

# CareFirst Exchange Formulary

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## 2022

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for:

- Individuals or families purchasing their own plan, and
- Members of an employer group with less than 51 employees purchasing a plan
- Members with a student health plan

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

# 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 five 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: Preferred Brand Drugs \$\$</b>	<ul style="list-style-type: none"> <li>■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.</li> </ul>
<b>Tier 3: Non-preferred Brand Drugs \$\$\$</b>	<ul style="list-style-type: none"> <li>■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.</li> </ul>
<b>Tier 4: Preferred Specialty Drugs \$\$\$\$</b>	<ul style="list-style-type: none"> <li>■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.</li> </ul>
<b>Tier 5: Non-Preferred Specialty Drugs \$\$\$\$</b>	<ul style="list-style-type: none"> <li>■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.</li> </ul>

# CareFirst Exchange Formulary - 5-Tier eff 12/01/2022

**Drug Name** **Drug Tier** **Requirements/Limits**

## ANALGESICS

### COX-2 INHIBITORS

<i>celecoxib cap 50 mg</i>	Tier 1	
<i>celecoxib cap 100 mg</i>	Tier 1	
<i>celecoxib cap 200 mg</i>	Tier 1	

### GOUT

<i>allopurinol tab 100 mg</i>	Tier 1	
<i>allopurinol tab 300 mg</i>	Tier 1	
<i>colchicine tab 0.6 mg</i>	Tier 1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
<i>febuxostat tab 40 mg</i>	Tier 1	ST; PA**
<i>febuxostat tab 80 mg</i>	Tier 1	ST; PA**
<i>probenecid tab 500 mg</i>	Tier 1	

### NON-OPIOID ANALGESICS§

<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	Tier 1	PA, QL (48 caps every 30 days); High Risk Medications require PA for members age 70 and older
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	Tier 1	PA, QL (48 caps every 30 days); High Risk Medications require PA for members age 70 and older
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	PA, QL (48 tabs every 30 days); High Risk Medications require PA for members age 70 and older

**M** - Covered under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is not met **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Tier 1	PA, QL (48 caps every 30 days); High Risk Medications require PA for members age 70 and older
<i>tencon</i>	Tier 1	PA, QL (48 tabs every 30 days); High Risk Medications require PA for members age 70 and older

### ***NSAIDS, COMBINATIONS§***

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Tier 1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 1	

### ***NSAIDS§***

<i>diclofenac potassium tab 50 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	
<i>etodolac cap 200 mg</i>	Tier 1	
<i>etodolac cap 300 mg</i>	Tier 1	
<i>etodolac tab 400 mg</i>	Tier 1	
<i>etodolac tab 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 400 mg</i>	Tier 1	
<i>etodolac tab er 24hr 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 600 mg</i>	Tier 1	
<i>fenoprofen calcium tab 600 mg</i>	Tier 3	
<i>flurbiprofen tab 50 mg</i>	Tier 1	
<i>flurbiprofen tab 100 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	
<i>ibuprofen tab 400 mg</i>	Tier 1	
<i>ibuprofen tab 600 mg</i>	Tier 1	
<i>ibuprofen tab 800 mg</i>	Tier 1	
<i>ketoprofen cap 50 mg</i>	Tier 1	
<i>ketoprofen cap 75 mg</i>	Tier 1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	M	M
<i>ketorolac tromethamine inj 15 mg/ml</i>	M	M
<i>ketorolac tromethamine inj 30 mg/ml</i>	M	M
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>meclofenamate sodium cap 50 mg</i>	Tier 1	
<i>meclofenamate sodium cap 100 mg</i>	Tier 1	
<i>mefenamic acid cap 250 mg</i>	Tier 1	
<i>meloxicam tab 7.5 mg</i>	Tier 1	
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>nabumetone tab 500 mg</i>	Tier 1	
<i>nabumetone tab 750 mg</i>	Tier 1	
<i>naproxen tab 250 mg</i>	Tier 1	
<i>naproxen tab 375 mg</i>	Tier 1	
<i>naproxen tab 500 mg</i>	Tier 1	
<i>oxaprozin tab 600 mg</i>	Tier 1	
<i>piroxicam cap 10 mg</i>	Tier 1	
<i>piroxicam cap 20 mg</i>	Tier 1	
<i>sulindac tab 150 mg</i>	Tier 1	
<i>sulindac tab 200 mg</i>	Tier 1	
<i>tolmetin sodium cap 400 mg</i>	Tier 1	
<i>tolmetin sodium tab 600 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPIOID ANALGESICS§</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	ST, QL (400 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i>	Tier 3	ST, QL (300 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Tier 1	PA, QL (48 caps every 30 days); High Risk Medications require PA for members age 70 and older
<i>butorphanol tartrate inj 1 mg/ml</i>	M	M
<i>butorphanol tartrate inj 2 mg/ml</i>	M	M
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (2 bottles every 30 days)
CODEINE SULF TAB 60MG	Tier 3	ST, QL (42 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>codeine sulfate tab 30 mg</i>	Tier 1	ST, QL (42 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 2.5-325</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 5-325mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>endocet tab 7.5-325</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 10-325mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA

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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>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 1	ST, QL (50 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl inj 2 mg/ml</i>	M	M
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	ST, QL (150 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>levorphanol tartrate tab 2 mg</i>	Tier 3	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>levorphanol tartrate tab 3 mg</i>	Tier 3	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>methadone hcl conc 10 mg/ml</i>	Tier 1	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	ST, QL (450 mL every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	ST, QL (300 mL every 30 days)
<i>methadone hcl tab 5 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>methadone hcl tab for oral susp 40 mg</i>	Tier 1	QL (9 tabs every 30 days)
<i>methadone hydrochloride i</i>	Tier 1	ST, QL (60 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>	Tier 1	QL (9 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate iv soln 4 mg/ml</i>	Tier 1	
<i>morphine sulfate iv soln 10 mg/ml</i>	Tier 1	
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	ST, QL (675 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	ST, QL (135 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab 15 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab 30 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab er 15 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 30 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 60 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>nalbuphine hcl inj 10 mg/ml</i>	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nalbuphine hcl inj 20 mg/ml</i>	M	M
NUCYNTA ER TAB 50MG	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 100MG	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 150MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	Tier 2	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 75MG	Tier 2	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 100MG	Tier 2	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl cap 5 mg</i>	Tier 1	ST, QL (180 caps every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 1	ST, QL (90 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 5 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 10 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 15 mg</i>	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 20 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl tab 30 mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab 5 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab 10 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab 50 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	ST, QL (40 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
XTAMPZA ER CAP 9MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	Tier 2	ST, QL (60 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XTAMPZA ER CAP 27MG	Tier 2	ST, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	Tier 2	ST, PA; High Strength Requires Prior Auth

### **OPIOID PARTIAL AGONISTS§**

BELBUCA MIS 75MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 150MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 300MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 450MCG	Tier 2	ST, QL (60 films every 30 days)
BELBUCA MIS 600MCG	Tier 2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	Tier 2	ST, PA; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	Tier 2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	M	M
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires Prior Auth
SUBLOCADE INJ 100/0.5	M	M
SUBLOCADE INJ 300/1.5	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SALICYLATES</b>		
<i>aspirin enteric coated ad</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	Tier 1	
<i>goodsense aspirin</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

<i>lidocaine hcl local inj 0.5%</i>	M	M
<i>lidocaine hcl local inj 1%</i>	M	M
<i>lidocaine hcl local inj 2%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	M	M

## **ANTI-INFECTIVES**

### **ANTHELMINTICS**

<i>albendazole tab 200 mg</i>	Tier 3	QL (336 tabs every 365 days)
EMVERM CHW 100MG	Tier 3	QL (12 tabs every 365 days)
<i>ivermectin tab 3 mg</i>	Tier 1	
<i>praziquantel tab 600 mg</i>	Tier 1	QL (24 tabs every 365 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	M	M
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	M	M
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	
<i>gentamicin sulfate inj 40 mg/ml</i>	M	M
<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>paromomycin sulfate cap 250 mg</i>	Tier 1	
<i>sulfadiazine tab 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>tinidazole tab 250 mg</i>	Tier 1	
<i>tinidazole tab 500 mg</i>	Tier 1	
<i>tobramycin sulfate for inj 1.2 gm</i>	M	M
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	M	M
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	M	M
<b>ANTIFUNGALS</b>		
<i>amphotericin b for iv soln 50 mg</i>	M	M
<i>bio-statin</i>	Tier 1	
BIO-STATIN CAP 500000	Tier 2	
BIO-STATIN CAP 1000000	Tier 2	
CRESEMBA CAP 186 MG	Tier 3	
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	
<i>fluconazole tab 50 mg</i>	Tier 1	
<i>fluconazole tab 100 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole tab 150 mg</i>	Tier 1	
<i>fluconazole tab 200 mg</i>	Tier 1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize tab 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	Tier 1	
<i>itraconazole cap 100 mg</i>	Tier 1	PA
<i>itraconazole oral soln 10 mg/ml</i>	Tier 1	PA
NOXAFIL SUS 40MG/ML	Tier 2	PA
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>posaconazole tab delayed release 100 mg</i>	Tier 3	PA
<i>terbinafine hcl tab 250 mg</i>	Tier 1	
<i>voriconazole for susp 40 mg/ml</i>	Tier 3	PA
<i>voriconazole tab 50 mg</i>	Tier 3	PA
<i>voriconazole tab 200 mg</i>	Tier 3	PA

### **ANTIMALARIALS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	
COARTEM TAB 20-120MG	Tier 3	
<i>mefloquine hcl tab 250 mg</i>	Tier 1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	
<i>quinine sulfate cap 324 mg</i>	Tier 1	

### **ANTIRETROVIRAL AGENTS**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL every 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs every 30 days)
APTIVUS CAP 250MG	Tier 2	QL (120 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
APTIVUS SOL	Tier 2	QL (285 mL every 28 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (30 caps every 30 days)
CRIXIVAN CAP 200MG	Tier 2	QL (450 caps every 30 days)
CRIXIVAN CAP 400MG	Tier 2	QL (180 caps every 30 days)
<i>didanosine delayed release capsule 200 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>didanosine delayed release capsule 250 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>didanosine delayed release capsule 400 mg</i>	Tier 1	QL (30 caps every 30 days)
EDURANT TAB 25MG	Tier 2	QL (60 tabs every 30 days)
<i>efavirenz cap 50 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>efavirenz cap 200 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>efavirenz tab 600 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	Tier 1	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	Tier 2	QL (680 ml every 28 days)
<i>etravirine tab 100 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>etravirine tab 200 mg</i>	Tier 1	QL (60 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 1	QL (120 tabs every 30 days)
FUZEON INJ 90MG	Tier 4	PA, QL (60 vials every 30 days)
INTELENCE TAB 25MG	Tier 2	QL (120 tabs every 30 days)
INVIRASE TAB 500MG	Tier 2	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	Tier 2	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	Tier 2	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	Tier 2	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	Tier 2	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	Tier 2	QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (960 ml every 30 days)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (30 tabs every 30 days)
LEXIVA SUS 50MG/ML	Tier 2	QL (1575 mL every 28 days)
<i>maraviroc tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>maraviroc tab 300 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (60 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (30 tabs every 30 days)
NORVIR POW 100MG	Tier 2	QL (360 packets every 30 days)
NORVIR SOL 80MG/ML	Tier 2	QL (480 mL every 30 days)
PREZISTA SUS 100MG/ML	Tier 2	QL (400 ml every 30 days)
PREZISTA TAB 75MG	Tier 2	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	Tier 2	QL (180 tabs every 30 days)
PREZISTA TAB 600MG	Tier 2	QL (60 tabs every 30 days)
PREZISTA TAB 800MG	Tier 2	QL (30 tabs every 30 days)
RETROVIR INJ 10MG/ML	M	M
REYATAZ POW 50MG	Tier 2	QL (180 packets every 30 days)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (360 tabs every 30 days)
SELZENTRY SOL 20MG/ML	Tier 2	QL (1840 mL every 30 days)
SELZENTRY TAB 25MG	Tier 2	QL (240 tabs every 30 days)
SELZENTRY TAB 75MG	Tier 2	QL (60 tabs every 30 days)
<i>stavudine cap 15 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>stavudine cap 20 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>stavudine cap 30 mg</i>	Tier 1	QL (60 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>stavudine cap 40 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	Tier 2	QL (360 tabs every 30 days)
TIVICAY TAB 10MG	Tier 2	QL (240 tabs every 30 days)
TIVICAY TAB 25MG	Tier 2	QL (60 tabs every 30 days)
TIVICAY TAB 50MG	Tier 2	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	M	M
TYBOST TAB 150MG	Tier 2	QL (30 tabs every 30 days)
VIRACEPT TAB 250MG	Tier 2	QL (300 tabs every 30 days)
VIRACEPT TAB 625MG	Tier 2	QL (120 tabs every 30 days)
VIREAD POW 40MG/GM	Tier 2	QL (240 gm every 30 days)
VIREAD TAB 150MG	Tier 2	QL (30 tabs every 30 days)
VIREAD TAB 200MG	Tier 2	QL (30 tabs every 30 days)
VIREAD TAB 250MG	Tier 2	QL (30 tabs every 30 days)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps every 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1920 ml every 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 1	QL (60 tabs every 30 days)
BIKTARVY TAB	Tier 2	QL (30 tabs every 30 days)
CIMDUO TAB 300-300	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	Tier 2	PA, QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	Tier 2	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	QL (30 tabs every 30 days); \$0 copay for pre-exposure prophylaxis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EVOTAZ TAB 300-150	Tier 2	QL (30 tabs every 30 days)
GENVOYA TAB	Tier 2	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	QL (240 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	QL (120 tabs every 30 days)
ODEFSEY TAB	Tier 2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	Tier 2	QL (30 tabs every 30 days)
TEMIXYS TAB 300-300	Tier 2	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	Tier 2	QL (180 tabs every 30 days)
TRIUMEQ TAB	Tier 2	QL (30 tabs every 30 days)

### **ANTITUBERCULAR AGENTS**

<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid inj 100 mg/ml</i>	M	M
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM	Tier 3	
PRIFTIN TAB 150MG	Tier 2	
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<i>rifabutin cap 150 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
<i>rifampin for inj 600 mg</i>	M	M
SIRTURO TAB 20MG	Tier 5	PA
SIRTURO TAB 100MG	Tier 5	PA
TRECTOR TAB 250MG	Tier 2	

### **ANTIVIRALS§**

<i>acyclovir cap 200 mg</i>	Tier 1	
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	
<i>acyclovir tab 400 mg</i>	Tier 1	
<i>acyclovir tab 800 mg</i>	Tier 1	
<i>adefovir dipivoxil tab 10 mg</i>	Tier 4	
BARACLUDE SOL	Tier 3	QL (630 mL every 30 days)
<i>cidofovir iv inj 75 mg/ml</i>	M	M
<i>entecavir tab 0.5 mg</i>	Tier 4	QL (30 tabs every 30 days)
<i>entecavir tab 1 mg</i>	Tier 4	QL (30 tabs every 30 days)
EPIVIR HBV SOL 5MG/ML	Tier 2	
<i>famciclovir tab 125 mg</i>	Tier 1	
<i>famciclovir tab 250 mg</i>	Tier 1	
<i>famciclovir tab 500 mg</i>	Tier 1	
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (360 mL every 90 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RELENZA MIS DISKHALE	Tier 2	QL (2 inhalers every 90 days)
<i>ribavirin for inhal soln 6 gm</i>	Tier 1	
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 4	PA, QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 4	PA, QL (120 tabs every 30 days)
VEMLIDY TAB 25MG	Tier 3	PA, QL (30 tabs every 30 days)

### **CEPHALOSPORINS**

<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1	
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1	
<i>cefadroxil cap 500 mg</i>	Tier 1	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	
<i>cefadroxil tab 1 gm</i>	Tier 1	
<i>cefazolin sodium for inj 1 gm</i>	M	M
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	
<i>cefepime hcl for inj 1 gm</i>	M	M
<i>cefepime hcl for inj 2 gm</i>	M	M
<i>cefixime cap 400 mg</i>	Tier 1	
<i>cefixime for susp 100 mg/5ml</i>	Tier 1	
<i>cefixime for susp 200 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefepodoxime proxetil tab 100 mg</i>	Tier 1	
<i>cefepodoxime proxetil tab 200 mg</i>	Tier 1	
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>ceftazidime for iv soln 2 gm</i>	M	M
<i>ceftriaxone sodium for inj 1 gm</i>	M	M
<i>ceftriaxone sodium for inj 2 gm</i>	M	M
<i>ceftriaxone sodium for inj 10 gm</i>	M	M
<i>ceftriaxone sodium for inj 250 mg</i>	M	M
<i>ceftriaxone sodium for inj 500 mg</i>	M	M
<i>ceftriaxone sodium for iv soln 1 gm</i>	M	M
<i>ceftriaxone sodium for iv soln 2 gm</i>	M	M
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin cap 750 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	
<i>cephalexin tab 250 mg</i>	Tier 1	
<i>cephalexin tab 500 mg</i>	Tier 1	
SUPRAX CHW 100MG	Tier 2	
SUPRAX CHW 200MG	Tier 2	
SUPRAX SUS 500/5ML	Tier 2	
<i>tazicef</i>	M	M
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	
<i>azithromycin tab 250 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azithromycin tab 500 mg</i>	Tier 1	
<i>azithromycin tab 600 mg</i>	Tier 1	
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	
<i>clarithromycin tab er 24hr 500 mg</i>	Tier 1	
DIFICID SUS	Tier 2	PA
DIFICID TAB 200MG	Tier 2	PA
<i>ery-tab</i>	Tier 1	
<i>erythrocin stearate</i>	Tier 1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 1	
<i>erythromycin tab 250 mg</i>	Tier 1	
<i>erythromycin tab 500 mg</i>	Tier 1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Tier 1	
<b>FLUOROQUINOLONES</b>		
BAXDELA TAB 450MG	Tier 3	
CIPRO (10%) SUS 500MG/5	Tier 3	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<i>levofloxacin iv soln 25 mg/ml</i>	M	M
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ofloxacin tab 300 mg</i>	Tier 1	
<i>ofloxacin tab 400 mg</i>	Tier 1	
<b>HEPATITIS C</b>		
EPCLUSA PAK 150-37.5	Tier 4	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	Tier 4	PA, QL (28 pellets every 28 days)
EPCLUSA TAB 200-50MG	Tier 4	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI PAK	Tier 4	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	Tier 4	PA, QL (28 pellets every 28 days)
HARVONI TAB 45-200MG	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	Tier 4	PA, QL (28 tabs every 28 days)
PEGASYS INJ	Tier 4	PA
PEGASYS INJ 180MCG/M	Tier 4	PA
PEGINTRON KIT 50MCG	Tier 5	PA
<i>ribavirin cap 200 mg</i>	Tier 1	PA
<i>ribavirin tab 200 mg</i>	Tier 1	PA
SOVALDI PAK 150MG	Tier 5	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	Tier 5	ST, PA, QL (28 pellets every 28 days)
SOVALDI TAB 200MG	Tier 5	ST, PA, QL (28 tabs every 28 days)
SOVALDI TAB 400MG	Tier 5	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	Tier 4	PA, QL (28 tabs every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZEPATIER TAB 50-100MG	Tier 5	ST, PA, QL (28 tabs every 28 days)

### **MISCELLANEOUS**

ALINIA SUS 100/5ML	Tier 3	QL (540 mL every 30 days)
<i>atovaquone susp 750 mg/5ml</i>	Tier 1	
<i>aztreonam for inj 1 gm</i>	M	M
<i>aztreonam for inj 2 gm</i>	M	M
<i>clindamycin hcl cap 75 mg</i>	Tier 1	
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	M	M
<i>clindamycin phosphate inj 300 mg/2ml</i>	M	M
<i>clindamycin phosphate inj 600 mg/4ml</i>	M	M
<i>dapsone tab 25 mg</i>	Tier 1	
<i>dapsone tab 100 mg</i>	Tier 1	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	M	M
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	M	M
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	M	M
<i>linezolid tab 600 mg</i>	Tier 1	
<i>meropenem iv for soln 1 gm</i>	M	M
<i>meropenem iv for soln 500 mg</i>	M	M
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>metronidazole cap 375 mg</i>	Tier 1	
<i>metronidazole iv soln 500 mg/100ml</i>	Tier 1	
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitazoxanide tab 500 mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate for inj soln 300 mg</i>	M	M
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 1	
<i>polymyxin b sulfate for inj 500000 unit</i>	M	M
PRIMSOL SOL 50MG/5ML	Tier 2	
<i>pyrimethamine tab 25 mg</i>	Tier 3	PA
TRIMETHOPRIM TAB 100MG	Tier 3	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 1	QL (80 caps every 10 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	Tier 1	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	M	M
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	Tier 1	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	Tier 1	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
XIFAXAN TAB 200MG	Tier 2	QL (9 tabs every 30 days)
XIFAXAN TAB 550MG	Tier 2	PA

### **PENICILLINS**

<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	
<i>ampicillin cap 500 mg</i>	Tier 1	
<i>ampicillin sodium for inj 1 gm</i>	M	M
<i>ampicillin sodium for inj 2 gm</i>	M	M
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
<i>penicillin g potassium for inj 5000000 unit</i>	M	M
<i>penicillin g potassium for inj 20000000 unit</i>	M	M
<i>penicillin g sodium for inj 5000000 unit</i>	M	M
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	
<i>pfizerpen</i>	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	M	M
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	M	M
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	M	M

### **TETRACYCLINES**

<i>avidoxy</i>	Tier 1	
<i>demeclocycline hcl tab 150 mg</i>	Tier 1	
<i>demeclocycline hcl tab 300 mg</i>	Tier 1	
<i>doxy 100</i>	M	M
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate for inj 100 mg</i>	M	M
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 75 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 150 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>minocycline hcl tab 50 mg</i>	Tier 1	
<i>minocycline hcl tab 75 mg</i>	Tier 1	
<i>minocycline hcl tab 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>tetracycline hcl cap 500 mg</i>	Tier 1	QL (120 caps every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN SYP 50MG/5ML	Tier 3	

## ANTINEOPLASTIC AGENTS

### ALKYLATING AGENTS

<i>busulfan inj 6 mg/ml</i>	M	M
<i>carmustine for inj 100 mg</i>	M	M
<i>cyclophosphamide cap 25 mg</i>	Tier 0	
<i>cyclophosphamide cap 50 mg</i>	Tier 0	
<i>cyclophosphamide for inj 1 gm</i>	M	M
<i>cyclophosphamide for inj 2 gm</i>	M	M
<i>cyclophosphamide for inj 500 mg</i>	M	M
<i>dacarbazine for inj 100 mg</i>	M	M
<i>dacarbazine for inj 200 mg</i>	M	M
EMCYT CAP 140MG	Tier 0	
GLEOSTINE CAP 10MG	Tier 0	
GLEOSTINE CAP 40MG	Tier 0	
GLEOSTINE CAP 100MG	Tier 0	
GLIADEL WAF 7.7MG	M	M
<i>ifosfamide for inj 1 gm</i>	M	M
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	M	M
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	M	M
LEUKERAN TAB 2MG	Tier 0	
MATULANE CAP 50MG	Tier 0	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	M	M
<i>melphalan tab 2 mg</i>	Tier 0	
TEMODAR INJ 100MG	M	M
<i>temozolomide cap 5 mg</i>	Tier 0	PA
<i>temozolomide cap 20 mg</i>	Tier 0	PA
<i>temozolomide cap 100 mg</i>	Tier 0	PA
<i>temozolomide cap 140 mg</i>	Tier 0	PA
<i>temozolomide cap 180 mg</i>	Tier 0	PA
<i>temozolomide cap 250 mg</i>	Tier 0	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIBIOTICS</b>		
<i>adriamycin</i>	M	M
<i>bleomycin sulfate for inj 15 unit</i>	M	M
<i>bleomycin sulfate for inj 30 unit</i>	M	M
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	Tier 1	
<i>doxorubicin hcl for inj 10 mg</i>	M	M
<i>doxorubicin hcl inj 2 mg/ml</i>	M	M
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	M	M
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	M	M
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	M	M
<i>mitomycin for iv soln 5 mg</i>	M	M
<i>mitomycin for iv soln 20 mg</i>	M	M
<i>mitomycin for iv soln 40 mg</i>	M	M
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	M	M
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	M	M
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	M	M
<b>ANTIMETABOLITES</b>		
ALIMTA INJ 100MG	M	M
ALIMTA INJ 500MG	M	M
<i>azacitidine for inj 100 mg</i>	M	M
<i>capecitabine tab 150 mg</i>	Tier 0	PA, QL (120 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>capecitabine tab 500 mg</i>	Tier 0	PA, QL (300 tabs every 30 days)
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	M	M
<i>clofarabine iv soln 1 mg/ml</i>	M	M
<i>cytarabine inj 20 mg/ml</i>	M	M
<i>cytarabine inj pf 20 mg/ml</i>	M	M
<i>cytarabine inj pf 100 mg/ml</i>	M	M
<i>decitabine for inj 50 mg</i>	M	M
<i>floxuridine for inj 0.5 gm</i>	M	M
<i>fludarabine phosphate for inj 50 mg</i>	M	M
<i>fludarabine phosphate inj 25 mg/ml</i>	M	M
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	M	M
<i>gemcitabine hcl for inj 1 gm</i>	M	M
<i>gemcitabine hcl for inj 2 gm</i>	M	M
<i>gemcitabine hcl for inj 200 mg</i>	M	M
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	M	M
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	M	M
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	M	M
<i>mercaptopurine tab 50 mg</i>	Tier 0	
<i>methotrexate sodium for inj 1 gm</i>	M	M
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	M	M
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	M	M
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	M	M
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	M	M
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	M	M
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	M	M
TABLOID TAB 40MG	Tier 0	

### **ANTIMITOTIC, TAXOIDS**

<i>ABRAXANE INJ 100MG</i>	M	M
<i>docetaxel for inj conc 20 mg/ml</i>	M	M
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	M	M
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	M	M
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	M	M
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	M	M
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	M	M
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	M	M
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	M	M

### **ANTIMITOTIC, VINCA ALKALOIDS**

<i>vinblastine sulfate inj 1 mg/ml</i>	M	M
<i>vincristine sulfate iv soln 1 mg/ml</i>	M	M
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	M	M
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>		
VENCLEXTA TAB 10MG	Tier 0	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	Tier 0	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	Tier 0	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	Tier 0	PA, QL (1 pack every 28 days)

**BIOLOGIC RESPONSE MODIFIERS**

ERBITUX INJ 100MG	M	M
ERBITUX INJ 200MG	M	M
ERIVEDGE CAP 150MG	Tier 0	PA, QL (30 caps every 30 days)
GAZYVA INJ 25MG/ML	M	M
KADCYLA INJ 100MG	M	M
KADCYLA INJ 160MG	M	M
KEYTRUDA INJ 100MG/4M	M	M
POMALYST CAP 1MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 2MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 3MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	Tier 0	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 5MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	Tier 0	PA, QL (28 caps every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REVLIMID CAP 20MG	Tier 0	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	Tier 0	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	Tier 0	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	Tier 0	PA, QL (28 caps every 28 days)
THALOMID CAP 150MG	Tier 0	PA, QL (56 caps every 28 days)
THALOMID CAP 200MG	Tier 0	PA, QL (56 caps every 28 days)
TICE BCG INJ	M	M

