Maximum of 1 ml per day.
HUMALOG MIX INJ 50/50KWP	insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	$0	QL; Maximum of 1.5 ml per day.
HUMALOG MIX INJ 75/25KWP	insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	$0	QL; Maximum of 1.5 ml per day.
HUMALOG MIX SUS 75/25	insulin lispro prot & lispro inj 100 unit/ml (75-25)	$0	QL; Maximum of 1 ml per day.
HUMULIN INJ 70/30	insulin nph isophane & regular human inj 100 unit/ml (70-30)	$0	QL; Maximum of 1 ml per day.
HUMULIN INJ 70/30KWP	insulin nph & regular susp pen-inj 100 unit/ml (70-30)	$0	QL; Maximum of 1.5 ml per day.
HUMULIN N INJ U-100	insulin nph (human) (isophane) inj 100 unit/ml	$0	QL; Maximum of 1 ml per day.
HUMULIN N INJ U-100KWP	insulin nph (human) (isophane) susp pen-injector 100 unit/ml	$0	QL; Maximum of 1.5 ml per day.
HUMULIN R INJ U-100	insulin regular (human) inj 100 unit/ml	$0	QL; Maximum of 1 ml per day.
HUMULIN R INJ U-500	insulin regular (human) inj 500 unit/ml	$0	QL; Maximum of 0.66 ml per day.
HUMULIN R INJ U-500KWP	insulin regular (human) soln pen-injector 500 unit/ml	$0	QL; Maximum of 0.2 ml per day.
INS DEGL FLX INJ 100UNIT	insulin degludec soln pen-injector 100 unit/ml	$0	QL; Maximum of 1.5 ml per day.
INS DEGL FLX INJ 200UNIT	insulin degludec soln pen-injector 200 unit/ml	$0	QL; Maximum of 1.5 ml per day.
INSTA-GLUCOS GEL 77.4%	glucose gel 77.4%	2	
INSULIN ASPA INJ 70/30	insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	$0	QL; Maximum of 1 ml per day.
INSULIN DEGL INJ 100UNIT	insulin degludec inj 100 unit/ml	$0	QL; Maximum of 1 ml per day.
INSULIN LISP INJ 100/ML	insulin lispro inj soln 100 unit/ml	$0	QL; Maximum of 1 ml per day.
INSULIN LISP INJ 100/ML	insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	$0	QL; Maximum of 1.5 ml per day.
INSULIN LISP INJ JR KWPN	insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	$0	QL; Maximum of 1.5 ml per day.
INSULIN LISP INJ PROT KWP	insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	$0	QL; Maximum of 1.5 ml per day.
JENTADUETO TAB 2.5-1000	linagliptin-metformin hcl tab 2.5-1000 mg	2	QL; Maximum of 2 tablets per day.
JENTADUETO TAB 2.5-500	linagliptin-metformin hcl tab 2.5-500 mg	2	QL; Maximum of 2 tablets per day.
JENTADUETO TAB 2.5-850	linagliptin-metformin hcl tab 2.5-850 mg	2	QL; Maximum of 2 tablets per day.
JENTADUETO TAB XR	linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	2	QL; Maximum of 2 tablets per day.
JENTADUETO TAB XR	linagliptin-metformin hcl tab er 24hr 5-1000 mg	2	QL; Maximum of 1 tablet per day.

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LEVEMIR INJ	insulin detemir inj 100 unit/ml	$0	QL; Maximum of 1 ml per day.
LEVEMIR INJ FLEXPEN	insulin detemir soln pen-injector 100 unit/ml	$0	QL; Maximum of 1.5 ml per day.
METFORMIN SOL 500/5ML	metformin hcl oral soln 500 mg/5ml	3	QL; Maximum of 25.5 ml per day.
METFORMIN TAB 1000MG	metformin hcl tab 1000 mg	$0	QL; Maximum of 2.5 tablets per day.
METFORMIN TAB 500MG	metformin hcl tab 500 mg	$0	QL; Maximum of 5 tablets per day.
METFORMIN TAB 500MG ER	metformin hcl tab er 24hr 500 mg	$0	QL; Maximum of 4 tablets per day.
METFORMIN TAB 750MG ER	metformin hcl tab er 24hr 750 mg	$0	QL; Maximum of 2 tablets per day.
METFORMIN TAB 850MG	metformin hcl tab 850 mg	$0	QL; Maximum of 3 tablets per day.
MIGLITOL TAB 100MG	miglitol tab 100 mg	2	QL; Maximum of 3 tablets per day.
MIGLITOL TAB 25MG	miglitol tab 25 mg	2	QL; Maximum of 12 tablets per day.
MIGLITOL TAB 50MG	miglitol tab 50 mg	2	QL; Maximum of 6 tablets per day.
MOUNJARO INJ 10MG/0.5	tirzepatide soln auto-injector 10 mg/0.5ml	2	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 12.5/0.5	tirzepatide soln auto-injector 12.5 mg/0.5ml	2	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 15MG/0.5	tirzepatide soln auto-injector 15 mg/0.5ml	2	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 2.5/0.5	tirzepatide soln auto-injector 2.5 mg/0.5ml	2	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 5MG/0.5	tirzepatide soln auto-injector 5 mg/0.5ml	2	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 7.5/0.5	tirzepatide soln auto-injector 7.5 mg/0.5ml	2	PA; QL; Maximum of 4 pens (2ml) per 28 days.
NATEGLINIDE TAB 120MG	nateglinide tab 120 mg	2	QL; Maximum of 3 tablets per day.
NATEGLINIDE TAB 60MG	nateglinide tab 60 mg	2	QL; Maximum of 6 tablets per day.
NOVOLOG INJ FLEX REL	insulin aspart soln pen-injector 100 unit/ml	$0	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ FLEXPEN	insulin aspart soln pen-injector 100 unit/ml	$0	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ PENFILL	insulin aspart soln cartridge 100 unit/ml	$0	QL; Maximum of 1.5 ml per day.
NOVOLOG MIX INJ 70/30	insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	$0	QL; Maximum of 1 ml per day.
NOVOLOG MIX INJ FLEX REL	insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	$0	QL; Maximum of 1.5 ml per day.
NOVOLOG MIX INJ FLEXPEN	insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	$0	QL; Maximum of 1.5 ml per day.
NOVOLOG RELI INJ 70/30	insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	$0	QL; Maximum of 1 ml per day.
OZEMPIC INJ 2MG/3ML	semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	2	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC INJ 4MG/3ML	semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	2	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC INJ 8MG/3ML	semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	2	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
PIOGLITA/MET TAB 15-500MG	pioglitazone hcl-metformin hcl tab 15-500 mg	2	QL; Maximum of 3 tablets per day.
PIOGLITA/MET TAB 15-850MG	pioglitazone hcl-metformin hcl tab 15-850 mg	2	QL; Maximum of 3 tablets per day.

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PIOGLITAZONE TAB 15MG	pioglitazone hcl tab 15 mg (base equiv)	$0	QL; Maximum of 3 tablets per day.
PIOGLITAZONE TAB 30MG	pioglitazone hcl tab 30 mg (base equiv)	$0	QL; Maximum of 1 tablet per day.
PIOGLITAZONE TAB 45MG	pioglitazone hcl tab 45 mg (base equiv)	$0	QL; Maximum of 1 tablet per day.
REPAGLINIDE TAB 0.5MG	repaglinide tab 0.5 mg	1	QL; Maximum of 32 tablets per day.
REPAGLINIDE TAB 1MG	repaglinide tab 1 mg	1	QL; Maximum of 16 tablets per day.
REPAGLINIDE TAB 2MG	repaglinide tab 2 mg	1	QL; Maximum of 8 tablets per day.
REZVOGLAR KP INJ 100UT/ML	insulin glargine-aglr soln pen-injector 100 unit/ml	$0	QL; Maximum of 1.5 ml per day.
RYBELSUS TAB 14MG	semaglutide tab 14 mg	2	PA; QL; Maximum of 1 tablet per day.
RYBELSUS TAB 3MG	semaglutide tab 3 mg	2	PA; QL; Maximum of 1 tablet per day.
RYBELSUS TAB 7MG	semaglutide tab 7 mg	2	PA; QL; Maximum of 1 tablet per day.
SAXA/METFOR TAB 2.5-1000	saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	2	QL; Maximum of 2 tablets per day.
SAXA/METFOR TAB 5-1000MG	saxagliptin-metformin hcl tab er 24hr 5-1000 mg	2	QL; Maximum of 1 tablet per day.
SAXA/METFOR TAB 5-500MG	saxagliptin-metformin hcl tab er 24hr 5-500 mg	2	QL; Maximum of 1 tablet per day.
SAXAGLIPTIN TAB 2.5MG	saxagliptin hcl tab 2.5 mg (base equiv)	2	QL; Maximum of 1 tablet per day.
SAXAGLIPTIN TAB 5MG	saxagliptin hcl tab 5 mg (base equiv)	2	QL; Maximum of 1 tablet per day.
SOLIQUA INJ 100/33	insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2	QL; Maximum of 6 pens (18 ml) per 30 days.
SYNJARDY TAB	empagliflozin-metformin hcl tab 12.5-1000 mg	2	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 12.5-500	empagliflozin-metformin hcl tab 12.5-500 mg	2	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 5-1000MG	empagliflozin-metformin hcl tab 5-1000 mg	2	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 5-500MG	empagliflozin-metformin hcl tab 5-500 mg	2	QL; Maximum of 2 tablets per day.
SYNJARDY XR TAB	empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	2	QL; Maximum of 2 tablets per day.
SYNJARDY XR TAB 10-1000	empagliflozin-metformin hcl tab er 24hr 10-1000 mg	2	QL; Maximum of 1 tablet per day.
SYNJARDY XR TAB 25-1000	empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2	QL; Maximum of 1 tablet per day.
SYNJARDY XR TAB 5-1000MG	empagliflozin-metformin hcl tab er 24hr 5-1000 mg	2	QL; Maximum of 2 tablets per day.
TRADJENTA TAB 5MG	linagliptin tab 5 mg	2	QL; Maximum of 1 tablet per day.
TRESIBA INJ 100UNIT	insulin degludec inj 100 unit/ml	$0	QL; Maximum of 1 ml per day.
TRESIBA FLEX INJ 100UNIT	insulin degludec soln pen-injector 100 unit/ml	$0	QL; Maximum of 1.5 ml per day.
TRESIBA FLEX INJ 200UNIT	insulin degludec soln pen-injector 200 unit/ml	$0	QL; Maximum of 1.5 ml per day.
TRUEPLS GLUC GEL 15/32ML	glucose gel 15 gm/32ml	2	
TRUEPLUS CHW GLUCOSE	glucose chew tab 4 gm (rounded)	2	
TRULICITY INJ 0.75/0.5	dulaglutide soln auto-injector 0.75 mg/0.5ml	2	PA; QL; Maximum of 4 pens (2 ml) per 28 days.

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TRULICITY INJ 1.5/0.5	dulaglutide soln auto-injector 1.5 mg/0.5ml	2	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 3/0.5	dulaglutide soln auto-injector 3 mg/0.5ml	2	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 4.5/0.5	dulaglutide soln auto-injector 4.5 mg/0.5ml	2	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
XIGDUO XR TAB 10-1000	dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	2	QL; Maximum of 1 tablet per day.
XIGDUO XR TAB 10-500MG	dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg	2	QL; Maximum of 1 tablet per day.
XIGDUO XR TAB 2.5-1000	dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg	2	QL; Maximum of 2 tablets per day.
XIGDUO XR TAB 5-1000MG	dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	2	QL; Maximum of 2 tablets per day.
XIGDUO XR TAB 5-500MG	dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg	2	QL; Maximum of 1 tablet per day.
ZEGALOGUE INJ 0.6/0.6	dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	$0	QL; Maximum of 1.2 ml (2 pens) per month.
ZEGALOGUE INJ 0.6/0.6	dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	$0	QL; Maximum of 1.2 ml (2 syringes) per month.
Blood Products and Modifiers			
AMINOCAPR AC TAB 1000MG	aminocaproic acid tab 1000 mg	3	
AMINOCAPR AC TAB 500MG	aminocaproic acid tab 500 mg	3	
AMINOCAPROIC SOL 0.25/ML	aminocaproic acid oral soln 0.25 gm/ml	3	
ANAGRELIDE CAP 0.5MG	anagrelide hcl cap 0.5 mg	3	
ANAGRELIDE CAP 1MG	anagrelide hcl cap 1 mg	3	
ARANESP INJ 100MCG	darbepoetin alfa soln inj 100 mcg/ml	3	QL; SP;Maximum of 2 ml per 28 days.
ARANESP INJ 100MCG	darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	3	QL; SP;Maximum of 1 ml per 28 days.
ARANESP INJ 10MCG	darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	3	QL; SP;Maximum of 1.6 ml per 28 days.
ARANESP INJ 150MCG	darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	3	QL; SP;Maximum of 0.6 ml per 28 days.
ARANESP INJ 200MCG	darbepoetin alfa soln inj 200 mcg/ml	3	QL; SP;Maximum of 4 ml per 28 days.
ARANESP INJ 200MCG	darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	3	QL; SP;Maximum of 1.6 ml per 28 days.
ARANESP INJ 25MCG	darbepoetin alfa soln inj 25 mcg/ml	3	QL; SP;Maximum of 4 ml per 28 days.
ARANESP INJ 25MCG	darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	3	QL; SP;Maximum of 1.68 ml per 28 days.
ARANESP INJ 300MCG	darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	3	QL; SP;Maximum of 1.2 ml per 28 days.
ARANESP INJ 40MCG	darbepoetin alfa soln inj 40 mcg/ml	3	QL; SP;Maximum of 4 ml per 28 days.
ARANESP INJ 40MCG	darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	3	QL; SP;Maximum of 1.6 ml per 28 days.
ARANESP INJ 500MCG	darbepoetin alfa soln prefilled syringe 500 mcg/ml	3	QL; SP;Maximum of 2 ml per 28 days.
ARANESP INJ 60MCG	darbepoetin alfa soln inj 60 mcg/ml	3	QL; SP;Maximum of 4 ml per 28 days.
ARANESP INJ 60MCG	darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	3	QL; SP;Maximum of 1.2 ml per 28 days.
ASA/DIPYRIDA CAP 25-200MG	aspirin-dipyridamole cap er 12hr 25-200 mg	3	QL; Maximum of 2 capsules per day.
CILOSTAZOL TAB 100MG	cilostazol tab 100 mg	1	

Brand name	Generic name	Tier	Notes
CILOSTAZOL TAB 50MG	cilostazol tab 50 mg	1	
CLOPIDOGREL TAB 300MG	clopidogrel bisulfate tab 300 mg (base equiv)	1	QL; Maximum of 1 tablet per day.
CLOPIDOGREL TAB 75MG	clopidogrel bisulfate tab 75 mg (base equiv)	1	QL; Maximum of 4 tablets per day.
DABIGATRAN CAP 110MG	dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	2	QL; Maximum of 2 capsules per day.
DABIGATRAN CAP 150MG	dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	2	QL; Maximum of 2 capsules per day.
DABIGATRAN CAP 75MG	dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	2	QL; Maximum of 2 capsules per day.
DIPYRIDAMOLE TAB 25MG	dipyridamole tab 25 mg	1	
DIPYRIDAMOLE TAB 50MG	dipyridamole tab 50 mg	1	
DIPYRIDAMOLE TAB 75MG	dipyridamole tab 75 mg	1	
ELIQUIS CAP 0.15MG	apixaban cap sprinkle 0.15 mg	2	QL; Maximum of 2 capsules per day.
ELIQUIS TAB 0.5MG	apixaban tab for oral susp 0.5 mg	2	QL; Maximum of 4 tablets per day.
ELIQUIS TAB 1.5MG	apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg)	2	QL; Maximum of 12 tablets (4 packs) per day.
ELIQUIS TAB 2.5MG	apixaban tab 2.5 mg	2	QL; Maximum of 2 tablets per day.
ELIQUIS TAB 2MG	apixaban tab for oral susp pack 4 x 0.5 mg (2 mg)	2	QL; Maximum of 16 tablets (4 packs) per day.
ELIQUIS TAB 5MG	apixaban tab 5 mg	2	QL; Maximum of 2 tablets per day.
ELIQUIS ST P TAB 5MG	apixaban tab starter pack 5 mg	2	QL; Maximum of 1 pack per year.
ELTROMBOPAG POW 12.5MG	eltrombopag olamine powder pack for susp 12.5 mg (base eq)	3	PA; QL; SP;Maximum of 6 packets per day.
ELTROMBOPAG POW 25MG	eltrombopag olamine powder pack for susp 25 mg (base equiv)	3	PA; QL; SP;Maximum of 6 packets per day.
ELTROMBOPAG TAB 12.5MG	eltrombopag olamine tab 12.5 mg (base equiv)	3	PA; QL; SP;Maximum of 1 tablet per day.
ELTROMBOPAG TAB 25MG	eltrombopag olamine tab 25 mg (base equiv)	3	PA; QL; SP;Maximum of 1 tablet per day.
ELTROMBOPAG TAB 50MG	eltrombopag olamine tab 50 mg (base equiv)	3	PA; QL; SP;Maximum of 2 tablets per day.
ELTROMBOPAG TAB 75MG	eltrombopag olamine tab 75 mg (base equiv)	3	PA; QL; SP;Maximum of 2 tablets per day.
ENOXAPARIN INJ 100MG/ML	enoxaparin sodium inj soln pref syr 100 mg/ml	2	QL; Maximum of 2 syringes (2 ml) per day.
ENOXAPARIN INJ 120/0.8	enoxaparin sodium inj soln pref syr 120 mg/0.8ml	2	QL; Maximum of 2 syringes (1.6 ml) per day.
ENOXAPARIN INJ 150MG/ML	enoxaparin sodium inj soln pref syr 150 mg/ml	2	QL; Maximum of 2 syringes (2 ml) per day.
ENOXAPARIN INJ 30/0.3ML	enoxaparin sodium inj soln pref syr 30 mg/0.3ml	2	QL; Maximum of 2 syringes (0.6 ml) per day.
ENOXAPARIN INJ 300/3ML	enoxaparin sodium inj 300 mg/3ml	2	QL; Maximum of 1 vial (3 ml) per day.
ENOXAPARIN INJ 40/0.4ML	enoxaparin sodium inj soln pref syr 40 mg/0.4ml	2	QL; Maximum of 2 syringes (0.8 ml) per day.
ENOXAPARIN INJ 60/0.6ML	enoxaparin sodium inj soln pref syr 60 mg/0.6ml	2	QL; Maximum of 2 syringes (1.2 ml) per day.
ENOXAPARIN INJ 80/0.8ML	enoxaparin sodium inj soln pref syr 80 mg/0.8ml	2	QL; Maximum of 2 syringes (1.6 ml) per day.
ENOXAPARIN INJ 80MG/0.8	enoxaparin sodium inj soln pref syr 80 mg/0.8ml	2	QL; Maximum of 2 syringes (1.6 ml) per day.

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FONDAPARINUX INJ 10/0.8ML	fondaparinux sodium subcutaneous inj 10 mg/0.8ml	3	QL; Maximum of 24 ml per 30 days.
FONDAPARINUX INJ 2.5/0.5	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	3	QL; Maximum of 15 ml per 30 days.
FONDAPARINUX INJ 5/0.4ML	fondaparinux sodium subcutaneous inj 5 mg/0.4ml	3	QL; Maximum of 12 ml per 30 days.
FONDAPARINUX INJ 7.5/0.6	fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	3	QL; Maximum of 18 ml per 30 days.
FRAGMIN INJ 10000/ML	dalteparin sodium soln prefilled syr 10000 unit/ml	3	QL; Maximum of 30 ml per 30 days.
FRAGMIN INJ 12500UNT	dalteparin sodium soln prefilled syr 12500 unit/0.5ml	3	QL; Maximum of 15 ml per 30 days.
FRAGMIN INJ 15000UNT	dalteparin sodium soln prefilled syr 15000 unit/0.6ml	3	QL; Maximum of 18 ml per 30 days.
FRAGMIN INJ 18000UNT	dalteparin sodium soln prefilled syr 18000 unit/0.72ml	3	QL; Maximum of 21.6 ml per 30 days.
FRAGMIN INJ 2500/0.2	dalteparin sodium soln prefilled syr 2500 unit/0.2ml	3	QL; Maximum of 6 ml per 30 days.
FRAGMIN INJ 2500/ML	dalteparin sodium subcutaneous soln 10000 unit/4ml	3	QL; Maximum of 4 ml per day.
FRAGMIN INJ 5000/0.2	dalteparin sodium soln prefilled syr 5000 unit/0.2ml	3	QL; Maximum of 6 ml per 30 days.
FRAGMIN INJ 7500/0.3	dalteparin sodium soln prefilled syr 7500 unit/0.3ml	3	QL; Maximum of 9 ml per 30 days.
FRAGMIN INJ 95000UNT	dalteparin sodium subcutaneous soln 95000 unit/3.8ml	3	QL; Maximum of 22.8 ml per 30 days.
HEPARIN SOD INJ 1000/ML	heparin sodium (porcine) inj 1000 unit/ml	1	
HEPARIN SOD INJ 10000/10	heparin sodium (porcine) inj 1000 unit/ml	1	
HEPARIN SOD INJ 10000/ML	heparin sodium (porcine) inj 10000 unit/ml	1	
HEPARIN SOD INJ 2000/2ML	heparin sodium (porcine) pf inj 1000 unit/ml	1	
HEPARIN SOD INJ 20000/ML	heparin sodium (porcine) inj 20000 unit/ml	1	
HEPARIN SOD INJ 30000/30	heparin sodium (porcine) inj 1000 unit/ml	1	
HEPARIN SOD INJ 5000/0.5	heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
HEPARIN SOD INJ 5000/0.5	heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml	1	
HEPARIN SOD INJ 5000/ML	heparin sodium (porcine) inj 5000 unit/ml	1	
HEPARIN SOD INJ 5000/ML	heparin sodium (porcine) pf inj 5000 unit/ml	1	
HEPARIN SOD INJ 50000/10	heparin sodium (porcine) inj 5000 unit/ml	1	
JANTOVEN TAB 10MG	warfarin sodium tab 10 mg	1	
JANTOVEN TAB 1MG	warfarin sodium tab 1 mg	1	
JANTOVEN TAB 2.5MG	warfarin sodium tab 2.5 mg	1	
JANTOVEN TAB 2MG	warfarin sodium tab 2 mg	1	
JANTOVEN TAB 3MG	warfarin sodium tab 3 mg	1	
JANTOVEN TAB 4MG	warfarin sodium tab 4 mg	1	
JANTOVEN TAB 5MG	warfarin sodium tab 5 mg	1	
JANTOVEN TAB 6MG	warfarin sodium tab 6 mg	1	
JANTOVEN TAB 7.5MG	warfarin sodium tab 7.5 mg	1	
LEUKINE INJ 250MCG	sargramostim lyophilized for inj 250 mcg	3	SP
NEULASTA INJ 4/0.4ML	pegfilgrastim inj 4 mg/0.4ml	3	SP
NEULASTA INJ 6MG/0.6M	pegfilgrastim soln prefilled syringe 6 mg/0.6ml	3	SP
NEULASTA INJ 6MG/0.6M	pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6ml	3	SP
PLERIXAFOR INJ 24/1.2ML	plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	3	SP

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PRASUGREL TAB 10MG	prasugrel hcl tab 10 mg (base equiv)	1	QL; Maximum of 1 tablet per day.
PRASUGREL TAB 5MG	prasugrel hcl tab 5 mg (base equiv)	1	QL; Maximum of 1 tablet per day.
RECOTHROM SOL 20000UNT	thrombin (recombinant) for soln 20000 unit	3	
RECOTHROM SOL 5000UNIT	thrombin (recombinant) for soln 5000 unit	3	
RETACRIT INJ 10000UNT	epoetin alfa-epbx inj 10000 unit/ml	3	QL; SP;Maximum of 8 ml per 21 days.
RETACRIT INJ 20000UNI	epoetin alfa-epbx inj 20000 unit/ml	3	QL; SP;Maximum of 4 ml per 21 days.
RETACRIT INJ 2000UNIT	epoetin alfa-epbx inj 2000 unit/ml	3	QL; SP;Maximum of 12 ml per 21 days.
RETACRIT INJ 3000UNIT	epoetin alfa-epbx inj 3000 unit/ml	3	QL; SP;Maximum of 12 ml per 21 days.
RETACRIT INJ 40000UNT	epoetin alfa-epbx inj 40000 unit/ml	3	QL; SP;Maximum of 4 ml per 21 days.
RETACRIT INJ 4000UNIT	epoetin alfa-epbx inj 4000 unit/ml	3	QL; SP;Maximum of 12 ml per 21 days.
RIVAROXABAN SUS 1MG/ML	rivaroxaban for susp 1 mg/ml	2	QL; Maximum of 20 ml per day.
RIVAROXABAN TAB 2.5MG	rivaroxaban tab 2.5 mg	2	QL; Maximum of 2 tablets per day.
THROMBIN KIT 5000UNIT	thrombin for soln kit 5000 unit	3	
THROMBIN-JMI KIT 20000UNT	thrombin for soln kit 20000 unit	3	
THROMBIN-JMI KIT 5000UNIT	thrombin for soln kit 5000 unit	3	
THROMBIN-JMI SOL 20000UNT	thrombin for soln 20000 unit	3	
THROMBIN-JMI SOL 5000UNIT	thrombin for soln 5000 unit	3	
TICAGRELOR TAB 60MG	ticagrelor tab 60 mg	3	QL; Maximum of 2 tablets per day.
TICAGRELOR TAB 90MG	ticagrelor tab 90 mg	3	QL; Maximum of 2 tablets per day.
TRANEX ACID TAB 650MG	tranexamic acid tab 650 mg	2	QL; Maximum of 6 tablets per day.
WARFARIN TAB 10MG	warfarin sodium tab 10 mg	1	
WARFARIN TAB 1MG	warfarin sodium tab 1 mg	1	
WARFARIN TAB 2.5MG	warfarin sodium tab 2.5 mg	1	
WARFARIN TAB 2MG	warfarin sodium tab 2 mg	1	
WARFARIN TAB 3MG	warfarin sodium tab 3 mg	1	
WARFARIN TAB 4MG	warfarin sodium tab 4 mg	1	
WARFARIN TAB 5MG	warfarin sodium tab 5 mg	1	
WARFARIN TAB 6MG	warfarin sodium tab 6 mg	1	
WARFARIN TAB 7.5MG	warfarin sodium tab 7.5 mg	1	
XARELTO SUS 1MG/ML	rivaroxaban for susp 1 mg/ml	2	QL; Maximum of 20 ml per day.
XARELTO TAB 10MG	rivaroxaban tab 10 mg	2	QL; Maximum of 1 tablet per day.
XARELTO TAB 15MG	rivaroxaban tab 15 mg	2	QL; Maximum of 2 tablets per day.
XARELTO TAB 2.5MG	rivaroxaban tab 2.5 mg	2	QL; Maximum of 2 tablets per day.
XARELTO TAB 20MG	rivaroxaban tab 20 mg	2	QL; Maximum of 1 tablet per day.
XARELTO STAR TAB 15/20MG	rivaroxaban tab starter therapy pack 15 mg & 20 mg	2	QL; Maximum of 1 pack (51 tablets) per year.
YOSPRALA TAB 325-40MG	aspirin-omeprazole tab delayed release 325-40 mg	2	QL; Maximum of 1 tablet per day.
YOSPRALA TAB 81-40MG	aspirin-omeprazole tab delayed release 81-40 mg	2	QL; Maximum of 1 tablet per day.

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ZARXIO INJ 300/0.5	filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	3	SP
ZARXIO INJ 480/0.8	filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	3	SP
Cardiovascular Agents			
ACEBUTOLOL CAP 200MG	acebutolol hcl cap 200 mg	1	
ACEBUTOLOL CAP 400MG	acebutolol hcl cap 400 mg	1	
ALISKIREN TAB 150MG	aliskiren fumarate tab 150 mg (base equivalent)	3	QL; Maximum of 1 tablet per day.
ALISKIREN TAB 300MG	aliskiren fumarate tab 300 mg (base equivalent)	3	QL; Maximum of 1 tablet per day.
AMILOR/HCTZ TAB 5-50	amiloride & hydrochlorothiazide tab 5-50 mg	1	
AMILORIDE TAB 5MG	amiloride hcl tab 5 mg	1	
AMIODARONE TAB 100MG	amiodarone hcl tab 100 mg	1	
AMIODARONE TAB 200MG	amiodarone hcl tab 200 mg	1	
AMIODARONE TAB 400MG	amiodarone hcl tab 400 mg	1	
AMLOD/BENAZP CAP 10-20MG	amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL; Maximum of 1 capsule per day.
AMLOD/BENAZP CAP 10-40MG	amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL; Maximum of 1 capsule per day.
AMLOD/BENAZP CAP 2.5-10MG	amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL; Maximum of 1 capsule per day.
AMLOD/BENAZP CAP 5-10MG	amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL; Maximum of 1 capsule per day.
AMLOD/BENAZP CAP 5-20MG	amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL; Maximum of 1 capsule per day.
AMLOD/BENAZP CAP 5-40MG	amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL; Maximum of 1 capsule per day.
AMLOD/VALSAR TAB 10-160MG	amlodipine besylate-valsartan tab 10-160 mg	2	QL; Maximum of 1 tablet per day.
AMLOD/VALSAR TAB 10-320MG	amlodipine besylate-valsartan tab 10-320 mg	2	QL; Maximum of 1 tablet per day.
AMLOD/VALSAR TAB 5-160MG	amlodipine besylate-valsartan tab 5-160 mg	2	QL; Maximum of 1 tablet per day.
AMLOD/VALSAR TAB 5-320MG	amlodipine besylate-valsartan tab 5-320 mg	2	QL; Maximum of 1 tablet per day.
AMLODIPINE TAB 10MG	amlodipine besylate tab 10 mg (base equivalent)	$0	
AMLODIPINE TAB 2.5MG	amlodipine besylate tab 2.5 mg (base equivalent)	$0	
AMLODIPINE TAB 5MG	amlodipine besylate tab 5 mg (base equivalent)	$0	
ATENOL/CHLOR TAB 100-25MG	atenolol & chlorthalidone tab 100-25 mg	1	
ATENOL/CHLOR TAB 50-25MG	atenolol & chlorthalidone tab 50-25 mg	1	
ATENOLOL TAB 100MG	atenolol tab 100 mg	1	
ATENOLOL TAB 25MG	atenolol tab 25 mg	1	
ATENOLOL TAB 50MG	atenolol tab 50 mg	1	
ATORVASTATIN TAB 10MG	atorvastatin calcium tab 10 mg (base equivalent)	$0	QL; Maximum of 1 tablet per day.
ATORVASTATIN TAB 20MG	atorvastatin calcium tab 20 mg (base equivalent)	$0	QL; Maximum of 1 tablet per day.
ATORVASTATIN TAB 40MG	atorvastatin calcium tab 40 mg (base equivalent)	$0	QL; Maximum of 1 tablet per day.
ATORVASTATIN TAB 80MG	atorvastatin calcium tab 80 mg (base equivalent)	$0	QL; Maximum of 1 tablet per day.
BENAZEP/HCTZ TAB 10-12.5	benazepril & hydrochlorothiazide tab 10-12.5 mg	2	QL; Maximum of 1 tablet per day.

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BENAZEP/HCTZ TAB 20-12.5	benazepril & hydrochlorothiazide tab 20-12.5 mg	2	QL; Maximum of 1 tablet per day.
BENAZEP/HCTZ TAB 20-25MG	benazepril & hydrochlorothiazide tab 20-25 mg	2	QL; Maximum of 1 tablet per day.
BENAZEP/HCTZ TAB 5-6.25MG	benazepril & hydrochlorothiazide tab 5-6.25 mg	2	QL; Maximum of 1 tablet per day.
BENAZEPRIL TAB 10MG	benazepril hcl tab 10 mg	1	QL; Maximum of 2 tablets per day.
BENAZEPRIL TAB 20MG	benazepril hcl tab 20 mg	1	QL; Maximum of 2 tablets per day.
BENAZEPRIL TAB 40MG	benazepril hcl tab 40 mg	1	QL; Maximum of 2 tablets per day.
BENAZEPRIL TAB 5MG	benazepril hcl tab 5 mg	1	QL; Maximum of 2 tablets per day.
BETAXOLOL TAB 10MG	betaxolol hcl tab 10 mg	1	
BETAXOLOL TAB 20MG	betaxolol hcl tab 20 mg	1	
BISOPRL/HCTZ TAB 10/6.25	bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	QL; Maximum of 2 tablets per day.
BISOPRL/HCTZ TAB 2.5/6.25	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	QL; Maximum of 2 tablets per day.
BISOPRL/HCTZ TAB 5-6.25MG	bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	QL; Maximum of 2 tablets per day.
BISOPROL FUM TAB 10MG	bisoprolol fumarate tab 10 mg	1	
BISOPROL FUM TAB 2.5MG	bisoprolol fumarate tab 2.5 mg	1	
BISOPROL FUM TAB 5MG	bisoprolol fumarate tab 5 mg	1	
BUMETANIDE TAB 0.5MG	bumetanide tab 0.5 mg	1	
BUMETANIDE TAB 1MG	bumetanide tab 1 mg	1	
BUMETANIDE TAB 2MG	bumetanide tab 2 mg	1	
CANDESA/HCTZ TAB 16-12.5	candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	2	QL; Maximum of 1 tablet per day.
CANDESA/HCTZ TAB 32-12.5	candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	2	QL; Maximum of 1 tablet per day.
CANDESA/HCTZ TAB 32-25MG	candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	2	QL; Maximum of 1 tablet per day.
CANDESARTAN TAB 16MG	candesartan cilexetil tab 16 mg	2	QL; Maximum of 1 tablet per day.
CANDESARTAN TAB 32MG	candesartan cilexetil tab 32 mg	2	QL; Maximum of 1 tablet per day.
CANDESARTAN TAB 4MG	candesartan cilexetil tab 4 mg	2	QL; Maximum of 1 tablet per day.
CANDESARTAN TAB 8MG	candesartan cilexetil tab 8 mg	2	QL; Maximum of 3 tablets per day.
CAPTOPR/HCTZ TAB 25-15MG	captopril & hydrochlorothiazide tab 25-15 mg	2	QL; Maximum of 3 tablets per day.
CAPTOPR/HCTZ TAB 25-25MG	captopril & hydrochlorothiazide tab 25-25 mg	2	QL; Maximum of 2 tablets per day.
CAPTOPR/HCTZ TAB 50-15MG	captopril & hydrochlorothiazide tab 50-15 mg	2	QL; Maximum of 3 tablets per day.
CAPTOPR/HCTZ TAB 50-25MG	captopril & hydrochlorothiazide tab 50-25 mg	2	QL; Maximum of 2 tablets per day.
CAPTOPRIL TAB 100MG	captopril tab 100 mg	1	QL; Maximum of 4 tablets per day.
CAPTOPRIL TAB 12.5MG	captopril tab 12.5 mg	1	QL; Maximum of 3 tablets per day.
CAPTOPRIL TAB 25MG	captopril tab 25 mg	1	QL; Maximum of 3 tablets per day.
CAPTOPRIL TAB 50MG	captopril tab 50 mg	1	QL; Maximum of 9 tablets per day.

