

# CareFirst Formulary 1

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## 2021

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

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

# Introduction

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

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of three 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>

**Drug Name** **Drug Tier** **Requirements/Limits**  
**ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS**

**AMPHETAMINES**

ADDERALL TAB 5MG	3	QL (120 tabs / month)
ADDERALL TAB 7.5MG	3	QL (120 tabs / month)
ADDERALL TAB 10MG	3	QL (120 tabs / month)
ADDERALL TAB 12.5MG	3	QL (120 tabs / month)
ADDERALL TAB 15MG	3	QL (60 tabs / month)
ADDERALL TAB 20MG	3	QL (60 tabs / month)
ADDERALL TAB 30MG	3	QL (30 tabs / month)
ADDERALL XR CAP 5MG	3	QL (120 caps / month)
ADDERALL XR CAP 10MG	3	QL (120 caps / month)
ADDERALL XR CAP 15MG	3	QL (30 caps / month)
ADDERALL XR CAP 20MG	3	QL (30 caps / month)
ADDERALL XR CAP 25MG	3	QL (30 caps / month)
ADDERALL XR CAP 30MG	3	QL (30 caps / month)
ADZENYS ER SUS 1.25MG	3	QL (540 mL / month)
ADZENYS XR TAB 3.1MG	3	QL (60 ea / month)
ADZENYS XR TAB 6.3MG	3	QL (60 ea / month)
ADZENYS XR TAB 9.4MG	3	QL (60 ea / month)
ADZENYS XR TAB 12.5MG	3	QL (30 ea / month)
ADZENYS XR TAB 15.7 MG	3	QL (30 ea / month)
ADZENYS XR TAB 18.8MG	3	QL (30 ea / month)
<i>amphetamine extended release susp 1.25 mg/ml</i>	1	QL (540 mL / month)
<i>amphetamine sulfate tab 5 mg</i>	1	QL (150 tabs / month)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (150 tabs / month)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (120 caps / month)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (120 caps / month)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / month)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / month)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / month)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / month)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (120 tabs / month)

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

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. 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 Quick Links.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (120 tabs / month)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / month)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / month)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / month)
DESOXYN TAB 5MG	3	QL (180 tabs / month)
DEXEDRINE CAP 5MG CR	3	QL (150 caps / month)
DEXEDRINE CAP 10MG CR	3	QL (150 caps / month)
DEXEDRINE CAP 15MG CR	3	QL (60 caps / month)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (150 caps / month)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (150 caps / month)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps / month)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1440 mL / month)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (150 tabs / month)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (60 tabs / month)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (60 tabs / month)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (30 tabs / month)
DYANAVEL XR SUS 2.5MG/ML	3	QL (300 mL / month)
EVEKEO ODT TAB 5MG	3	QL (150 tabs / month)
EVEKEO ODT TAB 10MG	3	QL (150 tabs / month)
EVEKEO ODT TAB 15MG	3	QL (60 tabs / month)
EVEKEO ODT TAB 20MG	3	QL (60 tabs / month)
EVEKEO TAB 5MG	3	QL (150 tabs / month)
EVEKEO TAB 10MG	3	QL (150 tabs / month)
<i>methamphetamine hcl tab 5 mg</i>	1	QL (180 tabs / month)
MYDAYIS CAP 12.5MG	2	QL (60 caps / month)
MYDAYIS CAP 25MG	2	QL (60 caps / month)
MYDAYIS CAP 37.5MG	2	QL (30 caps / month)
MYDAYIS CAP 50MG	2	QL (30 caps / month)
VYVANSE CAP 10MG	2	QL (60 caps / month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VYVANSE CAP 20MG	2	QL (60 caps / month)
VYVANSE CAP 30MG	2	QL (60 caps / month)
VYVANSE CAP 40MG	2	QL (30 caps / month)
VYVANSE CAP 50MG	2	QL (30 caps / month)
VYVANSE CAP 60MG	2	QL (30 caps / month)
VYVANSE CAP 70MG	2	QL (30 caps / month)
VYVANSE CHW 10MG	2	QL (60 tabs / month)
VYVANSE CHW 20MG	2	QL (60 tabs / month)
VYVANSE CHW 30MG	2	QL (60 tabs / month)
VYVANSE CHW 40MG	2	QL (30 tabs / month)
VYVANSE CHW 50MG	2	QL (30 tabs / month)
VYVANSE CHW 60MG	2	QL (30 tabs / month)
ZENZEDI TAB 2.5MG	3	QL (150 tabs / month)
ZENZEDI TAB 7.5MG	3	QL (150 tabs / month)
ZENZEDI TAB 15MG	3	QL (60 tabs / month)
ZENZEDI TAB 20MG	3	QL (60 tabs / month)
ZENZEDI TAB 30MG	3	QL (30 tabs / month)
<b>ANALEPTICS</b>		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
<b>ANTI-OBESITY AGENTS</b>		
WEGOY INJ 0.5MG	3	Coverage is subject to your plan/benefits
WEGOY INJ 0.25MG	3	Coverage is subject to your plan/benefits
WEGOY INJ 1.7MG	3	Coverage is subject to your plan/benefits
WEGOY INJ 1MG	3	Coverage is subject to your plan/benefits
WEGOY INJ 2.4MG	3	Coverage is subject to your plan/benefits
<b>ANTIOBESITY AGENTS, INJECTABLE</b>		
SAXENDA INJ 18MG/3ML	2	Coverage is subject to your plan/benefits
<b>ANTIOBESITY AGENTS, ORAL</b>		
ADIPEX-P CAP 37.5MG	3	Coverage is subject to your plan/benefits
ADIPEX-P TAB 37.5MG	3	Coverage is subject to your plan/benefits
<i>benzphetamine hcl tab 25 mg</i>	1	Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benzphetamine hcl tab 50 mg</i>	1	Coverage is subject to your plan/benefits
CONTRAIVE TAB 8-90MG	3	Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab 25 mg</i>	1	Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	Coverage is subject to your plan/benefits
LOMAIRA TAB 8MG	3	Coverage is subject to your plan/benefits
<i>phendimetrazine tartrate cap er 24hr 105 mg</i>	1	Coverage is subject to your plan/benefits
<i>phendimetrazine tartrate tab 35 mg</i>	1	Coverage is subject to your plan/benefits
<i>phentermine hcl cap 15 mg</i>	1	Coverage is subject to your plan/benefits
<i>phentermine hcl cap 30 mg</i>	1	Coverage is subject to your plan/benefits
<i>phentermine hcl cap 37.5 mg</i>	1	Coverage is subject to your plan/benefits
<i>phentermine hcl tab 37.5 mg</i>	1	Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	Coverage is subject to your plan/benefits
REGIMEX TAB 25MG	3	Coverage is subject to your plan/benefits
XENICAL CAP 120MG	3	Coverage is subject to your plan/benefits
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (150 caps / month)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (150 caps / month)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (150 caps / month)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps / month)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps / month)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps / month)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps / month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
INTUNIV TAB 1MG	3	
INTUNIV TAB 2MG	3	
INTUNIV TAB 3MG	3	
INTUNIV TAB 4MG	3	
KAPVAY TAB 0.1 MG	3	
QELBREE CAP 100MG ER	3	
QELBREE CAP 150MG ER	3	
QELBREE CAP 200MG ER	3	
STRATTERA CAP 10MG	3	QL (150 caps / month)
STRATTERA CAP 18MG	3	QL (150 caps / month)
STRATTERA CAP 25MG	3	QL (150 caps / month)
STRATTERA CAP 40MG	3	QL (60 caps / month)
STRATTERA CAP 60MG	3	QL (30 caps / month)
STRATTERA CAP 80MG	3	QL (30 caps / month)
STRATTERA CAP 100MG	3	QL (30 caps / month)

### **DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)**

SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	

### **HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS**

WAKIX TAB 4.45MG	3	PA, QL (60 TABLETS PER 30 DAYS)
WAKIX TAB 17.8MG	3	PA, QL (60 TABLETS PER 30 DAYS)

### **STIMULANTS - MISC.**

ADHANSIA XR CAP 25MG	3	QL (60 caps / month)
ADHANSIA XR CAP 35MG	3	QL (60 caps / month)
ADHANSIA XR CAP 45MG	3	QL (60 caps / month)
ADHANSIA XR CAP 55MG	3	QL (30 caps / month)
ADHANSIA XR CAP 70MG	3	QL (30 caps / month)
ADHANSIA XR CAP 85MG	3	QL (30 caps / month)
APTENSIO XR CAP 10MG	3	QL (60 caps / month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
APTENSIO XR CAP 15MG	3	QL (60 caps / month)
APTENSIO XR CAP 20MG	3	QL (60 caps / month)
APTENSIO XR CAP 30MG	3	QL (60 caps / month)
APTENSIO XR CAP 40MG	3	QL (30 caps / month)
APTENSIO XR CAP 50MG	3	QL (30 caps / month)
APTENSIO XR CAP 60MG	3	QL (30 caps / month)
<i>armodafinil tab 50 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>armodafinil tab 150 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>armodafinil tab 200 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>armodafinil tab 250 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
CONCERTA TAB 18MG	3	QL (60 tabs / month)
CONCERTA TAB 27MG	3	QL (60 tabs / month)
CONCERTA TAB 36MG	3	QL (60 tabs / month)
CONCERTA TAB 54MG	3	QL (30 tabs / month)
COTEMPLA TAB 8.6MG	3	QL (60 ea / month)
COTEMPLA TAB 17.3MG	3	QL (60 ea / month)
COTEMPLA TAB 25.9MG	3	QL (60 ea / month)
DAYTRANA DIS 10MG/9HR	3	QL (30 patches / month)
DAYTRANA DIS 15MG/9HR	3	QL (30 patches / month)
DAYTRANA DIS 20MG/9HR	3	QL (30 patches / month)
DAYTRANA DIS 30MG/9HR	3	QL (30 patches / month)
<i>dexamethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps / month)
<i>dexamethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps / month)
<i>dexamethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps / month)
<i>dexamethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps / month)
<i>dexamethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps / month)
<i>dexamethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps / month)
<i>dexamethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps / month)
<i>dexamethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps / month)
<i>dexamethylphenidate hcl tab 2.5 mg</i>	1	QL (150 tabs / month)
<i>dexamethylphenidate hcl tab 5 mg</i>	1	QL (150 tabs / month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / month)
FOCALIN TAB 2.5MG	3	QL (150 tabs / month)
FOCALIN TAB 5MG	3	QL (150 tabs / month)
FOCALIN TAB 10MG	3	QL (60 tabs / month)
FOCALIN XR CAP 5MG	3	QL (60 caps / month)
FOCALIN XR CAP 10MG	3	QL (60 caps / month)
FOCALIN XR CAP 15MG	3	QL (60 caps / month)
FOCALIN XR CAP 20MG	3	QL (60 caps / month)
FOCALIN XR CAP 25MG	3	QL (30 caps / month)
FOCALIN XR CAP 30MG	3	QL (30 caps / month)
FOCALIN XR CAP 35MG	3	QL (30 caps / month)
FOCALIN XR CAP 40MG	3	QL (30 caps / month)
JORNAY PM CAP 20MG ER	3	QL (60 caps / month)
JORNAY PM CAP 40MG ER	3	QL (60 caps / month)
JORNAY PM CAP 60MG ER	3	QL (30 caps / month)
JORNAY PM CAP 80MG ER	3	QL (30 caps / month)
JORNAY PM CAP 100MG ER	3	QL (30 caps / month)
METHYLIN SOL 5MG/5ML	3	QL (2160 mL / month)
METHYLIN SOL 10MG/5ML	3	QL (1080 mL / month)
METHYLPHENID TAB 72MG ER	3	QL (30 tabs / month)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (30 caps / month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / month)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 TABLETS PER month)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps / month)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (2160 mL / month)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (1080 mL / month)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (210 tabs / month)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (120 tabs / month)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (120 tabs / month)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (120 tabs / month)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (60 tabs / month)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (60 tabs / month)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (60 tabs / month)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (60 tabs / month)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs / month)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs / month)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs / month)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (30 tabs / month)
<i>modafinil tab 100 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>modafinil tab 200 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
NUVIGIL TAB 50MG	3	PA, QL (60 TABLETS PER 30 DAYS)
NUVIGIL TAB 150MG	3	PA, QL (30 TABLETS PER 30 DAYS)
NUVIGIL TAB 200MG	3	PA, QL (30 TABLETS PER 30 DAYS)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUVIGIL TAB 250MG	3	PA, QL (30 TABLETS PER 30 DAYS)
PROVIGIL TAB 100MG	3	PA, QL (60 TABLETS PER 30 DAYS)
PROVIGIL TAB 200MG	3	PA, QL (60 TABLETS PER 30 DAYS)
QUILLICHEW CHW 20MG ER	3	QL (60 tabs / month)
QUILLICHEW CHW 30MG ER	3	QL (60 tabs / month)
QUILLICHEW CHW 40MG ER	3	QL (30 tabs / month)
QUILLIVANT SUS 25MG/5ML	3	QL (420 mL / month)
RELEXXII TAB 72MG	3	QL (30 tabs / month)
RITALIN LA CAP 10MG	3	QL (60 caps / month)
RITALIN LA CAP 20MG	3	QL (60 caps / month)
RITALIN LA CAP 30MG	3	QL (60 caps / month)
RITALIN LA CAP 40MG	3	QL (30 caps / month)
RITALIN TAB 5MG	3	QL (210 tabs / month)
RITALIN TAB 10MG	3	QL (210 tabs / month)
RITALIN TAB 20MG	3	QL (120 tabs / month)

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

GRASTEK SUB 2800BAU	2	
ODACTRA SUB	3	
ORALAIR SUB 300 IR	2	
PALFORZIA CAP ESCALAT	3	
PALFORZIA CAP LEVEL 1	3	
PALFORZIA CAP LEVEL 2	3	
PALFORZIA CAP LEVEL 3	3	
PALFORZIA CAP LEVEL 4	3	
PALFORZIA CAP LEVEL 5	3	
PALFORZIA CAP LEVEL 6	3	
PALFORZIA CAP LEVEL 7	3	
PALFORZIA CAP LEVEL 8	3	
PALFORZIA CAP LEVEL 9	3	
PALFORZIA CAP LEVEL 10	3	
PALFORZIA POW LEVEL 11	3	
RAGWITEK SUB	2	

**AMEBICIDES****AMEBICIDES**

SOLOSEC GRA 2GM	3	
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
ARIKAYCE SUS	3	PA
BETHKIS NEB 300/4ML	2	PA, QL (56 AMPULES PER 28 DAYS)
KITABIS PAK NEB 300/5ML	2	PA, QL (56 AMPULES PER 28 DAYS)
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
TOBI NEB 300/5ML	3	PA, QL (56 AMPULES PER 28 DAYS)
TOBI PODHALR CAP 28MG	2	PA, QL (224 CAPS PER 28 DAYS)
<i>tobramycin nebu soln 300 mg/4ml</i>	1	PA, QL (56 AMPULES PER 28 DAYS)
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA, QL (56 AMPULES PER 28 DAYS)
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
HUMIRA INJ 10/0.1ML	2	PA, QL (2 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 20/0.2ML	2	PA, QL (2 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA INJ 40/0.4ML	2	PA, QL (4 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA KIT 40MG/0.8	2	PA, QL (6 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEDIA INJ CROHNS	2	PA, QL (3 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40/0.4ML	2	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN INJ 40MG/0.8	2	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 80/0.8ML	2	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ CD/UC/HS	2	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ PS/UV	2	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN KIT CD/UC/HS	2	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT PED UC	2	PA, QL (4 PENS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT PS/UV	2	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SIMPONI INJ 50/0.5ML	2	PA, QL (1 INJ PER 28 DAYS); MNPA
SIMPONI INJ 50/0.5ML	2	PA, QL (1 SYRINGE PER 28 DAYS); MNPA
SIMPONI INJ 100MG/ML	2	PA, QL (1 PFS PER 28 DAYS); MNPA
SIMPONI INJ 100MG/ML	2	PA, QL (1 SYRINGE PER 28 DAYS); MNPA
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
OLUMIANT TAB 1MG	3	PA, QL (30 TABLETS PER 30 DAYS)
OLUMIANT TAB 2MG	3	PA, QL (30 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RINVOQ TAB 15MG ER	2	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ SOL 1MG/ML	2	PA, QL (240ML PER 24 DAYS)
XELJANZ TAB 5MG	2	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	2	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XELJANZ XR TAB 11MG	2	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	2	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
OTREXUP INJ 10MG	3	PA, QL (4 inj per 28 days)
OTREXUP INJ 12.5/0.4	3	PA, QL (4 inj per 28 days)
OTREXUP INJ 15MG	3	PA, QL (4 inj per 28 days)
OTREXUP INJ 17.5/0.4	3	PA, QL (4 inj per 28 days)
OTREXUP INJ 20MG	3	PA, QL (4 inj per 28 days)
OTREXUP INJ 22.5/0.4	3	PA, QL (4 inj per 28 days)
OTREXUP INJ 25MG	3	PA, QL (4 inj per 28 days)
RASUVO INJ 7.5MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 10MG	2	PA, QL (4 inj per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RASUVO INJ 12.5MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 15MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 17.5MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 20MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 22.5MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 25MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 30MG	2	PA, QL (4 inj per 28 days)
REDITREX INJ 7.5/.3ML	3	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 10/.4ML	3	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 12.5/0.5	3	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 15/.6ML	3	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 17.5/0.7	3	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 20/.8ML	3	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 22.5/0.9	3	PA, QL (4 SYRINGES PER 28 DAYS)
REDITREX INJ 25MG/ML	3	PA, QL (4 SYRINGES PER 28 DAYS)
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP 3MG	3	
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST INJ 220MG	3	PA, QL (8 VIALS PER 28 DAYS)
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ	3	PA, QL (30 SYRINGES PER 30 DAYS); MNPA
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA INJ 162/0.9	3	PA, QL (4 SYRINGES PER 28 DAYS); MNPA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACTEMRA INJ ACTPEN	3	PA, QL (4 AUTOINJECTORS PER 28 DAYS); MNPA
KEVZARA INJ 150/1.14	2	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	2	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

### **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAP 50MG	3	
CELEBREX CAP 100MG	3	
CELEBREX CAP 200MG	3	
CELEBREX CAP 400MG	3	
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
DAYPRO TAB 600MG	3	
DICLOFENAC CAP 35MG	3	PA
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
EC-NAPROXEN TAB 375MG	1	
EC-NAPROXEN TAB 500MG	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
FELDENE CAP 10MG	3	
FELDENE CAP 20MG	3	
<i>fenoprofen calcium cap 200 mg</i>	1	PA; MNPA
<i>fenoprofen calcium cap 400 mg</i>	1	PA; MNPA
<i>fenoprofen calcium tab 600 mg</i>	1	PA; MNPA
FENOPROFEN CAP 200MG	3	PA; MNPA
FENORTHO CAP 200MG	3	PA
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
INDOCIN SUP 50MG	3	PA
INDOCIN SUS 25MG/5ML	3	PA
<i>indomethacin cap 20 mg</i>	1	PA; MNPA
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>ketoprofen cap 25 mg</i>	1	PA; MNPA
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap er 24hr 200 mg</i>	1	PA; MNPA
KETOR TROMET SPR 15.75MG	3	PA
<i>ketorolac tromethamine tab 10 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LODINE TAB 400MG	3	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	PA
<i>meloxicam cap 5 mg</i>	1	
<i>meloxicam cap 10 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
MOBIC TAB 7.5MG	3	
MOBIC TAB 15MG	3	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPRELAN TAB 375MG CR	3	PA
NAPRELAN TAB 500MG CR	3	PA
NAPRELAN TAB 750MG CR	3	
NAPROSYN SUS 125/5ML	3	
NAPROSYN TAB 500MG	3	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	1	PA; MNPA
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	1	PA; MNPA
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	PA
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	1	PA; MNPA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	1	PA; MNPA
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QMIIZ ODT TAB 7.5MG	3	
QMIIZ ODT TAB 15 MG	3	
RELAFEN DS TAB 1000MG	3	
SPRIX SPR 15.75MG	3	PA; MNPA
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
TIVORBEX CAP 20MG	3	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
VIVLODEX CAP 5MG	3	
VIVLODEX CAP 10MG	3	
ZIPSOR CAP 25MG	3	
ZORVOLEX CAP 18MG	3	PA; MNPA
ZORVOLEX CAP 35MG	3	PA; MNPA
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TAB 10/20/30	2	PA, QL (55 TABLETS PER 28 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA TAB 30MG	2	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
ARAVA TAB 10MG	2	
ARAVA TAB 20MG	2	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>SELECTIVE COSTIMULATION MODULATORS</i></b>		
ORENCIA CLCK INJ 125MG/ML	3	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 50/0.4ML	3	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 87.5/0.7	3	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 125MG/ML	3	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</i></b>		
ENBREL INJ 25/0.5ML	2	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	2	PA, QL (4 VIALS PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 50MG/ML	2	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENBREL MINI INJ 50MG/ML	2	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL SRCLK INJ 50MG/ML	2	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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

ALLZITAL TAB 25-325MG	3	
BUT/ASA/CAF TAB	3	
<i>butalbital-acetaminophen cap 50-300 mg</i>	1	
<i>butalbital-acetaminophen tab 25-325 mg</i>	1	
<i>butalbital-acetaminophen tab 50-300 mg</i>	1	PA; MNPA
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml</i>	1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	
ESGIC TAB	3	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FIORICET CAP	3	
<b>SALICYLATES</b>		
<i>aspirin chew tab 81 mg</i>	0	
<i>aspirin chew tab 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin tab delayed release 81 mg</i>	0	
<i>aspirin tab delayed release 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
ACTIQ LOZ 200MCG	3	PA
ACTIQ LOZ 400MCG	3	PA
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA
ACTIQ LOZ 1200MCG	3	PA
ACTIQ LOZ 1600MCG	3	PA
CODEINE SULF TAB 15MG	3	PA, QL (1 tab per day)
CODEINE SULF TAB 30MG	1	PA, QL (1 tab per day)
CODEINE SULF TAB 60MG	3	PA, QL (1 tab per day)
CONZIP CAP 100MG	3	PA, QL (1 cap per day)
CONZIP CAP 200MG	3	PA, QL (1 cap per day)
CONZIP CAP 300MG	3	PA, QL (1 cap per day)
DILAUDID LIQ 1MG/ML	3	PA, QL (24 mL per day)
DILAUDID TAB 2MG	3	PA, QL (7 tabs per day)
DILAUDID TAB 4MG	3	PA, QL (6 tabs per day)
DILAUDID TAB 8MG	3	PA, QL (2 tabs per day)
DURAGESIC DIS 12MCG/HR	3	PA, QL (10 patches per month)
DURAGESIC DIS 25MCG/HR	3	PA, QL (10 patches per month)
DURAGESIC DIS 50MCG/HR	3	PA
DURAGESIC DIS 75MCG/HR	3	PA
DURAGESIC DIS 100MCG/H	3	PA
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches per month)
FENTORA TAB 100MCG	3	PA
FENTORA TAB 200MCG	3	PA
FENTORA TAB 400MCG	3	PA
FENTORA TAB 600MCG	3	PA
FENTORA TAB 800MCG	3	PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA, QL (2 caps per day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA, QL (2 caps per day)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (1 tab per day)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (1 tab per day)
HYDROMORPHON SUP 3MG	3	PA, QL (4 supps per day)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (24 mL per day)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (7 tabs per day)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (6 tabs per day)
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (2 tabs per day)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (1 tab per day)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (1 tab per day)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (1 tab per day)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
HYSINGLA ER TAB 20 MG	3	PA, QL (1 tab per day)
HYSINGLA ER TAB 30 MG	3	PA, QL (1 tab per day)
HYSINGLA ER TAB 40 MG	3	PA, QL (1 tab per day)
HYSINGLA ER TAB 60 MG	3	PA, QL (1 tab per day)
HYSINGLA ER TAB 80 MG	3	PA, QL (1 tab per day)
HYSINGLA ER TAB 100 MG	3	PA
HYSINGLA ER TAB 120 MG	3	PA
LAZANDA SPR 100MCG	3	PA
LAZANDA SPR 400MCG	3	PA
<i>levorphanol tartrate tab 2 mg</i>	1	PA, QL (4 tabs per day)
<i>levorphanol tartrate tab 3 mg</i>	1	PA, QL (2 tabs per day)
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	QL (2 mL per day)
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (2 mL per day)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (18 mL per day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (12 mL per day)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (3 tabs per day)
<i>methadone hcl tab 10 mg</i>	1	PA, QL (2 Tabs per day)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
METHADOSE CON 10MG/ML	3	QL (2 mL per day)
METHADOSE SF CON 10MG/ML	3	QL (2 mL per day)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 40 mg</i>	1	PA, QL (2 caps per day)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (1 cap per day)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (36 mL per day)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (27 mL per day)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (5 mL per day)
<i>morphine sulfate suppos 5 mg</i>	1	PA, QL (7 supps per day)
<i>morphine sulfate suppos 10 mg</i>	1	PA, QL (7 supps per day)
<i>morphine sulfate suppos 20 mg</i>	1	PA, QL (4 supps per day)
<i>morphine sulfate suppos 30 mg</i>	1	PA, QL (3 supps per day)
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (7 tabs per day)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (3 tabs per day)
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA
<i>morphine sulfate tab er 200 mg</i>	1	PA
MS CONTIN TAB 15MG ER	3	PA, QL (3 tabs per day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MS CONTIN TAB 30MG ER	3	PA, QL (3 tabs per day)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA
NUCYNTA ER TAB 50MG	2	PA, QL (2 tabs per day)
NUCYNTA ER TAB 100MG	2	PA, QL (2 tabs per day)
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	PA, QL (4 tabs per day)
NUCYNTA TAB 75MG	2	PA, QL (3 tabs per day)
NUCYNTA TAB 100MG	2	PA, QL (2 tabs per day)
OXAYDO TAB 5MG	3	PA, QL (7 tabs per day)
OXAYDO TAB 7.5MG	3	PA, QL (7 tabs per day)
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (7 caps per day)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (3 mL per day)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (36 mL per day)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (7 tabs per day)
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (7 tabs per day)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (4 tabs per day)
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (3 tabs per day)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (4 tabs per day)
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA, QL (2 tabs per day)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (2 tabs per day)
OXYCODONE TAB 10MG ER	3	PA, QL (2 tabs per day)
OXYCODONE TAB 20MG ER	3	PA, QL (2 tabs per day)
OXYCODONE TAB 40MG ER	3	PA, QL (4 tabs per day)
OXYCONTIN TAB 10MG CR	2	PA, QL (2 tabs per day)
OXYCONTIN TAB 15MG CR	2	PA, QL (2 tabs per day)
OXYCONTIN TAB 20MG CR	2	PA, QL (2 tabs per day)
OXYCONTIN TAB 30MG CR	2	PA, QL (2 tabs per day)
OXYCONTIN TAB 40MG CR	2	PA, QL (4 tabs per day)
OXYCONTIN TAB 60MG CR	2	PA, QL (2 tabs per day)
OXYCONTIN TAB 80MG CR	2	PA, QL (2 tabs per day)
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (7 tabs per day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (3 tabs per day)
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	PA, QL (2 tabs per day)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	PA, QL (2 tabs per day)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	PA, QL (2 tabs per day)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	PA, QL (2 tabs per day)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA
QDOLO SOL 5MG/ML	3	
ROXICODONE TAB 5MG	3	PA, QL (7 tabs per day)
ROXICODONE TAB 15MG	3	PA, QL (4 tabs per day)
ROXICODONE TAB 30MG	3	PA, QL (2 tabs per day)
SUBSYS SPR 100MCG	2	PA
SUBSYS SPR 200MCG	2	PA
SUBSYS SPR 400MCG	2	PA
SUBSYS SPR 600MCG	2	PA
SUBSYS SPR 800MCG	2	PA
SUBSYS SPR 1200MCG	2	PA
SUBSYS SPR 1600MCG	2	PA
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (7 tabs per day)
<i>tramadol hcl tab 100 mg</i>	1	PA, QL (3 tabs per day); MNPA
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (1 tab per day)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (1 tab per day)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (1 tab per day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA
ULTRAM TAB 50MG	3	PA, QL (7 tabs per day)
XTAMPZA ER CAP 9MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 13.5MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 18MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 27MG	2	PA, QL (2 caps per day)
XTAMPZA ER CAP 36MG	2	PA, QL (2 caps per day)
ZOHYDRO ER CAP 10MG	3	PA, QL (2 caps per day)
ZOHYDRO ER CAP 15MG	3	PA, QL (2 caps per day)
ZOHYDRO ER CAP 20MG	3	PA, QL (2 caps per day)
ZOHYDRO ER CAP 30MG	3	PA, QL (2 caps per day)

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ZOHYDRO ER CAP 40MG	3	PA, QL (2 caps per day)
ZOHYDRO ER CAP 50MG	3	PA, QL (2 caps per day)

**OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (2700 mL / month)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA, QL (13 tabs per day)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA, QL (12 tabs per day)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA, QL (6 tabs per day)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (10 caps per day)
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i>	1	PA, QL (10 tabs per day)
APADAZ TAB 4.08-325	3	PA, QL (12 tabs per day)
APADAZ TAB 6.12-325	3	PA, QL (12 tabs per day)
APADAZ TAB 8.16-325	3	PA, QL (12 tabs per day)
BENZHY/ACETA TAB 4.08-325	3	PA, QL (12 tabs per day)
BENZHY/ACETA TAB 6.12-325	3	PA, QL (12 tabs per day)
BENZHY/ACETA TAB 8.16-325	3	PA, QL (12 tabs per day)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	
FIORICET CAP CODEINE	3	
HYDRO/ACETA SOL 10-325MG	1	PA, QL (2700 mL / month)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (2700 mL / month)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (8 tabs per day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (8 tabs per day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (6 tabs per day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (6 tabs per day)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (6 tabs per day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs per day)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (5 tabs per day)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (5 tabs per day)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (5 tabs per day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LORTAB ELX 10-300MG	3	PA, QL (68 mL per day)
NALOCET TAB 2.5-300	3	PA, QL (12 tabs per day)
OXYCOD-APAP TAB 2.5-300	3	PA, QL (12 tabs per day)
OXYCOD/ACETA SOL 10/300MG	3	QL (30 mL per day)
OXYCOD/APAP TAB 5-300MG	3	PA, QL (12 tabs per day)
OXYCOD/APAP TAB 10-300MG	3	PA, QL (6 tabs per day)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (12 tabs per day)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (12 tabs per day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (8 tabs per day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (6 tabs per day)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	PA, QL (12 tabs per day)
PERCOCET TAB 2.5-325	3	PA, QL (12 tabs per day)
PERCOCET TAB 5-325MG	3	PA, QL (12 tabs per day)
PERCOCET TAB 7.5-325	3	PA, QL (8 tabs per day)
PERCOCET TAB 10-325MG	3	PA, QL (6 tabs per day)
PROLATE SOL 10/300MG	3	QL (30 mL per day)
PROLATE TAB 5-300MG	3	PA, QL (12 tabs per day)
PROLATE TAB 7.5-300	3	PA, QL (8 tabs per day)
PROLATE TAB 10-300MG	3	PA, QL (6 tabs per day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (8 tabs per day)
ULTRACET TAB 37.5-325	3	PA, QL (8 tabs per day)

**OPIOID PARTIAL AGONISTS**

BELBUCA MIS 75MCG	2	PA, QL (60 films per month)
BELBUCA MIS 150MCG	2	PA, QL (60 films per month)
BELBUCA MIS 300MCG	2	PA, QL (60 films per month)
BELBUCA MIS 450MCG	2	PA, QL (60 films per month)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
BUNAVAIL MIS 4.2-0.7	2	
BUNAVAIL MIS 6.3-1MG	2	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA, QL (4 patches per month)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA, QL (4 patches per month)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA, QL (4 patches per month)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 BOTTLES PER MONTH)
BUTRANS DIS 5MCG/HR	3	PA, QL (4 patches per month)
BUTRANS DIS 7.5/HR	3	PA, QL (4 patches per month)
BUTRANS DIS 10MCG/HR	3	PA, QL (4 patches per month)
BUTRANS DIS 15MCG/HR	3	PA
BUTRANS DIS 20MCG/HR	3	PA
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA
SUBOXONE MIS 2-0.5MG	3	
SUBOXONE MIS 4-1MG	3	
SUBOXONE MIS 8-2MG	3	
SUBOXONE MIS 12-3MG	3	
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANDROGENS-ANABOLIC</b>		
<b>ANABOLIC STEROIDS</b>		
<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	
<b>ANDROGENS</b>		
ANDRODERM DIS 2MG/24HR	2	
ANDRODERM DIS 4MG/24HR	2	
ANDROGEL GEL 1%(25MG)	3	
ANDROGEL GEL 1%(50MG)	3	
ANDROGEL GEL 1.62%	3	
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
DEPO-TESTOST INJ 100MG/ML	3	PA
DEPO-TESTOST INJ 200MG/ML	3	PA
FORTESTA GEL 10MG/ACT	3	
JATENZO CAP 158MG	3	
JATENZO CAP 198MG	3	
JATENZO CAP 237MG	3	
METHITEST TAB 10MG	3	
<i>methyltestosterone cap 10 mg</i>	1	
NATESTO GEL 5.5MG	2	
TESTIM GEL 1%(50MG)	3	
<i>testosterone cyp im or subcutaneous inj in oil 200 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	
<i>testosterone td soln 30 mg/act</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VOGELXO GEL 1%(50MG)	3	
VOGELXO GEL PUMP 1%	3	
XYOSTED INJ 50/0.5	3	PA
XYOSTED INJ 75/0.5	3	PA
XYOSTED INJ 100/0.5	3	PA

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

CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
UCERIS AER 2MG/ACT	3	

**RECTAL COMBINATIONS**

ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	

**RECTAL STEROIDS**

ANUSOL-HC CRE 2.5%	2	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
PROCTOCORT CRE 1%	3	
PROCTOCORT SUP 30MG	3	

**VASODILATING AGENTS**

RECTIV OIN 0.4%	3	
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**ANTHELMINTICS****ANTHELMINTICS**

<i>albendazole tab 200 mg</i>	1	QL (336 tabs / year)
ALBENZA TAB 200MG	3	QL (336 tabs / year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs / year)
EMVERM CHW 100MG	2	QL (12 ea / year)
<i>ivermectin tab 3 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs / year)
STROMEKTOL TAB 3MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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**ANTI-INFECTIVE AGENTS - MISC.**

**ANTI-INFECTIVE AGENTS - MISC.**

AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
FLAGYL TAB 500MG	3	
IMPAVIDO CAP 50MG	3	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
PRIMSOL SOL 50MG/5ML	3	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	2	

