

# CareFirst Formulary 4

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## 2023

**PLEASE READ:** This document contains information about the drugs we cover in this plan. This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at [carefirst.com](https://carefirst.com).

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit [carefirst.com/rxgroup](https://carefirst.com/rxgroup).

# Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of four drug tiers which determines the price you pay.

## Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

You may search the formulary for a drug by pressing “CTRL” and “F” at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain

drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.

- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at [carefirst.com/myaccount](http://carefirst.com/myaccount) and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

<b>Tier 0: \$0 Drugs</b>	<ul style="list-style-type: none"> <li>■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor.</li> <li>■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.</li> </ul>
<b>Tier 1: Generic Drugs \$</b>	<ul style="list-style-type: none"> <li>■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.</li> <li>■ Generic drugs generally cost less than brand-name drugs.</li> </ul>
<b>Tier 2: Brand Drugs \$\$</b>	<ul style="list-style-type: none"> <li>■ Brand-name drugs are chosen for their cost effectiveness compared to drug alternatives.</li> <li>■ Your cost-share will be more than generics.</li> </ul>
<b>Tier 3: Generic Specialty \$\$\$</b>	<ul style="list-style-type: none"> <li>■ Generic specialty drugs are medications that may be used to treat complex and/or rare health conditions.</li> <li>■ Generic specialty drugs may have a lower cost-share than brand specialty drugs.</li> </ul>
<b>Tier 4: Brand Specialty \$\$\$\$</b>	<ul style="list-style-type: none"> <li>■ Brand specialty drugs are medications that may be used to treat complex and/or rare health conditions.</li> <li>■ Your cost-share will be more than generic specialty drugs.</li> </ul>

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>		
<b>AMPHETAMINES</b>		
AMPHETAMI ER SUS 1.25/ML	1	QL (450 mL every 30 days)
<i>amphetamine sulfate tab 5 mg</i>	1	QL (120 tabs every 30 days)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (120 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	PA, QL (120 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	PA, QL (120 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	PA, QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	PA, QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	PA, QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	PA, QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1200 mL every 30 days)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (120 tabs every 30 days)

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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*Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account ([www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under the Coverage tab.*

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (30 tabs every 30 days)
<i>methamphetamine hcl tab 5 mg</i>	1	QL (150 tabs every 30 days)

**ANALEPTICS**

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
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**ANOREXIANTS NON-AMPHETAMINE**

<i>benzphetamine hcl tab 25 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>benzphetamine hcl tab 50 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab 25 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	PA; Coverage is subject to your plan/benefits
PHENDIMETRAZ CAP 105MG ER	1	PA; Coverage is subject to your plan/benefits
<i>phendimetrazine tartrate tab 35 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>phentermine hcl cap 15 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>phentermine hcl cap 30 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>phentermine hcl cap 37.5 mg</i>	1	PA; Coverage is subject to your plan/benefits
<i>phentermine hcl tab 37.5 mg</i>	1	PA; Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QSYMIA CAP 3.75-23	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	PA; Coverage is subject to your plan/benefits
<b>ANTI OBESITY AGENTS, INJECTABLE</b>		
SAXENDA INJ 18MG/3ML	2	PA; Coverage is subject to your plan/benefits
<b>ANTI OBESITY AGENTS, ORAL</b>		
orlistat cap 120 mg	1	PA; Coverage is subject to your plan/benefits
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (120 caps every 30 days)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (120 caps every 30 days)
atomoxetine hcl cap 25 mg (base equiv)	1	QL (120 caps every 30 days)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (60 caps every 30 days)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (30 caps every 30 days)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (30 caps every 30 days)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (30 caps every 30 days)
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX TAB 4.45MG	4	PA, QL (60 TABLETS PER 30 DAYS)
WAKIX TAB 17.8MG	4	PA, QL (60 TABLETS PER 30 DAYS)
<b>STIMULANTS - MISC.</b>		
<i>armodafinil tab 50 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 tabs every 30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 tabs every 30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (30 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>modafinil tab 100 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	1	PA, QL (60 tabs every 30 days)

**ALLERGENIC EXTRACTS/BIOLOGICALS MISC****ALLERGENIC EXTRACTS**

ORALAIR SUB 300 IR	2	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PALFORZIA CAP ESCALAT	2	PA
PALFORZIA CAP LEVEL 1	2	PA
PALFORZIA CAP LEVEL 2	2	PA
PALFORZIA CAP LEVEL 3	2	PA
PALFORZIA CAP LEVEL 4	2	PA
PALFORZIA CAP LEVEL 5	2	PA
PALFORZIA CAP LEVEL 6	2	PA
PALFORZIA CAP LEVEL 7	2	PA
PALFORZIA CAP LEVEL 8	2	PA
PALFORZIA CAP LEVEL 9	2	PA
PALFORZIA CAP LEVEL 10	2	PA
PALFORZIA POW LEVEL 11	2	PA

**AMINOGLYCOSIDES****AMINOGLYCOSIDES**

ARIKAYCE SUS	4	PA
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	

**ANALGESICS - ANTI-INFLAMMATORY****ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 pens per 28 days); LOADING DOSE: 8 pens per 14 days
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days
HADLIMA INJ 40/0.4ML	4	PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days
HADLIMA INJ 40/0.8ML	4	PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days
HADLIMA PUSH INJ 40/0.8ML	4	PA, QL (4 pens per 28 days); LOADING DOSE: 8 pens per 14 days

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA INJ 10/0.1ML	4	PA, QL (2 SYRINGES PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 20/0.2ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 40/0.4ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA KIT 40MG/0.8	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEDIA INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 2 syringes per 28 days.
HUMIRA PEDIA INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 3 syringes per 28 days.
HUMIRA PEN INJ 40/0.4ML	4	PA, QL (4.5 pens every 30 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40MG/0.8	4	PA, QL (4 PENS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN INJ 80/0.8ML	4	PA, QL (2 PENS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ CD/UC/HS	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 6 pens per 28 days.
HUMIRA PEN INJ PS/UV	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 4 pens per 28 days.
HUMIRA PEN KIT CD/UC/HS	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 3 pens per 28 days.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN KIT PED UC	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT PS/UV	4	PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HYRIMOZ	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days
HYRIMOZ INJ 10/0.1ML	4	PA, QL (2 syringes per 28 days)
HYRIMOZ INJ 20/0.2ML	4	PA, QL (4 syringes per 28 days)
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 pens per 28 days); LOADING DOSE: 8 pens per 14 days
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 syringes/pens per 28 days)
HYRIMOZ INJ 40/0.8ML	4	PA, QL (4 pen autoinjectors per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYRIMOZ INJ 40/0.8ML	4	PA, QL (4 syringes per 28 days)
HYRIMOZ INJ 80/0.8ML	4	PA, QL (2 pens PER 28 days); LOADING DOSE: 4 pens per 14 days
HYRIMOZ-PED INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 2 syringes per 28 days
HYRIMOZ-PED INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ TAB 15MG ER	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RINVOQ TAB 45MG ER	4	PA, QL (NOT FOR DAILY USE); referred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 84 tablets per 84 days
XELJANZ SOL 1MG/ML	4	PA, QL (240ML PER 24 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 5MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XELJANZ TAB 10MG	4	QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 11MG	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

#### **ANTIRHEUMATIC ANTIMETABOLITES**

RASUVO INJ 7.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 10MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 12.5MG	4	QL (4 INJ PER 28 DAYS)
RASUVO INJ 15MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 17.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 22.5MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 25MG	4	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 30MG	4	PA, QL (4 INJ PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
KEVZARA INJ 150/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
<i>diclofenac potassium tab 25 mg</i>	1	
<i>diclofenac potassium tab 25 mg</i>	1	PA, QL (1 tab every 28 days)
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
FENOPROFEN CAP 200MG	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	QL (1 cap every 30 days)
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TAB 10/20/30	4	PA, QL (55 TABLETS PER 28 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA TAB 30MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLCK INJ 125MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 50/0.4ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 87.5/0.7	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 125MG/ML	4	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25/0.5ML	4	PA, QL (8 SYRINGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 50MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 SYRINGES PER 28 DAYS
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 CARTRIDGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 CARTRIDGES PER 28 DAYS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 INJECTORS PER 28 DAYS

**ANALGESICS - NONNARCOTIC****ANALGESIC COMBINATIONS**

<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (60 tabs every 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (60 caps every 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (60 caps every 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (60 tabs every 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (60 caps every 30 days)

**SALICYLATES**

<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	

**ANALGESICS - OPIOID****OPIOID AGONISTS**

<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (60 caps every 30 days)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA, QL (60 caps every 30 days)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA, QL (60 caps every 30 days)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA, QL (60 caps every 30 days)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA, QL (60 caps every 30 days)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA, QL (60 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (16 mL per day)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (4 tabs per day)
<i>hydromorphone hcl tab 8 mg</i>	1	QL (60 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
<i>levorphanol tartrate tab 2 mg</i>	1	PA, QL (120 tabs every 30 days)
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (1.5 mL per day)
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (30 mL every 25 days)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (450 mL every 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (300 mL every 25 days)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>methadone hcl tab 10 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>methadone hcl tab for oral susp 40 mg</i>	1	PA, QL (9 tabs every 25 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 40 mg</i>	1	PA, QL (60 caps every 25 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (30 caps every 25 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA, QL (30 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (900 mL every 25 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (675 mL every 25 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 25 days)
<i>morphine sulfate suppos 5 mg</i>	1	PA, QL (180 supp every 25 days)
<i>morphine sulfate suppos 10 mg</i>	1	PA, QL (180 supp every 25 days)
<i>morphine sulfate suppos 20 mg</i>	1	PA, QL (120 supp every 25 days)
<i>morphine sulfate suppos 30 mg</i>	1	PA, QL (90 supp every 25 days)
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>morphine sulfate tab er 60 mg</i>	1	PA, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 100 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>morphine sulfate tab er 200 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (180 caps every 25 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (90 mL every 25 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (900 mL every 25 days)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (120 tabs every 25 days)
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (120 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (90 tabs every 25 days)
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (180 tabs every 25 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA

**OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (2700 mL every 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA, QL (390 tabs every 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (300 caps every 30 days)
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i>	1	PA, QL (300 tabs every 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (60 caps every 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL (60 caps every 30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL (60 caps every 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (2700 mL every 30 days)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL (2700 mL every 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (240 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (240 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (180 tabs every 30 days)

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (150 tabs every 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (150 tabs every 30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (150 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (240 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (240 tabs every 30 days)

**OPIOID PARTIAL AGONISTS**

BELBUCA MIS 75MCG	2	PA, QL (60 films every 30 days)
BELBUCA MIS 150MCG	2	PA, QL (60 films every 30 days)
BELBUCA MIS 300MCG	2	PA, QL (60 films every 30 days)
BELBUCA MIS 450MCG	2	PA, QL (60 films every 30 days)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	0	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	0	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films every 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (90 tabs every 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (90 tabs every 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (12 bottles every 30 days)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA

**ANDROGENS-ANABOLIC****ANABOLIC STEROIDS**

<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	

**ANDROGENS**

<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>methyltestosterone cap 10 mg</i>	1	
TESTOST CYP INJ 200MG/ML	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA

**ANORECTAL AND RELATED PRODUCTS****INTRARECTAL STEROIDS**

<i>hydrocortisone enema 100 mg/60ml</i>	1	
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**RECTAL COMBINATIONS**

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
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**RECTAL STEROIDS**

<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	

**ANTHELMINTICS****ANTHELMINTICS**

<i>albendazole tab 200 mg</i>	1	QL (336 tabs every year)
EMVERM CHW 100MG	2	QL (12 ea every year)
<i>ivermectin tab 3 mg</i>	1	PA, QL (9 tabs every 90 days)
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs every year)

**ANTI-INFECTIVE AGENTS - MISC.****ANTI-INFECTIVE AGENTS - MISC.**

<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIFAXAN TAB 550MG	2	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
<b>ANTIPROTOZOAL AGENTS</b>		
atovaquone susp 750 mg/5ml	1	
nitazoxanide tab 500 mg	1	QL (20 tabs every 30 days)
<b>GLYCOPEPTIDES</b>		
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps every 10 days)
<b>LEPROSTATICS</b>		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
<b>LINCOSAMIDES</b>		
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
<b>OXAZOLIDINONES</b>		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	1	PA
<b>URINARY ANTI-INFECTIVES</b>		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
nitrofurantoin macrocrystalline cap 25 mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
<b>ANTIAXIETY AGENTS</b>		
<b>ANTIAXIETY AGENTS - MISC.</b>		
<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	

**BENZODIAZEPINES**

ALPRAZOLAM CON 1 MG/ML	2	QL (300 mL every 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL (150 tabs every 30 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (150 tabs every 30 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (150 tabs every 30 days)
<i>alprazolam tab 1 mg</i>	1	QL (150 tabs every 30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs every 30 days)
<i>alprazolam tab er 24hr 0.5 mg</i>	1	QL (150 tabs every 30 days)
<i>alprazolam tab er 24hr 1 mg</i>	1	QL (150 tabs every 30 days)
<i>alprazolam tab er 24hr 2 mg</i>	1	QL (150 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alprazolam tab er 24hr 3 mg</i>	1	QL (90 tabs every 30 days)
<i>chlordiazepoxide hcl cap 5 mg</i>	1	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	1	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	1	QL (360 caps every 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs every 30 days)
<i>diazepam conc 5 mg/ml</i>	1	QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL every 30 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs every 30 days)
<i>lorazepam conc 2 mg/ml</i>	1	QL (150 mL every 30 days)
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs every 30 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs every 30 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs every 30 days)
<i>oxazepam cap 10 mg</i>	1	QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	1	QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (240 mL every 30 days)
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
DUPIXENT INJ 100/0.67	4	PA, QL (2 SYRINGES PER 28 DAYS)
DUPIXENT INJ 200/1.14	4	PA, QL (2 PFS PER 28 DAYS); LOADING DOSE:2 PFS PER 14 DAYS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 PENS PER 56 DAYS); LOADING DOSE: 3 PENS PER 84 DAYS
NUCALA INJ 40MG/0.4	4	PA, QL (1 SYRINGE PER 28 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 INJ PER 28 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 PFS PER 28 DAYS)
TEZSPIRE INJ 210MG	4	PA, QL (1 PEN PER 28 DAYS)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (120 vials every 30 days)
SPIRIVA AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA CAP HANDIHLR	2	QL (30 caps every 30 days)
SPIRIVA SPR 2.5MCG	2	QL (1 package every 25 days)
YUPELRI SOL	2	QL (90 mL every 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
<b>STEROID INHALANTS</b>		
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (120 mL every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (180 mL every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (60 mL every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLOVENT HFA AER 44MCG	2	QL (2 packages every 25 days); Covered for members 6 years of age and younger
FLOVENT HFA AER 110MCG	2	QL (2 packages every 25 days); Covered for members 6 years of age and younger
FLOVENT HFA AER 220MCG	2	QL (2 packages every 25 days); Covered for member 6 years of age and younger
<i>fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)</i>	1	QL (2 packages every 25 days); Covered for members 6 years of age and younger
<i>fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)</i>	1	QL (2 packages every 25 days); Covered for member 6 years of age and younger
<i>fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)</i>	1	QL (2 packages every 25 days); Covered for members 6 years of age and younger
PULMICORT INH 90MCG	2	QL (3 inhalers every 25 days)
PULMICORT INH 180MCG	2	QL (2 inhalers every 25 days)
QVAR REDIIHA AER 80MCG	2	QL (2 packages every 25 days); Covered for members 6 years of age and younger
QVAR REDIIHAL AER 40MCG	2	QL (2 packages every 25 days); Covered for members 6 years of age and younger

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKU AER 100/50	1	QL (60 inhalations every 30 days); Tier 1 with DAW9
ADVAIR DISKU AER 250/50	1	QL (60 inhalations every 30 days); Tier 1 with DAW9
ADVAIR DISKU AER 500/50	1	QL (60 inhalations every 30 days); Tier 1 with DAW9
AIRSUPRA AER 90-80MCG	2	QL (3 packages per 30 days)
ALBUTEROL NEB 0.5%	2	QL (60 mL every 30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 packages every 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (120 ea every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (60 mL every 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	QL (60 blisters every 30 days)
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (120 mL every 30 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package every 25 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	QL (1 inhaler every 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	QL (1 inhaler every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	QL (1 inhaler every 30 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (60 mL every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (540 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (90 ea every 30 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers every 30 days)
PERFOROMIST NEB 20MCG	2	QL (120 mL every 30 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
SYMBICORT AER 80-4.5	2	QL (3 packages every 25 days); Tier 2 with DAW9
SYMBICORT AER 160-4.5	2	QL (3 packages every 25 days); Tier 2 with DAW9
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
<b>XANTHINES</b>		
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
<b>DIRECT FACTOR XA INHIBITORS</b>		
<i>ELIQUIS ST P TAB 5MG</i>	2	
<i>ELIQUIS TAB 2.5MG</i>	2	
<i>ELIQUIS TAB 5MG</i>	2	
<i>XARELTO STAR TAB 15/20MG</i>	2	
<i>XARELTO TAB 2.5MG</i>	2	
<i>XARELTO TAB 10MG</i>	2	
<i>XARELTO TAB 15MG</i>	2	
<i>XARELTO TAB 20MG</i>	2	
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	PA

**ANTICONVULSANTS****ANTICONVULSANTS - BENZODIAZEPINES**

<i>clobazam suspension 2.5 mg/ml</i>	1	PA
<i>clobazam tab 10 mg</i>	1	PA
<i>clobazam tab 20 mg</i>	1	PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	QL (300 tabs every 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	QL (300 tabs every 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	QL (300 tabs every 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	1	QL (300 tabs every 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	1	QL (300 tabs every 30 days)
<i>clonazepam tab 0.5 mg</i>	1	QL (300 tabs every 30 days)
<i>clonazepam tab 1 mg</i>	1	QL (300 tabs every 30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tabs every 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	

**ANTICONVULSANTS - MISC.**

<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
<i>gabapentin cap 100 mg</i>	1	QL (180 capsules per 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (180 capsules per 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (180 capsules per 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (72 mL per day)
<i>gabapentin tab 600 mg</i>	1	QL (180 capsules per 30 days)
<i>gabapentin tab 800 mg</i>	1	QL (120 tablets per 30 days)
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	QL (90 tabs every 30 days)
<i>lamotrigine tab 150 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
<i>pregabalin cap 25 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 50 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 75 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 100 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 150 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 200 mg</i>	1	QL (90 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin cap 225 mg</i>	1	QL (60 caps every 30 days)
<i>pregabalin cap 300 mg</i>	1	QL (60 caps every 30 days)
<i>pregabalin soln 20 mg/ml</i>	1	QL (1080 mL every 30 days)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>topiramate cap er 24hr 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
<b>CARBAMATES</b>		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
<b>GABA MODULATORS</b>		
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	3	PA, QL (180 PACKETS PER 30 DAYS)
<i>vigabatrin tab 500 mg</i>	3	PA, QL (180 TABLETS PER 30 DAYS)
<b>HYDANTOINS</b>		
<i>DILANTIN CAP 30MG</i>	2	
<i>phenytoin chew tab 50 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<b>VALPROIC ACID</b>		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	QL (40 tabs every 30 days)
<i>maprotiline hcl tab 75 mg</i>	1	
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	

**TRICYCLIC AGENTS**

<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	QL (60 tabs every 30 days)
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

**ANTIDIABETICS****ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 60 INJ 1000MCG	2	ST
SYMLNPEN 120 INJ 1000MCG	2	ST
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	1	ST
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 25-15 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 25-30 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 25-45 mg</i>	1	ST
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
JENTADUETO TAB 2.5-500	2	ST, PA
JENTADUETO TAB 2.5-850	2	ST, PA
JENTADUETO TAB 2.5-1000	2	ST, PA
JENTADUETO TAB XR	2	ST, PA
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
SOLIQUA INJ 100/33	2	ST
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
<b>BIGUANIDES</b>		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
<b>DIABETIC OTHER</b>		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	PA, QL (1.08 mL every 30 days)
GLUCAGEN INJ HYPOKIT	2	
<i>glucagon (rdna) for inj kit 1 mg</i>	1	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	ST
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	ST
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	ST
TRADJENTA TAB 5MG	2	ST, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INCRETIN MIMETIC AGENTS</b>		
OZEMPIC INJ 2MG/3ML	2	ST, QL (1 pen every 30 days)
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
OZEMPIC INJ 2/1.5ML	2	ST, QL (1 pen every 30 days); Starter Pen
OZEMPIC INJ 4MG/3ML	2	ST, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	ST, QL (1 pen every 25 days)
RYBELSUS TAB 3MG	2	ST, QL (30 tabs every 30 days)
RYBELSUS TAB 7MG	2	ST, QL (30 tabs every 30 days)
RYBELSUS TAB 14MG	2	ST, QL (30 tabs every 30 days)
TRULICITY INJ 0.75/0.5	2	ST, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	ST, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	ST, QL (8 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	ST, QL (8 pens every 30 days)
VICTOZA INJ 18MG/3ML	2	ST, QL (3 pens every 30 days)
<b>INSULIN</b>		
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG	2	ST
FARXIGA TAB 10MG	2	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
<b>SULFONYLUREAS</b>		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
<i>tolbutamide tab 500 mg</i>	1	
<b>ANTI-DIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
<i>deferasirox granules packet 90 mg</i>	3	PA
<i>deferasirox granules packet 180 mg</i>	3	PA
<i>deferasirox granules packet 360 mg</i>	3	PA
<i>deferasirox tab 90 mg</i>	3	PA
<i>deferasirox tab 180 mg</i>	3	PA
<i>deferasirox tab 360 mg</i>	3	PA
<i>deferasirox tab for oral susp 125 mg</i>	3	PA
<i>deferasirox tab for oral susp 250 mg</i>	3	PA
<i>deferasirox tab for oral susp 500 mg</i>	3	PA
<i>deferiprone tab 500 mg</i>	3	PA
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
VISTOGARD PAK 10GM	4	QL (20 PACKETS PER 5 DAYS)
<b>OPIOID ANTAGONISTS</b>		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naltrexone hcl tab 50 mg</i>	0	
NARCAN SPR 4MG	2	QL (4 sprays every 180 days)