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
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Brand name	Generic name	Tier	Notes
CARTIA XT CAP 120/24HR	diltiazem hcl coated beads cap er 24hr 120 mg	1	
CARTIA XT CAP 180/24HR	diltiazem hcl coated beads cap er 24hr 180 mg	1	
CARTIA XT CAP 240/24HR	diltiazem hcl coated beads cap er 24hr 240 mg	1	
CARTIA XT CAP 300/24HR	diltiazem hcl coated beads cap er 24hr 300 mg	1	
CARVEDILOL TAB 12.5MG	carvedilol tab 12.5 mg	$0	
CARVEDILOL TAB 25MG	carvedilol tab 25 mg	$0	
CARVEDILOL TAB 3.125MG	carvedilol tab 3.125 mg	$0	
CARVEDILOL TAB 6.25MG	carvedilol tab 6.25 mg	$0	
CHLORTHALID TAB 25MG	chlorthalidone tab 25 mg	1	
CHLORTHALID TAB 50MG	chlorthalidone tab 50 mg	1	
CHOLESTYRAM POW 4GM	cholestyramine powder 4 gm/dose	2	
CHOLESTYRAM POW 4GM	cholestyramine powder packets 4 gm	2	
CHOLESTYRAM POW 4GM LITE	cholestyramine light powder 4 gm/dose	2	
CHOLESTYRAM POW 4GM LITE	cholestyramine light powder packets 4 gm	2	
CLONIDINE DIS 0.1/24HR	clonidine td patch weekly 0.1 mg/24hr	2	
CLONIDINE DIS 0.2/24HR	clonidine td patch weekly 0.2 mg/24hr	2	
CLONIDINE DIS 0.3/24HR	clonidine td patch weekly 0.3 mg/24hr	2	
CLONIDINE TAB 0.1MG	clonidine hcl tab 0.1 mg	1	
CLONIDINE TAB 0.2MG	clonidine hcl tab 0.2 mg	1	
CLONIDINE TAB 0.3MG	clonidine hcl tab 0.3 mg	1	
COLESEVELAM PAK 3.75GM	colesevelam hcl packet for susp 3.75 gm	2	
COLESEVELAM TAB 625MG	colesevelam hcl tab 625 mg	2	
COLESTIPOL GRA 5GM	colestipol hcl granules 5 gm	2	
COLESTIPOL GRA 5GM	colestipol hcl granule packets 5 gm	2	
COLESTIPOL TAB 1GM	colestipol hcl tab 1 gm	1	
CORLANOR SOL 5MG/5ML	ivabradine hcl oral soln 5 mg/5ml (base equiv)	3	PA; QL; Maximum of 15 ml per day.
DIGOXIN SOL 50MCG/ML	digoxin oral soln 0.05 mg/ml	2	
DIGOXIN TAB 0.0625MG	digoxin tab 62.5 mcg (0.0625 mg)	3	
DIGOXIN TAB 0.125MG	digoxin tab 125 mcg (0.125 mg)	1	
DIGOXIN TAB 0.25MG	digoxin tab 250 mcg (0.25 mg)	1	
DILT-XR CAP 120MG	diltiazem hcl cap er 24hr 120 mg	1	
DILT-XR CAP 180MG	diltiazem hcl cap er 24hr 180 mg	1	
DILT-XR CAP 240MG	diltiazem hcl cap er 24hr 240 mg	1	
DILTIAZEM CAP 120MG ER	diltiazem hcl cap er 12hr 120 mg	2	
DILTIAZEM CAP 120MG ER	diltiazem hcl cap er 24hr 120 mg	1	
DILTIAZEM CAP 120MG ER	diltiazem hcl extended release beads cap er 24hr 120 mg	1	
DILTIAZEM CAP 120MG ER	diltiazem hcl coated beads cap er 24hr 120 mg	1	
DILTIAZEM CAP 180MG ER	diltiazem hcl cap er 24hr 180 mg	1	
DILTIAZEM CAP 180MG ER	diltiazem hcl coated beads cap er 24hr 180 mg	1	
DILTIAZEM CAP 180MG/24	diltiazem hcl extended release beads cap er 24hr 180 mg	1	
DILTIAZEM CAP 240MG ER	diltiazem hcl cap er 24hr 240 mg	1	
DILTIAZEM CAP 240MG ER	diltiazem hcl coated beads cap er 24hr 240 mg	1	
DILTIAZEM CAP 240MG/24	diltiazem hcl extended release beads cap er 24hr 240 mg	1	
DILTIAZEM CAP 300MG ER	diltiazem hcl extended release beads cap er 24hr 300 mg	1	

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Brand name	Generic name	Tier	Notes
DILTIAZEM CAP 300MG ER	diltiazem hcl coated beads cap er 24hr 300 mg	1	
DILTIAZEM CAP 360MG CD	diltiazem hcl coated beads cap er 24hr 360 mg	1	
DILTIAZEM CAP 360MG ER	diltiazem hcl extended release beads cap er 24hr 360 mg	1	
DILTIAZEM CAP 360MG ER	diltiazem hcl coated beads cap er 24hr 360 mg	1	
DILTIAZEM CAP 420MG/24	diltiazem hcl extended release beads cap er 24hr 420 mg	1	
DILTIAZEM CAP 60MG ER	diltiazem hcl cap er 12hr 60 mg	2	
DILTIAZEM CAP 90MG ER	diltiazem hcl cap er 12hr 90 mg	2	
DILTIAZEM TAB 120MG	diltiazem hcl tab 120 mg	1	
DILTIAZEM TAB 120MG ER	diltiazem hcl tab er 24hr 120 mg	2	
DILTIAZEM TAB 240MG ER	diltiazem hcl tab er 24hr 240 mg	2	
DILTIAZEM TAB 300MG ER	diltiazem hcl tab er 24hr 300 mg	2	
DILTIAZEM TAB 30MG	diltiazem hcl tab 30 mg	1	
DILTIAZEM TAB 360MG ER	diltiazem hcl tab er 24hr 360 mg	2	
DILTIAZEM TAB 60MG	diltiazem hcl tab 60 mg	1	
DILTIAZEM TAB 90MG	diltiazem hcl tab 90 mg	1	
DILTIAZEM ER TAB 180MG	diltiazem hcl tab er 24hr 180 mg	2	
DILTIAZEM ER TAB 240MG	diltiazem hcl tab er 24hr 240 mg	2	
DILTIAZEM ER TAB 300MG	diltiazem hcl tab er 24hr 300 mg	2	
DILTIAZEM ER TAB 360MG	diltiazem hcl tab er 24hr 360 mg	2	
DILTIAZEM ER TAB 420MG	diltiazem hcl tab er 24hr 420 mg	2	
DISOPYRAMIDE CAP 100MG	disopyramide phosphate cap 100 mg	2	
DISOPYRAMIDE CAP 150MG	disopyramide phosphate cap 150 mg	2	
DIURIL SUS 250/5ML	chlorothiazide susp 250 mg/5ml	2	
DOFETILIDE CAP 125MCG	dofetilide cap 125 mcg (0.125 mg)	3	QL; Maximum of 2 capsules per day.
DOFETILIDE CAP 250MCG	dofetilide cap 250 mcg (0.25 mg)	3	QL; Maximum of 2 capsules per day.
DOFETILIDE CAP 500MCG	dofetilide cap 500 mcg (0.5 mg)	3	QL; Maximum of 2 capsules per day.
ENALAPR/HCTZ TAB 10-25MG	enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	QL; Maximum of 2 tablets per day.
ENALAPR/HCTZ TAB 5-12.5MG	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	QL; Maximum of 1 tablet per day.
ENALAPRIL TAB 10MG	enalapril maleate tab 10 mg	1	QL; Maximum of 2 tablets per day.
ENALAPRIL TAB 2.5MG	enalapril maleate tab 2.5 mg	1	QL; Maximum of 2 tablets per day.
ENALAPRIL TAB 20MG	enalapril maleate tab 20 mg	1	QL; Maximum of 2 tablets per day.
ENALAPRIL TAB 5MG	enalapril maleate tab 5 mg	1	QL; Maximum of 2 tablets per day.
ENTRESTO CAP 15-16MG	sacubitril-valsartan sprinkle cap 15-16 mg	3	PA; QL; Maximum of 8 capsules per day.
ENTRESTO CAP 6-6MG	sacubitril-valsartan sprinkle cap 6-6 mg	3	PA; QL; Maximum of 8 capsules per day.
EPLERENONE TAB 25MG	eplerenone tab 25 mg	2	
EPLERENONE TAB 50MG	eplerenone tab 50 mg	2	
ETHACRYNIC TAB ACD 25MG	ethacrynic acid tab 25 mg	3	
EZETIM/SIMVA TAB 10-10MG	ezetimibe-simvastatin tab 10-10 mg	2	QL; Maximum of 1 tablet per day.

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Brand name	Generic name	Tier	Notes
EZETIM/SIMVA TAB 10-20MG	ezetimibe-simvastatin tab 10-20 mg	2	QL; Maximum of 1 tablet per day.
EZETIM/SIMVA TAB 10-40MG	ezetimibe-simvastatin tab 10-40 mg	2	QL; Maximum of 1 tablet per day.
EZETIM/SIMVA TAB 10-80MG	ezetimibe-simvastatin tab 10-80 mg	2	QL; Maximum of 1 tablet per day.
EZETIMIBE TAB 10MG	ezetimibe tab 10 mg	1	QL; Maximum of 1 tablet per day.
FARXIGA TAB 10MG	dapagliflozin propanediol tab 10 mg (base equivalent)	2	QL; Maximum of 1 tablet per day.
FARXIGA TAB 5MG	dapagliflozin propanediol tab 5 mg (base equivalent)	2	QL; Maximum of 1 tablet per day.
FELODIPINE TAB 10MG ER	felodipine tab er 24hr 10 mg	1	
FELODIPINE TAB 2.5MG ER	felodipine tab er 24hr 2.5 mg	1	
FELODIPINE TAB 5MG ER	felodipine tab er 24hr 5 mg	1	
FENOFIBRATE CAP 134MG	fenofibrate micronized cap 134 mg	1	
FENOFIBRATE CAP 200MG	fenofibrate micronized cap 200 mg	1	
FENOFIBRATE CAP 67MG	fenofibrate micronized cap 67 mg	1	
FENOFIBRATE TAB 145MG	fenofibrate tab 145 mg	1	
FENOFIBRATE TAB 160MG	fenofibrate tab 160 mg	1	
FENOFIBRATE TAB 48MG	fenofibrate tab 48 mg	1	
FENOFIBRATE TAB 54MG	fenofibrate tab 54 mg	1	
FLECAINIDE TAB 100MG	flecainide acetate tab 100 mg	1	
FLECAINIDE TAB 150MG	flecainide acetate tab 150 mg	1	
FLECAINIDE TAB 50MG	flecainide acetate tab 50 mg	1	
FLUVASTATIN CAP 20MG	fluvastatin sodium cap 20 mg (base equivalent)	2	QL; PA;Maximum of 1 capsule per day.$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardio-vascular disease.
FLUVASTATIN CAP 40MG	fluvastatin sodium cap 40 mg (base equivalent)	2	QL; PA;Maximum of 1 capsule per day.$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardio-vascular disease.
FOSINOP/HCTZ TAB 10/12.5	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	2	QL; Maximum of 4 tablets per day.
FOSINOP/HCTZ TAB 20/12.5	fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	2	QL; Maximum of 4 tablets per day.
FOSINOPRIL TAB 10MG	fosinopril sodium tab 10 mg	1	QL; Maximum of 2 tablets per day.
FOSINOPRIL TAB 20MG	fosinopril sodium tab 20 mg	1	QL; Maximum of 2 tablets per day.
FOSINOPRIL TAB 40MG	fosinopril sodium tab 40 mg	1	QL; Maximum of 2 tablets per day.
FUROSEMIDE SOL 10MG/ML	furosemide oral soln 10 mg/ml	1	
FUROSEMIDE SOL 40MG/5ML	furosemide oral soln 8 mg/ml	1	
FUROSEMIDE TAB 20MG	furosemide tab 20 mg	$0	
FUROSEMIDE TAB 40MG	furosemide tab 40 mg	$0	
FUROSEMIDE TAB 80MG	furosemide tab 80 mg	$0	
GEMFIBROZIL TAB 600MG	gemfibrozil tab 600 mg	1	
GUANFACINE TAB 1MG	guanfacine hcl tab 1 mg	1	QL; Maximum of 2 tablets per day.
GUANFACINE TAB 2MG	guanfacine hcl tab 2 mg	1	QL; Maximum of 2 tablets per day.

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Brand name	Generic name	Tier	Notes
HYDRALAZINE TAB 100MG	hydralazine hcl tab 100 mg	1	
HYDRALAZINE TAB 10MG	hydralazine hcl tab 10 mg	1	
HYDRALAZINE TAB 25MG	hydralazine hcl tab 25 mg	1	
HYDRALAZINE TAB 50MG	hydralazine hcl tab 50 mg	1	
HYDROCHLOROT CAP 12.5MG	hydrochlorothiazide cap 12.5 mg	$0	
HYDROCHLOROT TAB 12.5MG	hydrochlorothiazide tab 12.5 mg	$0	
HYDROCHLOROT TAB 25MG	hydrochlorothiazide tab 25 mg	$0	
HYDROCHLOROT TAB 50MG	hydrochlorothiazide tab 50 mg	$0	
ICOSAPENT CAP 0.5GM	icosapent ethyl cap 0.5 gm	3	PA
ICOSAPENT CAP 1GM	icosapent ethyl cap 1 gm	3	PA
INDAPAMIDE TAB 1.25MG	indapamide tab 1.25 mg	1	
INDAPAMIDE TAB 2.5MG	indapamide tab 2.5 mg	1	
IRBESAR/HCTZ TAB 150-12.5	irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL; Maximum of 1 tablet per day.
IRBESAR/HCTZ TAB 300-12.5	irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL; Maximum of 1 tablet per day.
IRBESARTAN TAB 150MG	irbesartan tab 150 mg	1	QL; Maximum of 1 tablet per day.
IRBESARTAN TAB 300MG	irbesartan tab 300 mg	1	QL; Maximum of 1 tablet per day.
IRBESARTAN TAB 75MG	irbesartan tab 75 mg	1	QL; Maximum of 3 tablets per day.
ISOSO/HYDRAL TAB 20-37.5	isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	2	QL; Maximum of 6 tablets per day.
ISOSORB DIN TAB 10MG	isosorbide dinitrate tab 10 mg	1	
ISOSORB DIN TAB 20MG	isosorbide dinitrate tab 20 mg	1	
ISOSORB DIN TAB 30MG	isosorbide dinitrate tab 30 mg	1	
ISOSORB DIN TAB 5MG	isosorbide dinitrate tab 5 mg	1	
ISOSORB MONO TAB 10MG	isosorbide mononitrate tab 10 mg	1	
ISOSORB MONO TAB 120MG ER	isosorbide mononitrate tab er 24hr 120 mg	1	
ISOSORB MONO TAB 20MG	isosorbide mononitrate tab 20 mg	1	
ISOSORB MONO TAB 30MG ER	isosorbide mononitrate tab er 24hr 30 mg	1	
ISOSORB MONO TAB 60MG ER	isosorbide mononitrate tab er 24hr 60 mg	1	
ISRADIPINE CAP 2.5MG	isradipine cap 2.5 mg	1	
ISRADIPINE CAP 5MG	isradipine cap 5 mg	1	
IVABRADINE TAB 5MG	ivabradine hcl tab 5 mg (base equiv)	3	PA; QL; Maximum of 2 tablets per day.
IVABRADINE TAB 7.5MG	ivabradine hcl tab 7.5 mg (base equiv)	3	PA; QL; Maximum of 2 tablets per day.
JARDIANCE TAB 10MG	empagliflozin tab 10 mg	2	QL; Maximum of 1 tablet per day.
JARDIANCE TAB 25MG	empagliflozin tab 25 mg	2	QL; Maximum of 1 tablet per day.
LABETALOL TAB 100MG	labetalol hcl tab 100 mg	1	
LABETALOL TAB 200MG	labetalol hcl tab 200 mg	1	
LABETALOL TAB 300MG	labetalol hcl tab 300 mg	1	
LABETALOL TAB 400MG	labetalol hcl tab 400 mg	1	
LISINOP/HCTZ TAB 10-12.5	lisinopril & hydrochlorothiazide tab 10-12.5 mg	$0	QL; Maximum of 1 tablet per day.
LISINOP/HCTZ TAB 20-12.5	lisinopril & hydrochlorothiazide tab 20-12.5 mg	$0	QL; Maximum of 4 tablets per day.
LISINOP/HCTZ TAB 20-25MG	lisinopril & hydrochlorothiazide tab 20-25 mg	$0	QL; Maximum of 2 tablets per day.
LISINOPRIL TAB 10MG	lisinopril tab 10 mg	$0	QL; Maximum of 2 tablets per day.

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LISINOPRIL TAB 2.5MG	lisinopril tab 2.5 mg	$0	QL; Maximum of 2 tablets per day.
LISINOPRIL TAB 20MG	lisinopril tab 20 mg	$0	QL; Maximum of 2 tablets per day.
LISINOPRIL TAB 30MG	lisinopril tab 30 mg	$0	QL; Maximum of 2 tablets per day.
LISINOPRIL TAB 40MG	lisinopril tab 40 mg	$0	QL; Maximum of 2 tablets per day.
LISINOPRIL TAB 5MG	lisinopril tab 5 mg	$0	QL; Maximum of 2 tablets per day.
LOSARTAN POT TAB 100MG	losartan potassium tab 100 mg	$0	QL; Maximum of 1 tablet per day.
LOSARTAN POT TAB 25MG	losartan potassium tab 25 mg	$0	QL; Maximum of 2 tablets per day.
LOSARTAN POT TAB 50MG	losartan potassium tab 50 mg	$0	QL; Maximum of 2 tablets per day.
LOSARTAN/HCT TAB 100-12.5	losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0	QL; Maximum of 1 tablet per day.
LOSARTAN/HCT TAB 100-25	losartan potassium & hydrochlorothiazide tab 100-25 mg	$0	QL; Maximum of 1 tablet per day.
LOSARTAN/HCT TAB 50-12.5	losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0	QL; Maximum of 2 tablets per day.
LOVASTATIN TAB 10MG	lovastatin tab 10 mg	1	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
LOVASTATIN TAB 20MG	lovastatin tab 20 mg	1	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
LOVASTATIN TAB 40MG	lovastatin tab 40 mg	1	QL; Maximum of 2 tablets per day.$0 Copay for members between ages 40 to 75 years.
MATZIM LA TAB 180MG/24	diltiazem hcl tab er 24hr 180 mg	2	
MATZIM LA TAB 240MG/24	diltiazem hcl tab er 24hr 240 mg	2	
MATZIM LA TAB 300MG/24	diltiazem hcl tab er 24hr 300 mg	2	
MATZIM LA TAB 360MG/24	diltiazem hcl tab er 24hr 360 mg	2	
MATZIM LA TAB 420MG/24	diltiazem hcl tab er 24hr 420 mg	2	
METHYLDOPA TAB 250MG	methyldopa tab 250 mg	1	
METHYLDOPA TAB 500MG	methyldopa tab 500 mg	1	
METOLAZONE TAB 10MG	metolazone tab 10 mg	1	
METOLAZONE TAB 2.5MG	metolazone tab 2.5 mg	1	
METOLAZONE TAB 5MG	metolazone tab 5 mg	1	
METOPRL/HCTZ TAB 100-25MG	metoprolol & hydrochlorothiazide tab 100-25 mg	2	
METOPRL/HCTZ TAB 100-50MG	metoprolol & hydrochlorothiazide tab 100-50 mg	2	
METOPRL/HCTZ TAB 50-25MG	metoprolol & hydrochlorothiazide tab 50-25 mg	2	
METOPROL SUC TAB 100MG ER	metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	$0	
METOPROL SUC TAB 200MG ER	metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	$0	
METOPROL SUC TAB 25MG ER	metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	$0	
METOPROL SUC TAB 50MG ER	metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	$0	
METOPROL TAR TAB 100MG	metoprolol tartrate tab 100 mg	$0	
METOPROL TAR TAB 25MG	metoprolol tartrate tab 25 mg	$0	

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METOPROL TAR TAB 50MG	metoprolol tartrate tab 50 mg	$0	
MEXILETINE CAP 150MG	mexiletine hcl cap 150 mg	2	
MEXILETINE CAP 200MG	mexiletine hcl cap 200 mg	2	
MEXILETINE CAP 250MG	mexiletine hcl cap 250 mg	2	
MIDODRINE TAB 10MG	midodrine hcl tab 10 mg	1	
MIDODRINE TAB 2.5MG	midodrine hcl tab 2.5 mg	1	
MIDODRINE TAB 5MG	midodrine hcl tab 5 mg	1	
MINOXIDIL TAB 10MG	minoxidil tab 10 mg	1	
MINOXIDIL TAB 2.5MG	minoxidil tab 2.5 mg	1	
MOEXIPRIL TAB 15MG	moexipril hcl tab 15 mg	1	QL; Maximum of 2 tablets per day.
MOEXIPRIL TAB 7.5MG	moexipril hcl tab 7.5 mg	1	QL; Maximum of 2 tablets per day.
MULTAQ TAB 400MG	dronedarone hcl tab 400 mg (base equivalent)	3	PA; QL; Maximum of 2 tablets per day.
NADOLOL TAB 20MG	nadolol tab 20 mg	1	
NADOLOL TAB 40MG	nadolol tab 40 mg	1	
NADOLOL TAB 80MG	nadolol tab 80 mg	1	
NEBIVOLOL TAB 10MG	nebivolol hcl tab 10 mg (base equivalent)	1	QL; Maximum of 1 tablet per day.
NEBIVOLOL TAB 2.5MG	nebivolol hcl tab 2.5 mg (base equivalent)	1	QL; Maximum of 1 tablet per day.
NEBIVOLOL TAB 20MG	nebivolol hcl tab 20 mg (base equivalent)	1	QL; Maximum of 2 tablets per day.
NEBIVOLOL TAB 5MG	nebivolol hcl tab 5 mg (base equivalent)	1	QL; Maximum of 1 tablet per day.
NIACIN TAB 500MG	niacin (antihyperlipidemic) tab 500 mg	2	
NIACIN TAB 500MG ER	niacin tab er 500 mg (antihyperlipidemic)	2	
NIACIN ER TAB 1000MG	niacin tab er 1000 mg (antihyperlipidemic)	2	
NIACIN ER TAB 500MG	niacin tab er 500 mg (antihyperlipidemic)	2	
NIACIN ER TAB 750MG	niacin tab er 750 mg (antihyperlipidemic)	2	
NIACOR TAB 500MG	niacin (antihyperlipidemic) tab 500 mg	2	
NICARDIPINE CAP 20MG	nicardipine hcl cap 20 mg	2	
NICARDIPINE CAP 30MG	nicardipine hcl cap 30 mg	2	
NIFEDIPINE CAP 10MG	nifedipine cap 10 mg	1	
NIFEDIPINE CAP 20MG	nifedipine cap 20 mg	1	
NIFEDIPINE TAB 30MG ER	nifedipine tab er 24hr 30 mg	1	QL; Maximum of 2 tablets per day.
NIFEDIPINE TAB 30MG ER	nifedipine tab er 24hr osmotic release 30 mg	1	QL; Maximum of 2 tablets per day.
NIFEDIPINE TAB 60MG ER	nifedipine tab er 24hr 60 mg	1	QL; Maximum of 2 tablets per day.
NIFEDIPINE TAB 60MG ER	nifedipine tab er 24hr osmotic release 60 mg	1	QL; Maximum of 2 tablets per day.
NIFEDIPINE TAB 90MG ER	nifedipine tab er 24hr 90 mg	1	QL; Maximum of 2 tablets per day.
NIFEDIPINE TAB 90MG ER	nifedipine tab er 24hr osmotic release 90 mg	1	QL; Maximum of 2 tablets per day.
NIMODIPINE CAP 30MG	nimodipine cap 30 mg	3	
NISOLDIPINE TAB 17MG ER	nisoldipine tab er 24hr 17 mg	2	
NISOLDIPINE TAB 20MG ER	nisoldipine tab er 24hr 20 mg	2	
NISOLDIPINE TAB 25.5MG	nisoldipine tab er 24hr 25.5 mg	2	
NISOLDIPINE TAB 30MG ER	nisoldipine tab er 24hr 30 mg	2	
NISOLDIPINE TAB 34MG ER	nisoldipine tab er 24hr 34 mg	2	
NISOLDIPINE TAB 40MG ER	nisoldipine tab er 24hr 40 mg	2	

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NISOLDIPINE TAB 8.5MG ER	nisoldipine tab er 24hr 8.5 mg	2	
NITRO-BID OIN 2%	nitroglycerin oint 2%	2	
NITRO-DUR DIS 0.3MG/HR	nitroglycerin td patch 24hr 0.3 mg/hr	3	
NITRO-DUR DIS 0.8MG/HR	nitroglycerin td patch 24hr 0.8 mg/hr	3	
NITROGLYCER DIS 0.1MG/HR	nitroglycerin td patch 24hr 0.1 mg/hr	1	
NITROGLYCER DIS 0.2MG/HR	nitroglycerin td patch 24hr 0.2 mg/hr	1	
NITROGLYCER DIS 0.4MG/HR	nitroglycerin td patch 24hr 0.4 mg/hr	1	
NITROGLYCER DIS 0.6MG/HR	nitroglycerin td patch 24hr 0.6 mg/hr	1	
NITROGLYCERI SUB 0.6MG	nitroglycerin sl tab 0.6 mg	1	
NITROGLYCERN SUB 0.3MG	nitroglycerin sl tab 0.3 mg	1	
NITROGLYCERN SUB 0.4MG	nitroglycerin sl tab 0.4 mg	1	
NORPACE CAP 100MG CR	disopyramide phosphate cap er 12hr 100 mg	2	
NORPACE CAP 150MG CR	disopyramide phosphate cap er 12hr 150 mg	2	
NYMALIZE SOL	nimodipine oral soln 6 mg/ml	2	
OLM MED/HCTZ TAB 20-12.5	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL; Maximum of 1 tablet per day.
OLM MED/HCTZ TAB 40-12.5	olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL; Maximum of 1 tablet per day.
OLM MED/HCTZ TAB 40-25MG	olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL; Maximum of 1 tablet per day.
OLMESA MEDOX TAB 20MG	olmesartan medoxomil tab 20 mg	1	QL; Maximum of 1 tablet per day.
OLMESA MEDOX TAB 40MG	olmesartan medoxomil tab 40 mg	1	QL; Maximum of 1 tablet per day.
OLMESA MEDOX TAB 5MG	olmesartan medoxomil tab 5 mg	1	QL; Maximum of 2 tablets per day.
OMEGA-3-ACID CAP 1GM	omega-3-acid ethyl esters cap 1 gm	1	PA; QL; Maximum of 4 capsules per day.
PENTOXIFYLLI TAB 400MG ER	pentoxifylline tab er 400 mg	1	
PERINDOPRIL TAB 2MG	perindopril erbumine tab 2 mg	1	QL; Maximum of 2 tablets per day.
PERINDOPRIL TAB 4MG	perindopril erbumine tab 4 mg	1	QL; Maximum of 2 tablets per day.
PERINDOPRIL TAB 8MG	perindopril erbumine tab 8 mg	1	QL; Maximum of 2 tablets per day.
PHENOXYBENZA CAP 10MG	phenoxybenzamine hcl cap 10 mg	3	
PINDOLOL TAB 10MG	pindolol tab 10 mg	1	
PINDOLOL TAB 5MG	pindolol tab 5 mg	1	
PRAVASTATIN TAB 10MG	pravastatin sodium tab 10 mg	1	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
PRAVASTATIN TAB 20MG	pravastatin sodium tab 20 mg	1	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
PRAVASTATIN TAB 40MG	pravastatin sodium tab 40 mg	1	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
PRAVASTATIN TAB 80MG	pravastatin sodium tab 80 mg	1	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
PRAZOSIN HCL CAP 1MG	prazosin hcl cap 1 mg	1	
PRAZOSIN HCL CAP 2MG	prazosin hcl cap 2 mg	1	
PRAZOSIN HCL CAP 5MG	prazosin hcl cap 5 mg	1	
PREVALITE POW 4GM	cholestyramine light powder 4 gm/dose	2	
PREVALITE POW 4GM PK	cholestyramine light powder packets 4 gm	2	
PROPAFENONE CAP 225MG ER	propafenone hcl cap er 12hr 225 mg	3	

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Brand name	Generic name	Tier	Notes
PROPAFENONE CAP 325MG ER	propafenone hcl cap er 12hr 325 mg	3	
PROPAFENONE CAP 425MG ER	propafenone hcl cap er 12hr 425 mg	3	
PROPAFENONE TAB 150MG	propafenone hcl tab 150 mg	1	
PROPAFENONE TAB 225MG	propafenone hcl tab 225 mg	1	
PROPAFENONE TAB 300MG	propafenone hcl tab 300 mg	1	
PROPRANOLOL CAP 120MG ER	propranolol hcl cap er 24hr 120 mg	1	
PROPRANOLOL CAP 160MG ER	propranolol hcl cap er 24hr 160 mg	1	
PROPRANOLOL CAP 60MG ER	propranolol hcl cap er 24hr 60 mg	1	
PROPRANOLOL CAP 80MG ER	propranolol hcl cap er 24hr 80 mg	1	
PROPRANOLOL SOL 20MG/5ML	propranolol hcl oral soln 20 mg/5ml	1	
PROPRANOLOL SOL 40MG/5ML	propranolol hcl oral soln 40 mg/5ml	1	
PROPRANOLOL TAB 10MG	propranolol hcl tab 10 mg	1	
PROPRANOLOL TAB 20MG	propranolol hcl tab 20 mg	1	
PROPRANOLOL TAB 40MG	propranolol hcl tab 40 mg	1	
PROPRANOLOL TAB 60MG	propranolol hcl tab 60 mg	1	
PROPRANOLOL TAB 80MG	propranolol hcl tab 80 mg	1	
QNAPRIL/HCTZ TAB 10-12.5	quinapril-hydrochlorothiazide tab 10-12.5 mg	2	QL; Maximum of 1 tablet per day.
QNAPRIL/HCTZ TAB 20-12.5	quinapril-hydrochlorothiazide tab 20-12.5 mg	2	QL; Maximum of 2 tablets per day.
QNAPRIL/HCTZ TAB 20-25MG	quinapril-hydrochlorothiazide tab 20-25 mg	2	QL; Maximum of 2 tablets per day.
QUINAPRIL TAB 10MG	quinapril hcl tab 10 mg	1	QL; Maximum of 2 tablets per day.
QUINAPRIL TAB 20MG	quinapril hcl tab 20 mg	1	QL; Maximum of 2 tablets per day.
QUINAPRIL TAB 40MG	quinapril hcl tab 40 mg	1	QL; Maximum of 2 tablets per day.
QUINAPRIL TAB 5MG	quinapril hcl tab 5 mg	1	QL; Maximum of 2 tablets per day.
QUINIDINE GL TAB 324MG CR	quinidine gluconate tab er 324 mg	1	
QUINIDINE GL TAB 324MG ER	quinidine gluconate tab er 324 mg	1	
QUINIDINE SU TAB 200MG	quinidine sulfate tab 200 mg	1	
QUINIDINE SU TAB 300MG	quinidine sulfate tab 300 mg	1	
RAMIPRIL CAP 1.25MG	ramipril cap 1.25 mg	1	QL; Maximum of 2 capsules per day.
RAMIPRIL CAP 10MG	ramipril cap 10 mg	1	QL; Maximum of 2 capsules per day.
RAMIPRIL CAP 2.5MG	ramipril cap 2.5 mg	1	QL; Maximum of 2 capsules per day.
RAMIPRIL CAP 5MG	ramipril cap 5 mg	1	QL; Maximum of 2 capsules per day.
RANOLAZINE TAB 1000MG	ranolazine tab er 12hr 1000 mg	3	QL; Maximum of 2 tablets per day.
RANOLAZINE TAB 500MG ER	ranolazine tab er 12hr 500 mg	3	QL; Maximum of 2 tablets per day.
REPATHA INJ 140MG/ML	evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA; QL; Maximum of 3 syringes (3 ml) per 28 days.
REPATHA PUSH INJ 420/3.5	evolocumab subcutaneous soln cartridge/ infusor 420 mg/3.5ml	3	PA; QL; Maximum of 1 cartridge (3.5 ml) per 28 days.
REPATHA SURE INJ 140MG/ML	evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA; QL; Maximum of 3 pens (3 ml) per 28 days.
ROSUVASTATIN TAB 10MG	rosuvastatin calcium tab 10 mg	1	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.