### **HORMONAL ANTINEOPLASTIC AGENTS**

<i>abiraterone acetate tab 250 mg</i>	Tier 0	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	Tier 0	
ELIGARD INJ 7.5MG	M	M
ELIGARD INJ 22.5MG	M	M
ELIGARD INJ 30MG	M	M
ELIGARD INJ 45MG	M	M
ERLEADA TAB 60MG	Tier 0	PA, QL (120 tabs every 30 days)
<i>exemestane tab 25 mg</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide cap 125 mg</i>	Tier 0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	Tier 4	PA
<i>letrozole tab 2.5 mg</i>	Tier 0	
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	PA
LYSODREN TAB 500MG	Tier 0	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 0	
<i>megestrol acetate tab 20 mg</i>	Tier 0	
<i>megestrol acetate tab 40 mg</i>	Tier 0	
<i>nilutamide tab 150 mg</i>	Tier 0	
NUBEQA TAB 300MG	Tier 0	PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 0	
XTANDI CAP 40MG	Tier 0	PA, QL (120 caps every 30 days)
XTANDI TAB 40MG	Tier 0	PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	Tier 0	PA, QL (60 tabs every 30 days)
YONSA TAB 125MG	Tier 0	PA, QL (120 tabs every 30 days)
<b>KINASE INHIBITORS</b>		
ALECENSA CAP 150MG	Tier 0	PA, QL (240 caps every 30 days)
BOSULIF TAB 100MG	Tier 0	PA, QL (90 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BOSULIF TAB 400MG	Tier 0	PA, QL (30 tabs every 30 days)
BOSULIF TAB 500MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 20MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 60MG	Tier 0	PA, QL (30 tabs every 30 days)
CALQUENCE CAP 100MG	Tier 0	PA, QL (60 caps every 30 days)
CALQUENCE TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	Tier 0	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	Tier 0	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	Tier 0	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	Tier 0	PA, QL (1 kit every 28 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 2.5 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 5 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>everolimus tab 7.5 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 10 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab for oral susp 2 mg</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>everolimus tab for oral susp 3 mg</i>	Tier 0	PA, QL (90 tabs every 30 days)
<i>everolimus tab for oral susp 5 mg</i>	Tier 0	PA, QL (60 tabs every 30 days)
IBRANCE CAP 75MG	Tier 0	PA, QL (21 caps every 28 days)
IBRANCE CAP 100MG	Tier 0	PA, QL (21 caps every 28 days)
IBRANCE CAP 125MG	Tier 0	PA, QL (21 caps every 28 days)
IBRANCE TAB 75MG	Tier 0	PA, QL (21 tabs every 28 days)
IBRANCE TAB 100MG	Tier 0	PA, QL (21 tabs every 28 days)
IBRANCE TAB 125MG	Tier 0	PA, QL (21 tabs every 28 days)
ICLUSIG TAB 10MG	Tier 0	PA, QL (30 tabs every 30 days)
ICLUSIG TAB 15MG	Tier 0	PA, QL (30 tabs every 30 days)
ICLUSIG TAB 30MG	Tier 0	PA, QL (30 tabs every 30 days)
ICLUSIG TAB 45MG	Tier 0	PA, QL (30 tabs every 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 0	PA, QL (120 tabs every 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 0	PA, QL (60 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMBRUVICA CAP 70MG	Tier 0	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	Tier 0	PA, QL (90 caps every 30 days)
IMBRUVICA SUS 70MG/ML	Tier 0	PA, QL (216 ml every 36 days)
IMBRUVICA TAB 140MG	Tier 0	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	Tier 0	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 420MG	Tier 0	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 560MG	Tier 0	PA, QL (30 tabs every 30 days)
INLYTA TAB 1MG	Tier 0	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	Tier 0	PA, QL (120 tabs every 30 days)
JAKAFI TAB 5MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 20MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	Tier 0	PA, QL (60 tabs every 30 days)
KISQALI TAB 200DOSE	Tier 0	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	Tier 0	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TAB 600DOSE	Tier 0	PA, QL (63 tabs every 28 days); 600 mg dose

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 0	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	Tier 0	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	Tier 0	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	Tier 0	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	Tier 0	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	Tier 0	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	Tier 0	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
MEKINIST TAB 0.5MG	Tier 0	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	Tier 0	PA, QL (30 tabs every 30 days)
NEXAVAR TAB 200MG	Tier 0	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	Tier 0	PA, QL (224 caps every 28 days)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 0	PA, QL (120 tabs every 30 days)
SPRYCEL TAB 20MG	Tier 0	PA, QL (90 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPRYCEL TAB 50MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 70MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 80MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 140MG	Tier 0	PA, QL (30 tabs every 30 days)
STIVARGA TAB 40MG	Tier 0	PA, QL (84 tabs every 28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
TAFINLAR CAP 50MG	Tier 0	PA, QL (120 caps every 30 days)
TAFINLAR CAP 75MG	Tier 0	PA, QL (120 caps every 30 days)
TUKYSA TAB 50MG	Tier 0	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)
VITRAKVI CAP 25MG	Tier 0	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	Tier 0	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	Tier 0	PA, QL (300 mL every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VOTRIENT TAB 200MG	Tier 0	PA, QL (120 tabs every 30 days)
XALKORI CAP 200MG	Tier 0	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	Tier 0	PA, QL (120 caps every 30 days)
ZELBORAF TAB 240MG	Tier 0	PA, QL (240 tabs every 30 days)
ZYDELIG TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	Tier 0	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	Tier 0	PA, QL (90 tabs every 30 days)

### **MISCELLANEOUS**

<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	M	M
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	M	M
<i>bexarotene cap 75 mg</i>	Tier 0	PA
FARYDAK CAP 10MG	Tier 0	PA, QL (6 caps every 21 days)
FARYDAK CAP 15MG	Tier 0	PA, QL (6 caps every 21 days)
FARYDAK CAP 20MG	Tier 0	PA, QL (6 caps every 21 days)
<i>hydroxyurea cap 500 mg</i>	Tier 0	
IDHIFA TAB 50MG	Tier 0	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	Tier 0	PA, QL (120 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYNPARZA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)
NIPENT INJ 10MG	M	M
ODOMZO CAP 200MG	Tier 0	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	M	M
PHOTOFRIN INJ 75MG	M	M
QUADRAMET INJ 1850MBQ	M	M
<i>tretinoin cap 10 mg</i>	Tier 0	
VISTOGARD PAK 10GM	Tier 4	QL (20 packets every 5 days)
ZEJULA CAP 100MG	Tier 0	PA, QL (90 caps every 30 days)
ZOLINZA CAP 100MG	Tier 0	PA, QL (120 caps every 30 days)

### **PLATINUM-BASED AGENTS**

<i>carboplatin iv soln 50 mg/5ml</i>	M	M
<i>carboplatin iv soln 150 mg/15ml</i>	M	M
<i>carboplatin iv soln 450 mg/45ml</i>	M	M
<i>carboplatin iv soln 600 mg/60ml</i>	M	M
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	M	M
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	M	M
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	M	M
<i>oxaliplatin for iv inj 50 mg</i>	M	M
<i>oxaliplatin for iv inj 100 mg</i>	M	M
<i>oxaliplatin iv soln 50 mg/10ml</i>	M	M
<i>oxaliplatin iv soln 100 mg/20ml</i>	M	M
<i>paraplatin</i>	Tier 1	

### **PROTECTIVE AGENTS**

<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	Tier 1	
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>leucovorin calcium for inj 50 mg</i>	M	M
<i>leucovorin calcium for inj 100 mg</i>	M	M
<i>leucovorin calcium for inj 200 mg</i>	M	M
<i>leucovorin calcium for inj 350 mg</i>	M	M
<i>leucovorin calcium for inj 500 mg</i>	M	M
<i>leucovorin calcium tab 5 mg</i>	Tier 0	
<i>leucovorin calcium tab 10 mg</i>	Tier 0	
<i>leucovorin calcium tab 15 mg</i>	Tier 0	
<i>leucovorin calcium tab 25 mg</i>	Tier 0	
<i>mesna inj 100 mg/ml</i>	M	M
MESNEX TAB 400MG	Tier 0	

### **TOPOISOMERASE INHIBITORS**

<i>etoposide cap 50 mg</i>	Tier 0	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	M	M
TENIPOSIDE INJ 50MG/5ML	M	M
<i>toposar</i>	M	M
<i>topotecan hcl for inj 4 mg (base equiv)</i>	M	M

### **CARDIOVASCULAR**

#### **ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	Tier 1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	Tier 1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Tier 1	

### **ACE INHIBITORS**

<i>benazepril hcl tab 5 mg</i>	Tier 1	
<i>benazepril hcl tab 10 mg</i>	Tier 1	
<i>benazepril hcl tab 20 mg</i>	Tier 1	
<i>benazepril hcl tab 40 mg</i>	Tier 1	
<i>captopril tab 12.5 mg</i>	Tier 1	
<i>captopril tab 25 mg</i>	Tier 1	
<i>captopril tab 50 mg</i>	Tier 1	
<i>captopril tab 100 mg</i>	Tier 1	
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	
<i>enalapril maleate tab 5 mg</i>	Tier 1	
<i>enalapril maleate tab 10 mg</i>	Tier 1	
<i>enalapril maleate tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 10 mg</i>	Tier 1	
<i>fosinopril sodium tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 40 mg</i>	Tier 1	
<i>lisinopril tab 2.5 mg</i>	Tier 1	
<i>lisinopril tab 5 mg</i>	Tier 1	
<i>lisinopril tab 10 mg</i>	Tier 1	
<i>lisinopril tab 20 mg</i>	Tier 1	
<i>lisinopril tab 30 mg</i>	Tier 1	
<i>lisinopril tab 40 mg</i>	Tier 1	
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	
<i>moexipril hcl tab 15 mg</i>	Tier 1	
<i>perindopril erbumine tab 2 mg</i>	Tier 1	
<i>perindopril erbumine tab 4 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perindopril erbumine tab 8 mg</i>	Tier 1	
<i>quinapril hcl tab 5 mg</i>	Tier 1	
<i>quinapril hcl tab 10 mg</i>	Tier 1	
<i>quinapril hcl tab 20 mg</i>	Tier 1	
<i>quinapril hcl tab 40 mg</i>	Tier 1	
<i>ramipril cap 1.25 mg</i>	Tier 1	
<i>ramipril cap 2.5 mg</i>	Tier 1	
<i>ramipril cap 5 mg</i>	Tier 1	
<i>ramipril cap 10 mg</i>	Tier 1	
<i>trandolapril tab 1 mg</i>	Tier 1	
<i>trandolapril tab 2 mg</i>	Tier 1	
<i>trandolapril tab 4 mg</i>	Tier 1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone tab 25 mg</i>	Tier 1	
<i>eplerenone tab 50 mg</i>	Tier 1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	
<i>prazosin hcl cap 1 mg</i>	Tier 1	
<i>prazosin hcl cap 2 mg</i>	Tier 1	
<i>prazosin hcl cap 5 mg</i>	Tier 1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>candesartan cilexetil tab 4 mg</i>	Tier 1	
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	
<i>candesartan cilexetil tab 32 mg</i>	Tier 1	
<i>irbesartan tab 75 mg</i>	Tier 1	
<i>irbesartan tab 150 mg</i>	Tier 1	
<i>irbesartan tab 300 mg</i>	Tier 1	
<i>losartan potassium tab 25 mg</i>	Tier 1	
<i>losartan potassium tab 50 mg</i>	Tier 1	
<i>losartan potassium tab 100 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1	
<i>telmisartan tab 20 mg</i>	Tier 1	
<i>telmisartan tab 40 mg</i>	Tier 1	
<i>telmisartan tab 80 mg</i>	Tier 1	
<i>valsartan tab 40 mg</i>	Tier 1	
<i>valsartan tab 80 mg</i>	Tier 1	
<i>valsartan tab 160 mg</i>	Tier 1	
<i>valsartan tab 320 mg</i>	Tier 1	

### **ANTIARRHYTHMICS**

<i>amiodarone hcl tab 200 mg</i>	Tier 1	
<i>amiodarone hcl tab 400 mg</i>	Tier 1	
<i>disopyramide phosphate cap 100 mg</i>	Tier 1	
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1	PA
<i>flecainide acetate tab 50 mg</i>	Tier 1	
<i>flecainide acetate tab 100 mg</i>	Tier 1	
<i>flecainide acetate tab 150 mg</i>	Tier 1	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	Tier 1	
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	M	M
<i>mexiletine hcl cap 150 mg</i>	Tier 1	
<i>mexiletine hcl cap 200 mg</i>	Tier 1	
<i>mexiletine hcl cap 250 mg</i>	Tier 1	
MULTAQ TAB 400MG	Tier 3	PA
NORPACE CAP 100MG CR	Tier 2	
NORPACE CAP 150MG CR	Tier 2	
<i>pacerone</i>	Tier 1	
<i>procainamide hcl inj 100 mg/ml</i>	M	M
<i>propafenone hcl cap er 12hr 225 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 325 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 425 mg</i>	Tier 1	
<i>propafenone hcl tab 150 mg</i>	Tier 1	
<i>propafenone hcl tab 225 mg</i>	Tier 1	
<i>propafenone hcl tab 300 mg</i>	Tier 1	
<i>quinidine sulfate tab 200 mg</i>	Tier 1	
<i>quinidine sulfate tab 300 mg</i>	Tier 1	
<i>sorine</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 80 mg</i>	Tier 1	
<i>sotalol hcl tab 120 mg</i>	Tier 1	
<i>sotalol hcl tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 240 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTILIPEMICS, BILE ACID RESINS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine light powder packets 4 gm</i>	Tier 1	
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine powder packets 4 gm</i>	Tier 1	
<i>colestipol hcl granule packets 5 gm</i>	Tier 1	
<i>colestipol hcl granules 5 gm</i>	Tier 1	
<i>colestipol hcl tab 1 gm</i>	Tier 1	
<i>prevalite</i>	Tier 1	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>		
<i>ezetimibe tab 10 mg</i>	Tier 1	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 1	
<i>fenofibrate cap 150 mg</i>	Tier 1	
<i>fenofibrate micronized cap 43 mg</i>	Tier 1	
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	
<i>fenofibrate micronized cap 134 mg</i>	Tier 1	
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	
<i>fenofibrate tab 48 mg</i>	Tier 1	
<i>fenofibrate tab 54 mg</i>	Tier 1	
<i>fenofibrate tab 145 mg</i>	Tier 1	
<i>fenofibrate tab 160 mg</i>	Tier 1	
<i>gemfibrozil tab 600 mg</i>	Tier 1	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS**

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	
<i>simvastatin tab 5 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	Tier 1	ST; PA**

### **ANTILIPEMICS, MISCELLANEOUS**

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Tier 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Tier 1	

### **ANTILIPEMICS, OMEGA-3 FATTY ACIDS**

<i>icosapent ethyl cap 0.5 gm</i>	Tier 1	
<i>icosapent ethyl cap 1 gm</i>	Tier 1	Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	
VASCEPA CAP 0.5GM	Tier 2	

### **ANTILIPEMICS, PCSK9 INHIBITORS**

PRALUENT INJ 75MG/ML	Tier 4	PA, QL (2 pens every 28 days)
PRALUENT INJ 150MG/ML	Tier 4	PA, QL (2 pens every 28 days)

### **BETA-BLOCKER/DIURETIC COMBINATIONS**

<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	Tier 1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	Tier 1	
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	Tier 1	
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	Tier 1	

### **BETA-BLOCKERS**

<i>acebutolol hcl cap 200 mg</i>	Tier 1	
<i>acebutolol hcl cap 400 mg</i>	Tier 1	
<i>atenolol tab 25 mg</i>	Tier 1	
<i>atenolol tab 50 mg</i>	Tier 1	
<i>atenolol tab 100 mg</i>	Tier 1	
<i>betaxolol hcl tab 10 mg</i>	Tier 1	
<i>betaxolol hcl tab 20 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	Tier 1	
<i>carvedilol tab 3.125 mg</i>	Tier 1	
<i>carvedilol tab 6.25 mg</i>	Tier 1	
<i>carvedilol tab 12.5 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carvedilol tab 25 mg</i>	Tier 1	
<i>labetalol hcl tab 100 mg</i>	Tier 1	
<i>labetalol hcl tab 200 mg</i>	Tier 1	
<i>labetalol hcl tab 300 mg</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	
<i>nadolol tab 20 mg</i>	Tier 1	
<i>nadolol tab 40 mg</i>	Tier 1	
<i>nadolol tab 80 mg</i>	Tier 1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 1	
<i>pindolol tab 5 mg</i>	Tier 1	
<i>pindolol tab 10 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl tab 10 mg</i>	Tier 1	
<i>propranolol hcl tab 20 mg</i>	Tier 1	
<i>propranolol hcl tab 40 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol hcl tab 60 mg</i>	Tier 1	
<i>propranolol hcl tab 80 mg</i>	Tier 1	
<i>timolol maleate tab 5 mg</i>	Tier 1	
<i>timolol maleate tab 10 mg</i>	Tier 1	
<i>timolol maleate tab 20 mg</i>	Tier 1	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Tier 1	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	
CARDIZEM LA TAB 120MG	Tier 3	
<i>cartia xt</i>	Tier 1	
<i>dilt-xr</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	M	M
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	M	M
<i>diltiazem hcl tab 30 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl tab 60 mg</i>	Tier 1	
<i>diltiazem hcl tab 90 mg</i>	Tier 1	
<i>diltiazem hcl tab 120 mg</i>	Tier 1	
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	
<i>isradipine cap 2.5 mg</i>	Tier 1	
<i>isradipine cap 5 mg</i>	Tier 1	
<i>matzim la</i>	Tier 1	
<i>nicardipine hcl cap 20 mg</i>	Tier 1	
<i>nicardipine hcl cap 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	
<i>nimodipine cap 30 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 1	
<i>taztia xt</i>	Tier 1	
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 200 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	
<i>verapamil hcl tab 40 mg</i>	Tier 1	
<i>verapamil hcl tab 80 mg</i>	Tier 1	
<i>verapamil hcl tab 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 180 mg</i>	Tier 1	
<i>verapamil hcl tab er 240 mg</i>	Tier 1	

### **DIGITALIS GLYCOSIDES**

<i>digox</i>	Tier 1	
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	Tier 1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	

### **DIRECT RENIN INHIBITORS/COMBINATIONS**

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 1	

### **DIURETICS**

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1	
<i>acetazolamide tab 125 mg</i>	Tier 1	
<i>acetazolamide tab 250 mg</i>	Tier 1	
<b>ALDACTAZIDE TAB 50/50</b>	Tier 2	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1	
<i>amiloride hcl tab 5 mg</i>	Tier 1	
<i>bumetanide tab 0.5 mg</i>	Tier 1	
<i>bumetanide tab 1 mg</i>	Tier 1	
<i>bumetanide tab 2 mg</i>	Tier 1	
<i>chlorthalidone tab 25 mg</i>	Tier 1	
<i>chlorthalidone tab 50 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIURIL SUS 250/5ML	Tier 3	
ethacrynic acid tab 25 mg	Tier 3	
furosemide inj 10 mg/ml	M	M
furosemide oral soln 8 mg/ml	Tier 1	
furosemide oral soln 10 mg/ml	Tier 1	
furosemide tab 20 mg	Tier 1	
furosemide tab 40 mg	Tier 1	
furosemide tab 80 mg	Tier 1	
hydrochlorothiazide cap 12.5 mg	Tier 1	
hydrochlorothiazide tab 12.5 mg	Tier 1	
hydrochlorothiazide tab 25 mg	Tier 1	
hydrochlorothiazide tab 50 mg	Tier 1	
indapamide tab 1.25 mg	Tier 1	
indapamide tab 2.5 mg	Tier 1	
mannitol iv soln 20%	M	M
mannitol iv soln 25%	M	M
methazolamide tab 25 mg	Tier 1	
methazolamide tab 50 mg	Tier 1	
metolazone tab 2.5 mg	Tier 1	
metolazone tab 5 mg	Tier 1	
metolazone tab 10 mg	Tier 1	
osmitrol viaflex	M	M
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1	
spironolactone tab 25 mg	Tier 1	
spironolactone tab 50 mg	Tier 1	
spironolactone tab 100 mg	Tier 1	
toremide tab 5 mg	Tier 1	
toremide tab 10 mg	Tier 1	
toremide tab 20 mg	Tier 1	
toremide tab 100 mg	Tier 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1	
<i>triamterene cap 50 mg</i>	Tier 1	
<i>triamterene cap 100 mg</i>	Tier 1	

### **HEART FAILURE**

<i>CORLANOR SOL 5MG/5ML</i>	Tier 2	
<i>CORLANOR TAB 5MG</i>	Tier 2	
<i>CORLANOR TAB 7.5MG</i>	Tier 2	
<i>ENTRESTO TAB 24-26MG</i>	Tier 2	
<i>ENTRESTO TAB 49-51MG</i>	Tier 2	
<i>ENTRESTO TAB 97-103MG</i>	Tier 2	

### **MISCELLANEOUS**

<i>clonidine hcl tab 0.1 mg</i>	Tier 1	
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 1	
<i>guanfacine hcl tab 1 mg</i>	Tier 1	
<i>guanfacine hcl tab 2 mg</i>	Tier 1	
<i>hydralazine hcl tab 10 mg</i>	Tier 1	
<i>hydralazine hcl tab 25 mg</i>	Tier 1	
<i>hydralazine hcl tab 50 mg</i>	Tier 1	
<i>hydralazine hcl tab 100 mg</i>	Tier 1	
<i>methyldopa tab 250 mg</i>	Tier 1	
<i>methyldopa tab 500 mg</i>	Tier 1	
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
<i>minoxidil tab 2.5 mg</i>	Tier 1	
<i>minoxidil tab 10 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	PA, QL (360 caps every 30 days)
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	ST; PA**

### **NITRATES**

<i>DILATRATE SR CAP 40MG</i>	Tier 3	
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	
<i>minitran</i>	Tier 1	
<i>NITRO-BID OIN 2%</i>	Tier 3	
<i>NITRO-DUR DIS 0.3MG/HR</i>	Tier 2	
<i>NITRO-DUR DIS 0.8MG/HR</i>	Tier 2	
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Tier 1	

### **PULMONARY ARTERIAL HYPERTENSION**

<i>ADEMPAS TAB 0.5MG</i>	Tier 5	PA, QL (90 tabs every 30 days)
<i>ADEMPAS TAB 1.5MG</i>	Tier 5	PA, QL (90 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADEMPAS TAB 1MG	Tier 5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	Tier 5	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	Tier 5	PA, QL (90 tabs every 30 days)
<i>ambrisentan tab 5 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>bosentan tab 62.5 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
OPSUMIT TAB 10MG	Tier 4	PA, QL (30 tabs every 30 days)
ORENITRAM TAB 0.25MG	Tier 4	PA
ORENITRAM TAB 0.125MG	Tier 4	PA
ORENITRAM TAB 1MG	Tier 4	PA
ORENITRAM TAB 2.5MG	Tier 4	PA
ORENITRAM TAB 5MG	Tier 4	PA
REMODULIN INJ 1MG/ML	Tier 5	PA
REMODULIN INJ 2.5MG/ML	Tier 5	PA
REMODULIN INJ 5MG/ML	Tier 5	PA
REMODULIN INJ 10MG/ML	Tier 5	PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	M	M
<i>sildenafil citrate tab 20 mg</i>	Tier 4	PA, QL (90 tabs every 30 days)
<i>tadalafil tab 20 mg (pah)</i>	Tier 5	PA, QL (60 tabs every 30 days)
TYVASO REFIL SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYVASO SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
TYVASO START SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
UPTRAVI INJ 1800MCG	M	M
UPTRAVI PACK TAB 200/800	Tier 4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	Tier 4	PA, QL (140 tabs every 28 days)
UPTRAVI TAB 400MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	Tier 4	PA, QL (60 tabs every 30 days)
VENTAVIS SOL 10MCG/ML	Tier 4	PA, QL (270 ampules every 30 days)
VENTAVIS SOL 20MCG/ML	Tier 4	PA, QL (270 ampules every 30 days)

## **CENTRAL NERVOUS SYSTEM**

### **ALCOHOL DETERRENTS**

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	PA
<i>disulfiram tab 250 mg</i>	Tier 1	
<i>disulfiram tab 500 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-ANXIETY§</b>		
ALPRAZOLAM CON 1 MG/ML	Tier 2	QL (300 mL every 30 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 1 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>bupirone hcl tab 5 mg</i>	Tier 1	
<i>bupirone hcl tab 7.5 mg</i>	Tier 1	
<i>bupirone hcl tab 10 mg</i>	Tier 1	
<i>bupirone hcl tab 15 mg</i>	Tier 1	
<i>bupirone hcl tab 30 mg</i>	Tier 1	
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (360 caps every 30 days)
<i>clomipramine hcl cap 25 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clomipramine hcl cap 50 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Tier 1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (150 mL every 30 days)
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>lorazepam tab 1 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>lorazepam tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>meprobamate tab 200 mg</i>	Tier 1	
<i>meprobamate tab 400 mg</i>	Tier 1	
<i>oxazepam cap 10 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	Tier 1	QL (120 caps every 30 days)

### **ANTICONVULSANTS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	
<i>carbamazepine tab 200 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	
CELONTIN CAP 300MG	Tier 3	
<i>clobazam suspension 2.5 mg/ml</i>	Tier 1	
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	
<i>clonazepam tab 1 mg</i>	Tier 1	
<i>clonazepam tab 2 mg</i>	Tier 1	
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>diazepam inj 5 mg/ml</i>	M	M
<i>diazepam intensol</i>	Tier 1	QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (1200 mL every 30 days)
<i>diazepam tab 2 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days)
DILANTIN CAP 30MG	Tier 3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	
EPIDIOLEX SOL 100MG/ML	Tier 5	PA, QL (800 mL every 30 days)
<i>epitol</i>	Tier 1	
<i>ethosuximide cap 250 mg</i>	Tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	
<i>felbamate susp 600 mg/5ml</i>	Tier 1	
<i>felbamate tab 400 mg</i>	Tier 1	
<i>felbamate tab 600 mg</i>	Tier 1	
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	M	M
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	M	M
<i>gabapentin cap 100 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin cap 300 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin cap 400 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	QL (72 mL every day)
<i>gabapentin tab 600 mg</i>	Tier 1	QL (6 tabs every day)
<i>gabapentin tab 800 mg</i>	Tier 1	QL (4 tabs every day)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	M	M
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	
<i>lacosamide tab 50 mg</i>	Tier 1	
<i>lacosamide tab 100 mg</i>	Tier 1	
<i>lacosamide tab 150 mg</i>	Tier 1	
<i>lacosamide tab 200 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine orally disintegrating tab 100 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	Tier 1	
<i>lamotrigine tab 25 mg</i>	Tier 1	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	Tier 1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	Tier 1	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	Tier 1	
<i>lamotrigine tab 100 mg</i>	Tier 1	
<i>lamotrigine tab 150 mg</i>	Tier 1	
<i>lamotrigine tab 200 mg</i>	Tier 1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 25 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 50 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 100 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 200 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 250 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 300 mg</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	M	M
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	M	M
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	M	M
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	M	M
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	
<i>levetiracetam tab 250 mg</i>	Tier 1	
<i>levetiracetam tab 500 mg</i>	Tier 1	
<i>levetiracetam tab 750 mg</i>	Tier 1	
<i>levetiracetam tab 1000 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	
NAYZILAM SPR 5MG	Tier 2	QL (10 units every 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine tab 150 mg</i>	Tier 1	
<i>oxcarbazepine tab 300 mg</i>	Tier 1	
<i>oxcarbazepine tab 600 mg</i>	Tier 1	
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	
<i>phenobarbital tab 15 mg</i>	Tier 1	
<i>phenobarbital tab 16.2 mg</i>	Tier 1	
<i>phenobarbital tab 30 mg</i>	Tier 1	
<i>phenobarbital tab 32.4 mg</i>	Tier 1	
<i>phenobarbital tab 60 mg</i>	Tier 1	
<i>phenobarbital tab 64.8 mg</i>	Tier 1	
<i>phenobarbital tab 97.2 mg</i>	Tier 1	
<i>phenobarbital tab 100 mg</i>	Tier 1	
<i>phenytoin infatabs</i>	Tier 1	
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	
<i>phenytoin sodium inj 50 mg/ml</i>	M	M
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	
<i>pregabalin cap 25 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 50 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 75 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 100 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 150 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 200 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 225 mg</i>	Tier 1	ST; PA**
<i>pregabalin cap 300 mg</i>	Tier 1	ST; PA**
<i>pregabalin soln 20 mg/ml</i>	Tier 1	ST; PA**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>primidone tab 50 mg</i>	Tier 1	
<i>primidone tab 250 mg</i>	Tier 1	
<i>rufinamide susp 40 mg/ml</i>	Tier 1	
<i>rufinamide tab 200 mg</i>	Tier 1	
<i>rufinamide tab 400 mg</i>	Tier 1	
<i>tiagabine hcl tab 2 mg</i>	Tier 1	
<i>tiagabine hcl tab 4 mg</i>	Tier 1	
<i>tiagabine hcl tab 12 mg</i>	Tier 1	
<i>tiagabine hcl tab 16 mg</i>	Tier 1	
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	
<i>topiramate tab 25 mg</i>	Tier 1	
<i>topiramate tab 50 mg</i>	Tier 1	
<i>topiramate tab 100 mg</i>	Tier 1	
<i>topiramate tab 200 mg</i>	Tier 1	
<i>valproate sodium inj 100 mg/ml</i>	M	M
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	
<i>valproic acid cap 250 mg</i>	Tier 1	
<i>vigabatrin powd pack 500 mg</i>	Tier 4	PA, QL (180 packets every 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 4	PA, QL (180 tabs every 30 days)
<i>XCOPRI PAK 12.5-25</i>	Tier 2	
<i>XCOPRI PAK 50-100MG</i>	Tier 2	
<i>XCOPRI PAK 50-200MG</i>	Tier 2	
<i>XCOPRI PAK 100-150</i>	Tier 2	
<i>XCOPRI PAK 150-200</i>	Tier 2	
<i>XCOPRI TAB 50MG</i>	Tier 2	
<i>XCOPRI TAB 100MG</i>	Tier 2	
<i>XCOPRI TAB 150MG</i>	Tier 2	
<i>XCOPRI TAB 200MG</i>	Tier 2	
<i>zonisamide cap 25 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zonisamide cap 50 mg</i>	Tier 1	
<i>zonisamide cap 100 mg</i>	Tier 1	
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 23 mg</i>	Tier 1	
<i>ergoloid mesylates tab 1 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Tier 1	
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	PA; PA applies for members less than 30 years of age