**ANTIEMETICS****5-HT3 RECEPTOR ANTAGONISTS**

<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL every 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 ea every 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs every 21 days)

**ANTIEMETICS - ANTICHOLINERGIC**

MECLIZINE TAB 50MG	2	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	

**ANTIEMETICS - MISCELLANEOUS**

<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	

**SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps every 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 ea every 21 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	QL (6 caps every 21 days)

**ANTIFUNGALS****ANTIFUNGALS**

<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nystatin oral powder</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>voriconazole for inj 200 mg</i>	1	PA
<i>voriconazole for susp 40 mg/ml</i>	1	PA
<i>voriconazole tab 50 mg</i>	1	PA
<i>voriconazole tab 200 mg</i>	1	PA
<b>ANTI-HISTAMINES</b>		
<b>ANTI-HISTAMINES - ETHANOLAMINES</b>		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
<b>ANTI-HISTAMINES - NON-SEDATING</b>		
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<b>ANTI-HISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl tab 50 mg</i>	1	
<b>ANTIHISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	1	PA; Tier 1 with DAW9
VASCEPA CAP 1GM	1	PA; Tier 1 with DAW9
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	

**HMG COA REDUCTASE INHIBITORS**

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	\$0 copay for members age 40 through 75

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tab 10 mg</i>	1	
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT INJ 75MG/ML	2	PA, QL (2 PENS PER 28 DAYS)
PRALUENT INJ 150MG/ML	2	PA, QL (2 PENS PER 28 DAYS)
REPATHA INJ 140MG/ML	2	PA, QL (3 SYRINGES PER 28 DAYS)
REPATHA SURE INJ 140MG/ML	2	PA, QL (3 PENS PER 28 DAYS)
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>metyrosine cap 250 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	PA
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>methyldopa &amp; hydrochlorothiazide tab 250-15 mg</i>	1	
<i>methyldopa &amp; hydrochlorothiazide tab 250-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
<b>VASODILATORS</b>		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine tab 25 mg</i>	1	PA
<i>quinine sulfate cap 324 mg</i>	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 30 mg</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PRIFTIN TAB 150MG	2	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rifampin cap 300 mg</i>	1	
TRECTOR TAB 250MG	2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	
LEUKERAN TAB 2MG	0	
<i>melphalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<b>ANTIMETABOLITES</b>		
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	3	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	3	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	3	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	3	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	3	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	3	\$0 copay based on your plan/benefit
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	\$0 copay based on your plan/benefit
ONUREG TAB 200MG	0	PA, QL (14 TABLETS PER 28 DAYS)
ONUREG TAB 300MG	0	PA, QL (14 TABLETS PER 28 DAYS)
TABLOID TAB 40MG	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA TAB 5MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LENVIMA CAP 8 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 14 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 20 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
TUKYSA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA TAB 10MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 100MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VENCLEXTA TAB START PK	0	PA, QL (1 PACK EVERY 28 DAYS)
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
GILOTRIF TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 30MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSE TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSE TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP 150MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ODOMZO CAP 200MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
<i>anastrozole tab 1 mg</i>	0	
<i>bicalutamide tab 50 mg</i>	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>exemestane tab 25 mg</i>	0	
<i>flutamide cap 125 mg</i>	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	3	PA
LUPRON DEPOT INJ 3.75MG	4	PA
LUPRON DEPOT INJ 11.25MG	4	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	PA, QL (60 tabs every 25 days)
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
XTANDI CAP 40MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XTANDI TAB 40MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XTANDI TAB 80MG	0	PA, QL (60 TABLETS PER 30 DAYS)
YONSA TAB 125MG	0	PA, QL (120 tabs every 30 days)
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 2MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 3MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 4MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
<b>ANTINEOPLASTIC COMBINATIONS</b>		
KISQALI 600 PAK FEMARA	0	PA, QL (91 TABLETS PER 28 DAYS)
LONSURF TAB 15-6.14	0	PA, QL (100 TABLETS 28 DAYS)
LONSURF TAB 20-8.19	0	PA, QL (80 TABLETS 28 DAYS)
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
AFINITOR DIS TAB 2MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 3MG	0	PA, QL (90 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AFINITOR TAB 10MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALECENSA CAP 150MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
ALUNBRIG PAK	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 30MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ALUNBRIG TAB 90MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 180MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BOSULIF TAB 100MG	0	PA, QL (90 TABLETS PER 30 DAYS)
BOSULIF TAB 400MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BOSULIF TAB 500MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BRAFTOVI CAP 75MG	0	QL (180 CAPSULES PER 30 DAYS)
BRAFTOVI CAP 75MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
BRUKINSA CAP 80MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
CABOMETYX TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 60MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CALQUENCE CAP 100MG	0	PA, QL (60 caps every 30 days)
CALQUENCE TAB 100MG	0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAPRELSA TAB 300MG	0	PA, QL (30 TABLETS PER 30 DAYS)
COPIKTRA CAP 15MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
COPIKTRA CAP 25MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
COTELLIC TAB 20MG	0	PA, QL (63 TABLETS 28 DAYS)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>everolimus tab 5 mg</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
GAVRETO CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
IBRANCE CAP 75MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 100MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 125MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE TAB 75MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 100MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 125MG	0	PA, QL (21 TABLETS PER 28 DAYS)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
IMBRUVICA CAP 70MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
IMBRUVICA CAP 140MG	0	PA, QL (90 CAPSULES PER 30 DAYS)

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMBRUVICA SUS 70MG/ML	0	PA, QL (216 ML PER 36 DAYS)
IMBRUVICA TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 280MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 420MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 560MG	0	PA, QL (30 TABLETS PER 30 DAYS)
JAKAFI TAB 5MG	4	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 10MG	4	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 15MG	4	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 20MG	4	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 25MG	4	PA, QL (60 TABLETS PER 30 DAYS)
KOSELUGO CAP 10MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
KOSELUGO CAP 25MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
LORBRENA TAB 25MG	4	PA, QL (90 TABLETS PER 30 DAYS)
LORBRENA TAB 100MG	4	PA, QL (30 TABLETS PER 30 DAYS)
LUMAKRAS TAB 120MG	0	PA, QL (240 TABS PER 30 DAYS)
LUMAKRAS TAB 320MG	0	PA, QL (90 TABLETS PER 30 DAYS)
MEKINIST SOL 0.05/ML	0	PA, QL (12 bottles per 28 days)
MEKTOVI TAB 15MG	0	PA, QL (180 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NERLYNX TAB 40MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NEXAVAR TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
NINLARO CAP 2.3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 4MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
PIQRAY 200MG TAB DOSE	0	PA, QL (28 TABLETS PER 28 DAYS)
PIQRAY 250MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
PIQRAY 300MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
RETEVMO CAP 40MG	0	PA, QL (60 TABLETS PER 30 DAYS)
RETEVMO CAP 80MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ROZLYTREK CAP 100MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ROZLYTREK CAP 200MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
RYDAPT CAP 25MG	0	PA, QL (224 CAPSULES PER 28 DAYS)
SPRYCEL TAB 20MG	0	PA, QL (90 TABLETS PER 30 DAYS)
SPRYCEL TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 70MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPRYCEL TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 12.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 25MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 37.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 50MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
TAFINLAR TAB 10MG	0	PA, QL (4 bottles (210 tabs per bottle) per 28 days)
VERZENIO TAB 50MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 100MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 150MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 200MG	0	PA, QL (56 TABLETS PER 28 DAYS)
XOSPATA TAB 40MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ZEJULA CAP 100MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ZEJULA TAB 100MG	0	PA, QL (30 TABS PER 30 DAYS)
ZEJULA TAB 200MG	0	PA, QL (30 TABS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZEJULA TAB 300MG	0	PA, QL (30 TABS PER 30 DAYS)
ZELBORAF TAB 240MG	0	PA, QL (240 TABLETS PER 30 DAYS)
ZOLINZA CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
ZYDELIG TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ZYDELIG TAB 150MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ZYKADIA TAB 150MG	0	PA, QL (90 TABLETS PER 30 DAYS)
<b>ANTINEOPLASTICS MISC.</b>		
<i>bexarotene cap 75 mg</i>	0	PA
<i>hydroxyurea cap 500 mg</i>	0	
MATULANE CAP 50MG	0	
<i>tretinoin cap 10 mg</i>	0	
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
MESNEX TAB 400MG	0	
<b>MITOTIC INHIBITORS</b>		
<i>etoposide cap 50 mg</i>	0	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa tab 25 mg</i>	1	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone tab 200 mg</i>	1	
<i>tolcapone tab 100 mg</i>	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INBRIJA CAP 42MG	4	PA, QL (300 CAPSULES PER 30 DAYS)
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<b>ANTIPSYCHOTICS - MISC.</b>		
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
<b>BENZISOXAZOLES</b>		
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
<b>BUTYROPHENONES</b>		
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
<b>DIBENZAPINES</b>		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
<b>DIHYDROINDOLONES</b>		
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl inj 25 mg/ml</i>	1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	1	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1	
<i>prochlorperazine edisylate inj 50 mg/10ml</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<b>QUINOLINONE DERIVATIVES</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	QL (23.077 injections every year)
ARISTADA INJ INITIO	2	
<b>THIOXANTHENES</b>		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<i>formaldehyde solution 10%</i>	1	
<i>hydrogen peroxide soln 30%</i>	1	
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
BIKTARVY TAB	2	QL (30 TABLETS PER 30 DAYS)
BIKTARVY TAB	2	PA, QL (30 TABLETS PER 30 DAYS)
DESCOVY TAB 120-15MG	2	PA, QL (30 TABLETS PER 30 DAYS); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DESCOVY TAB 200/25MG	2	PA, QL (30 TABLETS PER 30 DAYS); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DOVATO TAB 50-300MG	2	QL (30 TABLETS PER 30 DAYS)
EDURANT TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 TABLETS PER 30 DAYS); \$0 copay for pre exposure prophylaxis
EMTRIVA SOL 10MG/ML	2	QL (680 ML PER 28 DAYS)
EVOTAZ TAB 300-150	2	QL (30 TABLETS PER 30 DAYS)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 TABLETS PER 30 DAYS)
FUZEON INJ 90MG	2	PA, QL (60 VIALS PER 30 DAYS)
GENVOYA TAB	2	QL (30 TABLETS PER 30 DAYS)
INTELENCE TAB 25MG	2	QL (120 TABLETS PER 30 DAYS)
ISENTRESS CHW 25MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS CHW 100MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS HD TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
ISENTRESS POW 100MG	2	QL (60 PACKETS PER 30 DAYS)
ISENTRESS TAB 400MG	2	QL (120 TABLETS PER 30 DAYS)

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JULUCA TAB 50-25MG	2	PA, QL (30 TABLETS PER 30 DAYS)
LEXIVA TAB 700MG	2	QL (120 TABLETS PER 30 DAYS)
<i>nevirapine tab 200 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (90 TABLETS PER 30 DAYS)
NORVIR POW 100MG	2	QL (360 PACKETS PER 30 DAYS)
NORVIR SOL 80MG/ML	2	QL (480 ML PER 30 DAYS)
NORVIR TAB 100MG	2	QL (360 TABLETS PER 30 DAYS)
ODEFSEY TAB	2	QL (30 TABLETS PER 30 DAYS)
PREZCOBIX TAB 800-150	2	QL (30 TABLETS PER 30 DAYS)
PREZISTA SUS 100MG/ML	2	QL (400 ML PER 30 DAYS)
PREZISTA TAB 75MG	2	QL (300 TABLETS PER 30 DAYS)
PREZISTA TAB 150MG	2	QL (180 TABLETS PER 30 DAYS)
PREZISTA TAB 600MG	2	QL (30 TABLETS PER 30 DAYS)
PREZISTA TAB 800MG	2	QL (60 TABLETS PER 30 DAYS)
<i>ritonavir tab 100 mg</i>	1	QL (360 TABLETS PER 30 DAYS)
RUKOBIA TAB 600MG ER	2	PA, QL (60 TABLETS PER 30 DAYS)
<i>stavudine cap 15 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 20 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 30 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>stavudine cap 40 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
SUNLENCA TAB 300MG	2	QL (4 tablets per 2 days)
SUNLENCA TAB 300MG	2	QL (5 tablets per 8 days)
SYMTUZA TAB	2	QL (30 TABLETS PER 30 DAYS)
TIVICAY PD TAB 5MG	2	QL (360 TABLETS PER 30 DAYS)
TIVICAY TAB 10MG	2	QL (240 TABLETS PER 30 DAYS)
TIVICAY TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
TIVICAY TAB 50MG	2	QL (60 TABLETS PER 30 DAYS)
TRIUMEQ PD TAB	2	QL (180 TABLETS PER 30 DAYS)
TRIUMEQ TAB	2	QL (30 TABLETS PER 30 DAYS)
<i>zidovudine tab 300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<b>CMV AGENTS</b>		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 ML PER 30 DAYS)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (120 TABLETS FOR 30 DAYS)
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil tab 10 mg</i>	1	
<i>entecavir tab 0.5 mg</i>	1	QL (30 TABS PER 30 DAYS)
<i>entecavir tab 1 mg</i>	1	QL (30 TABS PER 30 DAYS)
EPCLUSA PAK 150-37.5	4	PA, QL (28 TABLETS PER 28 DAYS)
EPCLUSA PAK 200-50MG	4	PA, QL (28 TABLETS PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPCLUSA TAB 200-50MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	4	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	4	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>ribavirin cap 200 mg</i>	3	PA
<i>ribavirin tab 200 mg</i>	3	PA
VEMLIDY TAB 25MG	2	QL (30 TABLETS PER 30 DAYS)
VOSEVI TAB	4	PA, QL (28 TABLETS PER 28 DAYS); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)

**HERPES AGENTS**

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (360 mL every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO CAP 200MG	2	PA, QL (40 caps every 30 days)
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/afI) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afI) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afI) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

**CALCIUM CHANNEL BLOCKERS****CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	

**CARDIOTONICS****CARDIAC GLYCOSIDES**

<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.0625MG	2	

**CARDIOVASCULAR AGENTS - MISC.****CARDIAC MYOSIN INHIBITORS**

CAMZYOS CAP 2.5MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
CAMZYOS CAP 5MG	4	PA, QL (30 CAPSULES PER 30 DAYS)

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAMZYOS CAP 10MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
CAMZYOS CAP 15MG	4	PA, QL (30 CAPSULES PER 30 DAYS)

**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	

**IMPOTENCE AGENTS**

<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
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**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs every 30 days)
<i>tadalafil tab 2.5 mg</i>	1	ST, QL (30 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 5 mg</i>	1	ST, QL (30 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardeafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardeafil hcl tab 2.5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardeafil hcl tab 5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardeafil hcl tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardeafil hcl tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

**PROSTAGLANDIN VASODILATORS**

ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORENITRAM TAB 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA
ORENITRAM TAB MONTH 2	4	PA
ORENITRAM TAB MONTH 3	4	PA
TYVASO REFIL SOL 0.6MG/ML	4	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO SOL 0.6MG/ML	4	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO START SOL 0.6MG/ML	4	PA, QL (28 AMPULES PER 28 DAYS)
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tab 5 mg</i>	3	PA, QL (30 TABLETS PER 30 DAYS)
<i>ambrisentan tab 10 mg</i>	3	PA, QL (30 TABLETS PER 30 DAYS)
<i>bosentan tab 62.5 mg</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
<i>bosentan tab 125 mg</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
OPSUMIT TAB 10MG	4	PA, QL (30 TABLETS PER 30 DAYS)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>sildenafil citrate for suspension 10 mg/ml</i>	3	PA, QL (784 ML PER 30 DAYS)
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (360 TABLETS PER 30 DAYS)
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI PACK TAB 200/800	4	PA, QL (1 PACK EVERY 28 DAYS)
UPTRAVI TAB 200MCG	4	PA, QL (140 TABLETS PER 28 DAYS)
UPTRAVI TAB 400MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 600MCG	4	PA, QL (60 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UPTRAVI TAB 800MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1000MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1200MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1400MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1600MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB 0.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2MG	4	PA, QL (90 TABLETS PER 30 DAYS)
<b>SINUS NODE INHIBITORS</b>		
CORLANOR SOL 5MG/5ML	2	PA
CORLANOR TAB 5MG	2	PA
CORLANOR TAB 7.5MG	2	PA
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX CAP 61MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	QL (90 mL every year)
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	0	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
LO LOESTRIN TAB 1-10-10	0	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	PA, QL (60 ea every 30 days)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
YAZ TAB 3-0.02MG	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<i>ANNOVERA MIS</i>	0	QL (1 ring every 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 rings every 300 days)
<b>COPPER CONTRACEPTIVES - IUD</b>		
<i>PARAGARD IUD T380A</i>	2	
<b>EMERGENCY CONTRACEPTIVES</b>		
<i>ELLA TAB 30MG</i>	0	
<i>levonorgestrel tab 1.5 mg</i>	0	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 injections every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections every 300 days)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone tab 0.35 mg</i>	0	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (27)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone tab therapy pack 1.5 mg (49)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	2	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
ORTIKOS CAP 6MG ER	2	
ORTIKOS CAP 9MG ER	2	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
UCERIS TAB 9MG	1	Tier 1 with DAW9
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (210 mL every 30 days)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL (42 tabs every 30 days)
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (70 mL every 30 days)
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (210 mL every 30 days)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL (210 mL every 30 days)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
<b>MUCOLYTICS</b>		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
<i>benzoyl peroxide foam 5.3%</i>	1	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide gel 8%</i>	1	
<i>benzoyl peroxide liq 7%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (47 gm every 30 days)
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (60 gm every 30 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 mL every 30 days)
<i>clindamycin phosphate soln 1%</i>	1	QL (60 mL every 30 days)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
<i>erythromycin gel 2%</i>	1	QL (60 gm every 30 days)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (60 mL every 30 days)
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PR BENZOYL LIQ 7% WASH	1	
resorcinol-sulfur lotion 2-5%	1	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	PA, QL (150 mL every 21 days)
<b>ANTIBIOTICS - TOPICAL</b>		
gentamicin sulfate cream 0.1%	1	QL (120 gm every 25 days)
gentamicin sulfate oint 0.1%	1	QL (120 gm every 25 days)
mupirocin oint 2%	1	QL (30 gm every 30 days)
<b>ANTIFUNGALS - TOPICAL</b>		
ciclopirox gel 0.77%	1	QL (120 gm every 25 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 gm every 25 days)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120 mL every 25 days)
ciclopirox shampoo 1%	1	QL (120 mL every 25 days)
ciclopirox solution 8%	1	
clotrimazole soln 1%	1	QL (120 mL every 25 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate cream 1%	1	QL (60 gm every 25 days)
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketoconazole cream 2%</i>	1	QL (120 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL every 25 days)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (100 gm every 25 days)
<i>naftifine hcl cream 1%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl cream 2%</i>	1	QL (60 gm every 25 days)
<i>naftifine hcl gel 1%</i>	1	QL (120 gm every 25 days)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	ST, QL (90 gm every 25 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 gm every 25 days)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 mL every 25 days)
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
<i>fluorouracil cream 0.5%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
<b>ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene foam 0.005%</i>	1	PA
<i>calcipotriene oint 0.005%</i>	1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX INJ 75MG/0.5	4	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:5 SYRINGES PER 35 DAYS
COSENTYX INJ 125/5ML	4	PA
COSENTYX INJ 150MG/ML	4	PA, QL (1 SYRINGES PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis dependent
COSENTYX INJ 300DOSE	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 PENS PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
COSENTYX PEN INJ 300DOSE	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
COSENTYX UNO INJ 300/2ML	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
<i>methoxsalen rapid cap 10 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SKYRIZI INJ 150DOSE	4	PA, QL (2 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 4 SYRINGES PER 28 DAYS
SKYRIZI INJ 150MG/ML	4	PA, QL (1 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 SYRINGES PER 28 DAYS
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 SYRINGES PER 28 DAYS
SOTYKTU TAB 6MG	4	PA, QL (30 TABLETS PER 30 DAYS)
STELARA INJ 45MG/0.5	4	PA, QL (1 SYRINGES PER 12 WEEKS (84 DAYS)); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STELARA INJ 45MG/0.5	4	PA, QL (1 VIALS PER 12 WEEKS); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
STELARA INJ 90MG/ML	4	PA, QL (1 PFS PER 8 WEEKS (56 DAYS)); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
TALTZ INJ 80MG/ML	4	PA, QL (1 PFS PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
TALTZ INJ 80MG/ML	4	PA, QL (1 SYRINGES PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
tazarotene cream 0.1%	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TREMFYA INJ 100MG/ML	4	PA, QL (1 PENS PER 8 WEEKS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 INJ PER 28 DAYS
TREMFYA INJ 100MG/ML	4	PA, QL (1 PFS PER 8 WEEKS (56 DAYS)); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 INJ PER 28 DAYS
<b>ANTISEBORRHEIC PRODUCTS</b>		
selenium sulfide lotion 2.5%	1	
<b>ANTIVIRALS - TOPICAL</b>		
acyclovir oint 5%	1	
penciclovir cream 1%	1	
<b>BURN PRODUCTS</b>		
mafenide acetate packet for topical soln 5% (50 gm)	1	
silver sulfadiazine cream 1%	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
alclometasone dipropionate cream 0.05%	1	QL (120 gm every 30 days)
alclometasone dipropionate oint 0.05%	1	QL (120 gm every 30 days)
amcinonide cream 0.1%	1	QL (120 gm every 30 days)
amcinonide lotion 0.1%	1	QL (120 mL every 30 days)
amcinonide oint 0.1%	2	QL (120 gm every 30 days)
betamethasone dipropionate augmented cream 0.05%	1	QL (120 gm every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120 gm every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120 gm every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120 gm every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate spray 0.05%</i>	1	QL (120 mL every 30 days)
<i>desonide cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>desonide lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone cream 0.25%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone gel 0.05%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone oint 0.25%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone spray 0.25%</i>	1	QL (120 mL every 30 days)
ENSTILAR AER	2	PA
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120 gm every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 gm every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120 gm every 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120 mL every 30 days)
<i>fluocinonide cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluocinonide oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluocinonide soln 0.05%</i>	1	QL (120 mL every 30 days)
<i>flurandrenolide oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120 gm every 30 days)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120 mL every 30 days)
<i>hydrocortisone cream 1%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone cream 2.5%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone lotion 2.5%</i>	1	QL (120 mL every 30 days)
<i>hydrocortisone oint 1%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone oint 2.5%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120 gm every 30 days)
IMPEKLO LOT 0.05%	2	QL (120 gm every 30 days)
<i>mometasone furoate cream 0.1%</i>	1	QL (120 gm every 30 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (120 gm every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mL every 30 days)
<i>prednicarbate cream 0.1%</i>	1	QL (120 gm every 30 days)
<i>prednicarbate oint 0.1%</i>	1	QL (120 gm every 30 days)
TACLONEX OIN	2	QL (6 gm every 30 days)
TACLONEX SUS	2	PA
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120 gm every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120 gm every 30 days)
<b>ECZEMA AGENTS</b>		
ADBRY INJ 150MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); LOADING DOSE: 4 SYRINGES PER 14 DAYS
CIBINQO TAB 50MG	4	PA, QL (30 TABLETS PER 30 DAYS)
CIBINQO TAB 100MG	4	PA, QL (30 TABLETS PER 30 DAYS)
CIBINQO TAB 200MG	4	PA, QL (30 TABLETS PER 30 DAYS)
DUPIXENT INJ 200MG	4	PA, QL (2 PENS (400 MG) PER 28 DAYS); LOADING DOSE: 2 PENS (400 MG) PER 14 DAYS
DUPIXENT INJ 300/2ML	4	PA, QL (4 PENS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (4 PFS PER 28 DAYS)
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea cream 39%</i>	1	
<b>EMOLLIENTS</b>		
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus cream 1%</i>	1	ST
<i>tacrolimus oint 0.1%</i>	1	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tacrolimus oint 0.03%</i>	1	ST
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox soln 0.5%</i>	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl gel 2%</i>	1	QL (30 gm every 25 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (12 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (3 injections every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 25 days)
<i>lidocaine patch 4%</i>	1	
<i>lidocaine patch 5%</i>	1	PA, QL (90 ea every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)
<b>ROSACEA AGENTS</b>		
<i>azelaic acid gel 15%</i>	1	
<i>metronidazole cream 0.75%</i>	1	QL (60 gm every 25 days)
<i>metronidazole gel 0.75%</i>	1	QL (60 gm every 25 days)
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	QL (60 mL every 25 days)
ORACEA CAP 40MG	1	Tier 1 with DAW9
SOOLANTRA CRE 1%	1	Tier 1 with DAW9
<b>SCABICIDES &amp; PEDICULICIDES</b>		
<i>crotamiton lotion 10%</i>	1	
<i>ivermectin lotion 0.5%</i>	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>TAR PRODUCTS</b>		
coal tar soln 20%	1	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ONETOUCH TES ULTRA	0	QL (150 strips every 30 days)
ONETOUCH TES VERIO	0	
ONETOUCH TES VERIO	0	QL (150 strips every 30 days)
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
CAMINO PRO LIQ 15PE	2	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	2	PA; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	2	PA; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	2	PA; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	2	PA; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	2	PA; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	2	Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	2	Coverage is subject to your plan/benefits
EO28 SPLASH LIQ ORANGE	2	PA; Coverage is subject to your plan/benefits
F.A.A. LIQ	2	PA; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	2	PA; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	2	PA; Coverage is subject to your plan/benefits