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Brand name	Generic name	Tier	Notes
ROSUVASTATIN TAB 20MG	rosuvastatin calcium tab 20 mg	1	QL; Maximum of 1 tablet per day.
ROSUVASTATIN TAB 40MG	rosuvastatin calcium tab 40 mg	1	QL; Maximum of 1 tablet per day.
ROSUVASTATIN TAB 5MG	rosuvastatin calcium tab 5 mg	1	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
SACUB/VALSAR TAB 24-26MG	sacubitril-valsartan tab 24-26 mg	2	PA; QL; Maximum of 2 tablets per day.
SACUB/VALSAR TAB 49-51MG	sacubitril-valsartan tab 49-51 mg	2	PA; QL; Maximum of 2 tablets per day.
SACUB/VALSAR TAB 97-103MG	sacubitril-valsartan tab 97-103 mg	2	PA; QL; Maximum of 2 tablets per day.
SIMVASTATIN TAB 10MG	simvastatin tab 10 mg	$0	QL; Maximum of 1 tablet per day.
SIMVASTATIN TAB 20MG	simvastatin tab 20 mg	$0	QL; Maximum of 1 tablet per day.
SIMVASTATIN TAB 40MG	simvastatin tab 40 mg	$0	QL; Maximum of 1 tablet per day.
SIMVASTATIN TAB 5MG	simvastatin tab 5 mg	$0	QL; Maximum of 1 tablet per day.
SIMVASTATIN TAB 80MG	simvastatin tab 80 mg	$0	QL; Maximum of 1 tablet per day.
SOTALOL AF TAB 120MG	sotalol hcl (afib/afl) tab 120 mg	1	
SOTALOL AF TAB 160MG	sotalol hcl (afib/afl) tab 160 mg	1	
SOTALOL AF TAB 80MG	sotalol hcl (afib/afl) tab 80 mg	1	
SOTALOL HCL TAB 120MG	sotalol hcl tab 120 mg	1	
SOTALOL HCL TAB 160MG	sotalol hcl tab 160 mg	1	
SOTALOL HCL TAB 240MG	sotalol hcl tab 240 mg	1	
SOTALOL HCL TAB 80MG	sotalol hcl tab 80 mg	1	
SOTYLIZE SOL 5MG/ML	sotalol hcl oral solution 5 mg/ml	3	PA
SPIRONO/HCTZ TAB 25/25	spironolactone & hydrochlorothiazide tab 25-25 mg	1	
SPIRONOLACT TAB 100MG	spironolactone tab 100 mg	1	
SPIRONOLACT TAB 25MG	spironolactone tab 25 mg	1	
SPIRONOLACT TAB 50MG	spironolactone tab 50 mg	1	
TAZTIA XT CAP 120MG/24	diltiazem hcl extended release beads cap er 24hr 120 mg	1	
TAZTIA XT CAP 180MG/24	diltiazem hcl extended release beads cap er 24hr 180 mg	1	
TAZTIA XT CAP 240MG/24	diltiazem hcl extended release beads cap er 24hr 240 mg	1	
TAZTIA XT CAP 300MG ER	diltiazem hcl extended release beads cap er 24hr 300 mg	1	
TAZTIA XT CAP 360MG/24	diltiazem hcl extended release beads cap er 24hr 360 mg	1	
TELMISA/HCTZ TAB 40-12.5	telmisartan-hydrochlorothiazide tab 40-12.5 mg	2	QL; Maximum of 1 tablet per day.
TELMISA/HCTZ TAB 80-12.5	telmisartan-hydrochlorothiazide tab 80-12.5 mg	2	QL; Maximum of 2 tablets per day.
TELMISA/HCTZ TAB 80-25MG	telmisartan-hydrochlorothiazide tab 80-25 mg	2	QL; Maximum of 1 tablet per day.
TELMISARTAN TAB 20MG	telmisartan tab 20 mg	2	QL; Maximum of 1 tablet per day.
TELMISARTAN TAB 40MG	telmisartan tab 40 mg	2	QL; Maximum of 1 tablet per day.

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Brand name	Generic name	Tier	Notes
TELMISARTAN TAB 80MG	telmisartan tab 80 mg	2	QL; Maximum of 1 tablet per day.
TIADYLT CAP 120MG/24	diltiazem hcl extended release beads cap er 24hr 120 mg	1	
TIADYLT CAP 180MG/24	diltiazem hcl extended release beads cap er 24hr 180 mg	1	
TIADYLT CAP 240MG/24	diltiazem hcl extended release beads cap er 24hr 240 mg	1	
TIADYLT CAP 300MG/24	diltiazem hcl extended release beads cap er 24hr 300 mg	1	
TIADYLT CAP 360MG/24	diltiazem hcl extended release beads cap er 24hr 360 mg	1	
TIADYLT CAP 420MG/24	diltiazem hcl extended release beads cap er 24hr 420 mg	1	
TORSEMIDE TAB 100MG	torsemide tab 100 mg	1	
TORSEMIDE TAB 10MG	torsemide tab 10 mg	1	
TORSEMIDE TAB 20MG	torsemide tab 20 mg	1	
TORSEMIDE TAB 5MG	torsemide tab 5 mg	1	
TRANDOLAPRIL TAB 1MG	trandolapril tab 1 mg	1	QL; Maximum of 1 tablet per day.
TRANDOLAPRIL TAB 2MG	trandolapril tab 2 mg	1	QL; Maximum of 1 tablet per day.
TRANDOLAPRIL TAB 4MG	trandolapril tab 4 mg	1	QL; Maximum of 2 tablets per day.
TRIAMT/HCTZ CAP 37.5-25	triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
TRIAMT/HCTZ TAB 37.5-25	triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
TRIAMT/HCTZ TAB 75-50MG	triamterene & hydrochlorothiazide tab 75-50 mg	1	
VALSART/HCTZ TAB 160-12.5	valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL; Maximum of 1 tablet per day.
VALSART/HCTZ TAB 160-25MG	valsartan-hydrochlorothiazide tab 160-25 mg	1	QL; Maximum of 1 tablet per day.
VALSART/HCTZ TAB 320-12.5	valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL; Maximum of 1 tablet per day.
VALSART/HCTZ TAB 320-25MG	valsartan-hydrochlorothiazide tab 320-25 mg	1	QL; Maximum of 1 tablet per day.
VALSART/HCTZ TAB 80-12.5	valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL; Maximum of 1 tablet per day.
VALSARTAN TAB 160MG	valsartan tab 160 mg	1	QL; Maximum of 2 tablets per day.
VALSARTAN TAB 320MG	valsartan tab 320 mg	1	QL; Maximum of 1 tablet per day.
VALSARTAN TAB 40MG	valsartan tab 40 mg	1	QL; Maximum of 2 tablets per day.
VALSARTAN TAB 80MG	valsartan tab 80 mg	1	QL; Maximum of 2 tablets per day.
VERAPAMIL CAP 100MG ER	verapamil hcl cap er 24hr 100 mg	2	
VERAPAMIL CAP 120MG ER	verapamil hcl cap er 24hr 120 mg	2	
VERAPAMIL CAP 120MG SR	verapamil hcl cap er 24hr 120 mg	2	
VERAPAMIL CAP 180MG ER	verapamil hcl cap er 24hr 180 mg	2	
VERAPAMIL CAP 180MG SR	verapamil hcl cap er 24hr 180 mg	2	
VERAPAMIL CAP 200MG ER	verapamil hcl cap er 24hr 200 mg	2	
VERAPAMIL CAP 240MG ER	verapamil hcl cap er 24hr 240 mg	2	
VERAPAMIL CAP 240MG SR	verapamil hcl cap er 24hr 240 mg	2	
VERAPAMIL CAP 300MG ER	verapamil hcl cap er 24hr 300 mg	2	

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Brand name	Generic name	Tier	Notes
VERAPAMIL CAP 360MG SR	verapamil hcl cap er 24hr 360 mg	2	
VERAPAMIL TAB 120MG	verapamil hcl tab 120 mg	1	
VERAPAMIL TAB 120MG ER	verapamil hcl tab er 120 mg	1	
VERAPAMIL TAB 180MG ER	verapamil hcl tab er 180 mg	1	
VERAPAMIL TAB 240MG ER	verapamil hcl tab er 240 mg	1	
VERAPAMIL TAB 40MG	verapamil hcl tab 40 mg	1	
VERAPAMIL TAB 80MG	verapamil hcl tab 80 mg	1	
Central Nervous System Agents			
AMPHET/DEXTR CAP 10MG ER	amphetamine-dextroamphetamine cap er 24hr 10 mg	2	PA; QL; Maximum of 2 capsules per day.
AMPHET/DEXTR CAP 15MG ER	amphetamine-dextroamphetamine cap er 24hr 15 mg	2	PA; QL; Maximum of 2 capsules per day.
AMPHET/DEXTR CAP 20MG ER	amphetamine-dextroamphetamine cap er 24hr 20 mg	2	PA; QL; Maximum of 2 capsules per day.
AMPHET/DEXTR CAP 25MG ER	amphetamine-dextroamphetamine cap er 24hr 25 mg	2	PA; QL; Maximum of 2 capsules per day.
AMPHET/DEXTR CAP 30MG ER	amphetamine-dextroamphetamine cap er 24hr 30 mg	2	PA; QL; Maximum of 2 capsules per day.
AMPHET/DEXTR CAP 5MG ER	amphetamine-dextroamphetamine cap er 24hr 5 mg	2	PA; QL; Maximum of 2 capsules per day.
AMPHET/DEXTR TAB 10MG	amphetamine-dextroamphetamine tab 10 mg	1	PA; QL; Maximum of 2 tablets per day.
AMPHET/DEXTR TAB 12.5MG	amphetamine-dextroamphetamine tab 12.5 mg	1	PA; QL; Maximum of 2 tablets per day.
AMPHET/DEXTR TAB 15MG	amphetamine-dextroamphetamine tab 15 mg	1	PA; QL; Maximum of 2 tablets per day.
AMPHET/DEXTR TAB 20MG	amphetamine-dextroamphetamine tab 20 mg	1	PA; QL; Maximum of 3 tablets per day.
AMPHET/DEXTR TAB 30MG	amphetamine-dextroamphetamine tab 30 mg	1	PA; QL; Maximum of 2 tablets per day.
AMPHET/DEXTR TAB 5MG	amphetamine-dextroamphetamine tab 5 mg	1	PA; QL; Maximum of 2 tablets per day.
AMPHET/DEXTR TAB 7.5MG	amphetamine-dextroamphetamine tab 7.5 mg	1	PA; QL; Maximum of 2 tablets per day.
AMPHETAMINE TAB 10MG	amphetamine sulfate tab 10 mg	3	PA
AMPHETAMINE TAB 5MG	amphetamine sulfate tab 5 mg	3	PA
ATOMOXETINE CAP 100MG	atomoxetine hcl cap 100 mg (base equiv)	2	QL; Maximum of 1 capsule per day.
ATOMOXETINE CAP 10MG	atomoxetine hcl cap 10 mg (base equiv)	2	QL; Maximum of 2 capsules per day.
ATOMOXETINE CAP 18MG	atomoxetine hcl cap 18 mg (base equiv)	2	QL; Maximum of 2 capsules per day.
ATOMOXETINE CAP 25MG	atomoxetine hcl cap 25 mg (base equiv)	2	QL; Maximum of 2 capsules per day.
ATOMOXETINE CAP 40MG	atomoxetine hcl cap 40 mg (base equiv)	2	QL; Maximum of 2 capsules per day.
ATOMOXETINE CAP 60MG	atomoxetine hcl cap 60 mg (base equiv)	2	QL; Maximum of 1 capsule per day.
ATOMOXETINE CAP 80MG	atomoxetine hcl cap 80 mg (base equiv)	2	QL; Maximum of 1 capsule per day.
AUSTEDO TAB 12MG	deutetrabenazine tab 12 mg	3	PA; QL; SP;Maximum of 4 tablets per day.
AUSTEDO TAB 6MG	deutetrabenazine tab 6 mg	3	PA; QL; SP;Maximum of 4 tablets per day.
AUSTEDO TAB 9MG	deutetrabenazine tab 9 mg	3	PA; QL; SP;Maximum of 4 tablets per day.

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Brand name	Generic name	Tier	Notes
AUSTEDO XR TAB 12MG	deutetrabenazine tab er 24hr 12 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
AUSTEDO XR TAB 18MG	deutetrabenazine tab er 24hr 18 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
AUSTEDO XR TAB 24MG	deutetrabenazine tab er 24hr 24 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
AUSTEDO XR TAB 30MG	deutetrabenazine tab er 24hr 30 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
AUSTEDO XR TAB 36MG	deutetrabenazine tab er 24hr 36 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
AUSTEDO XR TAB 42MG	deutetrabenazine tab er 24hr 42 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
AUSTEDO XR TAB 48MG	deutetrabenazine tab er 24hr 48 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
AUSTEDO XR TAB 6MG	deutetrabenazine tab er 24hr 6 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
AUSTEDO XR TAB TITR KIT	deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg	3	PA; QL; SP;Maximum of 1 kit (42 tablets) per year.
AUSTEDO XR TAB TITR KIT	deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	3	PA; QL; SP;Maximum of 1 kit (28 tablets) per year.
AVONEX PEN KIT 30MCG	interferon beta-1a im auto-injector kit 30 mcg/0.5ml	3	PA; QL; SP;Maximum of 1 kit per 28 days.
AVONEX PREFL KIT 30MCG	interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	3	PA; QL; SP;Maximum of 1 kit per 28 days.
BAC TAB	butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL; Maximum of 6 tablets per day.
BETASERON INJ 0.3MG	interferon beta-1b for inj kit 0.3 mg	3	PA; QL; SP;Maximum of 1 kit (15 vials) per 30 days.
BUT/APAP/CAF CAP	butalbital-acetaminophen-caffeine cap 50-300-40 mg	3	QL; Maximum of 6 capsules per day.
BUT/APAP/CAF CAP	butalbital-acetaminophen-caffeine cap 50-325-40 mg	3	QL; Maximum of 6 capsules per day.
BUT/APAP/CAF TAB	butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL; Maximum of 6 tablets per day.
BUT/ASA/CAFF CAP	butalbital-aspirin-caffeine cap 50-325-40 mg	2	QL; Maximum of 6 capsules per day.
BUTAL/APAP TAB 50-325MG	butalbital-acetaminophen tab 50-325 mg	2	QL; Maximum of 6 tablets per day.
BUTALB/ACETA TAB 50-300MG	butalbital-acetaminophen tab 50-300 mg	2	QL; Maximum of 6 tablets per day.
CAFFEINE CIT SOL 20MG/ML	caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
CAFFEINE CIT SOL 60MG/3ML	caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
CLONIDINE TAB 0.1MG ER	clonidine hcl tab er 12hr 0.1 mg	2	
DALFAMPRIDIN TAB 10MG ER	dalfampridine tab er 12hr 10 mg	2	PA; QL; SP;Maximum of 2 tablets per day.
DEXMETHYLPH TAB 10MG	dexmethylphenidate hcl tab 10 mg	1	PA; QL; Maximum of 2 tablets per day.
DEXMETHYLPH TAB 2.5MG	dexmethylphenidate hcl tab 2.5 mg	1	PA; QL; Maximum of 2 tablets per day.
DEXMETHYLPH TAB 5MG	dexmethylphenidate hcl tab 5 mg	1	PA; QL; Maximum of 2 tablets per day.
DEXMETHYLPHE CAP 10MG ER	dexmethylphenidate hcl cap er 24 hr 10 mg	2	PA; QL; Maximum of 1 capsule per day.
DEXMETHYLPHE CAP 15MG ER	dexmethylphenidate hcl cap er 24 hr 15 mg	2	PA; QL; Maximum of 1 capsule per day.

Brand name	Generic name	Tier	Notes
DEXMETHYLPHE CAP 20MG ER	dexmethylphenidate hcl cap er 24 hr 20 mg	2	PA; QL; Maximum of 1 capsule per day.
DEXMETHYLPHE CAP 25MG ER	dexmethylphenidate hcl cap er 24 hr 25 mg	2	PA; QL; Maximum of 1 capsule per day.
DEXMETHYLPHE CAP 30MG ER	dexmethylphenidate hcl cap er 24 hr 30 mg	2	PA; QL; Maximum of 1 capsule per day.
DEXMETHYLPHE CAP 35MG ER	dexmethylphenidate hcl cap er 24 hr 35 mg	2	PA; QL; Maximum of 1 capsule per day.
DEXMETHYLPHE CAP 40MG ER	dexmethylphenidate hcl cap er 24 hr 40 mg	2	PA; QL; Maximum of 1 capsule per day.
DEXMETHYLPHE CAP 5MG ER	dexmethylphenidate hcl cap er 24 hr 5 mg	2	PA; QL; Maximum of 1 capsule per day.
DEXTROAMPHET CAP 10MG ER	dextroamphetamine sulfate cap er 24hr 10 mg	2	PA; QL; Maximum of 6 capsules per day.
DEXTROAMPHET CAP 15MG ER	dextroamphetamine sulfate cap er 24hr 15 mg	2	PA; QL; Maximum of 4 capsules per day.
DEXTROAMPHET CAP 5MG ER	dextroamphetamine sulfate cap er 24hr 5 mg	2	PA; QL; Maximum of 3 capsules per day.
DEXTROAMPHET SOL 5MG/5ML	dextroamphetamine sulfate oral solution 5 mg/5ml	2	PA
DEXTROAMPHET TAB 10MG	dextroamphetamine sulfate tab 10 mg	1	PA; QL; Maximum of 6 tablets per day.
DEXTROAMPHET TAB 5MG	dextroamphetamine sulfate tab 5 mg	1	PA; QL; Maximum of 6 tablets per day.
DIMETHYL FUM CAP 120MG DR	dimethyl fumarate capsule delayed release 120 mg	2	PA; QL; SP;Maximum of 2 capsules per day.
DIMETHYL FUM CAP 240MG DR	dimethyl fumarate capsule delayed release 240 mg	2	PA; QL; SP;Maximum of 2 capsules per day.
DIMETHYL FUM CAP STARTER	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	2	PA; QL; SP;Maximum of 60 tablets (1 pack) per year.
FINGOLIMOD CAP 0.5MG	fingolimod hcl cap 0.5 mg (base equiv)	3	PA; QL; SP;Maximum of 1 pack (30 capsules) per 30 days.
GLATIRAMER INJ 20MG/ML	glatiramer acetate soln prefilled syringe 20 mg/ml	2	PA; QL; SP;Maximum of 1 syringe (1 ml) per day.
GLATIRAMER INJ 40MG/ML	glatiramer acetate soln prefilled syringe 40 mg/ml	2	PA; QL; SP;Maximum of 12 syringes (12 ml) per 28 days.
GLATOPA INJ 20MG/ML	glatiramer acetate soln prefilled syringe 20 mg/ml	2	PA; QL; SP;Maximum of 1 syringe (1 ml) per day.
GLATOPA INJ 40MG/ML	glatiramer acetate soln prefilled syringe 40 mg/ml	2	PA; QL; SP;Maximum of 12 syringes (12 ml) per 28 days.
GUANFACINE TAB 1MG ER	guanfacine hcl tab er 24hr 1 mg (base equiv)	1	QL; Maximum of 1 tablet per day.
GUANFACINE TAB 2MG ER	guanfacine hcl tab er 24hr 2 mg (base equiv)	1	QL; Maximum of 1 tablet per day.
GUANFACINE TAB 3MG ER	guanfacine hcl tab er 24hr 3 mg (base equiv)	1	QL; Maximum of 2 tablets per day.
GUANFACINE TAB 4MG ER	guanfacine hcl tab er 24hr 4 mg (base equiv)	1	QL; Maximum of 1 tablet per day.
INGREZZA CAP 40-80MG	valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	3	PA; QL; SP;Maximum of 1 pack (28 capsules) per 28 days.
INGREZZA CAP 40MG	valbenazine tosylate cap 40 mg (base equiv)	3	PA; QL; SP;Maximum of 1 capsule per day.
INGREZZA CAP 40MG	valbenazine tosylate capsule sprinkle 40 mg (base equiv)	3	PA; QL; SP;Maximum of 1 capsule per day.
INGREZZA CAP 60MG	valbenazine tosylate cap 60 mg (base equiv)	3	PA; QL; SP;Maximum of 1 capsule per day.
INGREZZA CAP 60MG	valbenazine tosylate capsule sprinkle 60 mg (base equiv)	3	PA; QL; SP;Maximum of 1 capsule per day.

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Brand name	Generic name	Tier	Notes
INGREZZA CAP 80MG	valbenazine tosylate cap 80 mg (base equiv)	3	PA; QL; SP;Maximum of 1 capsule per day.
INGREZZA CAP 80MG	valbenazine tosylate capsule sprinkle 80 mg (base equiv)	3	PA; QL; SP;Maximum of 1 capsule per day.
LISDEXAMFETA CAP 10MG	lisdexamfetamine dimesylate cap 10 mg	3	PA; QL; Maximum of 1 capsule per day.
LISDEXAMFETA CAP 20MG	lisdexamfetamine dimesylate cap 20 mg	3	PA; QL; Maximum of 1 capsule per day.
LISDEXAMFETA CAP 30MG	lisdexamfetamine dimesylate cap 30 mg	3	PA; QL; Maximum of 1 capsule per day.
LISDEXAMFETA CAP 40MG	lisdexamfetamine dimesylate cap 40 mg	3	PA; QL; Maximum of 1 capsule per day.
LISDEXAMFETA CAP 50MG	lisdexamfetamine dimesylate cap 50 mg	3	PA; QL; Maximum of 1 capsule per day.
LISDEXAMFETA CAP 60MG	lisdexamfetamine dimesylate cap 60 mg	3	PA; QL; Maximum of 1 capsule per day.
LISDEXAMFETA CAP 70MG	lisdexamfetamine dimesylate cap 70 mg	3	PA; QL; Maximum of 1 capsule per day.
METHAMPHETAM TAB 5MG	methamphetamine hcl tab 5 mg	3	PA
METHYLPHENID CAP 10MG CD	methylphenidate hcl cap er 10 mg (cd)	2	PA; QL; Maximum of 1 capsule per day.
METHYLPHENID CAP 10MG LA	methylphenidate hcl cap er 24hr 10 mg (la)	2	PA; QL; Maximum of 1 capsule per day.
METHYLPHENID CAP 20MG CD	methylphenidate hcl cap er 20 mg (cd)	2	PA; QL; Maximum of 1 capsule per day.
METHYLPHENID CAP 20MG LA	methylphenidate hcl cap er 24hr 20 mg (la)	2	PA; QL; Maximum of 1 capsule per day.
METHYLPHENID CAP 30MG CD	methylphenidate hcl cap er 30 mg (cd)	2	PA; QL; Maximum of 1 capsule per day.
METHYLPHENID CAP 30MG LA	methylphenidate hcl cap er 24hr 30 mg (la)	2	PA; QL; Maximum of 1 capsule per day.
METHYLPHENID CAP 40MG CD	methylphenidate hcl cap er 40 mg (cd)	2	PA; QL; Maximum of 1 capsule per day.
METHYLPHENID CAP 40MG LA	methylphenidate hcl cap er 24hr 40 mg (la)	2	PA; QL; Maximum of 1 capsule per day.
METHYLPHENID CAP 50MG CD	methylphenidate hcl cap er 50 mg (cd)	2	PA; QL; Maximum of 1 capsule per day.
METHYLPHENID CAP 60MG CD	methylphenidate hcl cap er 60 mg (cd)	2	PA; QL; Maximum of 1 capsule per day.
METHYLPHENID CAP 60MG LA	methylphenidate hcl cap er 24hr 60 mg (la)	2	PA; QL; Maximum of 1 capsule per day.
METHYLPHENID CHW 10MG	methylphenidate hcl chew tab 10 mg	2	PA; QL; Maximum of 6 tablets per day.
METHYLPHENID CHW 2.5MG	methylphenidate hcl chew tab 2.5 mg	2	PA; QL; Maximum of 3 tablets per day.
METHYLPHENID CHW 5MG	methylphenidate hcl chew tab 5 mg	2	PA; QL; Maximum of 3 tablets per day.
METHYLPHENID SOL 10MG/5ML	methylphenidate hcl soln 10 mg/5ml	2	PA; QL; Maximum of 30 ml per day.
METHYLPHENID SOL 5MG/5ML	methylphenidate hcl soln 5 mg/5ml	2	PA; QL; Maximum of 60 ml per day.
METHYLPHENID TAB 10MG	methylphenidate hcl tab 10 mg	1	PA; QL; Maximum of 3 tablets per day.
METHYLPHENID TAB 10MG ER	methylphenidate hcl tab er 10 mg	2	PA; QL; Maximum of 4 tablets per day.
METHYLPHENID TAB 18MG OSM	methylphenidate hcl tab er osmotic release (osm) 18 mg	2	PA; QL; Maximum of 3 tablets per day.

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METHYLPHENID TAB 20MG	methylphenidate hcl tab 20 mg	1	PA; QL; Maximum of 3 tablets per day.
METHYLPHENID TAB 20MG ER	methylphenidate hcl tab er 20 mg	2	PA; QL; Maximum of 3 tablets per day.
METHYLPHENID TAB 27MG OSM	methylphenidate hcl tab er osmotic release (osm) 27 mg	2	PA; QL; Maximum of 2 tablets per day.
METHYLPHENID TAB 36MG OSM	methylphenidate hcl tab er osmotic release (osm) 36 mg	2	PA; QL; Maximum of 2 tablets per day.
METHYLPHENID TAB 54MG OSM	methylphenidate hcl tab er osmotic release (osm) 54 mg	2	PA; QL; Maximum of 1 tablet per day.
METHYLPHENID TAB 5MG	methylphenidate hcl tab 5 mg	1	PA; QL; Maximum of 3 tablets per day.
MILNACIPRAN MIS TITR PAK	milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3	QL; ST; Maximum of 55 tablets (1 pack) per year.
MILNACIPRAN TAB 100MG	milnacipran hcl tab 100 mg	3	QL; ST; Maximum of 2 tablets per day.
MILNACIPRAN TAB 12.5MG	milnacipran hcl tab 12.5 mg	3	QL; ST; Maximum of 2 tablets per day.
MILNACIPRAN TAB 25MG	milnacipran hcl tab 25 mg	3	QL; ST; Maximum of 2 tablets per day.
MILNACIPRAN TAB 50MG	milnacipran hcl tab 50 mg	3	QL; ST; Maximum of 2 tablets per day.
PHENT/TOPIRA CAP 11.25-69	phentermine hcl-topiramate cap er 24hr 11.25-69 mg	3	PA
PHENT/TOPIRA CAP 15-92MG	phentermine hcl-topiramate cap er 24hr 15-92 mg	3	PA
PHENT/TOPIRA CAP 3.75-23	phentermine hcl-topiramate cap er 24hr 3.75-23 mg	3	PA
PHENT/TOPIRA CAP 7.5-46MG	phentermine hcl-topiramate cap er 24hr 7.5-46 mg	3	PA
PHENTERMINE CAP 15MG	phentermine hcl cap 15 mg	1	PA
PHENTERMINE CAP 30MG	phentermine hcl cap 30 mg	1	PA
PHENTERMINE CAP 37.5MG	phentermine hcl cap 37.5 mg	1	PA
PHENTERMINE TAB 37.5MG	phentermine hcl tab 37.5 mg	1	PA
PLEGRIDY INJ	peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	3	PA; QL; SP;Maximum of 2 pens (1 ml) per 28 days.
PLEGRIDY INJ	peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	3	PA; QL; SP;Maximum of 2 syringes (1 ml) per 28 days.
PLEGRIDY INJ PEN	peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	3	PA; QL; SP;Maximum of 2 pens (1 ml) per 28 days.
PLEGRIDY INJ STARTER	peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	3	PA; QL; SP;Maximum of 2 pens (1 ml) per 28 days.
PLEGRIDY PEN INJ STARTER	peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	3	PA; QL; SP;Maximum of 2 pens (1 ml) per 28 days.
RILUZOLE TAB 50MG	riluzole tab 50 mg	2	SP
SAVELLA MIS TITR PAK	milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	3	QL; ST; Maximum of 55 tablets (1 pack) per year.
SAVELLA TAB 100MG	milnacipran hcl tab 100 mg	3	QL; ST; Maximum of 2 tablets per day.
SAVELLA TAB 12.5MG	milnacipran hcl tab 12.5 mg	3	QL; ST; Maximum of 2 tablets per day.
SAVELLA TAB 25MG	milnacipran hcl tab 25 mg	3	QL; ST; Maximum of 2 tablets per day.
SAVELLA TAB 50MG	milnacipran hcl tab 50 mg	3	QL; ST; Maximum of 2 tablets per day.
TENCON TAB 50-325MG	butalbital-acetaminophen tab 50-325 mg	2	QL; Maximum of 6 tablets per day.

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TERIFLUNOMID TAB 14MG	teriflunomide tab 14 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
TERIFLUNOMID TAB 7MG	teriflunomide tab 7 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
TETRABENAZIN TAB 12.5MG	tetrabenazine tab 12.5 mg	2	PA; QL; SP;Maximum of 3 tablets per day.
TETRABENAZIN TAB 25MG	tetrabenazine tab 25 mg	2	PA; QL; SP;Maximum of 4 tablets per day.
Dental and Oral Agents			
CEVIMELINE CAP 30MG	cevimeline hcl cap 30 mg	3	
CHLORHEX GLU SOL 0.12%	chlorhexidine gluconate soln 0.12%	1	
DOXYCYCL HYC TAB 20MG	doxycycline hyclate tab 20 mg	1	
LIDOCAINE SOL 2% ORAL	lidocaine hcl viscous soln 2%	1	
LIDOCAINE SOL 2% VISC	lidocaine hcl viscous soln 2%	1	
LIDOCAINE SOL 4%	lidocaine hcl laryngotracheal soln 4%	2	
PERIOGARD SOL 0.12%	chlorhexidine gluconate soln 0.12%	1	
PILOCARPINE TAB 5MG	pilocarpine hcl tab 5 mg	2	
PILOCARPINE TAB 7.5MG	pilocarpine hcl tab 7.5 mg	2	
TRIAMCINOLON PST 0.1%	triamcinolone acetonide dental paste 0.1%	1	
TRIAMCINOLON PST DEN 0.1%	triamcinolone acetonide dental paste 0.1%	1	
Dermatological Agents			
ACCUTANE CAP 10MG	isotretinoin cap 10 mg	3	
ACCUTANE CAP 20MG	isotretinoin cap 20 mg	3	
ACCUTANE CAP 30MG	isotretinoin cap 30 mg	3	
ACCUTANE CAP 40MG	isotretinoin cap 40 mg	3	
ACITRETIN CAP 10MG	acitretin cap 10 mg	3	
ACITRETIN CAP 17.5MG	acitretin cap 17.5 mg	3	
ACITRETIN CAP 25MG	acitretin cap 25 mg	3	
ACYCLOVIR OIN 5%	acyclovir oint 5%	2	QL; Maximum of 1 tube (30 grams) per 30 days.
ADAPALENE CRE 0.1%	adapalene cream 0.1%	3	PA; QL; Maximum of 45 grams per 30 days.
ADAPALENE GEL 0.1%	adapalene gel 0.1%	3	PA; QL; Maximum of 45 grams per 30 days.
ADAPALENE GEL 0.3%	adapalene gel 0.3%	3	PA; QL; Maximum of 45 grams per 30 days.
ADAPALENE GEL 0.3% PMP	adapalene gel 0.3%	3	PA; QL; Maximum of 45 grams per 30 days.
ALCLOMETASON CRE 0.05%	alclometasone dipropionate cream 0.05%	1	
ALCLOMETASON OIN 0.05%	alclometasone dipropionate oint 0.05%	1	
AMCINONIDE CRE 0.1%	amcinonide cream 0.1%	3	ST
AMCINONIDE OIN 0.1%	amcinonide oint 0.1%	3	ST
AMMONIUM LAC CRE 12%	lactic acid (ammonium lactate) cream 12%	1	
AMNESTEEM CAP 10MG	isotretinoin cap 10 mg	3	
AMNESTEEM CAP 20MG	isotretinoin cap 20 mg	3	
AMNESTEEM CAP 30MG	isotretinoin cap 30 mg	3	
AMNESTEEM CAP 40MG	isotretinoin cap 40 mg	3	
ANALPRAM-HC LOT 2.5%	hydrocortisone acetate w/ pramoxine peri-anal lotn 2.5-1%	3	
AZELAIC ACID GEL 15%	azelaic acid gel 15%	3	QL; Maximum of 50 grams per 30 days.
BETA DIPROP CRE 0.05%	betamethasone dipropionate augmented cream 0.05%	2	
BETA DIPROP GEL 0.05%	betamethasone dipropionate augmented gel 0.05%	2	

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BETA DIPROP LOT 0.05%	betamethasone dipropionate augmented lotion 0.05%	2	
BETA DIPROP OIN 0.05%	betamethasone dipropionate augmented oint 0.05%	2	
BETAMETH DIP CRE 0.05%	betamethasone dipropionate cream 0.05%	2	
BETAMETH DIP LOT 0.05%	betamethasone dipropionate lotion 0.05%	2	
BETAMETH DIP OIN 0.05%	betamethasone dipropionate oint 0.05%	2	
BETAMETH VAL CRE 0.1%	betamethasone valerate cream 0.1% (base equivalent)	2	
BETAMETH VAL LOT 0.1%	betamethasone valerate lotion 0.1% (base equivalent)	2	
BETAMETH VAL OIN 0.1%	betamethasone valerate oint 0.1% (base equivalent)	2	
BRIMONIDINE GEL 0.33%	brimonidine tartrate gel 0.33% (base equivalent)	3	QL; Maximum of 30 grams per 30 days.
CALCIP/BETAM SUS	calcipotriene-betamethasone dipropionate susp 0.005-0.064%	3	QL; Maximum of 400 grams per 30 days.
CALCIPOTRIEN CRE 0.005%	calcipotriene cream 0.005%	3	QL; Maximum of 120 grams per 30 days.
CALCIPOTRIEN OIN 0.005%	calcipotriene oint 0.005%	3	QL; Maximum of 120 grams per 30 days.
CALCIPOTRIEN OIN BETAMETH	calcipotriene-betamethasone dipropionate oint 0.005-0.064%	3	QL; Maximum of 400 grams per 30 days.
CALCIPOTRIEN SOL 0.005%	calcipotriene soln 0.005% (50 mcg/ml)	2	QL; Maximum of 60 ml per 30 days.
CALCITRIOL OIN 3MCG/GM	calcitriol oint 3 mcg/gm	3	QL; Maximum of 100 grams per 30 days.
CICLODAN SOL 8%	ciclopirox solution 8%	1	
CICLOPIROX CRE 0.77%	ciclopirox olamine cream 0.77% (base equiv)	1	
CICLOPIROX GEL 0.77%	ciclopirox gel 0.77%	1	
CICLOPIROX SHA 1%	ciclopirox shampoo 1%	1	
CICLOPIROX SOL 8%	ciclopirox solution 8%	1	
CICLOPIROX SUS 0.77%	ciclopirox olamine susp 0.77% (base equiv)	1	
CLARAVIS CAP 10MG	isotretinoin cap 10 mg	3	
CLARAVIS CAP 20MG	isotretinoin cap 20 mg	3	
CLARAVIS CAP 30MG	isotretinoin cap 30 mg	3	
CLARAVIS CAP 40MG	isotretinoin cap 40 mg	3	
CLINDACIN KIT ETZ 1%	clindamycin phosphate swab 1% & cleanser kit	1	QL; Maximum of 1 kit per 30 days.
CLINDAMY/BEN GEL 1.2-5%	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	2	QL; Maximum of 45 grams per 30 days.
CLINDAMYCIN GEL 1% 1XDLY	clindamycin phosphate gel 1% (once-daily)	2	QL; Maximum of 75 grams per 30 days.
CLINDAMYCIN GEL 1% 2XDLY	clindamycin phosphate gel 1% (twice-daily)	2	QL; Maximum of 60 grams per 30 days.
CLINDAMYCIN LOT 1%	clindamycin phosphate lotion 1%	2	QL; Maximum of 2 ml per day.
CLINDAMYCIN SOL 1%	clindamycin phosphate soln 1%	1	QL; Maximum of 30 ml per 30 days.
CLOBETASOL CRE 0.05%	clobetasol propionate cream 0.05%	2	QL; Maximum of 30 grams per 30 days.
CLOBETASOL GEL 0.05%	clobetasol propionate gel 0.05%	2	QL; Maximum of 15 grams per 30 days.
CLOBETASOL OIN 0.05%	clobetasol propionate oint 0.05%	2	QL; Maximum of 15 grams per 30 days.
CLOBETASOL SOL 0.05%	clobetasol propionate soln 0.05%	3	QL; Maximum of 25 ml per 30 days.