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 5 mg</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 10 mg</i>	Tier 1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	Tier 1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	Tier 2	PA; PA applies for members less than 30 years of age
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	PA
<b>ANTIDEPRESSANTS§</b>		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (150 tabs every 30 days); QL applies to members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>amoxapine tab 25 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>bupropion hcl tab 75 mg</i>	Tier 1	
<i>bupropion hcl tab 100 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	
<i>desipramine hcl tab 10 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 25 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 50 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 75 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tab 100 mg</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desipramine hcl tab 150 mg</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
<i>doxepin hcl cap 10 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxepin hcl cap 150 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	
EMSAM DIS 6MG/24HR	Tier 3	PA
EMSAM DIS 9MG/24HR	Tier 3	PA
EMSAM DIS 12MG/24H	Tier 3	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	
FETZIMA CAP 20MG	Tier 3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 40MG	Tier 3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 80MG	Tier 3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP 120MG	Tier 3	ST, QL (30 caps every 30 days); PA**
FETZIMA CAP TITRATIO	Tier 3	ST, QL (30 caps every 30 days); PA**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	Tier 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl tab 10 mg</i>	Tier 1	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	Tier 1	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>imipramine pamoate cap 150 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>maprotiline hcl tab 25 mg</i>	Tier 1	
<i>maprotiline hcl tab 50 mg</i>	Tier 1	
<i>maprotiline hcl tab 75 mg</i>	Tier 1	
MARPLAN TAB 10MG	Tier 3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	Tier 1	
<i>mirtazapine tab 7.5 mg</i>	Tier 1	
<i>mirtazapine tab 15 mg</i>	Tier 1	
<i>mirtazapine tab 30 mg</i>	Tier 1	
<i>mirtazapine tab 45 mg</i>	Tier 1	
<i>nefazodone hcl tab 50 mg</i>	Tier 1	
<i>nefazodone hcl tab 100 mg</i>	Tier 1	
<i>nefazodone hcl tab 150 mg</i>	Tier 1	
<i>nefazodone hcl tab 200 mg</i>	Tier 1	
<i>nefazodone hcl tab 250 mg</i>	Tier 1	
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nortriptyline hcl soln 10 mg/5ml</i>	Tier 1	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	Tier 1	
<i>paroxetine hcl tab 20 mg</i>	Tier 1	
<i>paroxetine hcl tab 30 mg</i>	Tier 1	
<i>paroxetine hcl tab 40 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	Tier 1	
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	
<i>protriptyline hcl tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	
<i>sertraline hcl tab 25 mg</i>	Tier 1	
<i>sertraline hcl tab 50 mg</i>	Tier 1	
<i>sertraline hcl tab 100 mg</i>	Tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1	
<i>trazodone hcl tab 50 mg</i>	Tier 1	
<i>trazodone hcl tab 100 mg</i>	Tier 1	
<i>trazodone hcl tab 150 mg</i>	Tier 1	
<i>trazodone hcl tab 300 mg</i>	Tier 1	
<i>trimipramine maleate cap 25 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trimipramine maleate cap 50 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	Tier 3	ST; PA**
TRINTELLIX TAB 10MG	Tier 3	ST; PA**
TRINTELLIX TAB 20MG	Tier 3	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	Tier 1	
VIIBRYD KIT STARTER	Tier 3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIIBRYD TAB 10MG	Tier 3	
VIIBRYD TAB 20MG	Tier 3	
VIIBRYD TAB 40MG	Tier 3	
<i>vilazodone hcl tab 10 mg</i>	Tier 1	
<i>vilazodone hcl tab 20 mg</i>	Tier 1	
<i>vilazodone hcl tab 40 mg</i>	Tier 1	

### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl cap 100 mg</i>	Tier 1	
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl tab 100 mg</i>	Tier 1	
APOKYN INJ 10MG/ML	Tier 5	PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	M	M
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	
<i>benztropine mesylate tab 1 mg</i>	Tier 1	
<i>benztropine mesylate tab 2 mg</i>	Tier 1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 1	
<i>carbidopa tab 25 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
<i>entacapone tab 200 mg</i>	Tier 1	
INBRIJA CAP 42MG	Tier 4	PA, QL (300 caps every 30 days)
NEUPRO DIS 1MG/24HR	Tier 2	
NEUPRO DIS 2MG/24HR	Tier 2	
NEUPRO DIS 3MG/24HR	Tier 2	
NEUPRO DIS 4MG/24HR	Tier 2	
NEUPRO DIS 6MG/24HR	Tier 2	
NEUPRO DIS 8MG/24HR	Tier 2	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	Tier 1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	
<i>selegiline hcl cap 5 mg</i>	Tier 1	
<i>selegiline hcl tab 5 mg</i>	Tier 1	
<i>tolcapone tab 100 mg</i>	Tier 1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	

### **ANTIPSYCHOTICS**

<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 1	
<i>aripiprazole tab 2 mg</i>	Tier 1	
<i>aripiprazole tab 5 mg</i>	Tier 1	
<i>aripiprazole tab 10 mg</i>	Tier 1	
<i>aripiprazole tab 15 mg</i>	Tier 1	
<i>aripiprazole tab 20 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole tab 30 mg</i>	Tier 1	
ARISTADA INJ 441MG/1.	Tier 2	
ARISTADA INJ 662MG/2	Tier 2	
ARISTADA INJ 882MG/3	Tier 2	
ARISTADA INJ 1064MG	Tier 2	
ARISTADA INJ INITIO	Tier 2	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 1	
<i>chlorpromazine hcl inj 25 mg/ml</i>	Tier 1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Tier 1	
<i>chlorpromazine hcl tab 10 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 25 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 50 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 100 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 200 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 25 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 100 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 150 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 200 mg</i>	Tier 1	
<i>clozapine tab 25 mg</i>	Tier 1	
<i>clozapine tab 50 mg</i>	Tier 1	
<i>clozapine tab 100 mg</i>	Tier 1	
<i>clozapine tab 200 mg</i>	Tier 1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Tier 1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	
<i>haloperidol tab 0.5 mg</i>	Tier 1	
<i>haloperidol tab 1 mg</i>	Tier 1	
<i>haloperidol tab 2 mg</i>	Tier 1	
<i>haloperidol tab 5 mg</i>	Tier 1	
<i>haloperidol tab 10 mg</i>	Tier 1	
<i>haloperidol tab 20 mg</i>	Tier 1	
LATUDA TAB 20MG	Tier 2	ST; PA**
LATUDA TAB 40MG	Tier 2	ST; PA**
LATUDA TAB 60MG	Tier 2	ST; PA**
LATUDA TAB 80MG	Tier 2	ST; PA**
LATUDA TAB 120MG	Tier 2	ST; PA**
<i>loxapine succinate cap 5 mg</i>	Tier 1	
<i>loxapine succinate cap 10 mg</i>	Tier 1	
<i>loxapine succinate cap 25 mg</i>	Tier 1	
<i>loxapine succinate cap 50 mg</i>	Tier 1	
<i>olanzapine for im inj 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 1	
<i>olanzapine tab 2.5 mg</i>	Tier 1	
<i>olanzapine tab 5 mg</i>	Tier 1	
<i>olanzapine tab 7.5 mg</i>	Tier 1	
<i>olanzapine tab 10 mg</i>	Tier 1	
<i>olanzapine tab 15 mg</i>	Tier 1	
<i>olanzapine tab 20 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 3 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 6 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 9 mg</i>	Tier 1	
<i>perphenazine tab 2 mg</i>	Tier 1	
<i>perphenazine tab 4 mg</i>	Tier 1	
<i>perphenazine tab 8 mg</i>	Tier 1	
<i>perphenazine tab 16 mg</i>	Tier 1	
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 1	
REXULTI TAB 0.5MG	Tier 3	ST; PA**
REXULTI TAB 0.25MG	Tier 3	ST; PA**
REXULTI TAB 1MG	Tier 3	ST; PA**
REXULTI TAB 2MG	Tier 3	ST; PA**
REXULTI TAB 3MG	Tier 3	ST; PA**
REXULTI TAB 4MG	Tier 3	ST; PA**
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	
<i>risperidone soln 1 mg/ml</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperidone tab 0.5 mg</i>	Tier 1	
<i>risperidone tab 0.25 mg</i>	Tier 1	
<i>risperidone tab 1 mg</i>	Tier 1	
<i>risperidone tab 2 mg</i>	Tier 1	
<i>risperidone tab 3 mg</i>	Tier 1	
<i>risperidone tab 4 mg</i>	Tier 1	
<i>thioridazine hcl tab 10 mg</i>	Tier 1	
<i>thioridazine hcl tab 25 mg</i>	Tier 1	
<i>thioridazine hcl tab 50 mg</i>	Tier 1	
<i>thioridazine hcl tab 100 mg</i>	Tier 1	
<i>thiothixene cap 1 mg</i>	Tier 1	
<i>thiothixene cap 2 mg</i>	Tier 1	
<i>thiothixene cap 5 mg</i>	Tier 1	
<i>thiothixene cap 10 mg</i>	Tier 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>ziprasidone hcl cap 20 mg</i>	Tier 1	
<i>ziprasidone hcl cap 40 mg</i>	Tier 1	
<i>ziprasidone hcl cap 60 mg</i>	Tier 1	
<i>ziprasidone hcl cap 80 mg</i>	Tier 1	

**ATTENTION DEFICIT HYPERACTIVITY DISORDERS**

AMPHETAMI ER SUS 1.25/ML	Tier 3	QL (450 mL every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (90 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	Tier 1	QL (60 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	QL (1,200 mL every 30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	Tier 1	QL (60 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate tab 30 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	
<i>methamphetamine hcl tab 5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	Tier 1	QL (180 chew tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl chew tab 5 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 1	QL (30 tabs every 30 days)
VYVANSE CAP 10MG	Tier 2	QL (60 caps every 30 days)
VYVANSE CAP 20MG	Tier 2	QL (60 caps every 30 days)
VYVANSE CAP 30MG	Tier 2	QL (60 caps every 30 days)
VYVANSE CAP 40MG	Tier 2	QL (30 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VYVANSE CAP 50MG	Tier 2	QL (30 caps every 30 days)
VYVANSE CAP 60MG	Tier 2	QL (30 caps every 30 days)
VYVANSE CAP 70MG	Tier 2	QL (30 caps every 30 days)
VYVANSE CHW 10MG	Tier 2	QL (60 chew tabs every 30 days)
VYVANSE CHW 20MG	Tier 2	QL (60 chew tabs every 30 days)
VYVANSE CHW 30MG	Tier 2	QL (60 chew tabs every 30 days)
VYVANSE CHW 40MG	Tier 2	QL (30 chew tabs every 30 days)
VYVANSE CHW 50MG	Tier 2	QL (30 chew tabs every 30 days)
VYVANSE CHW 60MG	Tier 2	QL (30 chew tabs every 30 days)
<i>zenzedi</i>	Tier 1	QL (120 tabs every 30 days)

### **FIBROMYALGIA**

SAVELLA MIS TITR PAK	Tier 3	ST; PA**
SAVELLA TAB 12.5MG	Tier 3	ST; PA**
SAVELLA TAB 25MG	Tier 3	ST; PA**
SAVELLA TAB 50MG	Tier 3	ST; PA**
SAVELLA TAB 100MG	Tier 3	ST; PA**

### **HYPNOTICS§**

BELSOMRA TAB 5MG	Tier 2	ST; PA**
BELSOMRA TAB 10MG	Tier 2	ST; PA**
BELSOMRA TAB 15MG	Tier 2	ST; PA**
BELSOMRA TAB 20MG	Tier 2	ST; PA**
<i>cvs sleep-aid nighttime</i>	Tier 1	OTC
DAYVIGO TAB 5MG	Tier 2	PA, QL (30 tabs every 30 days)

**M** - Covered under the Medical Benefit Only   **OTC** - Over the counter   **PA** - Prior Authorization   **PA\*\*** - PA Applies if Step is not met   **QL** - Quantity Limits   **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DAYVIGO TAB 10MG	Tier 2	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>estazolam tab 1 mg</i>	Tier 3	QL (15 tabs every 30 days)
<i>estazolam tab 2 mg</i>	Tier 3	QL (15 tabs every 30 days)
<i>eszopiclone tab 1 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>eszopiclone tab 2 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>eszopiclone tab 3 mg</i>	Tier 1	QL (15 tabs every 30 days)
HETLIOZ CAP 20MG	Tier 5	PA, QL (30 caps every 30 days)
<i>ramelteon tab 8 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>temazepam cap 7.5 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>temazepam cap 15 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>temazepam cap 22.5 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>temazepam cap 30 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>triazolam tab 0.25 mg</i>	Tier 3	QL (10 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triazolam tab 0.125 mg</i>	Tier 3	QL (10 tabs every 30 days)
<i>zaleplon cap 5 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>zaleplon cap 10 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	Tier 1	QL (15 tabs every 30 days)

### **MIGRAINES**

<i>AIMOVIG INJ 70MG/ML</i>	Tier 2	ST, QL (2 injections every 30 days); PA**
<i>AIMOVIG INJ 140MG/ML</i>	Tier 2	ST, QL (1 injection every 30 days); PA**
<i>AJOVY INJ 225/1.5</i>	Tier 2	ST, QL (3 injections every 90 days); PA**
<i>almotriptan malate tab 6.25 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	M	M
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	QL (12 tabs every 30 days)
<i>EMGALITY INJ 100MG/ML</i>	Tier 2	ST, QL (3 injections every 30 days); PA**
<i>EMGALITY INJ 120MG/ML</i>	Tier 2	ST, QL (2 injections every 30 days); PA**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (18 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (12 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (18 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 1	QL (24 sprays every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 1	QL (12 sprays every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QL (12 vials every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 1	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	M	M
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Tier 1	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	M	M
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	Tier 1	QL (12 units every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (12 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	Tier 3	ST, QL (9 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	Tier 1	QL (12 sprays every 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Tier 1	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	Tier 1	QL (12 tabs every 30 days)

### **MISCELLANEOUS**

EVRYSDI SOL	Tier 5	PA, QL (2 bottles every 24 days)
GUANIDINE TAB 125MG	Tier 3	
<i>lithium carbonate cap 150 mg</i>	Tier 1	
<i>lithium carbonate cap 300 mg</i>	Tier 1	
<i>lithium carbonate cap 600 mg</i>	Tier 1	
<i>lithium carbonate tab 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 450 mg</i>	Tier 1	
LITHIUM SOL 8MEQ/5ML	Tier 3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	
<i>pyridostigmine bromide tab er 180 mg</i>	Tier 1	
<i>riluzole tab 50 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MOVEMENT DISORDERS</b>		
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO TAB 7MG	Tier 4	PA, QL (30 tabs every 30 days)
AUBAGIO TAB 14MG	Tier 4	PA, QL (30 tabs every 30 days)
AVONEX PEN KIT 30MCG	Tier 5	ST, PA, QL (4 injections every 28 days)
AVONEX PREFL KIT 30MCG	Tier 5	ST, PA, QL (4 injections every 28 days)
BETASERON INJ 0.3MG	Tier 4	PA, QL (14 injections every 28 days)
COPAXONE INJ 20MG/ML	Tier 4	PA, QL (30 injections every 30 days)
COPAXONE INJ 40MG/ML	Tier 4	PA, QL (12 syringes every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 5	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 4	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 4	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Tier 4	PA, QL (1 kit every 30 days)
GILENYA CAP 0.5MG	Tier 4	PA, QL (30 caps every 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 2	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	Tier 2	PA, QL (30 injections every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PLEGRIDY INJ	Tier 5	ST, PA, QL (1 carton every 28 days)
PLEGRIDY INJ PEN	Tier 5	ST, PA, QL (1 carton every 28 days)
PLEGRIDY INJ STARTER	Tier 5	ST, PA, QL (1 kit every 28 days)
PLEGRIDY PEN INJ STARTER	Tier 5	ST, PA, QL (1 pack every 28 days)
REBIF INJ 22/0.5	Tier 4	PA, QL (12 syringes every 28 days)
REBIF INJ 44/0.5	Tier 4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	Tier 4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	Tier 4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	Tier 4	PA, QL (1 box every 28 days)
REBIF TITRTN INJ PACK	Tier 4	PA, QL (1 box every 28 days)
TYSABRI INJ 300/15ML	M	M

### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen tab 5 mg</i>	Tier 1	
<i>baclofen tab 10 mg</i>	Tier 1	
<i>baclofen tab 20 mg</i>	Tier 1	
<i>carisoprodol tab 350 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i>	Tier 3	PA, QL (168 tabs every 30 days); High Risk Medications require PA for members age 70 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorzoxazone tab 500 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<i>metaxalone tab 800 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	M	M
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil tab 50 mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>modafinil tab 100 mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
SUNOSI TAB 75MG	Tier 2	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	Tier 2	PA, QL (30 tabs every 30 days)

**OPIOID AGONIST/ANTAGONIST**

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 0	QL (3 tabs every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 0	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	Tier 2	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	Tier 2	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	Tier 2	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	Tier 2	QL (3 units every day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZUBSOLV SUB 8.6-2.1	Tier 2	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	Tier 2	QL (1 unit every day)

### **OPIOID ANTAGONIST**

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl inj 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 0	\$0 copay
VIVITROL INJ 380MG	M	M

### **OPIOID PARTIAL AGONISTS§**

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply

### **PSYCHOTHERAPEUTIC-MISC**

<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 3	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 3	QL (60 tabs every 30 days); QL applies to members age 65 and older
NUEDEXTA CAP 20-10MG	Tier 2	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 3	QL (150 units every 30 days); QL applies to members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 3	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 3	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 3	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 3	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tab 1 mg</i>	Tier 1	
<i>pimozide tab 2 mg</i>	Tier 1	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	Tier 0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5& 1MG	Tier 0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	Tier 0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG	Tier 0	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nicotine polacrilex gum 4 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	Tier 0	\$0 limited to 2 treatment cycles/year

## **DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

### **DIETARY MANAGEMENT PRODUCTS**

ACERFLEX POW	Tier 3	OTC; Coverage is subject to your plan/benefits
BCAD 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAMINO PRO LIQ 15PE	Tier 3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
CYCLINEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
CYCLINEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	Tier 3	OTC; Coverage is subject to your plan/benefits
ELECARE DHA/ POW ARA INFA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ELECARE POW DHA/ARA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	Tier 3	OTC; Coverage is subject to your plan/benefits

**M** - Covered under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is not met **QL** - Quantity Limits **ST** - Step Therapy 113

*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>
EO28 SPLASH LIQ ORANGE	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
F.A.A. LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GA POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GA-1 ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUTAREX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GLUTAREX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits

**M** - Covered under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is not met **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLYROL LIQ PREBIO1	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLYTACTIN PAK BTMK/DLT	Tier 3	Coverage is subject to your plan/benefits
GLYTACTIN POW BETMLK15	Tier 3	Coverage is subject to your plan/benefits
GLYTACTIN POW RST LT10	Tier 3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
HCU ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	Tier 3	OTC; Coverage is subject to your plan/benefits
HCU EXPRESS PAK	Tier 3	OTC; Coverage is subject to your plan/benefits
HCY 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
HOM 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
HOMACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
HOMINEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
HOMINEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits

**M** - Covered under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is not met **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
I-VALEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
I-VALEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ISOVACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
IVA ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
KETONEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
KETONEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
LANAFLEX PAK	Tier 3	OTC; Coverage is subject to your plan/benefits

**M** - Covered under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is not met **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LIPISTART POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
LMD POW	Tier 3	OTC; Coverage is subject to your plan/benefits
LOPHLEX POW	Tier 3	OTC; Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
METHIONAID POW	Tier 3	OTC; Coverage is subject to your plan/benefits
MMA/PA ANAMI POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
MODULEN IBD POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
MSUD AID POW	Tier 3	OTC; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NEOKE MCT70 POW	Tier 3	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

**M** - Covered under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is not met **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVASOURCE LIQ RENAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTRAMINE PAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN JR LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN LIQ JUNIOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OA 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OS 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE EN LIQ /FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

**M** - Covered under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is not met **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEPTAMEN LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PERATIVE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PERIFLEX POW ADVANCE	Tier 3	OTC; Coverage is subject to your plan/benefits
PFD 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
PHENEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENYL-FREE POW 2	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENYLADE60 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

**M** - Covered under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is not met **QL** - Quantity Limits **ST** - Step Therapy 120

*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>
PKU EXPLORE5 POW UNFLAVOR	Tier 3	OTC; Coverage is subject to your plan/benefits
PORTAGEN POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	Tier 3	OTC; Coverage is subject to your plan/benefits
PRO-PHREE POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROMACTIN AA SUS PLUS	Tier 3	Coverage is subject to your plan/benefits
PROMOTE 1.0 LIQ W/ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROPIMEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROPIMEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits

**M** - Covered under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is not met **QL** - Quantity Limits **ST** - Step Therapy 121

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROSOURCE LIQ TF	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROVIMIN POW	Tier 3	OTC; Coverage is subject to your plan/benefits
RENASTART POW	Tier 3	OTC; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
S.O.S. 20 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
S.O.S. 25 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
SOL CARB POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
SUPLINA LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TOLEREX POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

**M** - Covered under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is not met **QL** - Quantity Limits **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TWOCAL HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TYLACTIN POW BLD 20PE	Tier 3	Coverage is subject to your plan/benefits
TYR ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
TYREX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
TYREX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
TYROS 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
UCD ANAMIX POW JUNIOR	Tier 3	OTC; Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRACAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRAMINO POW SOY PROT	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITAL HN POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
WND 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
XLEU MAXAMUM	Tier 3	OTC; Coverage is subject to your plan/benefits
XLYS-XTRP POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
XMET XCYS POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
XMTVI MAXAMUM	Tier 3	OTC; Coverage is subject to your plan/benefits
XPHE-XTYR POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits

## **ENDOCRINE AND METABOLIC**

### **ACROMEGALY**

<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA, QL (225 ml every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA, QL (90 ml every 30 days)

**M** - Covered under the Medical Benefit Only    **OTC** - Over the counter    **PA** - Prior Authorization    **PA\*\*** - PA Applies if Step is not met    **QL** - Quantity Limits    **ST** - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA, QL (45 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	Tier 4	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	Tier 4	PA, QL (1 injection every 28 days)
SOMATULINE INJ 90/0.3ML	Tier 4	PA, QL (1 injection every 28 days)
SOMATULINE INJ 120/.5ML	Tier 4	PA, QL (1 injection every 28 days)
SOMAVERT INJ 10MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	Tier 4	PA, QL (30 vials every 30 days)

### **ANDROGENS**

ANADROL-50 TAB 50MG	Tier 3	PA
INTRAROSA SUP 6.5MG	Tier 3	
<i>methyltestosterone cap 10 mg</i>	Tier 1	PA
<i>oxandrolone tab 2.5 mg</i>	Tier 1	PA
<i>oxandrolone tab 10 mg</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 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>	Tier 1	PA
<i>testosterone td gel 10mg/act (2%)</i>	Tier 1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Tier 1	PA
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose tab 25 mg</i>	Tier 1	
<i>acarbose tab 50 mg</i>	Tier 1	
<i>acarbose tab 100 mg</i>	Tier 1	
<i>miglitol tab 25 mg</i>	Tier 1	
<i>miglitol tab 50 mg</i>	Tier 1	
<i>miglitol tab 100 mg</i>	Tier 1	
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>		
<i>SYMLINPEN 60 INJ 1000MCG</i>	Tier 3	ST; PA**
<i>SYMLNPEN 120 INJ 1000MCG</i>	Tier 3	ST; PA**
<b>ANTIDIABETICS, BIGUANIDE</b>		
<i>metformin hcl tab 500 mg</i>	Tier 1	
<i>metformin hcl tab 850 mg</i>	Tier 1	\$0 copay for members age 35-70 for prevention of diabetes
<i>metformin hcl tab 1000 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS</b>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 1	ST; PA**
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	ST; PA**
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	ST; PA**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUVIA TAB 25MG	Tier 2	ST; PA**
JANUVIA TAB 50MG	Tier 2	ST; PA**
JANUVIA TAB 100MG	Tier 2	ST; PA**
<b>ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS</b>		
CYCLOSET TAB 0.8MG	Tier 3	
<b>ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS</b>		
alogliptin-metformin hcl tab 12.5-500 mg	Tier 1	ST; PA**
alogliptin-metformin hcl tab 12.5-1000 mg	Tier 1	ST; PA**
JANUMET TAB 50-500MG	Tier 2	ST; PA**
JANUMET TAB 50-1000	Tier 2	ST; PA**
JANUMET XR TAB 50-500MG	Tier 2	ST; PA**
JANUMET XR TAB 50-1000	Tier 2	ST; PA**
JANUMET XR TAB 100-1000	Tier 2	ST; PA**
JENTADUETO XR TAB 2.5-1000MG	Tier 3	ST; PA**
JENTADUETO XR TAB 5-1000MG	Tier 3	ST; PA**
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>		
OZEMPIC INJ 2/1.5ML	Tier 2	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 4MG/3ML	Tier 2	ST, QL (3 mL every 28 days); PA**
OZEMPIC INJ 8MG/3ML	Tier 2	ST, QL (3 mL every 28 days); PA**
TRULICITY INJ 0.75/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 1.5/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 3/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
TRULICITY INJ 4.5/0.5	Tier 2	ST, QL (4 pens every 28 days); PA**
VICTOZA INJ 18MG/3ML	Tier 2	ST, QL (3 pens every 30 days); PA**