**ANTI-INFECTIVE MISC. - COMBINATIONS**

BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	

**ANTIPROTOZOAL AGENTS**

ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
<i>nitazoxanide tab 500 mg</i>	1	

**GLYCOPEPTIDES**

FIRVANQ SOL 25MG/ML	3	QL (450 ML / 10 days)
FIRVANQ SOL 50MG/ML	3	QL (450 ML / 10 days)
VANCOGIN CAP 250MG	2	QL (80 caps / 10 days)
VANCOGIN HCL CAP 125MG	2	QL (80 caps / 10 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps / 10 days)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
VANCOMYCIN SOL 250/5ML	3	QL (450 ML / 10 days)
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<b>LINCOSAMIDES</b>		
CLEOCIN CAP 75MG	2	
CLEOCIN CAP 150MG	2	
CLEOCIN CAP 300MG	2	
CLEOCIN PED SOL 75MG/5ML	2	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<b>MONOBACTAMS</b>		
CAYSTON INH 75MG	3	PA, QL (84 VIALS PER 28 DAYS)
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	1	PA
<i>linezolid tab 600 mg</i>	1	PA
SIVEXTRO TAB 200MG	3	
ZYVOX SUS 100MG/5M	3	PA
ZYVOX TAB 600MG	3	PA
<b>PLEUROMUTILINS</b>		
XENLETA TAB 600MG	3	
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	2	
MACRODANTIN CAP 25MG	3	PA; MNPA
MACRODANTIN CAP 50MG	3	PA; MNPA
MACRODANTIN CAP 100MG	3	PA; MNPA
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
MONUROL PAK GRANULES	3	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	

**ANTIANGINAL AGENTS****ANTIANGINALS-OTHER**

RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	

**NITRATES**

DILATRATE SR CAP 40MG	3	
GONITRO POW 400MCG	3	
ISORDIL TAB 5MG	3	
ISORDIL TAB 40MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab 40 mg</i>	1	PA; MNPA
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	2	
NITRO-DUR DIS 0.2MG/HR	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.4MG/HR	2	
NITRO-DUR DIS 0.6MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL SPR PUMPSRA	3	
NITROMIST AER 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

**ANTIANSXIETY AGENTS****ANTIANSXIETY AGENTS - MISC.**

<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
VISTARIL CAP 25MG	3	
VISTARIL CAP 50MG	3	

**BENZODIAZEPINES**

ALPRAZOLAM CON 1 MG/ML	3	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
ATIVAN TAB 0.5MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ATIVAN TAB 1MG	3	
ATIVAN TAB 2MG	3	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
TRANXENE T TAB 7.5MG	3	
VALIUM TAB 2MG	2	
VALIUM TAB 5MG	2	
VALIUM TAB 10MG	2	
XANAX TAB 0.5MG	3	
XANAX TAB 0.25MG	3	
XANAX TAB 1MG	3	
XANAX TAB 2MG	3	
XANAX XR TAB 0.5MG	3	
XANAX XR TAB 1MG	3	
XANAX XR TAB 2MG	3	
XANAX XR TAB 3MG	3	

**ANTIARRHYTHMICS****ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
NORPACE CAP 100MG	3	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG	3	
NORPACE CAP 150MG CR	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinidine gluconate tab er 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
RYTHMOL SR CAP 225MG	2	
RYTHMOL SR CAP 325MG	2	
RYTHMOL SR CAP 425MG	2	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	2	PA
TIKOSYN CAP 250MCG	2	PA
TIKOSYN CAP 500MCG	2	PA
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (240 nebulas / month)
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA PEN INJ 30MG/ML	2	PA, QL (1 PEN PER 56 DAYS)
NUCALA INJ 100MG/ML	2	PA, QL (3 INJ PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUCALA INJ 100MG/ML	2	PA, QL (3 PFS PER 28 DAYS)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA AER 17MCG	2	QL (2 packages per month)
INCRUSE ELPT INH 62.5MCG	2	QL (1 package per month)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (300 nebulas per month)
LONHALA MAGN SOL 25MCG	3	QL (1 package per month)
SEEBRI NEOHA CAP 15.6MCG	3	QL (1 package per month)
SPIRIVA AER 1.25MCG	2	QL (1 package per month)
SPIRIVA CAP HANDIHLR	2	QL (1 package per month)
SPIRIVA SPR 2.5MCG	2	QL (1 package per month)
TUDORZA PRES AER 400/ACT	3	QL (1 package per month)
YUPELRI SOL	2	QL (1 package per month)
<b>LEUKOTRIENE MODULATORS</b>		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
SINGULAIR CHW 4MG	3	
SINGULAIR CHW 5MG	3	
SINGULAIR GRA 4MG	3	
SINGULAIR TAB 10MG	3	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
<i>zileuton tab er 12hr 600 mg</i>	1	PA
ZYFLO TAB 600MG	3	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TAB 250MCG	2	
DALIRESP TAB 500MCG	2	
<b>STEROID INHALANTS</b>		
ALVESCO AER 80MCG	3	
ALVESCO AER 160MCG	3	
ARMONAIR DIG AER 55MCG	3	
ARMONAIR DIG AER 113MCG	3	
ARMONAIR DIG AER 232MCG	3	
ARNUITY ELPT INH 50MCG	2	
ARNUITY ELPT INH 100MCG	2	
ARNUITY ELPT INH 200MCG	2	
ASMANEX 7 AER 110MCG	2	
ASMANEX 14 AER 220MCG	2	
ASMANEX 30 AER 110MCG	2	
ASMANEX 30 AER 220MCG	2	
ASMANEX 60 AER 220MCG	2	
ASMANEX 120 AER 220MCG	2	
ASMANEX HFA AER 50MCG	2	
ASMANEX HFA AER 100 MCG	2	
ASMANEX HFA AER 200 MCG	2	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	
<i>budesonide inhalation susp 1 mg/2ml</i>	1	
FLOVENT DISK AER 50MCG	2	
FLOVENT DISK AER 100MCG	2	
FLOVENT DISK AER 250MCG	2	
FLOVENT HFA AER 44MCG	2	
FLOVENT HFA AER 110MCG	2	
FLOVENT HFA AER 220MCG	2	
PULMICORT INH 90MCG	2	
PULMICORT INH 180MCG	2	
PULMICORT SUS 0.5MG/2	3	
PULMICORT SUS 0.25MG/2	3	
PULMICORT SUS 1MG/2ML	3	
QVAR REDIIHA AER 80MCG	2	
QVAR REDIIHAL AER 40MCG	2	
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKU AER 100/50	2	QL (1 package per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADVAIR DISKU AER 250/50	2	QL (1 package per month)
ADVAIR DISKU AER 500/50	2	QL (1 package per month)
ADVAIR HFA AER 45/21	2	QL (1 package per month)
ADVAIR HFA AER 115/21	2	QL (1 package per month)
ADVAIR HFA AER 230/21	2	QL (1 package per month)
AIRDUO DGHLR INH 55-14	3	
AIRDUO DGHLR INH 113-14	3	
AIRDUO DGHLR INH 232-14	3	
AIRDUO RESPI INH 55-14	3	QL (1 package per month)
AIRDUO RESPI INH 113-14	3	QL (1 package per month)
AIRDUO RESPI INH 232-14	3	QL (1 package per month)
ALBUTEROL NEB 0.5%	3	QL (120 ea / month)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 PKG PER MONTH)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (120 ea / month)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL / month)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL / month)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL / month)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	QL (1 package per month)
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (60 vials per month)
BEVESPI AER 9-4.8MCG	2	QL (1 package per month)
BREO ELLIPTA INH 100-25	2	QL (1 package per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BREO ELLIPTA INH 200-25	2	QL (1 package per month)
BREZTRI AERO AER SPHERE	2	
BROVANA NEB 15MCG	3	QL (60 vials per month)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (1 package per month)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (1 package per month)
COMBIVENT AER 20-100	3	QL (2 packages per month)
DUAKLIR AER 400/12	3	QL (1 package per month)
DULERA AER 50-5MCG	3	QL (1 package per month)
DULERA AER 100-5MCG	3	QL (1 package per month)
DULERA AER 200-5MCG	3	QL (1 package per month)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	QL (1 package per month)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i>	1	QL (1 package per month)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	QL (1 package per month)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	QL (1 package per month)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i>	1	QL (1 package per month)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i>	1	QL (1 package per month)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (60 vials per month)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (540 nebulas per month)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL / month)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL / month)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL / month)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (90 ea / month)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers / month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERFOROMIST NEB 20MCG	2	QL (60 vials per month)
PROAIR DIGIH AER	3	QL (2 pkg Per Month)
PROAIR HFA AER	3	QL (2 PKG PER MONTH)
PROAIR RESPI AER	3	QL (2 pkg Per Month)
PROVENTIL AER HFA	3	QL (2 PKG PER MONTH)
SEREVENT DIS AER 50MCG	2	QL (1 package per month)
STIOLTO AER 2.5-2.5	2	QL (1 package per month)
STRIVERDI AER 2.5MCG	2	QL (1 package per month)
SYMBICORT AER 80-4.5	2	QL (1 package per month); Tier 2 with DAW9
SYMBICORT AER 160-4.5	2	QL (1 package per month); Tier 2 with DAW9
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER ELLIPTA	2	QL (1 inhaler / month)
TRELEGY AER ELLIPTA	2	QL (1 package per month)
UTIBRON CAP NEOHALER	3	QL (1 package per month)
VENTOLIN HFA AER	3	QL (2 PKG PER MONTH)
XOPENEX CONC NEB 1.25/0.5	3	QL (90 ea / month)
XOPENEX HFA AER	3	QL (2 inhalers / month)
XOPENEX NEB 0.31MG	3	QL (300 mL / month)
XOPENEX NEB 0.63MG	3	QL (300 mL / month)
XOPENEX NEB 1.25/3ML	3	QL (300 mL / month)
<b>XANTHINES</b>		
ELIXOPHYLLIN ELX 80/15ML	3	
THEO-24 CAP 100MG CR	3	PA; MNPA
THEO-24 CAP 200MG CR	3	PA; MNPA
THEO-24 CAP 300MG CR	3	PA; MNPA
THEO-24 CAP 400MG ER	3	PA; MNPA
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2	2	
FRAGMIN INJ 5000/0.2	2	
FRAGMIN INJ 7500/0.3	2	
FRAGMIN INJ 10000/ML	2	
FRAGMIN INJ 12500UNT	2	
FRAGMIN INJ 15000UNT	2	
FRAGMIN INJ 18000UNT	2	
FRAGMIN INJ 95000UNT	2	
HEPARIN SOD INJ 5000/0.5	3	PA
HEPARIN SOD INJ 5000/ML	3	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	PA
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	
<b>THROMBIN INHIBITORS</b>		
PRADAXA CAP 75MG	3	
PRADAXA CAP 110MG	3	
PRADAXA CAP 150MG	3	
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	3	
ONFI SUS 2.5MG/ML	3	
ONFI TAB 10MG	3	
ONFI TAB 20MG	3	
SYMPAZAN MIS 5MG	3	
SYMPAZAN MIS 10MG	3	
SYMPAZAN MIS 20MG	3	
VALTOCO SPR 5MG	3	QL (5 boxes per month)
VALTOCO SPR 10MG	3	QL (5 boxes per month)
VALTOCO SPR 15MG	3	QL (5 boxes per month)
VALTOCO SPR 20MG	3	QL (5 boxes per month)
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM TAB 200MG	3	
APTIOM TAB 400MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
APTIOM TAB 600MG	3	
APTIOM TAB 800MG	3	
BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
DIACOMIT CAP 250MG	3	QL (360 CAPSULES PER 30 DAYS)
DIACOMIT CAP 500MG	3	QL (180 CAPSULES PER 30 DAYS)
DIACOMIT PAK 250MG	3	QL (360 PACKETS PER 30 DAYS)
DIACOMIT PAK 500MG	3	QL (180 PACKETS PER 30 DAYS)
ELEPSIA XR TAB 1000MG	3	
ELEPSIA XR TAB 1500MG	3	
EPIDIOLEX SOL 100MG/ML	3	PA, QL (800 ML PER 30 DAYS)
FINTEPLA SOL 2.2MG/ML	3	PA, QL (360ML PER 30 DAYS)
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
KEPPRA SOL 100MG/ML	3	
KEPPRA TAB 250MG	3	
KEPPRA TAB 500MG	3	
KEPPRA TAB 750MG	3	
KEPPRA TAB 1000MG	3	
KEPPRA XR TAB 500MG	3	
KEPPRA XR TAB 750MG	3	
LAMICTAL CHW 5MG	3	
LAMICTAL CHW 25MG	3	
LAMICTAL KIT START 35	3	
LAMICTAL KIT START 49	3	
LAMICTAL KIT START 98	3	
LAMICTAL ODT KIT	3	
LAMICTAL ODT TAB 25MG	3	
LAMICTAL ODT TAB 50MG	3	
LAMICTAL ODT TAB 100MG	3	
LAMICTAL ODT TAB 200MG	3	
LAMICTAL TAB 25MG	3	
LAMICTAL TAB 100MG	3	
LAMICTAL TAB 150MG	3	
LAMICTAL TAB 200MG	3	
LAMICTAL XR KIT	3	
LAMICTAL XR TAB 25MG	3	
LAMICTAL XR TAB 50MG	3	
LAMICTAL XR TAB 100MG	3	
LAMICTAL XR TAB 200MG	3	
LAMICTAL XR TAB 250MG	3	
LAMICTAL XR TAB 300MG	3	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
LYRICA CAP 25MG	3	QL (120 caps per month)
LYRICA CAP 50MG	3	QL (120 caps per month)
LYRICA CAP 75MG	3	QL (120 caps per month)
LYRICA CAP 100MG	3	QL (120 caps per month)
LYRICA CAP 150MG	3	QL (120 caps per month)
LYRICA CAP 200MG	3	QL (90 caps per month)
LYRICA CAP 225MG	3	QL (60 caps per month)
LYRICA CAP 300MG	3	QL (60 caps per month)
LYRICA SOL 20MG/ML	3	QL (1080 mL / month)
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
<i>pregabalin cap 25 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 50 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 75 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 100 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 150 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 200 mg</i>	1	QL (90 caps per month)
<i>pregabalin cap 225 mg</i>	1	QL (60 caps per month)
<i>pregabalin cap 300 mg</i>	1	QL (60 caps per month)
<i>pregabalin soln 20 mg/ml</i>	1	QL (1080 mL / month)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
<i>rufinamide susp 40 mg/ml</i>	1	
SPRITAM TAB 250MG	3	
SPRITAM TAB 500MG	3	
SPRITAM TAB 750MG	3	
SPRITAM TAB 1000MG	3	
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
<i>topiramate cap er 24hr sprinkle 25 mg</i>	1	PA; MNPA
<i>topiramate cap er 24hr sprinkle 50 mg</i>	1	PA; MNPA
<i>topiramate cap er 24hr sprinkle 100 mg</i>	1	PA; MNPA
<i>topiramate cap er 24hr sprinkle 150 mg</i>	1	PA; MNPA
<i>topiramate cap er 24hr sprinkle 200 mg</i>	1	PA; MNPA
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
ZONEGRAN CAP 25MG	3	PA; MNPA
ZONEGRAN CAP 100MG	3	PA; MNPA
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
<b>CARBAMATES</b>		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FELBATOL SUS 600/5ML	3	
FELBATOL TAB 400MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	3	
XCOPRI PAK 50-100MG	3	
XCOPRI PAK 50-200MG	3	
XCOPRI PAK 100-150	3	
XCOPRI PAK 150-200	3	
XCOPRI TAB 50MG	3	
XCOPRI TAB 100MG	3	
XCOPRI TAB 150MG	3	
XCOPRI TAB 200MG	3	
<b>GABA MODULATORS</b>		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
SABRIL POW 500MG	3	PA, QL (180 PACKETS PER 30 DAYS)
SABRIL TAB 500MG	3	PA, QL (180 TABLETS PER 30 DAYS)
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL (180 PACKETS PER 30 DAYS)
<i>vigabatrin tab 500 mg</i>	1	PA, QL (180 TABLETS PER 30 DAYS)
<b>HYDANTOINS</b>		
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<b>SUCCINIMIDES</b>		
CELONTIN CAP 300MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
<b>VALPROIC ACID</b>		
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
<b>ANTIDEPRESSANTS - MISC.</b>		
APLENZIN TAB 174MG	3	
APLENZIN TAB 348MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
APLENZIN TAB 522MG	3	
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>bupropion hcl tab er 24hr 450 mg</i>	1	PA; MNPA
FORFIVO XL TAB 450MG	3	
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	3	
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	2	
PARNATE TAB 10MG	2	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluoxetine hcl tab 60 mg</i>	1	PA; MNPA
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
LEXAPRO TAB 5MG	3	
LEXAPRO TAB 10MG	3	
LEXAPRO TAB 20MG	3	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
PAXIL CR TAB 12.5MG	3	
PAXIL CR TAB 25MG	3	
PAXIL CR TAB 37.5MG	3	
PAXIL SUS 10MG/5ML	3	
PAXIL TAB 10MG	3	
PAXIL TAB 20MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PAXIL TAB 30MG	3	
PAXIL TAB 40MG	3	
PEXEVA TAB 10MG	3	
PEXEVA TAB 20MG	3	
PEXEVA TAB 30MG	3	
PEXEVA TAB 40MG	3	
PROZAC CAP 10MG	3	
PROZAC CAP 20MG	3	
PROZAC CAP 40MG	3	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
ZOLOFT CON 20MG/ML	3	
ZOLOFT TAB 25MG	3	
ZOLOFT TAB 50MG	3	
ZOLOFT TAB 100MG	3	
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD KIT STARTER	2	
VIIBRYD TAB 10MG	2	
VIIBRYD TAB 20MG	2	
VIIBRYD TAB 40MG	2	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA CAP 20MG	3	
CYMBALTA CAP 30MG	3	
CYMBALTA CAP 60MG	3	
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
DRIZALMA CAP 20MG DR	3	
DRIZALMA CAP 30MG DR	3	
DRIZALMA CAP 40MG DR	3	
DRIZALMA CAP 60MG DR	3	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
EFFEXOR XR CAP 37.5MG	3	
EFFEXOR XR CAP 75MG	3	
EFFEXOR XR CAP 150MG	3	
FETZIMA CAP 20MG	2	
FETZIMA CAP 40MG	2	
FETZIMA CAP 80MG	2	
FETZIMA CAP 120MG	2	
FETZIMA CAP TITRATIO	2	
PRISTIQ TAB 25MG	3	
PRISTIQ TAB 50MG	3	
PRISTIQ TAB 100MG	3	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
ANAFRANIL CAP 25MG	2	
ANAFRANIL CAP 50MG	2	
ANAFRANIL CAP 75MG	2	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
NORPRAMIN TAB 10MG	2	
NORPRAMIN TAB 25MG	2	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
PAMELOR CAP 10MG	2	
PAMELOR CAP 25MG	2	
PAMELOR CAP 50MG	2	
PAMELOR CAP 75MG	2	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

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

<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	
PRECOSE TAB 25MG	2	
PRECOSE TAB 50MG	2	
PRECOSE TAB 100MG	2	

**ANTIDIABETIC - AMYLIN ANALOGS**

SYMLINPEN 60 INJ 1000MCG	2	
SYMLINPEN 120 INJ 1000MCG	2	

**ANTIDIABETIC COMBINATIONS**

ACTOPLUS MET TAB 15-500MG	3	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACTOPLUS MET TAB 15-850MG	3	
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	1	
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	1	
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	1	
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	1	
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	1	
<i>alogliptin-pioglitazone tab 25-15 mg</i>	1	
<i>alogliptin-pioglitazone tab 25-30 mg</i>	1	
<i>alogliptin-pioglitazone tab 25-45 mg</i>	1	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
INVOKAMET TAB 50-500MG	2	
INVOKAMET TAB 50-1000	2	
INVOKAMET TAB 150-500	2	
INVOKAMET TAB 150-1000	2	
INVOKAMET XR TAB 50-500MG	2	
INVOKAMET XR TAB 50-1000	2	
INVOKAMET XR TAB 150-500	2	
INVOKAMET XR TAB 150-1000	2	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	
JENTADUETO TAB XR	2	
KAZANO 12.5- TAB 500MG	3	
KAZANO 12.5- TAB 1000MG	3	
KOMBIGLYZ XR TAB 2.5-1000	3	
KOMBIGLYZ XR TAB 5-500MG	3	
KOMBIGLYZ XR TAB 5-1000MG	3	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OSENI TAB 12.5-15	3	
OSENI TAB 12.5-30	3	
OSENI TAB 12.5-45	3	
OSENI TAB 25-15MG	3	
OSENI TAB 25-30MG	3	
OSENI TAB 25-45MG	3	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
QTERN TAB 5-5MG	2	
QTERN TAB 10-5MG	2	
SEGLUROMET TAB 2.5-500	3	
SEGLUROMET TAB 2.5-1000	3	
SEGLUROMET TAB 7.5-500	3	
SEGLUROMET TAB 7.5-1000	3	
SOLIQUA INJ 100/33	2	QL (10 pens / month)
STEGLUJAN TAB 5-100MG	3	
STEGLUJAN TAB 15-100MG	3	
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
XULTOPHY INJ 100/3.6	2	QL (5 PENS PER MONTH)
<b><i>BIGUANIDES</i></b>		
FORTAMET TAB 500MG	3	PA
FORTAMET TAB 1000MG	3	PA
GLUMETZA TAB 500MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUMETZA TAB 1000MG	3	PA
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
<i>metformin hcl tab er 24hr modified release 500 mg</i>	1	PA; MNPA
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	1	PA; MNPA
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	1	PA; MNPA
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	1	PA; MNPA
RIOMET SOL	3	
RIOMET SOL 500/5ML	3	
<b>DIABETIC OTHER</b>		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
GLUCAGEN INJ HYPOKIT	2	
<i>glucagon (rdna) for inj kit 1 mg</i>	1	
GLUCAGON EMR SOL 1MG	3	
GLUCAGON KIT 1MG	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE PFS INJ	2	
KORLYM TAB 300MG	3	PA, QL (120 TABLETS PER 30 DAYS)
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	3	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUVIA TAB 100MG	2	
NESINA TAB 6.25MG	3	
NESINA TAB 12.5MG	3	
NESINA TAB 25MG	3	
ONGLYZA TAB 2.5MG	3	
ONGLYZA TAB 5MG	3	
TRADJENTA TAB 5MG	2	
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB 0.8MG	3	
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
ADLYXIN INJ 10/20MCG	3	QL (2 pens per month)
ADLYXIN INJ 20MCG	3	QL (2 pens per month)
BYDUREON BC INJ 2/0.85ML	3	QL (4 pens per month)
BYETTA INJ 5MCG	3	QL (1 pen per month)
BYETTA INJ 10MCG	3	QL (1 pen per month)
OZEMPIC INJ 2/1.5ML	2	QL (1 PEN PER MONTH); Starter Pen
OZEMPIC INJ 2/1.5ML	2	QL (2 PENS PER MONTH)
OZEMPIC INJ 4MG/3ML	2	QL (1 PEN PER MONTH)
RYBELSUS TAB 3MG	2	QL (30 tabs / month)
RYBELSUS TAB 7MG	2	QL (30 tabs / month)
RYBELSUS TAB 14MG	2	QL (30 tabs / month)
TRULICITY INJ 0.75/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 1.5/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 3/0.5	2	QL (4 PENS PER MONTH)
TRULICITY INJ 4.5/0.5	2	QL (4 PENS PER MONTH)
VICTOZA INJ 18MG/3ML	2	QL (3 PENS PER MONTH)
<b>INSULIN</b>		
ADMELOG INJ 100U/ML	3	
ADMELOG SOLO INJ 100U/ML	3	
AFREZZA POW 4-8 UNIT	3	
AFREZZA POW 4-8-12	3	
AFREZZA POW 4UNIT	3	
AFREZZA POW 8 UNIT	3	
AFREZZA POW 8-12UNIT	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AFREZZA POW 12 UNIT	3	
APIDRA INJ SOLOSTAR	3	
APIDRA INJ U-100	3	
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMALOG INJ 100/ML	2	
HUMALOG JR INJ 100/ML	3	
HUMALOG KWIK INJ 100/ML	2	
HUMALOG KWIK INJ 200/ML	2	
HUMALOG MIX INJ 50/50	2	
HUMALOG MIX INJ 50/50KWP	2	
HUMALOG MIX INJ 75/25KWP	2	
HUMALOG MIX SUS 75/25	2	
HUMULIN INJ 70/30	2	
HUMULIN INJ 70/30KWP	2	
HUMULIN N INJ U-100	2	
HUMULIN N INJ U-100KWP	2	
HUMULIN R INJ U-100	2	
HUMULIN R INJ U-500	2	
INS ASP PROT INJ FLEXPEN	2	
INSULIN ASPA INJ 70/30	2	
INSULIN ASPA INJ 100/ML	2	
INSULIN ASPA INJ FLEXPEN	2	
INSULIN ASPA INJ PENFILL	2	
INSULIN LISP INJ 100/ML	2	
INSULIN LISP INJ JUNIOR	2	
INSULIN LISP INJ PROTAMIN	2	
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTouc	2	
LYUMJEV INJ 100UT/ML	2	
LYUMJEV KWPN INJ 100UT/ML	2	
LYUMJEV KWPN INJ 200UT/ML	2	
MYXREDLIN SOL 1UNIT/ML	3	
NOVOLIN70/30 INJ RELION	3	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN INJ 70/30 FP	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ 100 UNIT	3	
NOVOLIN N INJ RELION	3	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ 100 UNIT	3	
NOVOLIN R INJ RELION	3	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
SEMGLEE INJ 100U/ML	3	
SEMGLEE SOL 100U/ML	3	
TOUJEO MAX INJ 300IU/ML	2	
TOUJEO SOLO INJ 300IU/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
<b>INSULIN SENSITIZING AGENTS</b>		
ACTOS TAB 15MG	3	
ACTOS TAB 30MG	3	
ACTOS TAB 45MG	3	
AVANDIA TAB 2MG	3	
AVANDIA TAB 4MG	3	
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
STARLIX TAB 120MG	3	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
INVOKANA TAB 100MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVOKANA TAB 300MG	2	
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
STEGLATRO TAB 5MG	3	
STEGLATRO TAB 15MG	3	
<b>SULFONYLUREAS</b>		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL TAB 10MG	3	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
GLYNASE TAB 1.5MG	3	
GLYNASE TAB 3MG	3	
GLYNASE TAB 6MG	3	
<i>tolbutamide tab 500 mg</i>	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI TAB 125MG	3	PA; MNPA
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>		
PRODIGEN CAP	3	PA
PROVAD CAP	3	PA
ZELAC CAP	3	PA
<b>ANTIDIARRHEAL/PROBIOTIC COMBINATIONS</b>		
RESTORA RX CAP 60-1.25	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
LOMOTIL TAB 2.5MG	2	
MOTOFEN TAB 1-0.025	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAP 100MG	3	
<i>deferasirox granules packet 90 mg</i>	1	PA
<i>deferasirox granules packet 180 mg</i>	1	PA
<i>deferasirox granules packet 360 mg</i>	1	PA
<i>deferasirox tab 90 mg</i>	1	PA
<i>deferasirox tab 180 mg</i>	1	PA
<i>deferasirox tab 360 mg</i>	1	PA
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
<i>deferiprone tab 500 mg</i>	1	PA
EXJADE TAB 125MG	3	PA
EXJADE TAB 250MG	3	PA
EXJADE TAB 500MG	3	PA
FERPRX 2-DAY TAB 1000MG	3	PA
FERRIPROX SOL 100MG/ML	3	PA
FERRIPROX TAB 500MG	3	PA
FERRIPROX TAB 1000MG	3	PA
JADENU SPRKL GRA 90MG	3	PA
JADENU SPRKL GRA 180MG	3	PA
JADENU SPRKL GRA 360MG	3	PA
JADENU TAB 90MG	3	PA
JADENU TAB 180MG	3	PA
JADENU TAB 360MG	3	PA
PENTETATE CA SOL 200MG/ML	3	
PENTETATE ZI SOL 200MG/ML	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<i>deferoxamine mesylate for inj 2 gm</i>	1	PA
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	2	QL (20 PACKETS PER 5 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPIOID ANTAGONISTS</b>		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR	2	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ANZEMET TAB 50MG	3	QL (6 tabs / 21 days)
ANZEMET TAB 100MG	3	QL (6 tabs / 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs / 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 ea / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs / 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches / 21 days)
SUSTOL INJ 10/0.4ML	3	QL (2 injections / 21 days)
ZOFRAN TAB 4MG	3	QL (18 tabs / 21 days)
ZUPLENZ MIS 4MG	3	QL (18 films / 21 days)
ZUPLENZ MIS 8MG	3	QL (18 films / 21 days)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
MECLIZINE TAB 50MG	3	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
TIGAN CAP 300MG	3	
TRANSDERM SC DIS 1MG/3DAY	3	
TRANSDERM-SC DIS 1MG/3DAY	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO CAP 300-0.5	3	QL (2 caps / 21 days)
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dronabinol cap 10 mg</i>	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SYNDROS SOL 5MG/ML	3	

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

<i>aprepitant capsule 40 mg</i>	1	QL (3 caps / 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps / 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 ea / 21 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	QL (6 caps / 21 days)
EMEND CAP 80MG	3	QL (4 caps / 21 days)
EMEND SUS 125MG	3	QL (6 kits / 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (6 caps / 21 days)
VARUBI TAB 90MG	2	QL (4 tabs / 21 days)

### **ANTIFUNGALS**

#### **ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)**

BREXAFEMME TAB 150MG	3	
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#### **ANTIFUNGALS**

ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	MNPA
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
<i>flucytosine cap 250 mg</i>	1	
<i>flucytosine cap 500 mg</i>	1	PA; MNPA
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>*nystatin oral powder*</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	

#### **IMIDAZOLE-RELATED ANTIFUNGALS**

CRESEMBA CAP 186 MG	3	
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIFLUCAN TAB 200MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
NOXAFIL SUS 40MG/ML	3	PA
NOXAFIL TAB 100MG	3	PA
<i>posaconazole tab delayed release 100 mg</i>	1	PA
SPORANOX CAP 100MG	3	
SPORANOX CAP PULSEPAK	3	
SPORANOX SOL 10MG/ML	3	
TOLSURA CAP 65MG	3	
VFEND SUS 40MG/ML	2	PA
VFEND TAB 50MG	2	PA
VFEND TAB 200MG	2	PA
<i>voriconazole for susp 40 mg/ml</i>	1	PA
<i>voriconazole tab 50 mg</i>	1	PA
<i>voriconazole tab 200 mg</i>	1	PA

**ANTI-HISTAMINES****ANTI-HISTAMINES - ALKYLAMINES**

<i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i>	1	PA; MNPA
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**ANTI-HISTAMINES - ETHANOLAMINES**

CARBINOXAMIN TAB 6MG	3	PA; MNPA
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	PA
KARBINAL ER SUS 4MG/5ML	3	
RYVENT TAB 6MG	3	

**ANTI-HISTAMINES - NON-SEDATING**

QUZYTIR INJ 10MG/ML	3	
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**ANTI-HISTAMINES - PHENOTHIAZINES**

<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
<b>ANTI-HISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB 180MG	2	
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
NEXLIZET TAB 180/10MG	2	
ROSZET TAB 5-10MG	3	
ROSZET TAB 10-10MG	3	
ROSZET TAB 20-10MG	3	
ROSZET TAB 40-10MG	3	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl cap 1 gm</i>	1	
LOVAZA CAP 1GM	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA CAP 30MG	3	
ANTARA CAP 90MG	3	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
FENOFIB MICR CAP 30MG	3	
FENOFIB MICR CAP 90MG	3	
<i>fenofibrate cap 50 mg</i>	1	PA; MNPA
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	PA; MNPA
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 40 mg</i>	1	PA; MNPA
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 120 mg</i>	1	PA; MNPA
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
FENOGLIDE TAB 40MG	3	
FENOGLIDE TAB 120MG	3	PA; MNPA
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
<i>gemfibrozil tab 600 mg</i>	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOPID TAB 600MG	3	
TRICOR TAB 48MG	3	
TRICOR TAB 145MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
<b>HMG COA REDUCTASE INHIBITORS</b>		
ALTOPREV TAB 20MG ER	3	
ALTOPREV TAB 40MG ER	3	
ALTOPREV TAB 60MG ER	3	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
CRESTOR TAB 5MG	3	
CRESTOR TAB 10MG	3	
CRESTOR TAB 20MG	3	
CRESTOR TAB 40MG	3	
EZALLOR SPR CAP 5MG	3	
EZALLOR SPR CAP 10MG	3	
EZALLOR SPR CAP 20MG	3	
EZALLOR SPR CAP 40MG	3	
FLOLIPID SUS 20MG/5ML	3	
FLOLIPID SUS 40MG/5ML	3	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
LESCOL XL TAB 80MG	3	
LIPITOR TAB 10MG	3	
LIPITOR TAB 20MG	3	
LIPITOR TAB 40MG	3	
LIPITOR TAB 80MG	3	
LIVALO TAB 1MG	3	
LIVALO TAB 2MG	3	
LIVALO TAB 4MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZOCOR TAB 80MG	3	
ZYPITAMAG TAB 2MG	3	
ZYPITAMAG TAB 4MG	3	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tab 10 mg</i>	1	
ZETIA TAB 10MG	3	
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID CAP 5MG	3	PA, QL (28 CAPSULES PER 28 DAYS)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JUXTAPID CAP 10MG	3	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 20MG	3	PA, QL (28 CAPSULES PER 28 DAYS)
JUXTAPID CAP 30MG	3	PA, QL (28 CAPSULES PER 28 DAYS)

**NICOTINIC ACID DERIVATIVES**

<i>niacin (antihyperlipidemic) tab 500 mg</i>	1	PA; MNPA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
NIASPAN TAB 500MG ER	3	
NIASPAN TAB 750MG ER	3	
NIASPAN TAB 1000 ER	3	

**PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS**

PRALUENT INJ 75MG/ML	2	PA, QL (2 PENS PER MONTH)
PRALUENT INJ 150MG/ML	2	PA, QL (2 injections / month)
REPATHA INJ 140MG/ML	2	PA, QL (2 SYRINGE PER 28 DAYS)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 CARTRIDGE PER 28 DAYS)
REPATHA SURE INJ 140MG/ML	2	PA, QL (2 PENS PER 28 DAYS)