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CLOBETASOL E CRE 0.05%	clobetasol propionate emollient base cream 0.05%	3	QL; Maximum of 15 grams per 30 days.
CLOCORTOLONE CRE 0.1%	clocortolone pivalate cream 0.1%	3	QL; ST; Maximum of 45 grams per 30 days.
CLOTRIM/BETA CRE DIPROP	clotrimazole w/ betamethasone cream 1-0.05%	1	QL; Maximum of 15 grams per 30 days.
CLOTRIM/BETA LOT DIPROP	clotrimazole w/ betamethasone lotion 1-0.05%	2	
CROTAN LOT 10%	crotamiton lotion 10%	3	
DESONIDE CRE 0.05%	desonide cream 0.05%	2	QL; Maximum of 60 grams per 30 days.
DESONIDE LOT 0.05%	desonide lotion 0.05%	2	QL; Maximum of 60 ml per 30 days.
DESONIDE OIN 0.05%	desonide oint 0.05%	2	QL; Maximum of 15 grams per 30 days.
DESOXIMETAS CRE 0.05%	desoximetasone cream 0.05%	2	QL; Maximum of 100 grams per 30 days.
DESOXIMETAS CRE 0.25%	desoximetasone cream 0.25%	2	QL; Maximum of 100 grams per 30 days.
DESOXIMETAS GEL 0.05%	desoximetasone gel 0.05%	2	QL; Maximum of 60 grams per 30 days.
DESOXIMETAS OIN 0.05%	desoximetasone oint 0.05%	2	QL; Maximum of 60 grams per 30 days.
DESOXIMETAS OIN 0.25%	desoximetasone oint 0.25%	2	QL; Maximum of 60 grams per 30 days.
DESOXIMETASO SPR 0.25%	desoximetasone spray 0.25%	2	QL; Maximum of 100 ml per 30 days.
DICLOFENAC GEL 3%	diclofenac sodium (actinic keratoses) gel 3%	3	QL; Maximum of 100 grams per 30 days.
DIFLORASONE CRE 0.05%	diflorasone diacetate cream 0.05%	3	QL; ST; Maximum of 240 grams per 30 days.
DOXEPIN HCL CRE 5%	doxepin hcl cream 5%	3	PA; QL; Maximum of 90 grams per 30 days.
DUOBRII LOT	halobetasol propionate-tazarotene lotion 0.01-0.045%	3	QL; ST; Maximum of 100 grams per 30 days.
ERY PAD 2%	erythromycin pads 2%	1	
ERY/BENZOYL GEL 3-5%	benzoyl peroxide-erythromycin gel 5-3%	2	QL; Maximum of 46.6 grams per 30 days.
ERYTHROMYCIN GEL 2%	erythromycin gel 2%	2	
ERYTHROMYCIN SOL 2%	erythromycin soln 2%	2	
FLUOCINOLONE CRE 0.01%	fluocinolone acetonide cream 0.01%	2	QL; Maximum of 15 grams per 30 days.
FLUOCINOLONE CRE 0.025%	fluocinolone acetonide cream 0.025%	2	QL; Maximum of 120 grams per 30 days.
FLUOCINOLONE OIL 0.01% SC	fluocinolone acetonide oil 0.01% (scalp oil)	2	QL; Maximum of 118.28 ml per 30 days.
FLUOCINOLONE OIL 0.01%BDY	fluocinolone acetonide oil 0.01% (body oil)	2	QL; Maximum of 118.28 ml per 30 days.
FLUOCINOLONE OIL 0.01%TOP	fluocinolone acetonide oil 0.01% (body oil)	2	QL; Maximum of 118.28 ml per 30 days.
FLUOCINOLONE OIN 0.025%	fluocinolone acetonide oint 0.025%	2	QL; Maximum of 120 grams per 30 days.
FLUOCINOLONE SOL 0.01%	fluocinolone acetonide soln 0.01%	2	QL; Maximum of 60 ml per 30 days.
FLUOCINONIDE CRE 0.05%	fluocinonide cream 0.05%	2	QL; Maximum of 60 grams per 30 days.
FLUOCINONIDE CRE E 0.05%	fluocinonide emulsified base cream 0.05%	2	QL; Maximum of 60 grams per 30 days.

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FLUOCINONIDE GEL 0.05%	fluocinonide gel 0.05%	2	QL; Maximum of 60 grams per 30 days.
FLUOCINONIDE OIN 0.05%	fluocinonide oint 0.05%	2	QL; Maximum of 60 grams per 30 days.
FLUOCINONIDE SOL 0.05%	fluocinonide soln 0.05%	2	QL; Maximum of 60 mls per 30 days.
FLUOROURACIL CRE 0.5%	fluorouracil cream 0.5%	3	QL; Maximum of 30 grams per 30 days.
FLUOROURACIL CRE 5%	fluorouracil cream 5%	1	QL; Maximum of 40 grams per 30 days.
FLUOROURACIL SOL 2%	fluorouracil soln 2%	1	
FLUOROURACIL SOL 5%	fluorouracil soln 5%	1	
FLURANDRENOL LOT 0.05%	flurandrenolide lotion 0.05%	3	QL; ST; Maximum of 240 ml per 30 days.
FLUTICASONE CRE 0.05%	fluticasone propionate cream 0.05%	1	
FLUTICASONE OIN 0.005%	fluticasone propionate oint 0.005%	1	
HALOBETASOL CRE 0.05%	halobetasol propionate cream 0.05%	2	QL; Maximum of 15 grams per 30 days.
HALOBETASOL OIN 0.05%	halobetasol propionate oint 0.05%	2	QL; Maximum of 15 grams per 30 days.
HC BUTYRATE CRE 0.1%	hydrocortisone butyrate cream 0.1%	3	QL; Maximum of 60 grams per 30 days.
HC BUTYRATE OIN 0.1%	hydrocortisone butyrate oint 0.1%	3	
HC BUTYRATE SOL 0.1%	hydrocortisone butyrate soln 0.1%	3	
HC PRAMOXINE CRE 1-1%	hydrocortisone acetate w/ pramoxine peri-anal cream 1-1%	2	
HC VALERATE CRE 0.2%	hydrocortisone valerate cream 0.2%	2	QL; Maximum of 60 grams per 30 days.
HC VALERATE OIN 0.2%	hydrocortisone valerate oint 0.2%	2	QL; Maximum of 15 grams per 30 days.
HYDROCORT CRE 2.5%	hydrocortisone cream 2.5%	1	
HYDROCORT LOT 2.5%	hydrocortisone lotion 2.5%	1	
HYDROCORT OIN 1%	hydrocortisone oint 1%	1	
HYDROCORT OIN 2.5%	hydrocortisone oint 2.5%	1	
IMIQUIMOD CRE 5%	imiquimod cream 5%	1	QL; Maximum of 24 grams per 30 days.
ISOTRETINOIN CAP 10MG	isotretinoin cap 10 mg	3	
ISOTRETINOIN CAP 20MG	isotretinoin cap 20 mg	3	
ISOTRETINOIN CAP 30MG	isotretinoin cap 30 mg	3	
ISOTRETINOIN CAP 40MG	isotretinoin cap 40 mg	3	
IVERMECTIN CRE 1%	ivermectin cream 1%	3	QL; Maximum of 45 grams per 30 days.
IVERMECTIN LOT 0.5%	ivermectin lotion 0.5%	3	QL; Maximum of 117 grams per 30 days.
MAFENIDE ACE PAK 5%	mafenide acetate packet for topical soln 5% (50 gm)	3	
MALATHION LOT 0.5%	malathion lotion 0.5%	3	
METHOXSALEN CAP 10MG	methoxsalen rapid cap 10 mg	3	
METRONIDAZOL CRE 0.75%	metronidazole cream 0.75%	2	
METRONIDAZOL GEL 0.75%	metronidazole gel 0.75%	2	
METRONIDAZOL LOT 0.75%	metronidazole lotion 0.75%	2	
MOMETASONE CRE 0.1%	mometasone furoate cream 0.1%	1	
MOMETASONE OIN 0.1%	mometasone furoate oint 0.1%	1	
MOMETASONE SOL 0.1%	mometasone furoate solution 0.1% (lotion)	1	
MUPIROCIN CRE 2%	mupirocin calcium cream 2%	3	QL; Maximum of 15 grams per 30 days.

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MUPIROCIN OIN 2%	mupirocin oint 2%	1	QL; Maximum of 110 grams per 30 days.
NEO-SYNALAR CRE	neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%	3	QL; Maximum of 60 grams per 30 days.
NYSTAT/TRIAM CRE	nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
NYSTAT/TRIAM OIN	nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
OTEZLA TAB 20MG	apremilast tab 20 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
OTEZLA TAB 30MG	apremilast tab 30 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
PENCICLOVIR CRE 1%	penciclovir cream 1%	3	QL; Maximum of 1 tube (5 grams) per 30 days.
PERMETHRIN CRE 5%	permethrin cream 5%	1	
PIMECROLIMUS CRE 1%	pimecrolimus cream 1%	3	QL; Maximum of 100 grams per 30 days.
PODOFILOX GEL 0.5%	podofilox gel 0.5%	3	
PODOFILOX SOL 0.5%	podofilox soln 0.5%	1	
PRURADIK LOT 10%	crotamiton lotion 10%	3	
REGRANEX GEL 0.01%	becaplermin gel 0.01%	2	PA; QL; Maximum of 30 grams per 30 days.
SANTYL OIN 250/GM	collagenase oint 250 unit/gm	3	QL; Maximum of 90 grams per 30 days.
SELENIUM SUL LOT 2.5%	selenium sulfide lotion 2.5%	1	
SILVER SULFA CRE 1%	silver sulfadiazine cream 1%	1	
SPINOSAD SUS 0.9%	spinosad susp 0.9%	3	
SSD CRE 1%	silver sulfadiazine cream 1%	1	
SULFAMYLON CRE 85MG/GM	mafenide acetate cream 85 mg/gm	3	
TACROLIMUS OIN 0.03%	tacrolimus oint 0.03%	3	QL; Maximum of 30 grams per 30 days.
TACROLIMUS OIN 0.1%	tacrolimus oint 0.1%	3	QL; Maximum of 30 grams per 30 days.
TAZAROTENE CRE 0.1%	tazarotene cream 0.1%	3	PA; QL; Maximum of 30 grams per 30 days.
TAZAROTENE GEL 0.05%	tazarotene gel 0.05%	3	PA; QL; Maximum of 30 grams per 30 days.
TAZAROTENE GEL 0.1%	tazarotene gel 0.1%	3	PA; QL; Maximum of 30 grams per 30 days.
TRETINOIN CRE 0.025%	tretinoin cream 0.025%	2	PA; QL; Maximum of 45 grams per 30 days.
TRETINOIN CRE 0.05%	tretinoin cream 0.05%	2	PA; QL; Maximum of 45 grams per 30 days.
TRETINOIN CRE 0.1%	tretinoin cream 0.1%	2	PA; QL; Maximum of 45 grams per 30 days.
TRIAMCINOLON CRE 0.025%	triamcinolone acetonide cream 0.025%	1	QL; Maximum of 80 grams per 30 days.
TRIAMCINOLON CRE 0.1%	triamcinolone acetonide cream 0.1%	1	QL; Maximum of 80 grams per 30 days.
TRIAMCINOLON CRE 0.5%	triamcinolone acetonide cream 0.5%	1	QL; Maximum of 15 grams per 30 days.
TRIAMCINOLON LOT 0.025%	triamcinolone acetonide lotion 0.025%	1	
TRIAMCINOLON LOT 0.1%	triamcinolone acetonide lotion 0.1%	1	
TRIAMCINOLON OIN 0.025%	triamcinolone acetonide oint 0.025%	1	
TRIAMCINOLON OIN 0.1%	triamcinolone acetonide oint 0.1%	1	
TRIAMCINOLON OIN 0.5%	triamcinolone acetonide oint 0.5%	1	

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TRIDERM CRE 0.5%	triamcinolone acetonide cream 0.5%	1	QL; Maximum of 15 grams per 30 days.
VEREGEN OIN 15%	sinecatechins oint 15%	3	QL; Maximum of 30 grams per 30 days.
XEPI CRE 1%	ozenoxacin cream 1%	3	QL; Maximum of 30 grams per 30 days.
ZENATANE CAP 10MG	isotretinoin cap 10 mg	3	
ZENATANE CAP 20MG	isotretinoin cap 20 mg	3	
ZENATANE CAP 30MG	isotretinoin cap 30 mg	3	
ZENATANE CAP 40MG	isotretinoin cap 40 mg	3	
Electrolytes/Minerals/Metals/Vitamins			
ALFAMINO POW INFANT	infant foods powder	3	PA
ATABEX EC TAB 29-1MG	prenatal vit w/ dss-iron carbonyl-fa tab dr 29-1 mg	1	
ATABEX OB TAB 29-1MG	prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg	1	
CALC ACETATE CAP 667MG	calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
CALC ACETATE TAB 667MG	calcium acetate (phosphate binder) tab 667 mg	1	
CALCILO XD POW	infant foods powder	3	PA
CARGLUMIC TAB 200MG	carglumic acid soluble tab 200 mg	3	PA; SP
CHEMET CAP 100MG	succimer cap 100 mg	2	
CO-NATAL FA TAB 29-1MG	prenatal vit w/ fe fumarate-fa tab 29-1 mg	1	
COMPLETE NAT PAK DHA	prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	1	
COMPLETENATE CHW	prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	1	
CYANOCOBALAM INJ 10000MCG	cyanocobalamin inj 1000 mcg/ml	1	
CYANOCOBALAM INJ 1000MCG	cyanocobalamin inj 1000 mcg/ml	1	
CYANOCOBALAM INJ 30000MCG	cyanocobalamin inj 1000 mcg/ml	1	
CYANOCOBALAM SOL 2000MCG	cyanocobalamin inj 2000 mcg/ml	1	
CYCLINEX-1 POW	nutritional supplement powder	3	PA
CYCLINEX-2 POW	nutritional supplement powder	3	PA
DEFERASIROX GRA 180MG	deferasirox granules packet 180 mg	3	PA; SP
DEFERASIROX GRA 360MG	deferasirox granules packet 360 mg	3	PA; SP
DEFERASIROX GRA 90MG	deferasirox granules packet 90 mg	3	PA; SP
DEFERASIROX TAB 125MG	deferasirox tab for oral susp 125 mg	3	PA; SP
DEFERASIROX TAB 180MG	deferasirox tab 180 mg	2	PA; SP
DEFERASIROX TAB 250MG	deferasirox tab for oral susp 250 mg	3	PA; SP
DEFERASIROX TAB 360MG	deferasirox tab 360 mg	2	PA; SP
DEFERASIROX TAB 500MG	deferasirox tab for oral susp 500 mg	3	PA; SP
DEFERASIROX TAB 90MG	deferasirox tab 90 mg	2	PA; SP
DODEX INJ	cyanocobalamin inj 1000 mcg/ml	2	
EFFER-K TAB 10MEQ	potassium bicarbonate-citric acid effer tab 10 meq	2	
EFFER-K TAB 20MEQ	potassium bicarbonate-citric acid effer tab 20 meq	2	
EFFER-K TAB 25MEQ EF	potassium bicarbonate effer tab 25 meq	1	
ELECARE POW	nutritional supplement powder	3	PA
ELECARE POW DHA/ARA	nutritional supplement powder	3	PA
ELECARE DHA/ POW ARA INFA	nutritional supplement powder	3	PA
ELECARE JR POW	nutritional supplement powder	3	PA
ELECARE JR POW BANANA	nutritional supplement powder	3	PA
ELECARE JR POW CHOCOLAT	nutritional supplement powder	3	PA

KEY: **7D**.....7 day limit
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ELECARE JR POW VANILLA	nutritional supplement powder	3	PA
ENU NUTRITIO LIQ CHOCOLAT	nutritional supplement liquid	3	PA
ENU NUTRITIO LIQ VANILLA	nutritional supplement liquid	3	PA
ERGOCALCIFER CAP 1.25MG	ergocalciferol cap 1.25 mg (50000 unit)	1	
FA-8 CAP 800MCG	folic acid cap 0.8 mg	$0	
FERRIC CITRA TAB 210MG	ferric citrate tab 1 gm (210 mg ferric iron)	3	SP
FLUORIDE CHW 0.25MG	sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	$0	$0 Copay for members ages 0 to 16 years.
FLUORIDE CHW 0.5MG	sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	$0	$0 Copay for members ages 0 to 16 years.
FLUORIDE CHW 1MG	sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	$0	$0 Copay for members ages 0 to 16 years.
FOLIC ACID TAB 1000MCG	folic acid tab 1 mg	1	
FOLIC ACID TAB 1MG	folic acid tab 1 mg	1	
FOLIC ACID TAB 400MCG	folic acid tab 400 mcg	$0	
FOLIC ACID TAB 800MCG	folic acid tab 800 mcg	$0	
FOLIVANE-OB CAP	prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg	1	
FOSRENOL POW 1000MG	lanthanum carbonate oral powder pack 1000 mg (elemental)	3	
FOSRENOL POW 750MG	lanthanum carbonate oral powder pack 750 mg (elemental)	3	
GALZIN CAP 25MG	zinc acetate cap 25 mg (elemental zinc)	3	
GALZIN CAP 50MG	zinc acetate cap 50 mg (elemental zinc)	3	
GLUTAREX-1 POW	nutritional supplement powder	3	PA
GLUTAREX-2 POW	nutritional supplement powder	3	PA
HOMINEX-1 POW	nutritional supplement powder	3	PA
HOMINEX-2 POW	nutritional supplement powder	3	PA
I-VALEX-1 POW	nutritional supplement powder	3	PA
I-VALEX-2 POW	nutritional supplement powder	3	PA
INATAL GT TAB	prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	1	
KATE FARMS LIQ 1.4	nutritional supplement liquid	3	PA
KETONEX-1 POW	nutritional supplement powder	3	PA
KETONEX-2 POW	nutritional supplement powder	3	PA
KLOR-CON PAK 20MEQ	potassium chloride powder packet 20 meq	3	
KLOR-CON 10 TAB 10MEQ ER	potassium chloride tab er 10 meq	1	
KLOR-CON 8 TAB 8MEQ ER	potassium chloride tab er 8 meq (600 mg)	1	
KLOR-CON M10 TAB 10MEQ ER	potassium chloride microencapsulated crys er tab 10 meq	1	
KLOR-CON M15 TAB 15MEQ ER	potassium chloride microencapsulated crys er tab 15 meq	1	
KLOR-CON M20 TAB 20MEQ ER	potassium chloride microencapsulated crys er tab 20 meq	1	
KLOR-CON/EF TAB 25MEQ	potassium bicarbonate effer tab 25 meq	1	
LANTHANUM CHW 1000MG	lanthanum carbonate chew tab 1000 mg (elemental)	3	
LANTHANUM CHW 500MG	lanthanum carbonate chew tab 500 mg (elemental)	3	
LANTHANUM CHW 750MG	lanthanum carbonate chew tab 750 mg (elemental)	3	
LIQ HOPE PEP LIQ BERRY	nutritional supplement liquid	3	PA
LIQUID HOPE LIQ PEPTIDE	nutritional supplement liquid	3	PA
LOKELMA PAK 10GM	sodium zirconium cyclosilicate for susp packet 10 gm	3	PA; QL; Maximum of 90 packets per 30 days.

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LOKELMA PAK 5GM	sodium zirconium cyclosilicate for susp packet 5 gm	3	PA; QL; Maximum of 90 packets per 30 days.
M-NATAL PLUS TAB	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
MATRONEX TAB	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
MULTI VIT/FL CHW 0.25MG	pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	1	
MULTI-VIT/FL DRO 0.5MG/ML	pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml	1	
MULTIVIT/FL CHW 0.25MG	pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	1	
MULTIVIT/FL CHW 0.5MG	pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	1	
MULTIVIT/FL CHW 1MG	pediatric multiple vitamins w/ fluoride chew tab 1 mg	1	
MULTIVIT/FL DRO 0.25MG	pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml	1	
NEOCATE POW SPOON	nutritional supplement powder	3	PA
NEOCATE POW SYNEO	infant foods powder	3	PA
NEOCATE INFT POW DHA/ARA	nutritional supplement powder	3	PA
NEONATAL TAB COMPLTE	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
NEONATAL TAB PLUS	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
NEONATAL PLS TAB 27-1MG	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
NIVA-PLUS TAB	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
ONE VITE TAB 1MG PLUS	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
PEDI PEPTIDE LIQ 1.0	nutritional supplement liquid	3	PA
PENICILLAMIN CAP 250MG	penicillamine cap 250 mg	3	SP
PENICILLAMIN TAB 250MG	penicillamine tab 250 mg	3	SP
PHENEX-1 POW	nutritional supplement powder	3	PA
PHENEX-2 POW	nutritional supplement powder	3	PA
PHENEX-2 POW VANILLA	nutritional supplement powder	3	PA
PHYTONADIONE TAB 5MG	phytonadione tab 5 mg	3	QL; Maximum of 2 tablets per day.
PNV 27-CA/FE TAB /FA	prenatal vit w/ fe fumarate-fa tab 60-1 mg	1	
PNV-DHA CAP DOCUSATE	prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg	1	
POT CHLORIDE CAP 10MEQ ER	potassium chloride cap er 10 meq	1	
POT CHLORIDE CAP 8MEQ ER	potassium chloride cap er 8 meq	1	
POT CHLORIDE POW 20MEQ	potassium chloride powder packet 20 meq	3	
POT CHLORIDE SOL 10%	potassium chloride oral soln 10% (20 meq/15ml)	1	
POT CHLORIDE SOL 20%	potassium chloride oral soln 20% (40 meq/15ml)	1	
POT CHLORIDE TAB 10MEQ ER	potassium chloride tab er 10 meq	1	
POT CHLORIDE TAB 15MEQ ER	potassium chloride tab er 15 meq	1	
POT CHLORIDE TAB 20MEQ ER	potassium chloride tab er 20 meq (1500 mg)	1	
POT CHLORIDE TAB 8MEQ ER	potassium chloride tab er 8 meq (600 mg)	1	
POT CITRA ER TAB 1080MG	potassium citrate tab er 10 meq (1080 mg)	2	
POT CITRA ER TAB 1620MG	potassium citrate tab er 15 meq (1620 mg)	2	
POT CITRA ER TAB 540MG	potassium citrate tab er 5 meq (540 mg)	2	
POT CL MICRO TAB 10MEQ CR	potassium chloride microencapsulated crys er tab 10 meq	1	
POT CL MICRO TAB 10MEQ ER	potassium chloride microencapsulated crys er tab 10 meq	1	
POT CL MICRO TAB 15MEQ ER	potassium chloride microencapsulated crys er tab 15 meq	1	

Brand name	Generic name	Tier	Notes
POT CL MICRO TAB 20MEQ ER	potassium chloride microencapsulated crys er tab 20 meq	1	
PRENATAL TAB PLUS	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
PRENATAL 19 TAB 29-1MG	prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	1	
PRENATAL PLS MIS MV + DHA	prenat w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak	1	
PRENATAL-U CAP 106.5-1	prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	1	
PRENATRIX TAB	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
PRENATRYL TAB	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
PROPIMEX-1 POW	nutritional supplement powder	3	PA
PROPIMEX-2 POW	nutritional supplement powder	3	PA
PROVIDA OB CAP	prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg	1	
PROVIMIN POW	nutritional supplement powder	3	PA
PURAMINO POW DHA/ARA	infant foods powder	3	PA
RCF CON LOW-IRON	infant foods conc	3	PA
SE-NATAL 19 CHW	prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	1	
SE-NATAL 19 TAB	prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	1	
SEVELAM CARB POW 0.8GM	sevelamer carbonate packet 0.8 gm	3	
SEVELAM CARB POW 2.4GM	sevelamer carbonate packet 2.4 gm	3	
SEVELAM CARB TAB 800MG	sevelamer carbonate tab 800 mg	2	
SOD FLUORIDE DRO 0.5MG/ML	sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	$0	$0 Copay for members ages 0 to 16 years.
SOD POLY SUL POW	sodium polystyrene sulfonate powder	1	
SODIUM FLUOR CHW 0.25MG	sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	$0	$0 Copay for members ages 0 to 16 years.
SODIUM FLUOR CHW 0.5MG	sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	$0	$0 Copay for members ages 0 to 16 years.
SODIUM FLUOR CHW 1MG	sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	$0	$0 Copay for members ages 0 to 16 years.
SODIUM FLUOR TAB 0.5MG	sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	$0	$0 Copay for members ages 0 to 16 years.
SODIUM FLUOR TAB 1MG	sodium fluoride tab 1 mg f (from 2.2 mg naf)	$0	$0 Copay for members ages 0 to 16 years.
TARON-C DHA CAP	prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg	1	
THRIVITE RX TAB 29-1MG	prenatal vit w/ iron carbonyl-fa tab 29-1 mg	1	
TOLEREX POW	nutritional supplement pack	3	PA
TOLVAPTAN TAB 15MG	tolvaptan (hyponatremia) tab 15 mg	2	PA; QL; SP;Maximum of 2 tablets per day.
TOLVAPTAN TAB 30MG	tolvaptan (hyponatremia) tab 30 mg	2	PA; QL; SP;Maximum of 2 tablets per day.
TRI-VIT/FLUO DRO 0.25MG	pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	1	
TRI-VIT/FLUO DRO 0.5MG	pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	1	
TRICARE TAB PRENATAL	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
TRIENTINE CAP 250MG	trientine hcl cap 250 mg	3	PA; QL; SP;Maximum of 8 capsules per day.
TRINATAL RX TAB 1	prenatal vit w/ fe fumarate-fa tab 60-1 mg	1	
TRINATE TAB	prenatal vit w/ fe fumarate-fa tab 28-1 mg	1	
TYREX-1 POW	nutritional supplement powder	3	PA
TYREX-2 POW	nutritional supplement powder	3	PA
VELPHORO CHW 500MG	sucroferric oxyhydroxide chew tab 500 mg	2	SP

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VIT A/C/D/FL DRO 0.25MG	pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	1	
VIT A/C/D/FL DRO 0.5MG	pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	1	
VITAMIN D CAP 1.25MG	ergocalciferol cap 1.25 mg (50000 unit)	1	
VITAMIN D CAP 50000	ergocalciferol cap 1.25 mg (50000 unit)	1	
VITAMIN D CAP 50000UNT	ergocalciferol cap 1.25 mg (50000 unit)	1	
VITATHELY TAB	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
VIVONEX RTF LIQ	nutritional supplement liquid	3	PA
VIVONEX RTF LIQ	nutritional supplement liquid (enteral)	3	PA
WESNATAL DHA PAK COMPLETE	prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk	1	
WESTAB PLUS TAB 27-1MG	prenatal vit w/ fe fumarate-fa tab 27-1 mg	1	
Gastrointestinal Agents			
ALOSETRON TAB 0.5MG	alosetron hcl tab 0.5 mg (base equiv)	3	PA; QL; Maximum of 2 tablets per day.
ALOSETRON TAB 1MG	alosetron hcl tab 1 mg (base equiv)	3	PA; QL; Maximum of 2 tablets per day.
ALVIMOPAN CAP 12MG	alvimopan cap 12 mg	3	
BISACODYL TAB 5MG EC	bisacodyl tab delayed release 5 mg	$0	QL; Maximum of 4 tablets per month.
CIMETIDINE SOL 300/5ML	cimetidine hcl soln 300 mg/5ml	1	
CIMETIDINE TAB 200MG	cimetidine tab 200 mg	1	
CIMETIDINE TAB 300MG	cimetidine tab 300 mg	1	
CIMETIDINE TAB 400MG	cimetidine tab 400 mg	1	
CIMETIDINE TAB 800MG	cimetidine tab 800 mg	1	
CITROMA SOL LEMONY	magnesium citrate soln	$0	QL; Maximum of 296 ml (1 bottle) per 30 days.
CLEARLAX POW	polyethylene glycol 3350 oral powder 17 gm/ scoop	$0	QL; Maximum of 850 grams per month.
CLENPIQ SOL	sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml	3	PA;$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
CONSTULOSE SOL 10/15ML	lactulose solution 10 gm/15ml	1	
CVS PURELAX POW	polyethylene glycol 3350 oral powder 17 gm/ scoop	$0	QL; Maximum of 850 grams per month.
DICYCLOMINE CAP 10MG	dicyclomine hcl cap 10 mg	1	
DICYCLOMINE SOL 10MG/5ML	dicyclomine hcl oral soln 10 mg/5ml	2	
DICYCLOMINE TAB 20MG	dicyclomine hcl tab 20 mg	1	
DIPHEN/ATROP LIQ 2.5/5	diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	2	
DIPHEN/ATROP TAB 2.5MG	diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
ENULOSE SOL 10GM/15	lactulose (encephalopathy) solution 10 gm/15ml	1	
ESOMEPRA MAG CAP 20MG DR	esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL; Maximum of 3 capsules per day.
ESOMEPRA MAG CAP 40MG DR	esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL; Maximum of 2 capsules per day.
FAMOTIDINE SUS 40MG/5ML	famotidine for susp 40 mg/5ml	2	
FAMOTIDINE TAB 20MG	famotidine tab 20 mg	1	
FAMOTIDINE TAB 40MG	famotidine tab 40 mg	1	
GAVILAX POW	polyethylene glycol 3350 oral powder 17 gm/ scoop	$0	QL; Maximum of 850 grams per month.

Brand name	Generic name	Tier	Notes
GAVILYTE-C SOL	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	QL; PA;Maximum of 4000 ml (1 jug) per 30 days.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
GAVILYTE-G SOL	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	QL; PA;Maximum of 4000 ml (1 jug) per 30 days.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
GENERLAC SOL 10/15ML	lactulose (encephalopathy) solution 10 gm/15ml	1	
GENERLAC SOL 10GM/15	lactulose (encephalopathy) solution 10 gm/15ml	1	
GENTLELAX POW	polyethylene glycol 3350 oral powder 17 gm/scoop	$0	QL; Maximum of 850 grams per month.
GLYCOLAX POW 3350 NF	polyethylene glycol 3350 oral powder 17 gm/scoop	$0	QL; Maximum of 850 grams per month.
GLYCOPYRROL TAB 1MG	glycopyrrolate tab 1 mg	1	
GLYCOPYRROL TAB 2MG	glycopyrrolate tab 2 mg	1	
KRISTALOSE PAK 10GM	lactulose oral crystal packet 10 gm	3	
KRISTALOSE PAK 20GM	lactulose oral crystal packet 20 gm	3	
LACTULOSE PAK 10GM	lactulose oral crystal packet 10 gm	3	
LACTULOSE PAK 20GM	lactulose oral crystal packet 20 gm	3	
LACTULOSE SOL 10/15ML	lactulose solution 10 gm/15ml	1	
LACTULOSE SOL 10GM/15	lactulose (encephalopathy) solution 10 gm/15ml	1	
LACTULOSE SOL 20/30ML	lactulose solution 10 gm/15ml	1	
LANSOPR/AMOX PAK /CLARITH	amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	3	QL; Maximum of 112 capsules (1 kit) per 180 days.
LANSOPRAZOLE CAP 15MG DR	lansoprazole cap delayed release 15 mg	1	QL; Maximum of 2 capsules per day.
LANSOPRAZOLE CAP 30MG DR	lansoprazole cap delayed release 30 mg	1	QL; Maximum of 2 capsules per day.
LINZESS CAP 145MCG	linaclotide cap 145 mcg	2	PA; QL; Maximum of 1 capsule per day.
LINZESS CAP 290MCG	linaclotide cap 290 mcg	2	PA; QL; Maximum of 1 capsule per day.
LINZESS CAP 72MCG	linaclotide cap 72 mcg	2	PA; QL; Maximum of 1 capsule per day.
LOPERAMIDE CAP 2MG	loperamide hcl cap 2 mg	1	
LUBIPROSTONE CAP 24MCG	lubiprostone cap 24 mcg	3	QL; Maximum of 2 capsules per day.
LUBIPROSTONE CAP 8MCG	lubiprostone cap 8 mcg	3	QL; Maximum of 2 capsules per day.
MAG CITRATE SOL LEMON	magnesium citrate soln	$0	QL; Maximum of 296 ml (1 bottle) per 30 days.
METHSCOPOLAM TAB 2.5MG	methscopolamine bromide tab 2.5 mg	2	
METHSCOPOLAM TAB 5MG	methscopolamine bromide tab 5 mg	2	
METOCLOPRAM SOL 10/10ML	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
METOCLOPRAM SOL 5MG/5ML	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
METOCLOPRAM TAB 10MG	metoclopramide hcl tab 10 mg (base equivalent)	1	
METOCLOPRAM TAB 5MG	metoclopramide hcl tab 5 mg (base equivalent)	1	

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MIRALAX POW 3350 NF	polyethylene glycol 3350 oral powder 17 gm/scoop	$0	QL; Maximum of 850 grams per month.
MISOPROSTOL TAB 100MCG	misoprostol tab 100 mcg	1	
MISOPROSTOL TAB 200MCG	misoprostol tab 200 mcg	1	
MYALEPT INJ 11.3MG	metreleptin for subcutaneous inj 11.3 mg	3	PA; QL; SP;Maximum of 1 vial per day.
NITROGLYCERI OIN 0.4%	nitroglycerin oint 0.4%	3	QL; Maximum of 30 grams per 30 days.
NIZATIDINE CAP 150MG	nizatidine cap 150 mg	2	
NIZATIDINE CAP 300MG	nizatidine cap 300 mg	2	
OMEPRAZOLE CAP 10MG	omeprazole cap delayed release 10 mg	1	QL; Maximum of 3 capsules per day.
OMEPRAZOLE CAP 20MG	omeprazole cap delayed release 20 mg	1	
OMEPRAZOLE CAP 40MG	omeprazole cap delayed release 40 mg	1	
OPIUM TIN 10MG/ML	opium tincture 1% (10 mg/ml) (morphine equiv)	3	QL; Maximum of 2.4 ml per day.
PANTOPRAZOLE TAB 20MG	pantoprazole sodium ec tab 20 mg (base equiv)	1	QL; Maximum of 3 tablets per day.
PANTOPRAZOLE TAB 40MG	pantoprazole sodium ec tab 40 mg (base equiv)	1	QL; Maximum of 2 tablets per day.
PEG-3350 SOL ELECTROL	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	QL; Maximum of 4000 ml (1 jug) per 30 days.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PEG-3350/KCL SOL /SODIUM	peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	QL; PA;Maximum of 4000 ml (1 jug) per 30 days.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PEG/NASUL/C/ SOL NACL/POT	peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	3	QL; PA;Maximum of 1 kit per month.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PLENVU SOL	peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm	3	QL; PA;Maximum of 3 pouches (1 kit) per month.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
POLYETH GLYC POW 3350 NF	polyethylene glycol 3350 oral powder 17 gm/scoop	$0	QL; Maximum of 850 grams per month.
RABEPRAZOLE TAB 20MG	rabeprazole sodium ec tab 20 mg	2	QL; Maximum of 1 tablet per day.
RELISTOR INJ 12/0.6ML	methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	3	PA; QL; Maximum of 0.6 ml per day.
RELISTOR INJ 12/0.6ML	methylnaltrexone bromide soln pref syr 12 mg/0.6ml	3	PA; QL; Maximum of 0.6 ml per day.
RELISTOR INJ 8/0.4ML	methylnaltrexone bromide soln pref syr 8 mg/0.4ml	3	PA; QL; Maximum of 0.4 ml per day.
SODIUM/POTAS SOL MAGNESIU	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3	QL; PA;Maximum of 11.8 ml per day.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
SUCRALFATE SUS 1GM/10ML	sucralfate susp 1 gm/10ml	3	PA
SUCRALFATE TAB 1GM	sucralfate tab 1 gm	1	