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>		
SOLIQUA INJ 100/33	Tier 2	ST; PA**
XULTOPHY INJ 100/3.6	Tier 2	ST; PA**
<b>ANTIDIABETICS, INSULIN</b>		
BASAGLAR INJ 100UNIT	Tier 2	
FIASP FLEX INJ TOUCH	Tier 2	
FIASP INJ 100/ML	Tier 2	
FIASP PENFIL INJ U-100	Tier 2	
HUMULIN INJ 70/30	Tier 3	OTC
HUMULIN INJ 70/30KWP	Tier 3	OTC
HUMULIN N INJ U-100	Tier 3	OTC
HUMULIN N INJ U-100KWP	Tier 3	OTC
HUMULIN R INJ U-100	Tier 3	OTC
HUMULIN R INJ U-500	Tier 2	
LEVEMIR INJ	Tier 2	
LEVEMIR INJ FLEXTOUNC	Tier 2	
NOVOLIN INJ 70/30	Tier 2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	Tier 2	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	Tier 2	OTC; RELION not covered
NOVOLIN N INJ U-100	Tier 2	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	Tier 2	OTC; RELION not covered
NOVOLIN R INJ U-100	Tier 2	OTC; RELION not covered
NOVOLOG INJ 100/ML	Tier 2	
NOVOLOG INJ FLEXPEN	Tier 2	
NOVOLOG INJ PENFILL	Tier 2	
NOVOLOG MIX INJ 70/30	Tier 2	
NOVOLOG MIX INJ FLEXPEN	Tier 2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRESIBA FLEX INJ 100UNIT	Tier 2	
TRESIBA FLEX INJ 200UNIT	Tier 2	
TRESIBA INJ 100UNIT	Tier 2	
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Tier 1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Tier 1	
<b>ANTIDIABETICS, MEGLITINIDE</b>		
<i>nateglinide tab 60 mg</i>	Tier 1	
<i>nateglinide tab 120 mg</i>	Tier 1	
<i>repaglinide tab 0.5 mg</i>	Tier 1	
<i>repaglinide tab 1 mg</i>	Tier 1	
<i>repaglinide tab 2 mg</i>	Tier 1	
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS</b>		
SYNJARDY TAB 5-500MG	Tier 2	ST; PA**
SYNJARDY TAB 5-1000MG	Tier 2	ST; PA**
SYNJARDY TAB 12.5-500	Tier 2	ST; PA**
SYNJARDY TAB 12.5-1000MG	Tier 2	ST; PA**
SYNJARDY XR TAB 5-1000MG	Tier 2	ST; PA**
SYNJARDY XR TAB 10-1000	Tier 2	ST; PA**
SYNJARDY XR TAB 12.5-1000MG	Tier 2	ST; PA**
SYNJARDY XR TAB 25-1000	Tier 2	ST; PA**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIGDUO XR TAB 2.5-1000	Tier 2	ST; PA**
XIGDUO XR TAB 5-500MG	Tier 2	ST; PA**
XIGDUO XR TAB 5-1000MG	Tier 2	ST; PA**
XIGDUO XR TAB 10-500MG	Tier 2	ST; PA**
XIGDUO XR TAB 10-1000	Tier 2	ST; PA**

**ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS**

GLYXAMBI TAB 10-5 MG	Tier 2	ST; PA**
GLYXAMBI TAB 25-5 MG	Tier 2	ST; PA**

**ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS**

FARXIGA TAB 5MG	Tier 2	ST; PA**
FARXIGA TAB 10MG	Tier 2	ST; PA**
JARDIANCE TAB 10MG	Tier 2	ST; PA**
JARDIANCE TAB 25MG	Tier 2	ST; PA**

**ANTIDIABETICS, SULFONYLUREA**

<i>glimepiride tab 1 mg</i>	Tier 1	
<i>glimepiride tab 2 mg</i>	Tier 1	
<i>glimepiride tab 4 mg</i>	Tier 1	
<i>glipizide tab 5 mg</i>	Tier 1	
<i>glipizide tab 10 mg</i>	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	

**BISPHOSPHONATES**

<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 1	
<i>alendronate sodium tab 5 mg</i>	Tier 1	
<i>alendronate sodium tab 10 mg</i>	Tier 1	
<i>alendronate sodium tab 35 mg</i>	Tier 1	
<i>alendronate sodium tab 70 mg</i>	Tier 1	
FOSAMAX + D TAB 70-2800	Tier 3	ST; PA**
FOSAMAX + D TAB 70-5600	Tier 3	ST; PA**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	M	M
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	M	M
<i>risedronate sodium tab 5 mg</i>	Tier 1	
<i>risedronate sodium tab 30 mg</i>	Tier 1	
<i>risedronate sodium tab 35 mg</i>	Tier 1	
<i>risedronate sodium tab 150 mg</i>	Tier 1	
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	M	M
<i>zoledronic acid iv soln 5 mg/100ml</i>	M	M

### **CALCIUM RECEPTOR AGONISTS**

<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA, QL (120 tabs every 30 days)

### **CHELATING AGENTS**

<i>CHEMET CAP 100MG</i>	Tier 3	
<i>deferiprone tab 500 mg</i>	Tier 4	PA
<i>deferiprone tab 1000 mg</i>	Tier 4	PA
<i>FERPRX 2-DAY TAB 1000MG</i>	Tier 4	PA
<i>FERRIPROX SOL 100MG/ML</i>	Tier 4	PA
<i>penicillamine tab 250 mg</i>	Tier 4	PA
<i>sps</i>	Tier 1	

### **CONTRACEPTIVES**

<i>altavera</i>	Tier 0	
<i>alyacen 1/35</i>	Tier 0	
<i>alyacen 7/7/7</i>	Tier 0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amethia</i>	Tier 0	
<i>amethyst</i>	Tier 0	
ANNOVERA MIS	Tier 0	QL (1 every 300 days)
<i>apri</i>	Tier 0	
<i>aranelle</i>	Tier 0	
<i>ashlyna</i>	Tier 0	
<i>aviane</i>	Tier 0	
<i>azurette</i>	Tier 0	
BALCOLTRA TAB 0.1-20	Tier 0	
<i>camila</i>	Tier 0	
CAYA DPR	Tier 0	QL (1 every 300 days)
<i>caziant</i>	Tier 0	
<i>chateal</i>	Tier 0	
<i>cryselle-28</i>	Tier 0	
<i>cyclafem 1/35</i>	Tier 0	
<i>cyclafem 7/7/7</i>	Tier 0	
<i>dasetta 1/35</i>	Tier 0	
<i>dasetta 7/7/7</i>	Tier 0	
<i>delyla</i>	Tier 0	
DEPO-SQ PROV INJ 104	Tier 0	QL (4 inj every 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 0	
<i>elinest</i>	Tier 0	
ELLA TAB 30MG	Tier 0	
<i>emoquette</i>	Tier 0	
<i>enpresse-28</i>	Tier 0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enskyce</i>	Tier 0	
<i>errin</i>	Tier 0	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 0	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 0	QL (13 every 300 days)
<i>falmina</i>	Tier 0	
<i>fayosim</i>	Tier 0	
FC2 FEMALE MIS CONDOM	Tier 0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	Tier 0	QL (1 every 300 days)
FEMCAP MIS 26MM	Tier 0	QL (1 every 300 days)
FEMCAP MIS 30MM	Tier 0	QL (1 every 300 days)
<i>gemmily</i>	Tier 0	
<i>heather</i>	Tier 0	
<i>introvale</i>	Tier 0	
<i>jolessa</i>	Tier 0	
<i>junel 1.5/30</i>	Tier 0	
<i>junel 1/20</i>	Tier 0	
<i>junel fe 1.5/30</i>	Tier 0	
<i>junel fe 1/20</i>	Tier 0	
<i>junel fe 24</i>	Tier 0	
<i>kariva</i>	Tier 0	
<i>kelnor 1/35</i>	Tier 0	
<i>kurvelo</i>	Tier 0	
KYLEENA IUD 19.5MG	M	M
<i>larin 1.5/30</i>	Tier 0	
<i>leena</i>	Tier 0	
<i>lessina</i>	Tier 0	
<i>levonest</i>	Tier 0	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 0	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 0	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 0	
<i>levora 0.15/30-28</i>	Tier 0	
LILETTA IUD 52MG	M	M
LO LOESTRIN TAB 1-10-10	Tier 0	
<i>loryna</i>	Tier 0	
<i>low-ogestrel</i>	Tier 0	
<i>lutera</i>	Tier 0	
<i>marlissa</i>	Tier 0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 0	QL (4 inj every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 0	QL (4 inj every 300 days)
<i>microgestin 1.5/30</i>	Tier 0	
MIRENA IUD SYSTEM	M	M
<i>mono-lynyah</i>	Tier 0	
NATAZIA TAB	Tier 0	
<i>necon 0.5/35-28</i>	Tier 0	
NEXPLANON IMP 68MG	M	M
NEXTSTELLIS TAB 3-14.2MG	Tier 0	
<i>nikki</i>	Tier 0	
<i>nora-be</i>	Tier 0	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 0	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 0	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Tier 0	
<i>norethindrone tab 0.35 mg</i>	Tier 0	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 0	
<i>nortrel 0.5/35 (28)</i>	Tier 0	
<i>nortrel 1/35</i>	Tier 0	
<i>nortrel 7/7/7</i>	Tier 0	
<i>nylia 1/35</i>	Tier 0	
<i>ocella</i>	Tier 0	
OMNIFLEX DPR	Tier 0	QL (1 every 300 days)
PARAGARD IUD T380A	M	M
<i>pirmella 1/35</i>	Tier 0	
<i>pirmella 7/7/7</i>	Tier 0	
<i>portia-28</i>	Tier 0	
<i>previfem</i>	Tier 0	
<i>reclipsen</i>	Tier 0	
<i>rivelsa</i>	Tier 0	
SKYLA IUD 13.5MG	M	M
SLYND TAB 4MG	Tier 0	
<i>sprintec 28</i>	Tier 0	
<i>sronyx</i>	Tier 0	
<i>syeda</i>	Tier 0	
<i>take action</i>	Tier 0	OTC
<i>tilia fe</i>	Tier 0	
<i>tri-linyah</i>	Tier 0	
<i>tri-sprintec</i>	Tier 0	
<i>trivora-28</i>	Tier 0	
TWIRLA DIS 120-30	Tier 0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYBLUME CHW 0.1-0.02	Tier 0	
velivet	Tier 0	
viorele	Tier 0	
vyfemla	Tier 0	
wera	Tier 0	
WIDE-SEAL DPR KIT 60	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 65	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 70	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 75	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 80	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 85	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 90	Tier 0	QL (1 every 300 days)
WIDE-SEAL DPR KIT 95	Tier 0	QL (1 every 300 days)
xulane	Tier 0	
zovia 1/35	Tier 0	

### **DIABETIC SUPPLIES**

ACCU-CHECK KIT GUIDE ME	M	OTC; M
ACCU-CHEK KIT AVIVA PL	M	OTC; M
ACCU-CHEK KIT GUIDE	M	OTC; M
ACCU-CHEK LIQ SMART	Tier 0	OTC
ACCU-CHEK MIS AVIVA	M	OTC; M
ACCU-CHEK TES AVIVA PL	Tier 0	QL (204 Test Strips every 30 days), OTC
ACCU-CHEK TES COMPACT	Tier 0	QL (204 Test Strips every 30 days), OTC
ACCU-CHEK TES GUIDE	Tier 0	QL (204 Test Strips every 30 days), OTC
ACCU-CHEK TES SMART	Tier 0	QL (204 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	Tier 0	OTC
AUTOLET PLAT MIS 1.8MM	Tier 0	OTC
CAREFINE MIS 32GX6MM	Tier 0	OTC
CHEMSTRIP 9 TES STRIPS	Tier 2	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXCOM G5 MIS RECEIVER	Tier 2	
DEXCOM G5 MIS TRANSMIT	Tier 2	
DEXCOM G6 MIS RECEIVER	Tier 2	
DEXCOM G6 MIS SENSOR	Tier 2	
DEXCOM G6 MIS TRANSMIT	Tier 2	
DIASCREEN 10 MIS	Tier 0	OTC
DIASTIX TES STRIPS	Tier 0	OTC
G4 PLAT PED MIS RVC/SHAR	Tier 2	
G4 PLATINUM MIS PEDIATRC	Tier 2	
G4 PLATINUM MIS RCV/SHAR	Tier 2	
G4 PLATINUM MIS RECEIVER	Tier 2	
G4 PLATINUM MIS TRANSMIT	Tier 2	
G4 SENSOR MIS	Tier 2	
G5/G4 MIS SENSOR	Tier 2	
INSULIN SYRG MIS 1ML/31G	Tier 0	OTC
KETO-DIASTIX TES	Tier 0	OTC
LANCING DEVI MIS	Tier 0	OTC
NOVOFINE MIS 32GX6MM	Tier 0	OTC
OMNIPOD 5 G6 KIT INTRO	Tier 2	
OMNIPOD 5 G6 MIS PODS	Tier 2	
OMNIPOD DASH KIT INTRO	Tier 2	
OMNIPOD DASH MIS PODS	Tier 2	
OMNIPOD MIS CLASSIC	Tier 2	
OMNIPOD PDM KIT CLASSIC	Tier 2	
SHARPS CONT MIS 2QUART	Tier 2	OTC
SOFTCLIX MIS LANCETS	Tier 0	OTC
V-GO 20 KIT	Tier 2	
V-GO 30 KIT	Tier 2	
V-GO 40 KIT	Tier 2	
<b>ENDOMETRIOSIS</b>		
<i>danazol cap 50 mg</i>	Tier 1	
<i>danazol cap 100 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>danazol cap 200 mg</i>	Tier 1	
LUPANETA KIT 3.75-5	M	M
LUPANETA KIT 11.25-5	M	M
ORILISSA TAB 150MG	Tier 2	
ORILISSA TAB 200MG	Tier 2	

### **ENZYME REPLACEMENTS**

<i>betaine powder for oral solution</i>	Tier 4	PA
<i>carglumic acid soluble tab 200 mg</i>	Tier 4	PA
CERDELGA CAP 84MG	Tier 4	PA, QL (56 caps every 28 days)
CYSTAGON CAP 50MG	Tier 4	PA
CYSTAGON CAP 150MG	Tier 4	PA
MYALEPT INJ 11.3MG	Tier 4	PA, QL (30 vials every 30 days)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	Tier 4	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	Tier 4	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	Tier 4	PA, QL (750g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA, QL (1200 tabs every 30 days)

### **ESTROGENS**

CLIMARA PRO DIS WEEKLY	Tier 2	
DEPO-ESTRADI INJ 5MG/ML	M	M
DIVIGEL GEL 0.5MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.25MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIVIGEL GEL 0.75MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1.25MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1MG/GM	Tier 3	PA; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20	Tier 2	
ELESTRIN GEL 0.06%	Tier 3	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	Tier 1	
<i>estradiol tab 0.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 1 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	M	M
<i>estradiol valerate im in oil 40 mg/ml</i>	M	M
ESTROGEL GEL	Tier 3	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SPR 1.53MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAIN SUP 4MCG	Tier 2	
IMVEXXY MAIN SUP 10MCG	Tier 2	
IMVEXXY STRT SUP 4MCG	Tier 2	
IMVEXXY STRT SUP 10MCG	Tier 2	
<i>jinteli</i>	Tier 1	
MENEST TAB 0.3MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENEST TAB 0.625MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
PREMARIN TAB 0.3MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 1.25MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG	Tier 3	
<i>yuvaferm</i>	Tier 1	

### **FERTILITY REGULATORS**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clomiphene citrate tab 50 mg</i>	Tier 1	
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	Tier 4	PA
GONAL-F INJ 450UNIT	Tier 4	PA, QL (10 vials every 28 days)
GONAL-F INJ 1050UNIT	Tier 4	PA, QL (6 vials every 28 days)
GONAL-F RFF INJ 75UNIT	Tier 4	PA, QL (60 vials every 28 days)
GONAL-F RFF INJ 300/0.5	Tier 4	PA, QL (15 cartridges every 28 days)
GONAL-F RFF INJ 450/0.75	Tier 4	PA, QL (10 cartridges every 28 days)
GONAL-F RFF INJ 900/1.5	Tier 4	PA, QL (7 cartridges every 28 days)
OVIDREL INJ	Tier 4	PA

### **GLUCOCORTICOIDS**

DEPO-MEDROL INJ 20MG/ML	M	M
DEXAMETHASON CON 1MG/ML	Tier 2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	M	M
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	M	M
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	M	M
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
EMFLAZA SUS 22.75/ML	Tier 5	PA, QL (52 mL every 30 days)
EMFLAZA TAB 6MG	Tier 5	PA, QL (60 tabs every 30 days)
EMFLAZA TAB 18MG	Tier 5	PA, QL (30 tabs every 30 days)
EMFLAZA TAB 30MG	Tier 5	PA, QL (30 tabs every 30 days)
EMFLAZA TAB 36MG	Tier 5	PA, QL (30 tabs every 30 days)
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
MEDROL TAB 2MG	Tier 2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	M	M
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	M	M
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	M	M
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	M	M
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone soln 15 mg/5ml</i>	Tier 1	
PREDNISON CON 5MG/ML	Tier 2	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
SOLU-CORTEF INJ 100MG	M	M
SOLU-CORTEF INJ 250MG	M	M
SOLU-CORTEF INJ 500MG	M	M
SOLU-CORTEF INJ 1000MG	M	M
SOLU-MEDROL INJ 2GM	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>glucagon (rdna) for inj kit 1 mg</i>	Tier 1	
INSTA-GLUCOS GEL 77.4%	Tier 2	OTC
<b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS</b>		
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
ORFADIN CAP 20MG	Tier 4	PA
ORFADIN SUS 4MG/ML	Tier 4	PA
<b>HUMAN GROWTH HORMONES</b>		
NORDIPEN 5 MIS DEVICE	Tier 2	
NORDIPEN DEL MIS SYSTEM	Tier 2	OTC
NORDITROPIN INJ 5/1.5ML	Tier 4	PA
NORDITROPIN INJ 10/1.5ML	Tier 4	PA
NORDITROPIN INJ 15/1.5ML	Tier 4	PA
NORDITROPIN INJ 30/3ML	Tier 4	PA
<b>LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS</b>		
SYNAREL SOL 2MG/ML	Tier 5	PA
TRIPTODUR SUS 22.5MG	M	M
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TAB 10MG	Tier 3	PA
KERENDIA TAB 20MG	Tier 3	PA
<b>MISCELLANEOUS</b>		
<i>cabergoline tab 0.5 mg</i>	Tier 1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	
INCRELEX INJ 40MG/4ML	Tier 4	PA
OSPHENA TAB 60MG	Tier 3	PA
PROLIA INJ 60MG/ML	Tier 4	PA, QL (60mg every 24 weeks)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>raloxifene hcl tab 60 mg</i>	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR INJ 0.3MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SUPPRELIN LA KIT 50MG	M	M
<i>tolvaptan tab 15 mg</i>	Tier 4	PA
<i>tolvaptan tab 30 mg</i>	Tier 4	PA
TYMLOS INJ	Tier 4	PA, QL (1 pen every 30 days)

### **PHOSPHATE BINDER AGENTS**

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Tier 1	
FOSRENOL POW 750MG	Tier 3	
FOSRENOL POW 1000MG	Tier 3	
PHOSLYRA SOL	Tier 2	
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 1	
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 1	
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	
VELPHORO CHW 500MG	Tier 3	

### **PROGESTINS**

CRINONE GEL 4% VAG	Tier 2	
CRINONE GEL 8% VAG	Tier 2	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 1	
<i>norethindrone acetate tab 5 mg</i>	Tier 1	
<i>progesterone cap 100 mg</i>	Tier 1	
<i>progesterone cap 200 mg</i>	Tier 1	

### **THYROID AGENTS**

<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	
<i>levoxyl</i>	Tier 1	
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	
<i>methimazole tab 5 mg</i>	Tier 1	
<i>methimazole tab 10 mg</i>	Tier 1	
<i>propylthiouracil tab 50 mg</i>	Tier 1	
SYNTHROID TAB 25MCG	Tier 2	
SYNTHROID TAB 50MCG	Tier 2	
SYNTHROID TAB 75MCG	Tier 2	
SYNTHROID TAB 88MCG	Tier 2	
SYNTHROID TAB 100MCG	Tier 2	
SYNTHROID TAB 112MCG	Tier 2	
SYNTHROID TAB 125MCG	Tier 2	
SYNTHROID TAB 137MCG	Tier 2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNTHROID TAB 150MCG	Tier 2	
SYNTHROID TAB 175MCG	Tier 2	
SYNTHROID TAB 200MCG	Tier 2	
SYNTHROID TAB 300MCG	Tier 2	
<i>unithroid</i>	Tier 1	

### **VASOPRESSINS**

<i>desmopressin acetate inj 4 mcg/ml</i>	M	M
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	M	M
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	

### **ENDOCRINE AND METABOLIC AGENTS - MISC.**

#### **PROGESTERONE RECEPTOR ANTAGONISTS**

<i>mifepristone tab 200 mg</i>	Tier 1	
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### **GASTROINTESTINAL**

#### **ANTICHOLINERGICS**

<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	M	M
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	M	M
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	
<i>dicyclomine hcl inj 10 mg/ml</i>	M	M
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	M	M
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	M	M
<i>glycopyrrolate oral soln 1 mg/5ml</i>	Tier 1	
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

### **ANTI-DIARRHEALS**

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i>	Tier 1	
MOTOFEN TAB 1-0.025	Tier 3	

### **ANTIEMETICS**

AKYNZEO CAP 300-0.5	Tier 3	QL (2 caps every 28 days)
<i>aprepitant capsule 40 mg</i>	Tier 1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	Tier 1	QL (4 caps every 28 days)
<i>aprepitant capsule 125 mg</i>	Tier 1	QL (2 caps every 28 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 1	QL (2 packs every 28 days)
<i>compro</i>	Tier 1	
<i>dronabinol cap 2.5 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dronabinol cap 5 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dronabinol cap 10 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>granisetron hcl inj 1 mg/ml</i>	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>granisetron hcl tab 1 mg</i>	Tier 1	QL (12 tabs every 28 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	
<i>meclizine hcl tab 25 mg</i>	Tier 1	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	M	M
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	M	M
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	M	M
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	M	M
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	QL (200 mL every 28 days)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron hcl tab 24 mg</i>	Tier 1	QL (2 tabs every 28 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (18 tabs every 28 days)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine suppos 25 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl inj 25 mg/ml</i>	M	M
<i>promethazine hcl inj 50 mg/ml</i>	M	M
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	
<i>promethazine hcl suppos 25 mg</i>	Tier 1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan</i>	Tier 1	
SANCUSO DIS 3.1MG	Tier 2	QL (2 patches every 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	
VARUBI TAB 90MG	Tier 2	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine hcl soln 300 mg/5ml</i>	Tier 1	
<i>cimetidine tab 200 mg</i>	Tier 1	
<i>cimetidine tab 300 mg</i>	Tier 1	
<i>cimetidine tab 400 mg</i>	Tier 1	
<i>cimetidine tab 800 mg</i>	Tier 1	
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	M	M
<i>famotidine preservative free inj 20 mg/2ml</i>	Tier 1	
<i>famotidine tab 20 mg</i>	Tier 1	
<i>famotidine tab 40 mg</i>	Tier 1	
<i>nizatidine cap 150 mg</i>	Tier 1	
<i>nizatidine cap 300 mg</i>	Tier 1	
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	

### **INFLAMMATORY BOWEL DISEASE**

<i>balsalazide disodium cap 750 mg</i>	Tier 1	
<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	
<i>budesonide tab er 24hr 9 mg</i>	Tier 1	
DIPENTUM CAP 250MG	Tier 3	PA
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	
<i>mesalamine cap dr 400 mg</i>	Tier 1	
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	Tier 1	
<i>mesalamine suppos 1000 mg</i>	Tier 1	
<i>mesalamine tab delayed release 1.2 gm</i>	Tier 1	
<i>mesalamine tab delayed release 800 mg</i>	Tier 1	
<i>sulfasalazine tab 500 mg</i>	Tier 1	
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	

### **IRRITABLE BOWEL SYNDROME WITH CONSTIPATION**

LINZESS CAP 72MCG	Tier 2	
LINZESS CAP 145MCG	Tier 2	
LINZESS CAP 290MCG	Tier 2	
<i>lubiprostone cap 8 mcg</i>	Tier 1	
<i>lubiprostone cap 24 mcg</i>	Tier 1	

### **IRRITABLE BOWEL SYNDROME WITH DIARRHEA**

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 1	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alose tron hcl tab 1 mg (base equiv)</i>	Tier 1	PA
<b>LAXATIVES</b>		
CLENPIQ SOL	Tier 0	\$0 copay for members age 45 through 75, Tier 2 for all others
<i>enulose</i>	Tier 1	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>gavilyte-n/flavor pack</i>	Tier 1	
<i>generlac</i>	Tier 1	
<i>lactulose solution 10 gm/15ml</i>	Tier 1	
OSMOPREP TAB 1.5GM	Tier 3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
PEG-PREP KIT	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Tier 1	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
SUPREP BOWEL SOL PREP KIT	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUTAB TAB	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered

### **MISCELLANEOUS**

<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 1	
<i>misoprostol tab 100 mcg</i>	Tier 1	
<i>misoprostol tab 200 mcg</i>	Tier 1	
MOVANTIK TAB 12.5MG	Tier 2	
MOVANTIK TAB 25MG	Tier 2	
SUCRAID SOL 8500/ML	Tier 3	PA, QL (354 mL every 30 days)
<i>sucralfate tab 1 gm</i>	Tier 1	
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	

### **PANCREATIC ENZYMES**

CREON CAP 3000UNIT	Tier 2	PA
CREON CAP 6000UNIT	Tier 2	PA
CREON CAP 12000UNT	Tier 2	PA
CREON CAP 24000UNT	Tier 2	PA
CREON CAP 36000UNT	Tier 2	PA
VIOKACE TAB 10440	Tier 2	PA
VIOKACE TAB 20880	Tier 2	PA
ZENPEP CAP 3000UNIT	Tier 2	PA
ZENPEP CAP 5000UNIT	Tier 2	PA
ZENPEP CAP 10000UNT	Tier 2	PA
ZENPEP CAP 15000UNT	Tier 2	PA
ZENPEP CAP 20000UNT	Tier 2	PA
ZENPEP CAP 25000UNT	Tier 2	PA
ZENPEP CAP 40000UNT	Tier 2	PA

### **PROTON PUMP INHIBITORS§**

<i>dexlansoprazole cap delayed release 30 mg</i>	Tier 1	QL (90 caps every 365 days)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexlansoprazole cap delayed release 60 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	QL (90 caps every 365 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Tier 1	QL (90 caps every 365 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Tier 1	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	QL (90 caps every 365 days)
NEXIUM GRA 2.5MG DR	Tier 3	QL (90 packets every 365 days); Covered for age less than 1 year only
NEXIUM GRA 5MG DR	Tier 3	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Tier 3	QL (90 packets every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Tier 3	QL (90 packets every 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (90 tabs every 365 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (90 tabs every 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	QL (90 tabs every 365 days)

### **RECTAL, CORTICOSTEROIDS**

<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
<i>procto-pak</i>	Tier 1	
<i>proctozone-hc</i>	Tier 1	

### **ULCER THERAPY COMBINATIONS**

<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Tier 1	
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## **GENITOURINARY**

### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	
CARDURA XL TAB 4MG	Tier 3	ST; PA**
CARDURA XL TAB 8MG	Tier 3	ST; PA**
<i>dutasteride cap 0.5 mg</i>	Tier 1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	
<i>finasteride tab 5 mg</i>	Tier 1	
<i>silodosin cap 4 mg</i>	Tier 1	
<i>silodosin cap 8 mg</i>	Tier 1	
<i>tadalafil tab 2.5 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>tadalafil tab 5 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	