**ANTIHYPERTENSIVES****ACE INHIBITORS**

ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
EPANED SOL 1MG/ML	3	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
PRINIVIL TAB 20MG	3	
QBRELIS SOL 1MG/ML	3	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
DEMSEER CAP 250MG	3	
DIBENZYLINE CAP 10MG	3	
<i>metyrosine cap 250 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND TAB 4MG	3	
ATACAND TAB 8MG	3	
ATACAND TAB 16MG	3	
ATACAND TAB 32MG	3	
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
BENICAR TAB 5MG	3	
BENICAR TAB 20MG	3	
BENICAR TAB 40MG	3	
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
COZAAR TAB 25MG	3	
COZAAR TAB 50MG	3	
COZAAR TAB 100MG	3	
DIOVAN TAB 40MG	3	
DIOVAN TAB 80MG	3	
DIOVAN TAB 160MG	3	
DIOVAN TAB 320MG	3	
EDARBI TAB 40MG	3	
EDARBI TAB 80MG	3	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
MICARDIS TAB 20MG	3	
MICARDIS TAB 40MG	3	
MICARDIS TAB 80MG	3	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	2	
CATAPRES-TTS DIS 0.2/24HR	2	
CATAPRES-TTS DIS 0.3/24HR	2	
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
<i>prazosin hcl cap 1 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
ATACAND HCT TAB 16-12.5	3	
ATACAND HCT TAB 32-12.5	3	
ATACAND HCT TAB 32-25MG	3	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
AZOR TAB 5-20MG	3	
AZOR TAB 5-40MG	3	
AZOR TAB 10-20MG	3	
AZOR TAB 10-40MG	3	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
BENICAR HCT TAB 20-12.5	3	
BENICAR HCT TAB 40-12.5	3	
BENICAR HCT TAB 40-25MG	3	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
DIOVAN HCT TAB 80/12.5	3	
DIOVAN HCT TAB 160-12.5	3	
DIOVAN HCT TAB 160-25MG	3	
DIOVAN HCT TAB 320-12.5	3	
DIOVAN HCT TAB 320-25MG	3	
DUTOPROL TAB 25-12.5	3	PA; MNPA
DUTOPROL TAB 50-12.5	3	PA; MNPA
DUTOPROL TAB 100-12.5	3	PA; MNPA
EDARBYCLOR TAB 40-12.5	3	
EDARBYCLOR TAB 40-25MG	3	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
EXFORGE HCT TAB 5-160-12.5	3	
EXFORGE HCT TAB 5-160-25	3	
EXFORGE HCT TAB 10-160-12.5	3	
EXFORGE HCT TAB 10-160-25	3	
EXFORGE HCT TAB 10-320-25	3	
EXFORGE TAB 5-160MG	3	
EXFORGE TAB 5-320MG	3	
EXFORGE TAB 10-160MG	3	
EXFORGE TAB 10-320MG	3	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
HYZAAR TAB 100-25	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	2	
LOTREL CAP 5-20MG	2	
LOTREL CAP 10-20MG	2	
LOTREL CAP 10-40MG	2	
<i>methyldopa &amp; hydrochlorothiazide tab 250-15 mg</i>	1	
<i>methyldopa &amp; hydrochlorothiazide tab 250-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
MICARDIS HCT TAB 40/12.5	3	
MICARDIS HCT TAB 80-25MG	3	
MICARDIS HCT TAB 80/12.5	3	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
PRESTALIA TAB 3.5-2.5	3	
PRESTALIA TAB 7-5MG	3	
PRESTALIA TAB 14-10MG	3	
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
TARKA TAB 2-180 CR	2	
TARKA TAB 2-240 CR	2	
TARKA TAB 4-240 CR	2	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
TWYNSTA TAB 40-5MG	3	
TWYNSTA TAB 40-10MG	3	
TWYNSTA TAB 80-5MG	3	
TWYNSTA TAB 80-10MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ZIAC TAB 2.5/6.25	2	
ZIAC TAB 5-6.25MG	2	
ZIAC TAB 10/6.25	2	
<b>ANTIHYPERTENSIVES - MISC.</b>		
VECAMYL TAB 2.5MG	3	
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
INSPIRA TAB 25MG	2	
INSPIRA TAB 50MG	2	
<b>VASODILATORS</b>		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	2	
MALARONE TAB 250-100	2	
PYRIME/LEUCO CAP 12.5/2.5	3	
PYRIME/LEUCO CAP 25/5MG	3	
PYRIME/LEUCO CAP 25/10MG	3	
PYRIME/LEUCO CAP 50/10MG	3	
PYRIME/LEUCO CAP 50/20MG	3	
PYRIME/LEUCO CAP 50/25MG	3	
PYRIME/LEUCO CAP 75/25MG	3	
<b>ANTIMALARIALS</b>		
ARAKODA TAB 100MG	3	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
DARAPRIM TAB 25MG	3	PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
KRINTAFEL TAB 150MG	3	
<i>mefloquine hcl tab 250 mg</i>	1	
PLAQUENIL TAB 200MG	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
PRIMAQUINE TAB 26.3MG	3	
<i>pyrimethamine tab 25 mg</i>	1	PA
QUALAQUIN CAP 324MG	3	
<i>quinine sulfate cap 324 mg</i>	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE TAB 10MG	3	PA, QL (240 TABLETS PER 30 DAYS)
GUANIDINE TAB 125MG	3	
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 30 mg</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
RUZURGI TAB 10MG	3	PA, QL (300 TABLETS PER 30 DAYS)

**ANTIMYCOBACTERIAL AGENTS****ANTIMYCOBACTERIAL AGENTS**

<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
MYAMBUTOL TAB 400MG	2	
MYCOBUTIN CAP 150MG	3	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECTOR TAB 250MG	3	

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES****ALKYLATING AGENTS**

ALKERAN TAB 2MG	0	
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
<i>melphalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TEMODAR CAP 100MG	0	PA
TEMODAR CAP 140MG	0	PA
TEMODAR CAP 180MG	0	PA
TEMODAR CAP 250MG	0	PA
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA
<b>ANTIMETABOLITES</b>		
<i>azacitidine for inj 100 mg</i>	1	PA
<i>capecitabine tab 150 mg</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>capecitabine tab 500 mg</i>	0	PA, QL (300 TABLETS PER 30 DAYS)
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	
ONUREG TAB 200MG	0	PA, QL (14 TABLETS PER 28 DAYS)
ONUREG TAB 300MG	0	PA, QL (14 TABLETS PER 28 DAYS)
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
VIDAZA INJ 100MG	3	PA
XATMEP SOL 2.5MG/ML	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XELODA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XELODA TAB 500MG	0	PA, QL (300 TABLETS PER 30 DAYS)
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA TAB 1MG	0	PA, QL (240 TABLETS PER 30 DAYS)
INLYTA TAB 5MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LENVIMA CAP 4MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 8 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 10 MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 12MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 14 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 18 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 20 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 24 MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
TUKYSA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA TAB 10MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 100MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VENCLEXTA TAB START PK	0	PA, QL (1 PACK EVERY 28 DAYS)
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	0	PA, QL (60 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 30MG	0	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IRESSA TAB 250MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSE TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSE TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TARCEVA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TARCEVA TAB 150MG	0	PA, QL (30 TABLETS PER 30 DAYS)
VIZIMPRO TAB 15MG	0	PA, QL (30 TABLETS PER 30 DAYS)
VIZIMPRO TAB 30MG	0	PA, QL (30 TABLETS PER 30 DAYS)
VIZIMPRO TAB 45MG	0	PA, QL (30 TABLETS PER 30 DAYS)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
DAURISMO TAB 100MG	0	PA, QL (30 TABS PER 30 DAYS)
ERIVEDGE CAP 150MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ODOMZO CAP 200MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
<i>anastrozole tab 1 mg</i>	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
<i>bicalutamide tab 50 mg</i>	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>exemestane tab 25 mg</i>	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
<i>flutamide cap 125 mg</i>	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
NILANDRON TAB 150MG	0	PA; MNPA
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ORGOVYX TAB 120MG	0	PA, QL (30 tabs / 30 days)
SOLTAMOX SOL 10MG/5ML	0	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
XTANDI CAP 40MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XTANDI TAB 40MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XTANDI TAB 80MG	0	PA, QL (60 TABLETS PER 30 DAYS)
YONSA TAB 125MG	0	PA, QL (120 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYTIGA TAB 250MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ZYTIGA TAB 500MG	0	PA, QL (60 TABLETS PER 30 DAYS)
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 2MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 3MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 4MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT TAB 25MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AYVAKIT TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AYVAKIT TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AYVAKIT TAB 200MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AYVAKIT TAB 300MG	0	PA, QL (30 TABLETS PER 30 DAYS)
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO PAK 40MG	0	PA; Therapy Pack
XPOVIO PAK 40MG	0	PA, QL (16 TABLETS PER 28 DAYS); Twice Weekly
XPOVIO PAK 40MG	0	PA, QL (4 Tablets Per 28 Days); Therapy Pack
XPOVIO PAK 40MG	0	PA, QL (8 TABLETS PER 28 DAYS); Once Weekly
XPOVIO PAK 40MG	0	PA, QL (8 Tablets Per 28 Days); Therapy Pack
XPOVIO PAK 50MG	0	PA, QL (8 Tablets Per 28 Days); Therapy Pack
XPOVIO PAK 60MG	0	PA, QL (12 TABLETS PER 28 DAYS); Once Weekly
XPOVIO PAK 60MG	0	PA, QL (24 TABLETS PER 28 DAYS); Twice Weekly
XPOVIO PAK 60MG	0	PA, QL (4 Tablets Per 28 Days); Therapy Pack

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XPOVIO PAK 80MG	0	PA, QL (16 TABLETS PER 28 DAYS); Once Weekly
XPOVIO PAK 80MG	0	PA, QL (32 TABLETS PER 28 DAYS); Twice Weekly
XPOVIO PAK 100MG	0	PA, QL (20 TABLETS PER 28 DAYS)
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI TAB 35-100MG	0	PA, QL (5 TABLETS PER 28 DAYS)
KISQALI 200 PAK FEMARA	0	PA, QL (50 tabs / 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs / 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (92 tabs / 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 TABLETS 28 DAYS)
LONSURF TAB 20-8.19	0	PA, QL (80 TABLETS 28 DAYS)
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
AFINITOR DIS TAB 2MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 3MG	0	PA, QL (90 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR TAB 2.5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 7.5MG	0	PA, QL (30 TABLETS PER 30 DAYS)
AFINITOR TAB 10MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALECENSA CAP 150MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
ALUNBRIG PAK	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 30MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ALUNBRIG TAB 90MG	0	PA, QL (30 TABLETS PER 30 DAYS)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALUNBRIG TAB 180MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BALVERSA TAB 3MG	0	PA, QL (84 TABLETS PER 28 DAYS)
BALVERSA TAB 4MG	0	PA, QL (56 TABLETS PER 28 DAYS)
BALVERSA TAB 5MG	0	PA, QL (28 TABLETS PER 28 DAYS)
BOSULIF TAB 100MG	0	PA, QL (90 TABLETS PER 30 DAYS)
BOSULIF TAB 400MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BOSULIF TAB 500MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BRAFTOVI CAP 75MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
BRUKINSA CAP 80MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
CABOMETYX TAB 20MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 60MG	0	PA, QL (30 TABLETS PER 30 DAYS)
CALQUENCE CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
CAPRELSA TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)
CAPRELSA TAB 300MG	0	PA, QL (30 TABLETS PER 30 DAYS)
COMETRIQ KIT 60MG	0	PA, QL (84 CAPSULES PER 28 DAYS)
COMETRIQ KIT 100MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
COMETRIQ KIT 140MG	0	PA, QL (112 CAPSULES PER 28 DAYS)
COPIKTRA CAP 15MG	0	PA, QL (56 CAPSULES PER 28 days)
COPIKTRA CAP 25MG	0	PA, QL (56 CAPSULES PER 28 days)
COTELLIC TAB 20MG	0	PA, QL (63 TABLETS 28 DAYS)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>everolimus tab 2.5 mg</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>everolimus tab 5 mg</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (30 TABLETS PER 30 DAYS)
FARYDAK CAP 10MG	0	PA, QL (6 CAPSULES PER 21 DAYS)
FARYDAK CAP 15MG	0	PA, QL (6 CAPSULES PER 21 DAYS)
FARYDAK CAP 20MG	0	PA, QL (6 CAPSULES PER 21 DAYS)
FOTIVDA CAP 0.89MG	0	QL (21 tablets per 28 days)
FOTIVDA CAP 1.34MG	0	QL (21 tablets per 28 days)
GAVRETO CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
GLEEVEC TAB 100MG	0	PA, QL (90 TABLETS PER 30 DAYS)
GLEEVEC TAB 400MG	0	PA, QL (60 TABLETS PER 30 DAYS)
IBRANCE CAP 75MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 100MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 125MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE TAB 75MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 100MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 125MG	0	PA, QL (21 TABLETS PER 28 DAYS)
ICLUSIG TAB 10MG	0	PA, QL (30 TABS PER MONTH)
ICLUSIG TAB 15MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ICLUSIG TAB 30MG	0	PA, QL (30 TABS PER MONTH)
ICLUSIG TAB 45MG	0	PA, QL (30 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IDHIFA TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IDHIFA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (90 TABLETS PER 30 DAYS)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
IMBRUVICA CAP 70MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
IMBRUVICA CAP 140MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
IMBRUVICA TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 280MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 420MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 560MG	0	PA, QL (30 TABLETS PER 30 DAYS)
INREBIC CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
JAKAFI TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 10MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 15MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 20MG	0	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 25MG	0	PA, QL (60 TABLETS PER 30 DAYS)
KISQALI TAB 200DOSE	0	PA, QL (21 TABLETS PER 28 DAYS)
KISQALI TAB 400DOSE	0	PA, QL (42 TABLETS 28 DAYS)
KISQALI TAB 600DOSE	0	PA, QL (63 TABLETS 28 DAYS)
KOSELUGO CAP 10MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
KOSELUGO CAP 25MG	0	PA, QL (120 CAPSULES PER 30 DAYS)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	0	PA, QL (180 TABLETS PER 30 DAYS)
LORBRENA TAB 25MG	0	PA, QL (90 TABLETS PER 30 DAYS)
LORBRENA TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
LUMAKRAS TAB 120MG	0	PA, QL (240 tabs Per 30 Days)
LYNPARZA TAB 100MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LYNPARZA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
MEKINIST TAB 0.5MG	0	PA, QL (90 TABLETS PER 30 DAYS)
MEKINIST TAB 2MG	0	PA, QL (30 TABLETS PER 30 DAYS)
MEKTOVI TAB 15MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NERLYNX TAB 40MG	0	PA, QL (180 TABLETS PER 30 DAYS)
NEXAVAR TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
NINLARO CAP 2.3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 4MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
PEMAZYRE TAB 4.5MG	0	PA, QL (14 TABLETS PER 21 DAYS)
PEMAZYRE TAB 9MG	0	PA, QL (14 TABLETS PER 21 DAYS)
PEMAZYRE TAB 13.5MG	0	PA, QL (14 TABLETS PER 21 DAYS)
PIQRAY 200MG TAB DOSE	0	PA, QL (28 TABLETS PER 28 DAYS)
PIQRAY 250MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
PIQRAY 300MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
QINLOCK TAB 50MG	0	PA, QL (90 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETEVMO CAP 40MG	0	PA, QL (60 TABLETS PER 30 DAYS)
RETEVMO CAP 80MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ROZLYTREK CAP 100MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ROZLYTREK CAP 200MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
RUBRACA TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 250MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
RYDAPT CAP 25MG	0	PA, QL (224 CAPSULES PER 28 DAYS)
SCSEMBLIX TAB 40MG	3	
SPRYCEL TAB 20MG	0	PA, QL (90 TABLETS PER 30 DAYS)
SPRYCEL TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 70MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
STIVARGA TAB 40MG	0	PA, QL (84 TABLETS PER 28 DAYS)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 12.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 25MG	0	PA, QL (30 CAPSULES PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUTENT CAP 37.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 50MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
TABRECTA TAB 150MG	0	PA, QL (112 TABLETS PER 28 DAYS)
TABRECTA TAB 200MG	0	PA, QL (112 TABLETS PER 28 DAYS)
TAFINLAR CAP 50MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TAFINLAR CAP 75MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TALZENNA CAP 0.25MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
TALZENNA CAP 1MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
TASIGNA CAP 50MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TASIGNA CAP 150MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TASIGNA CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TAZVERIK TAB 200MG	0	PA, QL (240 TABLETS PER 30 DAYS)
TEPMETKO TAB 225MG	0	PA, QL (60 TABS PER 30 DAYS)
TIBSOVO TAB 250MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TURALIO CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
TYKERB TAB 250MG	0	PA, QL (180 TABLETS PER 30 DAYS)
UKONIQ TAB 200MG	0	PA, QL (120 TABS PER MONTH)
VERZENIO TAB 50MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 100MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 150MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 200MG	0	PA, QL (56 TABLETS PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITRAKVI CAP 25MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
VITRAKVI CAP 100MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
VITRAKVI SOL 20MG/ML	0	PA, QL (300 ML PER 30 DAYS)
VOTRIENT TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XALKORI CAP 200MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XALKORI CAP 250MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
XOSPATA TAB 40MG	0	PA, QL (90 TABLETS PER 30 DAYS)
ZEJULA CAP 100MG	0	PA, QL (90 CAPSULES PER 30 DAYS)
ZELBORAF TAB 240MG	0	PA, QL (240 TABLETS PER 30 DAYS)
ZOLINZA CAP 100MG	0	PA, QL (120 CAPSULES PER 30 DAYS)
ZYDELIG TAB 100MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ZYDELIG TAB 150MG	0	PA, QL (60 TABLETS PER 30 DAYS)
ZYKADIA TAB 150MG	0	PA, QL (90 TABLETS PER 30 DAYS)
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE INJ 2MU/0.5	3	PA
<i>bexarotene cap 75 mg</i>	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
INTRON A INJ 10MU	2	PA
INTRON A INJ 18MU	2	PA
INTRON A INJ 25MU	2	PA
INTRON A INJ 50MU	2	PA
MATULANE CAP 50MG	0	
TARGRETIN CAP 75MG	0	PA
<i>tretinoin cap 10 mg</i>	0	
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>leucovorin calcium tab 25 mg</i>	0	
MESNEX TAB 400MG	0	
<b>MITOTIC INHIBITORS</b>		
<i>etoposide cap 50 mg</i>	0	
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa tab 25 mg</i>	1	
LODOSYN TAB 25MG	3	
NOURIANZ TAB 20MG	3	
NOURIANZ TAB 40MG	3	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
COMTAN TAB 200MG	3	
<i>entacapone tab 200 mg</i>	1	
ONGENTYS CAP 25MG	3	
ONGENTYS CAP 50MG	3	
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN INJ 10MG/ML	3	PA, QL (20 CARTRIDGES PER 30 DAYS)
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
GOCOVRI CAP 68.5MG	3	
GOCOVRI CAP 137MG	3	
INBRIJA CAP 42MG	2	PA, QL (300 CAPSULES PER 30 DAYS)
KYNMOBI MIS 10MG	3	PA, QL (150 Films per 30 Days)
KYNMOBI MIS 15MG	3	PA, QL (150 Films per 30 Days)
KYNMOBI MIS 20MG	3	PA, QL (150 Films per 30 Days)
KYNMOBI MIS 25MG	3	PA, QL (150 Films per 30 Days)
KYNMOBI MIS 30MG	3	PA, QL (150 Films per 30 Days)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.75MG	3	
MIRAPEX TAB 0.125MG	3	
MIRAPEX TAB 1MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
OSMOLEX ER TAB	3	
OSMOLEX ER TAB 129MG	3	
OSMOLEX ER TAB 193MG	3	
OSMOLEX ER TAB 258MG	3	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	

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

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. 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 Quick Links.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
XADAGO TAB 50MG	3	
XADAGO TAB 100MG	3	
ZELAPAR TAB 1.25MG	3	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
LITHOBID TAB 300MG CR	2	
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA CAP 42MG	3	
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
GEODON CAP 20MG	3	
GEODON CAP 40MG	3	
GEODON CAP 60MG	3	
GEODON CAP 80MG	3	
GEODON INJ 20MG	3	
LATUDA TAB 20MG	2	
LATUDA TAB 40MG	2	
LATUDA TAB 60MG	2	
LATUDA TAB 80MG	2	
LATUDA TAB 120MG	2	
NUPLAZID CAP 34MG	3	PA
NUPLAZID TAB 10MG	3	PA
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
<b>BENZISOXAZOLES</b>		
FANAPT PAK	3	PA; MNPA
FANAPT TAB 1MG	3	PA; MNPA
FANAPT TAB 2MG	3	PA; MNPA
FANAPT TAB 4MG	3	PA; MNPA
FANAPT TAB 6MG	3	PA; MNPA
FANAPT TAB 8MG	3	PA; MNPA
FANAPT TAB 10MG	3	PA; MNPA
FANAPT TAB 12MG	3	PA; MNPA
INVEGA SUST INJ 39/0.25	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 1.5MG	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
INVEGA TRINZ INJ 273MG	3	
INVEGA TRINZ INJ 410MG	3	
INVEGA TRINZ INJ 546MG	3	
INVEGA TRINZ INJ 819MG	3	
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG	3	
PERSERIS INJ 120MG	3	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SECUADO DIS 3.8MG	3	
SECUADO DIS 5.7MG	3	
SECUADO DIS 7.6MG	3	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
SEROQUEL XR TAB 50MG	3	
SEROQUEL XR TAB 150MG	3	
SEROQUEL XR TAB 200MG	3	
SEROQUEL XR TAB 300MG	3	
SEROQUEL XR TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
<b>DIHYDROINDOLONES</b>		
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
<b>PHENOTHIAZINES</b>		
CHLORPROMAZ INJ 25MG/ML	1	
CHLORPROMAZ INJ 50MG/2ML	1	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1	
<i>prochlorperazine edisylate inj 50 mg/10ml</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
ABILIFY MYCI TAB 2MG	3	
ABILIFY MYCI TAB 2MG MANT	3	
ABILIFY MYCI TAB 2MG STRT	3	
ABILIFY MYCI TAB 5MG	3	
ABILIFY MYCI TAB 5MG MANT	3	
ABILIFY MYCI TAB 5MG STRT	3	
ABILIFY MYCI TAB 10MG	3	
ABILIFY MYCI TAB 10MG MNT	3	
ABILIFY MYCI TAB 10MG STR	3	
ABILIFY MYCI TAB 15MG	3	
ABILIFY MYCI TAB 15MG MNT	3	
ABILIFY MYCI TAB 15MG STR	3	
ABILIFY MYCI TAB 20MG	3	
ABILIFY MYCI TAB 20MG MNT	3	
ABILIFY MYCI TAB 20MG STR	3	
ABILIFY MYCI TAB 30MG	3	
ABILIFY MYCI TAB 30MG MNT	3	
ABILIFY MYCI TAB 30MG STR	3	
ABILIFY TAB 2MG	3	
ABILIFY TAB 5MG	3	
ABILIFY TAB 10MG	3	
ABILIFY TAB 15MG	3	
ABILIFY TAB 20MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABILIFY TAB 30MG	3	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	QL (23.077 injections / year)
ARISTADA INJ INITIO	2	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
<b>THIOXANTHENES</b>		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<i>formaldehyde solution 10%</i>	1	
GLUTARALDEHY SOL 25%	3	
<i>hydrogen peroxide soln 30%</i>	1	
<b>CHLORINE ANTISEPTICS</b>		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 ML PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
APTIVUS CAP 250MG	3	QL (120 CAPSULES PER 30 DAYS)
APTIVUS SOL	3	QL (285 ML PER 28 DAYS)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 CAPSULES PER 30 DAYS)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 CAPSULES PER 30 DAYS)
ATRIPLA TAB	3	QL (30 TABLETS PER 30 DAYS)
BIKTARVY TAB	2	QL (30 TABLETS PER 30 DAYS)
CABENUVA SUS 400-600	3	PA, QL (1 KIT PER MONTH)
CABENUVA SUS 600-900	3	PA, QL (1 KIT PER MONTH)
CIMDUO TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
COMBIVIR TAB 150-300	3	QL (60 TABLETS PER 30 DAYS)
COMPLERA TAB	2	QL (30 TABLETS PER 30 DAYS)
CRIXIVAN CAP 400MG	3	QL (180 CAPSULES PER 30 DAYS)
DELSTRIGO TAB	3	QL (30 TABLETS PER 30 DAYS)
DESCOVY TAB 200/25MG	2	PA, QL (30 TABLETS PER 30 DAYS)
DOVATO TAB 50-300MG	2	QL (30 TABLETS PER 30 DAYS)
EDURANT TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
<i>efavirenz cap 50 mg</i>	1	QL (90 CAPSULES PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz cap 200 mg</i>	1	QL (90 CAPSULES PER 30 DAYS)
<i>efavirenz tab 600 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine caps 200 mg</i>	1	QL (30 CAPSULES PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 TABLETS PER 30 DAYS); \$0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	2	QL (30 CAPSULES PER 30 DAYS)
EMTRIVA SOL 10MG/ML	2	QL (680 ML PER 28 DAYS)
EPIVIR SOL 10MG/ML	3	QL (900 ML PER 30 DAYS)
EPIVIR TAB 150MG	3	QL (60 TABLETS PER 30 DAYS)
EPIVIR TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
EPZICOM TAB 600-300	3	QL (30 TABLETS PER 30 DAYS)
<i>etravirine tab 100 mg</i>	1	QL (120 TABLETS PER 30 DAYS)
<i>etravirine tab 200 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
EVOTAZ TAB 300-150	2	QL (30 TABLETS PER 30 DAYS)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 TABLETS PER 30 DAYS)
FUZEON INJ 90MG	2	PA, QL (60 VIALS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GENVOYA TAB	2	QL (30 TABLETS PER 30 DAYS)
INTELENCE TAB 25MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 100MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 200MG	2	QL (60 TABLETS PER 30 DAYS)
INVIRASE TAB 500MG	3	QL (120 TABLETS PER 30 DAYS)
ISENTRESS CHW 25MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS CHW 100MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS HD TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
ISENTRESS POW 100MG	2	QL (60 PACKETS PER 30 DAYS)
ISENTRESS TAB 400MG	2	QL (120 TABLETS PER 30 DAYS)
JULUCA TAB 50-25MG	3	QL (30 TABLETS PER 30 DAYS)
KALETRA SOL	3	QL (1575 ML PER 28 DAYS)
KALETRA TAB 100-25MG	3	QL (240 TABLETS PER 30 DAYS)
KALETRA TAB 200-50MG	3	QL (120 TABLETS PER 30 DAYS)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (900 ML PER 30 DAYS)
<i>lamivudine tab 150 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>lamivudine tab 300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
LEXIVA SUS 50MG/ML	3	QL (1575 ML PER 28 DAYS)
LEXIVA TAB 700MG	3	QL (120 TABLETS PER 30 DAYS)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (1575 ML PER 28 DAYS)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (240 TABLETS PER 30 DAYS)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (120 TABLETS PER 30 DAYS)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (1200 ML PER 30 ML DAYS)
<i>nevirapine tab 200 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (90 TABLETS PER 30 DAYS)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
NORVIR POW 100MG	2	QL (360 PACKETS PER 30 DAYS)
NORVIR SOL 80MG/ML	2	QL (480 ML PER 30 DAYS)
NORVIR TAB 100MG	2	QL (360 TABLETS PER 30 DAYS)
ODEFSEY TAB	2	QL (30 TABLETS PER 30 DAYS)
PIFELTRO TAB 100MG	3	QL (60 TABLETS PER 30 DAYS)
PREZCOBIX TAB 800-150	2	QL (30 TABLETS PER 30 DAYS)
PREZISTA SUS 100MG/ML	2	QL (400 ML PER 30 DAYS)
PREZISTA TAB 75MG	2	QL (300 TABLETS PER 30 DAYS)
PREZISTA TAB 150MG	2	QL (180 TABLETS PER 30 DAYS)
PREZISTA TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
PREZISTA TAB 800MG	2	QL (30 TABLETS PER 30 DAYS)
RETROVIR CAP 100MG	2	QL (180 CAPSULES PER 30 DAYS)
RETROVIR SYP 50MG/5ML	2	QL (1800 ML PER 30 DAYS)
REYATAZ CAP 150MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ CAP 200MG	3	QL (60 CAPSULES PER 30 DAYS)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REYATAZ CAP 300MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ POW 50MG	3	QL (180 PACKETS PER 30 DAYS)
<i>ritonavir tab 100 mg</i>	1	QL (360 TABLETS PER 30 DAYS)
RUKOBIA TAB 600MG ER	3	QL (60 TABLETS PER 30 DAYS)
SELZENTRY SOL 20MG/ML	3	QL (1840 ML PER 30 days)
SELZENTRY TAB 25MG	3	QL (240 TABLETS PER 30 DAYS)
SELZENTRY TAB 75MG	3	QL (60 TABLETS PER 30 DAYS)
SELZENTRY TAB 150MG	3	QL (60 TABLETS PER 30 DAYS)
SELZENTRY TAB 300MG	3	QL (120 TABLETS PER 30 DAYS)
<i>stavudine cap 15 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 20 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 30 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>stavudine cap 40 mg</i>	1	QL (60 CAPSULES PER 30 DAYS)
STRIBILD TAB	2	QL (30 TABLETS PER 30 DAYS)
SUSTIVA CAP 50MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA CAP 200MG	3	QL (90 CAPSULES PER 30 DAYS)
SUSTIVA TAB 600MG	3	QL (30 TABLETS PER 30 DAYS)
SYMFI LO TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMFI TAB	3	QL (30 TABLETS PER 30 DAYS)
SYMTUZA TAB	2	QL (30 TABLETS PER 30 DAYS)
TEMIXYS TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
TIVICAY PD TAB 5MG	2	QL (360 TABLETS PER 30 DAYS)
TIVICAY TAB 10MG	2	QL (240 TABLETS PER 30 DAYS)
TIVICAY TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
TIVICAY TAB 50MG	2	QL (60 TABLETS PER 30 DAYS)
TRIUMEQ TAB	2	QL (30 TABLETS PER 30 DAYS)
TRIZIVIR TAB	3	QL (60 TABLETS PER 30 DAYS)
TRUVADA TAB 100-150	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 133-200	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 167-250	3	QL (30 TABLETS PER 30 DAYS)
TRUVADA TAB 200-300	3	QL (30 TABLETS PER 30 DAYS)
TYBOST TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIRACEPT TAB 250MG	3	QL (300 TABLETS PER 30 DAYS)
VIRACEPT TAB 625MG	3	QL (120 TABLETS PER 30 DAYS)
VIRAMUNE SUS 50MG/5ML	3	QL (1200 ML PER 30 ML DAYS)
VIRAMUNE XR TAB 400MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD POW 40MG/GM	2	QL (240 GM PER 30 DAYS)
VIREAD TAB 150MG	2	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 200MG	2	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 250MG	2	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 300MG	2	QL (30 TABLETS PER 30 DAYS)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZIAGEN SOL 20MG/ML	3	QL (900 ML PER 30 DAYS)
ZIAGEN TAB 300MG	3	QL (60 TABLETS PER 30 DAYS)
<i>zidovudine cap 100 mg</i>	1	QL (180 CAPSULES PER 30 DAYS)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1800 ML PER 30 DAYS)
<i>zidovudine tab 300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<b>CMV AGENTS</b>		
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
VALCYTE SOL 50MG/ML	3	QL (1000 ML PER 30 DAYS)
VALCYTE TAB 450MG	3	QL (120 tablets for 30 days)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 ML PER 30 DAYS)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (120 tablets for 30 days)
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE SOL	2	QL (630 ml per 30 days)
BARACLUDE TAB 0.5MG	3	QL (30 tabs per 30 days)
BARACLUDE TAB 1MG	3	QL (30 tabs per 30 days)
<i>entecavir tab 0.5 mg</i>	1	QL (30 tabs per 30 days)
<i>entecavir tab 1 mg</i>	1	QL (30 tabs per 30 days)
EPCLUSA PAK 150-37.5	2	PA; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	2	PA; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	2	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPIVIR HBV SOL 5MG/ML	3	
EPIVIR HBV TAB 100MG	3	
HARVONI PAK	2	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	2	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	2	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	2	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HEPSERA TAB 10MG	3	
<i>lamivudine tab 100 mg (hbv)</i>	1	
MAVYRET PAK 50-20MG	3	PA
MAVYRET TAB 100-40MG	3	PA, QL (84 TABLETS PER 28 DAYS)
PEGASYS INJ	2	PA, QL (4 Injections per Month)
PEGASYS INJ 180MCG/M	2	PA, QL (4 Injections per Month)
PEGINTRON KIT 50MCG	3	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
SOVALDI PAK 150MG	3	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI PAK 200MG	3	PA, QL (28 PELLETS PER 28 DAYS)
SOVALDI TAB 200MG	3	PA, QL (28 TABLETS PER 28 DAYS)
SOVALDI TAB 400MG	3	PA, QL (28 TABLETS PER 28 DAYS)
VEMLIDY TAB 25MG	2	QL (30 TABLETS PER 30 DAYS)
VIEKIRA PAK TAB	3	PA, QL (112 TABLETS PER 28 DAYS); MNPA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VOSEVI TAB	2	PA, QL (28 TABLETS PER 28 DAYS); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
ZEPATIER TAB 50-100MG	3	PA, QL (28 TABLETS PER 28 DAYS)

**HERPES AGENTS**

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
SITAVIG TAB 50MG	3	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
VALTREX TAB 1GM	3	
VALTREX TAB 500MG	3	
ZOVIRAX SUS 200/5ML	3	

**INFLUENZA AGENTS**

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (28 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (14 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (180 mL / 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers / 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	3	QL (28 caps / 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps / 90 days)
TAMIFLU CAP 75MG	3	QL (14 caps / 90 days)
TAMIFLU SUS 6MG/ML	3	QL (180 mL / 90 days)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XOFLUZA TAB 20MG	3	
XOFLUZA TAB 40MG	3	
<b>MISC. ANTIVIRALS</b>		
FAVIPIRAVIR TAB 200MG	3	
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
COREG CR CAP 10MG	3	
COREG CR CAP 20MG	3	
COREG CR CAP 40MG	3	
COREG CR CAP 80MG	3	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	2	
BYSTOLIC TAB 5MG	2	
BYSTOLIC TAB 10MG	2	
BYSTOLIC TAB 20MG	2	
KAPSPARGO CAP 25MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KAPSPARGO CAP 50MG	3	
KAPSPARGO CAP 100MG	3	
KAPSPARGO CAP 200MG	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
TOPROL XL TAB 25MG	3	
TOPROL XL TAB 50MG	3	
TOPROL XL TAB 100MG	3	
TOPROL XL TAB 200MG	3	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
BETAPACE AF TAB 80MG	3	PA; MNPA
BETAPACE AF TAB 120MG	3	PA; MNPA
BETAPACE AF TAB 160MG	3	PA; MNPA
BETAPACE TAB 80MG	3	PA; MNPA
BETAPACE TAB 120MG	3	PA; MNPA
BETAPACE TAB 160MG	3	PA; MNPA
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 60MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INDERAL LA CAP 80MG	3	
INDERAL LA CAP 120MG	3	
INDERAL LA CAP 160MG	3	
INDERAL XL CAP 80MG	3	
INDERAL XL CAP 120MG	3	
INNOPRAN XL CAP 80MG	3	
INNOPRAN XL CAP 120MG	3	
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	
<i>sotalol hcl (afib/af) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