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SYMPROIC TAB 0.2MG	naldemedine tosylate tab 0.2 mg (base equivalent)	2	PA; QL; Maximum of 1 tablet per day.
URSODIOL CAP 300MG	ursodiol cap 300 mg	1	
URSODIOL TAB 250MG	ursodiol tab 250 mg	1	
URSODIOL TAB 500MG	ursodiol tab 500 mg	1	
VIBERZI TAB 100MG	eluxadoline tab 100 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
VIBERZI TAB 75MG	eluxadoline tab 75 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
XIFAXAN TAB 200MG	rifaximin tab 200 mg	3	PA; QL; Maximum of 3 tablets per day.
XIFAXAN TAB 550MG	rifaximin tab 550 mg	3	PA; QL; Maximum of 3 tablets per day.
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
BETAINE ANHY POW	betaine powder for oral solution	3	SP
CREON CAP 12000UNT	pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	2	
CREON CAP 24000UNT	pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	2	
CREON CAP 3000UNIT	pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	2	
CREON CAP 36000UNT	pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	2	
CREON CAP 6000UNIT	pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	2	
CROMOLYN SOD CON 100/5ML	cromolyn sodium oral conc 100 mg/5ml	3	
CYSTAGON CAP 150MG	cysteamine bitartrate cap 150 mg	3	SP
CYSTAGON CAP 50MG	cysteamine bitartrate cap 50 mg	3	SP
DAYBUE SOL 200MG/ML	trofinetide oral soln 200 mg/ml	3	PA; QL; SP;Maximum of 120 mL per day.
SAPROPTERIN POW 100MG	sapropterin dihydrochloride powder packet 100 mg	3	PA; QL; SP;Maximum of 480 packets per 30 days.
SAPROPTERIN POW 500MG	sapropterin dihydrochloride powder packet 500 mg	3	PA; QL; SP;Maximum of 120 packets per 30 days.
SAPROPTERIN TAB 100MG	sapropterin dihydrochloride tab 100 mg	3	PA; QL; SP;Maximum of 16 tablets per day.
SUCRAID SOL 8500/ML	sacrosidase soln 8500 unit/ml	3	PA; SP
ZELVYSIA POW 100MG	sapropterin dihydrochloride powder packet 100 mg	3	PA; QL; SP;Maximum of 480 packets per 30 days.
ZELVYSIA POW 500MG	sapropterin dihydrochloride powder packet 500 mg	3	PA; QL; SP;Maximum of 120 packets per 30 days.
ZENPEP CAP 10000UNT	pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	2	
ZENPEP CAP 15000UNT	pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	2	
ZENPEP CAP 20000UNT	pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	2	
ZENPEP CAP 25000UNT	pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	2	
ZENPEP CAP 3000UNIT	pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	2	
ZENPEP CAP 40000UNT	pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	2	
ZENPEP CAP 5000UNIT	pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	2	
ZENPEP CAP 60000UNT	pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit	2	

Brand name	Generic name	Tier	Notes
Genitourinary Agents			
ALFUZOSIN TAB 10MG ER	alfuzosin hcl tab er 24hr 10 mg	1	
BETHANECHOL TAB 10MG	bethanechol chloride tab 10 mg	1	
BETHANECHOL TAB 25MG	bethanechol chloride tab 25 mg	1	
BETHANECHOL TAB 50MG	bethanechol chloride tab 50 mg	1	
BETHANECHOL TAB 5MG	bethanechol chloride tab 5 mg	1	
DARIFENACIN TAB 15MG ER	darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	2	QL; ST; Maximum of 1 tablet per day.
DARIFENACIN TAB 7.5MG ER	darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	2	QL; ST; Maximum of 1 tablet per day.
DOXAZOSIN TAB 1MG	doxazosin mesylate tab 1 mg	1	
DOXAZOSIN TAB 2MG	doxazosin mesylate tab 2 mg	1	
DOXAZOSIN TAB 4MG	doxazosin mesylate tab 4 mg	1	
DOXAZOSIN TAB 8MG	doxazosin mesylate tab 8 mg	1	
DUTAST/TAMSU CAP 0.5-0.4	dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	
DUTASTERIDE CAP 0.5MG	dutasteride cap 0.5 mg	1	QL; Maximum of 1 capsule per day.
ELMIRON CAP 100MG	pentosan polysulfate sodium caps 100 mg	2	
ENCARE SUP 100MG	nonoxynol-9 vaginal suppos 100 mg	$0	QL; Maximum of 36 suppositories per month.
FESOTERODINE TAB 4MG ER	fesoterodine fumarate tab er 24hr 4 mg	3	QL; ST; Maximum of 1 tablet per day.
FESOTERODINE TAB 8MG ER	fesoterodine fumarate tab er 24hr 8 mg	3	QL; ST; Maximum of 1 tablet per day.
FINASTERIDE TAB 5MG	finasteride tab 5 mg	1	
FLAVOXATE TAB 100MG	flavoxate hcl tab 100 mg	1	
GYNOL II GEL 3%	nonoxynol-9 gel 3%	$0	
OXYBUTYNIN SOL 5MG/5ML	oxybutynin chloride solution 5 mg/5ml	1	
OXYBUTYNIN TAB 10MG ER	oxybutynin chloride tab er 24hr 10 mg	1	QL; Maximum of 3 tablets per day.
OXYBUTYNIN TAB 15MG ER	oxybutynin chloride tab er 24hr 15 mg	1	QL; Maximum of 2 tablets per day.
OXYBUTYNIN TAB 5MG	oxybutynin chloride tab 5 mg	1	
OXYBUTYNIN TAB 5MG ER	oxybutynin chloride tab er 24hr 5 mg	1	QL; Maximum of 1 tablet per day.
PHENAZO TAB 200MG	phenazopyridine hcl tab 200 mg	1	
PHENAZOPYRID TAB 100MG	phenazopyridine hcl tab 100 mg	1	
PHENAZOPYRID TAB 200MG	phenazopyridine hcl tab 200 mg	1	
PHEXX GEL	lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	$0	QL; Maximum of 180 grams (36 packets) per month.
PHEXXI GEL	lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	$0	QL; Maximum of 180 grams (36 packets) per month.
SILODOSIN CAP 4MG	silodosin cap 4 mg	2	QL; Maximum of 1 capsule per day.
SILODOSIN CAP 8MG	silodosin cap 8 mg	2	QL; Maximum of 1 capsule per day.
SOLIFENACIN TAB 10MG	solifenacin succinate tab 10 mg	1	QL; Maximum of 1 tablet per day.
SOLIFENACIN TAB 5MG	solifenacin succinate tab 5 mg	1	QL; Maximum of 1 tablet per day.
TADALAFIL TAB 2.5MG	tadalafil tab 2.5 mg	3	QL; Maximum of 1 tablet per day.
TADALAFIL TAB 5MG	tadalafil tab 5 mg	3	QL; Maximum of 1 tablet per day.
TAMSULOSIN CAP 0.4MG	tamsulosin hcl cap 0.4 mg	1	
TERAZOSIN CAP 10MG	terazosin hcl cap 10 mg (base equivalent)	1	

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TERAZOSIN CAP 1MG	terazosin hcl cap 1 mg (base equivalent)	1	
TERAZOSIN CAP 2MG	terazosin hcl cap 2 mg (base equivalent)	1	
TERAZOSIN CAP 5MG	terazosin hcl cap 5 mg (base equivalent)	1	
TIOPRONIN TAB 100MG	tiopronin tab 100 mg	3	SP
TODAY SPONGE MIS	nonoxynol-9 vaginal sponge 1000 mg	$0	
TOLTERODINE CAP 2MG ER	tolterodine tartrate cap er 24hr 2 mg	2	
TOLTERODINE CAP 4MG ER	tolterodine tartrate cap er 24hr 4 mg	2	
TOLTERODINE TAB 1MG	tolterodine tartrate tab 1 mg	2	
TOLTERODINE TAB 2MG	tolterodine tartrate tab 2 mg	2	
TROSPIUM CHL CAP 60MG ER	trospium chloride cap er 24hr 60 mg	2	ST
TROSPIUM CL TAB 20MG	trospium chloride tab 20 mg	2	
VCF VAGINAL GEL CONTRACE	nonoxynol-9 gel 4%	$0	
VCF VAGINAL MIS CONTRACP	nonoxynol-9 film 28%	$0	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
DEXAMETHASON CON 1MG/ML	dexamethasone conc 1 mg/ml	1	
DEXAMETHASON ELX 0.5/5ML	dexamethasone elixir 0.5 mg/5ml	1	
DEXAMETHASON SOL 0.5/5ML	dexamethasone soln 0.5 mg/5ml	1	
DEXAMETHASON TAB 0.5MG	dexamethasone tab 0.5 mg	1	
DEXAMETHASON TAB 0.75MG	dexamethasone tab 0.75 mg	1	
DEXAMETHASON TAB 1.5MG	dexamethasone tab 1.5 mg	1	
DEXAMETHASON TAB 1MG	dexamethasone tab 1 mg	1	
DEXAMETHASON TAB 2MG	dexamethasone tab 2 mg	1	
DEXAMETHASON TAB 4MG	dexamethasone tab 4 mg	1	
DEXAMETHASON TAB 6MG	dexamethasone tab 6 mg	1	
FLUDROCORT TAB 0.1MG	fludrocortisone acetate tab 0.1 mg	1	
HYDROCORT TAB 10MG	hydrocortisone tab 10 mg	1	
HYDROCORT TAB 20MG	hydrocortisone tab 20 mg	1	
HYDROCORT TAB 5MG	hydrocortisone tab 5 mg	1	
METHYLPRED TAB 16MG	methylprednisolone tab 16 mg	1	
METHYLPRED TAB 32MG	methylprednisolone tab 32 mg	1	
METHYLPRED TAB 4MG	methylprednisolone tab 4 mg	1	
METHYLPRED TAB 4MG	methylprednisolone tab therapy pack 4 mg (21)	1	
METHYLPRED TAB 8MG	methylprednisolone tab 8 mg	1	
PREDNISOLONE SOL 10MG/5ML	prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	1	
PREDNISOLONE SOL 15MG/5ML	prednisolone soln 15 mg/5ml	1	
PREDNISOLONE SOL 15MG/5ML	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
PREDNISOLONE SOL 20MG/5ML	prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	1	
PREDNISOLONE SOL 25MG/5ML	prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
PREDNISOLONE SOL 5MG/5ML	prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	1	
PREDNISOLONE TAB 10MG ODT	prednisolone sod phos orally disintegr tab 10 mg (base eq)	3	
PREDNISOLONE TAB 15MG ODT	prednisolone sod phos orally disintegr tab 15 mg (base eq)	3	
PREDNISOLONE TAB 30MG ODT	prednisolone sod phos orally disintegr tab 30 mg (base eq)	3	
PREDNISOLONE TAB 5MG	prednisolone tab 5 mg	2	
PREDNISONE CON 5MG/ML	prednisone conc 5 mg/ml	2	
PREDNISONE PAK 10MG	prednisone tab therapy pack 10 mg (21)	1	

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PREDNISONE PAK 10MG	prednisone tab therapy pack 10 mg (48)	1	
PREDNISONE PAK 5MG	prednisone tab therapy pack 5 mg (21)	1	
PREDNISONE PAK 5MG	prednisone tab therapy pack 5 mg (48)	1	
PREDNISONE SOL 5MG/5ML	prednisone oral soln 5 mg/5ml	2	
PREDNISONE TAB 10MG	prednisone tab 10 mg	1	
PREDNISONE TAB 1MG	prednisone tab 1 mg	1	
PREDNISONE TAB 2.5MG	prednisone tab 2.5 mg	1	
PREDNISONE TAB 20MG	prednisone tab 20 mg	1	
PREDNISONE TAB 50MG	prednisone tab 50 mg	1	
PREDNISONE TAB 5MG	prednisone tab 5 mg	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
DESMOPRESSIN INJ 40/10ML	desmopressin acetate inj 4 mcg/ml	3	
DESMOPRESSIN INJ 4MCG/ML	desmopressin acetate inj 4 mcg/ml	3	
DESMOPRESSIN INJ 4MCG/ML	desmopressin acetate preservative free (pf) inj 4 mcg/ml	3	
DESMOPRESSIN SPR 0.01%	desmopressin acetate nasal spray soln 0.01% (refrigerated)	2	
DESMOPRESSIN SPR 0.01%	desmopressin acetate nasal spray soln 0.01%	2	
DESMOPRESSIN TAB 0.1MG	desmopressin acetate tab 0.1 mg	1	
DESMOPRESSIN TAB 0.2MG	desmopressin acetate tab 0.2 mg	1	
FOLLISTIM AQ INJ 300UNIT	follitropin beta inj 300 unit/0.36ml	3	PA; SP
FOLLISTIM AQ INJ 600UNIT	follitropin beta inj 600 unit/0.72ml	3	PA; SP
FOLLISTIM AQ INJ 900UNIT	follitropin beta inj 900 unit/1.08ml	3	PA; SP
INCRELEX INJ 40MG/4ML	mecasermin inj 40 mg/4ml (10 mg/ml)	3	PA; QL; SP;Maximum of 52 ml per 30 days.
NORDITROPIN INJ 10/1.5ML	somatropin solution pen-injector 10 mg/1.5ml	2	PA; QL; SP;Maximum of 0.45 ml per day.
NORDITROPIN INJ 15/1.5ML	somatropin solution pen-injector 15 mg/1.5ml	2	PA; QL; SP;Maximum of 0.3 ml per day.
NORDITROPIN INJ 30/3ML	somatropin solution pen-injector 30 mg/3ml	2	PA; QL; SP;Maximum of 0.3 ml per day.
NORDITROPIN INJ 5/1.5ML	somatropin solution pen-injector 5 mg/1.5ml	2	PA; QL; SP;Maximum of 0.9 ml per day.
OMNITROPE INJ 10/1.5ML	somatropin solution cartridge 10 mg/1.5ml	2	PA; QL; SP;Maximum of 0.45 ml per day.
OMNITROPE INJ 5.8MG	somatropin for inj 5.8 mg	2	PA; QL; SP;Maximum of 16 vials per 30 days.
OMNITROPE INJ 5/1.5ML	somatropin solution cartridge 5 mg/1.5ml	2	PA; QL; SP;Maximum of 0.9 ml per day.
PREGNYL INJ 10000UNT	chorionic gonadotropin for im inj 10000 unit	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
PREPIDIL GEL 0.5MG/3G	dinoprostone cervical gel 0.5 mg/3gm	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
ABIGALE TAB 1-0.5MG	estradiol & norethindrone acetate tab 1-0.5 mg	2	
ABIGALE LO TAB 0.5-0.1	estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
AFIRMELLE TAB 0.1-0.02	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0	
AFTERA TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
AFTERPILL TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
ALTAVERA TAB	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
ALYACEN TAB 1/35	norethindrone & ethinyl estradiol tab 1 mg-35 mcg	$0	

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ALYACEN TAB 7/7/7	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	$0	
AMABELZ TAB 0.5-0.1	estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
AMETHYST TAB 90-20MCG	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	$0	
ANNOVERA MIS	segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr	$0	QL; Maximum of 1 ring per year.
APRI TAB	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
ARANELLE TAB	norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	$0	
ASHLYNA TAB	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0	
AUBRA EQ TAB 0.1-0.02	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0	
AUROVELA TAB 1.5/30	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0	
AUROVELA TAB 1/20	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0	
AUROVELA 24 TAB FE 1/20	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	$0	
AUROVELA FE TAB 1.5/30	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	$0	
AUROVELA FE TAB 1/20	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0	
AVERI TAB	desogestrel-ethinyl estradiol-fe tab 0.15-0.03 mg	$0	
AVIANE TAB	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0	
AYUNA TAB	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
AZURETTE TAB	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0	
BALZIVA TAB	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	$0	
BIJUVA CAP 0.5-100	estradiol-progesterone cap 0.5-100 mg	3	
BLISOVI 24 TAB FE 1/20	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	$0	
BLISOVI FE TAB 1.5/30	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	$0	
BLISOVI FE TAB 1/20	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0	
BRIELLYN TAB	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	$0	
CAMILA TAB 0.35MG	norethindrone tab 0.35 mg	$0	
CAMRESE TAB	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0	
CAMRESE LO TAB	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	$0	
CHARLOTTE 24 CHW FE 1/20	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0	
CHATEAL EQ TAB 0.15/30	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
CLIMARA PRO DIS WEEKLY	estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day	3	QL; Maximum of 4 patches per 28 days.
CLOMID TAB 50MG	clomiphene citrate tab 50 mg	2	PA
CLOMIPHENE TAB 50MG	clomiphene citrate tab 50 mg	2	PA

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CRYSELLE TAB	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	$0	
CRYSELLE-28 TAB 28 TABS	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	$0	
CURAE TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
CYRED EQ TAB	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
DANAZOL CAP 100MG	danazol cap 100 mg	2	
DANAZOL CAP 200MG	danazol cap 200 mg	2	
DANAZOL CAP 50MG	danazol cap 50 mg	2	
DASETTA TAB 1/35	norethindrone & ethinyl estradiol tab 1 mg-35 mcg	$0	
DASETTA TAB 7/7/7	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	$0	
DAYSEE TAB	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0	
DEBLITANE TAB 0.35MG	norethindrone tab 0.35 mg	$0	
DELYLA TAB 0.1-0.02	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0	
DEPO-SQ PROV INJ 104	medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	$0	QL; Maximum of 5 doses (520 mg) per year.
DESO/ETHINYL TAB ESTRADIO	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0	
DOLISHALE TAB 90-20MCG	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	$0	
DOTTI DIS 0.025MG	estradiol td patch twice weekly 0.025 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
DOTTI DIS 0.0375MG	estradiol td patch twice weekly 0.0375 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
DOTTI DIS 0.05MG	estradiol td patch twice weekly 0.05 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
DOTTI DIS 0.075MG	estradiol td patch twice weekly 0.075 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
DOTTI DIS 0.1MG	estradiol td patch twice weekly 0.1 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
DROS/ETH EST TAB LEVOMEFO	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	$0	
DROS/ETH EST TAB LEVOMEFO	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	$0	
DROSPIR/ETHI TAB 3-0.02MG	drospirenone-ethinyl estradiol tab 3-0.02 mg	$0	
DROSPIR/ETHI TAB 3-0.03MG	drospirenone-ethinyl estradiol tab 3-0.03 mg	$0	
DROSPIRENONE TAB ETHY EST	drospirenone-ethinyl estradiol tab 3-0.02 mg	$0	
DUAVEE TAB 0.45-20	conjugated estrogens-bazedoxifene tab 0.45-20 mg	3	QL; Maximum of 1 tablet per day.
ECONTRA OS TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
ELINEST TAB	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	$0	
ELURYNG MIS	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	$0	
EMZAHH TAB 0.35MG	norethindrone tab 0.35 mg	$0	
ENILLORING MIS	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	$0	
ENPRESSE-28 TAB	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0	
ENSKYCE TAB	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
ERRIN TAB 0.35MG	norethindrone tab 0.35 mg	$0	

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ESTARYLLA TAB 0.25-35	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0	
ESTRA/NORETH TAB 0.5-0.1	estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
ESTRA/NORETH TAB 1-0.5MG	estradiol & norethindrone acetate tab 1-0.5 mg	2	
ESTRAD VAL INJ 10MG/ML	estradiol valerate im in oil 10 mg/ml	1	
ESTRAD VAL INJ 20MG/ML	estradiol valerate im in oil 20 mg/ml	1	
ESTRAD VAL INJ 40MG/ML	estradiol valerate im in oil 40 mg/ml	1	
ESTRADIOL CRE 0.01%	estradiol vaginal cream 0.01%	2	
ESTRADIOL DIS 0.025MG	estradiol td patch twice weekly 0.025 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
ESTRADIOL DIS 0.025MG	estradiol td patch weekly 0.025 mg/24hr	1	QL; Maximum of 4 patches per 28 days.
ESTRADIOL DIS 0.0375MG	estradiol td patch twice weekly 0.0375 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
ESTRADIOL DIS 0.0375MG	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	QL; Maximum of 4 patches per 28 days.
ESTRADIOL DIS 0.05MG	estradiol td patch twice weekly 0.05 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
ESTRADIOL DIS 0.05MG	estradiol td patch weekly 0.05 mg/24hr	1	QL; Maximum of 4 patches per 28 days.
ESTRADIOL DIS 0.06MG	estradiol td patch weekly 0.06 mg/24hr	1	QL; Maximum of 4 patches per 28 days.
ESTRADIOL DIS 0.075MG	estradiol td patch twice weekly 0.075 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
ESTRADIOL DIS 0.075MG	estradiol td patch weekly 0.075 mg/24hr	1	QL; Maximum of 4 patches per 28 days.
ESTRADIOL DIS 0.1MG	estradiol td patch twice weekly 0.1 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
ESTRADIOL DIS 0.1MG	estradiol td patch weekly 0.1 mg/24hr	1	QL; Maximum of 4 patches per 28 days.
ESTRADIOL TAB 0.5MG	estradiol tab 0.5 mg	1	
ESTRADIOL TAB 10MCG	estradiol vaginal tab 10 mcg	2	QL; Maxiumum of 18 tablets per 28 days.
ESTRADIOL TAB 1MG	estradiol tab 1 mg	1	
ESTRADIOL TAB 2MG	estradiol tab 2 mg	1	
ESTRING MIS 7.5/24HR	estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2	QL; Maximum of 1 ring per 90 days.
ETHY ETH EST TAB 1-35	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0	
ETHYNODIOL TAB 1-50	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0	
ETONOGESTREL MIS ETHY EST	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	$0	
FALMINA TAB	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0	
FEIRZA TAB 1.5/30	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	$0	
FEIRZA TAB 1/20	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0	
FEMLYV TAB 1/0.02MG	norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg	$0	
FINZALA CHW FE 1/20	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0	
FYAVOLV TAB 0.5-2.5	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	

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Brand name	Generic name	Tier	Notes
FYAVOLV TAB 1-5	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
GALBRIELA CHW	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	$0	
GALLIFREY TAB 5MG	norethindrone acetate tab 5 mg	1	
GEMMILY CAP 1/20	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	$0	
HAILEY TAB 1.5/30	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0	
HAILEY 24 TAB FE	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	$0	
HAILEY FE TAB 1.5/30	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	$0	
HAILEY FE TAB 1/20	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0	
HALOETTE MIS	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	$0	
HEATHER TAB 0.35MG	norethindrone tab 0.35 mg	$0	
HER STYLE TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
ICLEVIA TAB	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0	
INCASSIA TAB 0.35MG	norethindrone tab 0.35 mg	$0	
INTROVALE TAB	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0	
ISIBLOOM TAB	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
JAIMIESS TAB	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0	
JASMIEL TAB 3-0.02MG	drospirenone-ethinyl estradiol tab 3-0.02 mg	$0	
JENCYCLA TAB 0.35MG	norethindrone tab 0.35 mg	$0	
JINTELI TAB 1MG-5MCG	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
JOLESSA TAB	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0	
JOYEAUX TAB 0.1-20	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	$0	
JULEBER TAB	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
JUNEL 1.5/30 TAB	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0	
JUNEL 1/20 TAB	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0	
JUNEL FE TAB 1.5/30	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	$0	
JUNEL FE TAB 1/20	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0	
JUNEL FE 24 TAB 1/20	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	$0	
KAITLIB FE CHW	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	$0	
KALLIGA TAB	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
KARIVA TAB 28 DAY	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0	
KELNOR TAB 1/35	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0	
KELNOR 1/50 TAB	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0	

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KURVELO TAB 0.15/30	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
LARIN TAB 1.5/30	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0	
LARIN TAB 1/20	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0	
LARIN 24 TAB FE 1/20	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	$0	
LARIN FE TAB 1.5/30	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	$0	
LARIN FE TAB 1/20	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0	
LAYOLIS FE CHW	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	$0	
LEENA TAB	norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	$0	
LESSINA TAB	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0	
LEVO-ETH EST TAB 90-20MCG	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	$0	
LEVONEST TAB	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0	
LEVONOR/ETHI TAB	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0	
LEVONOR/ETHI TAB 0.1-0.02	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0	
LEVONOR/ETHI TAB 0.1-20	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	$0	
LEVONOR/ETHI TAB ESTRADIO	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
LEVONOR/ETHI TAB ESTRADIO	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	$0	
LEVONOR/ETHI TAB ESTRADIO	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0	
LEVONOR/ETHI TAB ESTRADIO	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0	
LEVONOR/ETHI TAB ESTRADIO	levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	$0	
LEVONORGESTR TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
LEVORA-28 TAB 0.15/30	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
LO LOESTRIN TAB 1-10-10	norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	$0	
LO-ZUMANDIMI TAB 3-0.02MG	drospirenone-ethinyl estradiol tab 3-0.02 mg	$0	
LOJAIMIESS TAB	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	$0	
LORYNA TAB 3-0.02MG	drospirenone-ethinyl estradiol tab 3-0.02 mg	$0	
LOW-OGESTREL TAB	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	$0	
LUIZZA TAB 1.5/30	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0	
LUIZZA 1/20 TAB	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0	
LUTERA TAB	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0	
LYLEQ TAB 0.35MG	norethindrone tab 0.35 mg	$0	
LYLLANA DIS 0.025MG	estradiol td patch twice weekly 0.025 mg/24hr	2	QL; Maximum of 8 patches per 28 days.

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LYLLANA DIS 0.0375MG	estradiol td patch twice weekly 0.0375 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
LYLLANA DIS 0.05MG	estradiol td patch twice weekly 0.05 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
LYLLANA DIS 0.075MG	estradiol td patch twice weekly 0.075 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
LYLLANA DIS 0.1MG	estradiol td patch twice weekly 0.1 mg/24hr	2	QL; Maximum of 8 patches per 28 days.
LYZA TAB 0.35MG	norethindrone tab 0.35 mg	$0	
MARLISSA TAB 0.15/30	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
MEDROXYPR AC INJ 150MG/ML	medroxyprogesterone acetate im susp 150 mg/ml	$0	QI; Maximum of 5 ml per year.
MEDROXYPR AC INJ 150MG/ML	medroxyprogesterone acetate im susp pre-filled syr 150 mg/ml	$0	
MEDROXYPR AC TAB 10MG	medroxyprogesterone acetate tab 10 mg	1	
MEDROXYPR AC TAB 2.5MG	medroxyprogesterone acetate tab 2.5 mg	1	
MEDROXYPR AC TAB 5MG	medroxyprogesterone acetate tab 5 mg	1	
MEGESTROL SUS 625MG/5M	megestrol acetate susp 625 mg/5ml	3	
MEGESTROL AC SUS 400/10ML	megestrol acetate susp 40 mg/ml	1	
MEGESTROL AC SUS 400MG/10	megestrol acetate susp 40 mg/ml	1	
MEGESTROL AC SUS 40MG/ML	megestrol acetate susp 40 mg/ml	1	
MEGESTROL AC SUS 800MG/20	megestrol acetate susp 40 mg/ml	1	
MEGESTROL AC TAB 20MG	megestrol acetate tab 20 mg	1	
MEGESTROL AC TAB 40MG	megestrol acetate tab 40 mg	1	
MELEYA TAB 0.35MG	norethindrone tab 0.35 mg	$0	
MERZEE CAP 1/20	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	$0	
METHYLTESTOS CAP 10MG	methyltestosterone cap 10 mg	3	
MIBELAS 24 CHW FE	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0	
MICROGESTIN TAB 1.5/30	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0	
MICROGESTIN TAB 1/20	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0	
MICROGESTIN TAB FE 1/20	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0	
MICROGESTIN TAB FE1.5/30	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	$0	
MILI TAB 0.25/35	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0	
MILOPHENE TAB 50MG	clomiphene citrate tab 50 mg	2	PA
MIMVEY TAB 1-0.5MG	estradiol & norethindrone acetate tab 1-0.5 mg	2	
MINZOYA TAB 0.1-20	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	$0	
MONO-LINYAH TAB 0.25-35	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0	
MY CHOICE TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
MY WAY TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
NATAZIA TAB	estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	$0	
NECON TAB 0.5/35	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	$0	
NEW DAY TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
NEXTSTELLIS TAB 3-14.2MG	drospirenone-estetrol tab 3-14.2 mg	$0	

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NIKKI TAB 3-0.02MG	drospirenone-ethinyl estradiol tab 3-0.02 mg	$0	
NOR/EST/FF TAB 1.5/30	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	$0	
NORA-BE TAB 0.35MG	norethindrone tab 0.35 mg	$0	
NORE/ETH/FER CAP 1/20	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	$0	
NORE/ETH/FER CHW 0.4MG-35	norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0	
NORELGE/ETHI DIS 150/35	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	$0	
NORETH/ETHIN CHW FE	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	$0	
NORETH/ETHIN CHW FE 1/20	norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0	
NORETH/ETHIN TAB 0.5-2.5	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	2	
NORETH/ETHIN TAB 1.5/30	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0	
NORETH/ETHIN TAB 1/20	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0	
NORETH/ETHIN TAB 1MG-5MCG	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
NORETH/ETHIN TAB FE	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	$0	
NORETH/ETHIN TAB FE 1/20	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0	
NORETHIN ACE TAB 5MG	norethindrone acetate tab 5 mg	1	
NORETHINDRON TAB 0.35MG	norethindrone tab 0.35 mg	$0	
NORGEST/ETHI TAB 0.25/35	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0	
NORGEST/ETHI TAB ESTRADIO	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0	
NORGEST/ETHI TAB ESTRADIO	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0	
NORLYROC TAB 0.35MG	norethindrone tab 0.35 mg	$0	
NORTREL TAB 0.5/35	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	$0	
NORTREL TAB 1/35	norethindrone & ethinyl estradiol tab 1 mg-35 mcg	$0	
NORTREL TAB 7/7/7	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	$0	
NYLIA TAB 1/35	norethindrone & ethinyl estradiol tab 1 mg-35 mcg	$0	
NYLIA TAB 7/7/7	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	$0	
OCELLA TAB 3-0.03MG	drospirenone-ethinyl estradiol tab 3-0.03 mg	$0	
OPCICON TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
OPILL TAB 0.075MG	norgestrel tab 0.075 mg	$0	
OPTION 2 TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
ORQUIDEA TAB 0.35MG	norethindrone tab 0.35 mg	$0	
OSPHENA TAB 60MG	ospemifene tab 60 mg	3	PA; QL; Maximum of 1 tablet per day.
PHILITH TAB 0.4-35	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	$0	
PIMTREA TAB	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0	
PLAN B TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	

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PORTIA-28 TAB	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
PREMARIN VAG CRE 0.625MG	estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PROGESTERONE CAP 100MG	progesterone cap 100 mg	1	
PROGESTERONE CAP 200MG	progesterone cap 200 mg	1	
PROGESTERONE INJ 50MG/ML	progesterone im in oil 50 mg/ml	1	
RALOXIFENE TAB 60MG	raloxifene hcl tab 60 mg	1	QL; PA;Maximum of 1 tablet per day.$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
REACT TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
RECLIPSEN TAB	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0	
RIVELSA TAB	levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	$0	
ROSYRAH TAB	levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	$0	
SETLAKIN TAB	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0	
SHAROBEL TAB 0.35MG	norethindrone tab 0.35 mg	$0	
SHEWISE TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
SIMLIYA TAB 28 DAY	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0	
SIMPESSE TAB	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0	
SLYND TAB 4MG	drospirenone tab 4 mg	$0	
SPRINTEC 28 TAB 28 DAY	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0	
SRONYX TAB	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0	
SYEDA TAB 3-0.03MG	drospirenone-ethinyl estradiol tab 3-0.03 mg	$0	
TAKE ACTION TAB 1.5MG	levonorgestrel tab 1.5 mg	$0	
TARINA 24 FE TAB	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	$0	
TARINA FE TAB 1/20 EQ	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0	
TAYSOFY CAP 1/20	norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	$0	
TESTOST CYP INJ 100MG/ML	testosterone cypionate im inj in oil 100 mg/ml	1	PA
TESTOST CYP INJ 200MG/ML	testosterone cypionate im inj in oil 200 mg/ml	1	PA
TESTOST ENAN INJ 200MG/ML	testosterone enanthate im inj in oil 200 mg/ml	1	PA
TESTOSTERONE GEL 1.62%	testosterone td gel 20.25 mg/act (1.62%)	2	PA; QL; Maximum of 150 grams (2 canisters) per month.
TESTOSTERONE GEL 1%(50MG)	testosterone td gel 50 mg/5gm (1%)	2	PA; QL; Maximum of 10 grams (2 units) per day.
TILIA FE TAB	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	$0	
TRI-ESTARYLL TAB	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0	
TRI-LEGEST TAB FE	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	$0	
TRI-LINYAH TAB	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0	
TRI-LO TAB ESTARYLL	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0	

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TRI-LO- TAB MARZIA	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0	
TRI-LO- TAB SPRINTEC	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0	
TRI-LO-MILI TAB	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0	
TRI-MILI TAB	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0	
TRI-SPRINTEC TAB	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0	
TRI-VYLIBRA TAB	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0	
TRI-VYLIBRA TAB LO	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0	
TRIVORA-28 TAB	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0	
TURQOZ TAB	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	$0	
TWIRLA DIS 120-30	levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr	$0	
TYBLUME CHW 0.1-0.02	levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	$0	
TYDEMY TAB	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	$0	
VALTYA 1/35 TAB	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0	
VALTYA 1/50 TAB	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0	
VELIVET PAK	desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	$0	
VESTURA TAB 3-0.02MG	drospirenone-ethinyl estradiol tab 3-0.02 mg	$0	
VIENVA TAB 0.1-20	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0	
VIORELE TAB	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0	
VOLNEA TAB	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0	
VYFEMLA TAB 0.4-35	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	$0	
VYLIBRA TAB 0.25-35	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0	
WERA TAB 0.5/35	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	$0	
WYMZYA FE CHW 0.4MG-35	norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0	
XARAH FE TAB	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	$0	
XELRIA FE CHW 0.4MG-35	norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0	
XULANE DIS 150-35	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	$0	
YUVAFEM TAB 10MCG	estradiol vaginal tab 10 mcg	2	QL; Maxiumum of 18 tablets per 28 days.
ZAFEMY DIS 150/35	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	$0	
ZOVIA 1/35 TAB	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0	
ZUMANDIMINE TAB 3-0.03MG	drospirenone-ethinyl estradiol tab 3-0.03 mg	$0	