### **CONTRACEPTIVES**

ENCARE SUP 100MG	Tier 0	OTC
GYNOL II GEL 3%	Tier 0	OTC
PHEXXI GEL	Tier 0	
SHUR-SEAL GEL 2%	Tier 0	OTC
TODAY SPONGE MIS	Tier 0	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VCF VAGINAL AER CONTRACP	Tier 0	OTC
VCF VAGINAL GEL CONTRACE	Tier 0	OTC
VCF VAGINAL MIS CONTRACP	Tier 0	OTC

### **ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS**

<i>sildenafil citrate tab 25 mg</i>	Tier 1	QL (6 tabs per month)
<i>sildenafil citrate tab 50 mg</i>	Tier 1	QL (6 tabs per month)
<i>sildenafil citrate tab 100 mg</i>	Tier 1	QL (6 tabs per month)
<i>tadalafil tab 10 mg</i>	Tier 1	QL (6 tabs per month)
<i>tadalafil tab 20 mg</i>	Tier 1	QL (6 tabs per month)

### **MISCELLANEOUS**

ELMIRON CAP 100MG	Tier 3	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	
<i>urinary pain relief</i>	Tier 1	OTC

### **URINARY ANTISPASMODICS**

<i>bethanechol chloride tab 5 mg</i>	Tier 1	
<i>bethanechol chloride tab 10 mg</i>	Tier 1	
<i>bethanechol chloride tab 25 mg</i>	Tier 1	
<i>bethanechol chloride tab 50 mg</i>	Tier 1	
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 1	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Tier 1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Tier 1	
<i>flavoxate hcl tab 100 mg</i>	Tier 1	
MYRBETRIQ SUS 8MG/ML	Tier 2	
MYRBETRIQ TAB 25MG	Tier 2	
MYRBETRIQ TAB 50MG	Tier 2	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	
<i>solifenacin succinate tab 5 mg</i>	Tier 1	
<i>solifenacin succinate tab 10 mg</i>	Tier 1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Tier 1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Tier 1	
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	
TOVIAZ TAB 4MG	Tier 2	
TOVIAZ TAB 8MG	Tier 2	
<i>tropium chloride cap er 24hr 60 mg</i>	Tier 1	
<i>tropium chloride tab 20 mg</i>	Tier 1	

### **VAGINAL ANTI-INFECTIVES**

CLEOCIN SUP 100MG	Tier 2	
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	
GYNAZOLE-1 CRE 2%	Tier 3	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	
<i>miconazole 3</i>	Tier 1	
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	

### **HEMATOLOGIC**

#### **ANTICOAGULANTS**

ELIQUIS ST P TAB 5MG	Tier 2	
ELIQUIS TAB 2.5MG	Tier 2	
ELIQUIS TAB 5MG	Tier 2	
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	
FRAGMIN INJ 2500/0.2	Tier 3	
FRAGMIN INJ 5000/0.2	Tier 3	
FRAGMIN INJ 7500/0.3	Tier 3	
FRAGMIN INJ 10000/ML	Tier 3	
FRAGMIN INJ 12500UNT	Tier 3	
FRAGMIN INJ 15000UNT	Tier 3	
FRAGMIN INJ 18000UNT	Tier 3	
FRAGMIN INJ 95000UNT	Tier 3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	M	M
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	M	M
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	M	M
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	M	M
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	M	M
<i>jantoven</i>	Tier 1	
PRADAXA CAP 75MG	Tier 3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRADAXA CAP 110MG	Tier 3	
PRADAXA CAP 150MG	Tier 3	
warfarin sodium tab 1 mg	Tier 1	
warfarin sodium tab 2 mg	Tier 1	
warfarin sodium tab 2.5 mg	Tier 1	
warfarin sodium tab 3 mg	Tier 1	
warfarin sodium tab 4 mg	Tier 1	
warfarin sodium tab 5 mg	Tier 1	
warfarin sodium tab 6 mg	Tier 1	
warfarin sodium tab 7.5 mg	Tier 1	
warfarin sodium tab 10 mg	Tier 1	
XARELTO STAR TAB 15/20MG	Tier 2	
XARELTO SUS 1MG/ML	Tier 2	
XARELTO TAB 2.5MG	Tier 2	
XARELTO TAB 10MG	Tier 2	
XARELTO TAB 15MG	Tier 2	
XARELTO TAB 20MG	Tier 2	

### **HEMATOPOIETIC GROWTH FACTORS**

ARANESP INJ 10MCG	Tier 4	PA
ARANESP INJ 25MCG	Tier 4	PA
ARANESP INJ 40MCG	Tier 4	PA
ARANESP INJ 60MCG	Tier 4	PA
ARANESP INJ 100MCG	Tier 4	PA
ARANESP INJ 150MCG	Tier 4	PA
ARANESP INJ 200MCG	Tier 4	PA
ARANESP INJ 300MCG	Tier 4	PA
ARANESP INJ 500MCG	Tier 4	PA
MIRCERA INJ 30MCG	Tier 4	PA
MIRCERA INJ 50MCG	Tier 4	PA
MIRCERA INJ 75MCG	Tier 4	PA
MIRCERA INJ 100MCG	Tier 4	PA
MIRCERA INJ 150MCG	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MIRCERA INJ 200MCG	Tier 4	PA
NIVESTYM INJ 300/0.5	Tier 4	PA
NIVESTYM INJ 300MCG	Tier 4	PA
NIVESTYM INJ 480/0.8	Tier 4	PA
NIVESTYM INJ 480MCG	Tier 4	PA
PROMACTA TAB 12.5MG	Tier 5	PA, QL (30 tabs every 30 days)
PROMACTA TAB 25MG	Tier 5	PA, QL (30 tabs every 30 days)
PROMACTA TAB 50MG	Tier 5	PA, QL (60 tabs every 30 days)
PROMACTA TAB 75MG	Tier 5	PA, QL (60 tabs every 30 days)
RETACRIT INJ 2000UNIT	Tier 4	PA
RETACRIT INJ 3000UNIT	Tier 4	PA
RETACRIT INJ 4000UNIT	Tier 4	PA
RETACRIT INJ 10000UNT	Tier 4	PA
RETACRIT INJ 20000UNI	Tier 4	PA
RETACRIT INJ 40000UNT	Tier 4	PA
ZIEXTENZO INJ 6/0.6ML	Tier 4	PA, QL (2 injections every 28 days)
<b>HEMOPHILIA A AGENTS</b>		
HEMLIBRA INJ 30MG/ML	Tier 5	PA
HEMLIBRA INJ 60/0.4	Tier 5	PA
HEMLIBRA INJ 105/0.7	Tier 5	PA
HEMLIBRA INJ 150/ML	Tier 5	PA
<b>HEREDITARY ANGIOEDEMA</b>		
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 4	PA, QL (45 syringes every 90 days)
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	
<i>anagrelide hcl cap 1 mg</i>	Tier 1	
<i>cilostazol tab 50 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cilostazol tab 100 mg</i>	Tier 1	
DROXIA CAP 200MG	Tier 2	
DROXIA CAP 300MG	Tier 2	
DROXIA CAP 400MG	Tier 2	
<i>pentoxifylline tab er 400 mg</i>	Tier 1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	M	M
<i>tranexamic acid tab 650 mg</i>	Tier 1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	
BRILINTA TAB 60MG	Tier 2	
BRILINTA TAB 90MG	Tier 2	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Tier 1	
<i>dipyridamole tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 1	
YOSPRALA TAB 81-40MG	Tier 3	
YOSPRALA TAB 325-40MG	Tier 3	
ZONTIVITY TAB 2.08MG	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b>		
ACTEMRA INJ 80MG/4ML	Tier 5	ST, PA, QL (10 vials every 14 days)
ACTEMRA INJ 200/10ML	Tier 5	ST, PA, QL (4 vials every 14 days)
ACTEMRA INJ 400/20ML	Tier 5	ST, PA, QL (2 vials every 14 days)
SIMPONI ARIA SOL 50MG/4ML	M	M
SKYRIZI SOL 60MG/ML	M	M
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</b>		
ACTEMRA INJ 162/0.9	Tier 5	ST, PA, QL (4 syringes every 28 days)
COSENTYX INJ 75MG/0.5	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	Tier 4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	Tier 4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX PEN INJ 300DOSE	Tier 4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	Tier 4	PA, QL (4 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	Tier 4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA INJ 10/0.1ML	Tier 4	PA, QL (2 injections every 28 days)
HUMIRA INJ 20/0.2ML	Tier 4	PA, QL (2 injections every 28 days)
HUMIRA INJ 40/0.4ML	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA KIT 40MG/0.8	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	Tier 4	PA, QL (2 injections every 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS	Tier 4	PA, QL (3 injections every 28 days); (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML	Tier 4	PA, QL (4 injections every 28 days)
HUMIRA PEN INJ CD/UC/HS	Tier 4	PA, QL (6 pens every 28 days)
HUMIRA PEN INJ PS/UV	Tier 4	PA, QL (4 pens every 28 days)
HUMIRA PEN KIT CD/UC/HS	Tier 4	PA, QL (1 kit every 28 days)
HUMIRA PEN KIT PS/UV	Tier 4	PA, QL (1 kit every 28 days)
KEVZARA INJ 150/1.14	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KEVZARA INJ 150/1.14	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
OTEZLA TAB 10/20/30	Tier 4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RINVOQ TAB 15MG ER	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Psoriatic Arthritis, and Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
RINVOQ TAB 30MG ER	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TAB 45MG ER	Tier 4	PA, QL (56 tabs every 56 days); Preferred agent for Ulcerative Colitis (after failure of Humira). Dose is one time induction dose for UC diagnosis only.
SIMPONI INJ 50/0.5ML	Tier 5	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	Tier 5	ST, PA, QL (1 injection every 28 days)
SKYRIZI INJ 150DOSE	Tier 4	PA, QL (2 syringes every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SKYRIZI INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 360/2.4	Tier 4	PA, QL (1 cartridge every 56 days)
SKYRIZI PEN INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA INJ 45MG/0.5	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease and Psoriasis
STELARA INJ 45MG/0.5	Tier 4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease and Psoriasis
STELARA INJ 90MG/ML	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease and Psoriasis
TALTZ INJ 80MG/ML	Tier 4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	Tier 4	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ SOL 1MG/ML	Tier 4	PA, QL (240 mL every 24 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XELJANZ TAB 5MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ TAB 10MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TAB 11MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TAB 22MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
<b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></b>		
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	
<i>leflunomide tab 10 mg</i>	Tier 1	
<i>leflunomide tab 20 mg</i>	Tier 1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 0	
<b><i>HEREDITARY ANGIOEDEMA</i></b>		
HAEGARDA INJ 2000UNIT	Tier 5	PA, QL (20 vials every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HAEGARDA INJ 3000UNIT	Tier 5	PA, QL (20 vials every 30 days)
<b>IMMUNOGLOBULIN</b>		
HYQVIA INJ 2.5-200	Tier 4	PA
HYQVIA INJ 5-400	Tier 4	PA
HYQVIA INJ 10-800	Tier 4	PA
HYQVIA INJ 20-1600	Tier 4	PA
HYQVIA INJ 30-2400	Tier 4	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE INJ 2MU/0.5	Tier 5	PA
ARCALYST INJ 220MG	Tier 4	PA, QL (8 vials every 28 days)
INTRON A INJ 10MU	Tier 4	PA
INTRON A INJ 18MU	Tier 4	PA
INTRON A INJ 25MU	Tier 4	PA
INTRON A INJ 50MU	Tier 4	PA
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine tab 50 mg</i>	Tier 1	
<i>azathioprine tab 75 mg</i>	Tier 1	
<i>azathioprine tab 100 mg</i>	Tier 1	
<i>cyclosporine cap 25 mg</i>	Tier 1	
<i>cyclosporine cap 100 mg</i>	Tier 1	
<i>cyclosporine iv soln 50 mg/ml</i>	M	M
<i>cyclosporine modified cap 25 mg</i>	Tier 1	
<i>cyclosporine modified cap 50 mg</i>	Tier 1	
<i>cyclosporine modified cap 100 mg</i>	Tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	
<i>everolimus tab 0.5 mg</i>	Tier 1	
<i>everolimus tab 0.25 mg</i>	Tier 1	
<i>everolimus tab 0.75 mg</i>	Tier 1	
<i>everolimus tab 1 mg</i>	Tier 1	
<i>gengraf</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	M	M
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1	
PROGRAF INJ 5MG/ML	M	M
SANDIMMUNE SOL 100MG/ML	Tier 3	
<i>sirolimus oral soln 1 mg/ml</i>	Tier 1	
<i>sirolimus tab 0.5 mg</i>	Tier 1	
<i>sirolimus tab 1 mg</i>	Tier 1	
<i>sirolimus tab 2 mg</i>	Tier 1	
<i>tacrolimus cap 0.5 mg</i>	Tier 1	
<i>tacrolimus cap 1 mg</i>	Tier 1	
<i>tacrolimus cap 5 mg</i>	Tier 1	

### **VACCINES**

ACTHIB INJ	M	M
ADACEL INJ	M	M
BEXSERO INJ	M	M
BOOSTRIX INJ	M	M
DAPTACEL INJ	M	M
DENGVAXIA SUS	M	M
DIP/TET PED INJ 25-5LFU	M	M
ENGERIX-B INJ 10/0.5ML	Tier 0	
ENGERIX-B INJ 20MCG/ML	M	M
FLUMIST	M	M
GARDASIL 9 INJ	M	M
HAVRIX INJ 720UNIT	M	M
HAVRIX INJ 1440UNIT	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HEPLISAV-B INJ 20/0.5ML	M	M
HIBERIX SOL 10MCG	M	M
INFANRIX INJ	M	M
INFLUENZA VACCINE	M	M
IPOL INJ INACTIVE	M	M
KINRIX INJ	M	M
M-M-R II INJ	M	M
MENACTRA INJ	M	M
MENQUADFI INJ	M	M
MENVEO INJ	M	M
PEDIARIX INJ 0.5ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ	M	M
PENTACEL INJ	M	M
PNEUMOVAX 23 INJ 25/0.5	M	M
PREVNAR 13 INJ	M	M
PREVNAR 20 INJ	M	M
PROQUAD INJ	M	M
QUADRACEL INJ	M	M
QUADRACEL INJ 0.5ML	M	M
RECOMBIVA HB INJ 5MCG/0.5	M	M
RECOMBIVA HB INJ 10MCG/ML	M	M
RECOMBIVA-HB INJ 40MCG/ML	M	M
ROTARIX SUS	M	M
ROTATEQ SOL	M	M
SHINGRIX INJ 50/0.5ML	M	M
TDVAX INJ 2-2 LF	M	M
TENIVAC INJ 5-2LF	M	M
TRUMENBA INJ	M	M
TWINRIX INJ	M	M
VAQTA INJ 25/0.5ML	M	M
VAQTA INJ 50UNT/ML	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VARIVAX INJ	M	M
VAXELIS INJ	M	M
VAXNEUVANCE INJ	M	M

## **NUTRITIONAL/SUPPLEMENTS**

### ***ELECTROLYTES***

<i>effer-k</i>	Tier 1	
<i>fluoritab</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>klor-con 8</i>	Tier 1	
<i>klor-con 10</i>	Tier 1	
<i>klor-con m15</i>	Tier 1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	M	M
<i>magnesium sulfate inj 50%</i>	M	M
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	M	M
<i>monoject sodium chloride</i>	M	M
<i>nafrinse</i>	Tier 1	
<i>nafrinse drops</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride cap er 8 meq</i>	Tier 1	
<i>potassium chloride cap er 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride tab er 10 meq</i>	Tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	M	M
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	Tier 1	

#### **IV REPLACEMENT SOLUTIONS**

<i>potassium chloride inj 2 meq/ml</i>	M	M
<i>sodium chloride iv soln 0.9%</i>	M	M
<i>sodium chloride iv soln 0.45%</i>	M	M
<i>sodium chloride iv soln 3%</i>	M	M
<i>sodium chloride iv soln 5%</i>	M	M
<i>sodium chloride preservative free (pf) inj 0.9%</i>	Tier 1	

#### **PRENATAL VITAMINS**

CITRANATAL CAP HARMONY	Tier 2	
CITRANATAL CAP MEDLEY	Tier 2	
CITRANATAL MIS	Tier 2	
CITRANATAL MIS 90 DHA	Tier 2	
CITRANATAL MIS B-CALM	Tier 2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CITRANATAL PAK ASSURE	Tier 2	
CITRANATAL PAK DHA	Tier 2	
CITRANATAL TAB BLOOM	Tier 2	
CITRANATAL TAB RX	Tier 2	
<i>elite-ob</i>	Tier 1	
<i>prenatabs rx</i>	Tier 1	

### **VITAMINS**

<i>calcitriol cap 0.5 mcg</i>	Tier 1	
<i>calcitriol cap 0.25 mcg</i>	Tier 1	
<i>calcitriol oral soln 1 mcg/ml</i>	Tier 1	
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cyanocobalamin inj 1000 mcg/ml</i>	M	M
<i>doxercalciferol cap 0.5 mcg</i>	Tier 1	
<i>doxercalciferol cap 1 mcg</i>	Tier 1	
<i>doxercalciferol cap 2.5 mcg</i>	Tier 1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>folic acid cap 0.8 mg</i>	Tier 0	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 1 mg</i>	Tier 1	
<i>folic acid tab 400 mcg</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>folic acid tab 800 mcg</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>multi-vitamin/fluoride dr</i>	Tier 1	
<i>multi-vitamin/fluoride/ir</i>	Tier 1	
<i>multivitamin/fluoride</i>	Tier 1	
<i>paricalcitol cap 1 mcg</i>	Tier 1	
<i>paricalcitol cap 2 mcg</i>	Tier 1	
<i>paricalcitol cap 4 mcg</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC
<i>tri-vite/fluoride</i>	Tier 1	
<i>vitamins a/c/d/fluoride</i>	Tier 1	
<i>westab max</i>	Tier 1	

## **OPHTHALMIC**

### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
BLEPHAMIDE OIN S.O.P.	Tier 2	
BLEPHAMIDE SUS OP	Tier 2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	
PRED-G SUS OP	Tier 3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOBRADEX ST SUS 0.3-0.05	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 3	
<b>ANTI-INFECTIVES</b>		
AZASITE SOL 1%	Tier 2	
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUS 0.6%	Tier 3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	
<i>gentak</i>	Tier 1	
<i>gentamicin sulfatate ophth soln 0.3%</i>	Tier 1	QL (20 mL every 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	
NATACYN SUS 5% OP	Tier 2	
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polycin</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium ophth oint 10%</i>	Tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	
<i>tobramycin ophth soln 0.3%</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trifluridine ophth soln 1%</i>	Tier 1	
ZIRGAN GEL 0.15%	Tier 3	

### **ANTI-INFLAMMATORIES**

ACUVAIL SOL 0.45%	Tier 2	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>difluprednate ophth emulsion 0.05%</i>	Tier 1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
FML OIN 0.1% OP	Tier 2	
ILEVRO DRO 0.3% OP	Tier 2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 1	
NEVANAC SUS 0.1%	Tier 2	
PRED SOD PHO SOL 1% OP	Tier 2	
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	

### **ANTIALLERGICS**

ALOCRI SOL 2%	Tier 3	
ALOMIDE SOL 0.1% OP	Tier 3	
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 1	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	
ZERVIA DRO 0.24%	Tier 3	

### **ANTIGLAUCOMA**

ALPHAGAN P SOL 0.1%	Tier 3	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1	
BETIMOL SOL 0.5%	Tier 3	
BETIMOL SOL 0.25%	Tier 3	
BETOPTIC-S SUS 0.25% OP	Tier 2	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 1	
<i>brinzolamide ophth susp 1%</i>	Tier 1	
<i>carteolol hcl ophth soln 1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 1	
IOPIDINE SOL 1% OP	Tier 3	
<i>latanoprost ophth soln 0.005%</i>	Tier 1	
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	
LUMIGAN SOL 0.01%	Tier 2	ST; PA**
PHOSPHOLINE SOL 0.125%OP	Tier 3	
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Tier 1	
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	
ZIOPTAN DRO 0.0015%	Tier 3	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
<b>DRY EYE DISEASE</b>		
RESTASIS EMU 0.05% OP	Tier 1	
RESTASIS MUL EMU 0.05% OP	Tier 2	Multi-dose vial remains on preferred brand tier

**MISCELLANEOUS**

<i>atropine sulfate ophth soln 1%</i>	Tier 1	
CYSTARAN SOL 0.44%	Tier 5	PA, QL (4 bottles every 28 days)
LACRISERT MIS 5MG OP	Tier 3	
<i>phenylephrine hcl ophth soln 2.5%</i>	Tier 1	
<i>phenylephrine hcl ophth soln 10%</i>	Tier 1	
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
<i>tropicamide ophth soln 0.5%</i>	Tier 1	
<i>tropicamide ophth soln 1%</i>	Tier 1	

**OTHER**

**IRRIGATION SOLUTIONS**

<i>physiolyte</i>	M	M
<i>physiosol irrigation</i>	M	M

**RESPIRATORY**

**ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS**

PROLASTIN-C INJ 1000MG	M	M
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**ANAPHYLAXIS TREATMENT AGENTS**

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Tier 1	QL (4 auto-injectors every 30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 1	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	Tier 2	QL (4 auto-injectors every 30 days)
EPIPEN-JR INJ 0.15MG	Tier 2	QL (4 auto-injectors every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§</b>		
ANORO ELLIPT AER 62.5-25	Tier 2	QL (1 package every 30 days)
BEVESPI AER 9-4.8MCG	Tier 3	QL (1 package every 30 days)
BREZTRI AERO AER SPHERE	Tier 2	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	Tier 2	QL (1 package every 30 days)
<b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS§</b>		
TRELEGY AER 100MCG	Tier 2	QL (1 package every 30 days)
TRELEGY AER 200MCG	Tier 2	QL (1 package every 30 days)
<b>ANTICHOLINERGICS§</b>		
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (5 boxes every 30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	
SPIRIVA AER 1.25MCG	Tier 2	QL (1 package every 30 days)
SPIRIVA CAP HANDIHLR	Tier 2	QL (1 package every 30 days)
SPIRIVA SPR 2.5MCG	Tier 2	QL (1 package every 30 days)
<b>ANTI-HISTAMINE COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (2 bottles every 30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Tier 1	QL (2 bottles every 30 days)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	
<i>desloratadine tab 5 mg</i>	Tier 1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Tier 1	
<i>desloratadine tab orally disintegrating 5 mg</i>	Tier 1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	M	M
<i>hydroxyzine hcl im soln 25 mg/ml</i>	M	M
<i>hydroxyzine hcl im soln 50 mg/ml</i>	M	M
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 1	QL (1 container every 30 days)
<i>ryclora</i>	Tier 3	PA

### **BETA AGONISTS§**

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (2 inhalers every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (60 mL every 30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (5 boxes every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (5 boxes every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	
<i>albuterol sulfate tab 2 mg</i>	Tier 1	
<i>albuterol sulfate tab 4 mg</i>	Tier 1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	Tier 1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	Tier 1	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Tier 1	QL (60 vials every 30 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	Tier 1	QL (60 vials every 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	QL (45 mL every 30 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Tier 1	QL (2 inhalers every 30 days)
SEREVENT DIS AER 50MCG	Tier 2	QL (1 package every 30 days)
STRIVERDI AER 2.5MCG	Tier 2	QL (1 package every 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	
<b>COLD/COUGH</b>		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	QL (60 mL every day), OTC; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Tier 1	QL (10 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	Tier 1	QL (6 tabs every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromet</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	Tier 1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine-phenylephrine-codeine syrup</i> 6.25-5-10 mg/5ml	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>pseudoephed-bromphen-dm syrup</i> 30-2-10 mg/5ml	Tier 1	
TUZISTRA XR SUS	Tier 3	QL (20 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

### **CYSTIC FIBROSIS**

CAYSTON INH 75MG	Tier 4	PA, QL (84 vials every 28 days)
KALYDECO PAK 25MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 50MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 75MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO TAB 150MG	Tier 4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
KALYDECO TAB 150MG	Tier 4	PA, QL (60 tabs every 30 days); packet consists of 60 tablets
ORKAMBI GRA 75-94MG	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	Tier 4	PA, QL (112 tabs every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORKAMBI TAB 200-125	Tier 4	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	Tier 4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	Tier 4	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	Tier 4	PA, QL (224 mL every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 4	PA, QL (280 mL every 28 days)
TRIKAFTA TAB	Tier 4	PA, QL (84 tabs every 28 days)

### **LEUKOTRIENE MODIFIERS**

<i>zileuton tab er 12hr 600 mg</i>	Tier 3	PA
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### **LEUKOTRIENE RECEPTOR ANTAGONISTS**

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	
<i>zafirlukast tab 10 mg</i>	Tier 1	
<i>zafirlukast tab 20 mg</i>	Tier 1	

### **MAST CELL STABILIZERS§**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	QL (2 boxes every 30 days)
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### **MISCELLANEOUS**

<i>acetylcysteine inhal soln 10%</i>	Tier 1	
<i>acetylcysteine inhal soln 20%</i>	Tier 1	
DALIRESP TAB 250MCG	Tier 3	PA
DALIRESP TAB 500MCG	Tier 3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium chloride soln nebu 0.9%</i>	Tier 1	
<i>sodium chloride soln nebu 3%</i>	Tier 1	
<i>sodium chloride soln nebu 7%</i>	Tier 1	
<i>sodium chloride soln nebu 10%</i>	Tier 1	

### **NASAL STEROIDS§**

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	QL (3 containers every 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (1 container every 30 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	Tier 1	QL (2 packages every 30 days)
OMNARIS SPR	Tier 3	ST, QL (1 package every 30 days); PA**
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Tier 1	QL (1 package every 30 days), OTC

### **PULMONARY FIBROSIS AGENTS**

ESBRIET CAP 267MG	Tier 4	PA, QL (270 caps every 30 days)
OFEV CAP 100MG	Tier 4	PA, QL (60 caps every 30 days)
OFEV CAP 150MG	Tier 4	PA, QL (60 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	Tier 4	PA, QL (270 tabs every 30 days)
<i>pirfenidone tab 801 mg</i>	Tier 4	PA, QL (90 tabs every 30 days)

### **RESPIRATORY THERAPY SUPPLIES**

AEROCHAMBER MIS PLUS	Tier 2	
FLEXICHAMBER MIS MASK SM	Tier 2	
HOLD CHAMBER MIS MEDIUM	Tier 2	OTC
PANDA MASK MIS PEDIATRI	Tier 2	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SEVERE ASTHMA AGENTS</b>		
NUCALA INJ 40MG/0.4	Tier 4	PA, QL (1 injection every 28 days)
NUCALA INJ 100MG	M	M
NUCALA INJ 100MG/ML	Tier 4	PA, QL (3 injections every 28 days)
XOLAIR INJ 75/0.5	M	M
XOLAIR INJ 150MG/ML	M	M
XOLAIR SOL 150MG	M	M
<b>STEROID INHALANTS§</b>		
ALVESCO AER 80MCG	Tier 3	QL (3 packages every 30 days)
ALVESCO AER 160MCG	Tier 3	QL (2 packages every 30 days)
ARNUITY ELPT INH 50MCG	Tier 2	QL (1 package every 30 days)
ARNUITY ELPT INH 100MCG	Tier 2	QL (1 package every 30 days)
ARNUITY ELPT INH 200MCG	Tier 2	QL (1 package every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	QL (2 boxes every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	QL (3 boxes every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	Tier 1	QL (1 box every 30 days)
QVAR REDIHA AER 80MCG	Tier 2	QL (2 packages every 30 days)
QVAR REDIHAL AER 40MCG	Tier 2	QL (2 packages every 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS§</b>		
ADVAIR DISKU AER 100/50	Tier 1	QL (1 package every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADVAIR DISKU AER 250/50	Tier 1	QL (1 package every 30 days)
ADVAIR DISKU AER 500/50	Tier 1	QL (1 package every 30 days)
ADVAIR HFA AER 45/21	Tier 2	QL (1 package every 30 days)
ADVAIR HFA AER 115/21	Tier 2	QL (1 package every 30 days)
ADVAIR HFA AER 230/21	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	Tier 2	QL (1 package every 30 days)
SYMBICORT AER 80-4.5	Tier 2	QL (3 packages every 30 days)
SYMBICORT AER 160-4.5	Tier 2	QL (3 packages every 30 days)