**CALCIUM CHANNEL BLOCKERS****CALCIUM CHANNEL BLOCKER COMBINATIONS**

CONSENSI TAB 2.5-200	3	PA; MNPA
CONSENSI TAB 5-200MG	3	PA; MNPA
CONSENSI TAB 10-200MG	3	PA; MNPA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
CARDIZEM CD CAP 120MG/24	3	
CARDIZEM CD CAP 180MG/24	3	
CARDIZEM CD CAP 240MG/24	3	
CARDIZEM CD CAP 300MG/24	3	
CARDIZEM CD CAP 360MG/24	3	
CARDIZEM LA TAB 120MG	3	
CARDIZEM LA TAB 180MG	3	
CARDIZEM LA TAB 240MG	3	
CARDIZEM LA TAB 300MG/24	3	
CARDIZEM LA TAB 360MG	3	
CARDIZEM LA TAB 420MG/24	3	
CARDIZEM TAB 30MG	3	
CARDIZEM TAB 60MG	3	
CARDIZEM TAB 120MG	3	
CONJUPRI TAB 2.5MG	3	
CONJUPRI TAB 5MG	3	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
KATERZIA SUS 1MG/ML	3	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
NORVASC TAB 2.5MG	3	
NORVASC TAB 5MG	3	
NORVASC TAB 10MG	3	
NYMALIZE SOL	3	
PROCARDIA CAP 10MG	3	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
SULAR TAB 8.5MG	3	
SULAR TAB 17MG	3	
SULAR TAB 34MG	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	

**CARDIOTONICS****CARDIAC GLYCOSIDES**

<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.25MG	3	PA; MNPA
LANOXIN TAB 0.125MG	3	PA; MNPA
LANOXIN TAB 0.0625MG	2	

**CARDIOVASCULAR AGENTS - MISC.****CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
BIDIL TAB	2	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<b>IMPOTENCE AGENTS</b>		
CAVERJECT IM KIT 10MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 per month); Coverage is subject to your plan/benefits
CAVERJECT KIT 20MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
CIALIS TAB 2.5MG	3	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
CIALIS TAB 5MG	3	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
CIALIS TAB 10MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
CIALIS TAB 20MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EDEX KIT 10MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
EDEX KIT 20MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	3	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
LEVITRA TAB 10MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
LEVITRA TAB 20MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 125MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 250MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 PELLETS PER MONTH); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
STAXYN TAB 10MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
STENDRA TAB 50MG	3	PA, QL (6 tabs per month); MNPA; Coverage is subject to your plan/benefits
STENDRA TAB 100MG	3	PA, QL (6 tabs per month); MNPA; Coverage is subject to your plan/benefits
STENDRA TAB 200MG	3	PA, QL (6 tabs per month); MNPA; Coverage is subject to your plan/benefits
<i>tadalafil tab 2.5 mg</i>	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
<i>tadalafil tab 5 mg</i>	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
<i>tadalafil tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>tadalafil tab 20 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>ildenafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>ildenafil hcl tab 2.5 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vardenafil hcl tab 5 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 20 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
VIAGRA TAB 25MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
VIAGRA TAB 50MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
VIAGRA TAB 100MG	3	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits

### **PROSTAGLANDIN VASODILATORS**

ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA
ORENITRAM TAB 5MG	2	PA
TYVASO REFIL SOL 0.6MG/ML	3	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO SOL 0.6MG/ML	3	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO START SOL 0.6MG/ML	3	PA, QL (28 AMPULES PER 28 DAYS)
VENTAVIS SOL 10MCG/ML	3	PA, QL (270 AMPULES PER 30 DAYS)
VENTAVIS SOL 20MCG/ML	3	PA, QL (270 AMPULES PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</i></b>		
<i>ambrisentan tab 5 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>ambrisentan tab 10 mg</i>	1	PA, QL (30 TABLETS PER 30 DAYS)
<i>bosentan tab 62.5 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>bosentan tab 125 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
LETAIRIS TAB 5MG	3	PA, QL (30 TABLETS PER 30 DAYS)
LETAIRIS TAB 10MG	3	PA, QL (30 TABLETS PER 30 DAYS)
OPSUMIT TAB 10MG	2	PA, QL (30 TABLETS PER 30 DAYS)
TRACLEER TAB 32MG	3	PA, QL (112 TABLETS PER 28 DAYS)
TRACLEER TAB 62.5MG	3	PA, QL (60 TABLETS PER 30 DAYS)
TRACLEER TAB 125MG	3	PA, QL (60 TABLETS PER 30 DAYS)
<b><i>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</i></b>		
ADCIRCA TAB 20MG	3	PA, QL (60 TABLETS PER 30 DAYS)
REVATIO SUS 10MG/ML	3	PA, QL (224 ML PER 30 DAYS)
REVATIO TAB 20MG	3	PA, QL (90 TABLETS PER 30 DAYS)
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	PA, QL (224 ML PER 30 DAYS)
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (90 TABLETS PER 30 DAYS)
<i>tadalafil tab 20 mg (pah)</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<b><i>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</i></b>		
UPTRAVI TAB 200/800	2	PA, QL (1 PACK EVERY 28 DAYS)
UPTRAVI TAB 200MCG	2	PA, QL (140 TABLETS PER 28 DAYS)
UPTRAVI TAB 400MCG	2	PA, QL (60 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UPTRAVI TAB 600MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 800MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1000MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1200MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1400MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1600MCG	2	PA, QL (60 TABLETS PER 30 DAYS)
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB 0.5MG	2	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1.5MG	2	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1MG	2	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2.5MG	2	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2MG	2	PA, QL (90 TABLETS PER 30 DAYS)
<b>SINUS NODE INHIBITORS</b>		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX CAP 61MG	3	PA, QL (30 CAPSULES PER 30 DAYS)
VYNDAQEL CAP 20MG	3	PA, QL (120 CAPSULES PER 30 DAYS)
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO TAB 2.5MG	3	
VERQUVO TAB 5MG	3	
VERQUVO TAB 10MG	3	
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
KEFLEX CAP 750MG	3	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
BALCOLTRA TAB 0.1-20	0	
BEYAZ TAB	0	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
ESTROSTEP FE TAB	0	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	0	
GENERESS FE CHW	0	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	0	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
LO LOESTRIN TAB 1-10-10	0	
LOSEASONIQUE TAB	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MINASTRIN 24 CHW FE	0	
MIRCETTE TAB 28 DAY	0	
NATAZIA TAB	0	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	0	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	0	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	0	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
QUARTETTE TAB	0	
SAFYRAL TAB	0	
SEASONIQUE TAB	0	PA; MNPA
TAYTULLA CAP 1MG/20MC	3	
TYBLUME CHW 0.1-0.02	0	
YASMIN 28 TAB 3-0.03MG	0	
YAZ TAB 3-0.02MG	0	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
TWIRLA DIS 120-30	0	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA MIS	0	QL (1 ring / 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 rings / 300 days)
NUVARING MIS	0	QL (13 rings / 300 days)
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB 30MG	0	
<i>levonorgestrel tab 1.5 mg</i>	0	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection / 59 days)
DEPO-PROVERA INJ 150MG/ML	0	QL (4 injections / 300 days)
DEPO-SQ PROV INJ 104	0	QL (6 injections / 300 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (1 injection / 59 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections / 300 days)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone tab 0.35 mg</i>	0	
ORTHO MICRON TAB 0.35MG	0	
SLYND TAB 4MG	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
ALKINDI SPRI CAP 0.5MG	3	
ALKINDI SPRI CAP 1MG	3	
ALKINDI SPRI CAP 2MG	3	
ALKINDI SPRI CAP 5MG	3	
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>budesonide tab er 24hr 9 mg</i>	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
DEXABLISS TAB 1.5MG	3	
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (27)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (49)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
DXEVO 11-DAY PAK 1.5MG	3	
EMFLAZA SUS 22.75/ML	3	PA, QL (52 ML PER 30 DAYS)
EMFLAZA TAB 6MG	3	PA, QL (60 TABLETS PER 30 DAYS)
EMFLAZA TAB 18MG	3	PA, QL (30 TABLETS PER 30 DAYS)
EMFLAZA TAB 30MG	3	PA, QL (30 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMFLAZA TAB 36MG	3	PA, QL (30 TABLETS PER 30 DAYS)
ENTOCORT EC CAP 3MG DR	3	
HEMADY TAB 20MG	3	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
MEDROL TAB 32MG	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
MILLIPRED TAB 5MG	3	PA; MNPA
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
ORTIKOS CAP 6MG ER	3	
ORTIKOS CAP 9MG ER	3	
PEDIAPRED SOL 5MG/5ML	3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISONE CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
RAYOS TAB 1MG	3	
RAYOS TAB 2MG	3	
RAYOS TAB 5MG	3	
SOLU-CORTEF INJ 100MG	3	PA
SOLU-CORTEF INJ 250MG	3	PA
SOLU-CORTEF INJ 500MG	3	PA
SOLU-CORTEF INJ 1000MG	3	PA
UCERIS TAB 9MG	3	
ZCORT 7-DAY TAB 1.5MG	3	
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
HYCODAN SYP 5-1.5/5	3	QL (30 mL/day for 7 days per month)
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	QL (30 mL/day for 7 days per month)
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	QL (6 tablets/day for 7 days per month)
TESSALON PER CAP 100MG	2	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
CLARINEX-D TAB 2.5-120	3	
<i>guaifenesin-codeine liquid 225-7.5 mg/5ml</i>	1	QL (45 mL/day for 7 days per month)

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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>	1	QL (60 mL/day for 7 days per month)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (10 mL/day for 7 days per month)
MAR-COF CG LIQ 225-7.5	3	QL (45 mL/day for 7 days per month)
NEOTUSS PLUS LIQ	3	
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (30 mL/day for 7 days per month)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL (30 mL/day for 7 days per month)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
TUSSICAPS CAP 10-8MG	3	QL (2 capsules/day for 7 days per month)
TUXARIN ER TAB 54.3-8MG	3	QL (2 tablets/day for 7 days per month)
TUZISTRA XR SUS	3	QL (20 mL/day for 7 days per month)
<b>MISC. RESPIRATORY INHALANTS</b>		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
<b>MUCOLYTICS</b>		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
ABSORICA CAP 10MG	2	
ABSORICA CAP 20MG	2	
ABSORICA CAP 25MG	2	
ABSORICA CAP 30MG	2	
ABSORICA CAP 35MG	2	
ABSORICA CAP 40MG	2	
ABSORICA LD CAP 8MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABSORICA LD CAP 16MG	3	
ABSORICA LD CAP 24MG	3	
ABSORICA LD CAP 32MG	3	
ACANYA GEL 1.2-2.5%	3	
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene pads 0.1%</i>	1	PA
ADAPALENE SOL 0.1%	3	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
AKLIEF CRE 0.005%	3	
ALTRENO LOT 0.05%	3	
AMZEEQ AER 4%	3	
ARAZLO LOT 0.045%	3	
ATRALIN GEL 0.05%	3	PA
AZELEX CRE 20%	3	
BENZ PER FOR LOT HC 7.5-1	3	
BENZ PEROXID GEL 6.5%	3	
BENZACLIN GEL 1-5%	3	
BENZACLIN GEL 1-5%PUMP	3	
BENZAMYCIN GEL 5-3%	3	
BENZEPRO AER 5.2%	3	
BENZEPRO AER 9.7%	3	
BENZEPRO LIQ 6.8%	3	
BENZEPRO MIS 5.8%	3	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide liq 7%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
BENZOYL PERX LIQ 6.9%	3	
CLEOCIN-T LOT 1%	3	QL (60 mL / month)
CLINDAGEL GEL 1%	3	QL (75 gm / month)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (75 gm / month)
<i>clindamycin phosphate gel 1%</i>	1	PA, QL (75 gm / month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 mL / month)
<i>clindamycin phosphate soln 1%</i>	1	QL (60 mL / month)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.1%	3	PA
DIFFERIN GEL 0.3%	3	PA
DIFFERIN LOT 0.1%	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
ERYGEL GEL 2%	3	QL (60 gm / month)
<i>erythromycin gel 2%</i>	1	QL (60 gm / month)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (60 mL / month)
EVOCLIN AER 1%	3	
FABIOR AER 0.1%	3	
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	2	
OXIAZAR CRE 4-0.1%	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RETIN-A MICR GEL 0.1%	3	PA
RETIN-A MICR GEL 0.1%PUMP	3	PA
RETIN-A MICR GEL 0.04%	3	PA
RETIN-A MICR GEL 0.04%PMP	3	PA
RETIN-A MICR GEL 0.06%	3	PA
RETIN-A MICR GEL 0.08%	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RIAX AER 5.5%	3	
RIAX AER 9.5%	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	1	
TAZAROTENE AER 0.1%	3	
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
VELTIN GEL	3	PA
WINLEVI CRE 1%	3	
ZACLIR LOT 8%	3	
ZIANA GEL	3	PA
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OIN 15%	3	PA; MNPA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	PA, QL (150 ml per 21 days)
FLECTOR DIS 1.3%	3	
LICART DIS 1.3%	3	
PENNSAID SOL 2%	3	PA, QL (112 grams per 21 days)
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm / month)
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin calcium cream 2%</i>	1	PA, QL (30 gm / month)
<i>mupirocin oint 2%</i>	1	QL (30 gm / month)
NEO-SYNALAR CRE	3	PA; MNPA
XEPI CRE 1%	3	
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox gel 0.77%</i>	1	QL (120 GM Per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	QL (120 GM Per month)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120 ML Per month)
<i>ciclopirox shampoo 1%</i>	1	QL (120 ML Per month)
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	QL (60 GM Per month)
ECOZA AER 1%	3	QL (70 GM Per month)
ERTACZO CRE 2%	3	QL (60 GM per month)
EXELDERM CRE 1%	3	QL (60 GM Per month)
EXELDERM SOL 1%	3	QL (60 ML Per month)
EXODERM LOT 25-1%	3	
EXTINA AER 2%	3	QL (100 GM Per month)
HIXDEFRIMA SOL 8-1-1%	3	
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
JUBLIA SOL 10%	3	PA, QL (4 ML PER 21 Days)
KERYDIN SOL 5%	3	PA, QL (4 ML PER 21 Days)
<i>ketoconazole cream 2%</i>	1	QL (120 GM Per month)
<i>ketoconazole foam 2%</i>	1	PA, QL (100 GM Per month); MNPA
<i>ketoconazole shampoo 2%</i>	1	QL (120 ML Per month)
LOPROX CRE 0.77%	3	QL (120 GM Per month)
LOPROX SHA 1%	3	QL (120 ML Per month)
LOPROX SUS 0.77%	3	QL (120 ML Per month)
<i>luliconazole cream 1%</i>	1	PA, QL (60 GM per month); MNPA
LUZU CRE 1%	3	QL (60 GM per month)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (120 GM per month)
<i>naftifine hcl cream 1%</i>	1	QL (60 GM Per month)
<i>naftifine hcl cream 2%</i>	1	QL (60 GM Per month)
<i>naftifine hcl gel 1%</i>	1	QL (120 GM Per month)
NAFTIN GEL 1%	2	QL (120 GM Per month)
NAFTIN GEL 2%	2	QL (60 GM Per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 GM per month)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 GM per month)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 GM per month)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	QL (90 GM Per month)
<i>oxiconazole nitrate cream 1%</i>	1	PA, QL (90 GM Per month)
OXISTAT CRE 1%	3	QL (90 GM Per month)
OXISTAT LOT 1%	3	QL (90 ML Per month)
RECURA CRE	3	
<i>sulconazole nitrate cream 1%</i>	1	QL (60 GM Per month)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 ML Per month)
<i>tavaborole soln 5%</i>	1	PA, QL (4 ML PER 21 Days)
VUSION OIN	3	QL (120 GM per month)
XOLEGEL GEL 2%	3	PA, QL (45 GM Per month); MNPA
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
AMELUZ GEL 10%	3	
CARAC CRE 0.5%	3	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 0.5%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
KLISYRI OIN 1%	3	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
ROAOXIA GEL 3-4%	3	
TARGRETIN GEL 1%	3	PA
VALCHLOR GEL 0.016%	3	PA, QL (2 TUBES PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIPRURITICS - TOPICAL</b>		
<i>doxepin hcl cream 5%</i>	1	ST, PA, QL (45 grams / month); MNPA
PRUDOXIN CRE 5%	3	ST, PA, QL (45 grams / month)
ZONALON CRE 5%	3	ST, PA, QL (45 grams / month)
<b>ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene cream 0.005%</i>	1	PA; MNPA
<i>calcipotriene foam 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcitriol oint 3 mcg/gm</i>	1	PA; MNPA
COSENTYX INJ 75MG/0.5	2	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	2	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX INJ 300DOSE	2	PA, QL (2 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. 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 Quick Links.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX PEN INJ 150MG/ML	2	PA, QL (1 PEN PER 28 DAYS); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX PEN INJ 300DOSE	2	PA, QL (2 SYRINGES PER 28 DAYS); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
DOVONEX CRE 0.005%	3	
<i>methoxsalen rapid cap 10 mg</i>	1	
OXSORALEN-UL CAP 10MG	3	
SILIQ INJ 210/1.5	3	PA, QL (2 SYRINGES PER 28 DAYS)
SKYRIZI INJ 150DOSE	2	PA, QL (2 SYRINGES PER 12 WEEKS); Preferred for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 150MG/ML	2	PA, QL (1 Syringes Per 84 Days); Preferred for Psoriasis
SKYRIZI PEN INJ 150MG/ML	2	PA, QL (1 Syringes Per 84 Days); Preferred for Psoriasis
SORIATANE CAP 10MG	3	
SORIATANE CAP 25MG	3	
SORILUX AER 0.005%	3	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STELARA INJ 45MG/0.5	2	PA, QL (1 SYRINGE PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
STELARA INJ 45MG/0.5	2	PA, QL (1 VIAL PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
STELARA INJ 90MG/ML	2	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TALTZ INJ 80MG/ML	2	PA, QL (1 INJ PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TALTZ INJ 80MG/ML	2	PA, QL (1 PFS PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>tazarotene cream 0.1%</i>	1	
TAZORAC CRE 0.1%	2	
TAZORAC CRE 0.05%	2	
TAZORAC GEL 0.1%	2	
TAZORAC GEL 0.05%	2	
TREMFYA INJ 100MG/ML	2	PA, QL (1 PEN PER 8 WEEKS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TREMFYA INJ 100MG/ML	2	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
VECTICAL OIN 3MCG/GM	3	PA; MNPA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTISEBORRHEIC PRODUCTS</b>		
ESKATA SOL 40%	3	
<i>selenium sulfide lotion 2.5%</i>	1	
SODIUM SULFA LIQ 10% WASH	3	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir cream 5%</i>	1	PA; MNPA
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
XERESE CRE 5-1%	3	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
<b>BURN PRODUCTS</b>		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
SILVADENE CRE 1%	2	
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLON CRE 85MG/GM	3	
SULFAMYLON PAK 5%	3	
<b>CORTICOSTEROIDS - TOPICAL</b>		
ALA-SCALP LOT 2%	3	QL (120 mL / month)
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120 gm / month)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120 gm / month)
<i>amcinonide cream 0.1%</i>	1	QL (120 gm / month)
<i>amcinonide lotion 0.1%</i>	1	QL (120 mL / month)
AMCINONIDE OIN 0.1%	3	QL (120 gm / month)
APEXICON E CRE 0.05%	3	QL (120 gm / month)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120 mL / month)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 mL / month)
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (120 gm / month)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120 gm / month)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120 gm / month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120 mL / month)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120 gm / month)
BRYHALI LOT 0.01%	2	QL (120 gm / month)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	PA; MNPA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	1	PA
CAPEX SHA 0.01%	2	QL (120 mL / month)
<i>clobetasol propionate cream 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate emulsion foam 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120 mL / month)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120 gm / month)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120 mL / month)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120 mL / month)
<i>clobetasol propionate spray 0.05%</i>	1	QL (120 mL / month)
CLOBEX LOT 0.05%	2	QL (120 mL / month)
CLOBEX SHA 0.05%	2	QL (120 mL / month)
CLOBEX SPR 0.05%	3	QL (120 mL / month)
<i>clocortolone pivalate cream 0.1%</i>	1	PA, QL (120 gm / month); MNPA
CLODERM CRE 0.1%	3	QL (120 gm / month)
CORDRAN 80X3 TAP 4MCG/CM	3	QL (120 Units Per Month)
CORDRAN CRE 0.05%	3	QL (120 gm / month)
CORDRAN CRE 0.025%	3	QL (120 gm / month)
CORDRAN LOT 0.05%	3	QL (120 mL / month)
CORDRAN OIN 0.05%	3	PA, QL (120 gm / month); MNPA
CUTIVATE LOT 0.05%	3	QL (120 mL / month)
DERMA-SMOOTH OIL /FS BODY	2	QL (120 mL / month)
DERMA-SMOOTH OIL /FS SCLP	2	QL (120 mL / month)
DESONATE GEL 0.05%	3	QL (120 gm / month)
<i>desonide cream 0.05%</i>	1	QL (120 gm / month)
<i>desonide gel 0.05%</i>	1	QL (120 gm / month)
<i>desonide lotion 0.05%</i>	1	QL (120 mL / month)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desonide oint 0.05%</i>	1	QL (120 gm / month)
DESOWEN CRE 0.05%	2	QL (120 gm / month)
<i>desoximetasone cream 0.05%</i>	1	QL (120 gm / month)
<i>desoximetasone cream 0.25%</i>	1	QL (120 gm / month)
<i>desoximetasone gel 0.05%</i>	1	QL (120 gm / month)
<i>desoximetasone oint 0.05%</i>	1	PA, QL (120 gm / month); MNPA
<i>desoximetasone oint 0.25%</i>	1	QL (120 gm / month)
<i>desoximetasone spray 0.25%</i>	1	QL (120 mL / month)
<i>diflorasone diacetate cream 0.05%</i>	1	PA, QL (120 gm / month); MNPA
<i>diflorasone diacetate oint 0.05%</i>	1	PA, QL (120 gm / month); MNPA
DIPROLENE AF CRE 0.05%	3	QL (120 gm / month)
DIPROLENE OIN 0.05%	2	QL (120 gm / month)
DUOBRII LOT	3	
ENSTILAR AER	2	
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120 gm / month)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 gm / month)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120 mL / month)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120 mL / month)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120 gm / month)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120 mL / month)
<i>fluocinonide cream 0.1%</i>	1	PA, QL (120 gm / month); MNPA
<i>fluocinonide cream 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide gel 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide oint 0.05%</i>	1	QL (120 gm / month)
<i>fluocinonide soln 0.05%</i>	1	QL (120 mL / month)
<i>flurandrenolide cream 0.05%</i>	1	PA, QL (120 gm / month); MNPA
<i>flurandrenolide lotion 0.05%</i>	1	PA, QL (120 mL / month)
<i>flurandrenolide lotion 0.05%</i>	1	PA, QL (120 mL / month); MNPA
<i>flurandrenolide oint 0.05%</i>	1	PA, QL (120 gm / month); MNPA
<i>fluticasone propionate cream 0.05%</i>	1	QL (120 gm / month)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 mL / month)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120 gm / month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>halcinonide cream 0.1%</i>	1	PA, QL (120 gm / month); MNPA
HALOBETASOL AER 0.05%	3	QL (120 gm / month)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120 gm / month)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120 gm / month)
HALOG CRE 0.1%	3	QL (120 gm / month)
HALOG OIN 0.1%	3	QL (120 gm / month)
HALOG SOL 0.1%	3	QL (120 mL / month)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120 gm / month)
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	1	PA, QL (120 gm / month); MNPA
<i>hydrocortisone butyrate lotion 0.1%</i>	1	PA, QL (120 mL / month); MNPA
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120 gm / month)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120 mL / month)
<i>hydrocortisone cream 2.5%</i>	1	QL (120 gm / month)
<i>hydrocortisone lotion 2%</i>	1	QL (120 mL / month)
<i>hydrocortisone lotion 2.5%</i>	1	QL (120 mL / month)
<i>hydrocortisone oint 2.5%</i>	1	QL (120 gm / month)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120 gm / month)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120 gm / month)
IMPEKLO LOT 0.05%	3	QL (120 grams / month)
IMPOYZ CRE 0.025%	3	QL (120 gm / month)
KENALOG AER SPRAY	3	QL (120 gm / month)
LEXETTE AER 0.05%	3	QL (120 gm / month)
LOCOID LIPO CRE 0.1%	3	QL (120 gm / month)
LOCOID LOT 0.1%	3	QL (120 mL / month)
LUXIQ AER 0.12%	3	QL (120 gm / month)
<i>mometasone furoate cream 0.1%</i>	1	QL (120 gm / month)
<i>mometasone furoate oint 0.1%</i>	1	QL (120 gm / month)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mL / month)
OLUX AER 0.05%	3	QL (120 gm / month)
OLUX-E AER 0.05%	3	QL (120 gm / month)
PANDEL CRE 0.1%	3	QL (120 gm / month)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
<i>prednicarbate cream 0.1%</i>	1	QL (120 gm / month)
<i>prednicarbate oint 0.1%</i>	1	QL (120 gm / month)
PSORCON CRE 0.05%	3	PA, QL (120 gm / month); MNPA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SERNIVO SPR	3	QL (120 mL / month)
SERNIVO SPR 0.05%	3	QL (120 mL / month)
SYNALAR CRE 0.025%	3	QL (120 gm / month)
SYNALAR OIN 0.025%	3	QL (120 gm / month)
SYNALAR SOL 0.01%	3	QL (120 mL / month)
TACLONEX OIN	3	
TACLONEX SUS	3	
TEMOVATE CRE 0.05%	2	QL (120 gm / month)
TEMOVATE OIN 0.05%	2	QL (120 gm / month)
TEXACORT SOL 2.5%	2	QL (120 mL / month)
TOPICORT CRE 0.05%	3	QL (120 gm / month)
TOPICORT CRE 0.25%	3	QL (120 gm / month)
TOPICORT GEL 0.05%	3	QL (120 gm / month)
TOPICORT OIN 0.05%	3	QL (120 gm / month)
TOPICORT OIN 0.25%	3	QL (120 gm / month)
TOPICORT SPR 0.25%	3	QL (120 mL / month)
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	PA, QL (120 gm / month); MNPA
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120 mL / month)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120 mL / month)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120 gm / month)
<i>triamcinolone acetonide oint 0.05%</i>	1	PA, QL (120 gm / month); MNPA
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120 gm / month)
TRIDESILON CRE 0.05%	2	QL (120 gm / month)
ULTRAVATE LOT 0.05%	3	QL (120 mL / month)
VANOS CRE 0.1%	3	QL (120 gm / month)
VERDESO AER 0.05%	3	QL (120 gm / month)
WYNZORA CRE	3	
<b>ECZEMA AGENTS</b>		
DUPIXENT INJ 100/0.67	2	PA
DUPIXENT INJ 200/1.14	2	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 200MG	2	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 300/2ML	2	PA, QL (2 PENS PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DUPIXENT INJ 300/2ML	2	PA, QL (2 PFS PER 28 DAYS)
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea cream 39%</i>	1	
<i>urea lotion 40%</i>	1	
<b>EMOLLIENTS</b>		
LACTIC ACID LOT 10%	3	
<b>ENZYMES - TOPICAL</b>		
SANTYL OIN 250/GM	3	
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
ALDARA CRE 5%	3	
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
ZYCLARA PUMP CRE 3.75%	2	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
ELIDEL CRE 1%	3	ST
OXIANUJO CRE 4-0.1%	3	
<i>pimecrolimus cream 1%</i>	1	ST
PROTOPIC OIN 0.1%	3	ST
PROTOPIC OIN 0.03%	3	ST
<i>tacrolimus oint 0.1%</i>	1	ST
<i>tacrolimus oint 0.03%</i>	1	ST
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CANTHARIDIN SOL 0.7%	3	
CONDYLOX GEL 0.5%	2	
GEAMETDRAY GEL 5-2-17%	3	
GORDOFILM SOL	3	
<i>podofilox soln 0.5%</i>	1	
PYROGALL ACD OIN	3	
<i>salicylic acid cream 6%</i>	3	
SALIMEZ FORT CRE 10%	3	
<b>LINIMENTS</b>		
TURPENTINE SOL SPIRITS	3	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
ANACAINE OIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED STRM	3	
<i>ethyl chloride aerosol spray</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ethyl chloride aerosol spray</i>	3	
LIDOCA/TETRA CRE 7/7%	3	QL (30 gm / month)
LIDOCAINE CRE TETRACAI	3	PA, QL (30 gm / month); MNPA
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL / month)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL / month)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections / month)
<i>lidocaine oint 5%</i>	1	QL (50 gm / month)
<i>lidocaine patch 5%</i>	1	QL (90 ea / month)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm / month)
LIDODERM DIS 5%	2	QL (90 ea / month)
PLIAGLIS CRE 7-7%	3	QL (30 gm / month)
PRAMOX GEL 1%	3	
SYNERA DIS 70-70MG	3	QL (2 patches / month)
ZTLIDO PAD 1.8%	3	QL (90 ea / month)
<b>MISC. TOPICAL</b>		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
EPICYN SPR	3	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
EUCRISA OIN 2%	2	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid gel 15%</i>	1	
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	1	
FINACEA AER 15%	2	
FINACEA GEL 15%	3	
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33%	3	
NORITATE CRE 1%	3	
ORACEA CAP 40MG	3	
RHOFADE CRE 1%	3	