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUCERNA 1.0 LIQ CARB VAN	2	PA; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	2	PA; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	2	PA; Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	2	Coverage is subject to your plan/benefits
HCU EXPRESS PAK	2	Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	2	PA; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	2	PA; Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	2	PA; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
LANAFLEX PAK	2	Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	2	PA; Coverage is subject to your plan/benefits
LOPHLEX POW	2	Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	2	PA; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	2	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
NOVASOURCE LIQ RENAL	2	PA; Coverage is subject to your plan/benefits

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUTRAMINE PAK	2	PA; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	2	PA; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	2	PA; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
NUTREN JR LIQ	2	PA; Coverage is subject to your plan/benefits
NUTREN LIQ JUNIOR	2	PA; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	2	PA; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	2	PA; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	2	PA; Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	2	PA; Coverage is subject to your plan/benefits
OSMOLITE LIQ	2	PA; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	2	PA; Coverage is subject to your plan/benefits
OXEPA LIQ	2	PA; Coverage is subject to your plan/benefits
PEDIASURE EN LIQ /FIBER	2	PA; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	2	PA; Coverage is subject to your plan/benefits

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEPTAMEN LIQ PREBIO1	2	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	2	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	2	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
PERATIVE LIQ	2	PA; Coverage is subject to your plan/benefits
PHLEXY-10 POW	2	PA; Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	2	PA; Coverage is subject to your plan/benefits
PKU EXPLORE5 POW UNFLAVOR	2	Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	2	Coverage is subject to your plan/benefits
PRO-PHREE POW	2	Coverage is subject to your plan/benefits
PROMOTE 1.0 LIQ W/ FIBER	2	PA; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	2	PA; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	2	PA; Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	2	PA; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	2	PA; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	2	PA; Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RESOURCE DIA LIQ TF	2	PA; Coverage is subject to your plan/benefits
S.O.S. 20 POW	2	Coverage is subject to your plan/benefits
S.O.S. 25 POW	2	Coverage is subject to your plan/benefits
SUPLINA LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
TOLEREX POW	2	PA; Coverage is subject to your plan/benefits
TWOCAL HN LIQ	2	PA; Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	2	PA; Coverage is subject to your plan/benefits
ULTRACAL LIQ	2	PA; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	2	PA; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	2	Coverage is subject to your plan/benefits
VITAL HN POW	2	PA; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	2	PA; Coverage is subject to your plan/benefits

**DIGESTIVE AIDS*****DIGESTIVE ENZYMES***

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	2	PA
PANCREAZE CAP 4200UNIT	2	PA
PANCREAZE CAP 10500UNT	2	PA
PANCREAZE CAP 16800UNT	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PANCREAZE CAP 21000UNT	2	PA
PERTZYE CAP 4000UNIT	2	PA
PERTZYE CAP 8000UNIT	2	PA
PERTZYE CAP 16000U	2	PA
PERTZYE CAP 24000U	2	PA
SUCRAID SOL 8500/ML	2	PA, QL (354 mL per 30 days)
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA

**DIURETICS****CARBONIC ANHYDRASE INHIBITORS**

<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	

**DIURETIC COMBINATIONS**

ALDACTAZIDE TAB 50/50	2	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LOOP DIURETICS</b>		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 600/2.4	4	PA, QL (1 PENS FOR 28 DAYS)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
TYMLOS INJ	4	PA, QL (1 PEN PER 30 DAYS)
<b>FERTILITY REGULATORS</b>		
<i>clomiphene citrate tab 50 mg</i>	1	Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	4	PA, QL (10 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	4	PA, QL (6 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	4	PA, QL (60 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GONAL-F RFF INJ 300/0.5	4	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.75	4	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.5	4	PA, QL (7 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	4	PA
OVIDREL INJ	4	PA; Coverage is subject to your plan/benefits
<b>GNRH/LHRH ANTAGONISTS</b>		
CETROTIDE KIT 0.25MG	4	PA
ORLISSA TAB 150MG	2	PA
ORLISSA TAB 200MG	2	PA
<b>GROWTH HORMONES</b>		
GENOTROPIN INJ 0.2MG	4	PA
GENOTROPIN INJ 0.4MG	4	PA
GENOTROPIN INJ 0.6MG	4	PA
GENOTROPIN INJ 0.8MG	4	PA
GENOTROPIN INJ 1.2MG	4	PA
GENOTROPIN INJ 1.4MG	4	PA
GENOTROPIN INJ 1.6MG	4	PA
GENOTROPIN INJ 1.8MG	4	PA
GENOTROPIN INJ 1MG	4	PA
GENOTROPIN INJ 2MG	4	PA
GENOTROPIN INJ 5MG	4	PA
GENOTROPIN INJ 12MG	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOGROYA INJ 5MG/1.5	4	PA, QL (4 PENS PER 28 DAYS)
SOGROYA INJ 10MG/1.5	4	PA, QL (4 PENS PER 28 DAYS)
SOGROYA INJ 15MG/1.5	4	PA, QL (4 PENS PER 28 DAYS)

**HORMONE RECEPTOR MODULATORS**

<i>raloxifene hcl tab 60 mg</i>	0	
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**METABOLIC MODIFIERS**

<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
<i>nitisinone cap 2 mg</i>	3	PA
<i>nitisinone cap 5 mg</i>	3	PA
<i>nitisinone cap 10 mg</i>	3	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	3	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	3	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	3	PA, QL (798 GRAMS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium phenylbutyrate tab 500 mg</i>	3	PA, QL (1200 TABLETS PER 30 DAYS)
STRENSIQ INJ 18/0.45	4	PA
STRENSIQ INJ 28/0.7ML	4	PA
STRENSIQ INJ 40MG/ML	4	PA
STRENSIQ INJ 80/0.8ML	4	PA
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone tab 200 mg</i>	1	\$0 copay based on your plan/benefit
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tab 0.5 mg</i>	1	
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	3	PA, QL (45 VIALS (45,000 UNITS) PER 30 DAYS)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	3	PA, QL (9 VIALS (45,000) PER 30 DAYS)
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ESTROGENS</b>		
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	PA
<i>estradiol valerate im in oil 40 mg/ml</i>	1	PA
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
<i>CIPRO (5%) SUS 250MG/5</i>	2	
<i>CIPRO (10%) SUS 500MG/5</i>	2	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TAB 5MG	4	PA, QL (30 TABLETS PER 30 DAYS)
OCALIVA TAB 10MG	4	PA, QL (30 TABLETS PER 30 DAYS)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
RELTONE CAP 200MG	2	
RELTONE CAP 400MG	2	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn sodium oral conc 100 mg/5ml	1	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
<b>INFLAMMATORY BOWEL AGENTS</b>		
balsalazide disodium cap 750 mg	1	
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SKYRIZI INJ 180/1.2	4	PA, QL (1 CARTRIDGE PER 56 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 360/2.4	4	PA, QL (1 CARTRIDGE PER 56 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<i>alvimopan cap 12 mg</i>	1	
SYMPROIC TAB 0.2MG	2	PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>sevelamer carbonate packet 0.8 gm</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
<i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate &amp; citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	1	
<b>CYSTITINOSIS AGENTS</b>		
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tab 200 mg</i>	1	
<b>URINARY STONE AGENTS</b>		
<i>tiopronin tab 100 mg</i>	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<b>GOUT AGENTS</b>		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	QL (120 tabs per 30 days)
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
MITIGARE CAP 0.6MG	1	QL (60 caps per 30 days); Tier 1 with DAW9
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
HEMLIBRA INJ 30MG/ML	4	PA
HEMLIBRA INJ 60/0.4	4	PA
HEMLIBRA INJ 105/0.7	4	PA
HEMLIBRA INJ 150/ML	4	PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR INJ 30MG/3ML	4	PA, QL (45 syringes every 90 days)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	3	PA, QL (45 syringes every 90 days)
<b>COMPLEMENT INHIBITORS</b>		
RUCONEST INJ 2100UNIT	4	PA, QL (60 VIALS PER 90 DAYS)
<b>HEMATOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB 100MG	4	PA, QL (60 TABLETS PER 30 DAYS)
TAVALISSE TAB 150MG	4	PA, QL (60 TABLETS PER 30 DAYS)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PLASMA KALLIKREIN INHIBITORS</b>		
ORLADEYO CAP 110MG	4	PA, QL (28 CAPSULES PER 28 DAYS)
ORLADEYO CAP 150MG	4	PA, QL (28 CAPSULES PER 28 DAYS)
TAKHZYRO INJ 150MG/ML	4	PA, QL (2 SYRINGES PER 28 DAYS)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 VIALS PER 28 DAYS)
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA CAP 84MG	4	PA, QL (56 CAPSULES PER 28 DAYS)
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
ENDARI POW 5GM	4	PA, QL (180 PACKETS PER 30 DAYS)
SIKLOS TAB 100MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIKLOS TAB 1000MG	2	
<b>COBALAMINS</b>		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	PA
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid cap 0.8 mg</i>	0	\$0 copay for women younger than 55
<i>folic acid tab 1 mg</i>	1	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTELET TAB 20MG	4	PA, QL (90 tabs every 30 days)
FYLNETRA INJ 6MG/0.6	4	PA, QL (2 SYRINGES PER 28 DAYS)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
NYVEPRIA INJ 6/0.6ML	4	PA, QL (2 SYRINGES PER 28 DAYS)
PROCRIT INJ 2000/ML	4	PA; MNPA
PROCRIT INJ 3000/ML	4	PA; MNPA
PROCRIT INJ 4000/ML	4	PA; MNPA
PROCRIT INJ 10000/ML	4	PA
PROCRIT INJ 20000/ML	4	PA; MNPA
PROCRIT INJ 40000/ML	4	PA; MNPA
PROMACTA PAK 25MG	4	PA, QL (180 PACKETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROMACTA POW 12.5MG	4	PA, QL (120 PACKETS PER 30 DAYS)
PROMACTA TAB 12.5MG	4	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 25MG	4	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 50MG	4	PA, QL (60 TABLETS PER 30 DAYS)
PROMACTA TAB 75MG	4	PA, QL (60 TABLETS PER 30 DAYS)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA

**HEMOSTATICS****HEMOSTATICS - SYSTEMIC**

<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1
<i>aminocaproic acid tab 500 mg</i>	1
<i>aminocaproic acid tab 1000 mg</i>	1
<i>tranexamic acid tab 650 mg</i>	1

**HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS****BARBITURATE HYPNOTICS**

<i>phenobarbital elixir 20 mg/5ml</i>	1
<i>phenobarbital tab 15 mg</i>	1
<i>phenobarbital tab 16.2 mg</i>	1
<i>phenobarbital tab 30 mg</i>	1
<i>phenobarbital tab 32.4 mg</i>	1
<i>phenobarbital tab 60 mg</i>	1
<i>phenobarbital tab 64.8 mg</i>	1
<i>phenobarbital tab 97.2 mg</i>	1
<i>phenobarbital tab 100 mg</i>	1

**HYPNOTICS - TRICYCLIC AGENTS**

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
<i>flurazepam hcl cap 15 mg</i>	1	
<i>flurazepam hcl cap 30 mg</i>	1	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon tab 8 mg</i>	1	
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
<i>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-nacl for soln kit</i>	0	\$0 copay for members age 45 through 75
CLENPIQ SOL	0	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEG-PREP KIT	0	\$0 copay for members age 45 through 75
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	0	\$0 copay for members age 45 through 75
<b>LAXATIVES - MISCELLANEOUS</b>		
lactulose solution 10 gm/15ml	1	
<b>LUBRICANT LAXATIVES</b>		
mineral oil	1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
<b>CLARITHROMYCIN</b>		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
<b>ERYTHROMYCINS</b>		
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
<b>FIDAXOMICIN</b>		
DIFICID SUS	2	PA
DIFICID TAB 200MG	2	PA
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
FC2 FEMALE MIS CONDOM	0	OTC
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK MIS MLTICLIX	0	
ACTI-LANCE MIS 28G	0	
ACTI-LANCE MIS LITE 28G	0	
ACTI-LANCE MIS SPEC 17G	0	
ACTI-LANCE MIS UNIV 23G	0	
ADV TRAVEL MIS LANC 28G	0	
ADVCATE SAFE MIS LANC 26G	0	
ADVOCATE MIS LANC 30G	0	
ADVOCATE MIS LANCETS	0	
AGAMATRIX MIS 33G	0	
AIMSCO TWIST MIS 32G	0	
AIMSCO TWIST MIS 33G	0	
AQUALANCE MIS 30G	0	
ASSURE CMFRT MIS 28G	0	
ASSURE LANCE MIS 21G	0	
ASSURE LANCE MIS 28G	0	
ASSURE LANCE MIS LOW FLOW	0	
ASSURE LANCE MIS MICRO	0	
ASSURE LANCE MIS SAFE 25G	0	
ASSURE LANCE MIS SAFE 30G	0	
ASSURE PLUS MIS HIGH 18G	0	
ASSURE PLUS MIS LOW 25G	0	
ASSURE PLUS MIS MCRO 28G	0	
ASSURE PLUS MIS NORM 21G	0	
ASSURE PLUS MIS PEDIATRI	0	
AURORA LANCE MIS 30G	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AURORA LANCE MIS THIN 23G	0	
AUTO LANCET MIS	0	
BD LANCET UF MIS 30G	0	
BD LANCET UF MIS 33G	0	
BD MICROTAIN MIS LANCETS	0	
CAREONE LANC MIS 30G	0	
CAREONE LANC MIS THIN 23G	0	
CARESENS 30G MIS LANCETS	0	
CARETOUCH MIS LANC 26G	0	
CARETOUCH MIS LANC 28G	0	
CARETOUCH MIS LANC 30G	0	
CARETOUCH MIS TWIST 28	0	
CARETOUCH MIS TWIST 30	0	
CARETOUCH MIS TWIST 33	0	
CLEANLET 28G MIS LANCETS	0	
CLEVER CHECK MIS	0	
CLEVER CHECK MIS 30G	0	
COAGUCHEK MIS LANCETS	0	
COMFORT ASSU MIS LANC 28G	0	
COMFORT ASSU MIS LANC 33G	0	
COMFORT EZ MIS 21G	0	
COMFORT EZ MIS 23G	0	
COMFORT EZ MIS 28G	0	
COMFORT MIS LANCETS	0	
COMFORT TCH MIS LANC 30G	0	
COMFORT TCH MIS LANC 31G	0	
COMFORTOUCH MIS LANCET	0	
CVS LANCETS MIS 21G	0	
CVS LANCETS MIS 30G	0	
CVS LANCETS MIS 33G	0	
CVS LANCETS MIS ORIGINAL	0	
CVS LANCETS MIS THIN 26G	0	
CVS LANCETS MIS THIN 30G	0	
CVS LANCETS MIS THIN 33G	0	
DEXCOM G5 MIS RECEIVER	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXCOM G5 MIS TRANSMIT	0	
DEXCOM G6 MIS RECEIVER	0	
DEXCOM G6 MIS SENSOR	0	QL (3 sensors per month)
DEXCOM G6 MIS TRANSMIT	0	
DEXCOM G7 MIS RECEIVER	0	
DEXCOM G7 MIS SENSOR	0	QL (3 sensors per month)
DIATHRIVE MIS LANCETS	0	
DIATHRIVE MIS UT 30G	0	
DROPLET LANC MIS 30G	0	
DROPLET PERS MIS LANC 30G	0	
E-Z JECT MIS 21G	0	
E-Z JECT MIS 21G COLR	0	
E-Z JECT MIS 30G	0	
E-Z JECT MIS 32G COLR	0	
E-Z JECT MIS LANC 21G	0	
E-Z JECT MIS THIN 26G	0	
E-ZJECT LANC MIS 33G	0	
EASY COMFORT MIS 30G	0	
EASY COMFORT MIS LANC/30G	0	
EASY COMFORT MIS TWIST	0	
EASY TOUCH MIS LANC/21G	0	
EASY TOUCH MIS LANC/23G	0	
EASY TOUCH MIS LANC/26G	0	
EASY TOUCH MIS LANC/28G	0	
EASY TOUCH MIS LANC/30G	0	
EASY TOUCH MIS LANC/32G	0	
EASY TOUCH MIS LANC/33G	0	
EMBRACE LANC MIS THIN 30G	0	
EQL LANCETS MIS 21G COLR	0	
EQL LANCETS MIS 33G COLR	0	
EQL LANCETS MIS THIN 26G	0	
EQL LANCETS MIS THIN 30G	0	
EZ-LETS 21G MIS LANCETS	0	
EZ-LETS 26G MIS LANCETS	0	
EZ-LETS 28G MIS LANCETS	0	