### **XANTHINES**

<i>aminophylline inj 25 mg/ml</i>	M	M
<i>theophylline elixir 80 mg/15ml</i>	M	M
<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	

### **TOPICAL**

#### **DERMATOLOGY, ACNE**

<i>adapalene cream 0.1%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>adapalene gel 0.1%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Tier 1	
<i>avita</i>	Tier 1	PA; PA applies for members age 35 and older
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	QL (47g every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 1	QL (45g every 30 days)
<i>clindamycin phosphate foam 1%</i>	Tier 1	
<i>clindamycin phosphate gel 1%</i>	Tier 1	QL (75g every 30 days)
<i>clindamycin phosphate lotion 1%</i>	Tier 1	QL (60 mL every 30 days)
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL every 30 days)
<i>clindamycin phosphate swab 1%</i>	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Tier 1	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Tier 1	QL (50g every 30 days)
<i>ery</i>	Tier 1	
<i>erythromycin gel 2%</i>	Tier 1	QL (60g every 30 days)
<i>erythromycin soln 2%</i>	Tier 1	QL (60 mL every 30 days)
<i>isotretinoin cap 10 mg</i>	Tier 1	PA
<i>isotretinoin cap 20 mg</i>	Tier 1	PA
<i>isotretinoin cap 30 mg</i>	Tier 1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isotretinoin cap 40 mg</i>	Tier 1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	
<i>tretinoin cream 0.1%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	Tier 1	PA; PA applies for members age 35 and older

### **DERMATOLOGY, ACTINIC KERATOSIS**

<i>fluorouracil cream 5%</i>	Tier 1	
<i>fluorouracil soln 2%</i>	Tier 1	
<i>fluorouracil soln 5%</i>	Tier 1	
<i>imiquimod cream 5%</i>	Tier 1	
PICATO GEL 0.05%	Tier 3	
PICATO GEL 0.015%	Tier 3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGY, ANTIBIOTICS</b>		
CORTISPORIN OIN 1%	Tier 3	
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (120g every 30 days)
IV PREP WIPE PAD	Tier 2	OTC
<i>mupirocin oint 2%</i>	Tier 1	QL (30g every 30 days)
<i>silver sulfadiazine cream 1%</i>	Tier 1	
<i>ssd</i>	Tier 1	
SULFAMYLON CRE 85MG/GM	Tier 3	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox gel 0.77%</i>	Tier 1	QL (120g every 30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	QL (120g every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	QL (120 mL every 30 days)
<i>ciclopirox shampoo 1%</i>	Tier 1	QL (120 mL every 30 days)
<i>ciclopirox solution 8%</i>	Tier 1	
<i>clotrimazole cream 1%</i>	Tier 1	QL (120g every 30 days)
<i>clotrimazole soln 1%</i>	Tier 1	QL (120 mL every 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	QL (60 mL every 30 days)
<i>econazole nitrate cream 1%</i>	Tier 1	QL (60g every 30 days)
ERTACZO CRE 2%	Tier 3	QL (60g every 30 days)
JUBLIA SOL 10%	Tier 3	PA, QL (4 mL every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketoconazole cream 2%</i>	Tier 1	QL (120g every 30 days)
<i>luliconazole cream 1%</i>	Tier 3	QL (60g every 30 days)
MENTAX CRE 1%	Tier 3	QL (60g every 30 days)
<i>naftifine hcl cream 1%</i>	Tier 1	QL (60g every 30 days)
<i>naftifine hcl cream 2%</i>	Tier 1	QL (60g every 30 days)
<i>nyamyc</i>	Tier 1	QL (120g every 30 days)
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 1	QL (60g every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	QL (60g every 30 days)
<i>nystop</i>	Tier 1	QL (120g every 30 days)
<i>oxiconazole nitrate cream 1%</i>	Tier 1	QL (60g every 30 days)
<i>sulconazole nitrate cream 1%</i>	Tier 1	QL (60g every 30 days)
<i>sulconazole nitrate solution 1%</i>	Tier 1	QL (60 mL every 30 days)

### **DERMATOLOGY, ANTIPRURITIC**

<i>doxepin hcl cream 5%</i>	Tier 3	ST, QL (45g every 30 days); PA**
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### **DERMATOLOGY, ANTIPSORIATICS**

<i>acitretin cap 10 mg</i>	Tier 1	
<i>acitretin cap 17.5 mg</i>	Tier 1	
<i>acitretin cap 25 mg</i>	Tier 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	ST, QL (60 mL every 30 days); PA**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcitriol oint 3 mcg/gm</i>	Tier 3	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid cap 10 mg</i>	Tier 1	
<i>tazarotene cream 0.1%</i>	Tier 1	PA
<i>tazarotene gel 0.1%</i>	Tier 1	PA
<i>tazarotene gel 0.05%</i>	Tier 1	PA
TAZORAC CRE 0.05%	Tier 2	PA
TAZORAC GEL 0.1%	Tier 2	PA
TAZORAC GEL 0.05%	Tier 2	PA

### **DERMATOLOGY, ANTISEBORRHEICS**

<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL every 30 days)
<i>selenium sulfide lotion 2.5%</i>	Tier 1	

### **DERMATOLOGY, CORTICOSTEROIDS**

<i>ala-cort</i>	Tier 1	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>amcinonide cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>amcinonide lotion 0.1%</i>	Tier 1	QL (120 mL every 30 days)
AMCINONIDE OIN 0.1%	Tier 2	QL (120g every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	QL (120g every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (120g every 30 days)
BRYHALI LOT 0.01%	Tier 2	QL (120 mL every 30 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 3	ST, QL (60g every 30 days); PA**
<i>clobetasol propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate foam 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate shampoo 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 1	QL (120 mL every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol propionate spray 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clocortolone pivalate cream 0.1%</i>	Tier 3	QL (120g every 30 days)
<i>desonide cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desonide lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone cream 0.25%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone oint 0.25%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone spray 0.25%</i>	Tier 3	QL (120 mL every 30 days)
<i>diflorasone diacetate cream 0.05%</i>	Tier 3	QL (120g every 30 days)
<i>diflorasone diacetate oint 0.05%</i>	Tier 3	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	QL (120g every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluticasone propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (120g every 30 days)
<i>halobetasol propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	Tier 1	QL (120 mL every 30 days)
<i>hydrocortisone cream 1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (120 mL every 30 days)
<i>hydrocortisone oint 2.5%</i>	Tier 1	QL (120g every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	Tier 1	QL (120g every 30 days)
<i>mometasone furoate cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>mometasone furoate oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	QL (120 mL every 30 days)
<i>prednicarbate cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>prednicarbate oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	QL (120g every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	QL (120g every 30 days)
<i>triderm</i>	Tier 1	QL (120g every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine hcl soln 4%</i>	Tier 1	QL (50 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	QL (60 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	QL (60 mL every 30 days)
<i>lidocaine oint 5%</i>	Tier 1	QL (50g every 30 days)
<i>lidocaine pain relief pat</i>	Tier 1	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	Tier 1	PA, QL (90 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (30g every 30 days)
SYNERA DIS 70-70MG	Tier 3	QL (2 patches every 30 days)
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>acyclovir cream 5%</i>	Tier 3	
<i>bexarotene gel 1%</i>	Tier 4	PA
CONDYLOX GEL 0.5%	Tier 3	
DENAVIR CRE 1%	Tier 3	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 1	QL (300g every 30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 1	QL (300g every 30 days), OTC
EUCRISA OIN 2%	Tier 2	ST, QL (60g every 30 days); PA**
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	
<i>podofilox soln 0.5%</i>	Tier 1	
RECTIV OIN 0.4%	Tier 3	
<i>tacrolimus oint 0.1%</i>	Tier 1	
<i>tacrolimus oint 0.03%</i>	Tier 1	
TARGRETIN GEL 1%	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VOLTAREN GEL 1%	Tier 1	QL (300g every 30 days), OTC
<b>DERMATOLOGY, ROSACEA</b>		
<i>azelaic acid gel 15%</i>	Tier 1	
FINACEA AER 15%	Tier 2	
<i>metronidazole cream 0.75%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole gel 1%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (60 mL every 30 days)
MIRVASO GEL 0.33%	Tier 3	PA
<i>rosadan</i>	Tier 1	QL (60g every 30 days)
<b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>		
<i>crotan</i>	Tier 1	
<i>cvs lice treatment</i>	Tier 1	OTC
<i>ivermectin lotion 0.5%</i>	Tier 1	ST; PA**
<i>lice treatment</i>	Tier 1	OTC
<i>lindane shampoo 1%</i>	Tier 1	
<i>malathion lotion 0.5%</i>	Tier 1	ST; PA**
<i>permethrin cream 5%</i>	Tier 1	
<i>spinosad susp 0.9%</i>	Tier 1	ST; PA**
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX GEL 0.01%	Tier 3	PA, QL (30g every 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	M	M
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl cap 30 mg</i>	Tier 1	
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (90 lozenges every 30 days)
<i>lidocaine hcl laryngotracheal soln 4%</i>	Tier 1	
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
<i>oralone dental paste</i>	Tier 1	
ORAVIG TAB 50MG	Tier 3	QL (14 tabs every 30 days)
<i>periogard</i>	Tier 1	
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	

### **OTIC**

<i>acetic acid otic soln 2%</i>	Tier 1	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	Tier 3	
CORTISPORIN SUS -TC OTIC	Tier 3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<i>ofloxacin otic soln 0.3%</i>	Tier 1	

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<i>carbamazepine tab er 12hr 100 mg</i> ..	75
<i>carbamazepine tab er 12hr 200 mg</i> ..	75
<i>carbamazepine tab er 12hr 400 mg</i> ..	75
<i>carbidopa &amp; levodopa orally</i> <i>disintegrating tab 10-100 mg</i> .....	90
<i>carbidopa &amp; levodopa orally</i> <i>disintegrating tab 25-100 mg</i> .....	90
<i>carbidopa &amp; levodopa orally</i> <i>disintegrating tab 25-250 mg</i> .....	90
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	90
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	90
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	90
<i>carbidopa &amp; levodopa tab er 25-100</i> <i>mg</i> .....	90
<i>carbidopa &amp; levodopa tab er 50-200</i> <i>mg</i> .....	90
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i> .....	91

<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg.....	91	<i>cefaclor for susp 250 mg/5ml</i> .....	28
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg.....	91	<i>cefaclor for susp 375 mg/5ml</i> .....	28
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg .....	91	<i>cefadroxil cap 500 mg</i> .....	28
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg.....	91	<i>cefadroxil for susp 250 mg/5ml</i> .....	28
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg.....	91	<i>cefadroxil for susp 500 mg/5ml</i> .....	28
<i>carbidopa tab 25 mg</i> .....	90	<i>cefadroxil tab 1 gm</i> .....	28
<i>carbinoxamine maleate soln 4 mg/5ml</i> .....	183	<i>cefazolin sodium for inj 1 gm</i> .....	28
<i>carbinoxamine maleate tab 4 mg</i> ....	183	<i>cefdinir cap 300 mg</i> .....	28
<i>carboplatin iv soln 150 mg/15ml</i> .....	50	<i>cefdinir for susp 125 mg/5ml</i> .....	28
<i>carboplatin iv soln 450 mg/45ml</i> .....	50	<i>cefdinir for susp 250 mg/5ml</i> .....	28
<i>carboplatin iv soln 50 mg/5ml</i> .....	50	<i>cefepime hcl for inj 1 gm</i> .....	28
<i>carboplatin iv soln 600 mg/60ml</i> .....	50	<i>cefepime hcl for inj 2 gm</i> .....	28
CARDIZEM LA TAB 120MG.....	65	<i>cefixime cap 400 mg</i> .....	28
CARDURA XL TAB 4MG.....	157	<i>cefixime for susp 100 mg/5ml</i> .....	28
CARDURA XL TAB 8MG.....	157	<i>cefixime for susp 200 mg/5ml</i> .....	28
CAREFINE MIS 32GX6MM .....	136	<i>cefpodoxime proxetil for susp 100</i> <i>mg/5ml</i> .....	28
<i>carglumic acid soluble tab 200 mg</i> ..	138	<i>cefpodoxime proxetil for susp 50</i> <i>mg/5ml</i> .....	28
<i>carisoprodol tab 350 mg</i> .....	107	<i>cefpodoxime proxetil tab 100 mg</i> ....	29
<i>carisoprodol w/ aspirin &amp; codeine tab</i> 200-325-16 mg.....	107	<i>cefpodoxime proxetil tab 200 mg</i> ....	29
<i>carmustine for inj 100 mg</i> .....	37	<i>cefprozil for susp 125 mg/5ml</i> .....	29
<i>carteolol hcl ophth soln 1%</i> .....	180	<i>cefprozil for susp 250 mg/5ml</i> .....	29
<i>cartia xt</i> .....	65	<i>cefprozil tab 250 mg</i> .....	29
<i>carvedilol phosphate cap er 24hr 10</i> <i>mg</i> .....	62	<i>cefprozil tab 500 mg</i> .....	29
<i>carvedilol phosphate cap er 24hr 20</i> <i>mg</i> .....	62	<i>ceftazidime for iv soln 2 gm</i> .....	29
<i>carvedilol phosphate cap er 24hr 40</i> <i>mg</i> .....	62	<i>ceftriaxone sodium for inj 10 gm</i> .....	29
<i>carvedilol phosphate cap er 24hr 80</i> <i>mg</i> .....	62	<i>ceftriaxone sodium for inj 1 gm</i> .....	29
<i>carvedilol tab 12.5 mg</i> .....	62	<i>ceftriaxone sodium for inj 250 mg</i> ...	29
<i>carvedilol tab 25 mg</i> .....	63	<i>ceftriaxone sodium for inj 2 gm</i> .....	29
<i>carvedilol tab 3.125 mg</i> .....	62	<i>ceftriaxone sodium for inj 500 mg</i> ...	29
<i>carvedilol tab 6.25 mg</i> .....	62	<i>ceftriaxone sodium for iv soln 1 gm</i> ..	29
CAYA DPR .....	132	<i>ceftriaxone sodium for iv soln 2 gm</i> ..	29
CAYSTON INH 75MG .....	187	<i>cefuroxime axetil tab 250 mg</i> .....	29
<i>caziant</i> .....	132	<i>cefuroxime axetil tab 500 mg</i> .....	29
<i>cefaclor cap 250 mg</i> .....	28	<i>celecoxib cap 100 mg</i> .....	1
<i>cefaclor cap 500 mg</i> .....	28	<i>celecoxib cap 200 mg</i> .....	1
<i>cefaclor for susp 125 mg/5ml</i> .....	28	<i>celecoxib cap 50 mg</i> .....	1
		CELONTIN CAP 300MG.....	75
		<i>cephalexin cap 250 mg</i> .....	29
		<i>cephalexin cap 500 mg</i> .....	29
		<i>cephalexin cap 750 mg</i> .....	29
		<i>cephalexin for susp 125 mg/5ml</i> .....	29
		<i>cephalexin for susp 250 mg/5ml</i> .....	29
		<i>cephalexin tab 250 mg</i> .....	29
		<i>cephalexin tab 500 mg</i> .....	29
		CERDELGA CAP 84MG .....	138

<i>cevimeline hcl cap 30 mg</i> .....	202	<i>ciclopirox solution 8%</i> .....	194
CHANTIX PAK 1MG .....	111	<i>cidofovir iv inj 75 mg/ml</i> .....	27
CHANTIX TAB 0.5& 1MG.....	111	<i>cilostazol tab 100 mg</i> .....	163
CHANTIX TAB 0.5MG .....	111	<i>cilostazol tab 50 mg</i> .....	162
CHANTIX TAB 1MG .....	111	CIMDUO TAB 300-300 .....	25
<i>chateal</i> .....	132	<i>cimetidine hcl soln 300 mg/5ml</i> .....	152
CHEMET CAP 100MG.....	131	<i>cimetidine tab 200 mg</i> .....	152
CHEMSTRIP 9 TES STRIPS .....	136	<i>cimetidine tab 300 mg</i> .....	152
<i>chlordiazepoxide-amitriptyline tab 10-</i> <i>25 mg</i> .....	110	<i>cimetidine tab 400 mg</i> .....	152
<i>chlordiazepoxide-amitriptyline tab 5-</i> <i>12.5 mg</i> .....	110	<i>cimetidine tab 800 mg</i> .....	152
<i>chlordiazepoxide hcl cap 10 mg</i> .....	73	<i>cinacalcet hcl tab 30 mg (base equiv)</i> .....	131
<i>chlordiazepoxide hcl cap 25 mg</i> .....	73	<i>cinacalcet hcl tab 60 mg (base equiv)</i> .....	131
<i>chlordiazepoxide hcl cap 5 mg</i> .....	73	<i>cinacalcet hcl tab 90 mg (base equiv)</i> .....	131
<i>chlorhexidine gluconate soln 0.12%</i> .....	202	CIPRO (10%) SUS 500MG/5 .....	30
<i>chloroquine phosphate tab 250 mg</i> ...20		<i>ciprofloxacin-dexamethasone otic susp</i> <i>0.3-0.1%</i> .....	203
<i>chloroquine phosphate tab 500 mg</i> ...20		<i>ciprofloxacin-fluocinolone acetone (pf)</i> <i>otic soln 0.3-0.025%</i> .....	203
<i>chlorpromazine hcl inj 25 mg/ml</i> .....	93	<i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i> .....	178
<i>chlorpromazine hcl inj 50 mg/2ml</i> ....	93	<i>ciprofloxacin hcl otic soln 0.2% (base</i> <i>equivalent)</i> .....	203
<i>chlorpromazine hcl tab 100 mg</i> .....	93	<i>ciprofloxacin hcl tab 100 mg (base</i> <i>equiv)</i> .....	30
<i>chlorpromazine hcl tab 10 mg</i> .....	93	<i>ciprofloxacin hcl tab 250 mg (base</i> <i>equiv)</i> .....	30
<i>chlorpromazine hcl tab 200 mg</i> .....	93	<i>ciprofloxacin hcl tab 500 mg (base</i> <i>equiv)</i> .....	30
<i>chlorpromazine hcl tab 25 mg</i> .....	93	<i>ciprofloxacin hcl tab 750 mg (base</i> <i>equiv)</i> .....	30
<i>chlorpromazine hcl tab 50 mg</i> .....	93	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .....	50
<i>chlorthalidone tab 25 mg</i> .....	67	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .....	50
<i>chlorthalidone tab 50 mg</i> .....	67	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> ..	50
<i>chlorzoxazone tab 500 mg</i> .....	108	<i>citalopram hydrobromide oral soln 10</i> <i>mg/5ml</i> .....	83
<i>cholecalciferol cap 1.25 mg (50000</i> <i>unit)</i> .....	176	<i>citalopram hydrobromide tab 10 mg</i> <i>(base equiv)</i> .....	83
<i>cholestyramine light powder 4 gm/dose</i> .....	59	<i>citalopram hydrobromide tab 20 mg</i> <i>(base equiv)</i> .....	83
<i>cholestyramine light powder packets 4</i> <i>gm</i> .....	59	<i>citalopram hydrobromide tab 40 mg</i> <i>(base equiv)</i> .....	83
<i>cholestyramine powder 4 gm/dose</i> ...	59	CITRANATAL CAP HARMONY .....	175
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<i>choline fenofibrate cap dr 135 mg</i> <i>(fenofibric acid equiv)</i> .....	59		
<i>choline fenofibrate cap dr 45 mg</i> <i>(fenofibric acid equiv)</i> .....	59		
CHOR GONADOT INJ 10000UNT .....	142		
<i>ciclopirox gel 0.77%</i> .....	194		
<i>ciclopirox olamine cream 0.77% (base</i> <i>equiv)</i> .....	194		
<i>ciclopirox olamine susp 0.77% (base</i> <i>equiv)</i> .....	194		
<i>ciclopirox shampoo 1%</i> .....	194		

CITRANATAL CAP MEDLEY .....	175	<i>clobetasol propionate emollient base</i>	
CITRANATAL MIS .....	175	<i>cream 0.05%</i> .....	197
CITRANATAL MIS 90 DHA .....	175	<i>clobetasol propionate foam 0.05%</i> .....	197
CITRANATAL MIS B-CALM.....	175	<i>clobetasol propionate gel 0.05%</i> .....	197
CITRANATAL PAK ASSURE .....	176	<i>clobetasol propionate lotion 0.05%</i> .	197
CITRANATAL PAK DHA .....	176	<i>clobetasol propionate oint 0.05%</i> ...	197
CITRANATAL TAB BLOOM .....	176	<i>clobetasol propionate shampoo 0.05%</i>	
CITRANATAL TAB RX.....	176	.....	197
<i>cladribine iv soln 10 mg/10ml (1</i>		<i>clobetasol propionate soln 0.05%</i> ...	197
<i>mg/ml)</i> .....	39	<i>clobetasol propionate spray 0.05%</i> .	198
<i>clarithromycin for susp 125 mg/5ml</i> .	30	<i>clocortolone pivalate cream 0.1%</i> ...	198
<i>clarithromycin for susp 250 mg/5ml</i> .	30	<i>clofarabine iv soln 1 mg/ml</i> .....	39
<i>clarithromycin tab 250 mg</i> .....	30	<i>clomiphene citrate tab 50 mg</i> .....	143
<i>clarithromycin tab 500 mg</i> .....	30	<i>clomipramine hcl cap 25 mg</i> .....	73
<i>clarithromycin tab er 24hr 500 mg</i> ...	30	<i>clomipramine hcl cap 50 mg</i> .....	74
<i>clemastine fumarate tab 2.68 mg</i> ...	183	<i>clomipramine hcl cap 75 mg</i> .....	74
CLENPIQ SOL.....	154	<i>clonazepam tab 0.5 mg</i> .....	75
CLEOCIN SUP 100MG.....	159	<i>clonazepam tab 1 mg</i> .....	75
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<i>clindamycin hcl cap 150 mg</i> .....	32	<i>clonidine hcl tab 0.1 mg</i> .....	69
<i>clindamycin hcl cap 300 mg</i> .....	32	<i>clonidine hcl tab 0.2 mg</i> .....	69
<i>clindamycin hcl cap 75 mg</i> .....	32	<i>clonidine hcl tab 0.3 mg</i> .....	69
<i>clindamycin palmitate hcl for soln 75</i>		<i>clonidine td patch weekly 0.1 mg/24hr</i>	
<i>mg/5ml (base equiv)</i> .....	32	.....	69
<i>clindamycin phosphate-benzoyl</i>		<i>clonidine td patch weekly 0.2 mg/24hr</i>	
<i>peroxide gel 1.2-2.5%</i> .....	192	.....	69
<i>clindamycin phosphate-benzoyl</i>		<i>clonidine td patch weekly 0.3 mg/24hr</i>	
<i>peroxide gel 1-5%</i> .....	192	.....	69
<i>clindamycin phosphate foam 1%</i> ...	192	<i>clopidogrel bisulfate tab 300 mg (base</i>	
<i>clindamycin phosphate gel 1%</i> .....	192	<i>equiv)</i> .....	163
<i>clindamycin phosphate inj 300 mg/2ml</i>		<i>clopidogrel bisulfate tab 75 mg (base</i>	
.....	32	<i>equiv)</i> .....	163
<i>clindamycin phosphate inj 600 mg/4ml</i>		<i>clorazepate dipotassium tab 15 mg</i> ..	75
.....	32	<i>clorazepate dipotassium tab 3.75 mg</i>	75
<i>clindamycin phosphate inj 9 gm/60ml</i>		<i>clorazepate dipotassium tab 7.5 mg</i> .	75
.....	32	<i>clotrimazole cream 1%</i> .....	194
<i>clindamycin phosphate lotion 1%</i> ...	192	<i>clotrimazole soln 1%</i> .....	194
<i>clindamycin phosphate soln 1%</i> .....	192	<i>clotrimazole troche 10 mg</i> .....	202
<i>clindamycin phosphate swab 1%</i> ...	192	<i>clotrimazole w/ betamethasone cream</i>	
<i>clindamycin phosphate vaginal cream</i>		<i>1-0.05%</i> .....	194
<i>2%</i> .....	159	<i>clotrimazole w/ betamethasone lotion</i>	
<i>clindamycin phosph-benzoyl peroxide</i>		<i>1-0.05%</i> .....	194
<i>(refrig) gel 1.2 (1)-5%</i> .....	192	<i>clozapine orally disintegrating tab 100</i>	
<i>clobazam suspension 2.5 mg/ml</i> .....	75	<i>mg</i> .....	93
<i>clobazam tab 10 mg</i> .....	75	<i>clozapine orally disintegrating tab 12.5</i>	
<i>clobazam tab 20 mg</i> .....	75	<i>mg</i> .....	93
<i>clobetasol propionate cream 0.05%</i>	197		