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Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
ARMOUR THYRO TAB 120MG	thyroid tab 120 mg (2 grain)	3	
ARMOUR THYRO TAB 15MG	thyroid tab 15 mg (1/4 grain)	3	
ARMOUR THYRO TAB 180MG	thyroid tab 180 mg (3 grain)	3	
ARMOUR THYRO TAB 240MG	thyroid tab 240 mg (4 grain)	3	
ARMOUR THYRO TAB 300MG	thyroid tab 300 mg (5 grain)	3	
ARMOUR THYRO TAB 30MG	thyroid tab 30 mg (1/2 grain)	3	
ARMOUR THYRO TAB 60MG	thyroid tab 60 mg (1 grain)	3	
ARMOUR THYRO TAB 90MG	thyroid tab 90 mg (1 1/2 grain)	3	
EUTHYROX TAB 100MCG	levothyroxine sodium tab 100 mcg	1	
EUTHYROX TAB 112MCG	levothyroxine sodium tab 112 mcg	1	
EUTHYROX TAB 125MCG	levothyroxine sodium tab 125 mcg	1	
EUTHYROX TAB 137MCG	levothyroxine sodium tab 137 mcg	1	
EUTHYROX TAB 150MCG	levothyroxine sodium tab 150 mcg	1	
EUTHYROX TAB 175MCG	levothyroxine sodium tab 175 mcg	1	
EUTHYROX TAB 200MCG	levothyroxine sodium tab 200 mcg	1	
EUTHYROX TAB 25MCG	levothyroxine sodium tab 25 mcg	1	
EUTHYROX TAB 50MCG	levothyroxine sodium tab 50 mcg	1	
EUTHYROX TAB 75MCG	levothyroxine sodium tab 75 mcg	1	
EUTHYROX TAB 88MCG	levothyroxine sodium tab 88 mcg	1	
LEVO-T TAB 100MCG	levothyroxine sodium tab 100 mcg	1	
LEVO-T TAB 112MCG	levothyroxine sodium tab 112 mcg	1	
LEVO-T TAB 125MCG	levothyroxine sodium tab 125 mcg	1	
LEVO-T TAB 137MCG	levothyroxine sodium tab 137 mcg	1	
LEVO-T TAB 150MCG	levothyroxine sodium tab 150 mcg	1	
LEVO-T TAB 175MCG	levothyroxine sodium tab 175 mcg	1	
LEVO-T TAB 200MCG	levothyroxine sodium tab 200 mcg	1	
LEVO-T TAB 25MCG	levothyroxine sodium tab 25 mcg	1	
LEVO-T TAB 300 MCG	levothyroxine sodium tab 300 mcg	1	
LEVO-T TAB 50MCG	levothyroxine sodium tab 50 mcg	1	
LEVO-T TAB 75MCG	levothyroxine sodium tab 75 mcg	1	
LEVO-T TAB 88MCG	levothyroxine sodium tab 88 mcg	1	
LEVOTHYROXIN TAB 100MCG	levothyroxine sodium tab 100 mcg	1	
LEVOTHYROXIN TAB 112MCG	levothyroxine sodium tab 112 mcg	1	
LEVOTHYROXIN TAB 125MCG	levothyroxine sodium tab 125 mcg	1	
LEVOTHYROXIN TAB 137MCG	levothyroxine sodium tab 137 mcg	1	
LEVOTHYROXIN TAB 150MCG	levothyroxine sodium tab 150 mcg	1	
LEVOTHYROXIN TAB 175MCG	levothyroxine sodium tab 175 mcg	1	
LEVOTHYROXIN TAB 200MCG	levothyroxine sodium tab 200 mcg	1	
LEVOTHYROXIN TAB 25MCG	levothyroxine sodium tab 25 mcg	1	
LEVOTHYROXIN TAB 300MCG	levothyroxine sodium tab 300 mcg	1	
LEVOTHYROXIN TAB 50MCG	levothyroxine sodium tab 50 mcg	1	
LEVOTHYROXIN TAB 75MCG	levothyroxine sodium tab 75 mcg	1	
LEVOTHYROXIN TAB 88MCG	levothyroxine sodium tab 88 mcg	1	
LEVOXYL TAB 100MCG	levothyroxine sodium tab 100 mcg	1	
LEVOXYL TAB 112MCG	levothyroxine sodium tab 112 mcg	1	
LEVOXYL TAB 125MCG	levothyroxine sodium tab 125 mcg	1	
LEVOXYL TAB 137MCG	levothyroxine sodium tab 137 mcg	1	
LEVOXYL TAB 150MCG	levothyroxine sodium tab 150 mcg	1	
LEVOXYL TAB 175MCG	levothyroxine sodium tab 175 mcg	1	
LEVOXYL TAB 200MCG	levothyroxine sodium tab 200 mcg	1	
LEVOXYL TAB 25MCG	levothyroxine sodium tab 25 mcg	1	

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Brand name	Generic name	Tier	Notes
LEVOXYL TAB 50MCG	levothyroxine sodium tab 50 mcg	1	
LEVOXYL TAB 75MCG	levothyroxine sodium tab 75 mcg	1	
LEVOXYL TAB 88MCG	levothyroxine sodium tab 88 mcg	1	
LIOMNY TAB 25MCG	liothyronine sodium tab 25 mcg	1	
LIOMNY TAB 50MCG	liothyronine sodium tab 50 mcg	1	
LIOMNY TAB 5MCG	liothyronine sodium tab 5 mcg	1	
LIOTHYRONINE TAB 25MCG	liothyronine sodium tab 25 mcg	1	
LIOTHYRONINE TAB 50MCG	liothyronine sodium tab 50 mcg	1	
LIOTHYRONINE TAB 5MCG	liothyronine sodium tab 5 mcg	1	
NIVA THYROID TAB 120MG	thyroid tab 120 mg (2 grain)	3	
NIVA THYROID TAB 15MG	thyroid tab 15 mg (1/4 grain)	3	
NIVA THYROID TAB 30MG	thyroid tab 30 mg (1/2 grain)	3	
NIVA THYROID TAB 60MG	thyroid tab 60 mg (1 grain)	3	
NIVA THYROID TAB 90MG	thyroid tab 90 mg (1 1/2 grain)	3	
NP THYROID TAB 120MG	thyroid tab 120 mg (2 grain)	3	
NP THYROID TAB 15MG	thyroid tab 15 mg (1/4 grain)	3	
NP THYROID TAB 30MG	thyroid tab 30 mg (1/2 grain)	3	
NP THYROID TAB 60MG	thyroid tab 60 mg (1 grain)	3	
NP THYROID TAB 90MG	thyroid tab 90 mg (1 1/2 grain)	3	
SYNTHROID TAB 100MCG	levothyroxine sodium tab 100 mcg	2	
SYNTHROID TAB 112MCG	levothyroxine sodium tab 112 mcg	2	
SYNTHROID TAB 125MCG	levothyroxine sodium tab 125 mcg	2	
SYNTHROID TAB 137MCG	levothyroxine sodium tab 137 mcg	2	
SYNTHROID TAB 150MCG	levothyroxine sodium tab 150 mcg	2	
SYNTHROID TAB 175MCG	levothyroxine sodium tab 175 mcg	2	
SYNTHROID TAB 200MCG	levothyroxine sodium tab 200 mcg	2	
SYNTHROID TAB 25MCG	levothyroxine sodium tab 25 mcg	2	
SYNTHROID TAB 300MCG	levothyroxine sodium tab 300 mcg	2	
SYNTHROID TAB 50MCG	levothyroxine sodium tab 50 mcg	2	
SYNTHROID TAB 75MCG	levothyroxine sodium tab 75 mcg	2	
SYNTHROID TAB 88MCG	levothyroxine sodium tab 88 mcg	2	
THYQUIDITY SOL 100/5ML	levothyroxine sodium oral solution 100 mcg/5ml	3	PA
THYQUIDITY SOL 100MCG	levothyroxine sodium oral solution 100 mcg/5ml	3	PA
THYROID TAB 120MG	thyroid tab 120 mg (2 grain)	3	
THYROID TAB 15MG	thyroid tab 15 mg (1/4 grain)	3	
THYROID TAB 30MG	thyroid tab 30 mg (1/2 grain)	3	
THYROID TAB 60MG	thyroid tab 60 mg (1 grain)	3	
THYROID TAB 90MG	thyroid tab 90 mg (1 1/2 grain)	3	
TIROSINT-SOL SOL 100MCG	levothyroxine sodium oral solution 100 mcg/ml	3	PA
TIROSINT-SOL SOL 112MCG	levothyroxine sodium oral solution 112 mcg/ml	3	PA
TIROSINT-SOL SOL 125MCG	levothyroxine sodium oral solution 125 mcg/ml	3	PA
TIROSINT-SOL SOL 137MCG	levothyroxine sodium oral solution 137 mcg/ml	3	PA
TIROSINT-SOL SOL 13MCG/ML	levothyroxine sodium oral solution 13 mcg/ml	3	PA
TIROSINT-SOL SOL 150MCG	levothyroxine sodium oral solution 150 mcg/ml	3	PA
TIROSINT-SOL SOL 175MCG	levothyroxine sodium oral solution 175 mcg/ml	3	PA

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TIROSINT-SOL SOL 200MCG	levothyroxine sodium oral solution 200 mcg/ml	3	PA
TIROSINT-SOL SOL 25MCG/ML	levothyroxine sodium oral solution 25 mcg/ml	3	PA
TIROSINT-SOL SOL 37.5/ML	levothyroxine sodium oral solution 37.5 mcg/ml	3	PA
TIROSINT-SOL SOL 44MCG/ML	levothyroxine sodium oral solution 44 mcg/ml	3	PA
TIROSINT-SOL SOL 50MCG/ML	levothyroxine sodium oral solution 50 mcg/ml	3	PA
TIROSINT-SOL SOL 62.5/ML	levothyroxine sodium oral solution 62.5 mcg/ml	3	PA
TIROSINT-SOL SOL 75MCG/ML	levothyroxine sodium oral solution 75 mcg/ml	3	PA
TIROSINT-SOL SOL 88MCG/ML	levothyroxine sodium oral solution 88 mcg/ml	3	PA
UNITHROID TAB 100MCG	levothyroxine sodium tab 100 mcg	1	
UNITHROID TAB 112MCG	levothyroxine sodium tab 112 mcg	1	
UNITHROID TAB 125MCG	levothyroxine sodium tab 125 mcg	1	
UNITHROID TAB 137MCG	levothyroxine sodium tab 137 mcg	1	
UNITHROID TAB 150MCG	levothyroxine sodium tab 150 mcg	1	
UNITHROID TAB 175MCG	levothyroxine sodium tab 175 mcg	1	
UNITHROID TAB 200MCG	levothyroxine sodium tab 200 mcg	1	
UNITHROID TAB 25MCG	levothyroxine sodium tab 25 mcg	1	
UNITHROID TAB 300MCG	levothyroxine sodium tab 300 mcg	1	
UNITHROID TAB 50MCG	levothyroxine sodium tab 50 mcg	1	
UNITHROID TAB 75MCG	levothyroxine sodium tab 75 mcg	1	
UNITHROID TAB 88MCG	levothyroxine sodium tab 88 mcg	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)			
CABERGOLINE TAB 0.5MG	cabergoline tab 0.5 mg	1	
ELIGARD INJ 22.5MG	leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	3	PA; SP
ELIGARD INJ 30MG	leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	3	PA; SP
ELIGARD INJ 45MG	leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	3	PA; SP
ELIGARD INJ 7.5MG	leuprolide acetate for subcutaneous inj kit 7.5 mg	3	PA; SP
GANIRELIX AC INJ 250/0.5	ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	3	PA; SP
LEUPROLIDE INJ 14 DAY	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	3	PA; SP
LEUPROLIDE INJ 1MG/0.2	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	3	PA; SP
LEUPROLIDE KIT 14 DAY	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	3	PA; SP
LEUPROLIDE KIT 1MG/0.2	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	3	PA; SP
MENOPUR INJ 75UNIT	menotropins for subcutaneous inj 75 unit	3	PA; SP
MIFEPREX TAB 200MG	mifepristone tab 200 mg	2	
MIFEPRISTONE TAB 200MG	mifepristone tab 200 mg	1	
OCTREOTIDE INJ 1000MCG	octreotide acetate inj 1000 mcg/ml (1 mg/ml)	3	PA; SP
OCTREOTIDE INJ 100MCG	octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	3	PA; SP
OCTREOTIDE INJ 100MCG	octreotide acetate subcutaneous soln pref syr 100 mcg/ml	3	PA; SP
OCTREOTIDE INJ 200MCG	octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	3	PA; SP
OCTREOTIDE INJ 500MCG	octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	3	PA; SP
OCTREOTIDE INJ 500MCG	octreotide acetate subcutaneous soln pref syr 500 mcg/ml	3	PA; SP

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OCTREOTIDE INJ 50MCG/ML	octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	3	PA; SP
OCTREOTIDE INJ 50MCG/ML	octreotide acetate subcutaneous soln pref syr 50 mcg/ml	3	PA; SP
ORILISSA TAB 150MG	elagolix sodium tab 150 mg (base equiv)	3	PA; QL; Maximum of 1 tablet per day.
ORILISSA TAB 200MG	elagolix sodium tab 200 mg (base equiv)	3	PA; QL; Maximum of 2 tablets per day.
SIGNIFOR INJ 0.3MG/ML	pasireotide diaspartate inj 0.3 mg/ml (base equiv)	3	PA; QL; SP;Maximum of 2 ml per day.
SIGNIFOR INJ 0.6MG/ML	pasireotide diaspartate inj 0.6 mg/ml (base equiv)	3	PA; QL; SP;Maximum of 2 ml per day.
SIGNIFOR INJ 0.9MG/ML	pasireotide diaspartate inj 0.9 mg/ml (base equiv)	3	PA; QL; SP;Maximum of 2 ml per day.
SOMAVERT INJ 10MG	pegvisomant for inj 10 mg (as protein)	3	PA; QL; SP;Maximum of 1 vial per day.
SOMAVERT INJ 15MG	pegvisomant for inj 15 mg (as protein)	3	PA; QL; SP;Maximum of 1 vial per day.
SOMAVERT INJ 20MG	pegvisomant for inj 20 mg (as protein)	3	PA; QL; SP;Maximum of 1 vial per day.
SOMAVERT INJ 25MG	pegvisomant for inj 25 mg (as protein)	3	PA; QL; SP;Maximum of 1 vial per day.
SOMAVERT INJ 30MG	pegvisomant for inj 30 mg (as protein)	3	PA; QL; SP;Maximum of 1 vial per day.
SYNAREL SOL 2MG/ML	nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	2	
Hormonal Agents, Suppressant (Thyroid)			
METHIMAZOLE TAB 10MG	methimazole tab 10 mg	1	
METHIMAZOLE TAB 5MG	methimazole tab 5 mg	1	
PROPYLTHIOUR TAB 50MG	propylthiouracil tab 50 mg	1	
Immunological Agents			
ABRYSVO INJ	rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	$0	QL; 1 vaccination dose (1 injection) per day.
ABRYSVO INJ 120MCG	rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	$0	QL; 1 vaccination dose (1 injection) per day.
ACTEMRA INJ 162/0.9	tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	3	PA; QL; SP;Maximum of 3.6 ml per 28 days.
ACTEMRA INJ ACTPEN	tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	3	PA; QL; SP;Maximum of 3.6 ml per 28 days.
ACTHIB INJ	haemophilus b polysaccharide conjugate vaccine for inj	$0	QL; 1 vaccination dose (1 injection) per day.
ACTIMMUNE INJ 2MU/0.5	interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	3	PA; QL; SP;Maximum of 13 ml per 30 days.
ADACEL INJ	tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
ADACEL INJ	tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
ADALIMU-ADAZ INJ 10/0.1ML	adalimumab-adaz soln prefilled syringe 10 mg/0.1ml	3	PA; QL; SP;Maximum of 2 syringes (0.2 ml) per 28 days.
ADALIMU-ADAZ INJ 20/0.2ML	adalimumab-adaz soln prefilled syringe 20 mg/0.2ml	3	PA; QL; SP;Maximum of 2 syringes (0.4 ml) per 28 days.
ADALIMU-ADAZ INJ 40/0.4ML	adalimumab-adaz soln auto-injector 40 mg/0.4ml	3	PA; QL; SP;Maximum of 2 pens (0.8 ml) per 28 days.
ADALIMU-ADAZ INJ 40/0.4ML	adalimumab-adaz soln prefilled syringe 40 mg/0.4ml	3	PA; QL; SP;Maximum of 2 syringes (0.8 ml) per 28 days.
ADALIMU-ADAZ INJ 80/0.8ML	adalimumab-adaz soln auto-injector 80 mg/0.8ml	3	PA; QL; SP;Maximum of 2 pens (1.6 ml) per 28 days.

Brand name	Generic name	Tier	Notes
ADALIMU-ADBM KIT 10/0.2ML	adalimumab-adbm prefilled syringe kit 10 mg/0.2ml	3	PA; QL; SP;Maximum of 2 syringes per 28 days.
ADALIMU-ADBM KIT 20/0.4ML	adalimumab-adbm prefilled syringe kit 20 mg/0.4ml	3	PA; QL; SP;Maximum of 2 syringes per 28 days.
ADALIMU-ADBM KIT 40/0.4ML	adalimumab-adbm auto-injector kit 40 mg/0.4ml	3	PA; SP
ADALIMU-ADBM KIT 40/0.4ML	adalimumab-adbm auto-injector kit 40 mg/0.4ml	3	PA; QL; SP;Maximum of 1 kit (2 pens) per 28 days.
ADALIMU-ADBM KIT 40/0.4ML	adalimumab-adbm prefilled syringe kit 40 mg/0.4ml	3	PA; QL; SP;Maximum of 1 kit (2 syringes) per 28 days.
ADALIMU-ADBM KIT 40/0.8ML	adalimumab-adbm auto-injector kit 40 mg/0.8ml	3	PA; QL; SP;Maximum of 2 pens per 28 days.
ADALIMU-ADBM KIT 40/0.8ML	adalimumab-adbm auto-injector kit 40 mg/0.8ml	3	PA; SP
ADALIMU-ADBM KIT 40/0.8ML	adalimumab-adbm prefilled syringe kit 40 mg/0.8ml	3	PA; QL; SP;Maximum of 2 syringes per 28 days.
AFLURIA INJ 2025-26	influenza virus vaccine split im susp	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for mem-bers 6 months of age or older.
AFLURIA INJ 2025-26	influenza virus vaccine split pf susp pref syringe 0.5 ml	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for mem-bers 6 months of age or older.
AMJEVITA INJ 20/0.2ML	adalimumab-atto soln prefilled syringe 20 mg/0.2ml	3	PA; QL; SP;Maximum of 2 syringes per 28 days.
AMJEVITA INJ 40/0.4ML	adalimumab-atto soln auto-injector 40 mg/0.4ml	3	PA; QL; SP;Maximum of 2 pens per 28 days.
AMJEVITA INJ 40/0.4ML	adalimumab-atto soln prefilled syringe 40 mg/0.4ml	3	PA; QL; SP;Maximum of 2 syringes per 28 days.
AMJEVITA INJ 80/0.8ML	adalimumab-atto soln auto-injector 80 mg/0.8ml	3	PA; QL; SP;Maximum of 2 pens per 28 days.
AREXVY INJ 120MCG	rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	$0	QL; 1 vaccination dose (1 injection) per day.$0 Copay for members 50 years of age or older.
AURANOFIN CAP 3MG	auranofin cap 3 mg	3	SP
AZATHIOPRINE TAB 50MG	azathioprine tab 50 mg	1	
BEXSERO INJ	meningococcal vac b (recomb omv adjuv) inj prefilled syringe	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 Copay for members 10 years of age or older.
BEYFORTUS INJ 100MG/ML	nirsevimab-alip im soln prefilled syringe 100 mg/ml	$0	QL; 1 vaccination dose (2 ml) per day.$0 copay for members 19 months of age or younger.
BEYFORTUS INJ 50/0.5ML	nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members 19 months of age or younger.
BOOSTRIX INJ	tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
BOOSTRIX INJ	tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
CAPVAXIVE INJ 0.5ML	pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members 19 years of age or older.
CIMZIA INJ 200MG/ML	certolizumab pegol prefilled syringe kit 200 mg/ml	3	PA; QL; SP;Maximum of 1 kit per 28 days.
CIMZIA KIT 200MG	certolizumab pegol for inj kit 2 x 200 mg	3	PA; QL; SP;Maximum of 1 kit per 28 days.

Brand name	Generic name	Tier	Notes
CIMZIA PREFL KIT 200MG/ML	certolizumab pegol prefilled syringe kit 200 mg/ml	3	PA; QL; SP;Maximum of 1 kit per 28 days.
CIMZIA START KIT 200MG/ML	certolizumab pegol prefilled syringe kit 200 mg/ml	3	PA; SP
COMIRNATY INJ 30/.3ML	covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml	$0	QL; 1 vaccination dose (0.3 ml) per day. $0 copay for members 12 years of age or older.
COMIRNATY 5- INJ 11/25-26	covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml	$0	QL; 1 vaccination dose (0.3 ml) per day. $0 copay for members between ages of 5 to 11 years.
CYCLOSPORINE CAP 100MG	cyclosporine cap 100 mg	3	
CYCLOSPORINE CAP 100MG MD	cyclosporine modified cap 100 mg	1	
CYCLOSPORINE CAP 25MG	cyclosporine cap 25 mg	3	
CYCLOSPORINE CAP 25MG MOD	cyclosporine modified cap 25 mg	1	
CYCLOSPORINE CAP 50MG MOD	cyclosporine modified cap 50 mg	1	
CYCLOSPORINE SOL MODIFIED	cyclosporine modified oral soln 100 mg/ml	2	
DAPTACEL INJ	diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
DENGVAXIA SUS	dengue virus vaccine live tetravalent for subcutaneous susp	$0	QL; 1 vaccination dose (1 injection) per day.$0 copay for members between ages of 9 to 16 years.
DUPIXENT INJ 200/1.14	dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	3	PA; QL; SP;Maximum of 4 syringes (4.56 ml) per 28 days.
DUPIXENT INJ 200MG	dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	3	PA; QL; SP;Maximum of 4 pens (4.56 ml) per 28 days.
DUPIXENT INJ 300/2ML	dupilumab subcutaneous soln auto-injector 300 mg/2ml	3	PA; QL; SP;Maximum of 4 pens (8 ml) per 28 days.
DUPIXENT INJ 300/2ML	dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	3	PA; QL; SP;Maximum of 4 syringes (8 ml) per 28 days.
ENFLONSIA INJ 105MG	clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml	$0	QL; 1 vaccination dose (0.7 ml) per day. $0 copay for members between ages of 0 to 7 months.
ENGERIX-B INJ 10/0.5ML	hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
ENGERIX-B INJ 20MCG/ML	hepatitis b vaccine (recombinant) susp 20 mcg/ml	$0	QL; 1 vaccination dose (2 ml) per day.
ENGERIX-B INJ 20MCG/ML	hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml	$0	QL; 1 vaccination dose (2 ml) per day.
FLUAD INJ 2025-26	influenza vac type a&b surface ant adj susp pref syr 0.5 ml	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members 18 years of age or older.
FLUARIX INJ 2025-26	influenza virus vaccine split pf susp pref syringe 0.5 ml	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members 6 months of age or older.
FLUBLOK INJ 2025-26	influenza virus vacc recombinant ha pf soln pref syr 0.5 ml	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members 9 years of age or older.
FLUCELVAX INJ 2025-26	influenza virus vac tiss-cult subunit im susp	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members 6 months of age or older.
FLUCELVAX INJ 2025-26	influenza virus vac tiss-cult subunit susp pref syr 0.5 ml	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members 6 months of age or older.
FLULAVAL INJ 2025-26	influenza virus vaccine split pf susp pref syringe 0.5 ml	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members 6 months of age or older.

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FLUMIST NASA LIQ 2025-26	influenza virus vaccine live intranasal liquid	$0	QL; 1 vaccination dose (0.2 ml) per day.$0 copay for members between ages of 2 to 49 years.
FLUZONE INJ 2025-26	influenza virus vaccine split im susp	$0	QL; 1 vaccination dose (0.5 ml) per day; $0 copay for members 6 months of age or older.
FLUZONE INJ 2025-26	influenza virus vaccine split pf susp pref syringe 0.5 ml	$0	QL; 1 vaccination dose (0.5 ml) per day; $0 copay for members 6 months of age or older.
FLUZONE HD INJ 2025-26	influenza virus vac split high-dose pf susp pref syr 0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day; $0 copay for members 18 years of age or older.
GARDASIL 9 INJ	human papillomavirus (hpv) 9-valent recomb vac im susp	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members between ages of 9 to 45 years.
GARDASIL 9 INJ	human papillomavirus (hpv) 9-valent recomb vac susp pref syr	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members between ages of 9 to 45 years.
GENGRAF CAP 100MG	cyclosporine modified cap 100 mg	1	
GENGRAF CAP 25MG	cyclosporine modified cap 25 mg	1	
GENGRAF SOL 100MG/ML	cyclosporine modified oral soln 100 mg/ml	2	
GRASTEK SUB 2800BAU	timothy grass pollen allergen ext sl tab 2800 bau	3	PA; QL; Maximum of 1 tablet per day.
HADLIMA INJ 40/0.4ML	adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	3	PA; QL; SP;Maximum of 6 syringes (2.4 ml) per 28 days.
HADLIMA INJ 40/0.8ML	adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	3	PA; QL; SP;Maximum of 2 syringes (1.6 ml) per 28 days.
HADLIMA PUSH INJ 40/0.4ML	adalimumab-bwwd soln auto-injector 40 mg/0.4ml	3	PA; QL; SP;Maximum of 6 pens (2.4 ml) per 28 days.
HADLIMA PUSH INJ 40/0.8ML	adalimumab-bwwd soln auto-injector 40 mg/0.8ml	3	PA; QL; SP;Maximum of 2 pens (1.6 ml) per 28 days.
HAEGARDA INJ 2000UNIT	c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	3	PA; QL; SP;Maximum of 24 vials per 28 days.
HAEGARDA INJ 3000UNIT	c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	3	PA; QL; SP;Maximum of 16 vials per 28 days.
HAVRIX INJ 1440UNIT	hepatitis a vaccine susp prefilled syr 1440 el unit/ml	$0	QL;Maximum of 2 vaccines per lifetime.
HAVRIX INJ 720UNIT	hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml	$0	QL; Maximum of 2 vaccines per lifetime.
HEPLISAV-B INJ 20/0.5ML	hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day; $0 copay for members 18 years of age or older.
HIBERIX SOL 10MCG	haemophilus b polysaccharide conjugate vac for inj 10 mcg	$0	QL; 1 vaccination dose (1 injection) per day.
ICATIBANT INJ 30MG/3ML	icatibant acetate subcutaneous soln pref syr 30 mg/3ml	2	PA; QL; SP;Maximum of 3 syringes (9 ml) per day.
INFANRIX INJ	diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
IPOL INJ INACTIVE	poliovirus vaccine, ipv inj susp	$0	QL; 1 vaccination dose (0.5 ml) per day.
JYNNEOS INJ	smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	$0	QL; 1 vaccination dose (0.5ml) per day. $0 copay for members 18 years of age or older.
KINRIX INJ	diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	$0	QL; 1 vaccination dose (0.5 ml) per day.

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Brand name	Generic name	Tier	Notes
LEFLUNOMIDE TAB 10MG	leflunomide tab 10 mg	1	
LEFLUNOMIDE TAB 20MG	leflunomide tab 20 mg	1	
M-M-R II INJ	measles-mumps-rubella virus vaccines for inj soln	$0	QL; 1 vaccination dose (1 injection) per day.
MENQUADFI INJ	meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	$0	QL; 1 vaccination dose (0.5 ml) per day. $0 Copay for members 2 months of age or older.
MENVEO INJ	meningococcal (a, c, y, and w-135) oligo conj vac for inj	$0	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 2 months of age or older.
MENVEO SOL	meningococcal (a, c, y, and w-135) oligo conj vac im soln	$0	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 2 months of age or older.
METHOTREXATE INJ 1GM	methotrexate sodium for inj 1 gm	1	
METHOTREXATE INJ 1GM/40ML	methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
METHOTREXATE INJ 250/10ML	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
METHOTREXATE INJ 25MG/ML	methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
METHOTREXATE INJ 25MG/ML	methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
METHOTREXATE INJ 25MG/ML	methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
METHOTREXATE INJ 50MG/2ML	methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
METHOTREXATE INJ 50MG/2ML	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
METHOTREXATE TAB 2.5MG	methotrexate sodium tab 2.5 mg (base equiv)	1	
MNEXSPIKE INJ 2025-26	covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml	$0	QL; 1 vaccination dose (0.2 ml) per day. $0 copay for members 12 years of age or older.
MRESVIA INJ 50MCG	rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 Copay for members 50 years of age or older.
MYCOPHENOLAT CAP 250MG	mycophenolate mofetil cap 250 mg	1	
MYCOPHENOLAT SUS 200MG/ML	mycophenolate mofetil for oral susp 200 mg/ml	3	
MYCOPHENOLAT TAB 500MG	mycophenolate mofetil tab 500 mg	1	
MYCOPHENOLIC TAB 180MG DR	mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	3	
MYCOPHENOLIC TAB 360MG DR	mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	3	
NUVAXOVID INJ 2025-26	covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 12 years of age or older.
OLUMIANT TAB 1MG	baricitinib tab 1 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
OLUMIANT TAB 2MG	baricitinib tab 2 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
OLUMIANT TAB 4MG	baricitinib tab 4 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
OTEZLA TAB 10/20	apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	3	PA; QL; SP;Maximum of 55 tablets per year.
OTEZLA TAB 10/20/30	apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	3	PA; QL; SP;Maximum of 55 tablets per year.

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PEDIARIX INJ 0.5ML	diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members 6 years of age or younger.
PEDVAX HIB INJ	haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
PEGASYS INJ	peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	3	PA; QL; SP;Maximum of 2 ml per 28 days.
PEGASYS INJ 180MCG/M	peginterferon alfa-2a inj 180 mcg/ml	3	PA; QL; SP;Maximum of 4 ml per 28 days.
PENBRAYA INJ	meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	$0	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 10 years of age or older.
PENMENVY INJ	meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	$0	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 10 years of age or older.
PENTACEL INJ	diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	$0	QL; 1 vaccination dose (1 injection) per day.$0 copay for members 4 years of age or younger.
PNEUMOVAX 23 INJ 25/0.5	pneumococcal vaccine polyvalent inj soln 25 mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
PNEUMOVAX 23 INJ 25/0.5	pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
PREHEVBRIO SUS 10MCG/ML	hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	$0	QL; 1 vaccination dose (1 ml) per day. $0 copay for mem-bers 18 years of age or older.
PREVNAR 13 INJ	pneumococcal 13-valent conjugate vaccine inj	$0	QL; 1 vaccination dose (0.5 ml) per day.
PREVNAR 20 INJ	pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for mem-bers 1 month of age or older.
PRIORIX INJ	measles-mumps-rubella virus vaccines for subcutaneous susp	$0	QL; 1 vaccination dose (1 injection) per day.
PROQUAD INJ	measles-mumps-rubella-varicella virus vac-cines for susp	$0	QL; 1 vaccination dose (1 injection) per day.$0 copay for members between ages of 1 to 12 years.
QUADRACEL INJ 0.5ML	diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	$0	QL; 1 vaccination dose (0.5 ml) per day.
QUADRACEL INJ 0.5ML	diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA HB INJ 10MCG/ML	hepatitis b vaccine (recombinant) susp 10 mcg/ml	$0	QL; 1 vaccination dose (1 ml) per day.
RECOMBIVA HB INJ 10MCG/ML	hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml	$0	QL; 1 vaccination dose (1 ml) per day.
RECOMBIVA HB INJ 5MCG/0.5	hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA HB INJ 5MCG/0.5	hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA-HB INJ 40MCG/ML	hepatitis b vaccine (recombinant) susp 40 mcg/ml	$0	QL; 1 vaccination dose (1 ml) per day.
RIDAURA CAP 3MG	auranofin cap 3 mg	3	SP
RINVOQ TAB 15MG ER	upadacitinib tab er 24hr 15 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
RINVOQ TAB 30MG ER	upadacitinib tab er 24hr 30 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
RINVOQ TAB 45MG ER	upadacitinib tab er 24hr 45 mg	3	PA; QL; SP;Maximum of 1 tablet per day.