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EZ-LETS 30G MIS LANCETS	0	
FASTCLIX MIS LANCETS	0	
FIFTY50 SAFE MIS LANCETS	0	
FINE 30 MIS	0	
FINGERSTIX MIS LANCETS	0	
FORA LANCETS MIS 30G	0	
FORA MIS LANCETS	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS UNISTICK	0	
G4 PLAT PED MIS RVC/SHAR	0	QL (1 each every year)
G4 PLATINUM MIS PEDIATRC	0	QL (1 each every year)
G4 PLATINUM MIS RCV/SHAR	0	QL (1 each every year)
G4 PLATINUM MIS RECEIVER	0	
G4 PLATINUM MIS TRANSMIT	0	
G4 SENSOR MIS	0	QL (3 sensors per month)
G5/G4 MIS SENSOR	0	QL (3 sensors per month)
GENTEEL MIS LANCETS	0	
GENTLE-LET MIS 26G	0	
GENTLE-LET MIS 28G	0	
GENTLE-LET MIS LANCETS	0	
GLOBAL 28G MIS LANCETS	0	
GLOBAL 30G MIS LANCETS	0	
GLUCOCOM MIS 28G	0	
GLUCOCOM MIS 30G	0	
GLUCOCOM MIS 33G	0	
GNP LANCETS MIS 21G	0	
GNP LANCETS MIS THIN	0	
GNP LANCETS MIS THIN 26G	0	
GOJJI LANCET MIS 30G	0	
GOODSENSE MIS LANC 26G	0	
GOODSENSE MIS LANC 30G	0	
GOODSENSE MIS LANC 33G	0	
HAEMOLANCE MIS HIGH FLO	0	
HAEMOLANCE MIS LOW FLOW	0	
HAEMOLANCE MIS PLUS	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HAEMOLANCE MIS PLUS LOW	0	
HAEMOLANCE MIS PLUS MAX	0	
HAEMOLANCE MIS PLUS PED	0	
HAEMOLANCE MIS RETRACT	0	
HLTHY ACCNTS MIS LANC 30G	0	
IN TOUCH LAN MIS 30G	0	
INCONTROL MIS LANC 28G	0	
INCONTROL MIS LANC 30G	0	
INCONTROL MIS LANC 33G	0	
KINNEY MIS LANCETS	0	
KINNEY THIN MIS LANCETS	0	
KROGER LANCE MIS	0	
KROGER LANCE MIS 26G	0	
KROGER LANCE MIS THIN	0	
KROGER LANCE MIS THIN 30G	0	
LANCET MICRO MIS THIN 33G	0	
LANCET STAND MIS 21G	0	
LANCET SUPER MIS THIN 30G	0	
LANCET ULTRA MIS 28G	0	
LANCET ULTRA MIS THIN 30G	0	
LANCETS MICR MIS THIN 33G	0	
LANCETS MIS	0	
LANCETS MIS 21G	0	
LANCETS MIS 21G COLR	0	
LANCETS MIS 26G	0	
LANCETS MIS 28G	0	
LANCETS MIS 30G	0	
LANCETS MIS 33G	0	
LANCETS MIS ORANGE	0	
LANCETS MIS ORIGINAL	0	
LANCETS MIS THIN	0	
LANCETS MIS THIN 26G	0	
LANCETS MIS THIN 30G	0	
LANCETS SUPR MIS THIN 28G	0	
LANCETS THIN MIS	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANCETS THIN MIS 26G	0	
LANCETS ULTR MIS THIN	0	
LB LANCET MIS 28G	0	
LIFESCAN MIS UNISTIK2	0	
LITE TOUCH MIS LANCETS	0	
LITETOUCH MIS LANCETS	0	
LONGS LANCET MIS STANDARD	0	
LONGS LANCET MIS THIN	0	
LONGS LANCET MIS ULTRA TH	0	
MEDICHOICE MIS LANCET	0	
MEDLANCE MIS 30G PLUS	0	
MEDLANCE MIS EXTR 21G	0	
MEDLANCE MIS LITE 25G	0	
MEDLANCE MIS PLUS	0	
MEDLANCE MIS PLUS 30G	0	
MEDLANCE MIS UNV 21G	0	
MEDLANCE PLS MIS 0.8MM	0	
MEDLANCE PLS MIS EXTR 21G	0	
MEDLANCE PLS MIS LITE 25G	0	
MEDLANCE PLS MIS UNIV 21G	0	
MEIJER LANCE MIS COLOR	0	
MEIJER LANCE MIS UNIV 21G	0	
MEIJER LANCE MIS UNIV 30G	0	
MEIJER LANCE MIS UNIVERSA	0	
MEIJER MIS LANCETS	0	
MICRO THIN MIS LANC 33G	0	
MICROLET MIS LANCETS	0	
MM TWIST MIS LANCETS	0	
MOBILE LANCE MIS 30G	0	
MONOLET MIS LANCETS	0	
MONOLET OPD MIS LANCETS	0	
MONOLETTOR MIS LANCETS	0	
MPD SFTY LAN MIS 21G	0	
MPD SFTY LAN MIS 23G	0	
MPD SFTY LAN MIS 28G	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MPD SFTY LAN MIS 30G	0	
MYGLUCOHEALT MIS LANC 30G	0	
NOVA SAFETY MIS LANC 23G	0	
NOVA SAFETY MIS LANC 28G	0	
NOVA SURE MIS LANCETS	0	
OMNIPOD 5 G6 KIT INTRO	0	PA, QL (1 kit per 999 days)
OMNIPOD 5 G6 MIS PODS	0	PA, QL (10 pods per month)
OMNIPOD DASH KIT INTRO	0	PA, QL (1 kit per 999 days)
OMNIPOD DASH KIT PDM	0	PA, QL (1 kit per 999 days)
OMNIPOD DASH MIS PODS	0	PA, QL (10 pods per month)
OMNIPOD MIS CLASSIC	0	PA, QL (10 pods per month)
OMNIPOD PDM KIT CLASSIC	0	PA, QL (1 kit per 999 days)
ON-THE-GO MIS LANC 30G	0	
ONETOUCH DEL MIS PLUS 30G	0	
ONETOUCH DEL MIS PLUS 33G	0	
ONETOUCH FP MIS LANCETS	0	
ONETOUCH KIT ULTRA 2	0	
ONETOUCH KIT VERIO FL	0	
ONETOUCH KIT VERIO RE	0	
ONETOUCH MIS 30G	0	
ONETOUCH MIS LANCETS	0	
ONETOUCH SOL KIT COMPLETE	0	
ONETOUCH SOL KIT FIT	0	
ONETOUCH SOL KIT REFILL	0	
ONETOUCH US MIS LANCETS	0	
PC LANCETS MIS 30G	0	
PERFECT 28G MIS LANCETS	0	
PERFECT 30G MIS LANCETS	0	
PHARMACY COU MIS LANCETS	0	
PIP LANCETS MIS 28G	0	
PIP LANCETS MIS 30G	0	
PRESSURE ACT MIS LANCET	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRESSURE ACT MIS LANCETS	0	
PRO COMFORT MIS 31G	0	
PRO COMFORT MIS LANCETS	0	
PRODIGY MIS 26G	0	
PRODIGY MIS 28G	0	
PSS SAFE LAN MIS	0	
PSS SEL LANC MIS	0	
PURE COMFORT MIS 30G LAN	0	
PX LANCETS MIS 28G	0	
PX LANCETS MIS ULT THIN	0	
QC LANCETS MIS 28G	0	
QC LANCETS MIS 30G	0	
RA E-ZJECT MIS 28G	0	
RA E-ZJECT MIS THIN 26G	0	
RA E-ZJECT MIS THIN 28G	0	
RA E-ZJECT MIS ULT THIN	0	
READYLANCE MIS 21G	0	
READYLANCE MIS 23G	0	
READYLANCE MIS 26G	0	
READYLANCE MIS 28G	0	
READYLANCE MIS 30G	0	
REALITY MIS LANCETS	0	
REALITY TRIG MIS LANCETS	0	
RELION LANCE MIS THIN 26G	0	
RELION LANCE MIS THIN 30G	0	
RELION MICRO MIS THIN 33G	0	
RELION ULTRA MIS THIN 30G	0	
RELION ULTRA MIS THIN PLS	0	
RIGHTEST MIS GL300	0	
SAFE-T-LANCE MIS 21G	0	
SAFE-T-LANCE MIS 25G	0	
SAFE-T-LANCE MIS HI FLOW	0	
SAFE-T-LANCE MIS LOW FLOW	0	
SAFE-T-LANCE MIS NOR FLOW	0	
SAFE-T-PRO MIS LANCETS	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAFE-T-PRO MIS PLUS	0	
SAFETY 21G MIS LANCETS	0	
SAFETY 23G MIS LANCETS	0	
SAFETY 28G MIS LANCETS	0	
SAFETY 30G MIS LANCETS	0	
SAFETY MIS LANCETS	0	
SAPS HEALTH MIS TWIST	0	
SAPS TWIST MIS 30G	0	
SAPSCARE MIS TWIST	0	
SB LANCETS MIS THIN	0	
SB LANCETS MIS ULTR THN	0	
SIDE BUTTON MIS SAFETY	0	
SINGLE-LET MIS 23G	0	
SM LANCETS MIS 33G	0	
SMART SENSE MIS LANC 21G	0	
SMART SENSE MIS LANC 26G	0	
SMART SENSE MIS LANC 30G	0	
SMART SENSE MIS LANC 33G	0	
SMARTEST MIS LANCETS	0	
SOFTCLIX MIS LANCETS	0	
SOLUS V2 MIS LANC 28G	0	
SOLUS V2 MIS LANC 30G	0	
STERILANCE MIS TL 28G	0	
STERILANCE MIS TL 30G	0	
STERILANCE MIS TL 32G	0	
SUPER THIN MIS LANC 28G	0	
SUPER THIN MIS LANCETS	0	
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
SURE COMFORT MIS LANCETS	0	
SURE-LANCE MIS 26G	0	
SURE-LANCE MIS LANCETS	0	
SURE-TOUCH MIS UNV LANC	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUREFLEX MIS LANCETS	0	
SURELITE MIS LANCETS	0	
TECHLITE AST MIS LANCETS	0	
TECHLITE MIS LANC 30G	0	
TECHLITE MIS LANCETS	0	
TGT LANCET MIS 26G	0	
TGT LANCET MIS 30G	0	
TGT LANCET MIS 33G	0	
THIN LANCETS MIS	0	
THIN LANCETS MIS 26G	0	
THIN LANCETS MIS 30G	0	
THINLETS GP MIS 26G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS 30G	0	
TRAVEL LANCE MIS ADV 28G	0	
TRUE COMFORT MIS LANC 30G	0	
TRUPLUS LANC MIS 26G	0	
TRUPLUS LANC MIS 28G	0	
TRUPLUS LANC MIS 30G	0	
TRUPLUS LANC MIS 33G	0	
ULTILET MIS 26G	0	
ULTILET MIS 28G	0	
ULTILET MIS 30G	0	
ULTILET MIS 33G	0	
ULTILET MIS LANCETS	0	
ULTILET MIS SAFETY	0	
ULTILET SAFE MIS 21G	0	
ULTRA THIN MIS 28G	0	
ULTRA THIN MIS 30G	0	
ULTRA THIN MIS 31G	0	
ULTRA THIN MIS 33G	0	
ULTRA THIN MIS LAN 31G	0	
ULTRA THIN MIS LANC 28G	0	
ULTRA THIN MIS LANC 30G	0	
ULTRA THIN MIS LANCETS	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNILET CMFR MIS TCH 28G	0	
UNILET CMFR MIS TCH 30G	0	
UNILET EX II MIS 28G	0	
UNILET EXCEL MIS 23G	0	
UNILET G.P MIS SUPR 23G	0	
UNILET G.P. MIS 21G	0	
UNILET GP 28 MIS ULT THIN	0	
UNILET LANC MIS 33G	0	
UNILET LANCE MIS 21G	0	
UNILET LANCE MIS 28G	0	
UNILET LANCE MIS 33G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNILET MICRO MIS 33G	0	
UNILET MIS 21G	0	
UNILET SUPER MIS 23G	0	
UNILET SUPER MIS G.P. 23G	0	
UNISTIK 3 MIS GENT 30G	0	
UNISTIK II MIS LANCETS	0	
UNISTIK PRO MIS LANC 21G	0	
UNISTIK PRO MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 30G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	
UNITSTIK PRO MIS LANC 25G	0	
UNIVERSAL 1 MIS 33G	0	
UNIVERSAL 1 MIS LANC 26G	0	
UNIVERSAL 1 MIS LANC 30G	0	
V-GO 20 KIT	0	PA, QL (30 pumps per month)
V-GO 30 KIT	0	QL (30 pumps per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
V-GO 40 KIT	0	QL (30 pumps per month)
VIVAGUARD MIS 30G	0	
<b>PARENTERAL THERAPY SUPPLIES</b>		
AUTOSHIELD MIS 29X3/16"	0	
AUTOSHIELD MIS 29X5/16"	0	
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
AIMOVIG INJ 70MG/ML	2	ST, PA, QL (2 pens every 25 days)
AIMOVIG INJ 140MG/ML	2	ST, PA, QL (1 pen every 25 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	2	ST, QL (2 pens every 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	2	ST, QL (2 syringes every 30 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month
UBRELVY TAB 50MG	2	ST, PA, QL (16 ea every 30 days)
UBRELVY TAB 100MG	2	ST, PA, QL (16 ea every 30 days)
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 ea every 30 days)
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 ea every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (30 inhalers every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 inhalers every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (36 injections every 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (24 injections every 25 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (24 injections every 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 inhalers every 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 bottles every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 30 days)

**MINERALS & ELECTROLYTES****POTASSIUM**

<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	

**MISCELLANEOUS THERAPEUTIC CLASSES****CHELATING AGENTS**

<i>penicillamine cap 250 mg</i>	3	ST
<i>trientine hcl cap 250 mg</i>	3	ST

**IMMUNOMODULATORS**

<i>lenalidomide cap 5 mg</i>	0	PA, QL (28 CAPSULES PER 28 DAYS)
<i>lenalidomide cap 10 mg</i>	0	PA, QL (28 CAPSULES PER 28 DAYS)

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lenalidomide cap 15 mg</i>	0	PA, QL (28 CAPSULES PER 28 DAYS)
<i>lenalidomide cap 25 mg</i>	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 2.5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 10MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 15MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 20MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 25MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
THALOMID CAP 50MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 100MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 150MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
THALOMID CAP 200MG	0	PA, QL (56 CAPSULES PER 28 DAYS)

**IMMUNOSUPPRESSIVE AGENTS**

<i>azathioprine tab 50 mg</i>	1	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
ENSPRYNG INJ	4	PA, QL (1 PFS PER 28 DAYS); LOADING DOSE: 3 PFS PER 29 DAYS
<i>everolimus tab 0.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
SANDIMMUNE SOL 100MG/ML	2	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
<b>POTASSIUM REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA INJ 200MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); LOADING DOSE: 8 SYR PER 28 DAYS
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	1	QL (90 ea every 25 days)
<i>nystatin susp 100000 unit/ml</i>	1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DENTAL PRODUCTS</b>		
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>stannous fluoride conc 0.63%</i>	1	
<i>stannous fluoride gel 0.4%</i>	1	
<b>STERIODS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<b>MULTIVITAMINS</b>		
<b>PRENATAL VITAMINS</b>		
<i>prenat w/o a w/fe-fum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	1	
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	1	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	1	
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	1	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs every 25 days)
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<b>MUSCLE RELAXANT COMBINATIONS</b>		
<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i>	1	QL (168 tabs every 25 days)
<i>orphenadrine w/ aspirin &amp; caffeine tab 25-385-30 mg</i>	1	
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package (23gm) per 25 days)
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 package (30.5gm) per 25 days)
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 packages (25mL each) per 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 package (16gm) per 25 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	QL (2 packages (17gm each) per 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
<i>riluzole tab 50 mg</i>	1	
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
<i>EVRYSDI SOL</i>	4	PA, QL (2 BOTTLES (120 MG) PER 24 DAYS)
<b>OPHTHALMIC AGENTS</b>		
<b>BETA-BLOCKERS - OPTHALMIC</b>		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<b>MIOTICS</b>		
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	QL (20 mL every 25 days)
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS EMU 0.05% OP	1	PA, QL (60 single use vials every 25 days); Tier 1 with DAW 9

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RESTASIS MUL EMU 0.05% OP	2	PA, QL (1 mL every 21 days)
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA DRO 5%	2	PA, QL (60 ea every 30 days)
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<b>OPHTHALMICS - MISC.</b>		
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid otic soln 2%</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<b>OTIC STEROIDS</b>		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<i>methylergonovine maleate tab 0.2 mg</i>	1	PA, QL (120 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<b>NATURAL PENICILLINS</b>		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUGMENTIN SUS 125/5ML	2	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<b>ANTI-CATAPLECTIC AGENTS</b>		
XYREM SOL 500MG/ML	4	PA, QL (540 ML PER 30 DAYS)
XYWAV SOL 0.5GM/ML	4	PA, QL (540 ML (270 GRAMS) PER 30 DAYS)
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<b>PA</b> - Prior Authorization <b>QL</b> - Quantity Limits <b>ST</b> - Step Therapy		158

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA MIS TITR PAK	2	PA
SAVELLA TAB 12.5MG	2	PA
SAVELLA TAB 25MG	2	PA
SAVELLA TAB 50MG	2	PA
SAVELLA TAB 100MG	2	PA
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO TAB 6MG	4	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO TAB 9MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO TAB 12MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO XR TAB 6MG	4	PA, QL (90 TABLETS PER 30 DAYS)
AUSTEDO XR TAB 12MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO XR TAB 24MG	4	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO XR TAB TITR KIT	4	PA, QL (42 TABLETS PER 28 DAYS)
INGREZZA CAP 40-80MG	4	PA
INGREZZA CAP 40MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 60MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 80MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
<i>tetrabenazine tab 12.5 mg</i>	3	PA, QL (120 TABLETS PER 30 DAYS)
<i>tetrabenazine tab 25 mg</i>	3	PA, QL (60 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO TAB 7MG	4	PA, QL (30 TABLETS PER 30 DAYS)
AUBAGIO TAB 14MG	4	PA, QL (30 TABLETS PER 30 DAYS)
AVONEX PEN KIT 30MCG	4	PA, QL (4 PENS PER 28 DAYS)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 SYRINGES PER 28 DAYS)
COPAXONE INJ 20MG/ML	4	PA, QL (30 SYRINGES PER 30 DAYS)
COPAXONE INJ 40MG/ML	4	PA, QL (12 SYRINGES PER 28 DAYS)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	3	PA, QL (14 CAPSULES PER 28 DAYS)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	3	PA, QL (60 CAPSULES PER 30 DAYS)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	3	PA, QL (60 CAPSULES PER 30 DAYS)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	3	PA, QL (30 CAPSULES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	3	PA, QL (30 SYRINGES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	3	PA, QL (12 SYRINGES PER 28 DAYS)
KESIMPTA INJ 20/.4ML	4	PA, QL (1 PENS PER 28 DAYS); LOADING DOSE: 3 PENS PER 15 DAYS
MAYZENT PAK STARTER	4	PA, QL (12 TABLETS PER 5 DAYS)
MAYZENT TAB 0.25MG	4	PA, QL (12 TABLETS PER 5 DAYS)
MAYZENT TAB 1MG	4	PA, QL (30 TABLETS PER 30 DAYS)
MAYZENT TAB 2MG	4	PA, QL (30 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REBIF INJ 22/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 SYR PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 SYR PER 28 DAYS)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	4	PA, QL (12 SYRINGES PER 28 DAYS)
<i>teriflunomide tab 7 mg</i>	3	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	3	PA, QL (30 tabs every 30 days)
VUMERITY CAP 231MG	4	PA, QL (120 CAPSULES PER 30 DAYS)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (7 TABLETS PER 7 DAYS)
ZEPOSIA CAP .92MG	4	PA, QL (30 TABLETS PER 30 DAYS)
ZEPOSIA CAP STR KIT	4	PA, QL (1 Starter Kit per 28 days)
ZEPOSIA CAP STR KIT	4	PA, QL (37 TABLETS PER 37 DAYS)
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (60 tabs every 30 days)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (60 tabs every 30 days)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (60 tabs every 30 days)
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5& 1MG	0	
CHANTIX TAB 0.5MG	0	
CHANTIX TAB 1MG	0	
<i>nicotine polacrilex gum 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	0	PA; OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
TEGSEDI INJ 284/1.5	4	PA, QL (4 PFS PER 28 DAYS)
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO GRA 5.8MG	4	PA, QL (56 packets per 28 days)
KALYDECO GRA 13.4MG	4	PA, QL (56 packets per 28 days)
KALYDECO PAK 25MG	4	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 50MG	4	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 75MG	4	PA, QL (56 PACKETS PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KALYDECO TAB 150MG	4	PA, QL (1 CARTON (56 TABS) PER 28 DAYS)
PULMOZYME SOL 1MG/ML	4	PA, QL (60 AMPULES PER 30 DAYS)
SYMDEKO TAB 50-75MG	4	PA, QL (56 TABLETS PER 28 DAYS)
SYMDEKO TAB 100-150	4	PA, QL (56 TABLETS PER 28 DAYS)
TRIKAFTA PAK 59.5MG	4	PA, QL (56 packets per 28 days)
TRIKAFTA PAK 75MG	4	PA, QL (56 packets per 28 days)
TRIKAFTA TAB	4	PA, QL (84 TABLETS PER 28 DAYS)

**PULMONARY FIBROSIS AGENTS**

ESBRIET CAP 267MG	4	PA, QL (270 CAPSULES PER 30 DAYS)
OFEV CAP 100MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
OFEV CAP 150MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
<i>pirfenidone tab 267 mg</i>	3	QL (270 TABLETS PER 30 DAYS)
<i>pirfenidone tab 801 mg</i>	3	QL (90 TABLETS PER 30 DAYS)

**TETRACYCLINES****TETRACYCLINES**

<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	QL (120 caps every 25 days)
<i>tetracycline hcl cap 500 mg</i>	1	QL (120 caps every 25 days)

**THYROID AGENTS****ANTITHYROID AGENTS**

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

**THYROID HORMONES**

<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>liothyronine sodium tab 50 mcg</i>	1	
NP THYROID TAB 15MG	2	
NP THYROID TAB 30MG	2	
NP THYROID TAB 60MG	2	
NP THYROID TAB 90MG	2	
NP THYROID TAB 120MG	2	

**ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS****ANTISPASMODICS**

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
CUVPOSA SOL 1MG/5ML	2	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	

**H-2 ANTAGONISTS**

<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate tab 1 gm</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>dexlansoprazole cap delayed release 60 mg</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	QL (90 ea every year)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	QL (90 ea every year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps every year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 ea every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	QL (90 vials every year)
<b>PRILOSEC POW 2.5MG</b>	2	QL (90 packets every year)
<b>PRILOSEC POW 10MG</b>	2	QL (90 packets every year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs every year)
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol tab 100 mcg</i>	1	\$0 copay based on your plan/benefit

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>misoprostol tab 200 mcg</i>	1	\$0 copay based on your plan/benefit
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl tab 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>SPERMICIDES</b>		
GYNOL II GEL 3%	0	OTC
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VANDAZOLE GEL 0.75%	1	
<b>VAGINAL CONTRACEPTIVE - PH MODULATORS</b>		
PHEXXI GEL	0	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	Tier 1 with DAW9
<b>VAGINAL PROGESTINS</b>		
ENDOMETRIN SUP 100MG	2	
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 pens every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (6 pens every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (3 pens every 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens every 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	PA, QL (4 pens every 25 days)

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account ([www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under the Coverage tab.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPIPEN-JR INJ 0.15MG	2	QL (6 pens every 300 days)
SYMJEPI INJ 0.3MG	2	QL (3 syringes every 300 days)
SYMJEPI INJ 0.15MG	2	QL (3 syringes every 300 days)
<b>VASOPRESSORS</b>		
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>phytonadione tab 5 mg</i>	1	