<i>clozapine orally disintegrating tab 150 mg</i> .....	93	CRIXIVAN CAP 400MG .....	21
<i>clozapine orally disintegrating tab 200 mg</i> .....	93	<i>cromolyn sodium ophth soln 4%</i> .....	179
<i>clozapine orally disintegrating tab 25 mg</i> .....	93	<i>cromolyn sodium oral conc 100 mg/5ml</i> .....	155
<i>clozapine tab 100 mg</i> .....	93	<i>cromolyn sodium soln nebu 20 mg/2ml</i> .....	188
<i>clozapine tab 200 mg</i> .....	93	<i>crotan</i> .....	202
<i>clozapine tab 25 mg</i> .....	93	CRUCIAL LIQ UNFLAVOR .....	113
<i>clozapine tab 50 mg</i> .....	93	<i>cryselle-28</i> .....	132
COARTEM TAB 20-120MG .....	20	<i>cvs lice treatment</i> .....	202
<i>codeine sulfate tab 30 mg</i> .....	5	<i>cvs sleep-aid nighttime</i> .....	101
CODEINE SULF TAB 60MG.....	5	<i>cyanocobalamin inj 1000 mcg/ml</i> ...	176
<i>colchicine tab 0.6 mg</i> .....	1	<i>cyclafem 1/35</i> .....	132
<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	1	<i>cyclafem 7/7/7</i> .....	132
<i>colestipol hcl granule packets 5 gm</i> ..	59	CYCLINEX-1 POW .....	113
<i>colestipol hcl granules 5 gm</i> .....	59	CYCLINEX-2 POW .....	113
<i>colestipol hcl tab 1 gm</i> .....	59	<i>cyclobenzaprine hcl tab 10 mg</i> .....	108
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COMETRIQ KIT 140MG.....	44	<i>cyclophosphamide cap 25 mg</i> .....	37
COMETRIQ KIT 60MG .....	44	<i>cyclophosphamide cap 50 mg</i> .....	37
COMPLEAT LIQ CLS SYS .....	113	<i>cyclophosphamide for inj 1 gm</i> .....	37
COMPLEAT PED LIQ ORG BLND .....	113	<i>cyclophosphamide for inj 2 gm</i> .....	37
<i>compro</i> .....	150	<i>cyclophosphamide for inj 500 mg</i> .....	37
CONDYLOX GEL 0.5% .....	201	<i>cycloserine cap 250 mg</i> .....	26
COPAXONE INJ 20MG/ML .....	106	CYCLOSET TAB 0.8MG .....	127
COPAXONE INJ 40MG/ML .....	106	<i>cyclosporine cap 100 mg</i> .....	171
CORLANOR SOL 5MG/5ML .....	69	<i>cyclosporine cap 25 mg</i> .....	171
CORLANOR TAB 5MG .....	69	<i>cyclosporine iv soln 50 mg/ml</i> .....	171
CORLANOR TAB 7.5MG .....	69	<i>cyclosporine modified cap 100 mg</i> ..	171
CORTISPORIN OIN 1%.....	194	<i>cyclosporine modified cap 25 mg</i> ....	171
CORTISPORIN SUS -TC OTIC .....	203	<i>cyclosporine modified cap 50 mg</i> ....	171
COSENTYX INJ 150MG/ML .....	164	<i>cyclosporine modified oral soln 100 mg/ml</i> .....	171
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COSENTYX INJ 75MG/0.5 .....	164	<i>cyproheptadine hcl tab 4 mg</i> .....	183
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CREON CAP 3000UNIT .....	155	<i>cytarabine inj pf 100 mg/ml</i> .....	39
CREON CAP 36000UNT.....	155	<i>cytarabine inj pf 20 mg/ml</i> .....	39
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CRINONE GEL 4% VAG .....	147	<i>dacarbazine for inj 200 mg</i> .....	37
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CRIXIVAN CAP 200MG .....	21	DALIRESP TAB 250MCG .....	188
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<i>danazol cap 200 mg</i> .....	138	0.01% (refrigerated).....	149
<i>danazol cap 50 mg</i> .....	137	<i>desmopressin acetate preservative free</i>	
<i>dantrolene sodium cap 100 mg</i> .....	108	(pf) inj 4 mcg/ml .....	149
<i>dantrolene sodium cap 25 mg</i> .....	108	<i>desmopressin acetate tab 0.1 mg</i> ...	149
<i>dantrolene sodium cap 50 mg</i> .....	108	<i>desmopressin acetate tab 0.2 mg</i> ...	149
<i>dapsone tab 100 mg</i> .....	32	<i>desonide cream 0.05%</i> .....	198
<i>dapsone tab 25 mg</i> .....	32	<i>desonide lotion 0.05%</i> .....	198
DAPTACEL INJ.....	172	<i>desonide oint 0.05%</i> .....	198
<i>darifenacin hydrobromide tab er 24hr</i>		<i>desoximetasone cream 0.05%</i> .....	198
15 mg (base equiv) .....	158	<i>desoximetasone cream 0.25%</i> .....	198
<i>darifenacin hydrobromide tab er 24hr</i>		<i>desoximetasone gel 0.05%</i> .....	198
7.5 mg (base equiv) .....	158	<i>desoximetasone oint 0.25%</i> .....	198
<i>dasetta 1/35</i> .....	132	<i>desoximetasone spray 0.25%</i> .....	198
<i>dasetta 7/7/7</i> .....	132	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>daunorubicin hcl iv soln 20 mg/4ml</i>		100 mg (base equiv) .....	84
(base equiv) .....	38	<i>desvenlafaxine succinate tab er 24hr</i>	
DAYVIGO TAB 10MG .....	102	25 mg (base equiv) .....	84
DAYVIGO TAB 5MG.....	101	<i>desvenlafaxine succinate tab er 24hr</i>	
<i>decitabine for inj 50 mg</i> .....	39	50 mg (base equiv) .....	84
<i>deferiprone tab 1000 mg</i> .....	131	DEXAMETHASON CON 1MG/ML.....	143
<i>deferiprone tab 500 mg</i> .....	131	<i>dexamethasone elixir 0.5 mg/5ml</i> ...	143
<i>delyla</i> .....	132	<i>dexamethasone sodium phosphate inj</i>	
<i>demeclocycline hcl tab 150 mg</i> .....	36	100 mg/10ml .....	143
<i>demeclocycline hcl tab 300 mg</i> .....	36	<i>dexamethasone sodium phosphate inj</i>	
DENAVIR CRE 1% .....	201	10 mg/ml .....	143
DENG VAXIA SUS.....	172	<i>dexamethasone sodium phosphate inj</i>	
DEPO-ESTRADI INJ 5MG/ML .....	138	120 mg/30ml .....	143
DEPO-MEDROL INJ 20MG/ML .....	143	<i>dexamethasone sodium phosphate inj</i>	
DEPO-SQ PROV INJ 104 .....	132	20 mg/5ml .....	143
DESCOVY TAB 120-15MG .....	25	<i>dexamethasone sodium phosphate inj</i>	
DESCOVY TAB 200/25MG .....	25	4 mg/ml .....	143
<i>desipramine hcl tab 100 mg</i> .....	83	<i>dexamethasone sodium phosphate</i>	
<i>desipramine hcl tab 10 mg</i> .....	83	ophth soln 0.1%.....	179
<i>desipramine hcl tab 150 mg</i> .....	84	<i>dexamethasone sod phosphate</i>	
<i>desipramine hcl tab 25 mg</i> .....	83	preservative free inj 10 mg/ml ....	143
<i>desipramine hcl tab 50 mg</i> .....	83	<i>dexamethasone soln 0.5 mg/5ml</i> ....	143
<i>desipramine hcl tab 75 mg</i> .....	83	<i>dexamethasone tab 0.5 mg</i> .....	143
<i>desloratadine tab 5 mg</i> .....	183	<i>dexamethasone tab 0.75 mg</i> .....	144
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<i>erythromycin ethylsuccinate for susp</i>		<i>mg/24hr</i> .....	140
<i>200 mg/5ml</i> .....	30	<i>estradiol td patch weekly 0.025</i>	
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<i>estradiol valerate im in oil 20 mg/ml</i>		<i>ezetimibe-simvastatin tab 10-40 mg</i>	59
.....	141	<i>ezetimibe-simvastatin tab 10-80 mg</i>	59
<i>estradiol valerate im in oil 40 mg/ml</i>		<i>ezetimibe tab 10 mg</i>	59
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<i>eszopiclone tab 2 mg</i>	102	<i>famciclovir tab 125 mg</i>	27
<i>eszopiclone tab 3 mg</i>	102	<i>famciclovir tab 250 mg</i>	27
<i>ethacrynic acid tab 25 mg</i>	68	<i>famciclovir tab 500 mg</i>	27
<i>ethambutol hcl tab 100 mg</i>	26	<i>famotidine for susp 40 mg/5ml</i>	152
<i>ethambutol hcl tab 400 mg</i>	26	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>ethosuximide cap 250 mg</i>	76	<i>mg/50ml</i>	153
<i>ethosuximide soln 250 mg/5ml</i>	76	<i>famotidine preservative free inj 20</i>	
<i>ethynodiol diacetate &amp; ethinyl estradiol</i>		<i>mg/2ml</i>	153
<i>tab 1 mg-50 mcg</i>	133	<i>famotidine tab 20 mg</i>	153
<i>etodolac cap 200 mg</i>	2	<i>famotidine tab 40 mg</i>	153
<i>etodolac cap 300 mg</i>	2	FARXIGA TAB 10MG	130
<i>etodolac tab 400 mg</i>	2	FARXIGA TAB 5MG	130
<i>etodolac tab 500 mg</i>	2	FARYDAK CAP 10MG	49
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<i>etodolac tab er 24hr 500 mg</i>	2	FARYDAK CAP 20MG	49
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<i>etoposide cap 50 mg</i>	51	<i>febuxostat tab 80 mg</i>	1
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	51	<i>felbamate susp 600 mg/5ml</i>	76
.....	51	<i>felbamate tab 400 mg</i>	76
<i>etravirine tab 100 mg</i>	21	<i>felbamate tab 600 mg</i>	76
<i>etravirine tab 200 mg</i>	21	<i>felodipine tab er 24hr 10 mg</i>	66
EUCRISA OIN 2%	201	<i>felodipine tab er 24hr 2.5 mg</i>	66
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<i>everolimus tab 0.5 mg</i>	171	FEMCAP MIS 26MM	133
<i>everolimus tab 0.75 mg</i>	171	FEMCAP MIS 30MM	133
<i>everolimus tab 10 mg</i>	45	<i>fenofibrate cap 150 mg</i>	59
<i>everolimus tab 1 mg</i>	171	<i>fenofibrate micronized cap 134 mg</i>	59
<i>everolimus tab 2.5 mg</i>	44	<i>fenofibrate micronized cap 200 mg</i>	59
<i>everolimus tab 5 mg</i>	44	<i>fenofibrate micronized cap 43 mg</i>	59
<i>everolimus tab 7.5 mg</i>	45	<i>fenofibrate micronized cap 67 mg</i>	59
<i>everolimus tab for oral susp 2 mg</i>	45	<i>fenofibrate tab 145 mg</i>	59
<i>everolimus tab for oral susp 3 mg</i>	45	<i>fenofibrate tab 160 mg</i>	59
<i>everolimus tab for oral susp 5 mg</i>	45	<i>fenofibrate tab 48 mg</i>	59
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<i>exemestane tab 25 mg</i>	42	<i>fentanyl citrate lozenge on a handle</i>	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	59	<i>1200 mcg</i>	6
<i>ezetimibe-simvastatin tab 10-20 mg</i>	59		

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<i>fentanyl citrate lozenge on a handle</i>		<i>fluocinolone acetonide (otic) oil 0.01%</i>	
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<i>fentanyl citrate lozenge on a handle</i>		<i>fluocinolone acetonide cream 0.01%</i>	
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<i>fentanyl citrate lozenge on a handle</i>		<i>fluocinolone acetonide cream 0.025%</i>	
800 mcg .....	6	.....	198
<i>fentanyl td patch 72hr 100 mcg/hr</i> .....	6	<i>fluocinolone acetonide oil 0.01% (body</i>	
<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	6	<i>oil)</i> .....	198
<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	6	<i>fluocinolone acetonide oil 0.01% (scalp</i>	
<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	6	<i>oil)</i> .....	198
<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	6	<i>fluocinolone acetonide oint 0.025%</i>	198
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FERRIPROX SOL 100MG/ML .....	131	<i>fluocinonide cream 0.05%</i> .....	199
<i>fesoterodine fumarate tab er 24hr 4</i>		<i>fluocinonide gel 0.05%</i> .....	199
<i>mg</i> .....	158	<i>fluocinonide oint 0.05%</i> .....	199
<i>fesoterodine fumarate tab er 24hr 8</i>		<i>fluocinonide soln 0.05%</i> .....	199
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FETZIMA CAP 40MG.....	85	<i>mg/ml)</i> .....	39
FETZIMA CAP 80MG.....	85	<i>fluorouracil iv soln 2.5 gm/50ml (50</i>	
FETZIMA CAP TITRATIO .....	85	<i>mg/ml)</i> .....	39
FIASP FLEX INJ TOUCH .....	128	<i>fluorouracil iv soln 500 mg/10ml (50</i>	
FIASP INJ 100/ML .....	128	<i>mg/ml)</i> .....	39
FIASP PENFIL INJ U-100.....	128	<i>fluorouracil iv soln 5 gm/100ml (50</i>	
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<i>flavoxate hcl tab 100 mg</i> .....	158	<i>fluoxetine hcl cap 20 mg</i> .....	86
<i>flecainide acetate tab 100 mg</i> .....	58	<i>fluoxetine hcl cap 40 mg</i> .....	86
<i>flecainide acetate tab 150 mg</i> .....	58	<i>fluoxetine hcl cap delayed release 90</i>	
<i>flecainide acetate tab 50 mg</i> .....	58	<i>mg</i> .....	86
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<i>fluconazole for susp 10 mg/ml</i> .....	19	<i>fluoxetine hcl tab 20 mg</i> .....	86
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<i>fluconazole tab 150 mg</i> .....	20	<i>fluphenazine hcl inj 2.5 mg/ml</i> .....	93
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<i>fluphenazine hcl tab 5 mg</i> .....	94	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
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.....	179	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
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<i>flurbiprofen tab 50 mg</i> .....	2	<i>fosinopril sodium tab 10 mg</i> .....	53
<i>flutamide cap 125 mg</i> .....	42	<i>fosinopril sodium tab 20 mg</i> .....	53
<i>fluticasone propionate cream 0.05%</i>		<i>fosinopril sodium tab 40 mg</i> .....	53
.....	199	<i>fosphenytoin sodium inj 100 mg/2ml</i>	
<i>fluticasone propionate lotion 0.05%</i>	199	<i>(phenytoin equiv)</i> .....	76
<i>fluticasone propionate nasal susp 50</i>		<i>fosphenytoin sodium inj 500 mg/10ml</i>	
<i>mcg/act</i> .....	189	<i>(phenytoin equiv)</i> .....	76
<i>fluticasone propionate oint 0.005%</i>	199	FOSRENOL POW 1000MG .....	147
<i>fluvastatin sodium cap 20 mg (base</i>		FOSRENOL POW 750MG .....	147
<i>equivalent)</i> .....	60	FRAGMIN INJ 10000/ML .....	160
<i>fluvastatin sodium cap 40 mg (base</i>		FRAGMIN INJ 12500UNT .....	160
<i>equivalent)</i> .....	60	FRAGMIN INJ 15000UNT .....	160
<i>fluvastatin sodium tab er 24 hr 80 mg</i>		FRAGMIN INJ 18000UNT .....	160
<i>(base equivalent)</i> .....	60	FRAGMIN INJ 2500/0.2 .....	160
<i>fluvoxamine maleate cap er 24hr 100</i>		FRAGMIN INJ 5000/0.2 .....	160
<i>mg</i> .....	74	FRAGMIN INJ 7500/0.3 .....	160
<i>fluvoxamine maleate cap er 24hr 150</i>		FRAGMIN INJ 95000UNT .....	160
<i>mg</i> .....	74	<i>frovatriptan succinate tab 2.5 mg (base</i>	
<i>fluvoxamine maleate tab 100 mg</i> ....	74	<i>equivalent)</i> .....	104
<i>fluvoxamine maleate tab 25 mg</i> .....	74	<i>fulvestrant inj soln pref syr 250</i>	
<i>fluvoxamine maleate tab 50 mg</i> .....	74	<i>mg/5ml</i> .....	43
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<i>folic acid cap 0.8 mg</i> .....	176	<i>furosemide oral soln 10 mg/ml</i> .....	68
<i>folic acid tab 1 mg</i> .....	176	<i>furosemide oral soln 8 mg/ml</i> .....	68
<i>folic acid tab 400 mcg</i> .....	176	<i>furosemide tab 20 mg</i> .....	68
<i>folic acid tab 800 mcg</i> .....	177	<i>furosemide tab 40 mg</i> .....	68
<i>fondaparinux sodium subcutaneous inj</i>		<i>furosemide tab 80 mg</i> .....	68
<i>10 mg/0.8ml</i> .....	160	FUZEON INJ 90MG .....	22
<i>fondaparinux sodium subcutaneous inj</i>		<b>G</b>	
<i>2.5 mg/0.5ml</i> .....	160	G4 PLATINUM MIS PEDIATRC .....	137
<i>fondaparinux sodium subcutaneous inj</i>		G4 PLATINUM MIS RCV/SHAR .....	137
<i>5 mg/0.4ml</i> .....	160	G4 PLATINUM MIS RECEIVER .....	137
<i>fondaparinux sodium subcutaneous inj</i>		G4 PLATINUM MIS TRANSMIT .....	137
<i>7.5 mg/0.6ml</i> .....	160	G4 PLAT PED MIS RVC/SHAR .....	137
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<i>mcg/2ml</i> .....	185	G5/G4 MIS SENSOR .....	137
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FOSAMAX + D TAB 70-5600 .....	130	<i>gabapentin cap 100 mg</i> .....	76
<i>fosamprenavir calcium tab 700 mg</i>		<i>gabapentin cap 300 mg</i> .....	76
<i>(base equiv)</i> .....	22	<i>gabapentin cap 400 mg</i> .....	76
<i>fosfomycin tromethamine powd pack 3</i>		<i>gabapentin oral soln 250 mg/5ml</i> .....	76
<i>gm (base equivalent)</i> .....	19	<i>gabapentin tab 600 mg</i> .....	76
		<i>gabapentin tab 800 mg</i> .....	76

<i>galantamine hydrobromide cap er 24hr</i>	
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<i>galantamine hydrobromide cap er 24hr</i>	
24 mg.....	80
<i>galantamine hydrobromide cap er 24hr</i>	
8 mg .....	80
<i>galantamine hydrobromide oral soln 4</i>	
mg/ml .....	80
<i>galantamine hydrobromide tab 12 mg</i>	
.....	80
<i>galantamine hydrobromide tab 4 mg</i>	80
<i>galantamine hydrobromide tab 8 mg</i>	80
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<i>gavilyte-n/flavor pack</i> .....	154
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<i>gemcitabine hcl for inj 1 gm</i> .....	39
<i>gemcitabine hcl for inj 200 mg</i> .....	39
<i>gemcitabine hcl for inj 2 gm</i> .....	39
<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>	
mg/ml) (base equiv).....	39
<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>	
mg/ml) (base equiv).....	39
<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>	
mg/ml) (base equiv).....	39
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<i>gemmily</i> .....	133
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<i>gentak</i> .....	178
<i>gentamicin sulfate cream 0.1%</i> .....	194
<i>gentamicin sulfate inj 40 mg/ml</i> .....	19
<i>gentamicin sulfate oint 0.1%</i> .....	194
<i>gentamicin sulfate ophth soln 0.3%</i>	178
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<i>glatiramer acetate soln prefilled syringe</i>	
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<i>glatopa</i> .....	106
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<i>glimepiride tab 2 mg</i> .....	130
<i>glimepiride tab 4 mg</i> .....	130
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
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<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
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<i>glipizide-metformin hcl tab 5-500 mg</i>	
.....	126
<i>glipizide tab 10 mg</i> .....	130
<i>glipizide tab 5 mg</i> .....	130
<i>glipizide tab er 24hr 10 mg</i> .....	130
<i>glipizide tab er 24hr 2.5 mg</i> .....	130
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mg/ml) .....	149
<i>glycopyrrolate oral soln 1 mg/5ml</i> ..	149
<i>glycopyrrolate tab 1 mg</i> .....	149
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<i>granisetron hcl tab 1 mg</i> .....	151
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<i>griseofulvin ultramicrosize tab 250 mg</i> .....	20	HEMLIBRA INJ 105/0.7 .....	162
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<i>guanfacine hcl tab 1 mg</i> .....	69	HEMLIBRA INJ 30MG/ML .....	162
<i>guanfacine hcl tab 2 mg</i> .....	69	HEMLIBRA INJ 60/0.4 .....	162
<i>guanfacine hcl tab er 24hr 1 mg (base</i> <i>equiv)</i> .....	99	<i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i> .....	160
<i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i> .....	99	<i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i> .....	160
<i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i> .....	99	<i>heparin sodium (porcine) inj 20000</i> <i>unit/ml</i> .....	160
<i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i> .....	99	<i>heparin sodium (porcine) inj 5000</i> <i>unit/ml</i> .....	160
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<i>haloperidol tab 0.5 mg</i> .....	94	HUMIRA KIT 40MG/0.8.....	166
<i>haloperidol tab 10 mg</i> .....	94	HUMIRA PEDIA INJ CROHNS .....	166
<i>haloperidol tab 1 mg</i> .....	94	HUMIRA PEN INJ 40/0.4ML .....	166
<i>haloperidol tab 20 mg</i> .....	94	HUMIRA PEN INJ CD/UC/HS.....	166
<i>haloperidol tab 2 mg</i> .....	94	HUMIRA PEN INJ PS/UV.....	166
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HCU EXP20 PAK UNFLAVOR .....	115	<i>hydralazine hcl tab 100 mg</i> .....	69
HCU EXPRESS PAK .....	115	<i>hydralazine hcl tab 10 mg</i> .....	69
		<i>hydralazine hcl tab 25 mg</i> .....	69
		<i>hydralazine hcl tab 50 mg</i> .....	69
		<i>hydrochlorothiazide cap 12.5 mg</i> .....	68
		<i>hydrochlorothiazide tab 12.5 mg</i> .....	68
		<i>hydrochlorothiazide tab 25 mg</i> .....	68

<i>hydrochlorothiazide tab 50 mg</i> .....	68	<i>hydrocortisone valerate cream 0.2%</i> .....	200
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	7	<i>hydrocortisone valerate oint 0.2%</i> ..	200
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<i>loperamide hcl cap 2 mg</i>	150
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<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	26
<i>lopinavir-ritonavir tab 100-25 mg</i>	26
<i>lopinavir-ritonavir tab 200-50 mg</i>	26
<i>lorazepam conc 2 mg/ml</i>	74
<i>lorazepam tab 0.5 mg</i>	74
<i>lorazepam tab 1 mg</i>	74
<i>lorazepam tab 2 mg</i>	74
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LORBRENA TAB 25MG	47
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<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	56
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	55
<i>losartan potassium tab 100 mg</i>	57
<i>losartan potassium tab 25 mg</i>	57
<i>losartan potassium tab 50 mg</i>	57
<i>loteprednol etabonate ophth susp 0.5%</i>	179
<i>lovastatin tab 10 mg</i>	60
<i>lovastatin tab 20 mg</i>	60
<i>lovastatin tab 40 mg</i>	60
<i>low-ogestrel</i>	134
<i>loxapine succinate cap 10 mg</i>	94
<i>loxapine succinate cap 25 mg</i>	94
<i>loxapine succinate cap 50 mg</i>	94
<i>loxapine succinate cap 5 mg</i>	94
<i>lubiprostone cap 24 mcg</i>	153
<i>lubiprostone cap 8 mcg</i>	153
<i>luliconazole cream 1%</i>	195
LUMIGAN SOL 0.01%	180
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<i>malathion lotion 0.5%</i>	202
<i>mannitol iv soln 20%</i>	68
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<i>maprotiline hcl tab 75 mg</i> .....	87	<i>MENEST TAB 0.3MG</i> .....	141
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<i>MCT PRO-CAL PAK</i> .....	117	<i>meprobamate tab 400 mg</i> .....	74
<i>meclizine hcl tab 12.5 mg</i> .....	151	<i>mercaptapurine tab 50 mg</i> .....	39
<i>meclizine hcl tab 25 mg</i> .....	151	<i>meropenem iv for soln 1 gm</i> .....	32
<i>meclofenamate sodium cap 100 mg</i> ...	3	<i>meropenem iv for soln 500 mg</i> .....	32
<i>meclofenamate sodium cap 50 mg</i> .....	3	<i>mesalamine cap dr 400 mg</i> .....	153
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<i>medroxyprogesterone acetate tab 5 mg</i> .....	147	<i>mesalamine tab delayed release 800</i> <i>mg</i> .....	153
<i>mefenamic acid cap 250 mg</i> .....	3	<i>mesna inj 100 mg/ml</i> .....	51
<i>mefloquine hcl tab 250 mg</i> .....	20	<i>MESNEX TAB 400MG</i> .....	51
<i>megestrol acetate susp 40 mg/ml</i> ...	43	<i>metaxalone tab 800 mg</i> .....	108
<i>megestrol acetate susp 625 mg/5ml</i> .....	148	<i>metformin hcl tab 1000 mg</i> .....	126
<i>megestrol acetate tab 20 mg</i> .....	43	<i>metformin hcl tab 500 mg</i> .....	126
<i>megestrol acetate tab 40 mg</i> .....	43	<i>metformin hcl tab 850 mg</i> .....	126
<i>MEKINIST TAB 0.5MG</i> .....	47	<i>metformin hcl tab er 24hr 500 mg</i> ..	126
<i>MEKINIST TAB 2MG</i> .....	47	<i>metformin hcl tab er 24hr 750 mg</i> ..	126
<i>meloxicam tab 15 mg</i> .....	3	<i>methadone hcl conc 10 mg/ml</i> .....	9
<i>meloxicam tab 7.5 mg</i> .....	3	<i>methadone hcl soln 10 mg/5ml</i> .....	9
<i>melphalan hcl for inj 50 mg (base</i> <i>equiv)</i> .....	37	<i>methadone hcl soln 5 mg/5ml</i> .....	9
<i>melphalan tab 2 mg</i> .....	37	<i>methadone hcl tab 10 mg</i> .....	9
<i>memantine hcl cap er 24hr 14 mg</i> ...	80	<i>methadone hcl tab 5 mg</i> .....	9
<i>memantine hcl cap er 24hr 21 mg</i> ...	80	<i>methadone hcl tab for oral susp 40 mg</i> .....	9
<i>memantine hcl cap er 24hr 28 mg</i> ...	80	<i>methadone hydrochloride i</i> .....	9
<i>memantine hcl cap er 24hr 7 mg</i> .....	80	<i>methadose</i> .....	9
<i>memantine hcl oral solution 2 mg/ml</i>	81	<i>methamphetamine hcl tab 5 mg</i> .....	99
<i>memantine hcl tab 10 mg</i> .....	81	<i>methazolamide tab 25 mg</i> .....	68
<i>memantine hcl tab 28 x 5 mg &amp; 21 x</i> <i>10 mg titration pack</i> .....	81	<i>methazolamide tab 50 mg</i> .....	68
<i>memantine hcl tab 5 mg</i> .....	81	<i>methenamine hippurate tab 1 gm</i> ...	32
<i>MENACTRA INJ</i> .....	173	<i>methimazole tab 10 mg</i> .....	148
		<i>methimazole tab 5 mg</i> .....	148
		<i>METHIONAID POW</i> .....	117
		<i>methocarbamol tab 500 mg</i> .....	108
		<i>methocarbamol tab 750 mg</i> .....	108

<i>methotrexate sodium for inj 1 gm ....</i>	39	<i>methylphenidate hcl soln 5 mg/5ml</i>	100
<i>methotrexate sodium inj 250 mg/10ml</i>		<i>methylphenidate hcl tab 10 mg .....</i>	100
<i>(25 mg/ml) .....</i>	39	<i>methylphenidate hcl tab 20 mg .....</i>	100
<i>methotrexate sodium inj 50 mg/2ml</i>		<i>methylphenidate hcl tab 5 mg .....</i>	100
<i>(25 mg/ml) .....</i>	39	<i>methylphenidate hcl tab er 10 mg ..</i>	100
<i>methotrexate sodium inj pf 1000</i>		<i>methylphenidate hcl tab er 20 mg ..</i>	100
<i>mg/40ml (25 mg/ml) .....</i>	40	<i>methylphenidate hcl tab er osmotic</i>	
<i>methotrexate sodium inj pf 250</i>		<i>release (osm) 18 mg.....</i>	100
<i>mg/10ml (25 mg/ml) .....</i>	40	<i>methylphenidate hcl tab er osmotic</i>	
<i>methotrexate sodium inj pf 50 mg/2ml</i>		<i>release (osm) 27 mg.....</i>	100
<i>(25 mg/ml) .....</i>	39	<i>methylphenidate hcl tab er osmotic</i>	
<i>methotrexate sodium tab 2.5 mg (base</i>		<i>release (osm) 36 mg.....</i>	100
<i>equiv) .....</i>	170	<i>methylphenidate hcl tab er osmotic</i>	
<i>methoxsalen rapid cap 10 mg .....</i>	196	<i>release (osm) 54 mg.....</i>	100
<i>methscopolamine bromide tab 2.5 mg</i>		<i>methylprednisolone acetate inj susp 40</i>	
<i>.....</i>	150	<i>mg/ml.....</i>	144
<i>methscopolamine bromide tab 5 mg</i>		<i>methylprednisolone acetate inj susp 80</i>	
<i>.....</i>	150	<i>mg/ml.....</i>	144
<i>methyldopa tab 250 mg .....</i>	69	<i>methylprednisolone sod succ for inj</i>	
<i>methyldopa tab 500 mg .....</i>	69	<i>1000 mg (base equiv) .....</i>	144
<i>methylphenidate hcl cap er 10 mg (cd)</i>		<i>methylprednisolone sod succ for inj</i>	
<i>.....</i>	99	<i>125 mg (base equiv).....</i>	144
<i>methylphenidate hcl cap er 20 mg (cd)</i>		<i>methylprednisolone tab 16 mg .....</i>	144
<i>.....</i>	99	<i>methylprednisolone tab 32 mg .....</i>	144
<i>methylphenidate hcl cap er 24hr 20 mg</i>		<i>methylprednisolone tab 4 mg .....</i>	144
<i>(la) .....</i>	99	<i>methylprednisolone tab 8 mg .....</i>	144
<i>methylphenidate hcl cap er 24hr 30 mg</i>		<i>methylprednisolone tab therapy pack 4</i>	
<i>(la) .....</i>	99	<i>mg (21) .....</i>	145
<i>methylphenidate hcl cap er 24hr 40 mg</i>		<i>methyltestosterone cap 10 mg .....</i>	125
<i>(la) .....</i>	99	<i>metoclopramide hcl inj 5 mg/ml (base</i>	
<i>methylphenidate hcl cap er 24hr 60 mg</i>		<i>equivalent) .....</i>	151
<i>(la) .....</i>	99	<i>metoclopramide hcl orally</i>	
<i>methylphenidate hcl cap er 30 mg (cd)</i>		<i>disintegrating tab 5 mg (base eq)</i>	151
<i>.....</i>	99	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>methylphenidate hcl cap er 40 mg (cd)</i>		<i>mg/10ml) (base equiv) .....</i>	151
<i>.....</i>	99	<i>metoclopramide hcl tab 10 mg (base</i>	
<i>methylphenidate hcl cap er 50 mg (cd)</i>		<i>equivalent) .....</i>	151
<i>.....</i>	99	<i>metoclopramide hcl tab 5 mg (base</i>	
<i>methylphenidate hcl cap er 60 mg (cd)</i>		<i>equivalent) .....</i>	151
<i>.....</i>	99	<i>metolazone tab 10 mg .....</i>	68
<i>methylphenidate hcl chew tab 10 mg</i>		<i>metolazone tab 2.5 mg .....</i>	68
<i>.....</i>	100	<i>metolazone tab 5 mg.....</i>	68
<i>methylphenidate hcl chew tab 2.5 mg</i>		<i>metoprolol &amp; hydrochlorothiazide tab</i>	
<i>.....</i>	99	<i>100-25 mg .....</i>	62
<i>methylphenidate hcl chew tab 5 mg</i>	100	<i>metoprolol &amp; hydrochlorothiazide tab</i>	
<i>methylphenidate hcl soln 10 mg/5ml</i>		<i>100-50 mg .....</i>	62
<i>.....</i>	100		