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

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. 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 Quick Links.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOOLANTRA CRE 1%	2	
ZILXI AER 1.5%	3	
<b>SCABICIDES &amp; PEDICULICIDES</b>		
<i>crotamiton lotion 10%</i>	1	
ELIMITE CRE 5%	2	
<i>ivermectin lotion 0.5%</i>	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	2	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
<b>TAR PRODUCTS</b>		
<i>coal tar soln 20%</i>	1	
<b>WOUND CARE PRODUCTS</b>		
REGRANEX GEL 0.01%	3	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK TES AVIVA PL	0	QL (240 strips / month)
ACCU-CHEK TES COMPACT	0	QL (240 strips / month)
ACCU-CHEK TES GUIDE	0	QL (240 strips / month)
ACCU-CHEK TES SMART	0	QL (240 strips / month)
ACCUTREND TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
ADVANCE TES INTUITIO	0	PA, QL (240 strips / month); MNPA
ADVANCE TES MICRO-DW	0	PA, QL (240 strips / month); MNPA
ADVOCATE TES	0	PA, QL (240 strips / month); MNPA
ADVOCATE TES REDI-COD	0	PA, QL (240 strips / month); MNPA
ADVOCATE TES REDICODE	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES AMP	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES JAZZ	0	PA, QL (240 strips / month); MNPA
AGAMATRIX TES KEYNOTE	0	PA, QL (240 strips / month); MNPA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AGAMATRIX TES PRESTO	0	PA, QL (240 strips / month); MNPA
ASSURE 3 TES	0	PA, QL (240 strips / month); MNPA
ASSURE 4 TES	0	PA, QL (240 strips / month); MNPA
ASSURE II TES	0	PA, QL (240 strips / month); MNPA
ASSURE II TES CHECK	0	PA, QL (240 strips / month); MNPA
ASSURE PRISM TES MULTI	0	PA, QL (240 strips / month); MNPA
ASSURE PRO TES	0	PA, QL (240 strips / month); MNPA
ASSURE TES PLATINUM	0	PA, QL (240 strips / month); MNPA
AUTOCODE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
BIOSCANNER TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES LE1	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES PREMIUM	0	PA, QL (240 strips / month); MNPA
BLOOD GLUCOS TES STRIPS	0	PA, QL (240 strips / month); MNPA
CARESENS N TES	0	PA, QL (240 strips / month); MNPA
CARETOUCH MIS TST STRP	0	PA, QL (240 strips / month); MNPA
CHEMSTRIP K TES	0	
CHEMSTRIP TES UGK	0	
CLEVER CHEK TES	0	PA, QL (240 strips / month); MNPA
CLEVER CHEK TES AUTO CD	0	PA, QL (240 strips / month); MNPA
CLEVER CHEK TES TALK	0	PA, QL (240 strips / month); MNPA
CLEVER CHEK TES VOICE	0	PA, QL (240 strips / month); MNPA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLEVER CHOIC TES MICRO	0	PA, QL (240 strips / month); MNPA
CLEVR CHOICE TES AUTO-CD	0	PA, QL (240 strips / month); MNPA
CLEVR CHOICE TES NOCODE	0	PA, QL (240 strips / month); MNPA
CONFIRM/MICR TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
CONTOUR TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
CONTOUR TES NEXT	0	PA, QL (240 strips / month); MNPA
COOL BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
CVS ADVANCED TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
CVS GLUCOSE TES TEST STR	0	PA, QL (240 strips / month); MNPA
CVS KETONE TES CARE	0	
D-CARE BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
DIASTIX TES STRIPS	0	
DIATHRIVE MIS TEST STR	0	PA, QL (240 strips / month); MNPA
DIATHRIVE+ MIS TEST STR	0	PA, QL (240 strips / month); MNPA
DIATRUE PLUS TES STRIPS	0	PA, QL (240 strips / month); MNPA
DUO-CARE TES	0	PA, QL (240 strips / month); MNPA
EASY PLUS II TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASY STEP TES	0	PA, QL (240 strips / month); MNPA
EASY TALK TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASY TOUCH TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
EASY TOUCH TES STRIPS	0	PA, QL (240 strips / month); MNPA
EASY TRAK II TES BLD GLUC	0	PA, QL (240 strips / month); MNPA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY TRAK TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EASYGLUCO TES	0	PA, QL (240 strips / month); MNPA
EASYGLUCO TES PLUS	0	PA, QL (240 strips / month); MNPA
EASYMAX 15 TES	0	PA, QL (240 strips / month); MNPA
EASYMAX TES	0	PA, QL (240 strips / month); MNPA
EASYPRO PLUS TES	0	PA, QL (240 strips / month); MNPA
EASYPRO TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
ELEMENT TES	0	PA, QL (240 strips / month); MNPA
ELEMNT COMPA TES STRIPS	0	PA, QL (240 strips / month); MNPA
EMBRACE EVO TES	0	PA, QL (240 strips / month); MNPA
EMBRACE PRO TES	0	PA, QL (240 strips / month); MNPA
EMBRACE TALK TES STRIPS	0	PA, QL (240 strips / month); MNPA
EMBRACE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EVENCARE + TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EVENCARE G2 TES	0	PA, QL (240 strips / month); MNPA
EVENCARE G3 TES	0	PA, QL (240 strips / month); MNPA
EVENCARE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
EVENCARE TES MINI	0	PA, QL (240 strips / month); MNPA
EVENCARE TES PROVIEW	0	PA, QL (240 strips / month); MNPA
EVOLUTION TES AUTOCODE	0	PA, QL (240 strips / month); MNPA
EXACTECH TES	0	PA, QL (240 strips / month); MNPA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EXACTECH TES R-S-G	0	PA, QL (240 strips / month); MNPA
FIFTY50 GLUC TES 2.0	0	PA, QL (240 strips / month); MNPA
FORA 6 MIS CONNECT	0	QL (240 strips / month)
FORA BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
FORA D15G TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA D20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA D40/G31 TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
FORA G20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA G30/V10 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA GD20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA GD50 TES	0	PA, QL (240 strips / month); MNPA
FORA GTEL TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA GTEL TES KETONE	0	
FORA TN'G TES TN'G VOI	0	PA, QL (240 strips / month); MNPA
FORA V10 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA V12 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA V20 TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORA V30A TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
FORACARE TES GD40	0	PA, QL (240 strips / month); MNPA
FORACARE TES PREM V10	0	PA, QL (240 strips / month); MNPA
FORACARE TES TST N GO	0	PA, QL (240 strips / month); MNPA
FORTISCARE TES BLD GLUC	0	PA, QL (240 strips / month); MNPA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FREESTYLE TES	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES INSULINX	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES LITE	0	PA, QL (240 strips / month); MNPA
FREESTYLE TES PREC NEO	0	PA, QL (240 strips / month); MNPA
GE100 BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
GENULTIMATE TES	0	PA, QL (240 strips / month); MNPA
GHT TEST TES STRIPS	0	PA, QL (240 strips / month); MNPA
GLUCO PERFEC TES 3	0	PA, QL (240 strips / month); MNPA
GLUCOCARD 01 TES PLUS	0	PA, QL (240 strips / month); MNPA
GLUCOCARD 01 TES SENSOR	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES EXPRESSI	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES SHINE	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES VITAL	0	PA, QL (240 strips / month); MNPA
GLUCOCARD TES X-SENSOR	0	PA, QL (240 strips / month); MNPA
GLUCOCOM TES	0	PA, QL (240 strips / month); MNPA
GLUCONAVII TES STRIPS	0	PA, QL (240 strips / month); MNPA
GLUCOSE TES STRIPS	0	PA, QL (240 strips / month); MNPA
GOJJI BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
GOJJI BLOOD TES KETONE	0	
GOJJI STRIPS MIS W/LANCET	0	PA, QL (240 strips / month); MNPA
HARMONY TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
HW EMBRACE TES PRO	0	PA, QL (240 strips / month); MNPA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HW EMBRACE TES STRIPS	0	PA, QL (240 strips / month); MNPA
IGLUOSE TES	0	PA, QL (240 strips / month); MNPA
IN TOUCH TES BLOOD	0	PA, QL (240 strips / month); MNPA
INFINITY TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
INFINITY TES VOICE	0	PA, QL (240 strips / month); MNPA
KETO-DIASTIX TES	0	
KETONE TES	0	
KETONE TEST TES	0	
KETOSTIX TES STRIP	0	
KROGER BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
KROGER TES	0	PA, QL (240 strips / month); MNPA
LIBERTY NEXT TES GEN	0	PA, QL (240 strips / month); MNPA
LIBERTY TES	0	PA, QL (240 strips / month); MNPA
MEIJER BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
MEIJER TES TRUETEST	0	PA, QL (240 strips / month); MNPA
MEIJER TES TRUETRAC	0	PA, QL (240 strips / month); MNPA
MICRODOT TES	0	PA, QL (240 strips / month); MNPA
MICRODOT TES XTRA	0	PA, QL (240 strips / month); MNPA
MYGLUCOHEALT TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
NEUTEK 2TEK TES STRIPS	0	PA, QL (240 strips / month); MNPA
NO CODING TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
NOVA MAX PLS TES KETONE	0	
NOVA MAX TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
ONE DROP TES BLD GLUC	0	PA, QL (240 strips / month); MNPA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONETOUCH TES ULTRA	0	QL (240 strips / month)
ONETOUCH TES VERIO	0	QL (240 strips / month)
OPTIUM TES	0	PA, QL (240 strips / month); MNPA
OPTIUMEZ TES	0	PA, QL (240 strips / month); MNPA
POCKETCHEM TES EZ	0	PA, QL (240 strips / month); MNPA
PRECISION PT TES OF CARE	0	PA, QL (240 strips / month); MNPA
PRECISION TES PCX	0	PA, QL (240 strips / month); MNPA
PRECISION TES PCX PLUS	0	PA, QL (240 strips / month); MNPA
PRECISION TES QID	0	PA, QL (240 strips / month); MNPA
PRECISION TES SOF-TACT	0	PA, QL (240 strips / month); MNPA
PRECISION TES XTRA	0	PA, QL (240 strips / month); MNPA
PRECISN XTRA TES KETONE	0	
PREMIUM BLOO MIS GLUCOSE	0	PA, QL (240 strips / month); MNPA
PRO VOICE TES V8/V9	0	PA, QL (240 strips / month); MNPA
PRODIGY NO TES CODING	0	PA, QL (240 strips / month); MNPA
PTS PANELS TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
PTS PANELS TES KETONE	0	
QUICKTEK TES	0	PA, QL (240 strips / month); MNPA
QUINTET AC TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
QUINTET TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
REFUAH PLUS TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
RELION BLOOD TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
RELION PREMI TES GLUCOSE	0	PA, QL (240 strips / month); MNPA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RELION PRIME TES	0	PA, QL (240 strips / month); MNPA
RELION PRIME TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
RELION TES KETONE	0	
RELION TES ULTIMA	0	PA, QL (240 strips / month); MNPA
RELION TRUE TES METRIX	0	QL (240 strips / month); MNPA
RIGHTEST TES GS100	0	PA, QL (240 strips / month); MNPA
RIGHTEST TES GS300	0	PA, QL (240 strips / month); MNPA
RIGHTEST TES GS550	0	PA, QL (240 strips / month); MNPA
SMART SENSE TES TEST	0	PA, QL (240 strips / month); MNPA
SMARTEST TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
SOLUS V2 TES AUDIBLE	0	PA, QL (240 strips / month); MNPA
SUPREME TES	0	PA, QL (240 strips / month); MNPA
SURE-TEST TES EASYPLUS	0	PA, QL (240 strips / month); MNPA
TRUE FOCUS MIS BLOOD	0	PA, QL (240 strips / month); MNPA
TRUE METRIX TES GLUCOSE	0	PA, QL (240 strips / month); MNPA
TRUETEST TES	0	PA, QL (240 strips / month); MNPA
TRUETRACK TES	0	PA, QL (240 strips / month); MNPA
TRUETRACK TES BLD GLUC	0	PA, QL (240 strips / month); MNPA
UNISTRIP1 TES GENERIC	0	PA, QL (240 strips / month); MNPA
VERASENS TES	0	PA, QL (240 strips / month); MNPA
VIVAGUARD TES INO	0	PA, QL (240 strips / month); MNPA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
ACERFLEX POW	3	Coverage is subject to your plan/benefits
BCAD 2 POW	3	Coverage is subject to your plan/benefits
BETTERMILK15 POW GLYTACTN	3	Coverage is subject to your plan/benefits
BETTERMILK PAK GLYTACTI	3	Coverage is subject to your plan/benefits
CAMINO PRO LIQ 15PE	3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	3	PA; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
CYCLINEX-1 POW	3	Coverage is subject to your plan/benefits
CYCLINEX-2 POW	3	Coverage is subject to your plan/benefits
DIABETIC TF LIQ	3	PA; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	3	PA; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	3	Coverage is subject to your plan/benefits
ELECARE DHA/ POW ARA INFA	3	PA; Coverage is subject to your plan/benefits
ELECARE POW DHA/ARA	3	PA; Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	3	Coverage is subject to your plan/benefits
ENTERAGAM POW 5GM	3	PA; MNPA
EO28 SPLASH LIQ ORANGE	3	PA; Coverage is subject to your plan/benefits
F.A.A. LIQ	3	PA; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACERFLEX POW	3	Coverage is subject to your plan/benefits
BCAD 2 POW	3	Coverage is subject to your plan/benefits
BETTERMILK15 POW GLYTACTN	3	Coverage is subject to your plan/benefits
BETTERMILK PAK GLYTACTI	3	Coverage is subject to your plan/benefits
CAMINO PRO LIQ 15PE	3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	3	PA; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
CYCLINEX-1 POW	3	Coverage is subject to your plan/benefits
CYCLINEX-2 POW	3	Coverage is subject to your plan/benefits
DIABETIC TF LIQ	3	PA; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	3	PA; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	3	Coverage is subject to your plan/benefits
ELECARE DHA/ POW ARA INFA	3	PA; Coverage is subject to your plan/benefits
ELECARE POW DHA/ARA	3	PA; Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	3	Coverage is subject to your plan/benefits
ENTERAGAM POW 5GM	3	PA; MNPA
EO28 SPLASH LIQ ORANGE	3	PA; Coverage is subject to your plan/benefits
F.A.A. LIQ	3	PA; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	3	PA; Coverage is subject to your plan/benefits

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FOSTEUM CAP	3	PA; MNPA
FOSTEUM PLUS CAP	3	PA; MNPA
GA POW	3	Coverage is subject to your plan/benefits
GA-1 ANAMIX POW ERLY YRS	3	Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	3	PA; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	3	PA; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
GLUTAREX-1 POW	3	Coverage is subject to your plan/benefits
GLUTAREX-2 POW	3	Coverage is subject to your plan/benefits
GLYROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
GLYTACTIN POW RESTOR10	3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
HCU ANAMIX POW ERLY YRS	3	Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	3	Coverage is subject to your plan/benefits
HCU EXPRESS PAK	3	Coverage is subject to your plan/benefits
HCY 2 POW	3	Coverage is subject to your plan/benefits
HOM 2 POW	3	Coverage is subject to your plan/benefits
HOMACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
HOMINEX-1 POW	3	Coverage is subject to your plan/benefits
HOMINEX-2 POW	3	Coverage is subject to your plan/benefits
I-VALEX-1 POW	3	Coverage is subject to your plan/benefits
I-VALEX-2 POW	3	Coverage is subject to your plan/benefits

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

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. 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 Quick Links.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISOSOURCE HN LIQ	3	PA; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	3	PA; Coverage is subject to your plan/benefits
ISOVACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
IVA ANAMIX POW ERLY YRS	3	Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
KETONEX-1 POW	3	Coverage is subject to your plan/benefits
KETONEX-2 POW	3	Coverage is subject to your plan/benefits
LANAFLEX PAK	3	Coverage is subject to your plan/benefits
LIPISTART POW	3	PA; Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	3	PA; Coverage is subject to your plan/benefits
LMD POW	3	Coverage is subject to your plan/benefits
LOPHLEX POW	3	Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	3	PA; Coverage is subject to your plan/benefits
METHIONAID POW	3	Coverage is subject to your plan/benefits
MMA/PA ANAMI POW ERLY YRS	3	Coverage is subject to your plan/benefits
MODULEN IBD POW	3	PA; Coverage is subject to your plan/benefits
MSUD AID POW	3	Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	3	PA; Coverage is subject to your plan/benefits
NEOKE MCT70 POW	3	PA; Coverage is subject to your plan/benefits

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEPRO LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NICAPRIN TAB	3	PA
NOVASOURCE LIQ RENAL	3	PA; Coverage is subject to your plan/benefits
NUTRAMINE PAK	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
NUTREN JR LIQ	3	PA; Coverage is subject to your plan/benefits
NUTREN LIQ JUNIOR	3	PA; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	3	PA; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	3	PA; Coverage is subject to your plan/benefits
OA 2 POW	3	Coverage is subject to your plan/benefits
OMNIVEX TAB	3	PA
OPTIMENTAL LIQ	3	PA; Coverage is subject to your plan/benefits
OS 2 POW	3	Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	3	PA; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	3	PA; Coverage is subject to your plan/benefits
OSMOLITE LIQ	3	PA; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	3	PA; Coverage is subject to your plan/benefits
OXEPA LIQ	3	PA; Coverage is subject to your plan/benefits

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEDIASURE EN LIQ /FIBER	3	PA; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	3	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	3	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	3	PA; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PERATIVE LIQ	3	PA; Coverage is subject to your plan/benefits
PERIFLEX POW ADVANCE	3	Coverage is subject to your plan/benefits
PFD 2 POW	3	Coverage is subject to your plan/benefits
PHENACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
PHENEX-1 POW	3	Coverage is subject to your plan/benefits
PHENEX-2 POW	3	Coverage is subject to your plan/benefits
PHENYL-FREE POW 2	3	Coverage is subject to your plan/benefits
PHENYLADE60 POW	3	Coverage is subject to your plan/benefits
PIVOT LIQ 1.5 CAL	3	PA; Coverage is subject to your plan/benefits
PKU EXPLORE5 POW UNFLAVOR	3	Coverage is subject to your plan/benefits
PORTAGEN POW	3	Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	3	Coverage is subject to your plan/benefits
PRO-PHREE POW	3	Coverage is subject to your plan/benefits
PROMACTIN AA SUS PLUS	3	Coverage is subject to your plan/benefits
PROMOTE 1.0 LIQ W/ FIBER	3	PA; Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROMOTE LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	3	PA; Coverage is subject to your plan/benefits
PROPIMEX-1 POW	3	Coverage is subject to your plan/benefits
PROPIMEX-2 POW	3	Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	3	PA; Coverage is subject to your plan/benefits
PROVIMIN POW	3	Coverage is subject to your plan/benefits
RENASTART POW	3	Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	3	PA; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	3	PA; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	3	PA; Coverage is subject to your plan/benefits
RHEUMATE CAP	3	PA; MNPA
RIBOZEL CAP	3	PA; MNPA
S.O.S. 20 POW	3	Coverage is subject to your plan/benefits
S.O.S. 25 POW	3	Coverage is subject to your plan/benefits
SOL CARB POW	3	PA; Coverage is subject to your plan/benefits
SUPLINA LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
TOLEREX POW	3	PA; Coverage is subject to your plan/benefits
TWOCAL HN LIQ	3	PA; Coverage is subject to your plan/benefits
TYLACTIN POW BLD 20PE	3	Coverage is subject to your plan/benefits
TYR ANAMIX POW ERLY YRS	3	Coverage is subject to your plan/benefits

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYREX-1 POW	3	Coverage is subject to your plan/benefits
TYREX-2 POW	3	Coverage is subject to your plan/benefits
TYROS 2 POW	3	Coverage is subject to your plan/benefits
UCD ANAMIX POW JUNIOR	3	Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	3	PA; Coverage is subject to your plan/benefits
ULTRACAL LIQ	3	PA; Coverage is subject to your plan/benefits
ULTRAMINO POW SOY PROT	3	PA; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	3	PA; Coverage is subject to your plan/benefits
VASCULERA TAB	3	PA
VILACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
VITAL HN POW	3	PA; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	3	PA; Coverage is subject to your plan/benefits
WND 2 POW	3	Coverage is subject to your plan/benefits
XLEU MAXAMUM POW	3	Coverage is subject to your plan/benefits
XLYS-XTRP POW MAXAMAID	3	Coverage is subject to your plan/benefits
XMET XCYS POW MAXAMAID	3	Coverage is subject to your plan/benefits
XMTVI MAXAMU POW	3	Coverage is subject to your plan/benefits
XPHE-XTYR POW MAXAMAID	3	Coverage is subject to your plan/benefits
XYZBAC TAB	3	PA
ZYVIT TAB	3	PA

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

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	3	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 40000	2	

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

<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
KEVEYIS TAB 50MG	3	PA, QL (120 TABLETS PER 30 DAYS)
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	

**DIURETIC COMBINATIONS**

ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75- 50 mg</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
BUMEX TAB 0.5MG	3	
EDECIN TAB 25MG	3	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
ALDACTONE TAB 25MG	2	
ALDACTONE TAB 50MG	2	
ALDACTONE TAB 100MG	2	
<i>amiloride hcl tab 5 mg</i>	1	
CAROSPIR SUS 25MG/5ML	3	
DYRENIUM CAP 50MG	3	PA; MNPA
DYRENIUM CAP 100MG	3	PA; MNPA
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIURIL SUS 250/5ML	3	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	

**ENDOCRINE AND METABOLIC AGENTS - MISC.****ADRENAL STEROID INHIBITORS**

ISTURISA TAB 1MG	3	PA, QL (240 TABLETS PER 30 DAYS)
ISTURISA TAB 5MG	3	PA, QL (360 TABLETS PER 30 DAYS)
ISTURISA TAB 10MG	3	PA, QL (180 TABLETS PER 30 DAYS)

**BONE DENSITY REGULATORS**

ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
AELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONIVA TAB 150MG	3	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 620/2.48	2	PA, QL (1 PEN PER MONTH)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
MIACALCIN INJ 200/ML	3	PA; MNPA
NATPARA INJ 25MCG	3	PA, QL (2 CARTRIDGES PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NATPARA INJ 50MCG	3	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 75MCG	3	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 100MCG	3	PA, QL (2 CARTRIDGES PER 28 DAYS)
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
TERIPARATIDE INJ	3	PA, QL (1 PEN PER 28 DAYS)
TYMLOS INJ	2	PA, QL (1PEN PER 30 DAYS)
<b>CORTICOTROPIN</b>		
ACTHAR INJ 80UNIT	3	PA, QL (35ML PER 21 DAYS)
<b>FERTILITY REGULATORS</b>		
CHOR GONADOT INJ 10000UNT	3	PA; Coverage is subject to your plan/benefits
<i>clomiphene citrate tab 50 mg</i>	1	Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 300UNIT	3	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 600UNIT	3	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 900UNIT	3	PA, QL (7 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	2	PA, QL (10 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GONAL-F INJ 1050UNIT	2	PA, QL (6 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	2	PA, QL (60 VIALS PER 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.5	2	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.75	2	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.5	2	PA, QL (7 CARTRIDGE PER 28 DAYS); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	3	PA; Coverage is subject to your plan/benefits
NOVAREL INJ 5000UNIT	3	PA; Coverage is subject to your plan/benefits
NOVAREL INJ 10000UNT	3	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	2	PA; Coverage is subject to your plan/benefits
PREGNYL INJ 10000UNT	3	PA; Coverage is subject to your plan/benefits
<b>GNRH/LHRH ANTAGONISTS</b>		
CETROTIDE KIT 0.25MG	2	PA
GANIRELIX AC INJ 250/0.5	3	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	1	PA
ORLISSA TAB 150MG	2	
ORLISSA TAB 200MG	2	
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ 10MG	2	PA, QL (30 VIALS PER 30 DAYS)
SOMAVERT INJ 15MG	2	PA, QL (30 VIALS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOMAVERT INJ 20MG	2	PA, QL (30 VIALS PER 30 DAYS)
SOMAVERT INJ 25MG	2	PA, QL (30 PER 30 DAYS)
SOMAVERT INJ 30MG	2	PA, QL (30 PER 30 DAYS)
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA SV INJ 2MG	3	PA, QL (30 VIALS PER 30 DAYS)
<b>GROWTH HORMONES</b>		
GENOTROPIN INJ 0.2MG	3	PA
GENOTROPIN INJ 0.4MG	3	PA
GENOTROPIN INJ 0.6MG	3	PA
GENOTROPIN INJ 0.8MG	3	PA
GENOTROPIN INJ 1.2MG	3	PA
GENOTROPIN INJ 1.4MG	3	PA
GENOTROPIN INJ 1.6MG	3	PA
GENOTROPIN INJ 1.8MG	3	PA
GENOTROPIN INJ 1MG	3	PA
GENOTROPIN INJ 2MG	3	PA
GENOTROPIN INJ 5MG	3	PA
GENOTROPIN INJ 12MG	3	PA
HUMATROPE INJ 5MG	2	PA
HUMATROPE INJ 6MG	2	PA
HUMATROPE INJ 12MG	2	PA
HUMATROPE INJ 24MG	2	PA
NORDITROPIN INJ 5/1.5ML	2	PA
NORDITROPIN INJ 10/1.5ML	2	PA
NORDITROPIN INJ 15/1.5ML	2	PA
NORDITROPIN INJ 30/3ML	2	PA
NUTROPIN AQ INJ 10MG/2ML	3	PA
NUTROPIN AQ INJ 20MG/2ML	3	PA
NUTROPIN AQ INJ NUSPIN 5	3	PA
OMNITROPE INJ 5.8MG	3	PA
OMNITROPE INJ 5/1.5ML	3	PA
OMNITROPE INJ 10/1.5ML	3	PA
SAIZEN INJ 5MG	3	PA
SAIZEN INJ 8.8MG	3	PA
SAIZENPREP INJ 8.8MG	3	PA
SEROSTIM INJ 4MG	3	PA
SEROSTIM INJ 5MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SEROSTIM INJ 6MG	3	PA
ZOMACTON INJ 5MG	3	PA
ZOMACTON INJ 10MG	3	PA
ZORBTIVE INJ 8.8MG	3	PA
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA TAB 60MG	0	
OSPHENA TAB 60MG	2	
<i>raloxifene hcl tab 60 mg</i>	0	
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ 40MG/4ML	3	PA
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
SYNAREL SOL 2MG/ML	3	
<b>METABOLIC MODIFIERS</b>		
BUPHENYL POW	3	PA, QL (600 GRAMS PER 30 DATS)
BUPHENYL TAB 500MG	3	PA, QL (1200 TABLETS PER 30 DAYS)
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
CARBAGLU TAB 200MG	3	PA
CARNITOR SF SOL 1GM/10ML	3	PA; MNPA
CARNITOR SOL 1GM/10ML	3	PA; MNPA
CARNITOR TAB 330MG	3	PA; MNPA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	PA, QL (120 TABLETS PER 30 DAYS)
CITRULLINE TAB EASY 1GM	3	
CYSTADANE POW	3	PA
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
GALAFOLD CAP 123MG	3	PA, QL (14 CAPSULES PER 28 DAYS)
KUVAN POW 100MG	3	PA
KUVAN POW 500MG	3	PA
KUVAN TAB 100MG	3	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levocarnitine tab 330 mg</i>	1	
MYALEPT INJ 11.3MG	3	PA, QL (30 VIALS PER 30 DATA)
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
NITYR TAB 2MG	3	PA
NITYR TAB 5MG	3	PA
NITYR TAB 10MG	3	PA
ORFADIN CAP 2MG	3	PA
ORFADIN CAP 5MG	3	PA
ORFADIN CAP 10MG	3	PA
ORFADIN CAP 20MG	3	PA
ORFADIN SUS 4MG/ML	3	PA
PALYNZIQ INJ 2.5/0.5	3	PA, QL (90 PFS PER 30 DAYS)
PALYNZIQ INJ 10/0.5ML	3	PA, QL (30 PFS PER 30 DAYS)
PALYNZIQ INJ 20MG/ML	3	PA, QL (90 PFS PER 30 DAYS)
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
RAVICTI LIQ 1.1GM/ML	3	PA
REVCIVI INJ 1.6MG/ML	3	
ROCALTROL CAP 0.5MCG	2	
ROCALTROL CAP 0.25MCG	2	
ROCALTROL SOL 1MCG/ML	2	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	1	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	1	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	1	PA
SENSIPAR TAB 30MG	3	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 60MG	3	PA, QL (60 TABLETS PER 30 DAYS)
SENSIPAR TAB 90MG	3	PA, QL (120 TABLETS PER 30 DAYS)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA, QL (600 GRAMS PER 30 DATS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL (1200 TABLETS PER 30 DAYS)
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
XURIDEN POW 2GM	3	QL (4 PACKETS PER DAY)
ZEMPLAR CAP 1MCG	2	
ZEMPLAR CAP 2MCG	2	
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TAB 10MG	3	
KERENDIA TAB 20MG	3	
<b>POSTERIOR PITUITARY HORMONES</b>		
DDAVP SOL 0.01%	2	
DDAVP TAB 0.1MG	2	
DDAVP TAB 0.2MG	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
STIMATE SOL 1.5MG/ML	3	PA
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
MIFEPREX TAB 200MG	3	
<i>mifepristone tab 200 mg</i>	1	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tab 0.5 mg</i>	1	
<b>SOMATOSTATIC AGENTS</b>		
BYNFEZIA PEN INJ 2500MCG	3	PA, QL (7 PENS PER 30 DAYS)
MYCAPSSA CAP 20MG	3	PA, QL (112 CAPSULES PER 28 DAYS)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA, QL (90 AMPULES PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA, QL (45 VIALS PER 30 DAYS)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA, QL (9 VIALS PER 30 DAYS)
SANDOSTATIN INJ 50MCG/ML	3	PA, QL (90 AMPULES PER 30 DAYS)
SANDOSTATIN INJ 100MCG	3	PA, QL (90 AMPULES PER 30 DAYS)
SANDOSTATIN INJ 500MCG	3	PA, QL (90 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.3MG/ML	3	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.6MG/ML	3	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.9MG/ML	3	PA, QL (60 AMPULES PER 30 DAYS)
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE PAK 30-15MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 45-15MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 60-30MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 90-30MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE TAB 15MG	3	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE TAB 15MG	3	PA, QL (60 tabs / month)
JYNARQUE TAB 30MG	3	PA, QL (30 tabs / month)
SAMSCA TAB 15MG	3	PA, QL (60 tabs / month)
SAMSCA TAB 30MG	3	PA, QL (30 tabs / month)
<i>tolvaptan tab 15 mg</i>	1	PA, QL (60 tabs / month)
<i>tolvaptan tab 30 mg</i>	1	PA, QL (30 tabs / month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ESTROGENS</b>		
<b><i>ESTROGEN COMBINATIONS</i></b>		
ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
FEMHRT TAB 0.5-2.5	3	
MYFEMBREE TAB	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
ORIAHNN CAP	2	
PREFEST TAB	3	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
<b><i>ESTROGENS</i></b>		
ALORA DIS 0.1MG	3	
ALORA DIS 0.05MG	3	
ALORA DIS 0.025MG	3	
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	
DELESTROGEN INJ 10MG/ML	3	PA
DELESTROGEN INJ 20MG/ML	3	PA
DELESTROGEN INJ 40MG/ML	3	PA
DEPO-ESTRADI INJ 5MG/ML	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	
ELESTRIN GEL 0.06%	3	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	PA
<i>estradiol valerate im in oil 40 mg/ml</i>	1	PA
ESTROGEL GEL	3	
EVAMIST SPR 1.53MG	2	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	
MENOSTAR DIS 14MCG	3	
MINIVELLE DIS 0.1MG	3	
MINIVELLE DIS 0.05MG	3	
MINIVELLE DIS 0.025MG	3	
MINIVELLE DIS 0.075MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MINIVELLE DIS 0.0375MG	3	
PREMARIN INJ 25MG	3	PA
PREMARIN TAB 0.3MG	2	
PREMARIN TAB 0.9MG	2	
PREMARIN TAB 0.45MG	2	
PREMARIN TAB 0.625MG	2	
PREMARIN TAB 1.25MG	2	
VIVELLE-DOT DIS 0.1MG	3	
VIVELLE-DOT DIS 0.05MG	3	
VIVELLE-DOT DIS 0.025MG	3	
VIVELLE-DOT DIS 0.075MG	3	
VIVELLE-DOT DIS 0.0375MG	3	
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
MOTEGRITY TAB 1MG	3	
MOTEGRITY TAB 2MG	3	
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE TAB 3MG	3	
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM CAP 50MG	3	PA
CHOLBAM CAP 250MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TAB 5MG	3	PA, QL (30 TABLETS PER 30 DAYS)
OCALIVA TAB 10MG	3	PA, QL (30 TABLETS PER 30 DAYS)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
CHENODAL TAB 250MG	3	
RELTONE CAP 200MG	3	
RELTONE CAP 400MG	3	
URSO 250 TAB 250MG	2	
URSO FORTE TAB 500MG	2	
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROCROM CON 100/5ML	3	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
AMITIZA CAP 8MCG	3	
AMITIZA CAP 24MCG	3	
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
<b>GASTROINTESTINAL STIMULANTS</b>		
GIMOTI SPR 15MG	3	
METOCLOPRAMI TAB 10MG ODT	3	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
BYLVAY CAP 200MCG	3	PA
BYLVAY CAP 400MCG	3	PA
BYLVAY CAP 600MCG	3	PA
BYLVAY CAP 1200MCG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INFLAMMATORY BOWEL AGENTS</b>		
APRISO CAP 0.375GM	3	
ASACOL HD TAB 800MG	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	
CANASA SUP 1000MG	3	
CIMZIA KIT 200MG	3	PA, QL (2 KITS PER 28 DAYS); MNPA
CIMZIA PREFL KIT 200MG/ML	3	PA, QL (2 KITS PER 28 DAYS); MNPA
CIMZIA START KIT 200MG/ML	3	PA, QL (1 KIT PER 28 DAYS); MNPA
COLAZAL CAP 750MG	3	PA; MNPA
DELZICOL CAP 400MG	3	
DIPENTUM CAP 250MG	3	
LIALDA TAB 1.2GM	3	
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>*mesalamine rectal enema 4 gm &amp; cleanser wipe kit**</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosectron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosectron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
ZELNORM TAB 6MG	3	
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<i>alvimopan cap 12 mg</i>	1	
ENTEREG CAP 12MG	3	
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
RELISTOR INJ 8/0.4ML	3	
RELISTOR INJ 12/0.6ML	3	
RELISTOR TAB 150MG	3	
SYMPROIC TAB 0.2MG	3	
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TAB 210MG	3	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
FOSRENOL CHW 500MG	3	PA
FOSRENOL CHW 750MG	3	PA
FOSRENOL CHW 1000MG	3	PA
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	PA; MNPA
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	PA; MNPA
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	PA; MNPA
PHOSLYRA SOL	2	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
VELPHORO CHW 500MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT 5MG	3	PA, QL (ONE 30-VIAL KIT PER 30 DAYS)
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TAB 250MG	3	PA, QL (90 TABLETS PER 30 DAYS)
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ACIDIFIERS</b>		
K-PHOS TAB NO 2	3	
<b>ALKALINIZERS</b>		
ORACIT SOL	3	
<i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate &amp; citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	1	
UROCIT-K 5 TAB	2	
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP 50MG	3	PA
CYSTAGON CAP 150MG	3	PA
PROCYSBI CAP 25MG	3	PA, QL (240 CAPSULES PER 30 DAYS)
PROCYSBI CAP 75MG	3	PA, QL (750 CAPSULES PER 30 DAYS)
PROCYSBI GRA 75MG	3	PA, QL (180 PACKETS PER 30 DAYS)
PROCYSBI GRA 300MG	3	PA, QL (180 PACKETS PER 30 DAYS)
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP 100MG	3	
PENTOSAN CAP 150MG	3	
PENTOSAN CAP 200MG	3	
RIMSO-50 SOL 50%	3	PA; MNPA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
FLOMAX CAP 0.4MG	3	
JALYN CAP	3	
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	3	
RAPAFLO CAP 8MG	3	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
UROXATRAL TAB 10MG	3	PA; MNPA
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tab 200 mg</i>	1	
<b>URINARY STONE AGENTS</b>		
LITHOSTAT TAB 250MG	3	
THIOLA EC TAB 100MG	3	
THIOLA EC TAB 300MG	3	
<i>tiopronin tab 100 mg</i>	1	PA
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<b>GOUT AGENTS</b>		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine cap 0.6 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
COLCRYS TAB 0.6MG	3	
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
GLOPERBA SOL 0.6/5ML	3	
MITIGARE CAP 0.6MG	3	
ULORIC TAB 40MG	3	
ULORIC TAB 80MG	3	
ZYLOPRIM TAB 100MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYLOPRIM TAB 300MG	3	
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
HEMLIBRA INJ 30MG/ML	3	PA
HEMLIBRA INJ 60/0.4	3	PA
HEMLIBRA INJ 105/0.7	3	PA
HEMLIBRA INJ 150/ML	3	PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR INJ 30MG/3ML	3	PA, QL (45 SYRINGES PER 90 DAYS)
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	1	PA, QL (45 SYRINGES PER 90 DAYS)
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ 500UNIT	3	PA, QL (60 VIALS PER 90 DAYS)
CINRYZE SOL 500 UNIT	3	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 2000UNIT	3	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 3000UNIT	3	PA, QL (20 VIALS PER 30 DAYS)
RUCONEST INJ 2100UNIT	2	PA, QL (60 VIALS PER 90 DAYS)
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB 100MG	3	PA, QL (60 TABLETS PER 30 DAYS)
TAVALISSE TAB 150MG	3	PA, QL (60 TABLETS PER 30 DAYS)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	1	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR INJ 10MG/ML	3	PA, QL (30 CARTONS (900 MG) PER 90 DAYS)
ORLADEYO CAP 110MG	3	PA, QL (28 CAPSULES PER 28 DAYS)
ORLADEYO CAP 150MG	3	PA, QL (28 CAPSULES PER 28 DAYS)
TAKHZYRO INJ 300/2ML	2	PA, QL (2 VIALS PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGRYLIN CAP 0.5MG	2	
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
ASA/OMEPRAZO TAB 81-40MG	3	
ASP/OMEPRAZO TAB 325-40MG	3	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
DURLAZA CAP 162.5MG	3	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
PLAVIX TAB 75MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
ZONTIVITY TAB 2.08MG	3	

**HEMATOPOIETIC AGENTS****AGENTS FOR GAUCHER DISEASE**

CERDELGA CAP 84MG	2	PA, QL (60 CAPSULES PER 30 DAYS)
<i>miglustat cap 100 mg</i>	1	PA, QL (90 CAPSULES PER 30 DAYS)
ZAVESCA CAP 100MG	3	PA, QL (90 CAPSULES PER 30 DAYS)