**PA** - Prior Authorization   **QL** - Quantity Limits   **ST** - Step Therapy

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*benztropine mesylate tab 0.5 mg* .....75  
*benztropine mesylate tab 1 mg* .....75  
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*betamethasone dipropionate augmented cream 0.05%* .....109  
*betamethasone dipropionate augmented gel 0.05%* .....110  
*betamethasone dipropionate augmented lotion 0.05%*.....110  
*betamethasone dipropionate augmented oint 0.05%* .....110  
*betamethasone dipropionate cream 0.05%* .....110  
*betamethasone dipropionate lotion 0.05%* .....110  
*betamethasone valerate aerosol foam 0.12%* .....110  
*betamethasone valerate cream 0.1% (base equivalent)*.....110  
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<i>bimatoprost ophth soln 0.03%</i> .....	156	<i>buprenorphine hcl-naloxone hcl sl film 2-</i>	
<i>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-</i>		<i>0.5 mg (base equiv)</i> .....	28
<i>nacl for soln kit</i> .....	133	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
<i>bismuth subcit-metronidazole-tetracycline</i>		<i>mg (base equiv)</i> .....	28
<i>cap 140-125-125 mg</i> .....	168	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-</i>		<i>mg (base equiv)</i> .....	28
<i>6.25 mg</i> .....	62	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-</i>		<i>mg (base equiv)</i> .....	28
<i>6.25 mg</i> .....	62	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25</i>		<i>mg (base equiv)</i> .....	28
<i>mg</i> .....	62	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	
<i>bisoprolol fumarate tab 10 mg</i> .....	88	.....	27
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<i>bosentan tab 125 mg</i> .....	94	.....	27
<i>bosentan tab 62.5 mg</i> .....	94	<i>buprenorphine td patch weekly 10 mcg/hr</i>	
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BOSULIF TAB 400MG .....	70	<i>buprenorphine td patch weekly 15 mcg/hr</i>	
BOSULIF TAB 500MG .....	70	.....	28
BRAFTOVI CAP 75MG .....	70	<i>buprenorphine td patch weekly 20 mcg/hr</i>	
BRILINTA TAB 60MG .....	130	.....	28
BRILINTA TAB 90MG .....	130	<i>buprenorphine td patch weekly 5 mcg/hr</i>	28
<i>brimonidine tartrate ophth soln 0.15%</i> ....	154	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	
<i>brimonidine tartrate ophth soln 0.2%</i> .....	154	.....	28
<i>brimonidine tartrate-timolol maleate ophth</i>		<i>bupropion hcl (smoking deterrent) tab er</i>	
<i>soln 0.2-0.5%</i> .....	153	<i>12hr 150 mg</i> .....	163
<i>brinzolamide ophth susp 1%</i> .....	155	<i>bupropion hcl tab 100 mg</i> .....	44
<i>bromfenac sodium ophth soln 0.09% (base</i>		<i>bupropion hcl tab 75 mg</i> .....	44
<i>equiv) (once-daily)</i> .....	155	<i>bupropion hcl tab er 12hr 100 mg</i> .....	44
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>bupropion hcl tab er 12hr 150 mg</i> .....	44
<i>equivalent)</i> .....	76	<i>bupropion hcl tab er 12hr 200 mg</i> .....	44
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>bupropion hcl tab er 24hr 150 mg</i> .....	44
<i>equivalent)</i> .....	76	<i>bupropion hcl tab er 24hr 300 mg</i> .....	44
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<i>budesonide delayed release particles cap 3</i>		<i>bupirone hcl tab 15 mg</i> .....	32
<i>mg</i> .....	99	<i>bupirone hcl tab 30 mg</i> .....	32
<i>budesonide inhalation susp 0.25 mg/2ml</i>	35	<i>bupirone hcl tab 5 mg</i> .....	31
<i>budesonide inhalation susp 0.5 mg/2ml</i> ..	35	<i>bupirone hcl tab 7.5 mg</i> .....	31
<i>budesonide inhalation susp 1 mg/2ml</i> .....	35	<i>butalbital-acetaminophen-caffeine cap 50-</i>	
<i>bumetanide tab 0.5 mg</i> .....	120	<i>300-40 mg</i> .....	20
<i>bumetanide tab 1 mg</i> .....	120	<i>butalbital-acetaminophen-caffeine cap 50-</i>	
<i>bumetanide tab 2 mg</i> .....	120	<i>325-40 mg</i> .....	20

<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> .....	20	<i>candesartan cilexetil tab 32 mg</i> .....	60
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> .....	26	<i>candesartan cilexetil tab 4 mg</i> .....	60
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> .....	26	<i>candesartan cilexetil tab 8 mg</i> .....	60
<i>butalbital-acetaminophen tab 50-325 mg</i> 20		CAPRELSA TAB 100MG .....	70
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> .....	20	CAPRELSA TAB 300MG .....	71
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> .....	26	<i>captopril tab 100 mg</i> .....	59
<i>butorphanol tartrate nasal soln 10 mg/ml</i> .28		<i>captopril tab 12.5 mg</i> .....	59
<b>C</b>		<i>captopril tab 25 mg</i> .....	59
<i>cabergoline tab 0.5 mg</i> .....	124	<i>captopril tab 50 mg</i> .....	59
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CABOMETYX TAB 40MG.....	70	<i>carbamazepine cap er 12hr 200 mg</i> .....	40
CABOMETYX TAB 60MG.....	70	<i>carbamazepine cap er 12hr 300 mg</i> .....	40
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i> .....	2	<i>carbamazepine chew tab 100 mg</i> .....	41
<i>calcipotriene foam 0.005%</i> .....	104	<i>carbamazepine susp 100 mg/5ml</i> .....	41
<i>calcipotriene oint 0.005%</i> .....	104	<i>carbamazepine tab 200 mg</i> .....	41
<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .104		<i>carbamazepine tab er 12hr 100 mg</i> .....	41
<i>calcitonin (salmon) nasal soln 200 unit/act</i> .....	121	<i>carbamazepine tab er 12hr 200 mg</i> .....	41
<i>calcitriol cap 0.25 mcg</i> .....	123	<i>carbamazepine tab er 12hr 400 mg</i> .....	41
<i>calcitriol cap 0.5 mcg</i> .....	123	<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> .....	76
<i>calcitriol oral soln 1 mcg/ml</i> .....	123	<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> .....	76
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> .....	127	<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> .....	76
CALQUENCE CAP 100MG .....	70	<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	76
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<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> .....	62	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	76
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> .....	62	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	76
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> .....	62	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	76
<i>candesartan cilexetil tab 16 mg</i> .....	60	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	76
		<i>carbidopa tab 25 mg</i> .....	75
		<i>carbinoxamine maleate soln 4 mg/5ml</i> ....	55

<i>carbinoxamine maleate tab 4 mg</i> .....	55	<i>cefprozil for susp 125 mg/5ml</i> .....	96
CAREONE LANC MIS 30G .....	136	<i>cefprozil for susp 250 mg/5ml</i> .....	96
CAREONE LANC MIS THIN 23G .....	136	<i>cefprozil tab 250 mg</i> .....	96
CARESENS 30G MIS LANCETS .....	136	<i>cefprozil tab 500 mg</i> .....	96
CARETOUCH MIS LANC 26G .....	136	<i>cefuroxime axetil tab 250 mg</i> .....	96
CARETOUCH MIS LANC 28G .....	136	<i>cefuroxime axetil tab 500 mg</i> .....	96
CARETOUCH MIS LANC 30G .....	136	<i>celecoxib cap 100 mg</i> .....	15
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CARETOUCH MIS TWIST 30 .....	136	<i>celecoxib cap 400 mg</i> .....	15
CARETOUCH MIS TWIST 33 .....	136	<i>celecoxib cap 50 mg</i> .....	15
<i>carisoprodol tab 350 mg</i> .....	151	<i>cephalexin cap 250 mg</i> .....	95
<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i> .....	152	<i>cephalexin cap 500 mg</i> .....	96
<i>carteolol hcl ophth soln 1%</i> .....	153	<i>cephalexin cap 750 mg</i> .....	96
<i>carvedilol phosphate cap er 24hr 10 mg</i> ..	87	<i>cephalexin for susp 125 mg/5ml</i> .....	96
<i>carvedilol phosphate cap er 24hr 20 mg</i> ..	87	<i>cephalexin for susp 250 mg/5ml</i> .....	96
<i>carvedilol phosphate cap er 24hr 40 mg</i> ..	87	<i>cephalexin tab 250 mg</i> .....	96
<i>carvedilol phosphate cap er 24hr 80 mg</i> ..	87	<i>cephalexin tab 500 mg</i> .....	96
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<i>carvedilol tab 25 mg</i> .....	87	CETROTIDE KIT 0.25MG .....	122
<i>carvedilol tab 3.125 mg</i> .....	87	<i>cevimeline hcl cap 30 mg</i> .....	151
<i>carvedilol tab 6.25 mg</i> .....	87	CHANTIX PAK 1MG .....	163
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<i>cefaclor cap 500 mg</i> .....	96	CHANTIX TAB 0.5MG .....	163
<i>cefaclor for susp 125 mg/5ml</i> .....	96	CHANTIX TAB 1MG .....	163
<i>cefaclor for susp 250 mg/5ml</i> .....	96	<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i> .....	159
<i>cefaclor for susp 375 mg/5ml</i> .....	96	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i> .....	159
<i>cefadroxil cap 500 mg</i> .....	95	<i>chlordiazepoxide hcl cap 10 mg</i> .....	33
<i>cefadroxil for susp 250 mg/5ml</i> .....	95	<i>chlordiazepoxide hcl cap 25 mg</i> .....	33
<i>cefadroxil for susp 500 mg/5ml</i> .....	95	<i>chlordiazepoxide hcl cap 5 mg</i> .....	33
<i>cefadroxil tab 1 gm</i> .....	95	<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> .....	166
<i>cefdinir cap 300 mg</i> .....	96	<i>chlorhexidine gluconate soln 0.12%</i> .....	150
<i>cefdinir for susp 125 mg/5ml</i> .....	96	<i>chloroquine phosphate tab 250 mg</i> .....	65
<i>cefdinir for susp 250 mg/5ml</i> .....	96	<i>chloroquine phosphate tab 500 mg</i> .....	65
<i>cefixime cap 400 mg</i> .....	96	<i>chlorpromazine hcl inj 25 mg/ml</i> .....	80
<i>cefixime for susp 100 mg/5ml</i> .....	96	<i>chlorpromazine hcl inj 50 mg/2ml</i> .....	80
<i>cefixime for susp 200 mg/5ml</i> .....	96	<i>chlorpromazine hcl tab 100 mg</i> .....	80
<i>cefpodoxime proxetil for susp 100 mg/5ml</i> .....	96	<i>chlorpromazine hcl tab 10 mg</i> .....	80
<i>cefpodoxime proxetil for susp 50 mg/5ml</i> .....	96	<i>chlorpromazine hcl tab 200 mg</i> .....	80
<i>cefpodoxime proxetil tab 100 mg</i> .....	96	<i>chlorpromazine hcl tab 25 mg</i> .....	80
<i>cefpodoxime proxetil tab 200 mg</i> .....	96	<i>chlorpromazine hcl tab 50 mg</i> .....	80

<i>chlorthalidone tab 25 mg</i> .....	120	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....	125
<i>chlorthalidone tab 50 mg</i> .....	120	<i>citalopram hydrobromide oral soln 10</i> <i>mg/5ml</i> .....	45
<i>chlorzoxazone tab 500 mg</i> .....	151	<i>citalopram hydrobromide tab 10 mg (base</i> <i>equiv)</i> .....	45
<i>cholestyramine light powder 4 gm/dose</i> ..	56	<i>citalopram hydrobromide tab 20 mg (base</i> <i>equiv)</i> .....	45
<i>cholestyramine light powder packets 4 gm</i> .....	56	<i>citalopram hydrobromide tab 40 mg (base</i> <i>equiv)</i> .....	45
<i>cholestyramine powder 4 gm/dose</i> .....	56	<i>clarithromycin for susp 125 mg/5ml</i> .....	134
<i>cholestyramine powder packets 4 gm</i> .....	56	<i>clarithromycin for susp 250 mg/5ml</i> .....	134
<i>choline fenofibrate cap dr 135 mg</i> <i>(fenofibric acid equiv)</i> .....	56	<i>clarithromycin tab 250 mg</i> .....	134
<i>choline fenofibrate cap dr 45 mg (fenofibric</i> <i>acid equiv)</i> .....	56	<i>clarithromycin tab 500 mg</i> .....	134
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<i>ciclopirox gel 0.77%</i> .....	103	CLENPIQ SOL .....	133
<i>ciclopirox olamine cream 0.77% (base</i> <i>equiv)</i> .....	103	CLEVER CHECK MIS .....	136
<i>ciclopirox olamine susp 0.77% (base equiv)</i> .....	103	CLEVER CHECK MIS 30G .....	136
<i>ciclopirox shampoo 1%</i> .....	103	CLIMARA PRO DIS WEEKLY .....	124
<i>ciclopirox solution 8%</i> .....	103	<i>clindamycin hcl cap 150 mg</i> .....	30
<i>cilostazol tab 100 mg</i> .....	130	<i>clindamycin hcl cap 300 mg</i> .....	30
<i>cilostazol tab 50 mg</i> .....	130	<i>clindamycin hcl cap 75 mg</i> .....	30
<i>cimetidine hcl soln 300 mg/5ml</i> .....	166	<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml (base equiv)</i> .....	30
<i>cimetidine tab 300 mg</i> .....	166	<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1.2-2.5%</i> .....	102
<i>cimetidine tab 400 mg</i> .....	166	<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1-5%</i> .....	102
<i>cimetidine tab 800 mg</i> .....	166	<i>clindamycin phosphate foam 1%</i> .....	102
CIPRO (10%) SUS 500MG/5 .....	125	<i>clindamycin phosphate gel 1%</i> .....	102
CIPRO (5%) SUS 250MG/5 .....	125	<i>clindamycin phosphate lotion 1%</i> .....	102
<i>ciprofloxacin-dexamethasone otic susp</i> <i>0.3-0.1%</i> .....	156	<i>clindamycin phosphate soln 1%</i> .....	102
<i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i> .....	154	<i>clindamycin phosphate swab 1%</i> .....	102
<i>ciprofloxacin hcl otic soln 0.2% (base</i> <i>equivalent)</i> .....	156	<i>clindamycin phosphate-tretinoin gel 1.2-</i> <i>0.025%</i> .....	102
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i> .....	125	<i>clindamycin phosphate vaginal cream 2%</i> .....	169
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....	125	<i>clindamycin phosph-benzoyl peroxide</i> <i>(refrig) gel 1.2 (1)-5%</i> .....	102
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....	125	<i>clobazam suspension 2.5 mg/ml</i> .....	40
		<i>clobazam tab 10 mg</i> .....	40

<i>clobazam tab 20 mg</i> .....	40	<i>clotrimazole troche 10 mg</i> .....	150
<i>clobetasol propionate cream 0.05%</i> .....	110	<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	103
<i>clobetasol propionate emollient base cream 0.05%</i> .....	110	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> .....	103
<i>clobetasol propionate foam 0.05%</i> .....	110	<i>clozapine orally disintegrating tab 100 mg</i> .....	79
<i>clobetasol propionate gel 0.05%</i> .....	110	<i>clozapine orally disintegrating tab 12.5 mg</i> .....	79
<i>clobetasol propionate lotion 0.05%</i> .....	110	<i>clozapine orally disintegrating tab 150 mg</i> .....	79
<i>clobetasol propionate oint 0.05%</i> .....	110	<i>clozapine orally disintegrating tab 200 mg</i> .....	79
<i>clobetasol propionate shampoo 0.05%</i> .....	110	<i>clozapine orally disintegrating tab 25 mg</i> .....	79
<i>clobetasol propionate soln 0.05%</i> .....	110	<i>clozapine tab 100 mg</i> .....	79
<i>clobetasol propionate spray 0.05%</i> .....	110	<i>clozapine tab 200 mg</i> .....	79
<i>clomiphene citrate tab 50 mg</i> .....	121	<i>clozapine tab 25 mg</i> .....	79
<i>clomipramine hcl cap 25 mg</i> .....	47	<i>clozapine tab 50 mg</i> .....	79
<i>clomipramine hcl cap 50 mg</i> .....	47	<b>COAGUCHEK MIS LANCETS</b> .....	136
<i>clomipramine hcl cap 75 mg</i> .....	47	<i>coal tar soln 20%</i> .....	114
<i>clonazepam orally disintegrating tab 0.125 mg</i> .....	40	<i>colchicine tab 0.6 mg</i> .....	129
<i>clonazepam orally disintegrating tab 0.25 mg</i> .....	40	<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	129
<i>clonazepam orally disintegrating tab 0.5 mg</i> .....	40	<i>colesevelam hcl packet for susp 3.75 gm</i> .....	56
<i>clonazepam orally disintegrating tab 1 mg</i> .....	40	<i>colesevelam hcl tab 625 mg</i> .....	56
<i>clonazepam orally disintegrating tab 2 mg</i> .....	40	<i>colestipol hcl granule packets 5 gm</i> .....	56
<i>clonazepam tab 0.5 mg</i> .....	40	<i>colestipol hcl granules 5 gm</i> .....	56
<i>clonazepam tab 1 mg</i> .....	40	<i>colestipol hcl tab 1 gm</i> .....	56
<i>clonazepam tab 2 mg</i> .....	40	<b>COMBIPATCH DIS</b> .....	124
<i>clonidine hcl tab 0.1 mg</i> .....	60	<b>COMFORT ASSU MIS LANC 28G</b> .....	136
<i>clonidine hcl tab 0.2 mg</i> .....	60	<b>COMFORT ASSU MIS LANC 33G</b> .....	136
<i>clonidine hcl tab 0.3 mg</i> .....	60	<b>COMFORT EZ MIS 21G</b> .....	136
<i>clonidine hcl tab er 12hr 0.1 mg</i> .....	3	<b>COMFORT EZ MIS 23G</b> .....	136
<i>clonidine td patch weekly 0.1 mg/24hr</i> .....	60	<b>COMFORT EZ MIS 28G</b> .....	136
<i>clonidine td patch weekly 0.2 mg/24hr</i> .....	60	<b>COMFORT MIS LANCETS</b> .....	136
<i>clonidine td patch weekly 0.3 mg/24hr</i> .....	60	<b>COMFORTOUCH MIS LANCET</b> .....	136
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i> .....	130	<b>COMFORT TCH MIS LANC 30G</b> .....	136
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....	130	<b>COMFORT TCH MIS LANC 31G</b> .....	136
<i>clorazepate dipotassium tab 15 mg</i> .....	33	<b>COMPLEAT LIQ CLS SYS</b> .....	114
<i>clorazepate dipotassium tab 3.75 mg</i> .....	33	<b>COMPLEAT PED LIQ ORG BLND</b> .....	114
<i>clorazepate dipotassium tab 7.5 mg</i> .....	33	<b>COPAXONE INJ 20MG/ML</b> .....	161
<i>clotrimazole soln 1%</i> .....	103	<b>COPAXONE INJ 40MG/ML</b> .....	161
		<b>COPIKTRA CAP 15MG</b> .....	71

COPIKTRA CAP 25MG .....	71	<i>cyclosporine modified cap 100 mg</i> .....	149
CORLANOR SOL 5MG/5ML .....	95	<i>cyclosporine modified cap 25 mg</i> .....	149
CORLANOR TAB 5MG .....	95	<i>cyclosporine modified cap 50 mg</i> .....	149
CORLANOR TAB 7.5MG .....	95	<i>cyclosporine modified oral soln 100 mg/ml</i> .....	149
COSENTYX INJ 125/5ML .....	105	<i>cyproheptadine hcl syrup 2 mg/5ml</i> .....	56
COSENTYX INJ 150MG/ML .....	105	<i>cyproheptadine hcl tab 4 mg</i> .....	56
COSENTYX INJ 300DOSE .....	105	CYSTAGON CAP 150MG .....	128
COSENTYX INJ 75MG/0.5 .....	105	CYSTAGON CAP 50MG .....	128
COSENTYX PEN INJ 150MG/ML .....	106	<b>D</b>	
COSENTYX PEN INJ 300DOSE .....	106	<i>danazol cap 100 mg</i> .....	28
COSENTYX UNO INJ 300/2ML .....	106	<i>danazol cap 200 mg</i> .....	28
COTELLIC TAB 20MG .....	71	<i>danazol cap 50 mg</i> .....	28
CREON CAP 12000UNT .....	118	<i>dantrolene sodium cap 100 mg</i> .....	152
CREON CAP 24000UNT .....	118	<i>dantrolene sodium cap 25 mg</i> .....	152
CREON CAP 3000UNIT .....	118	<i>dantrolene sodium cap 50 mg</i> .....	152
CREON CAP 36000UNT .....	118	<i>dapsone gel 5%</i> .....	102
CREON CAP 6000UNIT .....	118	<i>dapsone gel 7.5%</i> .....	102
<i>cromolyn sodium ophth soln 4%</i> .....	155	<i>dapsone tab 100 mg</i> .....	30
<i>cromolyn sodium oral conc 100 mg/5ml</i> .....	126	<i>dapsone tab 25 mg</i> .....	30
<i>cromolyn sodium soln nebu 20 mg/2ml</i> .....	34	<i>darifenacin hydrobromide tab er 24hr 15</i> <i>mg (base equiv)</i> .....	168
<i>crotonon lotion 10%</i> .....	113	<i>darifenacin hydrobromide tab er 24hr 7.5</i> <i>mg (base equiv)</i> .....	168
CRUCIAL LIQ UNFLAVOR .....	114	<i>deferasirox granules packet 180 mg</i> .....	53
CUVPOSA SOL 1MG/5ML .....	166	<i>deferasirox granules packet 360 mg</i> .....	53
CVS LANCETS MIS 21G .....	136	<i>deferasirox granules packet 90 mg</i> .....	53
CVS LANCETS MIS 30G .....	136	<i>deferasirox tab 180 mg</i> .....	53
CVS LANCETS MIS 33G .....	136	<i>deferasirox tab 360 mg</i> .....	53
CVS LANCETS MIS ORIGINAL .....	136	<i>deferasirox tab 90 mg</i> .....	53
CVS LANCETS MIS THIN 26G .....	136	<i>deferasirox tab for oral susp 125 mg</i> .....	53
CVS LANCETS MIS THIN 30G .....	136	<i>deferasirox tab for oral susp 250 mg</i> .....	53
CVS LANCETS MIS THIN 33G .....	136	<i>deferasirox tab for oral susp 500 mg</i> .....	53
<i>cyanocobalamin inj 1000 mcg/ml</i> .....	131	<i>deferiprone tab 500 mg</i> .....	53
<i>cyclobenzaprine hcl tab 10 mg</i> .....	151	<i>demeclocycline hcl tab 150 mg</i> .....	164
<i>cyclobenzaprine hcl tab 5 mg</i> .....	151	<i>demeclocycline hcl tab 300 mg</i> .....	164
<i>cyclopentolate hcl ophth soln 0.5%</i> .....	153	DESCOVY TAB 120-15MG .....	82
<i>cyclopentolate hcl ophth soln 1%</i> .....	153	DESCOVY TAB 200/25MG .....	82
<i>cyclopentolate hcl ophth soln 2%</i> .....	153	<i>desipramine hcl tab 100 mg</i> .....	48
<i>cyclophosphamide cap 25 mg</i> .....	66	<i>desipramine hcl tab 10 mg</i> .....	47
<i>cyclophosphamide cap 50 mg</i> .....	66	<i>desipramine hcl tab 150 mg</i> .....	48
CYCLOPHOSPH TAB 25MG .....	66	<i>desipramine hcl tab 25 mg</i> .....	47
CYCLOPHOSPH TAB 50MG .....	66	<i>desipramine hcl tab 50 mg</i> .....	47
<i>cycloserine cap 250 mg</i> .....	65		
<i>cyclosporine cap 100 mg</i> .....	149		
<i>cyclosporine cap 25 mg</i> .....	149		