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RINVOQ LQ SOL 1MG/ML	upadacitinib oral soln 1 mg/ml	3	PA; QL; SP;Maximum of 12 ml per day.
ROTARIX SUS	rotavirus vaccine, live oral susp	$0	QL; 1 vaccination dose (1.5 ml) per day.$0 copay for members 8 months of age or younger.
ROTATEQ SOL	rotavirus vaccine, live oral pentavalent soln	$0	QL; 1 vaccination dose (2 ml) per day.$0 copay for members 8 months of age or younger.
SANDIMMUNE SOL 100MG/ML	cyclosporine oral soln 100 mg/ml	3	
SHINGRIX INJ 50/0.5ML	zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	$0	QL; 1 vaccination dose (1 injection) per day.$0 Copay for members 19 years of age or older.
SHINGRIX INJ 50/0.5ML	zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 mL) per day.$0 Copay for members 19 years of age or older.
SIMPONI INJ 100MG/ML	golimumab subcutaneous soln auto-injector 100 mg/ml	3	PA; QL; SP;Maximum of 1 ml per 28 days.
SIMPONI INJ 100MG/ML	golimumab subcutaneous soln prefilled syringe 100 mg/ml	3	PA; QL; SP;Maximum of 1 ml per 28 days.
SIMPONI INJ 50/0.5ML	golimumab subcutaneous soln auto-injector 50 mg/0.5ml	3	PA; QL; SP;Maximum of 0.5 ml per 28 days.
SIMPONI INJ 50/0.5ML	golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	3	PA; QL; SP;Maximum of 0.5 ml per 28 days.
SIROLIMUS SOL 1MG/ML	sirolimus oral soln 1 mg/ml	3	
SIROLIMUS TAB 0.5MG	sirolimus tab 0.5 mg	3	
SIROLIMUS TAB 1MG	sirolimus tab 1 mg	3	
SIROLIMUS TAB 2MG	sirolimus tab 2 mg	3	
SKYRIZI INJ 150MG/ML	risankizumab-rzaa soln prefilled syringe 150 mg/ml	3	PA; QL; SP;Maximum 1mL (1 prefilled syringe) per 84 days.
SKYRIZI INJ 180/1.2	risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	3	PA; QL; SP;Maximum of 1.2 mL (1 cartridge) per 56 days.
SKYRIZI INJ 360/2.4	risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	3	PA; QL; SP;Maximum of 2.4 mL (1 cartridge) per 56 days.
SKYRIZI PEN INJ 150MG/ML	risankizumab-rzaa soln auto-injector 150 mg/ml	3	PA; QL; SP;Maximum 1mL (1 auto-injector) per 84 days.
SPIKEVAX INJ 2025-26	covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml	$0	QL; 1 vaccination dose (0.25 ml) per day. $0 copay for members between ages of 6 months to 11 years.
SPIKEVAX INJ 2025-26	covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 12 years of age or older.
STEQEYMA INJ 45/0.5ML	ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	3	PA; QL; SP;Maximum of 1 ml per 84 days.
STEQEYMA INJ 90MG/ML	ustekinumab-stba soln prefilled syringe 90 mg/ml	3	PA; QL; SP;Maximum of 2 ml per 84 days.
TACROLIMUS CAP 0.5MG	tacrolimus cap 0.5 mg	1	
TACROLIMUS CAP 1MG	tacrolimus cap 1 mg	1	
TACROLIMUS CAP 5MG	tacrolimus cap 5 mg	1	
TALTZ INJ 20/0.25	ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml	3	PA; QL; SP;Maximum of 0.25 ml per 28 days.
TALTZ INJ 40/0.5ML	ixekizumab subcutaneous soln prefilled syringe 40 mg/0.5ml	3	PA; QL; SP;Maximum of 0.5 ml per 28 days.
TALTZ INJ 80MG/ML	ixekizumab subcutaneous soln auto-injector 80 mg/ml	3	PA; QL; SP;Maximum of 1 ml per 28 days.

Brand name	Generic name	Tier	Notes
TALTZ INJ 80MG/ML	ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	3	PA; QL; SP;Maximum of 1 ml per 28 days.
TDVAX INJ 2-2 LF	tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
TENIVAC INJ 5-2LF	tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml	$0	QL; 1 vaccination dose (0.5 ml) per day.
TRUMENBA INJ	meningococcal group b vac (recomb) im susp prefilled syr	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 Copay for members 10 years of age or older.
TWINRIX INJ	hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	$0	QL; 1 vaccination dose (1 ml) per day.
TYENNE INJ 162/0.9	tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	3	PA; QL; SP;Maximum of 3.6 ml per 28 days.
TYENNE INJ 162MG	tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	3	PA; QL; SP;Maximum of 3.6 ml per 28 days.
VAQTA INJ 25/0.5ML	hepatitis a vaccine inj susp 25 unit/0.5ml	$0	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 25/0.5ML	hepatitis a vaccine susp prefilled syr 25 unit/0.5ml	$0	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 50UNT/ML	hepatitis a vaccine inj susp 50 unit/ml	$0	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 50UNT/ML	hepatitis a vaccine susp prefilled syr 50 unit/ml	$0	QL; Maximum of 2 vaccines per lifetime.
VARIVAX INJ	varicella virus vac live for inj 1350 pfu/0.5ml	$0	QL; 1 vaccination dose (1 injection) per day.
VAXELIS INJ	diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members 4 years of age or younger.
VAXELIS INJ	diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members 4 years of age or younger.
VAXNEUVANCE INJ	pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	$0	QL; 1 vaccination dose (0.5 ml) per day.$0 copay for members 1 month of age or older.
WEZLANA INJ 45/0.5ML	ustekinumab-auub inj 45 mg/0.5ml	3	PA; QL; SP;Maximum of 1 ml per 84 days.
WEZLANA INJ 45/0.5ML	ustekinumab-auub soln prefilled syringe 45 mg/0.5ml	3	PA; QL; SP;Maximum of 1 ml per 84 days.
WEZLANA INJ 90MG/ML	ustekinumab-auub soln prefilled syringe 90 mg/ml	3	PA; QL; SP;Maximum of 2 ml per 84 days.
XELJANZ SOL 1MG/ML	tofacitinib citrate oral soln 1 mg/ml (base equivalent)	3	PA; QL; SP;Maximum of 10 ml per day.
XELJANZ TAB 10MG	tofacitinib citrate tab 10 mg (base equivalent)	3	PA; QL; SP;Maximum of 2 tablets per day.
XELJANZ TAB 5MG	tofacitinib citrate tab 5 mg (base equivalent)	3	PA; QL; SP;Maximum of 2 tablets per day.
XELJANZ XR TAB 11MG	tofacitinib citrate tab er 24hr 11 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 tablet per day.
XELJANZ XR TAB 22MG	tofacitinib citrate tab er 24hr 22 mg (base equivalent)	3	PA; QL; SP;Maximum of 1 tablet per day.
XOLAIR INJ 150MG/ML	omalizumab subcutaneous soln auto-injector 150 mg/ml	3	PA; QL; SP;Maximum of 4ml (4 pens) per 28 days.
XOLAIR INJ 150MG/ML	omalizumab subcutaneous soln prefilled syringe 150 mg/ml	3	PA; QL; SP;Maximum of 4ml (4 syringes) per 28 days.
XOLAIR INJ 300/2ML	omalizumab subcutaneous soln auto-injector 300 mg/2ml	3	PA; QL; SP;Maximum of 4ml (4 pens) per 28 days.
XOLAIR INJ 300/2ML	omalizumab subcutaneous soln prefilled syringe 300 mg/2ml	3	PA; QL; SP;Maximum of 4ml (4 syringes) per 28 days.

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XOLAIR INJ 75/0.5	omalizumab subcutaneous soln auto-injector 75 mg/0.5ml	3	PA; QL; SP;Maximum of 1ml (2 pens) per 28 days.
XOLAIR INJ 75/0.5	omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml	3	PA; QL; SP;Maximum of 1ml (2 syringes) per 28 days.
YESINTEK INJ 45/0.5ML	ustekinumab-kfce subcutaneous soln 45 mg/0.5ml	3	PA; QL; SP;Maximum of 1 ml per 84 days.
YESINTEK INJ 45/0.5ML	ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml	3	PA; QL; SP;Maximum of 1 ml per 84 days.
YESINTEK INJ 90MG/ML	ustekinumab-kfce soln prefilled syringe 90 mg/ml	3	PA; QL; SP;Maximum of 2 ml per 84 days.
Inflammatory Bowel Disease Agents			
BALSALAZIDE CAP 750MG	balsalazide disodium cap 750 mg	2	
BUDESONIDE CAP 3MG DR	budesonide delayed release particles cap 3 mg	3	
CORTIFOAM AER 90MG	hydrocortisone acetate perianal foam 10% (90 mg/dose)	2	
DIPENTUM CAP 250MG	olsalazine sodium cap 250 mg	3	
HYDROCORT ENE 100MG	hydrocortisone enema 100 mg/60ml	2	
HYDROCORTISO CRE 2.5%	hydrocortisone perianal cream 2.5%	1	
MESALAMINE CAP 0.375GM	mesalamine cap er 24hr 0.375 gm	2	QL; Maximum of 4 capsules per day.
MESALAMINE ENE 4GM	mesalamine enema 4 gm	3	QL; Maximum of 1 bottle (60 ml) per day.
MESALAMINE KIT 4GM	mesalamine rectal enema 4 gm & cleanser wipe kit	3	QL; Maximum of 4 kits (28 bottles) per 28 days.
MESALAMINE SUP 1000MG	mesalamine suppos 1000 mg	3	QL; Maximum of 1 suppository per day.
MESALAMINE TAB 1.2GM	mesalamine tab delayed release 1.2 gm	2	QL; Maximum of 4 tablets per day.
PROCTO-MED CRE HC 2.5%	hydrocortisone perianal cream 2.5%	1	
SULFASALAZIN TAB 500MG	sulfasalazine tab 500 mg	1	
SULFASALAZIN TAB 500MG DR	sulfasalazine tab delayed release 500 mg	1	
Metabolic Bone Disease Agents			
ALENDRONATE SOL 70/75ML	alendronate sodium oral soln 70 mg/75ml	2	
ALENDRONATE TAB 10MG	alendronate sodium tab 10 mg	1	QL; Maximum of 1 tablet per day.
ALENDRONATE TAB 35MG	alendronate sodium tab 35 mg	1	QL; Maximum of 8 tablets per 28 days.
ALENDRONATE TAB 70MG	alendronate sodium tab 70 mg	1	QL; Maximum of 4 tablets per 28 days.
CALCITONIN SPR 200/ACT	calcitonin (salmon) nasal soln 200 unit/act	1	QL; Maximum of 1 bottle per 28 days.
CALCITRIOL CAP 0.25MCG	calcitriol cap 0.25 mcg	1	
CALCITRIOL CAP 0.5MCG	calcitriol cap 0.5 mcg	1	
CALCITRIOL SOL 1MCG/ML	calcitriol oral soln 1 mcg/ml	2	
CINACALCET TAB 30MG	cinacalcet hcl tab 30 mg (base equiv)	2	PA; QL; Maximum of 2 tablets per day.
CINACALCET TAB 60MG	cinacalcet hcl tab 60 mg (base equiv)	2	PA; QL; Maximum of 2 tablets per day.
CINACALCET TAB 90MG	cinacalcet hcl tab 90 mg (base equiv)	2	PA; QL; Maximum of 4 tablets per day.
DOXERCALCIF CAP 0.5MCG	doxercalciferol cap 0.5 mcg	3	
DOXERCALCIF CAP 1MCG	doxercalciferol cap 1 mcg	3	
DOXERCALCIF CAP 2.5MCG	doxercalciferol cap 2.5 mcg	3	
IBANDRONATE TAB 150MG	ibandronate sodium tab 150 mg (base equivalent)	1	QL; Maximum of 1 tablet per 28 days.

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PARICALCITOL CAP 1 MCG	paricalcitol cap 1 mcg	2	
PARICALCITOL CAP 2 MCG	paricalcitol cap 2 mcg	2	
PARICALCITOL CAP 4 MCG	paricalcitol cap 4 mcg	2	
RISEDRONATE TAB 150MG	risedronate sodium tab 150 mg	2	QL; Maximum of 1 tablet per 30 days.
RISEDRONATE TAB 30MG	risedronate sodium tab 30 mg	2	QL; Maximum of 1 tablet per day.
RISEDRONATE TAB 35MG	risedronate sodium tab 35 mg	2	QL; Maximum of 4 tablets per 28 days.
RISEDRONATE TAB 5MG	risedronate sodium tab 5 mg	2	QL; Maximum of 1 tablet per day.
TYMLOS INJ	abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	3	PA; QL; SP;Maximum of 1.56 ml per 30 days.
Miscellaneous Therapeutic Agents			
ACCU-CHEK KIT GUIDE	blood glucose monitoring kit w/ device	2	QL; Maximum of 1 device per year.
ACCU-CHEK KIT GUIDE ME	blood glucose monitoring kit w/ device	2	QL; Maximum of 1 device per year.
ACCU-CHEK TES GUIDE	glucose blood test strip	2	QL; Maximum of 100 strips per month.
ALCOHOL PREP PAD	alcohol swabs	$0	
AUTOPEN MIS 1-21UNIT	injection device for insulin	$0	
CAYA DPR	diaphragm arc-spring	$0	
CHEMSTRIP TES MICRAL	albumin (urine) test strip	$0	
CHEMSTRIP K TES	acetone (urine) test strip	$0	
COMFORT TOUC MIS 31GX4MM	insulin pen needle 31 g x 4 mm (1/6" or 5/32")	$0	
COMFORT TOUC MIS 32GX8MM	insulin pen needle 32 g x 8 mm (1/3" or 5/16")	$0	
COMFORT TOUC MIS 33GX1/4"	insulin pen needle 33 g x 6 mm (1/4" or 15/64")	$0	
COMFORT TOUC MIS 33GX3/16	insulin pen needle 33 g x 5 mm (1/5" or 3/16")	$0	
COMFORT TOUC MIS 33GX5/32	insulin pen needle 33 g x 4 mm (1/6" or 5/32")	$0	
CONDOMS MIS	condoms - male	$0	QL; Maximum of 36 condoms per month.
CONTOUR KIT NEXT	blood glucose monitoring kit w/ device	$0	QL; Maximum of 1 device per year.
CONTOUR KIT NEXT EZ	blood glucose monitoring kit w/ device	$0	QL; Maximum of 1 device per year.
CONTOUR TES NEXT	glucose blood test strip	$0	QL; Maximum of 100 strips per month.
CONTOUR NEXT KIT GEN	blood glucose monitoring kit w/ device	$0	QL; Maximum of 1 device per year.
CONTOUR NEXT KIT ONE	blood glucose monitoring kit	$0	QL; Maximum of 1 device per year.
CONTOUR NEXT KIT ONE	blood glucose monitoring kit w/ device	$0	QL; Maximum of 1 device per year.
CONTOUR PLUS KIT BLUE	blood glucose monitoring kit w/ device	$0	QL; Maximum of 1 device per year.
CONTOUR PLUS TES BLD GLUC	glucose blood test strip	$0	QL; Maximum of 100 strips per month.
COUNT-A-DOSE MIS	insulin administration supplies - misc	$0	
DEXCOM G6 MIS RECEIVER	continuous glucose system receiver	3	PA; QL; Maximum of 1 receiver per year.
DEXCOM G6 MIS SENSOR	continuous glucose system sensor	3	PA; QL; Maximum of 3 sensors per 30 days.
DEXCOM G6 MIS TRANSMIT	continuous glucose system transmitter	3	PA; QL; Maximum of 1 transmitter per 90 days.
DEXCOM G7 MIS RECEIVER	continuous glucose system receiver	3	PA; QL; Maximum of 1 receiver per year.

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DEXCOM G7 MIS SENSOR	continuous glucose system sensor	3	PA; QL; Maximum of 3 sensors per 30 days.
DEXCOM G7 MIS SNSR 15D	continuous glucose system sensor	3	PA; QL; Maximum of 2 sensors per 30 days.
DIASCREEN MIS 1G	urine glucose monitoring supplies	$0	
DIASTIX TES STRIPS	glucose urine test-(glucose oxidase) strip	$0	
DROPLET MICR MIS 34GX9/64	insulin pen needle 34 g x 3.5 mm (9/64")	$0	
DUREX MIS REALFEEL	condoms non-latex lubricated	$0	QL; Maximum of 36 condoms per month.
DUREX MIS TROPICAL	condoms latex lubricated	$0	QL; Maximum of 36 condoms per month.
EASY COMFORT MIS 29GX4MM	insulin pen needle 29 g x 4 mm (1/6" or 5/32")	$0	
EASY TOUCH MIS 30G	insulin pen needle 30 g x 6 mm (1/4" or 15/64")	$0	
ELLA TAB 30MG	ulipristal acetate tab 30 mg	$0	QL; Maximum of 1 tablet per 21 days.
ESKATA SOL 40%	hydrogen peroxide soln 40%	3	
FC2 FEMALE MIS CONDOM	condoms - female	$0	QL Maximum of 36 condoms per month.
FEMCAP MIS 22MM	cervical cap 22 mm	$0	
FEMCAP MIS 26MM	cervical cap 26 mm	$0	
FEMCAP MIS 30MM	cervical cap 30 mm	$0	
FLEXICHAMBER MIS MASK SM	spacer/aerosol-holding chamber supplies - masks	1	QL; Maximum of 2 spacers per 180 days.
FREESTYLE MIS READER	continuous glucose system receiver	3	PA; QL; Maximum of 1 receiver per year.
FREESTYLE LB KIT 14D/SEN	continuous glucose system sensor	3	PA; QL; Maximum of 2 sensors per 28 days.
FREESTYLE LB KIT 2/SENSOR	continuous glucose system sensor	3	PA; QL; Maximum of 2 sensors per 28 days.
FREESTYLE LB KIT 2PLS/SEN	continuous glucose system sensor	3	PA; QL; Maximum of 2 sensors per 28 days.
FREESTYLE LB KIT 3/SENSOR	continuous glucose system sensor	3	PA; QL; Maximum of 2 sensors per 28 days.
FREESTYLE LB KIT 3PLS/SEN	continuous glucose system sensor	3	PA; QL; Maximum of 2 sensors per 28 days.
FREESTYLE LB MIS 14D/RDR	continuous glucose system receiver	3	PA; QL; Maximum of 1 receiver per year.
FREESTYLE LB MIS 2/READER	continuous glucose system receiver	3	PA; QL; Maximum of 1 receiver per year.
FREESTYLE LB MIS 3/READER	continuous glucose system receiver	3	PA; QL; Maximum of 1 receiver per year.
GAUZE PAD 2"X2"	gauze pads & dressings - pads 2" x 2"	2	
IHEALTH LIQ CONTROL	blood glucose calibration - liquid	$0	QL; Maximum of 2 boxes per year.
INS SYR U500 MIS 0.5/31G	insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	$0	
INSPIREASE MIS DD SYST	spacer/aerosol-holding chambers - device	1	QL; Maximum of 2 spacers per 180 days.
INSPIREASE MIS RES BAG	spacer/aerosol-holding chamber supplies - bags	1	QL; Maximum of 2 spacers per 180 days.
INSULIN SRYG MIS 1ML/32G	insulin syringe/needle u-100 1 ml 32 x 5/16"	$0	
INSULIN SYRG MIS 0.3/29G	insulin syringe/needle u-100 0.3 ml 29 x 1/2"	$0	
INSULIN SYRG MIS 0.3/30G	insulin syringe/needle u-100 0.3 ml 30 x 5/16"	$0	
INSULIN SYRG MIS 0.3/30G	insulin syringe/needle u-100 0.3 ml 30 x 1/2"	$0	
INSULIN SYRG MIS 0.3/31G	insulin syringe/needle u-100 0.3 ml 31 x 15/64"	$0	
INSULIN SYRG MIS 0.3/31G	insulin syringe/needle u-100 0.3 ml 31 x 5/16"	$0	
INSULIN SYRG MIS 0.5/28G	insulin syringe/needle u-100 1/2 ml 28 x 1/2"	$0	

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Brand name	Generic name	Tier	Notes
INSULIN SYRG MIS 0.5/29G	insulin syringe/needle u-100 1/2 ml 29 x 1/2"	$0	
INSULIN SYRG MIS 0.5/30G	insulin syringe/needle u-100 1/2 ml 30 x 5/16"	$0	
INSULIN SYRG MIS 0.5/30G	insulin syringe/needle u-100 1/2 ml 30 x 1/2"	$0	
INSULIN SYRG MIS 0.5/31G	insulin syringe/needle u-100 1/2 ml 31 x 5/16"	$0	
INSULIN SYRG MIS 0.5/31G	insulin syringe/needle u-100 1/2 ml 31 x 15/64"	$0	
INSULIN SYRG MIS 0.5/32G	insulin syringe/needle u-100 0.5 ml 32 x 5/16"	$0	
INSULIN SYRG MIS 1ML/27G	insulin syringe/needle u-100 1 ml 27 x 5/8"	$0	
INSULIN SYRG MIS 1ML/28G	insulin syringe/needle u-100 1 ml 28 x 5/16"	$0	
INSULIN SYRG MIS 1ML/28G	insulin syringe/needle u-100 1 ml 28 x 1/2"	$0	
INSULIN SYRG MIS 1ML/29G	insulin syringe/needle u-100 1 ml 29 x 1/2"	$0	
INSULIN SYRG MIS 1ML/29G	insulin syringe/needle u-100 1 ml 29 x 5/16"	$0	
INSULIN SYRG MIS 1ML/30G	insulin syringe/needle u-100 1 ml 30 x 5/16"	$0	
INSULIN SYRG MIS 1ML/30G	insulin syringe/needle u-100 1 ml 30 x 1/2"	$0	
INSULIN SYRG MIS 1ML/31G	insulin syringe/needle u-100 1 ml 31 x 5/16"	$0	
INSULIN SYRG MIS 1ML/31G	insulin syringe/needle u-100 1 ml 31 x 15/64"	$0	
KATE FARMS LIQ 1.4	nutritional supplement liquid (enteral)	3	PA
KETO-DIASTIX TES	urine glucose-ketones test strips	$0	
LANCET DEVIC MIS ADJUST	lancet devices	$0	
LANCETS MIS	lancets	$0	
LEVOCARNITIN SOL 1GM/10ML	levocarnitine oral soln 1 gm/10ml (10%)	2	
LEVOCARNITIN TAB 330MG	levocarnitine tab 330 mg	1	
MASK VORTEX/ MIS FROG	spacer/aerosol-holding chamber supplies - masks	1	QL; Maximum of 2 spacers per 180 days.
MAXICOMFORT MIS 27GX1/2	insulin syringe/needle u-100 1/2 ml 27 x 1/2"	$0	
MAXICOMFORT MIS 27GX1/2"	insulin syringe/needle u-100 1 ml 27 x 1/2"	$0	
METHYLERGON TAB 0.2MG	methylergonovine maleate tab 0.2 mg	3	QL; Maximum of 28 tablets per year.
NEEDLE COLLE MIS DISPOSAL	sharps container - misc	$0	
NOVOFINE MIS 32GX6MM	insulin pen needle 32 g x 6 mm (1/4" or 15/64")	$0	
NOVOFINE AUT MIS 30GX8MM	insulin pen needle 30 g x 8 mm (1/3" or 5/16")	$0	
NOVOFINE PLS MIS 32GX4MM	insulin pen needle 32 g x 4 mm (1/6" or 5/32")	$0	
NOVOPEN ECHO MIS	injection device for insulin	$0	
OMNIFLEX DPR	diaphragms	$0	
OMNIPOD 5 DX KIT INT G7G6	insulin infusion disposable pump kit	3	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 DX MIS POD G7G6	insulin infusion disposable pump reservoir	3	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 G7 KIT INTRO	insulin infusion disposable pump kit	3	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 G7 MIS PODS	insulin infusion disposable pump reservoir	3	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 L2 KIT INTRO G6	insulin infusion disposable pump kit	3	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 L2 MIS PODS G6	insulin infusion disposable pump reservoir	3	PA; QL; Maximum of 10 pods per 30 days.
PEN NEEDLE MIS 29GX1/2"	insulin pen needle 29 g x 12.7 mm (1/2")	$0	
PEN NEEDLE MIS 29GX3/16	insulin pen needle 29 g x 5 mm (1/5" or 3/16")	$0	
PEN NEEDLE MIS 29GX5/16	insulin pen needle 29 g x 8 mm (1/3" or 5/16")	$0	
PEN NEEDLES MIS 29GX1/2"	insulin pen needle 29 g x 12 mm (1/2")	$0	
PEN NEEDLES MIS 31GX1/4"	insulin pen needle 31 g x 6 mm (1/4" or 15/64")	$0	
PEN NEEDLES MIS 31GX3/16	insulin pen needle 31 g x 5 mm (1/5" or 3/16")	$0	
PEN NEEDLES MIS 31GX5/16	insulin pen needle 31 g x 8 mm (1/3" or 5/16")	$0	
PENTIPS MIS 29GX12MM	insulin pen needle 29 g x 12 mm (1/2")	$0	
PENTIPS MIS 31GX5MM	insulin pen needle 31 g x 5 mm (1/5" or 3/16")	$0	

Brand name	Generic name	Tier	Notes
PENTIPS MIS 31GX8MM	insulin pen needle 31 g x 8 mm (1/3" or 5/16")	$0	
PENTIPS MIS 32GX4MM	insulin pen needle 32 g x 4 mm (1/6" or 5/32")	$0	
PHENEX CHW	nutritional supplement chew tab	3	PA
PRECISN XTRA TES KETONE	ketone blood test strip	$0	
PRODIGY KIT NO CODIN	blood glucose monitoring kit w/ device	3	PA; QL; Maximum of 1 device per year.
PRODIGY AUTO KIT MONITOR	blood glucose monitoring kit w/ device	3	PA; QL; Maximum of 1 device per year.
PRODIGY AUTO MIS SYSTEM	blood glucose monitoring devices	3	PA; QL; Maximum of 1 device per year.
PRODIGY NO TES CODING	glucose blood test strip	3	PA; QL; Maximum of 100 strips per month.
PRODIGY PCKT KIT METER	blood glucose monitoring kit w/ device	3	PA; QL; Maximum of 1 device per year.
PRODIGY VOIC KIT METER	blood glucose monitoring kit w/ device	3	PA; QL; Maximum of 1 device per year.
QUICK TOUCH MIS 32GX5MM	insulin pen needle 32 g x 5 mm (1/5" or 3/16")	$0	
QUICK TOUCH MIS 33GX8MM	insulin pen needle 33 g x 8 mm (1/3" or 5/16")	$0	
RA URINARY TES TRACT IN	urinary tract infection (uti) test strip	2	
RADIOGARDASE CAP 0.5GM	prussian blue insoluble cap 0.5 gm	3	
SELECT-LITE KIT DEV/LANC	lancets kit	$0	QL; Maximum of 1 device per year.
TRUE METRIX SOL LEVEL 1	blood glucose calibration - liquid - low	$0	QL; Maximum of 2 boxes per year.
TRUE METRIX SOL LEVEL 2	blood glucose calibration - liquid - normal	$0	QL; Maximum of 2 boxes per year.
TRUE METRIX SOL LEVEL 3	blood glucose calibration - liquid - high	$0	QL; Maximum of 2 boxes per year.
ULTICARE MIS 30GX3/16	insulin pen needle 30 g x 5 mm (1/5" or 3/16")	$0	
UTI HOME TES TEST	urinary tract infection (uti) test	2	
WIDE-SEAL DPR KIT 60	diaphragm wide seal 60 mm	$0	
WIDE-SEAL DPR KIT 65	diaphragm wide seal 65 mm	$0	
WIDE-SEAL DPR KIT 70	diaphragm wide seal 70 mm	$0	
WIDE-SEAL DPR KIT 75	diaphragm wide seal 75 mm	$0	
WIDE-SEAL DPR KIT 80	diaphragm wide seal 80 mm	$0	
WIDE-SEAL DPR KIT 85	diaphragm wide seal 85 mm	$0	
WIDE-SEAL DPR KIT 90	diaphragm wide seal 90 mm	$0	
WIDE-SEAL DPR KIT 95	diaphragm wide seal 95 mm	$0	
Ophthalmic Agents			
ACETAZOLAMID CAP 500MG ER	acetazolamide cap er 12hr 500 mg	2	
ACETAZOLAMID TAB 125MG	acetazolamide tab 125 mg	2	
ACETAZOLAMID TAB 250MG	acetazolamide tab 250 mg	2	
AKTEN GEL 3.5% OP	lidocaine hcl ophth gel 3.5%	3	
ALOCRIL SOL 2%	nedocromil sodium ophth soln 2%	3	
ALOMIDE SOL 0.1% OP	lodoxamide tromethamine ophth soln 0.1%	3	
ALTACAINE SOL 0.5% OP	tetracaine hcl ophth soln 0.5%	1	
ALTAFRIN SOL 10% OP	phenylephrine hcl ophth soln 10%	1	
ALTAFRIN SOL 2.5% OP	phenylephrine hcl ophth soln 2.5%	1	
APRACLONIDIN SOL 0.5% OP	apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
ATROPINE SUL SOL 1% OP	atropine sulfate ophth soln 1%	1	
AZASITE SOL 1%	azithromycin ophth soln 1%	3	
AZELASTINE DRO 0.05%	azelastine hcl ophth soln 0.05%	1	
BACIT/POLYMY OIN OP	bacitracin-polymyxin b ophth oint	1	
BACITRACIN OIN OP	bacitracin ophth oint 500 unit/gm	2	

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BEPOTASTINE DRO 1.5% OP	bepotastine besilate ophth soln 1.5%	3	QL; Maximum of 5 ml per 25 days.
BETADINE SOL 5% OP	povidone-iodine ophth soln 5%	3	
BETAXOLOL SOL 0.5% OP	betaxolol hcl ophth soln 0.5%	1	
BIMATOPROST SOL 0.01%	bimatoprost ophth soln 0.01%	2	QL; Maximum of 5 ml per 30 days.
BRIMO/TIMOLO SOL 0.2/0.5%	brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	2	QL; Maximum of 5 ml per 25 days.
BRIMONIDINE SOL 0.15% OP	brimonidine tartrate ophth soln 0.15%	1	QL; Maximum of 30 ml per 30 days.
BRIMONIDINE SOL 0.2% OP	brimonidine tartrate ophth soln 0.2%	1	QL; Maximum of 30 ml per 30 days.
BRINZOLAMIDE SUS 1%	brinzolamide ophth susp 1%	2	QL; Maximum of 10 ml per 30 days.
BRINZOLAMIDE SUS 1% OP	brinzolamide ophth susp 1%	2	QL; Maximum of 10 ml per 30 days.
BROMFENAC DRO 0.09% OP	bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	2	QL; Maximum of 1.7 ml per 17 days.
CARTEOLOL SOL 1% OP	carteolol hcl ophth soln 1%	1	
CIPROFLOXACN SOL 0.3% OP	ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
CROMOLYN SOD SOL 4% OP	cromolyn sodium ophth soln 4%	1	
CYCLOMYDRIL SOL OP	cyclopentolate w/ phenylephrine ophth soln 0.2-1%	3	
CYCLOPENTOL SOL 1% OP	cyclopentolate hcl ophth soln 1%	1	
CYCLOSPORINE EMU 0.05% OP	cyclosporine (ophth) emulsion 0.05% (pf)	3	PA; QL; Maximum of 2 vials per day.
CYSTARAN SOL 0.44%	cysteamine hcl ophth soln 0.44% (base equivalent)	3	PA; QL; SP;Maximum of 60 ml per 28 days.
DEXAMETH PHO SOL 0.1% OP	dexamethasone sodium phosphate ophth soln 0.1%	1	
DICLOFENAC SOL 0.1% OP	diclofenac sodium ophth soln 0.1%	1	
DIFLUPREDNAT EMU 0.05%	difluprednate ophth emulsion 0.05%	3	
DORZOL/TIMOL SOL 2-0.5%OP	dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	QL; Maximum of 10 ml per 30 days.
DORZOL/TIMOL SOL 2%-0.5%	dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	2	QL; Maximum of 60 vials per 30 days.
DORZOLAMIDE SOL 2% OP	dorzolamide hcl ophth soln 2%	1	
EPINASTINE DRO 0.05%	epinastine hcl ophth soln 0.05%	1	QL; ST; Maximum of 5 ml per 25 days.
ERYTHROMYCIN OIN 0.5% OP	erythromycin ophth oint 5 mg/gm	1	PA;$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
FLUOROMETHOL SUS 0.1% OP	fluorometholone ophth susp 0.1%	1	
FLURBIPROFEN SOL 0.03% OP	flurbiprofen sodium ophth soln 0.03%	1	
GATIFLOXACIN SOL 0.5%	gatifloxacin ophth soln 0.5%	2	
GENTAMICIN SOL 0.3% OP	gentamicin sulfate ophth soln 0.3%	1	
INVELTYS SUS 1%	loteprednol etabonate ophth susp 1%	3	QL; Maximum of 2.8 ml per 7 days.
IOPIDINE SOL 1% OP	apraclonidine hcl ophth soln 1% (base equivalent)	3	
KETOROLAC SOL 0.4% OP	ketorolac tromethamine ophth soln 0.4%	1	
KETOROLAC SOL 0.5% OP	ketorolac tromethamine ophth soln 0.5%	1	
LASTACAFT SOL 0.25%	alcaftadine ophth soln 0.25%	3	QL; Maximum of 3 ml per 30 days.