**AGENTS FOR SICKLE CELL DISEASE**

DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENDARI POW 5GM	3	PA, QL (180 PACKETS PER 30 DAYS)
OXBRYTA TAB 500MG	3	PA, QL (90 TABLETS PER 30 DAYS)
SIKLOS TAB 100MG	3	
SIKLOS TAB 1000MG	3	
<b>COBALAMINS</b>		
CYANOCOBALAM SOL 2000MCG	3	PA
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	PA
NASCOBAL SPR 500MCG	3	
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid cap 0.8 mg</i>	0	\$0 copay for women younger than 55
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	\$0 copay for women younger than 55
<i>folic acid tab 800 mcg</i>	0	\$0 copay for women younger than 55
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 10MCG	2	PA
ARANESP INJ 25MCG	2	PA
ARANESP INJ 40MCG	2	PA
ARANESP INJ 60MCG	2	PA
ARANESP INJ 100MCG	2	PA
ARANESP INJ 150MCG	2	PA
ARANESP INJ 200MCG	2	PA
ARANESP INJ 300MCG	2	PA
ARANESP INJ 500MCG	2	PA
DOPTELET TAB 20MG	2	PA, QL (90 tabs / month)
EPOGEN INJ 2000/ML	3	PA
EPOGEN INJ 3000/ML	3	PA
EPOGEN INJ 4000/ML	3	PA
EPOGEN INJ 10000/ML	3	PA
EPOGEN INJ 20000/ML	3	PA
FULPHILA INJ 6/0.6ML	3	PA, QL (2 SYRINGES PER 28 DAYS)
GRANIX INJ 300/0.5	2	PA
GRANIX INJ 480/0.8	2	PA
LEUKINE INJ 250MCG	3	PA
MIRCERA INJ 30MCG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MIRCERA INJ 50MCG	3	PA
MIRCERA INJ 75MCG	3	PA
MIRCERA INJ 100MCG	3	PA
MIRCERA INJ 150MCG	3	PA
MIRCERA INJ 200MCG	3	PA
MULPLETA TAB 3MG	2	PA, QL (7 TABLETS PER 14 DAYS)
NEULASTA INJ 6MG/0.6M	2	PA, QL (2 SYRINGES PER 28 DAYS)
NEULASTA KIT 6MG/0.6M	2	PA, QL (2 SYRINGES PER 28 DAYS)
NEUPOGEN INJ 300/0.5	2	PA
NEUPOGEN INJ 300MCG	2	PA
NEUPOGEN INJ 480/0.8	2	PA
NEUPOGEN INJ 480MCG	2	PA
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
NYVEPRIA INJ 6/0.6ML	3	PA, QL (2 SYRINGES PER 28 DAYS)
PROCRIT INJ 2000/ML	2	PA
PROCRIT INJ 3000/ML	2	PA
PROCRIT INJ 4000/ML	2	PA
PROCRIT INJ 10000/ML	2	PA
PROCRIT INJ 20000/ML	2	PA
PROCRIT INJ 40000/ML	2	PA
PROMACTA PAK 25MG	3	PA, QL (180 PACKETS PER 30 DAYS)
PROMACTA POW 12.5MG	3	PA, QL (120 PACKETS PER 30 DAYS)
PROMACTA TAB 12.5MG	3	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 25MG	3	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 50MG	3	PA, QL (60 TABLETS PER 30 DAYS)
PROMACTA TAB 75MG	3	PA, QL (60 TABLETS PER 30 DAYS)
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 20000UNI	2	PA
RETACRIT INJ 40000UNT	2	PA
UDENYCA INJ 6MG/.6ML	2	PA, QL (2 SYRINGES PER 28 DAYS)
ZARXIO INJ 300/0.5	2	PA
ZARXIO INJ 480/0.8	2	PA
ZIEXTENZO INJ 6/0.6ML	2	PA, QL (2 SYRINGES PER 28 DAYS)
<b>HEMATOPOIETIC MIXTURES</b>		
FERIVA TAB 21/7	3	PA; MNPA
<i>folic acid-cholecalciferol tab 1 mg-3775 unit</i>	1	PA; MNPA
ORTHO DF CAP 1-3775IU	3	PA; MNPA
TALIVA CAP	3	PA; MNPA
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
AMICAR SOL 0.25/ML	3	
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	
<i>aminocaproic acid tab 500 mg</i>	1	
<i>aminocaproic acid tab 1000 mg</i>	1	
LYSTEDA TAB 650MG	3	
<i>tranexamic acid tab 650 mg</i>	1	
<b>HEMOSTATICS - TOPICAL</b>		
ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital elixir 20 mg/5ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
SILENOR TAB 3MG	3	
SILENOR TAB 6MG	3	
<b>NON-BARBITURATE HYPNOTICS</b>		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
EDLUAR SUB 5MG	3	
EDLUAR SUB 10MG	3	
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
<i>flurazepam hcl cap 15 mg</i>	1	
<i>flurazepam hcl cap 30 mg</i>	1	
HALCION TAB 0.25MG	3	
LUNESTA TAB 1MG	3	
LUNESTA TAB 2MG	3	
LUNESTA TAB 3MG	3	
<i>quazepam tab 15 mg</i>	1	PA; MNPA
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate sl tab 1.75 mg</i>	1	PA; MNPA
<i>zolpidem tartrate sl tab 3.5 mg</i>	1	PA; MNPA
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
ZOLPIMIST SPR 5MG	3	PA
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
DAYVIGO TAB 5MG	3	
DAYVIGO TAB 10MG	3	
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
HETLIOZ CAP 20MG	3	PA, QL (30 CAPSULES PER 30 DAYS)
HETLIOZ LQ SUS 4MG/ML	3	PA, QL (150 ML PER MONTH)
<i>ramelteon tab 8 mg</i>	1	
ROZEREM TAB 8MG	3	
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
<i>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-nacl for soln kit</i>	0	\$0 copay for members age 50 through 74
CLENPIQ SOL	0	
GOLYTELY SOL	3	
MOVIPREP SOL	0	
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	0	
SUPREP BOWEL SOL PREP KIT	0	
SUTAB TAB	0	
<b>LAXATIVES - MISCELLANEOUS</b>		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
LACTULOSE PAK 10GM	3	PA; MNPA
<i>lactulose solution 10 gm/15ml</i>	1	
<b>SALINE LAXATIVES</b>		
OSMOPREP TAB 1.5GM	3	
<b>STIMULANT LAXATIVES</b>		
CASCARA EXT SAGRADA	3	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
<b>CLARITHROMYCIN</b>		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
<b>ERYTHROMYCINS</b>		
E.E.S. GRAN SUS 200/5ML	3	PA; MNPA
ERYPED SUS 200/5ML	3	PA; MNPA
ERYPED SUS 400/5ML	3	PA; MNPA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	MNPA
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	MNPA
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
<b>FIDAXOMICIN</b>		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
CAYA DPR	0	QL (1 each / 300 days)
FC2 FEMALE MIS CONDOM	0	
FC FEMALE MIS CONDOM	0	
FEMCAP MIS 22MM	0	QL (1 each / 300 days)
FEMCAP MIS 26MM	0	QL (1 each / 300 days)
FEMCAP MIS 30MM	0	QL (1 each / 300 days)
OMNIFLEX DPR	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each / 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each / 300 days)
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK KIT FASTCLIX	0	
ACCU-CHEK KIT SOFTCLIX	0	
ACCU-CHEK LIQ GUIDE	0	
ACCU-CHEK LIQ SMART	0	
ACCU-CHEK MIS MLTICLIX	0	
ACCU-CHEK SOL	0	
ACCU-CHEK SOL COMPACT	0	
<b>PA - Prior Authorization</b>		<b>QL - Quantity Limits</b>
		<b>ST - Step Therapy</b>

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACCUTREND SOL GLUCOSE	0	
ACTI-LANCE MIS 28G	0	
ACTI-LANCE MIS LITE 28G	0	
ACTI-LANCE MIS SPEC 17G	0	
ACTI-LANCE MIS UNIV 23G	0	
ADJ LANCING MIS DEVICE	0	
ADV LANCING MIS DEVICE	0	
ADV TRAVEL MIS LANC 28G	0	
ADVANCE LIQ CONTROL	0	
ADVANCE LIQ INTUITIO	0	
ADVANCE NORM LIQ CONTROL	0	
ADVOCATE SAFE MIS LANC 26G	0	
ADVOCATE LIQ HIGH	0	
ADVOCATE LIQ LOW	0	
ADVOCATE MIS LANC 30G	0	
ADVOCATE MIS LANC DEV	0	
ADVOCATE MIS LANCETS	0	
ADVOCATE+ SOL REDI-COD	0	
AGAMATRIX MIS 33G	0	
AGAMATRIX SOL HIGH	0	
AGAMATRIX SOL LEVEL 2	0	
AGAMATRIX SOL LEVEL 4	0	
AGAMATRIX SOL NORM/HGH	0	
AGAMATRIX SOL NORMAL	0	
AIMSCO TWIST MIS 32G	0	
AIMSCO TWIST MIS 33G	0	
AQUALANCE MIS 30G	0	
ASSURE 3 LIQ CONTROL	0	
ASSURE 4 LIQ LEVEL1/2	0	
ASSURE CMFRT MIS 28G	0	
ASSURE DOSE SOL NORM/HGH	0	
ASSURE DOSE SOL NORMAL	0	
ASSURE II LIQ LEVEL1/2	0	
ASSURE II LIQ LEVEL 1	0	
ASSURE LANCE MIS 21G	0	
ASSURE LANCE MIS 28G	0	
ASSURE LANCE MIS LOW FLOW	0	
ASSURE LANCE MIS MICRO	0	
ASSURE LANCE MIS SAFE 25G	0	
ASSURE LANCE MIS SAFE 30G	0	
ASSURE PLUS MIS HIGH 18G	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASSURE PLUS MIS LOW 25G	0	
ASSURE PLUS MIS MCRO 28G	0	
ASSURE PLUS MIS NORM 21G	0	
ASSURE PLUS MIS PEDIATRI	0	
ASSURE PRISM SOL LEVEL1/2	0	
ASSURE PRO LIQ LEVEL1/2	0	
AURORA LANCE MIS 30G	0	
AURORA LANCE MIS THIN 23G	0	
AUTO LANCET MIS	0	
AUTO-LANCET MIS	0	
AUTO-LANCET MIS MINI	0	
AUTOLET II KIT CLINISAF	0	
AUTOLET IMPR MIS LANC DEV	0	
AUTOLET LANC MIS DEVICE	0	
AUTOLET LITE KIT	0	
AUTOLET LITE KIT CLINISAF	0	
AUTOLET LITE KIT STARTER	0	
AUTOLET MINI MIS	0	
AUTOLET PLAT MIS 1.8MM	0	
AUTOLET PLAT MIS 2.4MM	0	
AUTOLET PLAT MIS 3.0MM	0	
AUTOLET PLUS MIS	0	
AUTOLET PLUS MIS LANC DEV	0	
BD LANCET UF MIS 30G	0	
BD LANCET UF MIS 33G	0	
BD MICROTAIN MIS LANCETS	0	
CARDIOCOM MIS LANCING	0	
CAREONE ADV MIS LANCING	0	
CAREONE LANC MIS 30G	0	
CAREONE LANC MIS THIN 23G	0	
CARESENS 30G MIS LANCETS	0	
CARESENS SOL CONTROL	0	
CARETOUCH MIS EJECTOR	0	
CARETOUCH MIS LANC 26G	0	
CARETOUCH MIS LANC 28G	0	
CARETOUCH MIS LANC 30G	0	
CARETOUCH MIS TWIST 28	0	
CARETOUCH MIS TWIST 30	0	
CARETOUCH MIS TWIST 33	0	
CLEANLET 28G MIS LANCETS	0	
CLEVER CHECK MIS	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLEVER CHECK MIS 30G	0	
CLEVR CHOICE LIQ HIGH	0	
CLEVR CHOICE LIQ LOW	0	
COAGUCHEK MIS LANCETS	0	
COMFORT ASSU MIS LANC 28G	0	
COMFORT ASSU MIS LANC 33G	0	
COMFORT EZ MIS 21G	0	
COMFORT EZ MIS 23G	0	
COMFORT EZ MIS 28G	0	
COMFORT MIS LANCETS	0	
COMFORTOUCH MIS LANCET	0	
CONTOUR HIGH LIQ CONTROL	0	
CONTOUR LOW LIQ CONTROL	0	
CONTOUR NEXT SOL LEVEL 1	0	
CONTOUR NEXT SOL LEVEL 2	0	
CONTOUR NORM LIQ CONTROL	0	
CONTROL HIGH SOL UNISTRIP	0	
CONTROL LOW SOL UNISTRIP	0	
CONTROL NORM SOL EASY STP	0	
CONTROL SOL LIQ HI/MID/L	0	
CONTROL SOL LIQ HIGH/LOW	0	
CONTROL SOL LIQ LEVEL 2	0	
CONTROL SOL LIQ MID	0	
CONTROL SOL NORMAL	0	
COOL CONTROL SOL A	0	
COOL CONTROL SOL B	0	
CVS LANCETS MIS 21G	0	
CVS LANCETS MIS 30G	0	
CVS LANCETS MIS 33G	0	
CVS LANCETS MIS ORIGINAL	0	
CVS LANCETS MIS THIN 26G	0	
CVS LANCETS MIS THIN 30G	0	
CVS LANCETS MIS THIN 33G	0	
CVS LANCING MIS DEVICE	0	
DEXCOM G5 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G5 MIS TRANSMIT	2	QL (1 box / 75 days)
DEXCOM G6 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G6 MIS SENSOR	2	QL (3 sensors per month)
DEXCOM G6 MIS TRANSMIT	2	QL (1 box / 75 days)
DIATHRIVE LIQ CONTROL	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIATHRIVE MIS LANCETS	0	
DIATHRIVE MIS LANCING	0	
DIATHRIVE MIS UT 30G	0	
DIATRUE CONT SOL LEVEL 1	0	
DIATRUE CONT SOL LEVEL 2	0	
DIATRUE CONT SOL LEVEL 3	0	
DROPLET LANC MIS 30G	0	
DROPLET LANC MIS DEVICE	0	
DROPLET PERS MIS LANC 30G	0	
DUO-CARE LIQ LEVEL1/2	0	
E-Z JECT MIS 21G	0	
E-Z JECT MIS 21G COLR	0	
E-Z JECT MIS 30G	0	
E-Z JECT MIS 32G COLR	0	
E-Z JECT MIS LANC 21G	0	
E-Z JECT MIS THIN 26G	0	
E-ZJECT LANC MIS 33G	0	
EASY COMFORT MIS 30G	0	
EASY COMFORT MIS LANC/30G	0	
EASY COMFORT MIS TWIST	0	
EASY MINI MIS	0	
EASY MINI MIS EJECT	0	
EASY PLUS II SOL HIGH	0	
EASY PLUS II SOL LOW	0	
EASY TALK SOL HIGH	0	
EASY TALK SOL LOW	0	
EASY TALK SOL NORMAL	0	
EASY TOUCH MIS	0	
EASY TOUCH MIS LANC/21G	0	
EASY TOUCH MIS LANC/23G	0	
EASY TOUCH MIS LANC/26G	0	
EASY TOUCH MIS LANC/28G	0	
EASY TOUCH MIS LANC/30G	0	
EASY TOUCH MIS LANC/32G	0	
EASY TOUCH MIS LANC/33G	0	
EASY TOUCH SOL CONTROL	0	
EASY TOUCH SOL HIGH/LOW	0	
EASY TRAK II LIQ NORMAL	0	
EASY TRAK SOL HIGH	0	
EASY TRAK SOL LOW	0	
EASY TRAK SOL NORMAL	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASYGLUCO SOL PLUS	0	
EASYMAX 15 LIQ LEVEL2-3	0	
EASYMAX 15 SOL LEVEL 2	0	
EASYMAX LIQ NORM/HIG	0	
EASYMAX SOL NORMAL	0	
EASYSSTEP HGH SOL CONTROL	0	
EASYSSTEP LOW SOL CONTROL	0	
ELEMENT CONT LIQ NORMAL	0	
ELEMENT LIQ HIGH	0	
ELEMENT LIQ LOW	0	
ELEMNT COMPA SOL LEVEL 2	0	
ELEMNT COMPA SOL LEVEL 3	0	
EMBRACE CNTR LIQ HIGH	0	
EMBRACE EVO LIQ LEVEL 1	0	
EMBRACE LANC MIS /EJECTOR	0	
EMBRACE LANC MIS THIN 30G	0	
EMBRACE PRO LIQ GLUCOSE	0	
EMBRACE SOL LOW	0	
EMBRACE TALK SOL HIGH/L2	0	
EMBRACE TALK SOL LOW/L1	0	
EQL LANCETS MIS 21G COLR	0	
EQL LANCETS MIS 33G COLR	0	
EQL LANCETS MIS THIN 26G	0	
EQL LANCETS MIS THIN 30G	0	
EVENCAR MINI SOL NORMAL	0	
EVENCARE G2 SOL LOW/HIGH	0	
EVENCARE G3 SOL LOW/HIGH	0	
EVENCARE SOL LIQ LOW/HIGH	0	
EVOLUTION SOL NORMAL	0	
EZ-LETS 21G MIS LANCETS	0	
EZ-LETS 26G MIS LANCETS	0	
EZ-LETS 28G MIS LANCETS	0	
EZ-LETS 30G MIS LANCETS	0	
FASTCLIX MIS LANCETS	0	
FIFTY50 SAFE MIS LANCETS	0	
FINE 30 MIS	0	
FINGERSTIX MIS LANCETS	0	
FORA CONTROL SOL HIGH	0	
FORA CONTROL SOL LOW	0	
FORA CONTROL SOL NORMAL	0	
FORA LANCETS MIS 30G	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FORA MIS LANCETS	0	
FORA MIS LANCING	0	
FORACARE GDH SOL HIGH	0	
FORACARE GDH SOL LOW	0	
FORACARE GDH SOL NORMAL	0	
FORTISCARE SOL CNTL HI	0	
FORTISCARE SOL CNTL LOW	0	
FORTISCARE SOL CNTL NML	0	
FREESTY LIBR KIT 2 SENSOR	2	QL (3 sensors per month)
FREESTY LIBR MIS 2 READER	2	QL (1 each / year); FREESTYLE LIBRE
FREESTYLE KIT SENSOR	2	QL (3 sensors per month)
FREESTYLE LIQ CONTROL	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS READER	2	QL (1 each / year); FREESTYLE LIBRE
FREESTYLE MIS UNISTICK	0	
G4 PLAT PED MIS RVC/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS PEDIATRC	2	QL (1 each / year)
G4 PLATINUM MIS RCV/SHAR	2	QL (1 each / year)
G4 PLATINUM MIS RECEIVER	2	QL (1 each / year)
G4 PLATINUM MIS TRANSMIT	2	QL (1 box / 75 days)
G4 SENSOR MIS	2	QL (3 sensors per month)
G5/G4 MIS SENSOR	2	QL (3 sensors per month)
GE100 CONTRL SOL NORMAL	0	
GENTEEL LANC KIT BLUE	0	
GENTEEL MIS LANCETS	0	
GENTEEL MIS NOZZLES	0	
GENTEEL PLUS MIS BLACK	0	
GENTEEL PLUS MIS BLUE	0	
GENTEEL PLUS MIS PINK	0	
GENTEEL PLUS MIS PURPLE	0	
GENTEEL PLUS MIS WHITE	0	
GENTEEL TIPS MIS BLUE	0	
GENTEEL TIPS MIS CLEAR	0	
GENTEEL TIPS MIS GREEN	0	
GENTEEL TIPS MIS ORANGE	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GENTEEL TIPS MIS RAINBOW	0	
GENTEEL TIPS MIS VIOLET	0	
GENTEEL TIPS MIS YELLOW	0	
GENTLE-LET MIS 26G	0	
GENTLE-LET MIS 28G	0	
GENTLE-LET MIS LANCETS	0	
GENTLE-LET MIS PLATFORM	0	
GLOBAL 28G MIS LANCETS	0	
GLOBAL 30G MIS LANCETS	0	
GLOBAL LANC MIS DEVICE	0	
GLUC CONTROL LIQ NORMAL	0	
GLUC CONTROL SOL	0	
GLUC CONTROL SOL MID	0	
GLUC CONTROL SOL NORMAL	0	
GLUCOCARD 01 LIQ NORM/HGH	0	
GLUCOCARD 01 SOL NORMAL	0	
GLUCOCARD LIQ LEVEL 1	0	
GLUCOCARD SOL NORMAL	0	
GLUCOCARD SOL SHINE	0	
GLUCOCOM MIS 28G	0	
GLUCOCOM MIS 30G	0	
GLUCOCOM MIS 33G	0	
GLUCOCOM TES HIGH CON	0	
GLUCOCOM TES NORM CON	0	
GLUCOSE CONT LIQ HIGH/LOW	0	
GLUCOSE CONT SOL HIGH	0	
GLUCOSE CONT SOL NORMAL	0	
GLUCOSE CONT SOL PRECISIO	0	
GNP LANCETS MIS 21G	0	
GNP LANCETS MIS THIN	0	
GNP LANCETS MIS THIN 26G	0	
GOJJI CNTRL SOL NORMAL	0	
GOJJI LANCET MIS 30G	0	
GOJJI MIS LANC DEV	0	
GOODSENSE MIS LANC 26G	0	
GOODSENSE MIS LANC 30G	0	
GOODSENSE MIS LANC 33G	0	
GOODSENSE MIS LANC DVC	0	
HAEMOLANCE MIS HIGH FLO	0	
HAEMOLANCE MIS LOW FLOW	0	
HAEMOLANCE MIS PLUS	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HAEMOLANCE MIS PLUS LOW	0	
HAEMOLANCE MIS PLUS MAX	0	
HAEMOLANCE MIS PLUS PED	0	
HAEMOLANCE MIS RETRACT	0	
HC LANCING MIS DEVICE	0	
HLTHY ACCNTS MIS LANC 30G	0	
HYPOLANCE KIT LANCING	0	
IN TOUCH LAN MIS 30G	0	
IN TOUCH LAN MIS DEVICE	0	
IN TOUCH SOL GLUCOSE	0	
INCONTROL MIS LANC 28G	0	
INCONTROL MIS LANC 30G	0	
INCONTROL MIS LANC 33G	0	
INCONTROL MIS LANC DEV	0	
INFINITY SOL NORM CON	0	
INFNTY VOICE LIQ LEVEL 2	0	
KINNEY MIS LANCETS	0	
KINNEY THIN MIS LANCETS	0	
KROGER LANCE MIS	0	
KROGER LANCE MIS 26G	0	
KROGER LANCE MIS THIN	0	
KROGER LANCE MIS THIN 30G	0	
LANCET AUTO MIS INJECTOR	0	
LANCET CARRY MIS CASE	0	
LANCET DEVIC MIS 30G	0	
LANCET DEVIC MIS ADJUST	0	
LANCET MICRO MIS THIN 33G	0	
LANCET STAND MIS 21G	0	
LANCET SUPER MIS THIN 30G	0	
LANCET ULTRA MIS 28G	0	
LANCET ULTRA MIS THIN 30G	0	
LANCET WITH MIS EJECTOR	0	
LANCETS MICR MIS THIN 33G	0	
LANCETS MIS	0	
LANCETS MIS 21G	0	
LANCETS MIS 21G COLR	0	
LANCETS MIS 28G	0	
LANCETS MIS 30G	0	
LANCETS MIS 33G	0	
LANCETS MIS ORANGE	0	
LANCETS MIS ORIGINAL	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANCETS MIS THIN	0	
LANCETS MIS THIN 26G	0	
LANCETS MIS THIN 30G	0	
LANCETS SUPR MIS THIN 28G	0	
LANCETS THIN MIS	0	
LANCETS THIN MIS 26G	0	
LANCETS ULTR MIS THIN	0	
LANCING DEVI MIS	0	
LANCING DEVI MIS 25G	0	
LANCING DEVI MIS 30G	0	
LANCING MIS DEVICE	0	
LANZO MIS LANCING	0	
LB LANCET MIS 28G	0	
LB LANCING MIS DEVICE	0	
LIFESCAN MIS UNISTIK2	0	
LITE TOUCH MIS LANC PEN	0	
LITE TOUCH MIS LANCETS	0	
LITETOUCH MIS LANCETS	0	
LONGS LANCET MIS STANDARD	0	
LONGS LANCET MIS THIN	0	
LONGS LANCET MIS ULTRA TH	0	
MEDICHOICE MIS LANCET	0	
MEDISENSE LIQ GLUC-KET	0	
MEDISENSE LIQ GLUC/KET	0	
MEDLANCE MIS 30G PLUS	0	
MEDLANCE MIS EXTR 21G	0	
MEDLANCE MIS LITE 25G	0	
MEDLANCE MIS PLUS	0	
MEDLANCE MIS PLUS 30G	0	
MEDLANCE MIS UNV 21G	0	
MEDLANCE PLS MIS 0.8MM	0	
MEDLANCE PLS MIS EXTR 21G	0	
MEDLANCE PLS MIS LITE 25G	0	
MEDLANCE PLS MIS UNIV 21G	0	
MEIJER LANCE MIS COLOR	0	
MEIJER LANCE MIS UNIV 21G	0	
MEIJER LANCE MIS UNIV 30G	0	
MEIJER LANCE MIS UNIVERSA	0	
MEIJER MIS LANCETS	0	
MICRO THIN MIS LANC 33G	0	
MICRODOT CON SOL HIGH/LOW	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MICROLET MIS LANCETS	0	
MICROLET MIS NEXT	0	
MINI LANCING MIS DEVICE	0	
MM LANCING MIS DEVICE	0	
MM TWIST MIS LANCETS	0	
MOBILE LANCE MIS 30G	0	
MONOLET MIS LANCETS	0	
MONOLET OPD MIS LANCETS	0	
MONOLETTOR MIS LANCETS	0	
MPD SFTY LAN MIS 21G	0	
MPD SFTY LAN MIS 23G	0	
MPD SFTY LAN MIS 28G	0	
MPD SFTY LAN MIS 30G	0	
MULTI-LANCET KIT DEVICE	0	
MULTI-LANCET MIS DEVICE	0	
MYGLUCOHEALT MIS LANC 30G	0	
MYGLUCOHEALT SOL LO/NL/HI	0	
NEUTEK 2TEK SOL CONTROL	0	
NOVA MAX GLU LIQ /KET CON	0	
NOVA SAFETY MIS LANC 23G	0	
NOVA SAFETY MIS LANC 28G	0	
NOVA SURE MIS LANCETS	0	
NOVA SUREFLX MIS LANC DEV	0	
OMNIPOD KIT STARTER	2	QL (1 kit / month)
OMNIPOD MIS 5 PACK	2	QL (30 boxes / month)
ON-THE-GO MIS LANC 30G	0	
ONETOUCH DEL MIS LANC DEV	0	
ONETOUCH DEL MIS PLUS 30G	0	
ONETOUCH DEL MIS PLUS 33G	0	
ONETOUCH FP MIS LANCETS	0	
ONETOUCH MIS 30G	0	
ONETOUCH MIS LANC DEV	0	
ONETOUCH MIS LANCETS	0	
ONETOUCH SOL ULT CONT	0	
ONETOUCH SOL VERIO	0	
ONETOUCH SOL VERIO-HI	0	
ONETOUCH US MIS LANCETS	0	
PC LANCETS MIS 30G	0	
PENLET II KIT BLOOD	0	
PENLET II MIS REPL CAP	0	
PERFECT 28G MIS LANCETS	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERFECT 30G MIS LANCETS	0	
PHARMACY COU MIS LANCETS	0	
PIP LANCETS MIS 28G	0	
PIP LANCETS MIS 30G	0	
POCKETCHEM SOL EZ	0	
PRECISION LIQ CONTROL	0	
PRECISION LIQ GLUC/KET	0	
PRECISION LIQ NRML/MID	0	
PRESSURE ACT MIS LANCET	0	
PRESSURE ACT MIS LANCETS	0	
PRO COMFORT MIS 31G	0	
PRO COMFORT MIS LANCETS	0	
PRODIGY MIS 26G	0	
PRODIGY MIS 28G	0	
PRODIGY MIS LANC DEV	0	
PRODIGY SOL HIGH	0	
PRODIGY SOL LOW	0	
PSS SAFE LAN MIS	0	
PSS SEL LANC MIS	0	
PSS SEL PLAT MIS	0	
PX LANCETS MIS 28G	0	
PX LANCETS MIS ULT THIN	0	
QC LANCETS MIS 28G	0	
QC LANCETS MIS 30G	0	
QC LANCING MIS DEVICE	0	
QUICKTEK LIQ SOLUTION	0	
QUINTET CONT SOL HGH/NORM	0	
RA E-ZJECT MIS 28G	0	
RA E-ZJECT MIS THIN 26G	0	
RA E-ZJECT MIS THIN 28G	0	
RA E-ZJECT MIS ULT THIN	0	
RAPID-SAFE MIS LANCING	0	
READYLANCE MIS 21G	0	
READYLANCE MIS 23G	0	
READYLANCE MIS 26G	0	
READYLANCE MIS 28G	0	
READYLANCE MIS 30G	0	
REALITY MIS LANCETS	0	
REALITY TRIG MIS LANCETS	0	
REFUAH PLUS SOL CONTROL	0	
RELION KIT LANCING	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RELION LANCE MIS THIN 26G	0	
RELION LANCE MIS THIN 30G	0	
RELION LANCI MIS DEVICE	0	
RELION MICRO MIS THIN 33G	0	
RELION ULTRA MIS THIN 30G	0	
RELION ULTRA MIS THIN PLS	0	
RIGHTEST ALT MIS ADAPTOR	0	
RIGHTEST LIQ HIGH CON	0	
RIGHTEST LIQ NORM CON	0	
RIGHTEST MIS GD500	0	
RIGHTEST MIS GL300	0	
SAFE-T-LANCE MIS 21G	0	
SAFE-T-LANCE MIS 25G	0	
SAFE-T-LANCE MIS HI FLOW	0	
SAFE-T-LANCE MIS LOW FLOW	0	
SAFE-T-LANCE MIS NOR FLOW	0	
SAFE-T-PRO MIS LANCETS	0	
SAFE-T-PRO MIS PLUS	0	
SAFETY 21G MIS LANCETS	0	
SAFETY 23G MIS LANCETS	0	
SAFETY 28G MIS LANCETS	0	
SAFETY 30G MIS LANCETS	0	
SAFETY MIS LANCETS	0	
SAPS HEALTH MIS TWIST	0	
SAPS TWIST MIS 30G	0	
SAPSCARE MIS TWIST	0	
SB LANCETS MIS THIN	0	
SB LANCETS MIS ULTR THN	0	
SELECT-LITE KIT DEV/LANC	0	
SELECT-LITE MIS LANC DEV	0	
SHOPKO LANC MIS DEVICE	0	
SIDE BUTTON MIS SAFETY	0	
SIMPLE DIAG MIS LANCING	0	
SINGLE-LET MIS 23G	0	
SM LANCETS MIS 33G	0	
SM TRUEDRAW MIS LANC DEV	0	
SMART SENSE MIS LANC 21G	0	
SMART SENSE MIS LANC 26G	0	
SMART SENSE MIS LANC 30G	0	
SMART SENSE MIS LANC 33G	0	
SMARTEST MIS LANCETS	0	