<i>desipramine hcl tab 75 mg</i> .....	47	<i>dexamethasone tab therapy pack 1.5 mg</i>	
<i>desloratadine tab 5 mg</i> .....	55	<i>(21)</i> .....	99
<i>desloratadine tab orally disintegrating 2.5</i>		<i>dexamethasone tab therapy pack 1.5 mg</i>	
<i>mg</i> .....	55	<i>(27)</i> .....	99
<i>desloratadine tab orally disintegrating 5 mg</i>		<i>dexamethasone tab therapy pack 1.5 mg</i>	
.....	55	<i>(35)</i> .....	99
<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab therapy pack 1.5 mg</i>	
<i>0.01%</i> .....	124	<i>(49)</i> .....	100
<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab therapy pack 1.5 mg</i>	
<i>0.01% (refrigerated)</i> .....	124	<i>(51)</i> .....	100
<i>desmopressin acetate tab 0.1 mg</i> .....	124	<i>DEXCOM G5 MIS RECEIVER</i> .....	136
<i>desmopressin acetate tab 0.2 mg</i> .....	124	<i>DEXCOM G5 MIS TRANSMIT</i> .....	137
<i>desogest-eth estrad &amp; eth estrad tab 0.15-</i>		<i>DEXCOM G6 MIS RECEIVER</i> .....	137
<i>0.02/0.01 mg(21/5)</i> .....	96	<i>DEXCOM G6 MIS SENSOR</i> .....	137
<i>desogest-ethin est tab 0.1-0.025/0.125-</i>		<i>DEXCOM G6 MIS TRANSMIT</i> .....	137
<i>0.025/0.15-0.025mg-mg</i> .....	96	<i>DEXCOM G7 MIS RECEIVER</i> .....	137
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-</i>		<i>DEXCOM G7 MIS SENSOR</i> .....	137
<i>30 mcg</i> .....	97	<i>dexlansoprazole cap delayed release 30</i>	
<i>desonide cream 0.05%</i> .....	110	<i>mg</i> .....	167
<i>desonide lotion 0.05%</i> .....	110	<i>dexlansoprazole cap delayed release 60</i>	
<i>desonide oint 0.05%</i> .....	110	<i>mg</i> .....	167
<i>desoximetasone cream 0.05%</i> .....	110	<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	
<i>desoximetasone cream 0.25%</i> .....	110	.....	4
<i>desoximetasone gel 0.05%</i> .....	110	<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	
<i>desoximetasone oint 0.25%</i> .....	110	.....	4
<i>desoximetasone spray 0.25%</i> .....	110	<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	
<i>desvenlafaxine succinate tab er 24hr 100</i>		.....	4
<i>mg (base equiv)</i> .....	46	<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	
<i>desvenlafaxine succinate tab er 24hr 25 mg</i>		.....	4
<i>(base equiv)</i> .....	46	<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	
<i>desvenlafaxine succinate tab er 24hr 50 mg</i>		.....	4
<i>(base equiv)</i> .....	46	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	
<i>dexamethasone elixir 0.5 mg/5ml</i> .....	99	.....	4
<i>dexamethasone sodium phosphate ophth</i>		<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	
<i>soln 0.1%</i> .....	155	.....	4
<i>dexamethasone soln 0.5 mg/5ml</i> .....	99	<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	4
<i>dexamethasone tab 0.5 mg</i> .....	99	<i>dexmethylphenidate hcl tab 10 mg</i> .....	4
<i>dexamethasone tab 0.75 mg</i> .....	99	<i>dexmethylphenidate hcl tab 2.5 mg</i> .....	4
<i>dexamethasone tab 1.5 mg</i> .....	99	<i>dexmethylphenidate hcl tab 5 mg</i> .....	4
<i>dexamethasone tab 1 mg</i> .....	99	<i>dextroamphetamine sulfate cap er 24hr 10</i>	
<i>dexamethasone tab 2 mg</i> .....	99	<i>mg</i> .....	1
<i>dexamethasone tab 4 mg</i> .....	99	<i>dextroamphetamine sulfate cap er 24hr 15</i>	
<i>dexamethasone tab 6 mg</i> .....	99	<i>mg</i> .....	1

<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> .....	1	<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> .....	15
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> .....	1	<i>dicloxacillin sodium cap 250 mg</i> .....	158
<i>dextroamphetamine sulfate tab 10 mg</i> .....	2	<i>dicloxacillin sodium cap 500 mg</i> .....	158
<i>dextroamphetamine sulfate tab 15 mg</i> .....	2	<i>dicyclomine hcl cap 10 mg</i> .....	166
<i>dextroamphetamine sulfate tab 2.5 mg</i> .....	1	<i>dicyclomine hcl oral soln 10 mg/5ml</i> .....	166
<i>dextroamphetamine sulfate tab 20 mg</i> .....	2	<i>dicyclomine hcl tab 20 mg</i> .....	166
<i>dextroamphetamine sulfate tab 30 mg</i> .....	2	<i>diethylpropion hcl tab 25 mg</i> .....	2
<i>dextroamphetamine sulfate tab 5 mg</i> .....	2	<i>diethylpropion hcl tab er 24hr 75 mg</i> .....	2
<i>dextroamphetamine sulfate tab 7.5 mg</i> .....	2	DIFICID SUS.....	135
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DIABETISOURC LIQ .....	114	<i>diflunisal tab 500 mg</i> .....	20
DIATHRIVE MIS LANCETS.....	137	<i>difluprednate ophth emulsion 0.05%</i> .....	155
DIATHRIVE MIS UT 30G.....	137	<i>digoxin oral soln 0.05 mg/ml</i> .....	91
<i>diazepam conc 5 mg/ml</i> .....	33	<i>digoxin tab 125 mcg (0.125 mg)</i> .....	91
<i>diazepam oral soln 1 mg/ml</i> .....	33	<i>digoxin tab 250 mcg (0.25 mg)</i> .....	91
<i>diazepam rectal gel delivery system 10 mg</i> .....	40	DILANTIN CAP 30MG.....	43
.....	40	<i>diltiazem hcl cap er 12hr 120 mg</i> .....	89
<i>diazepam rectal gel delivery system 2.5 mg</i> .....	40	<i>diltiazem hcl cap er 12hr 60 mg</i> .....	89
.....	40	<i>diltiazem hcl cap er 12hr 90 mg</i> .....	89
<i>diazepam rectal gel delivery system 20 mg</i> .....	40	<i>diltiazem hcl cap er 24hr 120 mg</i> .....	89
.....	40	<i>diltiazem hcl cap er 24hr 180 mg</i> .....	89
<i>diazepam tab 10 mg</i> .....	33	<i>diltiazem hcl cap er 24hr 240 mg</i> .....	89
<i>diazepam tab 2 mg</i> .....	33	<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> .....	89
<i>diazepam tab 5 mg</i> .....	33	<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> .....	89
<i>diazoxide susp 50 mg/ml</i> .....	50	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> .....	89
<i>diclofenac epolamine patch 1.3%</i> .....	103	<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> .....	89
<i>diclofenac potassium tab 25 mg</i> .....	15	<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> .....	89
<i>diclofenac potassium tab 50 mg</i> .....	15	<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> .....	89
<i>diclofenac sodium (actinic keratoses) gel 3%</i> .....	104	<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> .....	90
<i>diclofenac sodium ophth soln 0.1%</i> .....	155	<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> .....	90
<i>diclofenac sodium soln 1.5%</i> .....	103	<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> .....	90
<i>diclofenac sodium tab delayed release 25 mg</i> .....	15	<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> .....	90
<i>diclofenac sodium tab delayed release 50 mg</i> .....	15	<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> .....	90
<i>diclofenac sodium tab delayed release 75 mg</i> .....	15		
<i>diclofenac sodium tab er 24hr 100 mg</i> .....	15		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> .....	15		

<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> .....	90	<i>donepezil hydrochloride tab 23 mg</i> .....	158
<i>diltiazem hcl tab 120 mg</i> .....	90	<i>donepezil hydrochloride tab 5 mg</i> .....	158
<i>diltiazem hcl tab 30 mg</i> .....	90	DOPTELET TAB 20MG.....	131
<i>diltiazem hcl tab 60 mg</i> .....	90	<i>dozolamide hcl ophth soln 2%</i> .....	156
<i>diltiazem hcl tab 90 mg</i> .....	90	<i>dozolamide hcl-timolol maleate ophth soln 2-0.5%</i> .....	153
<i>diltiazem hcl tab er 24hr 180 mg</i> .....	90	<i>dozolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> .....	153
<i>diltiazem hcl tab er 24hr 240 mg</i> .....	90	DOVATO TAB 50-300MG .....	83
<i>diltiazem hcl tab er 24hr 300 mg</i> .....	90	<i>doxazosin mesylate tab 1 mg</i> .....	60
<i>diltiazem hcl tab er 24hr 360 mg</i> .....	90	<i>doxazosin mesylate tab 2 mg</i> .....	60
<i>diltiazem hcl tab er 24hr 420 mg</i> .....	90	<i>doxazosin mesylate tab 4 mg</i> .....	60
<i>dimethyl fumarate capsule delayed release 120 mg</i> .....	161	<i>doxazosin mesylate tab 8 mg</i> .....	60
<i>dimethyl fumarate capsule delayed release 240 mg</i> .....	161	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> .....	132
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> .....	161	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> .....	133
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> .....	53	<i>doxepin hcl cap 100 mg</i> .....	48
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....	53	<i>doxepin hcl cap 10 mg</i> .....	48
<i>dipyridamole tab 25 mg</i> .....	130	<i>doxepin hcl cap 150 mg</i> .....	48
<i>dipyridamole tab 50 mg</i> .....	130	<i>doxepin hcl cap 25 mg</i> .....	48
<i>dipyridamole tab 75 mg</i> .....	130	<i>doxepin hcl cap 50 mg</i> .....	48
<i>disopyramide phosphate cap 100 mg</i> .....	34	<i>doxepin hcl cap 75 mg</i> .....	48
<i>disopyramide phosphate cap 150 mg</i> .....	34	<i>doxepin hcl conc 10 mg/ml</i> .....	48
<i>disulfiram tab 250 mg</i> .....	158	<i>doxercalciferol cap 0.5 mcg</i> .....	123
<i>disulfiram tab 500 mg</i> .....	158	<i>doxercalciferol cap 1 mcg</i> .....	123
<i>divalproex sodium cap delayed release sprinkle 125 mg</i> .....	44	<i>doxercalciferol cap 2.5 mcg</i> .....	123
<i>divalproex sodium tab delayed release 125 mg</i> .....	44	<i>doxycycline hyclate cap 100 mg</i> .....	164
<i>divalproex sodium tab delayed release 250 mg</i> .....	44	<i>doxycycline hyclate cap 50 mg</i> .....	164
<i>divalproex sodium tab delayed release 500 mg</i> .....	44	<i>doxycycline hyclate tab 100 mg</i> .....	164
<i>divalproex sodium tab er 24 hr 250 mg</i> ...	44	<i>doxycycline hyclate tab 20 mg</i> .....	164
<i>divalproex sodium tab er 24 hr 500 mg</i> ....	44	<i>doxycycline monohydrate cap 100 mg</i> ...	164
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> .....	158	<i>doxycycline monohydrate cap 50 mg</i> ....	164
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> .....	158	<i>doxycycline monohydrate for susp 25 mg/5ml</i> .....	165
<i>donepezil hydrochloride tab 10 mg</i> .....	158	<i>doxycycline monohydrate tab 100 mg</i> ...	165
		<i>doxycycline monohydrate tab 150 mg</i> ...	165
		<i>doxycycline monohydrate tab 50 mg</i> .....	165
		<i>doxycycline monohydrate tab 75 mg</i> .....	165
		<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> .....	54
		<i>dronabinol cap 10 mg</i> .....	54
		<i>dronabinol cap 2.5 mg</i> .....	54

<i>dronabinol cap 5 mg</i> .....	54	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
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DROPLET PERS MIS LANC 30G .....	137	<i>eletriptan hydrobromide tab 20 mg (base</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02</i>		<i>equivalent)</i> .....	147
<i>mg</i> .....	97	<i>eletriptan hydrobromide tab 40 mg (base</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03</i>		<i>equivalent)</i> .....	147
<i>mg</i> .....	97	ELIQUIS ST P TAB 5MG.....	39
<i>drospirenone-ethinyl estrad-levomefolate</i>		ELIQUIS TAB 2.5MG.....	39
<i>tab 3-0.02-0.451 mg</i> .....	97	ELIQUIS TAB 5MG.....	39
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<i>tab 3-0.03-0.451 mg</i> .....	97	EMBRACE LANC MIS THIN 30G.....	137
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DROXIA CAP 300MG.....	130	EMGALITY INJ 100MG/ML .....	146
DROXIA CAP 400MG.....	130	EMGALITY INJ 120MG/ML .....	146
<i>duloxetine hcl enteric coated pellets cap 20</i>		<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>mg (base eq)</i> .....	46	<i>tab 100-150 mg</i> .....	83
<i>duloxetine hcl enteric coated pellets cap 30</i>		<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>mg (base eq)</i> .....	46	<i>tab 133-200 mg</i> .....	83
<i>duloxetine hcl enteric coated pellets cap 40</i>		<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>mg (base eq)</i> .....	46	<i>tab 167-250 mg</i> .....	83
<i>duloxetine hcl enteric coated pellets cap 60</i>		<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>mg (base eq)</i> .....	46	<i>tab 200-300 mg</i> .....	83
DUPIXENT INJ 100/0.67 .....	34	EMTRIVA SOL 10MG/ML .....	83
DUPIXENT INJ 200/1.14 .....	34	EMVERM CHW 100MG.....	29
DUPIXENT INJ 200MG .....	112	<i>enalapril maleate &amp; hydrochlorothiazide tab</i>	
DUPIXENT INJ 300/2ML.....	112	<i>10-25 mg</i> .....	62
<i>dutasteride cap 0.5 mg</i> .....	128	<i>enalapril maleate &amp; hydrochlorothiazide tab</i>	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>		<i>5-12.5 mg</i> .....	62
.....	128	<i>enalapril maleate oral soln 1 mg/ml</i> .....	59
<b>E</b>		<i>enalapril maleate tab 10 mg</i> .....	59
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EASY COMFORT MIS LANC/30G.....	137	<i>enalapril maleate tab 5 mg</i> .....	59
EASY COMFORT MIS TWIST .....	137	ENBREL INJ 25/0.5ML.....	19
EASY TOUCH MIS LANC/21G .....	137	ENBREL INJ 50MG/ML.....	19
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EASY TOUCH MIS LANC/26G .....	137	ENBREL SRCLK INJ 50MG/ML.....	20
EASY TOUCH MIS LANC/28G .....	137	ENDARI POW 5GM.....	130
EASY TOUCH MIS LANC/30G .....	137	ENDOMETRIN SUP 100MG .....	169
EASY TOUCH MIS LANC/32G .....	137	<i>enoxaparin sodium inj 300 mg/3ml</i> .....	39
EASY TOUCH MIS LANC/33G .....	137	<i>enoxaparin sodium inj soln pref syr 100</i>	
<i>econazole nitrate cream 1%</i> .....	103	<i>mg/ml</i> .....	39
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<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i> .....	39	<i>ergoloid mesylates tab 1 mg</i> .....	162
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i> .....	39	ERIVEDGE CAP 150MG .....	68
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> .....	39	ERLEADA TAB 60MG .....	68
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> .....	39	<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i> .....	134
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i> .....	39	<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i> .....	134
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<i>entecavir tab 0.5 mg</i> .....	85	<i>erythromycin soln 2%</i> .....	102
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<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i> .....	169	<i>escitalopram oxalate tab 20 mg (base equiv)</i> .....	45
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> .....	169	<i>escitalopram oxalate tab 5 mg (base equiv)</i> .....	45
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> .....	169	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> .....	167
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> .....	169	<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i> .....	167
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*estradiol td patch twice weekly 0.0375 mg/24hr* .....125  
*estradiol td patch twice weekly 0.05 mg/24hr* .....125  
*estradiol td patch twice weekly 0.075 mg/24hr* .....125  
*estradiol td patch twice weekly 0.1 mg/24hr* .....125  
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*estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)* .....125  
*estradiol td patch weekly 0.05 mg/24hr* .....125  
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<i>famotidine for susp 40 mg/5ml</i> .....	166	<i>mcg</i> .....	21
<i>famotidine tab 40 mg</i> .....	166	<i>fentanyl citrate lozenge on a handle 400</i>	
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<i>febuxostat tab 80 mg</i> .....	129	<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	21
<i>felbamate susp 600 mg/5ml</i> .....	43	<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	21
<i>felbamate tab 400 mg</i> .....	43	<i>fentanyl td patch 72hr 37.5 mcg/hr</i> .....	21
<i>felbamate tab 600 mg</i> .....	43	<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	21
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<i>fentanyl citrate buccal tab 800 mcg (base</i>		<i>fluconazole tab 100 mg</i> .....	55
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.....152	<i>fluticasone propionate cream 0.05%</i> .....	111
<i>fluocinolone acetonide (otic) oil 0.01%</i> ...	<i>fluticasone propionate hfa inhal aer 110</i>	
156	<i>mcg/act (125/valve)</i> .....	36
<i>fluocinolone acetonide cream 0.01%</i> .....	<i>fluticasone propionate hfa inhal aer 220</i>	
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<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	<i>mcg/act</i> .....	152
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<i>fluocinolone acetonide oint 0.025%</i> .....	<i>fluticasone-salmeterol aer powder ba 113-</i>	
111	<i>14 mcg/act</i> .....	37
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<i>fluocinonide emulsified base cream 0.05%</i>	<i>fluvastatin sodium cap 20 mg (base</i>	
.....111	<i>equivalent)</i> .....	57
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<i>fluocinonide soln 0.05%</i> .....	<i>fluvoxamine maleate cap er 24hr 100 mg</i>	45
111	<i>fluvoxamine maleate cap er 24hr 150 mg</i>	45
<i>fluorometholone ophth susp 0.1%</i> .....	<i>fluvoxamine maleate tab 100 mg</i> .....	45
155	<i>fluvoxamine maleate tab 25 mg</i> .....	45
<i>fluorouracil cream 0.5%</i> .....	<i>fluvoxamine maleate tab 50 mg</i> .....	45
104	<i>folic acid cap 0.8 mg</i> .....	131
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104	<i>fondaparinux sodium subcutaneous inj 10</i>	
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104	<i>fondaparinux sodium subcutaneous inj 2.5</i>	
<i>fluorouracil soln 5%</i> .....	<i>mg/0.5ml</i> .....	39
104	<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>fluoxetine hcl cap 10 mg</i> .....	<i>mg/0.4ml</i> .....	39
45	<i>fondaparinux sodium subcutaneous inj 7.5</i>	
<i>fluoxetine hcl cap 20 mg</i> .....	<i>mg/0.6ml</i> .....	39
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45		
<i>fluoxetine hcl tab 20 mg</i> .....		
45		
<i>fluphenazine decanoate inj 25 mg/ml</i> .....		
81		
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> .....		
81		
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....		
81		
<i>fluphenazine hcl oral conc 5 mg/ml</i> .....		
81		
<i>fluphenazine hcl tab 10 mg</i> .....		
81		
<i>fluphenazine hcl tab 1 mg</i> .....		
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<i>fluphenazine hcl tab 2.5 mg</i> .....		
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<i>fluphenazine hcl tab 5 mg</i> .....		
81		
<i>flurandrenolide oint 0.05%</i> .....		
111		
<i>flurazepam hcl cap 15 mg</i> .....		
133		
<i>flurazepam hcl cap 30 mg</i> .....		
133		
<i>flurbiprofen sodium ophth soln 0.03%</i> ....		
156		
<i>flurbiprofen tab 100 mg</i> .....		
16		
<i>flurbiprofen tab 50 mg</i> .....		
16		