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LATANOPROST SOL 0.005%	latanoprost ophth soln 0.005%	1	
LEVOBUNOLOL SOL 0.5% OP	levobunolol hcl ophth soln 0.5%	1	
LEVOFLOXACIN SOL 0.5%	levofloxacin ophth soln 0.5%	1	
LEVOFLOXACIN SOL 1.5%	levofloxacin ophth soln 1.5%	1	
LOTEMAX OIN 0.5%	loteprednol etabonate ophth oint 0.5%	3	
LOTEMAX SM GEL 0.38%	loteprednol etabonate ophth gel 0.38%	3	QL; Maximum of 5 grams per prescription.
LOTEPR/TOBRA SUS 0.5-0.3%	loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	3	
LOTEPREDNOL SUS 0.5%	loteprednol etabonate ophth susp 0.5%	3	QL; Maximum of 5 ml per prescription.
LUMIGAN SOL 0.01% OP	bimatoprost ophth soln 0.01%	2	QL; Maximum of 5 ml per 30 days.
METHAZOLAMID TAB 25MG	methazolamide tab 25 mg	3	
METHAZOLAMID TAB 50MG	methazolamide tab 50 mg	3	
MITOSOL KIT 0.2MG	mitomycin for ophth soln kit 0.2 mg	3	
MOXIFLOXACIN SOL 0.5%	moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
MOXIFLOXACIN SOL 0.5%	moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
MOXIFLOXACIN SOL HCL 0.5%	moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP	natamycin ophth susp 5%	3	
NEO/BAC/POLY OIN OP	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
NEO/POLY/BAC OIN /HC 1%OP	bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
NEO/POLY/BAC OIN OP	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
NEO/POLY/DEX OIN 0.1% OP	neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
NEO/POLY/DEX SUS 0.1% OP	neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
NEO/POLY/GRA SOL OP	neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
NEO/POLY/HC SUS OP	neomycin-polymyxin-hc ophth susp	2	
OFLOXACIN DRO 0.3% OP	ofloxacin ophth soln 0.3%	1	
PHENYLEPHRIN SOL 10% OP	phenylephrine hcl ophth soln 10%	1	
PHENYLEPHRIN SOL 2.5% OP	phenylephrine hcl ophth soln 2.5%	1	
PHOSPHOLINE SOL 0.125%OP	echothiophate iodide ophth for soln 0.125%	2	
PILOCARPINE SOL 1% OP	pilocarpine hcl ophth soln 1%	1	
PILOCARPINE SOL 2% OP	pilocarpine hcl ophth soln 2%	1	
PILOCARPINE SOL 4% OP	pilocarpine hcl ophth soln 4%	1	
POLYMYXIN B/ SOL TRIMETHP	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
PRED SOD PHO SOL 1% OP	prednisolone sodium phosphate ophth soln 1%	1	
PREDNISOLONE SUS 1% OP	prednisolone acetate ophth susp 1%	1	
PROPARACAINE SOL 0.5% OP	proparacaine hcl ophth soln 0.5%	1	
SIMBRINZA SUS 1-0.2%	brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	QL; Maximum of 8 ml per 30 days.
SULF/PRED NA SOL OP	sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
SULFACET SOD OIN 10% OP	sulfacetamide sodium ophth oint 10%	1	
SULFACET SOD SOL 10% OP	sulfacetamide sodium ophth soln 10%	1	
TAFLUPROST SOL 0.0015%	tafluprost preservative free (pf) ophth soln 0.0015%	3	QL; ST; Maximum of 30 vials per 30 days.
TETRACAINE SOL 0.5% OP	tetracaine hcl ophth soln 0.5%	1	

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TIMOLOL HEMI SOL 0.5% OP	timolol ophth soln 0.5%	2	QL; Maximum of 5 ml per 25 days.
TIMOLOL MAL SOL 0.25% OP	timolol maleate ophth soln 0.25%	1	
TIMOLOL MAL SOL 0.5% OP	timolol maleate ophth soln 0.5%	1	
TIMOLOL MALE SOL 0.5%	timolol maleate ophth soln 0.5% (once-daily)	2	
TIMOLOL MALE SOL 0.5% OP	timolol maleate ophth soln 0.5% (once-daily)	2	
TOBRA/DEXAME SUS 0.3-0.1%	tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
TOBRAMYCIN SOL 0.3% OP	tobramycin ophth soln 0.3%	1	
TRAVOPROST DRO 0.004%	travoprost ophth soln 0.004% (benzalkonium free) (bak free)	2	QL; Maximum of 2.5 ml per 25 days.
TRIFLURIDINE SOL 1% OP	trifluridine ophth soln 1%	2	
ZIRGAN GEL 0.15%	ganciclovir ophth gel 0.15%	3	
ZYLET SUS 0.5-0.3%	loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	3	
Otic Agents			
ACETIC ACID SOL 2% OTIC	acetic acid otic soln 2%	1	
CIPRO/DEXA SUS 0.3-0.1%	ciprofloxacin-dexamethasone otic susp 0.3-0.1%	3	ST
CIPRO/FLUOC DRO PF	ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3	
CIPROFLOXACN SOL 0.2%	ciprofloxacin hcl otic soln 0.2% (base equivalent)	2	
CORTISPORIN SUS -TC OTIC	neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	3	
FLAC OIL 0.01% OT	fluocinolone acetonide (otic) oil 0.01%	2	
FLUOCINOLONE OIL 0.01% OT	fluocinolone acetonide (otic) oil 0.01%	2	
HC/ACET ACID SOL 1-2%OTIC	hydrocortisone w/ acetic acid otic soln 1-2%	2	
NEO/POLY/HC SOL 1% OTIC	neomycin-polymyxin-hc otic soln 1%	1	
NEO/POLY/HC SUS 1% OTIC	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OFLOXACIN DRO 0.3%OTIC	ofloxacin otic soln 0.3%	1	
OTOVEL DRO	ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3	
Respiratory Tract/Pulmonary Agents			
ACETYLCYST SOL 10%	acetylcysteine inhal soln 10%	1	
ACETYLCYST SOL 20%	acetylcysteine inhal soln 20%	1	
ADEMPAS TAB 0.5MG	riociguat tab 0.5 mg	3	PA; QL; SP;Maximum of 3 tablets per day.
ADEMPAS TAB 1.5MG	riociguat tab 1.5 mg	3	PA; QL; SP;Maximum of 3 tablets per day.
ADEMPAS TAB 1MG	riociguat tab 1 mg	3	PA; QL; SP;Maximum of 3 tablets per day.
ADEMPAS TAB 2.5MG	riociguat tab 2.5 mg	3	PA; QL; SP;Maximum of 3 tablets per day.
ADEMPAS TAB 2MG	riociguat tab 2 mg	3	PA; QL; SP;Maximum of 3 tablets per day.
ALBUTEROL AER HFA	albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0	
ALBUTEROL NEB 0.083%	albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	$0	
ALBUTEROL NEB 0.5%	albuterol sulfate soln nebu 0.5% (5 mg/ml)	$0	
ALBUTEROL NEB 0.63MG/3	albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	$0	
ALBUTEROL NEB 1.25MG/3	albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	$0	

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ALBUTEROL SYP 2MG/5ML	albuterol sulfate syrup 2 mg/5ml	2	
ALBUTEROL SYP 8MG/20ML	albuterol sulfate syrup 2 mg/5ml	2	
ALBUTEROL TAB 2MG	albuterol sulfate tab 2 mg	2	
ALBUTEROL TAB 4MG	albuterol sulfate tab 4 mg	2	
ALVESCO AER 160MCG	ciclesonide inhal aerosol 160 mcg/act	3	QL; ST; Maximum of 2 inhalers (12.2 grams) per 30 days.
ALVESCO AER 80MCG	ciclesonide inhal aerosol 80 mcg/act	3	QL; ST; Maximum of 1 inhaler (6.1 grams) per 30 days.
ALYQ TAB 20MG	tadalafil tab 20 mg (pah)	3	PA; QL; SP;Maximum of 2 tablets per day.
AMBRISENTAN TAB 10MG	ambrisentan tab 10 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
AMBRISENTAN TAB 5MG	ambrisentan tab 5 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
ARFORMOTEROL NEB 15/2ML	arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	3	QL; Maximum of 2 vials (4 ml) per day.
ARNUITY ELPT INH 100MCG	fluticasone furoate aerosol powder breath activ 100 mcg/act	2	QL; Maximum of 1 inhaler (30 blisters) per 30 days.
ARNUITY ELPT INH 200MCG	fluticasone furoate aerosol powder breath activ 200 mcg/act	2	QL; Maximum of 1 inhaler (30 blisters) per 30 days.
ARNUITY ELPT INH 50MCG	fluticasone furoate aerosol powder breath activ 50 mcg/act	2	QL; Maximum of 1 inhaler (30 blisters) per 30 days.
ASMANEX 120 AER 220MCG	mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL; Maximum of 1 inhaler per 30 days.
ASMANEX 14 AER 220MCG	mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL; Maximum of 2 inhalers per 28 days.
ASMANEX 30 AER 110MCG	mometasone furoate inhal powd 110 mcg/act (breath activated)	2	QL; Maximum of 2 inhalers per 30 days.
ASMANEX 30 AER 220MCG	mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL; Maximum of 1 inhaler per 30 days.
ASMANEX 60 AER 220MCG	mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL; Maximum of 1 inhaler per 30 days.
ASMANEX HFA AER 100 MCG	mometasone furoate inhal aerosol suspension 100 mcg/act	2	QL; Maximum of 1 inhaler (13 grams) per 30 days.
ASMANEX HFA AER 200 MCG	mometasone furoate inhal aerosol suspension 200 mcg/act	2	QL; Maximum of 1 inhaler (13 grams) per 30 days.
ASMANEX HFA AER 50MCG	mometasone furoate inhal aerosol suspension 50 mcg/act	2	QL; Maximum of 1 inhaler (13 grams) per 30 days.
ATROVENT HFA AER 17MCG	ipratropium bromide hfa inhal aerosol 17 mcg/act	3	QL; Maximum of 2 inhalers per 30 days.
AZEL/FLUTIC SPR 137-50	azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	3	QL; Maximum of 23 grams per 30 days.
AZELASTINE SPR 0.1%	azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL; Maximum of 30 ml per 25 day.
BENZONATATE CAP 100MG	benzonatate cap 100 mg	1	
BENZONATATE CAP 200MG	benzonatate cap 200 mg	1	
BEVESPI AER 9-4.8MCG	glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	2	QL; Maximum of 1 inhaler (10.7 grams) per 30 days.
BOSENTAN TAB 125MG	bosentan tab 125 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
BOSENTAN TAB 62.5MG	bosentan tab 62.5 mg	3	PA; QL; SP;Maximum of 2 tablets per day.
BREYNA AER 160/4.5	budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL; Maximum of 1 inhaler per 30 days.
BREYNA AER 80/4.5	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL; Maximum of 1 inhaler per 30 days.
BREZTRI AERO AER SPHERE	budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2	QL; Maximum of 1 inhaler (10.7 grams) per 30 days.

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Brand name	Generic name	Tier	Notes
BROM/PSE/DM SYP 2-30-10	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
BUDES/FORMOT AER 160-4.5	budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL; Maximum of 1 inhaler per 30 days.
BUDES/FORMOT AER 80-4.5	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL; Maximum of 1 inhaler per 30 days.
BUDESONIDE SUS 0.25MG/2	budesonide inhalation susp 0.25 mg/2ml	2	QL; Maximum of 4 ml per day.
BUDESONIDE SUS 0.5MG/2	budesonide inhalation susp 0.5 mg/2ml	2	QL; Maximum of 4 ml per day.
BUDESONIDE SUS 1MG/2ML	budesonide inhalation susp 1 mg/2ml	2	QL; Maximum of 2 ml per day.
CARBINOXAMIN SOL 4MG/5ML	carbinoxamine maleate soln 4 mg/5ml	1	
CARBINOXAMIN TAB 4MG	carbinoxamine maleate tab 4 mg	1	
CLEMASTINE TAB 2.68MG	clemastine fumarate tab 2.68 mg	1	
CROMOLYN SOD NEB 20MG/2ML	cromolyn sodium soln nebu 20 mg/2ml	2	
CYPROHEPTAD SYP 2MG/5ML	cyproheptadine hcl syrup 2 mg/5ml	1	
CYPROHEPTAD TAB 4MG	cyproheptadine hcl tab 4 mg	1	
DESLORATADIN TAB 5MG	desloratadine tab 5 mg	2	
DIPHENHYDRAM ELX 12.5/5ML	diphenhydramine hcl elixir 12.5 mg/5ml	1	
ELIXOPHYLLIN ELX 80/15ML	theophylline elixir 80 mg/15ml	2	
EPINEPHRINE INJ 0.15MG	epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	$0	QL; Maximum of 4 pens (2 boxes) per 30 days.
EPINEPHRINE INJ 0.15MG	epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	$0	QL; Maximum of 4 pens (2 boxes) per 30 days.
EPINEPHRINE INJ 0.3MG	epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	$0	QL; Maximum of 4 pens (2 boxes) per 30 days.
FLUNISOLIDE SPR 0.025%	flunisolide nasal soln 25 mcg/act (0.025%)	2	
FLUTIC/SALME AER 100/50	fluticasone-salmeterol aer powder ba 100-50 mcg/act	2	QL; Maximum of 1 inhaler (60 blisters) per 30 days.
FLUTIC/SALME AER 250/50	fluticasone-salmeterol aer powder ba 250-50 mcg/act	2	QL; Maximum of 1 inhaler (60 blisters) per 30 days.
FLUTIC/SALME AER 500/50	fluticasone-salmeterol aer powder ba 500-50 mcg/act	2	QL; Maximum of 1 inhaler (60 blisters) per 30 days.
FLUTIC/SALME INH 113/14	fluticasone-salmeterol aer powder ba 113-14 mcg/act	2	QL; Maximum of 1 inhaler per 30 days.
FLUTIC/SALME INH 232/14	fluticasone-salmeterol aer powder ba 232-14 mcg/act	2	QL; Maximum of 1 inhaler per 30 days.
FLUTIC/SALME INH 55/14	fluticasone-salmeterol aer powder ba 55-14 mcg/act	2	QL; Maximum of 1 inhaler per 30 days.
FLUTICASONE SPR 50MCG	fluticasone propionate nasal susp 50 mcg/act	1	QL; Maximum of 16 grams per 30 days.
FORMOTEROL NEB 20/2ML	formoterol fumarate soln nebu 20 mcg/2ml	3	QL; Maximum of 2 vials (4 ml) per day.
GG/CODEINE SOL 100-10/5	guaifenesin-codeine soln 100-10 mg/5ml	1	PA; QL; Maximum of 360 ml per 30 days.
GILTUSS TAB 10-388MG	phenylephrine-guaifenesin tab 10-388 mg	3	
HYD POL/CPM SUS 10-8/5ML	hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	3	PA; QL; Maximum of 360 ml per 30 days.
HYDROC/HOMAT TAB 5-1.5MG	hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	PA; QL; Maximum of 12 tablets per day.
HYDROCOD/HOM SOL 5-1.5/5	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	PA; QL; Maximum of 12 ml per day.
HYDROCOD/HOM SYP 5-1.5/5	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	PA; QL; Maximum of 12 ml per day.
HYDROMET SYP 5-1.5/5	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	PA; QL; Maximum of 12 ml per day.
HYDROXYZ HCL SYP 10MG/5ML	hydroxyzine hcl syrup 10 mg/5ml	1	
HYDROXYZ HCL TAB 10MG	hydroxyzine hcl tab 10 mg	1	
HYDROXYZ HCL TAB 25MG	hydroxyzine hcl tab 25 mg	1	

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HYDROXYZ HCL TAB 50MG	hydroxyzine hcl tab 50 mg	1	
HYDROXYZ PAM CAP 100MG	hydroxyzine pamoate cap 100 mg	1	
HYDROXYZ PAM CAP 25MG	hydroxyzine pamoate cap 25 mg	1	
HYDROXYZ PAM CAP 50MG	hydroxyzine pamoate cap 50 mg	1	
HYDROXYZINE SOL 50/25ML	hydroxyzine hcl syrup 10 mg/5ml	1	
HYDROXYZINE SYP 10MG/5ML	hydroxyzine hcl syrup 10 mg/5ml	1	
HYPERSAL NEB 3.5%	sodium chloride soln nebu 3.5%	2	
HYPERSAL NEB 7%	sodium chloride soln nebu 7%	2	
INCRUSE ELPT INH 62.5MCG	umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2	QL; Maximum of 1 inhaler (30 blisters) per 30 days.
IPRATROPIUM AER 17MCG	ipratropium bromide hfa inhal aerosol 17 mcg/act	3	QL; Maximum of 2 inhalers per 30 days.
IPRATROPIUM SOL 0.02%INH	ipratropium bromide inhal soln 0.02%	1	
IPRATROPIUM SPR 0.03%	ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
IPRATROPIUM SPR 0.06%	ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
IPRATROPIUM/ SOL ALBUTER	ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	
LEVALBUTEROL NEB 0.31MG	levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	2	QL; Maximum of 18 ml per day.
LEVALBUTEROL NEB 0.63MG	levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	2	QL; Maximum of 18 ml per day.
LEVALBUTEROL NEB 1.25/0.5	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	2	QL; Maximum of 90 vials per 30 days.
LEVALBUTEROL NEB 1.25MG	levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	2	QL; Maximum of 9 ml per day.
LEVOCETIRIZI SOL 2.5/5ML	levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	2	
LEVOCETIRIZI TAB 5MG	levocetirizine dihydrochloride tab 5 mg	1	QL; Maximum of 1 tablet per day.
MOMETASONE SPR 50MCG	mometasone furoate nasal susp 50 mcg/act	2	QL; Maximum of 17 grams per 30 days.
MONTELUKAST CHW 4MG	montelukast sodium chew tab 4 mg (base equiv)	1	QL; Maximum of 1 tablet per day.
MONTELUKAST CHW 5MG	montelukast sodium chew tab 5 mg (base equiv)	1	QL; Maximum of 1 tablet per day.
MONTELUKAST GRA 4MG	montelukast sodium oral granules packet 4 mg (base equiv)	1	QL; Maximum of 1 packet per day.
MONTELUKAST TAB 10MG	montelukast sodium tab 10 mg (base equiv)	1	QL; Maximum of 1 tablet per day.
NEBUSAL NEB 3%	sodium chloride soln nebu 3%	2	
NEBUSAL NEB 6%	sodium chloride soln nebu 6%	2	
OFEV CAP 100MG	nintedanib esylate cap 100 mg (base equivalent)	3	PA; QL; SP;Maximum of 2 capsules per day.
OFEV CAP 150MG	nintedanib esylate cap 150 mg (base equivalent)	3	PA; QL; SP;Maximum of 2 capsules per day.
OLOPATADINE SPR 0.6%	olopatadine hcl nasal soln 0.6%	2	QL; Maximum of 30.5 grams per 30 days.
OPSUMIT TAB 10MG	macitentan tab 10 mg	3	PA; QL; SP;Maximum of 1 tablet per day.
ORENITRAM TAB 0.125MG	treprostinil diolamine tab er 0.125 mg (base equiv)	3	PA; QL; SP;Maximum of 6 tablets per day.
ORENITRAM TAB 0.25MG	treprostinil diolamine tab er 0.25 mg (base equiv)	3	PA; QL; SP;Maximum of 6 tablets per day.
ORENITRAM TAB 1MG	treprostinil diolamine tab er 1 mg (base equiv)	3	PA; QL; SP;Maximum of 6 tablets per day.

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ORENITRAM TAB 2.5MG	treprostinil diolamine tab er 2.5 mg (base equiv)	3	PA; QL; SP;Maximum of 6 tablets per day.
ORENITRAM TAB 5MG	treprostinil diolamine tab er 5 mg (base equiv)	3	PA; QL; SP;Maximum of 6 tablets per day.
ORENITRAM TAB MONTH 1	treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	3	PA; QL; SP;Maximum of 1 titration kit per year.
ORENITRAM TAB MONTH 2	treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	3	PA; QL; SP;Maximum of 1 titration kit per year.
ORENITRAM TAB MONTH 3	treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	3	PA; QL; SP;Maximum of 1 titration kit per year.
ORKAMBI GRA 100-125	lumacaftor-ivacaftor granules packet 100-125 mg	3	PA; QL; SP;Maximum of 56 packets per 28 days.
ORKAMBI GRA 150-188	lumacaftor-ivacaftor granules packet 150-188 mg	3	PA; QL; SP;Maximum of 56 packets per 28 days.
ORKAMBI GRA 75-94MG	lumacaftor-ivacaftor granules packet 75-94 mg	3	PA; QL; SP;Maximum of 56 packets per 28 days.
ORKAMBI TAB 100-125	lumacaftor-ivacaftor tab 100-125 mg	3	PA; QL; SP;Maximum of 112 tablets per 28 days.
ORKAMBI TAB 200-125	lumacaftor-ivacaftor tab 200-125 mg	3	PA; QL; SP;Maximum of 112 tablets per 28 days.
PIRFENIDONE CAP 267MG	pirfenidone cap 267 mg	2	PA; QL; SP;Maximum of 9 capsules per day.
PIRFENIDONE TAB 267MG	pirfenidone tab 267 mg	2	PA; QL; SP;Maximum of 9 tablets per day.
PIRFENIDONE TAB 534MG	pirfenidone tab 534 mg	2	PA; QL; SP;Maximum of 3 tablets per day.
PIRFENIDONE TAB 801MG	pirfenidone tab 801 mg	2	PA; QL; SP;Maximum of 3 tablets per day.
PROMETH VC SYP 6.25-5/5	promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
PROMETH VC/ SYP CODEINE	promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	PA; QL; Maximum of 36 ml per day.
PROMETH/COD SOL 6.25-10	promethazine w/ codeine syrup 6.25-10 mg/5ml	1	PA; QL; Maximum of 36 ml per day.
PROMETH/PE SOL 6.25-5/5	promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
PROMETHAZINE SOL DM	promethazine-dm syrup 6.25-15 mg/5ml	1	
PROMETHAZINE SYP DM	promethazine-dm syrup 6.25-15 mg/5ml	1	
PULMOSAL NEB 7%	sodium chloride soln nebu 7%	2	
PULMOZYME SOL 1MG/ML	dornase alfa inhal soln 2.5 mg/2.5ml	3	PA; QL; SP;Maximum of 2 ampules (5 ml) per day.
QVAR REDIHA AER 80MCG	beclomethasone diprop hfa breath act inh aer 80 mcg/act	2	QL; Maximum of 2 inhalers (21.2 grams) per 30 days.
QVAR REDIHAL AER 40MCG	beclomethasone diprop hfa breath act inh aer 40 mcg/act	2	QL; Maximum of 2 inhalers (21.2 grams) per 30 days.
ROFLUMILAST TAB 250MCG	roflumilast tab 250 mcg	3	QL; Maximum of 1 tablet per day.
ROFLUMILAST TAB 500MCG	roflumilast tab 500 mcg	3	QL; Maximum of 1 tablet per day.
SILDENAFIL SUS 10MG/ML	sildenafil citrate for suspension 10 mg/ml	3	PA; QL; SP;Maximum of 6 ml per day.
SILDENAFIL TAB 20MG	sildenafil citrate tab 20 mg	2	PA; QL; SP;Maximum of 3 tablets per day.
SOD CHLORIDE NEB 0.9%	sodium chloride soln nebu 0.9%	1	
SOD CHLORIDE NEB 10%	sodium chloride soln nebu 10%	1	
SOD CHLORIDE NEB 3%	sodium chloride soln nebu 3%	1	
SOD CHLORIDE NEB 7%	sodium chloride soln nebu 7%	1	

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SPIRIVA RESP AER 1.25MCG	tiotropium bromide inhal aerosol 1.25 mcg/act	2	QL; Maximum of 1 inhaler (4 grams) per 30 days.
SPIRIVA RESP AER 2.5MCG	tiotropium bromide inhal aerosol 2.5 mcg/act	2	QL; Maximum of 1 inhaler (4 grams) per 30 days.
STIOLTO AER 2.5-2.5	tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2	QL; Maximum of 1 inhaler (4 grams) per 30 days.
STRIVERDI AER 2.5MCG	olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	2	QL; Maximum of 1 inhaler (4 grams) per 30 days.
TADALAFIL TAB 20MG	tadalafil tab 20 mg (pah)	3	PA; QL; SP;Maximum of 2 tablets per day.
TERBUTALINE TAB 2.5MG	terbutaline sulfate tab 2.5 mg	3	
TERBUTALINE TAB 5MG	terbutaline sulfate tab 5 mg	3	
THEO-24 CAP 100MG CR	theophylline cap er 24hr 100 mg	3	
THEO-24 CAP 200MG CR	theophylline cap er 24hr 200 mg	3	
THEO-24 CAP 300MG CR	theophylline cap er 24hr 300 mg	3	
THEO-24 CAP 400MG ER	theophylline cap er 24hr 400 mg	3	
THEOPHYLLINE ELX 80/15ML	theophylline elixir 80 mg/15ml	2	
THEOPHYLLINE SOL 80/15ML	theophylline soln 80 mg/15ml	2	
THEOPHYLLINE TAB 100MG ER	theophylline tab er 12hr 100 mg	1	
THEOPHYLLINE TAB 200MG ER	theophylline tab er 12hr 200 mg	1	
THEOPHYLLINE TAB 300MG ER	theophylline tab er 12hr 300 mg	1	
THEOPHYLLINE TAB 400MG ER	theophylline tab er 24hr 400 mg	1	
THEOPHYLLINE TAB 450MG ER	theophylline tab er 12hr 450 mg	1	
THEOPHYLLINE TAB 600MG ER	theophylline tab er 24hr 600 mg	1	
TIOTROP BROM CAP 18MCG	tiotropium bromide inhal cap 18 mcg (base equiv)	2	QL; Maximum of 1 capsule per day.
TOBRAMYCIN NEB 300/5ML	tobramycin nebu soln 300 mg/5ml	3	PA; QL; SP;Maximum of 2 ampules (10 ml) per day.
TRELEGY AER 100MCG	fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	2	QL; Maximum of 1 inhaler (60 blisters) per 30 days.
TRELEGY AER 200MCG	fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	2	QL; Maximum of 1 inhaler (60 blisters) per 30 days.
TUXARIN ER TAB 54.3-8MG	codeine phos-chlorpheniramine maleate tab er 12hr 54.3-8 mg	3	PA; QL; Maximum of 10 tablets per 30 days.
TYVASO SOL 0.6MG/ML	treprostinil inhalation solution 0.6 mg/ml	3	PA; QL; SP;Maximum of 4 ampules (11.6 ml) per day.
TYVASO DPI POW 16-32-48	treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg	3	PA; QL; SP;Maximum of 252 cartridges (1 kit) per year.
TYVASO DPI POW 16-32MCG	treprostinil inh powder 112 x 16mcg & 84 x 32mcg	3	PA; QL; SP;Maximum of 196 cartridges (1 kit) per year.
TYVASO DPI POW 16MCG	treprostinil inh powder 16 mcg/cartridge	3	PA; QL; SP;Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 32MCG	treprostinil inh powder 32 mcg/cartridge	3	PA; QL; SP;Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 48MCG	treprostinil inh powder 48 mcg/cartridge	3	PA; QL; SP;Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 64MCG	treprostinil inh powder 64 mcg/cartridge	3	PA; QL; SP;Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 80MCG	treprostinil inh powder 80 mcg/cartridge	3	PA; QL; SP;Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW MAIN KIT	treprostinil inh powder 112 x 32mcg & 112 x 64mcg	3	PA; QL; SP;Maximum of 224 cartridges (1 kit) per 28 days.
TYVASO DPI POW MAIN KIT	treprostinil inh powder 112 x 48mcg & 112 x 64mcg	3	PA; QL; SP;Maximum of 224 cartridges (1 kit) per 28 days.
TYVASO RF KT SOL 0.6MG/ML	treprostinil inhalation solution 0.6 mg/ml	3	PA; QL; SP;Maximum of 4 ampules (11.6 ml) per day.

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TYVASO ST KT SOL 0.6MG/ML	treprostinil inhalation solution 0.6 mg/ml	3	PA; QL; SP;Maximum of 4 ampules (11.6 ml) per day.
VENTAVIS SOL 10MCG/ML	iloprost inhalation solution 10 mcg/ml	3	PA; QL; SP;Maximum of 7 ml per day.
VENTAVIS SOL 20MCG/ML	iloprost inhalation solution 20 mcg/ml	3	PA; QL; SP;Maximum of 3 ml per day.
VENTOLIN HFA AER	albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0	
WIXELA INHUB AER 100/50	fluticasone-salmeterol aer powder ba 100-50 mcg/act	2	QL; Maximum of 1 inhaler (60 blisters) per 30 days.
WIXELA INHUB AER 250/50	fluticasone-salmeterol aer powder ba 250-50 mcg/act	2	QL; Maximum of 1 inhaler (60 blisters) per 30 days.
WIXELA INHUB AER 500/50	fluticasone-salmeterol aer powder ba 500-50 mcg/act	2	QL; Maximum of 1 inhaler (60 blisters) per 30 days.
ZAFIRLUKAST TAB 10MG	zafirlukast tab 10 mg	2	QL; Maximum of 2 tablets per day.
ZAFIRLUKAST TAB 20MG	zafirlukast tab 20 mg	2	QL; Maximum of 2 tablets per day.
ZILEUTON ER TAB 600MG	zileuton tab er 12hr 600 mg	3	ST
Skeletal Muscle Relaxants			
CARISOPRODOL TAB 350MG	carisoprodol tab 350 mg	1	QL; Maximum of 4 tablets per day.
CHLORZOXAZON TAB 500MG	chlorzoxazone tab 500 mg	2	
CYCLOBENZAPR TAB 10MG	cyclobenzaprine hcl tab 10 mg	1	
CYCLOBENZAPR TAB 5MG	cyclobenzaprine hcl tab 5 mg	1	
CYCLOBENZAPR TAB 7.5MG	cyclobenzaprine hcl tab 7.5 mg	1	
METAXALONE TAB 800MG	metaxalone tab 800 mg	2	
METHOCARBAM TAB 500MG	methocarbamol tab 500 mg	1	
METHOCARBAM TAB 750MG	methocarbamol tab 750 mg	1	
ORPH/ASA/CAF TAB	orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	3	PA
ORPHENADRINE TAB 100MG ER	orphenadrine citrate tab er 12hr 100 mg	1	
Sleep Disorder Agents			
ARMODAFINIL TAB 150MG	armodafinil tab 150 mg	2	QL; Maximum of 1 tablet per day.
ARMODAFINIL TAB 200MG	armodafinil tab 200 mg	2	QL; Maximum of 1 tablet per day.
ARMODAFINIL TAB 250MG	armodafinil tab 250 mg	2	QL; Maximum of 1 tablet per day.
ARMODAFINIL TAB 50MG	armodafinil tab 50 mg	2	QL; Maximum of 2 tablets per day.
BELSOMRA TAB 10MG	suvorexant tab 10 mg	3	QL; ST; Maximum of 1 tablet per day.
BELSOMRA TAB 15MG	suvorexant tab 15 mg	3	QL; ST; Maximum of 1 tablet per day.
BELSOMRA TAB 20MG	suvorexant tab 20 mg	3	QL; ST; Maximum of 1 tablet per day.
BELSOMRA TAB 5MG	suvorexant tab 5 mg	3	QL; ST; Maximum of 1 tablet per day.
DOXEPIN TAB 3MG	doxepin hcl (sleep) tab 3 mg (base equiv)	3	QL; Maximum of 1 tablet per day.
DOXEPIN TAB 6MG	doxepin hcl (sleep) tab 6 mg (base equiv)	3	QL; Maximum of 1 tablet per day.
ESTAZOLAM TAB 1MG	estazolam tab 1 mg	1	QL; Maximum of 1 tablet per day.
ESTAZOLAM TAB 2MG	estazolam tab 2 mg	1	QL; Maximum of 1 tablet per day.

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ESZOPICLONE TAB 1MG	eszopiclone tab 1 mg	1	QL; Maximum of 1 tablet per day.
ESZOPICLONE TAB 2MG	eszopiclone tab 2 mg	1	QL; Maximum of 1 tablet per day.
ESZOPICLONE TAB 3MG	eszopiclone tab 3 mg	1	QL; Maximum of 1 tablet per day.
FLURAZEPAM CAP 15MG	flurazepam hcl cap 15 mg	1	QL; Maximum of 1 capsule per day.
FLURAZEPAM CAP 30MG	flurazepam hcl cap 30 mg	1	QL; Maximum of 1 capsule per day.
MODAFINIL TAB 100MG	modafinil tab 100 mg	1	QL; Maximum of 1 tablet per day.
MODAFINIL TAB 200MG	modafinil tab 200 mg	1	QL; Maximum of 2 tablets per day.
QUAZEPAM TAB 15MG	quazepam tab 15 mg	3	
RAMELTEON TAB 8MG	ramelteon tab 8 mg	3	QL; ST; Maximum of 1 tablet per day.
SOD OXYBATE SOL 0.5G/ML	sodium oxybate oral solution 500 mg/ml	3	PA; QL; SP;Maximum of 18 ml per day.
SOD OXYBATE SOL 500MG/ML	sodium oxybate oral solution 500 mg/ml	3	PA; QL; SP;Maximum of 18 ml per day.
SUNOSI TAB 150MG	solriamfetol hcl tab 150 mg (base equiv)	3	PA; QL; Maximum of 1 tablet per day.
SUNOSI TAB 75MG	solriamfetol hcl tab 75 mg (base equiv)	3	PA; QL; Maximum of 1 tablet per day.
TASIMELTEON CAP 20MG	tasimelteon capsule 20 mg	3	PA; QL; SP;Maximum of 1 capsule per day.
TEMAZEPAM CAP 15MG	temazepam cap 15 mg	1	QL; Maximum of 1 capsule per day.
TEMAZEPAM CAP 22.5MG	temazepam cap 22.5 mg	1	QL; Maximum of 1 capsule per day.
TEMAZEPAM CAP 30MG	temazepam cap 30 mg	1	QL; Maximum of 1 capsule per day.
TEMAZEPAM CAP 7.5MG	temazepam cap 7.5 mg	1	QL; Maximum of 1 capsule per day.
TRIAZOLAM TAB 0.125MG	triazolam tab 0.125 mg	1	QL; Maximum of 1 tablet per day.
TRIAZOLAM TAB 0.25MG	triazolam tab 0.25 mg	1	QL; Maximum of 2 tablets per day.
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Polish: Mogą Państwo bezpłatnie skorzystać z usługi tłumaczenia pisemnego lub ustnego. Jeśli potrzebują Państwo pomocy, należy zadzwonić pod numer podany powyżej lub numer usług dla członków podany na karcie identyfikacyjnej członka planu ubezpieczenia zdrowotnego.

German: Übersetzungsdienste und Dolmetscher stehen Ihnen kostenlos zur Verfügung. Wenn Sie Hilfe benötigen, rufen Sie bitte die oben genannte Nummer oder die Nummer des Mitgliederservices auf Ihrer Versichertenkarte an.

Gujarati: અનુવાદ સેવાઓ અને દુભાષિયા તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર અથવા તમારા હેલ્થ પ્લાન આઈડી કાર્ડ પરના સભ્ય સેવાઓ નંબર પર કૉલ કરો.

Urdu: آپ کے لیے بغیر کسی فیس یا اخراجات کے ترجمہ کی خدمات اور ترجمان دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہو، تو برائے مہربانی اوپر دیئے گئے نمبر یا اپنے ہیلتھ پلان آئی ڈی کارڈ پر موجود Member Services کے نمبر پر کال کریں۔

Portuguese: Você tem à disposição serviços gratuitos de tradução e intérpretes. Caso precise de ajuda, ligue para o número acima ou para o número de Atendimento a Membros exibido em seu cartão de identificação do plano de saúde.

Japanese: 翻訳サービスと通訳サービスを利用できます。サポートが必要な場合は、上記の電話番号か、保険プラン ID カードのメンバーサービス番号に電話してください。

Hindi: अनुवाद सेवाएँ और दुभाषिए आपके लिए निःशुल्क उपलब्ध हैं। यदि आपको सहायता की आवश्यकता है, तो कृपया अपने स्वास्थ्य योजना आईडी कार्ड पर ऊपर दिए गए नंबर या सदस्य सेवा नंबर पर कॉल करें।

Persian: خدمات ترجمه کتبی و شفاهی به صورت رایگان برای شما فراهم است. اگر به کمک نیاز دارید، با شماره تلفن بالا یا شماره تلفن خدمات مشتری درج شده روی کارت شناسایی برنامه درمانی خود تماس بگیرید.

Amharic: የትርጉም አገልግሎቶች እና አስተርጓሚዎች ለእርስዎ ያለ ምንም ወጪ ይገኛሉ። እርዳታ ከፈለጉ፣ እባክዎን ከላይ ባለው ቁጥር ወይም በጤና እቅድ መታወቂያ ካርድዎ ላይ ባለው የአባላት አገልግሎት ቁጥር ይደውሉ።

Italian: Sono disponibili gratuitamente servizi di traduzione e interpreti. Se hai bisogno di aiuto, chiama il numero sopra oppure il numero di assistenza presente sulla tua tessera sanitaria.

Pennsylvania Dutch: Wann du Deitsch schwetzscht un Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Wann du Hilf brauchscht, ruf die Nummer drowwe uff odder die Nummer fer Member Services as uf dei Health Plan ID Card is.

Navajo: Naaltsoos hazaad bee hadilnééh bee áka'anída'awo'í dóó ata' dahalne'í t'áá jiik'eh ná hóló. Shika'adoowoł nínízingo, t'áá shǫǫdí hódahdi námboo bikí'ágíí doodago Bił Ha'dít'éhí Bika'aná'awo' nits'íís bee ha'dít'éhí ID ninaaltsoos nitł'izí bąąh námboo bikí'ágíí bee hodíilnih.

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Phone: Toll-free **1-800-368-1019**, **1-800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

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