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

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. 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 Quick Links.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SMARTEST SOL CONTROL	0	
SOFTCLIX MIS LANCETS	0	
SOLUS V2 MIS LANC 28G	0	
SOLUS V2 MIS LANC 30G	0	
SOLUS V2 MIS LANC DEV	0	
SOLUS V2 SOL HIGH	0	
SOLUS V2 SOL LOW	0	
STERILANCE MIS 1.8MM	0	
STERILANCE MIS TL 28G	0	
STERILANCE MIS TL 30G	0	
STERILANCE MIS TL 32G	0	
SUPER THIN MIS LANC 28G	0	
SUPER THIN MIS LANCETS	0	
SUPREME II LIQ HIGH/LOW	0	
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
SURE COMFORT MIS LANC PEN	0	
SURE COMFORT MIS LANCETS	0	
SURE-LANCE MIS 26G	0	
SURE-LANCE MIS LANCETS	0	
SURE-PEN MIS	0	
SURE-TOUCH MIS UNV LANC	0	
SUREFLEX MIS LANCETS	0	
SURELITE MIS LANCETS	0	
SURESTEP GLU SOL	0	
SURESTEP GLU SOL HIGH/LOW	0	
SURESTEP PRO TES HIGH CON	0	
SURESTEP PRO TES LOW CON	0	
SURESTEP PRO TES NORM CON	0	
SURESTEP SOL CONTROL	0	
TAI DOC SOL NORM CON	0	
TECHLITE AST MIS LANCETS	0	
TECHLITE MIS LANC 30G	0	
TECHLITE MIS LANCETS	0	
TGT LANCET MIS 26G	0	
TGT LANCET MIS 30G	0	
TGT LANCET MIS 33G	0	
TGT LANCING MIS DEVICE	0	
THIN LANCETS MIS	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THIN LANCETS MIS 26G	0	
THIN LANCETS MIS 30G	0	
THINLETS GP MIS 26G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS 30G	0	
TRAVEL LANCE MIS ADV 28G	0	
TRUE METRIX SOL LEVEL 1	0	
TRUE METRIX SOL LEVEL 2	0	
TRUE METRIX SOL LEVEL 3	0	
TRUECONTROL LIQ LEVEL 0	0	
TRUECONTROL LIQ LEVEL 1	0	
TRUEDRAW MIS LANC DEV	0	
TRUPLUS LANC MIS 26G	0	
TRUPLUS LANC MIS 28G	0	
TRUPLUS LANC MIS 30G	0	
TRUPLUS LANC MIS 33G	0	
ULTI-LANCE MIS CLR TIP	0	
ULTILET MIS 26G	0	
ULTILET MIS 28G	0	
ULTILET MIS 30G	0	
ULTILET MIS 33G	0	
ULTILET MIS LANCETS	0	
ULTILET MIS SAFETY	0	
ULTILET SAFE MIS 21G	0	
ULTRA THIN MIS 28G	0	
ULTRA THIN MIS 30G	0	
ULTRA THIN MIS 31G	0	
ULTRA THIN MIS 33G	0	
ULTRA THIN MIS LAN 31G	0	
ULTRA THIN MIS LANC 28G	0	
ULTRA THIN MIS LANC 30G	0	
ULTRA THIN MIS LANCETS	0	
UNILET CMFR MIS TCH 28G	0	
UNILET CMFR MIS TCH 30G	0	
UNILET EX II MIS 28G	0	
UNILET EXCEL MIS 23G	0	
UNILET G.P MIS SUPR 23G	0	
UNILET G.P. MIS 21G	0	
UNILET GP 28 MIS ULT THIN	0	
UNILET LANC MIS 33G	0	
UNILET LANCE MIS 21G	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNILET LANCE MIS 28G	0	
UNILET LANCE MIS 33G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNILET MICRO MIS 33G	0	
UNILET MIS 21G	0	
UNILET SUPER MIS 23G	0	
UNILET SUPER MIS G.P. 23G	0	
UNISTIK 1 MIS 2.4MM	0	
UNISTIK 1 MIS 3.0MM	0	
UNISTIK 2 MIS	0	
UNISTIK 2 MIS 1.8MM	0	
UNISTIK 2 MIS 2.4MM	0	
UNISTIK 2 MIS COMFORT	0	
UNISTIK 2 MIS EXTRA	0	
UNISTIK 2 MIS NEONATAL	0	
UNISTIK 2 MIS NORMAL	0	
UNISTIK 2 MIS SUPER	0	
UNISTIK 3 MIS 1.8MM	0	
UNISTIK 3 MIS COMFORT	0	
UNISTIK 3 MIS EXTRA	0	
UNISTIK 3 MIS GENT 30G	0	
UNISTIK 3 MIS NEONATAL	0	
UNISTIK 3 MIS NORMAL	0	
UNISTIK 3 MIS XTR 21G	0	
UNISTIK CZT MIS COMFORT	0	
UNISTIK CZT MIS NORMAL	0	
UNISTIK II MIS LANCETS	0	
UNISTIK PRO MIS LANC 21G	0	
UNISTIK PRO MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 30G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	
UNITSTIK PRO MIS LANC 25G	0	
UNIVERSAL 1 MIS 33G	0	
UNIVERSAL 1 MIS LANC 26G	0	
UNIVERSAL 1 MIS LANC 30G	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
V-GO 20 KIT	2	QL (1 kit / month)
V-GO 30 KIT	2	QL (1 kit / month)
V-GO 40 KIT	2	QL (1 kit / month)
VANTAGE LANC MIS DEVICE	0	
VERASENS LIQ LEVEL 1	0	
VIVAGUARD LIQ CONTROL	0	
VIVAGUARD MIS 30G	0	
VIVAGUARD MIS LANCING	0	
<b>MISC. DEVICES</b>		
ALCOH-GLOVE PAD CONTOURE	0	
ALCOHOL PAD	0	
ALCOHOL PAD 70%	0	
ALCOHOL PAD PREP	0	
ALCOHOL PAD SWABSTIC	0	
ALCOHOL PREP PAD	0	
ALCOHOL PREP PAD 70%	0	
ALCOHOL PREP PAD MED 70%	0	
ALCOHOL PREP PAD PADS 70%	0	
ALCOHOL SWAB PAD	0	
ALCOHOL SWAB PAD 70%	0	
ALCOHOL SWAB PAD EX-THICK	0	
ALCOHOL WIPE PAD	0	
APLICARE ALC PAD SWABSTIC	0	
BD SWAB BFLY PAD SNGL USE	0	
CARETOUCH PAD ALCOHOL	0	
CURITY PREP PAD ALCOHOL	0	
CURITY SWABS PAD ALCOHOL	0	
EASY COMFORT PAD ALCOHOL	0	
FIFTY50 PREP PAD PADS	0	
GLOBAL PREP PAD PADS	0	
GNP ALCOHOL PAD SWABS	0	
HM STERILE PAD ALCHOL	0	
INCONTROL PAD ALCOHOL	0	
PREP PADS PAD	0	
PRO COMFORT PAD ALCOHOL	0	
PURE COMFORT PAD	0	
QC ALCOHOL PAD SWABS	0	
REALITY SWAB PAD	0	
SAPS CARE PAD ALCOHOL	0	
SAPS HEALTH PAD ALCOHOL	0	
SB ALCOHOL PAD PREP	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SM ALCOHOL PAD PREP	0	
ULTICARE PAD ALCOHOL	0	
ULTILET PAD ALCOHOL	0	
WEBCOL PREP PAD LARGE	0	
WEBCOL PREP PAD MEDIUM	0	
<b>PARENTERAL THERAPY SUPPLIES</b>		
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
COMFORT EZ MIS 31GX5/16	0	
HM INSULIN S MIS 0.3/31G	0	
HM INSULIN S MIS 1ML/30G	0	
INSULIN SRYG MIS 1ML/32G	0	
SYRINGE MIS 0.5/30G	0	
1ML SYRINGE MIS 29G	0	
1ML SYRINGE MIS 30G	0	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLO SIGNA	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS SM MASK	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS SMALL	3	
INSPIRACHAMB MIS LARGE	3	
INSPIRACHAMB MIS MEDIUM	3	
INSPIRACHAMB MIS MOUTHPC	3	
INSPIRACHAMB MIS SMALL	3	
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
MICROCHAMBER MIS	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	
OPTICHAMBER MIS DIAMOND	3	
POCKET CHAMB MIS	3	
POCKET SPACE MIS	3	
RITEFLO MIS	3	
TRUZONE PEAK MIS FLOW MTR	3	

**MIGRAINE PRODUCTS*****CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***

AIMOVIG INJ 70MG/ML	2	ST, QL (2 pens / month)
AIMOVIG INJ 140MG/ML	2	ST, QL (1 pen / month)
AJOVY INJ 225/1.5	2	ST, QL (3 pens / 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes / month)
EMGALITY INJ 120MG/ML	2	ST, QL (2 pens / 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	2	ST, QL (2 syringes / 25 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month
NURTEC TAB 75MG ODT	2	
UBRELVY TAB 50MG	2	
UBRELVY TAB 100MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MIGRAINE COMBINATIONS</b>		
CAFERGOT TAB 1-100MG	3	PA; MNPA
<i>ergotamine w/ caffeine suppos 2-100 mg</i>	1	PA; MNPA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	PA; MNPA
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	1	PA, QL (9 tabs per month); MNPA
TREXIMET TAB 85-500MG	3	PA, QL (9 tabs per month)
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	1	PA, QL (8 per month); MNPA
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	3	QL (8 per month)
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
CAMBIA POW 50MG	3	
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 TABS PER MONTH)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 TABS PER MONTH)
AMERGE TAB 1MG	3	QL (12 TABS PER MONTH)
AMERGE TAB 2.5MG	3	QL (12 TABS PER MONTH)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 TABS PER MONTH)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 TABS PER MONTH)
FROVA TAB 2.5MG	3	QL (18 tablets per month)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tablets per month)
IMITREX INJ 4MG/0.5	3	QL (18 syringes per month)
IMITREX INJ 4MG/0.5	3	QL (6 UNITS PER MONTH)
IMITREX INJ 6MG/0.5	3	QL (12 cartridges per month)
IMITREX INJ 6MG/0.5	3	QL (6 UNITS PER MONTH)
IMITREX SPR 5MG/ACT	3	QL (4 packages per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMITREX SPR 20MG/ACT	3	QL (12 UNITS PER MONTH)
IMITREX TAB 25MG	3	QL (12 TABS PER MONTH)
IMITREX TAB 50MG	3	QL (12 TABS PER MONTH)
IMITREX TAB 100MG	3	QL (12 TABS PER MONTH)
MAXALT TAB 10MG	3	QL (18 tabs / month)
MAXALT-MLT TAB 10MG	3	QL (18 tabs / month)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 TABS PER MONTH)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 TABS PER MONTH)
ONZETRA XSAI MIS 11MG	2	QL (16 nosepieces / month)
RELPAK TAB 20MG	3	QL (12 TABS PER MONTH)
RELPAK TAB 40MG	3	QL (12 TABS PER MONTH)
REYVOW TAB 50MG	2	ST, QL (4 tablets per month)
REYVOW TAB 100MG	2	ST, QL (8 tablets per month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / month)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tablets per month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs / month)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (4 packages per month)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 UNITS PER MONTH)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (6 UNITS PER MONTH)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 syringes per month)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 cartridges per month)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 syringes per month)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 TABS PER MONTH)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 TABS PER MONTH)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 TABS PER MONTH)
TOSYMRA SOL 10MG	3	QL (3 packages per month)
ZEMBRACE SYM INJ 3/0.5ML	2	QL (24 injections / month)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 UNITS PER MONTH)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 UNITS PER MONTH)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 TABS PER MONTH)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 TABS PER MONTH)
ZOMIG SPR 2.5MG	2	QL (12 UNITS PER MONTH)
ZOMIG SPR 5MG	2	QL (12 UNITS PER MONTH)
ZOMIG TAB 2.5MG	3	QL (12 TABS PER MONTH)
ZOMIG TAB 5MG	3	QL (12 TABS PER MONTH)
ZOMIG ZMT TAB 2.5 MG	3	QL (12 TABS PER MONTH)
ZOMIG ZMT TAB 5MG ODT	3	QL (12 TABS PER MONTH)

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

K-TAB TAB 8MEQ CR	3	
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
K-TAB TAB 10MEQ CR	2	
K-TAB TAB 20MEQ	3	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	
POTASSIUM POW CHLORIDE	3	

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

CUPRIMINE CAP 250MG	3	
DEPEN TITRA TAB 250MG	3	
<i>penicillamine cap 250 mg</i>	1	
<i>penicillamine tab 250 mg</i>	1	
SYPRINE CAP 250MG	3	
<i>trientine hcl cap 250 mg</i>	1	

**IMMUNOMODULATORS**

REVLIMID CAP 2.5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 10MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 15MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 20MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 25MG	0	PA, QL (21 CAPSULES PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THALOMID CAP 50MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 100MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 150MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
THALOMID CAP 200MG	0	PA, QL (56 CAPSULES PER 28 DAYS)

**IMMUNOSUPPRESSIVE AGENTS**

ASTAGRAF XL CAP 0.5MG	3	
ASTAGRAF XL CAP 1MG	3	
ASTAGRAF XL CAP 5MG	3	
<i>azathioprine tab 50 mg</i>	1	
AZATHIOPRINE TAB 75 MG	1	
AZATHIOPRINE TAB 100 MG	1	
CELLCEPT CAP 250MG	3	
CELLCEPT SUS 200MG/ML	3	
CELLCEPT TAB 500MG	3	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
ENSPRYNG INJ	3	PA, QL (1 PFS PER 28 DAYS)
ENVARUSUS XR TAB 0.75MG	3	
ENVARUSUS XR TAB 1MG	3	
ENVARUSUS XR TAB 4MG	3	
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
IMURAN TAB 50MG	2	
LUPKYNIS CAP 7.9MG	3	PA, QL (180 CAPS PER MONTH)
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
MYFORTIC TAB 180MG	3	
MYFORTIC TAB 360MG	3	
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	
PROGRAF CAP 1MG	3	
PROGRAF CAP 5MG	3	
PROGRAF GRA 0.2MG	3	
PROGRAF GRA 1MG	3	
RAPAMUNE SOL 1MG/ML	3	
RAPAMUNE TAB 0.5MG	3	
RAPAMUNE TAB 1MG	3	
RAPAMUNE TAB 2MG	3	
REZUROCK TAB 200MG	3	PA
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZORTRESS TAB 0.5MG	3	
ZORTRESS TAB 0.25MG	3	
ZORTRESS TAB 0.75MG	3	
ZORTRESS TAB 1MG	3	
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>*sodium polystyrene sulfonate powder**</i>	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY CAP 50MG	3	PA, QL (120 CAPSULES PER 30 DAYS)
ZOKINVY CAP 75MG	3	PA, QL (120 CAPSULES PER 30 DAYS)
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA INJ 200MG/ML	3	PA, QL (4 INJ PER 28 DAYS)
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
ORAVIG TAB 50MG	3	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
PERIDEX SOL 0.12%	3	
<b>DENTAL PRODUCTS</b>		
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE SOL DAILY	3	
NAFRINSE WK SOL 0.2%	3	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	1	
EVOXAC CAP 30MG	2	
ORAFATE PST 10%	3	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
PROTHELIAL PST 10%	3	
SALAGEN TAB 5MG	2	
SALAGEN TAB 7.5MG	2	
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>*b-complex w/ c &amp; folic acid tab 1 mg***</i>	1	PA; MNPA
<i>*b-complex w/ c &amp; folic acid tab 5 mg***</i>	1	PA; MNPA
<i>*b-complex w/ c &amp; folic acid tab***</i>	1	PA; MNPA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FOLIC-K CAP	3	PA; MNPA
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
<i>*multiple vitamins w/ minerals cap**</i>	1	PA; MNPA
NICAZEL TAB	3	PA
NICAZEL TAB FORTE	3	PA
<b>PRENATAL VITAMINS</b>		
ATABEX EC TAB 29-1MG	3	
ATABEX OB TAB 29-1MG	3	
AZESCHEW CHW 13-1MG	3	
AZESCO TAB 13-1MG	3	PA; MNPA
C-NATE DHA CAP 28-1-200	3	
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
CO-NATAL FA TAB 29-1MG	3	
CONCEPT DHA CAP	3	
CONCEPT OB CAP	3	
DUET DHA 400 MIS 25-1-400	3	
DUET DHA MIS BALANCED	3	
ENBRACE HR CAP	3	
JENLIVA CAP	3	
KOSHR PRENAT TAB 30-1MG	3	
M-NATAL PLUS TAB	3	
MYNATAL CAP	3	
MYNATAL PLUS TAB	3	
MYNATAL-Z TAB	3	
NATACHEW CHW	3	
NATALVIT TAB 75-1MG	3	
NEEVO DHA CAP 27-1.13	3	
NEONATAL 19 TAB	3	
NEONATAL FE TAB	3	
NEONATAL PLS TAB 27-1MG	3	
NEONATAL TAB COMPLETE	3	
NEONATAL TAB COMPLTE	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEONATAL/DHA MIS	3	
NESTABS DHA PAK	3	
NESTABS ONE CAP	3	
NESTABS TAB	3	
NIVA-PLUS TAB	3	
O-CAL TAB PRENATAL	3	
OB COMPLETE CAP ONE	3	
OB COMPLETE CAP PETITE	3	
OB COMPLETE TAB	3	
OB COMPLETE TAB PREMIER	3	
OB COMPLETE/ CAP DHA	3	
OBSTETRIX EC TAB	3	
OBSTETRIX PAK DHA	3	
OBSTETRXX ONE CAP 38-1-225	3	
ONE VITE TAB 1MG PLUS	3	
PNV TAB 20-1 TAB	3	
PNV TABS TAB 29-1MG	3	
PNV-DHA CAP DOCUSATE	3	
PNV-OMEGA CAP	3	
PREGEN DHA CAP	3	
PREGENNA TAB	3	
PREMESISRX TAB	3	
PRENA1 CHW	3	
PRENA1 PEARL CAP	3	
PRENA 1 TRUE MIS	3	
PRENAISSANCE CAP	3	
PRENAISSANCE CAP PLUS	3	
PRENARA CAP PRENATAL	3	
<i>*prenat w/o a w/feum-methfol-fa-dha cap 27-0.6-0.4-300 mg**</i>	1	
PRENATAL 19 CHW 29-1MG	3	
PRENATAL 19 TAB 29-1MG	3	
PRENATAL TAB 27-1MG	3	
PRENATAL VIT TAB LOW IRON	3	
<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>	1	
<i>*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>*prenatal vit w/ fe fumarate-fa tab 28-1 mg***</i>	1	
<i>*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***</i>	1	
PRENATAL+FE TAB 29-1MG	3	
PRENATAL-U CAP 106.5-1	3	
PRENATE AM TAB 1MG	3	
PRENATE CAP ENHANCE	3	
PRENATE CAP ESSENT	3	
PRENATE CAP PIXIE	3	
PRENATE CAP RESTORE	3	
PRENATE CHW 0.6-0.4	3	
PRENATE DHA CAP	3	
PRENATE MINI CAP	3	
PRENATE TAB ELITE	3	
PRENATRIX TAB	3	
PRENATRYL TAB	3	
PRENATVITE TAB COMPLETE	3	
PRENATVITE TAB PLUS	3	
PRENATVITE TAB RX	3	
PREPLUS TAB 27-1MG	3	
PRETAB TAB 29-1MG	3	
PRIMACARE CAP	3	
PROVIDA OB CAP	3	
REDICHEW RX CHW	3	
RELNATE DHA CAP	3	
SE-NATAL 19 CHW	3	
SE-NATAL 19 TAB	3	
SELECT-OB CHW	3	
SELECT-OB+ PAK DHA	3	
TARON-PREX CAP	3	
THRIVITE RX TAB 29-1MG	3	
TRICARE PRE CAP 27-1-500	3	
TRICARE TAB PRENATAL	3	
TRINAZ TAB 12-1MG	3	PA
TRISTART CAP FREE	3	
TRISTART DHA CAP	3	
TRISTART ONE CAP 35-1-215	3	
VINATE DHA CAP 27-1.13	3	
VINATE II TAB	3	
VINATE ONE TAB	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIRT-C DHA CAP	3	
VIRT-NATE CAP DHA	3	
VIRT-PN DHA CAP	3	
VIRT-PN PLUS CAP	3	
VITAFOL CAP ULTRA	3	
VITAFOL CHW GUMMIES	3	
VITAFOL FE+ CAP	3	
VITAFOL STRP MIS 1MG	3	
VITAFOL-NANO TAB	3	
VITAFOL-OB PAK +DHA	3	
VITAFOL-OB TAB 65-1MG	3	
VITAFOL-ONE CAP	3	
VITAMEDMD CAP ONE RX	3	
VITAPEARL CAP	3	
VITATHELY TAB	3	
VITATRUE MIS	3	
VIVA DHA CAP	3	
VP-PNV-DHA CAP	3	
WESTAB PLUS TAB 27-1MG	3	
WESTGEL DHA CAP	3	
ZALVIT TAB 13-1MG	3	PA; MNPA
<b>VITAMIN MIXTURES</b>		
NICOMIDE TAB	3	PA; MNPA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
AMRIX CAP 15MG	3	PA; MNPA
AMRIX CAP 30MG	3	PA; MNPA
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	PA, QL (84 tabs / month); MNPA
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs / month)
CHLORZOXAZON TAB 250MG	3	PA; MNPA
<i>chlorzoxazone tab 375 mg</i>	1	PA; MNPA
<i>chlorzoxazone tab 500 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	1	PA; MNPA
<i>chlorzoxazone tab 750 mg</i>	1	PA
<i>chlorzoxazone tab 750 mg</i>	1	PA; MNPA
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>	1	PA; MNPA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>	1	PA; MNPA
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	PA; MNPA
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 400 mg</i>	1	PA; MNPA
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	PA; MNPA
<i>methocarbamol tab 750 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	PA
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
OZOBAX SOL 5MG/5ML	3	
SKELAXIN TAB 800MG	2	
SOMA TAB 250MG	3	QL (84 tabs / month)
SOMA TAB 350MG	3	QL (84 tabs / month)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX TAB 4MG	3	
<b>DIRECT MUSCLE RELAXANTS</b>		
DANTRIUM CAP 25MG	2	
DANTRIUM CAP 50MG	2	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
<b>MUSCLE RELAXANT COMBINATIONS</b>		
<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i>	1	QL (90 tablets per month)
NORGESIC TAB FORTE	3	PA; MNPA
<i>orphenadrine w/ aspirin &amp; caffeine tab 50-770-60 mg</i>	1	PA; MNPA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	
DYMISTA SPR 137-50	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NASAL AGENTS - MISC.</b>		
NOZIN NASAL MIS SANITIZE	0	
<b>NASAL ANESTHETICS</b>		
COCAINE HCL SOL 40MG/ML	3	
GOPRELTO SOL 40MG/ML	3	
NUMBRINO SOL 40MG/ML	3	
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	
PATANASE SPR 0.6%	3	
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
<b>NASAL STEROIDS</b>		
BECONASE AQ SUS 0.042%	3	
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	
NASONEX SPR 50MCG/AC	3	
OMNARIS SPR	3	
QNASL AER 80MCG	3	
QNASL CHILD SPR 40MCG	3	
XHANCE MIS 93MCG	3	
ZETONNA AER 37MCG	3	
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
ADRENALIN SOL 1:1000	3	
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	
TIGLUTIK SUS 50/10ML	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI SOL	3	PA, QL (2 bottles (120 mg) per 24 days)
<b>NUTRIENTS</b>		
<b>LIPIDS</b>		
DOJOLVI LIQ 100%	3	PA
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
LACRISERT MIS 5MG OP	3	
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETIMOL SOL 0.5%	2	
BETIMOL SOL 0.25%	2	
BETOPTIC-S SUS 0.25% OP	2	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 22.3-6.8	3	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
TIM/BRIM/DOR SOL	3	
TIM/DORZ/LAT SOL	3	
TIMOL/BRIM SOL DORZ/LAT	3	
TIMOL/LATAN SOL	3	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
TIMOPTIC OCU SOL 0.5% OP	3	
TIMOPTIC OCU SOL 0.25% OP	3	
TIMOPTIC SOL 0.5% OP	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
TIMOPTIC-XE SOL 0.25% OP	3	
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SUL SOL 0.01%	3	
ATROPINE SUL SOL 1% OP	3	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
ISOPTO ATROP SOL 1% OP	3	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
TROP-CYC-PE DRO 1-1-2.5	3	
TROP-PHENYL SOL 1-2.5%	3	
TROP/CYC/PE/ SOL KETO/PRO	3	
TROP/CYC/PE/ SOL KETOROLA	3	
TROP/CYCL/PE SOL KETOROLA	3	
<b>MIOTICS</b>		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
BRIMO/DORZO SOL 0.15-2%	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE SOL 1%	3	
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
BLEPH-10 SOL 10% OP	3	
CILOXAN OIN 0.3% OP	2	
CILOXAN SOL 0.3% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
KLARITY-A DRO 1%	3	
<i>levofloxacin ophth soln 0.5%</i>	1	
MITOSOL KIT 0.2MG	3	
MOXEZA SOL 0.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
MOXIFLOXACIN SOL 0.5%	3	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POLYTRIM SOL OP	3	
POVIDONE IOD SOL 5%	3	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	3	
TOBREX SOL 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VANCOMYCIN SOL 10MG/ML	3	
VIGAMOX DRO 0.5%	3	
ZIRGAN GEL 0.15%	3	
ZYMAXID SOL 0.5%	3	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
CEQUA SOL 0.09%	3	
RESTASIS EMU 0.05%	2	
RESTASIS MUL EMU 0.05%	2	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA DRO 5%	2	
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
AKTEN GEL 3.5%	3	
ALCAINE SOL 0.5% OP	3	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE SOL 20MCG/ML	3	PA, QL (16 CARTONS PER 56 days - ONE TIME TREATMENT)
<b>OPHTHALMIC PHOTOENHANCERS</b>		
PHOTREXA VIS SOL 0.146-20	3	
PHOTREXA/PHO SOL VISC KIT	3	
<b>OPHTHALMIC STEROIDS</b>		
ALREX SUS 0.2%	3	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
DUREZOL EMU 0.05%	2	
EYSUVIS DRO 0.25%	3	
FLAREX SUS 0.1% OP	3	
<i>fluorometholone ophth susp 0.1%</i>	1	
FML FORTE SUS 0.25% OP	2	
FML LIQUIFLM SUS 0.1% OP	3	PA; MNPA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FML OIN 0.1% OP	2	
INVELTYS SUS 1%	3	
KLARITY-L DRO 0.2%	3	
KLARITY-L DRO 0.5%	3	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SM GEL 0.38%	3	
LOTEMAX SUS 0.5%	3	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXIDEX SUS 0.1% OP	2	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED FORTE SUS 1% OP	3	PA; MNPA
PRED MILD SUS 0.12% OP	2	PA; MNPA
PRED MOXIFLO SOL 1-0.5%	3	
PRED MOXIFLO SUS BROMFEN	3	
PRED SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
PRED-GATI SUS 1-0.5%	3	
PRED-GATIFL- SUS BROMFENA	3	
PRED/NEPAFEN DRO 1-0.1%	3	
PREDNI/MOXI/ DRO NEPAFENA	3	
PREDNI/MOXIF DRO 1-0.5%	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
PREDNISOLONE SOL MOX-BROM	3	
PREDNISOLONE SUS 1%	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
TOBRADEX SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPHTHALMIC SURGICAL AIDS</b>		
GELFILM MIS OP	3	
MEMBRANEBLUE SOL 0.15%	3	
VISIONBLUE SOL 0.06%	3	
<b>OPHTHALMICS - MISC.</b>		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45%	2	
ALOCRIOL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
AZOPT SUS 1% OP	3	
BEPREVE DRO 1.5%	2	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
BROMSITE DRO 0.075%	3	
CHONDROITIN SOL	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTADROPS SOL 0.37%	3	PA, QL (4 BOTTLES PER 28 DAYS)
CYSTARAN SOL 0.44%	3	PA, QL (4 BOTTLES PER 28 DAYS)
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
DORZOLAMIDE SOL 2%	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LASTACFT SOL 0.25%	2	
NEVANAC SUS 0.1%	2	
PROLENSA SOL 0.07%	3	
TRUSOPT SOL 2% OP	3	
UPNEEQ SOL 0.1%	3	
ZERVIAE DRO 0.24%	2	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost ophth soln 0.03%</i>	1	PA; MNPA
<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN SOL 0.01%	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRAVATAN Z DRO 0.004%	3	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
VYZULTA SOL 0.024%	3	
XALATAN SOL 0.005%	3	
XELPROS EMU 0.005%	3	
ZIOPTAN DRO 0.0015%	2	
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid otic soln 2%</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
CETRAXAL SOL 0.2%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
<b>OTIC COMBINATIONS</b>		
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3- 0.1%</i>	1	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTOVEL DRO	3	
<b>OTIC STEROIDS</b>		
DERMOTIC OIL 0.01%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1- 2%</i>	1	
<b>OXYTOCICS</b>		
<b>ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING</b>		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
PROSTIN E2 SUP 20MG	3	
<b>OXYTOCICS</b>		
<i>methylergonovine maleate tab 0.2 mg</i>	1	PA, QL (120 tablets per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<b>NATURAL PENICILLINS</b>		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<b>AUGMENTIN SUS 125/5ML</b>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
AYGESTIN TAB 5MG	3	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
PROMETRIUM CAP 100MG	3	PA; MNPA
PROMETRIUM CAP 200MG	3	PA; MNPA
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
LUCEMYRA TAB 0.18MG	3	
<b>ANTI-CATAPLECTIC AGENTS</b>		
XYREM SOL 500MG/ML	3	PA
XYWAV SOL 0.5GM/ML	3	PA, QL (540 ML (270 GRAMS) PER 30 DAYS)
<b>ANTIDEMENTIA AGENTS</b>		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMENDA XR CAP 7MG	3	
NAMENDA XR CAP 14MG	3	
NAMENDA XR CAP 21MG	3	
NAMENDA XR CAP 28MG	3	
NAMENDA XR CAP TITRATIO	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RAZADYNE ER CAP 8MG	3	
RAZADYNE ER CAP 16MG	3	
RAZADYNE ER CAP 24MG	3	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
SYMBYAX CAP 6-50MG	3	
SYMBYAX CAP 12-50MG	3	
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA MIS TITR PAK	2	
SAVELLA TAB 12.5MG	2	
SAVELLA TAB 25MG	2	
SAVELLA TAB 50MG	2	
SAVELLA TAB 100MG	2	
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</b>		
VYLEESI INJ 1.75/0.3	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO TAB 6MG	2	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO TAB 9MG	2	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO TAB 12MG	2	PA, QL (120 TABLETS PER 30 DAYS)
INGREZZA CAP 40-80MG	2	PA
INGREZZA CAP 40MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 60MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 80MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL (120 TABLETS PER 30 DAYS)
<i>tetrabenazine tab 25 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
XENAZINE TAB 12.5MG	3	PA, QL (120 TABLETS PER 30 DAYS)
XENAZINE TAB 25MG	3	PA, QL (60 TABLETS PER 30 DAYS)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA TAB 10MG	3	PA, QL (60 TABLETS PER 30 DAYS)
AUBAGIO TAB 7MG	2	PA, QL (30 TABLETS PER 30 DAYS)
AUBAGIO TAB 14MG	2	PA, QL (30 TABLETS PER 30 DAYS)
AVONEX PEN KIT 30MCG	3	PA, QL (4 SYRINGES PER 28 DAYS)
AVONEX PREFL KIT 30MCG	3	PA, QL (4 SYRINGES PER 28 DAYS)
BAFIERTAM CAP 95MG	3	PA, QL (120 CAPSULES PER 30 DAYS)
BETASERON INJ 0.3MG	2	PA, QL (14 KITS PER 28 DAYS)
COPAXONE INJ 20MG/ML	2	PA, QL (30 SYRINGES PER 30 DAYS)
COPAXONE INJ 40MG/ML	2	PA, QL (12 SYRINGES PER 28 DAYS)
<i>dalfampridine tab er 12hr 10 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	PA, QL (14 CAPSULES PER 28 DAYS)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL (60 CAPSULES PER 30 DAYS)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	1	PA, QL (60 CAPSULES PER 30 DAYS)
EXTAVIA INJ 0.3MG	3	PA, QL (14 KITS PER 28 DAYS)
GILENYA CAP 0.5MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	PA, QL (30 SYRINGES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA, QL (12 SYRINGES PER 28 DAYS)
KESIMPTA INJ 20/.4ML	2	PA, QL (1 PEN PER 28 DAYS)
MAVENCLAD PAK 10MG(4)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(5)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(6)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(7)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(8)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(9)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAVENCLAD PAK 10MG(10)	3	PA, QL (20 TABLETS PER 9 MONTHS)
MAYZENT PAK STARTER	2	PA, QL (12 TABLETS PER 5 DAYS)
MAYZENT TAB 0.25MG	2	PA, QL (112 TABLETS PER 28 DAYS)
MAYZENT TAB 2MG	2	PA, QL (30 TABLETS PER 30 DAYS)
PLEGRIDY INJ	3	PA
PLEGRIDY INJ	3	PA, QL (1 injection / month)
PLEGRIDY INJ PEN	3	PA, QL (1 pen / month)
PLEGRIDY INJ STARTER	3	PA, QL (1 pen / month)
PLEGRIDY PEN INJ STARTER	3	PA, QL (1 pen / month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PONVORY TAB 20MG	3	PA, QL (30 tabs per month)
PONVORY TAB STARTER	3	PA, QL (1 Pack (14 tabs) for 14 days)
REBIF INJ 22/0.5	2	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	2	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	2	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	2	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ TITRATN	2	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	2	PA, QL (12 SYRINGES PER 28 DAYS)
TECFIDERA CAP 120MG	3	PA, QL (14 CAPSULES PER 28 DAYS)
TECFIDERA CAP 240MG	3	PA, QL (60 CAPSULES PER 30 DAYS)
TECFIDERA MIS STARTER	3	PA, QL (60 CAPSULES PER 30 DAYS)
VUMERITY CAP 231MG	2	PA, QL (120 CAPSULES PER 30 DAYS)
ZEPOSIA 7DAY CAP STR PACK	2	PA, QL (7 TABLETS PER 7 DAYS)
ZEPOSIA CAP .92MG	2	PA, QL (30 TABLETS PER 30 DAYS)
ZEPOSIA CAP STR KIT	2	PA, QL (37 TABLETS PER 37 DAYS)

### **POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**

GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
LYRICA CR TAB 82.5MG	2	QL (60 tabs / month)
LYRICA CR TAB 165MG	2	QL (60 tabs / month)
LYRICA CR TAB 330MG	2	QL (60 tabs / month)
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (60 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
<i>fluoxetine hcl (p added) tab 10 mg</i>	1	PA; MNPA
<i>fluoxetine hcl (p added) tab 20 mg</i>	1	PA; MNPA
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP 20-10MG	2	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB 300MG ER	3	
HORIZANT TAB 600MG ER	3	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	
CHANTIX PAK 0.5& 1MG	0	
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5MG	0	
CHANTIX TAB 1MG	0	
NICODERM CQ DIS 7MG/24HR	0	
NICODERM CQ DIS 14MG/24H	0	
NICODERM CQ DIS 21MG/24H	0	
NICORETTE GUM 2MG	0	
NICORETTE GUM 2MG CINN	0	
NICORETTE GUM 2MG MINT	0	
NICORETTE GUM 2MG ORIG	0	
NICORETTE GUM 2MGFRUIT	0	
NICORETTE GUM 4MG	0	
NICORETTE GUM 4MG CINN	0	
NICORETTE GUM 4MG MINT	0	
NICORETTE GUM 4MG ORIG	0	
NICORETTE GUM 4MGFRUIT	0	
NICORETTE LOZ 2MG MINT	0	
NICORETTE LOZ 4MG MINT	0	
NICORETTE ST GUM 2MG MINT	0	
NICORETTE ST GUM 2MG ORIG	0	
NICORETTE ST GUM 4MG ORIG	0	
<i>nicotine polacrilex gum 2 mg</i>	0	
<i>nicotine polacrilex gum 2 mg</i>	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>	0	
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	
NICOTROL NS SPR 10MG/ML	0	
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
TEGSEDI INJ 284/1.5	2	PA, QL (4 PFS PER 28 DAYS)
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE CAP 7.5MG	3	
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	PA; MNPA
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
BRONCHITOL CAP 40MG	3	PA, QL (600 caps / 30 days)
BRONCHITOL CAP TOL TEST	3	PA, QL (90 caps / 30 days)
KALYDECO PAK 25MG	3	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 50MG	3	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 75MG	3	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO TAB 150MG	3	QL (60 tablets per month)
ORKAMBI GRA 100-125	3	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 150-188	3	PA, QL (56 PACKETS PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORKAMBI TAB 100-125	3	PA, QL (112 TABLETS PER 28 DAYS)
ORKAMBI TAB 200-125	3	PA, QL (112 TABLETS PER 28 DAYS)
PULMOZYME SOL 1MG/ML	2	PA, QL (60 AMPULES PER 30 DAYS)
SYMDEKO TAB 50-75MG	3	PA, QL (56 TABLETS PER 28 DAYS)
SYMDEKO TAB 100-150	3	PA, QL (56 TABLETS PER 28 DAYS)
TRIKAFTA TAB	3	PA, QL (84 TABLETS PER 28 DAYS)
TRIKAFTA TAB	3	PA, QL (84 tablets per 28 days)
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET CAP 267MG	2	PA, QL (270 CAPSULES PER 30 DAYS)
ESBRIET TAB 267MG	2	PA, QL (270 TABLETS PER 30 DAYS)
ESBRIET TAB 801MG	2	PA, QL (90 TABLETS PER 30 DAYS)
OFEV CAP 100MG	2	PA, QL (60 CAPSULES PER 30 DAYS)
OFEV CAP 150MG	2	PA, QL (60 CAPSULES PER 30 DAYS)
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE TAB 500MG	3	
<b>TETRACYCLINES</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA TAB 150MG	3	
<b>TETRACYCLINES</b>		
ACTICLATE TAB 75MG	3	MNPA
ACTICLATE TAB 150MG	3	MNPA
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
DORYX MPC TAB 120MG	3	
DORYX TAB 50MG	3	MNPA
DORYX TAB 80MG	3	
DORYX TAB 200MG	3	MNPA
<i>doxycycline hyclate cap 50 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 50 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab 75 mg</i>	1	MNPA
<i>doxycycline hyclate tab 75 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 150 mg</i>	1	MNPA
<i>doxycycline hyclate tab 150 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab delayed release 50 mg</i>	1	PA; MNPA
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	
<i>doxycycline hyclate tab delayed release 80 mg</i>	1	
<i>doxycycline hyclate tab delayed release 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline hyclate tab delayed release 200 mg</i>	1	PA; MNPA
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 75 mg</i>	1	PA; MNPA
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 mg</i>	1	PA; MNPA
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl cap er 24hr 45 mg (base equivalent)</i>	1	PA; MNPA
<i>minocycline hcl cap er 24hr 90 mg (base equivalent)</i>	1	PA; MNPA
<i>minocycline hcl cap er 24hr 135 mg (base equivalent)</i>	1	PA; MNPA
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>minocycline hcl tab er 24hr 45 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 55 mg</i>	1	PA
<i>minocycline hcl tab er 24hr 65 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 80 mg</i>	1	PA
<i>minocycline hcl tab er 24hr 90 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 105 mg</i>	1	PA
<i>minocycline hcl tab er 24hr 115 mg</i>	1	PA; MNPA
<i>minocycline hcl tab er 24hr 135 mg</i>	1	PA; MNPA
MINOLIRA TAB 105MG	3	
MINOLIRA TAB 135MG	3	
SEYSARA TAB 60MG	3	
SEYSARA TAB 100MG	3	
SEYSARA TAB 150MG	3	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	MNPA
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	MNPA
TARGADOX TAB 50MG	3	MNPA
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	
VIBRAMYCIN SYP 50MG/5ML	2	
XIMINO CAP 45MG ER	3	MNPA
XIMINO CAP 90MG ER	3	MNPA
XIMINO CAP 135MG ER	3	MNPA