<i>formoterol fumarate soln nebu 20 mcg/2ml</i> .....	38	<i>galantamine hydrobromide cap er 24hr 8</i> mg.....	158
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<i>fosamprenavir calcium tab 700 mg (base</i> <i>equiv)</i> .....	83	<i>galantamine hydrobromide tab 12 mg</i> .....	159
<i>fosfomycin tromethamine powd pack 3 gm</i> <i>(base equivalent)</i> .....	30	<i>galantamine hydrobromide tab 4 mg</i> .....	159
<i>fosinopril sodium &amp; hydrochlorothiazide tab</i> <i>10-12.5 mg</i> .....	62	<i>galantamine hydrobromide tab 8 mg</i> .....	159
<i>fosinopril sodium &amp; hydrochlorothiazide tab</i> <i>20-12.5 mg</i> .....	63	<i>gatifloxacin ophth soln 0.5%</i> .....	154
<i>fosinopril sodium tab 10 mg</i> .....	59	GAVRETO CAP 100MG .....	71
<i>fosinopril sodium tab 20 mg</i> .....	59	<i>gemfibrozil tab 600 mg</i> .....	57
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<i>furosemide oral soln 8 mg/ml</i> .....	120	GENOTROPIN INJ 1.4MG.....	122
<i>furosemide tab 20 mg</i> .....	120	GENOTROPIN INJ 1.6MG.....	122
<i>furosemide tab 40 mg</i> .....	120	GENOTROPIN INJ 1.8MG.....	122
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<i>gabapentin cap 400 mg</i> .....	41	GILOTRIF TAB 20MG.....	67
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		<i>glimepiride tab 2 mg</i> .....	52
		<i>glimepiride tab 4 mg</i> .....	52
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<i>glipizide tab 5 mg</i> .....	52	<i>griseofulvin microsize susp 125 mg/5ml</i> ...	54
<i>glipizide tab er 24hr 10 mg</i> .....	53	<i>griseofulvin microsize tab 500 mg</i> .....	54
<i>glipizide tab er 24hr 2.5 mg</i> .....	52	<i>griseofulvin ultramicrosize tab 125 mg</i> .....	54
<i>glipizide tab er 24hr 5 mg</i> .....	53	<i>griseofulvin ultramicrosize tab 250 mg</i> ....	54
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GLOBAL 30G MIS LANCETS .....	138	<i>guanfacine hcl tab 2 mg</i> .....	61
GLUCAGEN INJ HYPOKIT .....	50	<i>guanfacine hcl tab er 24hr 1 mg (base</i>	
<i>glucagon (rdna) for inj kit 1 mg</i> .....	50	<i>equiv)</i> .....	3
GLUCERNA 1.0 LIQ CARB VAN .....	115	<i>guanfacine hcl tab er 24hr 2 mg (base</i>	
GLUCERNA LIQ 1.2 CAL.....	115	<i>equiv)</i> .....	3
GLUCERNA SEL LIQ VANILLA .....	115	<i>guanfacine hcl tab er 24hr 3 mg (base</i>	
GLUCOCOM MIS 28G .....	138	<i>equiv)</i> .....	3
GLUCOCOM MIS 30G.....	138	<i>guanfacine hcl tab er 24hr 4 mg (base</i>	
GLUCOCOM MIS 33G .....	138	<i>equiv)</i> .....	3
<i>glyburide-metformin tab 1.25-250 mg</i> .....	49	GVOKE HYPO 1 INJ .5/.1ML.....	50
<i>glyburide-metformin tab 2.5-500 mg</i> .....	49	GVOKE HYPO 1 INJ 1MG/.2ML .....	50
<i>glyburide-metformin tab 5-500 mg</i> .....	49	GVOKE HYPO 2 INJ .5/.1ML.....	50
<i>glyburide micronized tab 1.5 mg</i> .....	53	GVOKE HYPO 2 INJ 1MG/.2ML.....	50
<i>glyburide micronized tab 3 mg</i> .....	53	GVOKE KIT SOL 1MG/0.2M .....	50
<i>glyburide micronized tab 6 mg</i> .....	53	GVOKE PFS INJ .....	50
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GONAL-F RFF INJ 75UNIT .....	121	<i>haloperidol lactate inj 5 mg/ml</i> .....	79
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.....	40	<i>mg</i> .....	26
<i>heparin sodium (porcine) inj 20000 unit/ml</i>		<i>hydrocodone-acetaminophen tab 7.5-325</i>	
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<i>lenalidomide cap 10 mg.....</i>	148	<i>levofloxacin tab 500 mg .....</i>	125
<i>lenalidomide cap 15 mg.....</i>	149	<i>levofloxacin tab 750 mg .....</i>	125
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<i>leucovorin calcium tab 25 mg .....</i>	75	<i>levonorgestrel-eth estra tab 0.05-</i>	
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<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> .....	97	<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	63
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> .....	97	<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	63
<i>levorphanol tartrate tab 2 mg</i> .....	22	<i>lisinopril tab 10 mg</i> .....	59
<i>levothyroxine sodium tab 100 mcg</i> .....	165	<i>lisinopril tab 2.5 mg</i> .....	59
<i>levothyroxine sodium tab 112 mcg</i> .....	165	<i>lisinopril tab 20 mg</i> .....	59
<i>levothyroxine sodium tab 125 mcg</i> .....	165	<i>lisinopril tab 30 mg</i> .....	59
<i>levothyroxine sodium tab 137 mcg</i> .....	165	<i>lisinopril tab 40 mg</i> .....	59
<i>levothyroxine sodium tab 150 mcg</i> .....	165	<i>lisinopril tab 5 mg</i> .....	59
<i>levothyroxine sodium tab 175 mcg</i> .....	165	LITETOUCH MIS LANCETS .....	140
<i>levothyroxine sodium tab 200 mcg</i> .....	165	LITE TOUCH MIS LANCETS .....	140
<i>levothyroxine sodium tab 25 mcg</i> .....	165	<i>lithium carbonate cap 150 mg</i> .....	78
<i>levothyroxine sodium tab 300 mcg</i> .....	165	<i>lithium carbonate cap 300 mg</i> .....	78
<i>levothyroxine sodium tab 50 mcg</i> .....	165	<i>lithium carbonate cap 600 mg</i> .....	78
<i>levothyroxine sodium tab 75 mcg</i> .....	165	<i>lithium carbonate tab 300 mg</i> .....	78
<i>levothyroxine sodium tab 88 mcg</i> .....	165	<i>lithium carbonate tab er 300 mg</i> .....	78
LEXIVA TAB 700MG .....	84	<i>lithium carbonate tab er 450 mg</i> .....	78
<i>lidocaine hcl gel 2%</i> .....	113	LO LOESTRIN TAB 1-10-10 .....	97
<i>lidocaine hcl laryngotracheal soln 4%</i> ....	150	LONGS LANCET MIS STANDARD .....	140
<i>lidocaine hcl soln 4%</i> .....	113	LONGS LANCET MIS THIN .....	140
<i>lidocaine hcl urethral/mucosal gel 2%</i> .....	113	LONGS LANCET MIS ULTRA TH .....	140
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> .....	113	LONSURF TAB 15-6.14 .....	69
<i>lidocaine hcl viscous soln 2%</i> .....	150	LONSURF TAB 20-8.19 .....	69
<i>lidocaine oint 5%</i> .....	113	LOPHLEX POW .....	115
<i>lidocaine patch 4%</i> .....	113	<i>lorazepam conc 2 mg/ml</i> .....	33
<i>lidocaine patch 5%</i> .....	113	<i>lorazepam tab 0.5 mg</i> .....	33
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	113	<i>lorazepam tab 1 mg</i> .....	33
LIFESCAN MIS UNISTIK2 .....	140	<i>lorazepam tab 2 mg</i> .....	33
<i>lindane shampoo 1%</i> .....	113	LORBRENA TAB 100MG .....	72
<i>linezolid for susp 100 mg/5ml</i> .....	30	LORBRENA TAB 25MG .....	72
<i>linezolid tab 600 mg</i> .....	30	<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....	63
LINZESS CAP 145MCG .....	127	<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....	63
LINZESS CAP 290MCG .....	127	<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....	63
LINZESS CAP 72MCG .....	127	<i>losartan potassium tab 100 mg</i> .....	60
<i>liothyronine sodium tab 25 mcg</i> .....	165	<i>losartan potassium tab 25 mg</i> .....	60
<i>liothyronine sodium tab 50 mcg</i> .....	166	<i>losartan potassium tab 50 mg</i> .....	60
<i>liothyronine sodium tab 5 mcg</i> .....	165	<i>loteprednol etabonate ophth gel 0.5%</i> ...	155
LIQUID HOPE LIQ .....	115	<i>loteprednol etabonate ophth susp 0.5%</i> .....	155
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	63	<i>lovastatin tab 10 mg</i> .....	57



<i>lovastatin tab 20 mg</i> .....	57	MEDLANCE PLS MIS LITE 25G.....	140
<i>lovastatin tab 40 mg</i> .....	57	MEDLANCE PLS MIS UNIV 21G .....	140
<i>loxapine succinate cap 10 mg</i> .....	79	MEDROL TAB 2MG .....	100
<i>loxapine succinate cap 25 mg</i> .....	79	<i>medroxyprogesterone acetate im susp 150</i>	
<i>loxapine succinate cap 50 mg</i> .....	80	<i>mg/ml</i> .....	99
<i>loxapine succinate cap 5 mg</i> .....	79	<i>medroxyprogesterone acetate im susp</i>	
<i>lubiprostone cap 24 mcg</i> .....	126	<i>prefilled syr 150 mg/ml.....</i>	99
<i>lubiprostone cap 8 mcg</i> .....	126	<i>medroxyprogesterone acetate tab 10 mg</i>	
LUMAKRAS TAB 120MG .....	72	.....	158
LUMAKRAS TAB 320MG.....	72	<i>medroxyprogesterone acetate tab 2.5 mg</i>	
LUPRON DEPOT INJ 11.25MG .....	68	.....	158
LUPRON DEPOT INJ 3.75MG.....	68	<i>medroxyprogesterone acetate tab 5 mg</i>	158
<i>lurasidone hcl tab 120 mg</i> .....	78	<i>mefenamic acid cap 250 mg.....</i>	16
<i>lurasidone hcl tab 20 mg</i> .....	78	<i>mefloquine hcl tab 250 mg</i> .....	65
<i>lurasidone hcl tab 40 mg</i> .....	78	<i>megestrol acetate susp 40 mg/ml</i> .....	68
<i>lurasidone hcl tab 60 mg</i> .....	78	<i>megestrol acetate susp 625 mg/5ml</i> .....	158
<i>lurasidone hcl tab 80 mg</i> .....	78	<i>megestrol acetate tab 20 mg</i> .....	68
LYSODREN TAB 500MG.....	68	<i>megestrol acetate tab 40 mg</i> .....	68
<b>M</b>		MEIJER LANCE MIS COLOR.....	140
<i>mafenide acetate packet for topical soln</i>		MEIJER LANCE MIS UNIV 21G.....	140
<i>5% (50 gm)</i> .....	109	MEIJER LANCE MIS UNIV 30G.....	140
<i>malathion lotion 0.5%</i> .....	113	MEIJER LANCE MIS UNIVERSA .....	140
<i>maprotiline hcl tab 25 mg</i> .....	45	MEIJER MIS LANCETS.....	140
<i>maprotiline hcl tab 50 mg</i> .....	45	MEKINIST SOL 0.05/ML .....	72
<i>maprotiline hcl tab 75 mg</i> .....	45	MEKTOVI TAB 15MG.....	72
MATULANE CAP 50MG .....	75	<i>meloxicam tab 15 mg</i> .....	16
MAYZENT PAK STARTER.....	161	<i>meloxicam tab 7.5 mg</i> .....	16
MAYZENT TAB 0.25MG .....	161	<i>melfalan tab 2 mg</i> .....	66
MAYZENT TAB 1MG.....	161	<i>memantine hcl cap er 24hr 14 mg</i> .....	159
MAYZENT TAB 2MG .....	161	<i>memantine hcl cap er 24hr 21 mg</i> .....	159
MCT PRO-CAL PAK .....	115	<i>memantine hcl cap er 24hr 28 mg</i> .....	159
MECLIZINE TAB 50MG.....	54	<i>memantine hcl cap er 24hr 7 mg</i> .....	159
<i>meclofenamate sodium cap 100 mg</i> .....	16	<i>memantine hcl oral solution 2 mg/ml</i> .....	159
<i>meclofenamate sodium cap 50 mg</i> .....	16	<i>memantine hcl tab 10 mg</i> .....	159
MEDICHOICE MIS LANCET .....	140	<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg</i>	
MEDLANCE MIS 30G PLUS .....	140	<i>titration pack</i> .....	159
MEDLANCE MIS EXTR 21G .....	140	<i>memantine hcl tab 5 mg</i> .....	159
MEDLANCE MIS LITE 25G .....	140	MENOPUR INJ 75UNIT .....	122
MEDLANCE MIS PLUS.....	140	<i>meperidine hcl oral soln 50 mg/5ml</i> .....	22
MEDLANCE MIS PLUS 30G .....	140	<i>meperidine hcl tab 50 mg</i> .....	22
MEDLANCE MIS UNV 21G.....	140	<i>meprobamate tab 200 mg</i> .....	32
MEDLANCE PLS MIS 0.8MM.....	140	<i>meprobamate tab 400 mg</i> .....	32
MEDLANCE PLS MIS EXTR 21G .....	140	<i>mercaptapurine tab 50 mg</i> .....	66

<i>mesalamine cap dr 400 mg</i> .....	126	<i>methotrexate sodium inj pf 250 mg/10ml</i>	
<i>mesalamine cap er 24hr 0.375 gm</i> .....	126	(25 mg/ml) .....	66
<i>mesalamine enema 4 gm</i> .....	126	<i>methotrexate sodium inj pf 50 mg/2ml (25</i>	
<i>mesalamine rectal enema 4 gm &amp; cleanser</i>		mg/ml) .....	66
<i>wipe kit</i> .....	126	<i>methotrexate sodium tab 2.5 mg (base</i>	
<i>mesalamine suppos 1000 mg</i> .....	126	equiv) .....	66
<i>mesalamine tab delayed release 1.2 gm</i> .126		<i>methoxsalen rapid cap 10 mg</i> .....	106
<i>mesalamine tab delayed release 800 mg</i>		<i>methscopolamine bromide tab 2.5 mg</i> ...	166
.....	126	<i>methscopolamine bromide tab 5 mg</i> .....	166
MESNEX TAB 400MG.....	75	<i>methyldopa &amp; hydrochlorothiazide tab 250-</i>	
<i>metaxalone tab 800 mg</i> .....	151	15 mg.....	63
<i>metformin hcl oral soln 500 mg/5ml</i> .....	50	<i>methyldopa &amp; hydrochlorothiazide tab 250-</i>	
<i>metformin hcl tab 1000 mg</i> .....	50	25 mg .....	63
<i>metformin hcl tab 500 mg</i> .....	50	<i>methyldopa tab 250 mg</i> .....	61
<i>metformin hcl tab 850 mg</i> .....	50	<i>methyldopa tab 500 mg</i> .....	61
<i>metformin hcl tab er 24hr 500 mg</i> .....	50	<i>methylergonovine maleate tab 0.2 mg</i> ....	156
<i>metformin hcl tab er 24hr 750 mg</i> .....	50	<i>methylphenidate hcl cap er 10 mg (cd)</i> .....	5
<i>methadone hcl conc 10 mg/ml</i> .....	22	<i>methylphenidate hcl cap er 20 mg (cd)</i> .....	5
<i>methadone hcl soln 10 mg/5ml</i> .....	23	<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	
<i>methadone hcl soln 5 mg/5ml</i> .....	22	.....	5
<i>methadone hcl tab 10 mg</i> .....	23	<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	
<i>methadone hcl tab 5 mg</i> .....	23	.....	5
<i>methadone hcl tab for oral susp 40 mg</i> ...	23	<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	
<i>methamphetamine hcl tab 5 mg</i> .....	2	.....	5
<i>methazolamide tab 25 mg</i> .....	119	<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	
<i>methazolamide tab 50 mg</i> .....	119	.....	5
<i>methenamine hippurate tab 1 gm</i> .....	30	<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	
<i>methenamine-hyos-meth blue-sod phos-</i>		.....	5
<i>phen sal tab 81.6 mg</i> .....	30	<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	
<i>methenamine mandelate tab 0.5 gm</i> .....	30	.....	5
<i>methenamine mandelate tab 1 gm</i> .....	30	<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	
<i>methimazole tab 10 mg</i> .....	165	.....	5
<i>methimazole tab 5 mg</i> .....	165	<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	
<i>methocarbamol tab 500 mg</i> .....	151	.....	5
<i>methocarbamol tab 750 mg</i> .....	151	<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	
<i>methotrexate sodium for inj 1 gm</i> .....	66	.....	5
<i>methotrexate sodium inj 250 mg/10ml (25</i>		<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	
mg/ml) .....	66	.....	5
<i>methotrexate sodium inj 50 mg/2ml (25</i>		<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	
mg/ml) .....	66	.....	5
<i>methotrexate sodium inj pf 1000 mg/40ml</i>		<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	
(25 mg/ml) .....	66	.....	5
		<i>methylphenidate hcl cap er 30 mg (cd)</i> .....	5

<i>methylphenidate hcl cap er 40 mg (cd) .....</i>	<i>5</i>	<i>metoprolol &amp; hydrochlorothiazide tab 100-</i>	<i>25 mg .....</i>	<i>63</i>
<i>methylphenidate hcl cap er 50 mg (cd) .....</i>	<i>5</i>	<i>metoprolol &amp; hydrochlorothiazide tab 100-</i>	<i>50 mg .....</i>	<i>63</i>
<i>methylphenidate hcl cap er 60 mg (cd) .....</i>	<i>5</i>	<i>metoprolol &amp; hydrochlorothiazide tab 50-25</i>	<i>mg .....</i>	<i>63</i>
<i>methylphenidate hcl chew tab 10 mg.....</i>	<i>6</i>	<i>metoprolol succinate tab er 24hr 100 mg</i>	<i>(tartrate equiv) .....</i>	<i>88</i>
<i>methylphenidate hcl chew tab 2.5 mg .....</i>	<i>6</i>	<i>metoprolol succinate tab er 24hr 200 mg</i>	<i>(tartrate equiv) .....</i>	<i>88</i>
<i>methylphenidate hcl chew tab 5 mg .....</i>	<i>6</i>	<i>metoprolol succinate tab er 24hr 25 mg</i>	<i>(tartrate equiv) .....</i>	<i>88</i>
<i>methylphenidate hcl soln 10 mg/5ml .....</i>	<i>6</i>	<i>metoprolol succinate tab er 24hr 50 mg</i>	<i>(tartrate equiv) .....</i>	<i>88</i>
<i>methylphenidate hcl soln 5 mg/5ml.....</i>	<i>6</i>	<i>metoprolol tartrate tab 100 mg .....</i>	<i>88</i>	
<i>methylphenidate hcl tab 10 mg .....</i>	<i>6</i>	<i>metoprolol tartrate tab 25 mg .....</i>	<i>88</i>	
<i>methylphenidate hcl tab 20 mg .....</i>	<i>6</i>	<i>metoprolol tartrate tab 37.5 mg .....</i>	<i>88</i>	
<i>methylphenidate hcl tab 5 mg .....</i>	<i>6</i>	<i>metoprolol tartrate tab 50 mg .....</i>	<i>88</i>	
<i>methylphenidate hcl tab er 10 mg.....</i>	<i>6</i>	<i>metoprolol tartrate tab 75 mg .....</i>	<i>88</i>	
<i>methylphenidate hcl tab er 20 mg .....</i>	<i>6</i>	<i>metronidazole cap 375 mg .....</i>	<i>29</i>	
<i>methylphenidate hcl tab er 24hr 18 mg.....</i>	<i>6</i>	<i>metronidazole cream 0.75% .....</i>	<i>113</i>	
<i>methylphenidate hcl tab er 24hr 27 mg .....</i>	<i>6</i>	<i>metronidazole gel 0.75% .....</i>	<i>113</i>	
<i>methylphenidate hcl tab er 24hr 36 mg .....</i>	<i>6</i>	<i>metronidazole gel 1% .....</i>	<i>113</i>	
<i>methylphenidate hcl tab er 24hr 54 mg .....</i>	<i>6</i>	<i>metronidazole lotion 0.75%.....</i>	<i>113</i>	
<i>methylphenidate hcl tab er osmotic release</i>		<i>metronidazole tab 250 mg.....</i>	<i>29</i>	
<i>(osm) 18 mg .....</i>	<i>6</i>	<i>metronidazole tab 500 mg .....</i>	<i>29</i>	
<i>methylphenidate hcl tab er osmotic release</i>		<i>metronidazole vaginal gel 0.75%.....</i>	<i>169</i>	
<i>(osm) 27 mg .....</i>	<i>6</i>	<i>metyrosine cap 250 mg .....</i>	<i>60</i>	
<i>methylphenidate hcl tab er osmotic release</i>		<i>mexiletine hcl cap 150 mg .....</i>	<i>34</i>	
<i>(osm) 36 mg .....</i>	<i>6</i>	<i>mexiletine hcl cap 200 mg.....</i>	<i>34</i>	
<i>methylphenidate hcl tab er osmotic release</i>		<i>mexiletine hcl cap 250 mg.....</i>	<i>34</i>	
<i>(osm) 54 mg .....</i>	<i>6</i>	<i>miconazole nitrate vaginal suppos 200 mg</i>	<i>.....</i>	<i>169</i>
<i>methylprednisolone tab 16 mg .....</i>	<i>100</i>	<i>miconazole-zinc oxide-white petrolatum</i>	<i>oint 0.25-15-81.35% .....</i>	<i>104</i>
<i>methylprednisolone tab 32 mg .....</i>	<i>100</i>	<i>MICROLET MIS LANCETS.....</i>	<i>140</i>	
<i>methylprednisolone tab 4 mg.....</i>	<i>100</i>	<i>MICRO THIN MIS LANC 33G .....</i>	<i>140</i>	
<i>methylprednisolone tab 8 mg.....</i>	<i>100</i>	<i>midodrine hcl tab 10 mg .....</i>	<i>170</i>	
<i>methylprednisolone tab therapy pack 4 mg</i>		<i>midodrine hcl tab 2.5 mg.....</i>	<i>170</i>	
<i>(21) .....</i>	<i>100</i>	<i>midodrine hcl tab 5 mg.....</i>	<i>170</i>	
<i>methyltestosterone cap 10 mg.....</i>	<i>28</i>	<i>mifepristone tab 200 mg .....</i>	<i>124</i>	
<i>metoclopramide hcl orally disintegrating</i>		<i>miglitol tab 100 mg .....</i>	<i>48</i>	
<i>tab 5 mg (base eq).....</i>	<i>126</i>	<i>miglitol tab 25 mg .....</i>	<i>48</i>	
<i>metoclopramide hcl soln 5 mg/5ml (10</i>				
<i>mg/10ml) (base equiv) .....</i>	<i>126</i>			
<i>metoclopramide hcl tab 10 mg (base</i>				
<i>equivalent) .....</i>	<i>126</i>			
<i>metoclopramide hcl tab 5 mg (base</i>				
<i>equivalent) .....</i>	<i>126</i>			
<i>metolazone tab 10 mg.....</i>	<i>120</i>			
<i>metolazone tab 2.5 mg .....</i>	<i>120</i>			
<i>metolazone tab 5 mg .....</i>	<i>120</i>			