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50-25 mg .....	62	MIRCERA INJ 50MCG .....	161
<i>metoprolol succinate tab er 24hr 100</i>		MIRCERA INJ 75MCG .....	161
mg (tartrate equiv) .....	63	MIRENA IUD SYSTEM .....	134
<i>metoprolol succinate tab er 24hr 200</i>		<i>mirtazapine orally disintegrating tab 15</i>	
mg (tartrate equiv) .....	63	mg .....	87
<i>metoprolol succinate tab er 24hr 25 mg</i>		<i>mirtazapine orally disintegrating tab 30</i>	
(tartrate equiv) .....	63	mg .....	87
<i>metoprolol succinate tab er 24hr 50 mg</i>		<i>mirtazapine orally disintegrating tab 45</i>	
(tartrate equiv) .....	63	mg .....	87
<i>metoprolol tartrate tab 100 mg</i> .....	63	<i>mirtazapine tab 15 mg</i> .....	87
<i>metoprolol tartrate tab 25 mg</i> .....	63	<i>mirtazapine tab 30 mg</i> .....	87
<i>metoprolol tartrate tab 50 mg</i> .....	63	<i>mirtazapine tab 45 mg</i> .....	87
<i>metronidazole cap 375 mg</i> .....	32	<i>mirtazapine tab 7.5 mg</i> .....	87
<i>metronidazole cream 0.75%</i> .....	202	MIRVASO GEL 0.33% .....	202
<i>metronidazole gel 0.75%</i> .....	202	<i>misoprostol tab 100 mcg</i> .....	155
<i>metronidazole gel 1%</i> .....	202	<i>misoprostol tab 200 mcg</i> .....	155
<i>metronidazole iv soln 500 mg/100ml</i>	32	<i>mitomycin for iv soln 20 mg</i> .....	38
<i>metronidazole lotion 0.75%</i> .....	202	<i>mitomycin for iv soln 40 mg</i> .....	38
<i>metronidazole tab 250 mg</i> .....	32	<i>mitomycin for iv soln 5 mg</i> .....	38
<i>metronidazole tab 500 mg</i> .....	32	<i>mitoxantrone hcl inj conc 20 mg/10ml</i>	
<i>metronidazole vaginal gel 0.75%</i> .....	159	(2 mg/ml) .....	38
<i>mexiletine hcl cap 150 mg</i> .....	58	<i>mitoxantrone hcl inj conc 25</i>	
<i>mexiletine hcl cap 200 mg</i> .....	58	mg/12.5ml (2 mg/ml) .....	38
<i>mexiletine hcl cap 250 mg</i> .....	58	<i>mitoxantrone hcl inj conc 30 mg/15ml</i>	
<i>miconazole 3</i> .....	159	(2 mg/ml) .....	38
<i>microgestin 1.5/30</i> .....	134	MMA/PA ANAMI POW ERLY YRS .....	117
<i>midodrine hcl tab 10 mg</i> .....	69	M-M-R II INJ .....	173
<i>midodrine hcl tab 2.5 mg</i> .....	69	<i>modafinil tab 100 mg</i> .....	109
<i>midodrine hcl tab 5 mg</i> .....	69	<i>modafinil tab 200 mg</i> .....	109
<i>mifepristone tab 200 mg</i> .....	149	MODULEN IBD POW .....	117
<i>miglitol tab 100 mg</i> .....	126	<i>moexipril hcl tab 15 mg</i> .....	53
<i>miglitol tab 25 mg</i> .....	126	<i>moexipril hcl tab 7.5 mg</i> .....	53
<i>miglitol tab 50 mg</i> .....	126	<i>mometasone furoate cream 0.1%</i> .....	200
<i>mimvey</i> .....	142	<i>mometasone furoate nasal susp 50</i>	
<i>minitran</i> .....	70	mcg/act .....	189
<i>minocycline hcl cap 100 mg</i> .....	36	<i>mometasone furoate oint 0.1%</i> .....	200
<i>minocycline hcl cap 50 mg</i> .....	36	<i>mometasone furoate solution 0.1%</i>	
<i>minocycline hcl cap 75 mg</i> .....	36	(lotion) .....	200
<i>minocycline hcl tab 100 mg</i> .....	36	<i>monoject sodium chloride</i> .....	174
<i>minocycline hcl tab 50 mg</i> .....	36	<i>mono-lynyah</i> .....	134
<i>minocycline hcl tab 75 mg</i> .....	36	<i>montelukast sodium chew tab 4 mg</i>	
<i>minoxidil tab 10 mg</i> .....	69	(base equiv) .....	188
<i>minoxidil tab 2.5 mg</i> .....	69	<i>montelukast sodium chew tab 5 mg</i>	
MIRCERA INJ 100MCG .....	161	(base equiv) .....	188
MIRCERA INJ 150MCG .....	161	<i>montelukast sodium oral granules</i>	
MIRCERA INJ 200MCG .....	162	packet 4 mg (base equiv) .....	188

<i>montelukast sodium tab 10 mg (base equiv)</i> .....	188	MULTAQ TAB 400MG .....	58
<i>morphine sulfate beads cap er 24hr 120 mg</i> .....	10	<i>multivitamin/fluoride</i> .....	177
<i>morphine sulfate beads cap er 24hr 30 mg</i> .....	10	<i>multi-vitamin/fluoride/ir</i> .....	177
<i>morphine sulfate beads cap er 24hr 45 mg</i> .....	10	<i>multi-vitamin/fluoride dr</i> .....	177
<i>morphine sulfate beads cap er 24hr 60 mg</i> .....	10	<i>mupirocin oint 2%</i> .....	194
<i>morphine sulfate beads cap er 24hr 75 mg</i> .....	10	MYALEPT INJ 11.3MG .....	138
<i>morphine sulfate beads cap er 24hr 90 mg</i> .....	10	<i>mycophenolate mofetil cap 250 mg</i> .....	172
<i>morphine sulfate cap er 24hr 100 mg</i> .....	10	<i>mycophenolate mofetil for oral susp 200 mg/ml</i> .....	172
<i>morphine sulfate cap er 24hr 10 mg</i> .....	10	<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i> .....	172
<i>morphine sulfate cap er 24hr 20 mg</i> .....	10	<i>mycophenolate mofetil tab 500 mg</i> .....	172
<i>morphine sulfate cap er 24hr 30 mg</i> .....	10	<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> .....	172
<i>morphine sulfate cap er 24hr 50 mg</i> .....	10	<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> .....	172
<i>morphine sulfate cap er 24hr 60 mg</i> .....	10	MYRBETRIQ SUS 8MG/ML .....	158
<i>morphine sulfate cap er 24hr 80 mg</i> .....	10	MYRBETRIQ TAB 25MG .....	158
<i>morphine sulfate iv soln 10 mg/ml</i> .....	10	MYRBETRIQ TAB 50MG .....	158
<i>morphine sulfate iv soln 4 mg/ml</i> .....	10	<b>N</b>	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> .....	11	<i>nabumetone tab 500 mg</i> .....	3
<i>morphine sulfate oral soln 10 mg/5ml</i> .....	10	<i>nabumetone tab 750 mg</i> .....	3
<i>morphine sulfate oral soln 20 mg/5ml</i> .....	11	<i>nadolol tab 20 mg</i> .....	63
<i>morphine sulfate tab 15 mg</i> .....	11	<i>nadolol tab 40 mg</i> .....	63
<i>morphine sulfate tab 30 mg</i> .....	11	<i>nadolol tab 80 mg</i> .....	63
<i>morphine sulfate tab er 100 mg</i> .....	11	<i>nafrinse</i> .....	174
<i>morphine sulfate tab er 15 mg</i> .....	11	<i>nafrinse drops</i> .....	174
<i>morphine sulfate tab er 200 mg</i> .....	11	<i>naftifine hcl cream 1%</i> .....	195
<i>morphine sulfate tab er 30 mg</i> .....	11	<i>naftifine hcl cream 2%</i> .....	195
<i>morphine sulfate tab er 60 mg</i> .....	11	<i>nalbuphine hcl inj 10 mg/ml</i> .....	11
MOTOFEN TAB 1-0.025 .....	150	<i>nalbuphine hcl inj 20 mg/ml</i> .....	12
MOVANTIK TAB 12.5MG .....	155	<i>naloxone hcl inj 0.4 mg/ml</i> .....	110
MOVANTIK TAB 25MG .....	155	<i>naloxone hcl inj 4 mg/10ml</i> .....	110
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i> .....	178	<i>naloxone hcl nasal spray 4 mg/0.1ml</i> .....	110
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i> .....	178	<i>naloxone hcl soln cartridge 0.4 mg/ml</i> .....	110
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		<i>naproxen tab 250 mg</i> .....	3
		<i>naproxen tab 375 mg</i> .....	3
		<i>naproxen tab 500 mg</i> .....	3
		<i>naratriptan hcl tab 1 mg (base equiv)</i> .....	104

<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	104	<i>nevirapine tab 200 mg</i> .....	22
.....	104	<i>nevirapine tab er 24hr 100 mg</i> .....	23
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<i>nateglinide tab 120 mg</i> .....	129	NEXIUM GRA 2.5MG DR .....	156
<i>nateglinide tab 60 mg</i> .....	129	NEXIUM GRA 5MG DR .....	156
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<i>nebivolol hcl tab 10 mg (base equivalent)</i> .....	63	NEXTSTELLIS TAB 3-14.2MG.....	134
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i> .....	63	<i>niacin tab er 1000 mg (antihyperlipidemic)</i> .....	61
<i>nebivolol hcl tab 20 mg (base equivalent)</i> .....	63	<i>niacin tab er 500 mg (antihyperlipidemic)</i> .....	61
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<i>necon 0.5/35-28</i> .....	134	<i>nicardipine hcl cap 20 mg</i> .....	66
<i>nefazodone hcl tab 100 mg</i> .....	87	<i>nicardipine hcl cap 30 mg</i> .....	66
<i>nefazodone hcl tab 150 mg</i> .....	87	<i>nicotine polacrilex gum 2 mg</i> .....	111
<i>nefazodone hcl tab 200 mg</i> .....	87	<i>nicotine polacrilex gum 4 mg</i> .....	112
<i>nefazodone hcl tab 250 mg</i> .....	87	<i>nicotine polacrilex lozenge 2 mg</i> .....	112
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<i>sertraline hcl tab 100 mg</i> .....	<i>sodium chloride preservative free (pf)</i>	
.....	<i>inj 0.9%</i> .....	175
<i>sertraline hcl tab 25 mg</i> .....	<i>sodium chloride soln nebu 0.9%</i> .....	189
.....	<i>sodium chloride soln nebu 10%</i> .....	189
<i>sertraline hcl tab 50 mg</i> .....	<i>sodium chloride soln nebu 3%</i> .....	189
.....	<i>sodium chloride soln nebu 7%</i> .....	189
<i>sevelamer carbonate packet 0.8 gm</i>	<i>sodium fluoride chew tab 0.25 mg f</i>	
147	(from 0.55 mg naf) .....	175
<i>sevelamer carbonate packet 2.4 gm</i>	<i>sodium fluoride chew tab 0.5 mg f</i>	
147	(from 1.1 mg naf) .....	175
<i>sevelamer carbonate tab 800 mg</i> ...	<i>sodium fluoride chew tab 1 mg f (from</i>	
147	<i>2.2 mg naf)</i> .....	175
SHARPS CONT MIS 2QUART .....	<i>sodium fluoride soln 0.5 mg/ml f (from</i>	
137	<i>1.1 mg/ml naf)</i> .....	175
SHINGRIX INJ 50/0.5ML .....	<i>sodium fluoride tab 0.5 mg f (from 1.1</i>	
173	<i>mg naf)</i> .....	175
SHUR-SEAL GEL 2% .....	<i>sodium fluoride tab 1 mg f (from 2.2</i>	
157	<i>mg naf)</i> .....	175
SIGNIFOR INJ 0.3MG/ML .....	<i>sodium phenylbutyrate oral powder 3</i>	
147	<i>gm/teaspoonful</i> .....	138
SIGNIFOR INJ 0.6MG/ML .....	<i>sodium phenylbutyrate tab 500 mg</i> .....	138
147	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
SIGNIFOR INJ 0.9MG/ML .....	17.5-3.13-1.6 gm/177ml .....	154
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(base equivalent) .....		
71		
<i>sildenafil citrate tab 100 mg</i> .....		
158		
<i>sildenafil citrate tab 20 mg</i> .....		
71		
<i>sildenafil citrate tab 25 mg</i> .....		
158		
<i>sildenafil citrate tab 50 mg</i> .....		
158		
<i>silodosin cap 4 mg</i> .....		
157		
<i>silodosin cap 8 mg</i> .....		
157		
<i>silver sulfadiazine cream 1%</i> .....		
194		
SIMBRINZA SUS 1-0.2% .....		
180		
SIMPONI ARIA SOL 50MG/4ML .....		
164		
SIMPONI INJ 100MG/ML .....		
168		
SIMPONI INJ 50/0.5ML .....		
168		
<i>simvastatin tab 10 mg</i> .....		
61		
<i>simvastatin tab 20 mg</i> .....		
61		
<i>simvastatin tab 40 mg</i> .....		
61		
<i>simvastatin tab 5 mg</i> .....		
61		

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<i>solifenacin succinate tab 5 mg</i> .....	159	<i>ssd</i> .....	194
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SOLU-CORTEF INJ 100MG .....	145	<i>stavudine cap 30 mg</i> .....	23
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<i>sorafenib tosylate tab 200 mg (base</i> <i>equivalent)</i> .....	47	<i>sulconazole nitrate solution 1%</i> .....	195
<i>sorine</i> .....	58	<i>sulfacetamide sodium lotion 10%</i> <i>(acne)</i> .....	193
<i>sotalol hcl (afib/afl) tab 120 mg</i> .....	58	<i>sulfacetamide sodium ophth oint 10%</i> .....	178
<i>sotalol hcl (afib/afl) tab 160 mg</i> .....	58	<i>sulfacetamide sodium ophth soln 10%</i> .....	178
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<i>sotalol hcl tab 120 mg</i> .....	58	<i>sulfadiazine tab 500 mg</i> .....	19
<i>sotalol hcl tab 160 mg</i> .....	58	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i> .....	19
<i>sotalol hcl tab 240 mg</i> .....	58	<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i> .....	19
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<i>spironolactone &amp; hydrochlorothiazide</i> <i>tab 25-25 mg</i> .....	68	<i>sumatriptan succinate inj 6 mg/0.5ml</i> .....	104
<i>spironolactone tab 100 mg</i> .....	68	<i>sumatriptan succinate solution auto-</i> <i>injector 4 mg/0.5ml</i> .....	104
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SUPLENA LIQ VANILLA .....	122	<i>tacrolimus cap 1 mg</i> .....	172
SUPPRELIN LA KIT 50MG.....	147	<i>tacrolimus cap 5 mg</i> .....	172
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SUPRAX CHW 200MG.....	29	<i>tacrolimus oint 0.1%</i> .....	201
SUPRAX SUS 500/5ML .....	29	<i>tadalafil tab 10 mg</i> .....	158
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SYMBICORT AER 80-4.5 .....	191	TAFINLAR CAP 50MG .....	48
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SYNJARDY XR TAB 10-1000 .....	129	<i>tazicef</i> .....	29
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<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	56	<i>tetrabenazine tab 12.5 mg</i> .....	106
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> .....	56	<i>tetrabenazine tab 25 mg</i> .....	106
<i>telmisartan tab 20 mg</i> .....	57	<i>tetracycline hcl cap 250 mg</i> .....	36
<i>telmisartan tab 40 mg</i> .....	57	<i>tetracycline hcl cap 500 mg</i> .....	36
<i>telmisartan tab 80 mg</i> .....	57	THALOMID CAP 100MG .....	42
<i>temazepam cap 15 mg</i> .....	102	THALOMID CAP 150MG .....	42
<i>temazepam cap 22.5 mg</i> .....	102	THALOMID CAP 200MG .....	42
<i>temazepam cap 30 mg</i> .....	102	THALOMID CAP 50MG.....	42
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<i>temozolomide cap 100 mg</i> .....	37	<i>theophylline tab er 12hr 450 mg</i> ....	191
<i>temozolomide cap 140 mg</i> .....	37	<i>theophylline tab er 24hr 400 mg</i> ....	191
<i>temozolomide cap 180 mg</i> .....	37	<i>theophylline tab er 24hr 600 mg</i> ....	191
<i>temozolomide cap 20 mg</i> .....	37	<i>thioridazine hcl tab 100 mg</i> .....	96
<i>temozolomide cap 250 mg</i> .....	37	<i>thioridazine hcl tab 10 mg</i> .....	96
<i>temozolomide cap 5 mg</i> .....	37	<i>thioridazine hcl tab 25 mg</i> .....	96
<i>tencon</i> .....	2	<i>thioridazine hcl tab 50 mg</i> .....	96
TENIPOSIDE INJ 50MG/5ML.....	51	<i>thiothixene cap 10 mg</i> .....	96
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<i>tenofovir disoproxil fumarate tab 300 mg</i> .....	24	<i>thiothixene cap 2 mg</i> .....	96
<i>terazosin hcl cap 10 mg (base equivalent)</i> .....	54	<i>thiothixene cap 5 mg</i> .....	96
<i>terazosin hcl cap 1 mg (base equivalent)</i> .....	54	<i>tiagabine hcl tab 12 mg</i> .....	79
<i>terazosin hcl cap 2 mg (base equivalent)</i> .....	54	<i>tiagabine hcl tab 16 mg</i> .....	79
<i>terazosin hcl cap 5 mg (base equivalent)</i> .....	54	<i>tiagabine hcl tab 2 mg</i> .....	79
<i>terbinafine hcl tab 250 mg</i> .....	20	<i>tiagabine hcl tab 4 mg</i> .....	79
<i>terbutaline sulfate tab 2.5 mg</i> .....	185	TICE BCG INJ .....	42
<i>terbutaline sulfate tab 5 mg</i> .....	185	<i>tilia fe</i> .....	135
<i>terconazole vaginal cream 0.4%</i> .....	159	<i>timolol maleate ophth gel forming soln 0.25%</i> .....	180
<i>terconazole vaginal cream 0.8%</i> .....	159	<i>timolol maleate ophth gel forming soln 0.5%</i> .....	180
<i>terconazole vaginal suppos 80 mg</i> ..	159	<i>timolol maleate ophth soln 0.25%</i> ..	180
<i>testosterone cypionate im inj in oil 100 mg/ml</i> .....	125	<i>timolol maleate ophth soln 0.5%</i> ..	180
<i>testosterone cypionate im inj in oil 200 mg/ml</i> .....	125	<i>(once-daily)</i> .....	180
<i>testosterone enanthate im inj in oil 200 mg/ml</i> .....	126	<i>timolol maleate tab 10 mg</i> .....	64
<i>testosterone td gel 10mg/act (2%)</i> .....	126	<i>timolol maleate tab 20 mg</i> .....	64
		<i>timolol maleate tab 5 mg</i> .....	64
		<i>tinidazole tab 250 mg</i> .....	19
		<i>tinidazole tab 500 mg</i> .....	19
		TIVICAY PD TAB 5MG .....	24
		TIVICAY TAB 10MG .....	24
		TIVICAY TAB 25MG .....	24
		TIVICAY TAB 50MG .....	24

<i>tizanidine hcl tab 2 mg (base equivalent)</i> .....	108	<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	16
<i>tizanidine hcl tab 4 mg (base equivalent)</i> .....	108	<i>tramadol hcl tab 50 mg</i> .....	16
TOBRADEX OIN 0.3-0.1% .....	177	<i>tramadol hcl tab er 24hr 100 mg</i> .....	16
TOBRADEX ST SUS 0.3-0.05 .....	178	<i>tramadol hcl tab er 24hr 200 mg</i> .....	16
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	178	<i>tramadol hcl tab er 24hr 300 mg</i> .....	16
<i>tobramycin nebu soln 300 mg/4ml</i> ..	188	<i>trandolapril tab 1 mg</i> .....	54
<i>tobramycin nebu soln 300 mg/5ml</i> ..	188	<i>trandolapril tab 2 mg</i> .....	54
<i>tobramycin ophth soln 0.3%</i> .....	178	<i>trandolapril tab 4 mg</i> .....	54
<i>tobramycin sulfate for inj 1.2 gm</i> ....	19	<i>trandolapril-verapamil hcl tab er 1-240 mg</i> .....	53
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i> .....	19	<i>trandolapril-verapamil hcl tab er 2-180 mg</i> .....	53
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i> .....	19	<i>trandolapril-verapamil hcl tab er 2-240 mg</i> .....	53
TODAY SPONGE MIS .....	157	<i>trandolapril-verapamil hcl tab er 4-240 mg</i> .....	53
<i>tolcapone tab 100 mg</i> .....	92	<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> .....	163
TOLEREX POW .....	122	<i>tranexamic acid tab 650 mg</i> .....	163
<i>tolmetin sodium cap 400 mg</i> .....	3	<i>tranylcypramine sulfate tab 10 mg</i> ...	88
<i>tolmetin sodium tab 600 mg</i> .....	3	<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> ....	180
<i>tolterodine tartrate cap er 24hr 2 mg</i> .....	159	<i>trazodone hcl tab 100 mg</i> .....	88
<i>tolterodine tartrate cap er 24hr 4 mg</i> .....	159	<i>trazodone hcl tab 150 mg</i> .....	88
<i>tolterodine tartrate tab 1 mg</i> .....	159	<i>trazodone hcl tab 300 mg</i> .....	88
<i>tolterodine tartrate tab 2 mg</i> .....	159	<i>trazodone hcl tab 50 mg</i> .....	88
<i>tolvaptan tab 15 mg</i> .....	147	TRECTOR TAB 250MG .....	27
<i>tolvaptan tab 30 mg</i> .....	147	TRELEGY AER 100MCG .....	182
<i>topiramate sprinkle cap 15 mg</i> .....	79	TRELEGY AER 200MCG .....	182
<i>topiramate sprinkle cap 25 mg</i> .....	79	TREMFYA INJ 100MG/ML .....	169
<i>topiramate tab 100 mg</i> .....	79	TRESIBA FLEX INJ 100UNIT .....	129
<i>topiramate tab 200 mg</i> .....	79	TRESIBA FLEX INJ 200UNIT .....	129
<i>topiramate tab 25 mg</i> .....	79	TRESIBA INJ 100UNIT .....	129
<i>topiramate tab 50 mg</i> .....	79	<i>tretinoin cap 10 mg</i> .....	50
<i>toposar</i> .....	51	<i>tretinoin cream 0.025%</i> .....	193
<i>topotecan hcl for inj 4 mg (base equiv)</i> .....	51	<i>tretinoin cream 0.05%</i> .....	193
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	43	<i>tretinoin cream 0.1%</i> .....	193
<i>toremide tab 100 mg</i> .....	68	<i>tretinoin gel 0.01%</i> .....	193
<i>toremide tab 10 mg</i> .....	68	<i>tretinoin gel 0.025%</i> .....	193
<i>toremide tab 20 mg</i> .....	68	<i>tretinoin gel 0.05%</i> .....	193
<i>toremide tab 5 mg</i> .....	68	<i>tretinoin microsphere gel 0.04%</i> ....	193
TOVIAZ TAB 4MG .....	159	<i>tretinoin microsphere gel 0.1%</i> .....	193
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		<i>triamcinolone acetonide cream 0.1%</i> .....	200

<i>triamcinolone acetonide cream 0.5%</i> .....	200	TRINTELLIX TAB 5MG .....	89
<i>triamcinolone acetonide dental paste 0.1%</i> .....	203	TRIPTODUR SUS 22.5MG.....	146
<i>triamcinolone acetonide lotion 0.025%</i> .....	200	<i>tri-sprintec</i> .....	135
<i>triamcinolone acetonide lotion 0.1%</i> .....	200	TRIUMEQ PD TAB .....	26
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act.....</i>	189	TRIUMEQ TAB.....	26
<i>triamcinolone acetonide oint 0.025%</i> .....	200	<i>tri-vite/fluoride</i> .....	177
<i>triamcinolone acetonide oint 0.1%</i> ..	200	<i>trivora-28</i> .....	135
<i>triamcinolone acetonide oint 0.5%</i> ..	200	TROGARZO INJ 150MG/ML .....	24
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i> .....	68	<i>tropicamide ophth soln 0.5%</i> .....	181
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> .....	69	<i>tropicamide ophth soln 1%</i> .....	181
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....	69	<i>trospium chloride cap er 24hr 60 mg</i> .....	159
<i>triamterene cap 100 mg</i> .....	69	<i>trospium chloride tab 20 mg</i> .....	159
<i>triamterene cap 50 mg</i> .....	69	TRULICITY INJ 0.75/0.5 .....	127
<i>triazolam tab 0.125 mg</i> .....	103	TRULICITY INJ 1.5/0.5 .....	127
<i>triazolam tab 0.25 mg</i> .....	102	TRULICITY INJ 3/0.5.....	127
<i>triderm</i> .....	200	TRULICITY INJ 4.5/0.5 .....	127
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i> .....	96	TRUMENBA INJ .....	173
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i> .....	96	TUKYSA TAB 150MG .....	48
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i> .....	96	TUKYSA TAB 50MG.....	48
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<i>trifluridine ophth soln 1%</i> .....	179	TWINRIX INJ .....	173
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<i>trihexyphenidyl hcl tab 2 mg</i> .....	92	TWOCAL HN LIQ.....	123
<i>trihexyphenidyl hcl tab 5 mg</i> .....	92	TYBLUME CHW 0.1-0.02 .....	136
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<i>tri-linyah</i> .....	135	TYLACTIN POW BLD 20PE.....	123
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SUM5462-1S (12/22)

# 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.

CareFirst:

- 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 ìgbésé 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 ìjíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú 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 bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàè dεín nyε. Nyò t̀ò śéin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀ò 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀úǐn, pò wuqu m̄ ḿ pòε dyie, kè nyò d̀ò mu bó nìin b́é 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.