<i>miglitol tab 50 mg</i> .....	48	<i>montelukast sodium chew tab 5 mg (base equiv)</i> .....	35
<i>mineral oil</i> .....	134	<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> .....	35
<i>minocycline hcl cap 100 mg</i> .....	165	<i>montelukast sodium tab 10 mg (base equiv)</i> .....	35
<i>minocycline hcl cap 50 mg</i> .....	165	.....	35
<i>minocycline hcl cap 75 mg</i> .....	165	<i>morphine sulfate beads cap er 24hr 120 mg</i> .....	23
<i>minocycline hcl tab 100 mg</i> .....	165	.....	23
<i>minocycline hcl tab 50 mg</i> .....	165	<i>morphine sulfate beads cap er 24hr 30 mg</i> .....	23
<i>minocycline hcl tab 75 mg</i> .....	165	.....	23
<i>minoxidil tab 10 mg</i> .....	65	<i>morphine sulfate beads cap er 24hr 45 mg</i> .....	23
<i>minoxidil tab 2.5 mg</i> .....	65	.....	23
<i>mirtazapine orally disintegrating tab 15 mg</i> .....	44	<i>morphine sulfate beads cap er 24hr 60 mg</i> .....	23
.....	44	.....	23
<i>mirtazapine orally disintegrating tab 30 mg</i> .....	44	<i>morphine sulfate beads cap er 24hr 75 mg</i> .....	23
.....	44	.....	23
<i>mirtazapine orally disintegrating tab 45 mg</i> .....	44	<i>morphine sulfate beads cap er 24hr 90 mg</i> .....	23
.....	44	.....	23
<i>mirtazapine tab 15 mg</i> .....	44	<i>morphine sulfate cap er 24hr 100 mg</i> .....	23
<i>mirtazapine tab 30 mg</i> .....	44	<i>morphine sulfate cap er 24hr 10 mg</i> .....	23
<i>mirtazapine tab 45 mg</i> .....	44	<i>morphine sulfate cap er 24hr 20 mg</i> .....	23
<i>mirtazapine tab 7.5 mg</i> .....	44	<i>morphine sulfate cap er 24hr 30 mg</i> .....	23
<i>misoprostol tab 100 mcg</i> .....	167	<i>morphine sulfate cap er 24hr 40 mg</i> .....	23
<i>misoprostol tab 200 mcg</i> .....	168	<i>morphine sulfate cap er 24hr 50 mg</i> .....	23
MITIGARE CAP 0.6MG .....	129	<i>morphine sulfate cap er 24hr 60 mg</i> .....	23
MM TWIST MIS LANCETS .....	140	<i>morphine sulfate cap er 24hr 80 mg</i> .....	23
MOBILE LANCE MIS 30G .....	140	<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> .....	24
<i>modafinil tab 100 mg</i> .....	6	<i>morphine sulfate oral soln 10 mg/5ml</i> .....	24
<i>modafinil tab 200 mg</i> .....	6	<i>morphine sulfate oral soln 20 mg/5ml</i> .....	24
<i>moexipril hcl tab 15 mg</i> .....	59	<i>morphine sulfate suppos 10 mg</i> .....	24
<i>moexipril hcl tab 7.5 mg</i> .....	59	<i>morphine sulfate suppos 20 mg</i> .....	24
<i>molindone hcl tab 10 mg</i> .....	80	<i>morphine sulfate suppos 30 mg</i> .....	24
<i>molindone hcl tab 25 mg</i> .....	80	<i>morphine sulfate suppos 5 mg</i> .....	24
<i>molindone hcl tab 5 mg</i> .....	80	<i>morphine sulfate tab 15 mg</i> .....	24
<i>mometasone furoate cream 0.1%</i> .....	111	<i>morphine sulfate tab 30 mg</i> .....	24
<i>mometasone furoate nasal susp 50 mcg/act</i> .....	152	<i>morphine sulfate tab er 100 mg</i> .....	24
<i>mometasone furoate oint 0.1%</i> .....	111	<i>morphine sulfate tab er 15 mg</i> .....	24
<i>mometasone furoate solution 0.1% (lotion)</i> .....	111	<i>morphine sulfate tab er 200 mg</i> .....	24
.....	111	<i>morphine sulfate tab er 30 mg</i> .....	24
MONOLET MIS LANCETS .....	140	<i>morphine sulfate tab er 60 mg</i> .....	24
MONOLET OPD MIS LANCETS .....	140	<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i> .....	154
MONOLETTOR MIS LANCETS .....	140		
<i>montelukast sodium chew tab 4 mg (base equiv)</i> .....	35		

<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i> .....	154	<i>naratriptan hcl tab 2.5 mg (base equiv)</i> ...	147
<i>moxifloxacin hcl tab 400 mg (base equiv)</i> .....	125	NARCAN SPR 4MG.....	54
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<i>propranolol hcl tab 10 mg</i> .....	89	<i>quetiapine fumarate tab er 24hr 50 mg</i> ....	80
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<i>rizatriptan benzoate tab 10 mg (base equivalent)</i> .....	147	SAFE-T-LANCE MIS HI FLOW .....	142
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<i>ropinirole hydrochloride tab 4 mg</i> .....	77	SAFETY 28G MIS LANCETS .....	143
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		<i>selenium sulfide lotion 2.5%</i> .....	109
		<i>sertraline hcl oral concentrate for solution 20 mg/ml</i> .....	46
		<i>sertraline hcl tab 100 mg</i> .....	46
		<i>sertraline hcl tab 25 mg</i> .....	46



<i>sertraline hcl tab 50 mg</i> .....	46	<i>sodium citrate &amp; citric acid soln 500-334</i>	
<i>sevelamer carbonate packet 0.8 gm</i> .....	127	<i>mg/5ml</i> .....	128
<i>sevelamer carbonate packet 2.4 gm</i> .....	128	<i>sodium fluoride gel 1.1% (0.5% f)</i> .....	151
<i>sevelamer carbonate tab 800 mg</i> .....	128	<i>sodium phenylbutyrate oral powder 3</i>	
<i>sevelamer hcl tab 400 mg</i> .....	128	<i>gm/teaspoonful</i> .....	123
<i>sevelamer hcl tab 800 mg</i> .....	128	<i>sodium phenylbutyrate tab 500 mg</i> .....	124
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SIKLOS TAB 1000MG.....	131	<i>gm/60ml</i> .....	150
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<i>sildenafil citrate for suspension 10 mg/ml</i>	94	<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>	
<i>sildenafil citrate tab 100 mg</i> .....	93	<i>3.13-1.6 gm/177ml</i> .....	134
<i>sildenafil citrate tab 20 mg</i> .....	94	SOFTCLIX MIS LANCETS .....	143
<i>sildenafil citrate tab 25 mg</i> .....	92	SOGROYA INJ 10MG/1.5 .....	123
<i>sildenafil citrate tab 50 mg</i> .....	93	SOGROYA INJ 15MG/1.5 .....	123
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<i>simvastatin tab 5 mg</i> .....	58	SOOLANTRA CRE 1%.....	113
<i>simvastatin tab 80 mg</i> .....	58	<i>sotalol hcl (afib/afl) tab 120 mg</i> .....	89
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<i>sirolimus oral soln 1 mg/ml</i> .....	150	<i>sotalol hcl (afib/afl) tab 80 mg</i> .....	89
<i>sirolimus tab 0.5 mg</i> .....	150	<i>sotalol hcl tab 120 mg</i> .....	89
<i>sirolimus tab 1 mg</i> .....	150	<i>sotalol hcl tab 160 mg</i> .....	89
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SKYRIZI INJ 360/2.4 .....	127	SPIRIVA AER 1.25MCG .....	35
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SMART SENSE MIS LANC 26G.....	143	<i>25-25 mg</i> .....	119
SMART SENSE MIS LANC 30G.....	143	<i>spironolactone tab 100 mg</i> .....	120
SMART SENSE MIS LANC 33G.....	143	<i>spironolactone tab 25 mg</i> .....	120
SM LANCETS MIS 33G .....	143	<i>spironolactone tab 50 mg</i> .....	120
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<i>sodium chloride soln nebu 10%</i> .....	101	SPRYCEL TAB 140MG .....	74
<i>sodium chloride soln nebu 3%</i> .....	101	SPRYCEL TAB 20MG.....	73
<i>sodium chloride soln nebu 7%</i> .....	101	SPRYCEL TAB 50MG.....	73
		SPRYCEL TAB 70MG.....	73

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<i>stannous fluoride gel 0.4% .....</i>	151	<i>injector 4 mg/0.5ml.....</i>	147
<i>stavudine cap 15 mg .....</i>	84	<i>sumatriptan succinate solution auto-</i>	
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STRENSIQ INJ 28/0.7ML .....	124	<i>sumatriptan succinate tab 50 mg .....</i>	147
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STRENSIQ INJ 80/0.8ML .....	124	<i>equivalent).....</i>	74
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SUCRAID SOL 8500/ML .....	119	<i>equivalent).....</i>	74
<i>sucralfate tab 1 gm .....</i>	167	<i>sunitinib malate cap 37.5 mg (base</i>	
<i>sulconazole nitrate cream 1%.....</i>	104	<i>equivalent).....</i>	74
<i>sulconazole nitrate solution 1% .....</i>	104	<i>sunitinib malate cap 50 mg (base</i>	
<i>sulfacetamide sodium lotion 10% (acne)</i>	103	<i>equivalent).....</i>	74
<i>sulfacetamide sodium ophth oint 10% ...</i>	154	SUNLENCA TAB 300MG.....	85
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<i>sulfamethoxazole-trimethoprim tab 400-80</i>		SURE-LANCE MIS 26G.....	143
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<i>160 mg .....</i>	30	SURE-TOUCH MIS UNV LANC.....	143
<i>sulfasalazine tab 500 mg .....</i>	127	SUTENT CAP 12.5MG .....	74
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SYNJARDY XR TAB 5-1000MG .....	49	<i>mg</i> .....	64
<b>T</b>		<i>telmisartan tab 20 mg</i> .....	60
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TACLONEX OIN.....	111	<i>telmisartan tab 80 mg</i> .....	60
TACLONEX SUS .....	111	<i>temazepam cap 15 mg</i> .....	133
<i>tacrolimus cap 0.5 mg</i> .....	150	<i>temazepam cap 22.5 mg</i> .....	133
<i>tacrolimus cap 1 mg</i> .....	150	<i>temazepam cap 30 mg</i> .....	133
<i>tacrolimus cap 5 mg</i> .....	150	<i>temazepam cap 7.5 mg</i> .....	133
<i>tacrolimus oint 0.03%</i> .....	113	<i>temozolomide cap 20 mg</i> .....	66
<i>tacrolimus oint 0.1%</i> .....	112	<i>temozolomide cap 5 mg</i> .....	66
<i>tadalafil tab 10 mg</i> .....	93	<i>terazosin hcl cap 10 mg (base equivalent)</i> 61	
<i>tadalafil tab 2.5 mg</i> .....	93	<i>terazosin hcl cap 1 mg (base equivalent)</i> ..61	
<i>tadalafil tab 20 mg</i> .....	93	<i>terazosin hcl cap 2 mg (base equivalent)</i> ..61	
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<i>tafluprost preservative free (pf) ophth soln</i>		<i>terbutaline sulfate tab 2.5 mg</i> .....	38
<i>0.0015%</i> .....	156	<i>terbutaline sulfate tab 5 mg</i> .....	38
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TAKHZYRO INJ 150MG/ML .....	130	<i>terconazole vaginal suppos 80 mg</i> .....	169
TAKHZYRO INJ 300/2ML .....	130	<i>teriflunomide tab 14 mg</i> .....	162
TALTZ INJ 80MG/ML .....	108	<i>teriflunomide tab 7 mg</i> .....	162
<i>tamoxifen citrate tab 10 mg (base</i>		TESTOST CYP INJ 200MG/ML.....	28
<i>equivalent)</i> .....	68	<i>testosterone cypionate im inj in oil 100</i>	
<i>tamoxifen citrate tab 20 mg (base</i>		<i>mg/ml</i> .....	28
<i>equivalent)</i> .....	69	<i>testosterone cypionate im inj in oil 200</i>	
<i>tamsulosin hcl cap 0.4 mg</i> .....	128	<i>mg/ml</i> .....	28
TAVALISSE TAB 100MG .....	129	<i>testosterone enanthate im inj in oil 200</i>	
TAVALISSE TAB 150MG .....	129	<i>mg/ml</i> .....	29

<i>testosterone td gel 10mg/act (2%)</i> .....	29	<i>tiagabine hcl tab 4 mg</i> .....	43
<i>testosterone td gel 12.5 mg/act (1%)</i> .....	29	<i>timolol maleate ophth gel forming soln</i>	
<i>testosterone td gel 20.25 mg/1.25gm</i>		0.25% .....	153
(1.62%) .....	29	<i>timolol maleate ophth gel forming soln</i>	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	29	0.5% .....	153
<i>testosterone td gel 25 mg/2.5gm (1%)</i> .....	29	<i>timolol maleate ophth soln 0.25%</i> .....	153
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>		<i>timolol maleate ophth soln 0.5%</i> .....	153
.....	29	<i>timolol maleate ophth soln 0.5% (once-</i>	
<i>testosterone td gel 50 mg/5gm (1%)</i> .....	29	<i>daily)</i> .....	153
<i>testosterone td soln 30 mg/act</i> .....	29	<i>timolol maleate preservative free ophth soln</i>	
<i>tetrabenazine tab 12.5 mg</i> .....	160	0.5% .....	153
<i>tetrabenazine tab 25 mg</i> .....	160	<i>timolol maleate tab 10 mg</i> .....	89
<i>tetracaine hcl ophth soln 0.5%</i> .....	155	<i>timolol maleate tab 20 mg</i> .....	89
<i>tetracycline hcl cap 250 mg</i> .....	165	<i>timolol maleate tab 5 mg</i> .....	89
<i>tetracycline hcl cap 500 mg</i> .....	165	<i>tinidazole tab 250 mg</i> .....	29
TEZSPIRE INJ 210MG .....	35	<i>tinidazole tab 500 mg</i> .....	29
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TGT LANCET MIS 30G.....	144	TIVICAY PD TAB 5MG .....	85
TGT LANCET MIS 33G.....	144	TIVICAY TAB 10MG.....	85
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THALOMID CAP 150MG.....	149	TIVICAY TAB 50MG.....	85
THALOMID CAP 200MG .....	149	<i>tizanidine hcl cap 2 mg (base equivalent)</i>	151
THALOMID CAP 50MG.....	149	<i>tizanidine hcl cap 4 mg (base equivalent)</i>	
<i>theophylline elixir 80 mg/15ml</i> .....	38	.....	152
<i>theophylline tab er 12hr 300 mg</i> .....	38	<i>tizanidine hcl cap 6 mg (base equivalent)</i>	
<i>theophylline tab er 12hr 450 mg</i> .....	38	.....	152
<i>theophylline tab er 24hr 400 mg</i> .....	38	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	152
<i>theophylline tab er 24hr 600 mg</i> .....	38	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	152
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THIN LANCETS MIS 26G.....	144	0.3-0.1%.....	155
THIN LANCETS MIS 30G.....	144	<i>tobramycin ophth soln 0.3%</i> .....	154
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<i>thioridazine hcl tab 10 mg</i> .....	81	<i>tolcapone tab 100 mg</i> .....	76
<i>thioridazine hcl tab 25 mg</i> .....	81	TOLEREX POW .....	118
<i>thioridazine hcl tab 50 mg</i> .....	81	<i>tolmetin sodium cap 400 mg</i> .....	17
<i>thiothixene cap 10 mg</i> .....	82	<i>tolmetin sodium tab 600 mg</i> .....	17
<i>thiothixene cap 1 mg</i> .....	82	<i>tolterodine tartrate cap er 24hr 2 mg</i> .....	168
<i>thiothixene cap 2 mg</i> .....	82	<i>tolterodine tartrate cap er 24hr 4 mg</i> .....	168
<i>thiothixene cap 5 mg</i> .....	82	<i>tolterodine tartrate tab 1 mg</i> .....	168
<i>tiagabine hcl tab 12 mg</i> .....	43	<i>tolterodine tartrate tab 2 mg</i> .....	168
<i>tiagabine hcl tab 16 mg</i> .....	43	TOPCARE MIS LANC 33G .....	144
<i>tiagabine hcl tab 2 mg</i> .....	43	<i>topiramate cap er 24hr 200 mg</i> .....	43

<i>topiramate sprinkle cap 15 mg</i> .....	43	<i>trazodone hcl tab 150 mg</i> .....	46
<i>topiramate sprinkle cap 25 mg</i> .....	43	<i>trazodone hcl tab 300 mg</i> .....	46
<i>topiramate tab 100 mg</i> .....	43	<i>trazodone hcl tab 50 mg</i> .....	46
<i>topiramate tab 200 mg</i> .....	43	TRECTOR TAB 250MG .....	66
<i>topiramate tab 25 mg</i> .....	43	TREMFYA INJ 100MG/ML .....	109
<i>topiramate tab 50 mg</i> .....	43	TRESIBA FLEX INJ 100UNIT .....	52
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	69	TRESIBA FLEX INJ 200UNIT .....	52
<i>toremide tab 100 mg</i> .....	120	TRESIBA INJ 100UNIT .....	52
<i>toremide tab 10 mg</i> .....	120	<i>tretinoin cap 10 mg</i> .....	75
<i>toremide tab 20 mg</i> .....	120	<i>tretinoin cream 0.025%</i> .....	103
<i>toremide tab 5 mg</i> .....	120	<i>tretinoin cream 0.05%</i> .....	103
TRADJENTA TAB 5MG .....	50	<i>tretinoin cream 0.1%</i> .....	103
<i>tramadol-acetaminophen tab 37.5-325 mg .....</i>	27	<i>tretinoin gel 0.01%</i> .....	103
<i>tramadol hcl tab 50 mg</i> .....	25	<i>tretinoin gel 0.025%</i> .....	103
<i>tramadol hcl tab er 24hr 100 mg</i> .....	25	<i>tretinoin gel 0.05%</i> .....	103
<i>tramadol hcl tab er 24hr 200 mg</i> .....	25	<i>tretinoin microsphere gel 0.04%</i> .....	103
<i>tramadol hcl tab er 24hr 300 mg</i> .....	25	<i>tretinoin microsphere gel 0.1%</i> .....	103
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i> .....	25	<i>triamcinolone acetonide cream 0.025%</i> .	112
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i> .....	26	<i>triamcinolone acetonide cream 0.1%</i> .....	111
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i> .....	26	<i>triamcinolone acetonide cream 0.5%</i> .....	112
<i>trandolapril tab 1 mg</i> .....	59	<i>triamcinolone acetonide dental paste 0.1%</i> .....	151
<i>trandolapril tab 2 mg</i> .....	59	<i>triamcinolone acetonide lotion 0.025%</i> ...	112
<i>trandolapril tab 4 mg</i> .....	59	<i>triamcinolone acetonide lotion 0.1%</i> .....	112
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For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **[carefirst.com/rxgroup](https://www.carefirst.com/rxgroup)**.



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# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

**If you need these services, please call 855-258-6518.**

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

**To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.**

## Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address            P.O. Box 8894  
                                      Baltimore, Maryland 21224

Email Address             [civilrightscoordinator@carefirst.com](mailto:civilrightscoordinator@carefirst.com)

Telephone Number        410-528-7820

Fax Number                410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Foreign Language Assistance

*Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.*

*አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።*

*Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí așojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mò ògbufò kan.*

*Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.*

*Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.*

*Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.*

*Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.*

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáo! Bǎ nìà kè bá nyò bǎ kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bǎ bǎ m̄ kè dε wa m̄ kè nyuεε nyu hwè bǎ wé bǎa kè zi. Ǿ m̄ nì kpé bǎ m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ m̄ dε dyé dε nì bídí-wùdù mú bǎ m̄ kè se wídí dò péè. Kpooò nyò bǎ m̄ dá fúùn-nòbà nìà dε waa I.D. káàò dεín nyε. Nyò tǎò séín m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ fò tee bǎ wa kèε m̄ gbo cǎ bǎ m̄ kè nòbà m̄à 0 kèε dyi pàdàìn hwè. Ǿ jǔ kè nyò dò dyi m̄ gǎ jǔǐn, po wuqu m̄ m̄ pòε dyie, kè nyò dò mu bó nìin bǎ Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

*Igbo (Igbo)* Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozo niile nwere ike ikpo 855-258-6518 wee chere ububo ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

*Deutsch (German)* Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

*Français (French)* Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

*한국어(Korean)* 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

*Diné Bizaad (Navajo)* Ge': Díí bee í hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aa'ahí ájiil'ííh. Bee ná ahóót'í' díí bee í hane' dóo níká'ádoowó t'áa nínizaad bee t'áa jii'k'é. Atah danilínígíí béesh bee hane'é bee wó'íta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éi kó'jí' dahóoolnih 855-258-6518 dóo yíi dii'kts'íí'í' yaltí'ígíí t'áa níléj'í' áádóo éi bikéé'dóo naasba'as bí' adidiilchí'. Áká'ánidaalwó'ígíí neidiitá'ágo, saad bee yánit'í'ígíí yíi diiki' dóo ata' halne'é lá níká'ádoowó.