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

<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
TAPAZOLE TAB 5MG	2	
TAPAZOLE TAB 10MG	2	

**THYROID HORMONES**

ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
CYTOMEL TAB 5MCG	3	
CYTOMEL TAB 25MCG	3	
CYTOMEL TAB 50MCG	3	
LEVOTHYROXIN CAP 13MCG	1	
LEVOTHYROXIN CAP 25MCG	1	
LEVOTHYROXIN CAP 50MCG	1	
LEVOTHYROXIN CAP 75MCG	1	
LEVOTHYROXIN CAP 88MCG	1	
LEVOTHYROXIN CAP 100MCG	1	
LEVOTHYROXIN CAP 112MCG	1	
LEVOTHYROXIN CAP 125MCG	1	
LEVOTHYROXIN CAP 137MCG	1	
LEVOTHYROXIN CAP 150MCG	1	
LEVOTHYROXIN CAP 175MCG	1	
LEVOTHYROXIN CAP 200MCG	1	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
NATURE THROI TAB 162.5MG	3	
NATURE-THROI TAB 16.25MG	3	
NATURE-THROI TAB 32.5MG	3	
NATURE-THROI TAB 48.75MG	3	
NATURE-THROI TAB 65MG	3	
NATURE-THROI TAB 81.25MG	3	
NATURE-THROI TAB 97.5MG	3	
NATURE-THROI TAB 113.75MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NATURE-THROI TAB 130MG	3	
NATURE-THROI TAB 146.25MG	3	
NATURE-THROI TAB 195MG	3	
NATURE-THROI TAB 260MG	3	
NATURE-THROI TAB 325MG	3	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYQUIDITY SOL 100MCG	3	
<i>thyroid tab 15 mg (1/4 grain)</i>	1	
<i>thyroid tab 30 mg (1/2 grain)</i>	1	
<i>thyroid tab 60 mg (1 grain)</i>	1	
<i>thyroid tab 90 mg (1 1/2 grain)</i>	1	
<i>thyroid tab 120 mg (2 grain)</i>	1	
TIROSINT CAP 13MCG	3	
TIROSINT CAP 25MCG	3	
TIROSINT CAP 50MCG	3	
TIROSINT CAP 75MCG	3	
TIROSINT CAP 88MCG	3	
TIROSINT CAP 100MCG	3	
TIROSINT CAP 112MCG	3	
TIROSINT CAP 125MCG	3	
TIROSINT CAP 137MCG	3	
TIROSINT CAP 150MCG	3	
TIROSINT CAP 175MCG	3	
TIROSINT CAP 200	3	
TIROSINT-SOL SOL 13MCG/ML	3	
TIROSINT-SOL SOL 25MCG/ML	3	
TIROSINT-SOL SOL 50MCG/ML	3	
TIROSINT-SOL SOL 75MCG/ML	3	
TIROSINT-SOL SOL 88MCG/ML	3	
TIROSINT-SOL SOL 100MCG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIROSINT-SOL SOL 112MCG	3	
TIROSINT-SOL SOL 125MCG	3	
TIROSINT-SOL SOL 137MCG	3	
TIROSINT-SOL SOL 150MCG	3	
TIROSINT-SOL SOL 175MCG	3	
TIROSINT-SOL SOL 200MCG	3	
WESTHROID TAB 32.5MG	3	
WESTHROID TAB 65MG	3	
WESTHROID TAB 97.5MG	3	
WESTHROID TAB 130MG	3	
WESTHROID TAB 195MG	3	
WP THYROID TAB 16.25MG	3	
WP THYROID TAB 32.5MG	3	
WP THYROID TAB 48.75MG	3	
WP THYROID TAB 65MG	3	
WP THYROID TAB 81.25MG	3	
WP THYROID TAB 97.5MG	3	
WP THYROID TAB 113.75MG	3	
WP THYROID TAB 130MG	3	

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

ANASPAZ TAB 0.125MG	2	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	PA
CUVPOSA SOL 1MG/5ML	3	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
GLYCATE TAB 1.5MG	3	
GLYCOPYRROL INJ 0.2MG/ML	3	
GLYCOPYRROL INJ 0.4/2ML	3	
GLYCOPYRROLA TAB 1.5MG	3	PA; MNPA
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	PA; MNPA
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	2	
LEVSIN/SL SUB 0.125MG	2	
LIBRAX CAP 5-2.5MG	3	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
SYMAX DUOTAB TAB	3	
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
PEPCID TAB 40MG	3	
<b>MISC. ANTI-ULCER</b>		
CARAFATE SUS 1GM/10ML	3	
CARAFATE TAB 1GM	3	
<i>sucralfate susp 1 gm/10ml</i>	1	PA; MNPA
<i>sucralfate tab 1 gm</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX SPR CAP 5MG	3	QL (90 caps / year)
ACIPHEX SPR CAP 10MG	3	QL (90 caps / year)
ACIPHEX TAB 20MG	3	QL (90 tabs / year)
DEXILANT CAP 30MG DR	2	QL (90 caps / year)
DEXILANT CAP 60MG DR	2	QL (90 caps / year)
ESOMEPRAZOLE CAP 49.3MG	3	QL (90 caps / year)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps / year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps / year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets / year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets / year)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets / year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps / year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps / year)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	QL (90 ea / year)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	QL (90 ea / year)
NEXIUM CAP 20MG	3	QL (90 caps / year)
NEXIUM CAP 40MG	3	QL (90 caps / year)
NEXIUM GRA 2.5MG DR	3	QL (90 packets / year)
NEXIUM GRA 5MG DR	3	QL (90 packets / year)
NEXIUM GRA 10MG DR	3	QL (90 packets / year)
NEXIUM GRA 20MG DR	3	QL (90 packets / year)
NEXIUM GRA 40MG DR	3	QL (90 packets / year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps / year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps / year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps / year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs / year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs / year)
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	1	PA, QL (90 packets / year); MNPA
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	QL (90 vials / year)
PREVACID CAP 15MG DR	3	QL (90 caps / year)
PREVACID CAP 30MG DR	3	QL (90 caps / year)
PREVACID TAB 15MG STB	3	QL (90 ea / year)
PREVACID TAB 30MG STB	3	QL (90 ea / year)
PRILOSEC POW 2.5MG	3	PA, QL (90 packets / year); MNPA
PRILOSEC POW 10MG	3	PA, QL (90 packets / year); MNPA
PROTONIX INJ 40MG	3	QL (90 vials / year)
PROTONIX PAK 40MG	3	QL (90 packets / year)
PROTONIX TAB 20MG	3	QL (90 tabs / year)
PROTONIX TAB 40MG	3	QL (90 tabs / year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps / year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs / year)
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
CYTOTEC TAB 100MCG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CYTOTEC TAB 200MCG	2	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	

**ULCER THERAPY COMBINATIONS**

<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
HELIDAC MIS THERAPY	3	
OMECLAMOX- MIS PAK	3	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	1	PA, QL (90 caps / year); MNPA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	1	PA, QL (90 caps / year); MNPA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	1	PA, QL (90 packets / year); MNPA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	1	PA, QL (90 packets / year); MNPA
PYLERA CAP	2	
TALICIA CAP	3	
ZEGERID CAP 20-1100	3	PA, QL (90 caps / year); MNPA
ZEGERID CAP 40-1100	3	PA, QL (90 caps / year); MNPA
ZEGERID POW 20-1680	3	PA, QL (90 packets / year); MNPA
ZEGERID POW 40-1680	3	PA, QL (90 packets / year); MNPA

**URINARY ANTISPASMODICS****URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
DETROL LA CAP 2MG	3	
DETROL LA CAP 4MG	3	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
ENABLEX TAB 7.5MG	3	
GELNIQUE GEL 10%	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
OXYTROL DIS 3.9MG/24	3	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
<i>trospium chloride cap er 24hr 60 mg</i>	1	
<i>trospium chloride tab 20 mg</i>	1	
VESICARE LS SUS 5MG/5ML	3	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
GEMTESA TAB 75MG	3	
MYRBETRIQ SUS 8MG/ML	2	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl tab 100 mg</i>	1	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
INTRAROSA SUP 6.5MG	3	
<b>SPERMICIDES</b>		
ENCARE SUP 100MG	0	
GYNOL II GEL 3%	0	
<i>nonoxynol-9 gel 4%</i>	0	
SHUR-SEAL GEL 2%	0	
TODAY SPONGE MIS	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VCF VAGINAL AER CONTRACP	0	
VCF VAGINAL MIS CONTRACP	0	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN CRE 2% VAG	2	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
NUVESSA GEL 1.3%	3	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<b>VAGINAL ESTROGENS</b>		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tab 10 mcg</i>	1	
ESTRING MIS 2MG	2	
FEMRING MIS 0.1MG/24	3	
FEMRING MIS 0.05/24H	3	
IMVEXXY MAIN SUP 4MCG	3	
IMVEXXY MAIN SUP 10MCG	3	
IMVEXXY STRT SUP 4MCG	3	
IMVEXXY STRT SUP 10MCG	3	
PREMARIN VAG CRE 0.625MG	2	
VAGIFEM TAB 10MCG	3	
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
ADRENALIN INJ 1MG/ML	3	
ADRENALIN INJ 30/30ML	3	
AUVI-Q INJ 0.1MG	3	QL (3 pens / 300 days)
AUVI-Q INJ 0.3MG	3	QL (6 pens / 300 days)
AUVI-Q INJ 0.15MG	3	QL (3 pens / 300 days)
EPINEPHR PRO KIT 1MG/ML	3	QL (6 kits / 300 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	
EPINEPHRINE KIT 1MG/ML	3	QL (6 kits / 300 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 pens / 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (6 pens / 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (3 pens / 300 days)
EPINPHEPHRIN KIT SNAP-V	3	QL (6 kits / 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens / 300 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens / 300 days)
SYMJEPI INJ 0.3MG	2	QL (3 syringes / 300 days)
SYMJEPI INJ 0.15MG	2	QL (6 syringes / 300 days)
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
<i>droxidopa cap 100 mg</i>	1	PA, QL (90 CAPSULES PER 30 DAYS)
<i>droxidopa cap 200 mg</i>	1	PA, QL (180 CAPSULES PER 30 DAYS)
<i>droxidopa cap 300 mg</i>	1	PA, QL (180 CAPSULES PER 30 DAYS)
NORTHERA CAP 100MG	3	PA, QL (90 CAPSULES PER 30 DAYS)
NORTHERA CAP 200MG	3	PA, QL (180 CAPSULES PER 30 DAYS)
NORTHERA CAP 300MG	3	PA, QL (180 CAPSULES PER 30 DAYS)
<b>VASOPRESSORS</b>		
EPINEPHRINE INJ 0.2MG	3	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
DRISDOL CAP 50000UNT	3	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
MEPHYTON TAB 5MG	3	
<i>phytonadione tab 5 mg</i>	1	

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<i>5-20 mg</i> .....81	<i>amoxicillin (trihydrate) chew tab 125</i>
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<i>amlodipine besylate-olmesartan</i>	<i>mg/5ml</i> .....240
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<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> .....	240	<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	2
<i>amoxicillin (trihydrate) tab 500 mg</i> .....	240	<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	1
<i>amoxicillin (trihydrate) tab 875 mg</i> .....	240	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	1
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<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> .....	240	<i>amphetamine sulfate tab 5 mg</i> .....	1
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....	240	<i>ampicillin cap 500 mg</i> .....	240
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<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....	1	<i>ANALPRAM-HC CRE 1-1%</i> .....	34
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<i>equiv) .....</i>	<i>108</i>	ASTAGRAF XL CAP 0.5MG.....	224
<i>asenapine maleate sl tab 2.5 mg (base</i>		ASTAGRAF XL CAP 1MG.....	224
<i>equiv) .....</i>	<i>108</i>	ASTAGRAF XL CAP 5MG.....	224
<i>asenapine maleate sl tab 5 mg (base</i>		ATABEX EC TAB 29-1MG .....	227
<i>equiv) .....</i>	<i>108</i>	ATABEX OB TAB 29-1MG .....	227
ASMANEX 120 AER 220MCG .....	42	ATACAND HCT TAB 16-12.5.....	82
ASMANEX 14 AER 220MCG .....	42	ATACAND HCT TAB 32-12.5.....	82
ASMANEX 30 AER 110MCG.....	42	ATACAND HCT TAB 32-25MG.....	82
ASMANEX 30 AER 220MCG.....	42	ATACAND TAB 16MG .....	79
ASMANEX 60 AER 220MCG.....	42	ATACAND TAB 32MG .....	79
ASMANEX 7 AER 110MCG.....	42	ATACAND TAB 4MG .....	79
ASMANEX HFA AER 100 MCG .....	42	ATACAND TAB 8MG .....	79
ASMANEX HFA AER 200 MCG .....	42	<i>atazanavir sulfate cap 150 mg (base</i>	
ASMANEX HFA AER 50MCG.....	42	<i>equiv) .....</i>	<i>113</i>
ASP/OMEPRAZO TAB 325-40MG .....	194	<i>atazanavir sulfate cap 200 mg (base</i>	
<i>aspirin chew tab 81 mg.....</i>	<i>24</i>	<i>equiv) .....</i>	<i>113</i>
<i>aspirin-dipyridamole cap er 12hr 25-</i>		<i>atazanavir sulfate cap 300 mg (base</i>	
<i>200 mg .....</i>	<i>194</i>	<i>equiv) .....</i>	<i>113</i>
<i>aspirin tab delayed release 81 mg ....</i>	<i>24</i>	ATELVIA TAB .....	177
ASSURE 3 LIQ CONTROL .....	202	<i>atenolol &amp; chlorthalidone tab 100-25</i>	
ASSURE 3 TES .....	160	<i>mg .....</i>	<i>82</i>
ASSURE 4 LIQ LEVEL1/2 .....	202	<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	
ASSURE 4 TES .....	160	<i>.....</i>	<i>82</i>
ASSURE CMFRT MIS 28G.....	202	<i>atenolol tab 100 mg .....</i>	<i>122</i>
ASSURE DOSE SOL NORM/HGH.....	202	<i>atenolol tab 25 mg .....</i>	<i>122</i>
ASSURE DOSE SOL NORMAL.....	202	<i>atenolol tab 50 mg .....</i>	<i>122</i>
ASSURE II LIQ LEVEL 1 .....	202	ATIVAN TAB 0.5MG .....	38
ASSURE II LIQ LEVEL1/2.....	202	ATIVAN TAB 1MG.....	39
ASSURE II TES.....	160	ATIVAN TAB 2MG.....	39
ASSURE II TES CHECK.....	160	<i>atomoxetine hcl cap 100 mg (base</i>	
ASSURE LANCE MIS 21G .....	202	<i>equiv) .....</i>	<i>4</i>
ASSURE LANCE MIS 28G .....	202	<i>atomoxetine hcl cap 10 mg (base</i>	
ASSURE LANCE MIS LOW FLOW .....	202	<i>equiv) .....</i>	<i>4</i>
ASSURE LANCE MIS MICRO .....	202	<i>atomoxetine hcl cap 18 mg (base</i>	
ASSURE LANCE MIS SAFE 25G.....	202	<i>equiv) .....</i>	<i>4</i>
ASSURE LANCE MIS SAFE 30G.....	202	<i>atomoxetine hcl cap 25 mg (base</i>	
ASSURE PLUS MIS HIGH 18G.....	202	<i>equiv) .....</i>	<i>4</i>
ASSURE PLUS MIS LOW 25G.....	203	<i>atomoxetine hcl cap 40 mg (base</i>	
ASSURE PLUS MIS MCRO 28G.....	203	<i>equiv) .....</i>	<i>4</i>

<i>atomoxetine hcl cap 60 mg (base equiv)</i> .....	4	AUTOLET PLAT MIS 2.4MM.....	203
<i>atomoxetine hcl cap 80 mg (base equiv)</i> .....	4	AUTOLET PLAT MIS 3.0MM.....	203
<i>atorvastatin calcium tab 10 mg (base equivalent)</i> .....	75	AUTOLET PLUS MIS .....	203
<i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	75	AUTOLET PLUS MIS LANC DEV .....	203
<i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	75	AUVI-Q INJ 0.15MG .....	259
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	75	AUVI-Q INJ 0.1MG.....	259
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	87	AUVI-Q INJ 0.3MG.....	259
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	87	AVALIDE TAB 150-12.5.....	82
<i>atovaquone susp 750 mg/5ml</i> .....	35	AVALIDE TAB 300-12.5 .....	82
ATRALIN GEL 0.05%.....	143	AVANDIA TAB 2MG.....	67
ATRIPLA TAB .....	113	AVANDIA TAB 4MG.....	67
ATROPINE SUL SOL 0.01% .....	234	AVAPRO TAB 150MG.....	79
ATROPINE SUL SOL 1% OP.....	234	AVAPRO TAB 300MG.....	79
ATROVENT HFA AER 17MCG .....	41	AVAPRO TAB 75MG .....	79
AUBAGIO TAB 14MG .....	244	AVODART CAP 0.5MG.....	192
AUBAGIO TAB 7MG.....	244	AVONEX PEN KIT 30MCG.....	244
AUGMENTIN SUS 125/5ML.....	240	AVONEX PREFL KIT 30MCG.....	244
AUGMENTIN SUS 250/5ML.....	241	AYGESTIN TAB 5MG.....	241
AUGMENTIN SUS ES-600.....	241	AYVAKIT TAB 100MG .....	93
AUGMENTIN TAB 500MG .....	241	AYVAKIT TAB 200MG .....	93
AURORA LANCE MIS 30G.....	203	AYVAKIT TAB 25MG.....	93
AURORA LANCE MIS THIN 23G.....	203	AYVAKIT TAB 300MG.....	93
AURYXIA TAB 210MG.....	190	AYVAKIT TAB 50MG.....	93
AUSTEDO TAB 12MG.....	244	<i>azacitidine for inj 100 mg</i> .....	89
AUSTEDO TAB 6MG .....	244	AZASITE SOL 1% .....	235
AUSTEDO TAB 9MG .....	244	AZATHIOPRINE TAB 100 MG .....	224
AUTOCODE TES BLD GLUC .....	160	<i>azathioprine tab 50 mg</i> .....	224
AUTO LANCET MIS.....	203	AZATHIOPRINE TAB 75 MG.....	224
AUTO-LANCET MIS .....	203	<i>azelaic acid gel 15%</i> .....	158
AUTO-LANCET MIS MINI.....	203	<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> .....	231
AUTOLET II KIT CLINISAF.....	203	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> .....	232
AUTOLET IMPR MIS LANC DEV .....	203	<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i> .....	232
AUTOLET LANC MIS DEVICE .....	203	<i>azelastine hcl ophth soln 0.05%</i> .....	238
AUTOLET LITE KIT.....	203	AZELEX CRE 20%.....	143
AUTOLET LITE KIT CLINISAF.....	203	AZESCHEW CHW 13-1MG .....	227
AUTOLET LITE KIT STARTER .....	203	AZESCO TAB 13-1MG.....	227
AUTOLET MINI MIS.....	203	AZILECT TAB 0.5MG .....	105
AUTOLET PLAT MIS 1.8MM.....	203	AZILECT TAB 1MG .....	105
		<i>azithromycin for susp 100 mg/5ml</i> ..	200
		<i>azithromycin for susp 200 mg/5ml</i> ..	200
		<i>azithromycin powd pack for susp 1 gm</i> .....	200
		<i>azithromycin tab 250 mg</i> .....	200



<i>azithromycin tab 500 mg</i> .....	200	BELBUCA MIS 300MCG .....	31
<i>azithromycin tab 600 mg</i> .....	200	BELBUCA MIS 450MCG .....	31
AZOPT SUS 1% OP .....	238	BELBUCA MIS 600MCG .....	31
AZOR TAB 10-20MG .....	82	BELBUCA MIS 750MCG .....	31
AZOR TAB 10-40MG .....	82	BELBUCA MIS 75MCG .....	31
AZOR TAB 5-20MG .....	82	BELBUCA MIS 900MCG .....	31
AZOR TAB 5-40MG .....	82	BELLA/OPIUM SUP 16.2-30.....	254
AZULFIDINE TAB 500MG .....	189	BELLA/OPIUM SUP 16.2-60.....	254
AZULFIDINE TAB 500MG EN .....	189	BELSOMRA TAB 10MG.....	199
<b>B</b>		BELSOMRA TAB 15MG.....	199
<i>bacitracin ophth oint 500 unit/gm</i> ...	235	BELSOMRA TAB 20MG.....	199
<i>bacitracin-polymyxin b ophth oint</i> ...	235	BELSOMRA TAB 5MG .....	199
<i>bacitracin-polymyxin-neomycin-hc</i>		<i>benazepril &amp; hydrochlorothiazide tab</i>	
<i>ophth oint 1%</i> .....	236	10-12.5 mg .....	82
<i>baclofen tab 10 mg</i> .....	230	<i>benazepril &amp; hydrochlorothiazide tab</i>	
<i>baclofen tab 20 mg</i> .....	230	20-12.5 mg .....	82
<i>baclofen tab 5 mg</i> .....	230	<i>benazepril &amp; hydrochlorothiazide tab</i>	
BACTRIM DS TAB 800-160 .....	35	20-25 mg.....	82
BACTRIM TAB 400-80MG.....	35	<i>benazepril &amp; hydrochlorothiazide tab 5-</i>	
BAFIERTAM CAP 95MG .....	244	6.25 mg.....	82
BALCOLTRA TAB 0.1-20 .....	136	<i>benazepril hcl tab 10 mg</i> .....	77
<i>balsalazide disodium cap 750 mg</i> ...	189	<i>benazepril hcl tab 20 mg</i> .....	77
BALVERSA TAB 3MG .....	95	<i>benazepril hcl tab 40 mg</i> .....	77
BALVERSA TAB 4MG .....	95	<i>benazepril hcl tab 5 mg</i> .....	77
BALVERSA TAB 5MG .....	95	BENICAR HCT TAB 20-12.5.....	82
BANZEL SUS 40MG/ML .....	49	BENICAR HCT TAB 40-12.5.....	82
BANZEL TAB 200MG .....	49	BENICAR HCT TAB 40-25MG .....	82
BANZEL TAB 400MG .....	49	BENICAR TAB 20MG .....	79
BAQSIMI ONE POW 3MG/DOSE .....	64	BENICAR TAB 40MG .....	79
BAQSIMI TWO POW 3MG/DOSE .....	64	BENICAR TAB 5MG .....	79
BARACLUDE SOL .....	119	BENLYSTA INJ 200MG/ML.....	226
BARACLUDE TAB 0.5MG .....	119	BENZAACLIN GEL 1-5% .....	143
BARACLUDE TAB 1MG .....	119	BENZAACLIN GEL 1-5%PUMP.....	143
BASAGLAR INJ 100UNIT.....	66	BENZALKONIUM SOL NF.....	112
BAXDELA TAB 450MG .....	187	BENZAMYCIN GEL 5-3%.....	143
BCAD 2 POW .....	168	BENZEPRO AER 5.2% .....	143
BD LANCET UF MIS 30G .....	203	BENZEPRO AER 9.7% .....	143
BD LANCET UF MIS 33G .....	203	BENZEPRO LIQ 6.8% .....	143
BD MICROTAIN MIS LANCETS .....	203	BENZEPRO MIS 5.8%.....	143
BD SWAB BFLY PAD SNGL USE.....	217	BENZHY/ACETA TAB 4.08-325 .....	30
BD U-500 MIS 31GX6MM.....	218	BENZHY/ACETA TAB 6.12-325 .....	30
BD ULTRAFINE INSULIN		BENZHY/ACETA TAB 8.16-325 .....	30
SYRINGES/NEEDLES .....	218	BENZNIDAZOLE TAB 100MG .....	34
BD ULTRAFINE PEN NEEDLES.....	218	BENZNIDAZOLE TAB 12.5MG .....	34
BECONASE AQ SUS 0.042% .....	232	<i>benzonatate cap 100 mg</i> .....	141
BELBUCA MIS 150MCG .....	31	<i>benzonatate cap 150 mg</i> .....	141

<i>benzonatate cap 200 mg</i> .....	141	BETAPACE TAB 80MG .....	123
<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	143	BETASERON INJ 0.3MG .....	244
<i>benzoyl peroxide foam 9.8%</i> .....	143	<i>betaxolol hcl ophth soln 0.5%</i> .....	233
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i> .....	143	<i>betaxolol hcl tab 10 mg</i> .....	122
<i>benzoyl peroxide liq 7%</i> .....	143	<i>betaxolol hcl tab 20 mg</i> .....	122
BENZOYL PERX LIQ 6.9% .....	143	<i>bethanechol chloride tab 10 mg</i> .....	258
BENZ PER FOR LOT HC 7.5-1 .....	143	<i>bethanechol chloride tab 25 mg</i> .....	258
BENZ PEROXID GEL 6.5% .....	143	<i>bethanechol chloride tab 50 mg</i> .....	258
<i>benzphetamine hcl tab 25 mg</i> .....	3	<i>bethanechol chloride tab 5 mg</i> .....	258
<i>benzphetamine hcl tab 50 mg</i> .....	4	BETHKIS NEB 300/4ML .....	10
<i>benztropine mesylate tab 0.5 mg</i> ...	102	BETIMOL SOL 0.25% .....	233
<i>benztropine mesylate tab 1 mg</i> .....	102	BETIMOL SOL 0.5% .....	233
<i>benztropine mesylate tab 2 mg</i> .....	102	BETOPTIC-S SUS 0.25% OP .....	233
BEPREVE DRO 1.5% .....	238	BETTERMILK15 POW GLYTACTN .....	168
BERINERT INJ 500UNIT .....	193	BETTERMILK PAK GLYTACTI .....	168
BESIVANCE SUS 0.6% .....	235	BEVESPI AER 9-4.8MCG .....	43
BETADINE SOL 5% OP .....	235	<i>bexarotene cap 75 mg</i> .....	101
<i>betamethasone dipropionate augmented cream 0.05%</i> .....	152	BEYAZ TAB .....	136
<i>betamethasone dipropionate augmented gel 0.05%</i> .....	152	<i>bicalutamide tab 50 mg</i> .....	92
<i>betamethasone dipropionate augmented lotion 0.05%</i> .....	152	BIDIL TAB .....	129
<i>betamethasone dipropionate augmented oint 0.05%</i> .....	152	BIJUVA CAP 1-100MG .....	185
<i>betamethasone dipropionate cream 0.05%</i> .....	152	BIKTARVY TAB .....	113
<i>betamethasone dipropionate lotion 0.05%</i> .....	152	BILTRICIDE TAB 600MG .....	34
<i>betamethasone dipropionate oint 0.05%</i> .....	152	<i>bimatoprost ophth soln 0.03%</i> .....	238
<i>betamethasone valerate aerosol foam 0.12%</i> .....	152	BINOSTO TAB 70MG .....	177
<i>betamethasone valerate cream 0.1% (base equivalent)</i> .....	152	BIOSCANNER TES GLUCOSE .....	160
<i>betamethasone valerate lotion 0.1% (base equivalent)</i> .....	153	BIO-STATIN CAP 1000000 .....	71
<i>betamethasone valerate oint 0.1% (base equivalent)</i> .....	153	BIO-STATIN CAP 500000 .....	71
BETAPACE AF TAB 120MG .....	123	<i>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-nacl for soln kit</i> .....	199
BETAPACE AF TAB 160MG .....	123	<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....	82
BETAPACE AF TAB 80MG .....	123	<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....	82
BETAPACE TAB 120MG .....	123	<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	82
BETAPACE TAB 160MG .....	123	<i>bisoprolol fumarate tab 10 mg</i> .....	122
		<i>bisoprolol fumarate tab 5 mg</i> .....	122
		BLEPH-10 SOL 10% OP .....	235
		BLEPHAMIDE OIN S.O.P. .....	236
		BLEPHAMIDE SUS OP .....	236
		BLOOD GLUCOS TES .....	160
		BLOOD GLUCOS TES LE1 .....	160
		BLOOD GLUCOS TES PREMIUM .....	160
		BLOOD GLUCOS TES STRIPS .....	160
		BONIVA TAB 150MG .....	177

BONJESTA TAB 20-20MG .....	70	<i>budesonide-formoterol fumarate dihyd</i>	
<i>bosentan tab 125 mg</i> .....	133	<i>aerosol 80-4.5 mcg/act</i> .....	44
<i>bosentan tab 62.5 mg</i> .....	133	<i>budesonide inhalation susp 0.25</i>	
BOSULIF TAB 100MG .....	95	<i>mg/2ml</i> .....	42
BOSULIF TAB 400MG .....	95	<i>budesonide inhalation susp 0.5 mg/2ml</i>	
BOSULIF TAB 500MG .....	95	.....	42
BRAFTOVI CAP 75MG.....	95	<i>budesonide inhalation susp 1 mg/2ml</i>	
BREATHE EASE MIS LG MASK .....	218	.....	42
BREATHE EASE MIS MED MASK .....	218	<i>budesonide tab er 24hr 9 mg</i> .....	139
BREATHE EASE MIS SM MASK .....	218	<i>bumetanide tab 0.5 mg</i> .....	176
BREO ELLIPTA INH 100-25 .....	43	<i>bumetanide tab 1 mg</i> .....	176
BREO ELLIPTA INH 200-25 .....	44	<i>bumetanide tab 2 mg</i> .....	176
BREXAFEMME TAB 150MG .....	71	BUMEX TAB 0.5MG .....	176
BREZTRI AERO AER SPHERE .....	44	BUNAVAIL MIS 4.2-0.7 .....	31
BRILINTA TAB 60MG .....	194	BUNAVAIL MIS 6.3-1MG.....	31
BRILINTA TAB 90MG .....	194	BUPHENYL POW .....	181
BRIMO/DORZO SOL 0.15-2%.....	234	BUPHENYL TAB 500MG.....	181
<i>brimonidine tartrate ophth soln 0.15%</i>		<i>buprenorphine hcl-naloxone hcl sl film</i>	
.....	234	<i>12-3 mg (base equiv)</i> .....	32
<i>brimonidine tartrate ophth soln 0.2%</i>		<i>buprenorphine hcl-naloxone hcl sl film</i>	
.....	234	<i>2-0.5 mg (base equiv)</i> .....	32
<i>brinzolamide ophth susp 1%</i> .....	238	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BRISDELLE CAP 7.5MG.....	248	<i>4-1 mg (base equiv)</i> .....	32
BRIVIACT SOL 10MG/ML .....	49	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BRIVIACT TAB 100MG.....	49	<i>8-2 mg (base equiv)</i> .....	32
BRIVIACT TAB 10MG .....	49	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BRIVIACT TAB 25MG .....	49	<i>2-0.5 mg (base equiv)</i> .....	32
BRIVIACT TAB 50MG .....	49	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BRIVIACT TAB 75MG .....	49	<i>8-2 mg (base equiv)</i> .....	32
<i>bromfenac sodium ophth soln 0.09%</i>		<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>(base equiv) (once-daily)</i> .....	238	<i>equiv)</i> .....	31
<i>bromocriptine mesylate cap 5 mg (base</i>		<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>equivalent)</i> .....	102	<i>equiv)</i> .....	31
<i>bromocriptine mesylate tab 2.5 mg</i>		<i>buprenorphine td patch weekly 10</i>	
<i>(base equivalent)</i> .....	102	<i>mcg/hr</i> .....	32
BROMSITE DRO 0.075%.....	238	<i>buprenorphine td patch weekly 15</i>	
BRONCHITOL CAP 40MG .....	248	<i>mcg/hr</i> .....	32
BRONCHITOL CAP TOL TEST .....	248	<i>buprenorphine td patch weekly 20</i>	
BROVANA NEB 15MCG .....	44	<i>mcg/hr</i> .....	32
BRUKINSA CAP 80MG .....	95	<i>buprenorphine td patch weekly 5</i>	
BRYHALI LOT 0.01% .....	153	<i>mcg/hr</i> .....	32
<i>budesonide delayed release particles</i>		<i>buprenorphine td patch weekly 7.5</i>	
<i>cap 3 mg</i> .....	139	<i>mcg/hr</i> .....	32
<i>budesonide-formoterol fumarate dihyd</i>		<i>bupropion hcl (smoking deterrent) tab</i>	
<i>aerosol 160-4.5 mcg/act</i> .....	44	<i>er 12hr 150 mg</i> .....	247
		<i>bupropion hcl tab 100 mg</i> .....	56

<i>bupropion hcl tab 75 mg</i> .....	56	BYETTA INJ 5MCG .....	65
<i>bupropion hcl tab er 12hr 100 mg</i> ....	56	BYLVAY CAP 1200MCG .....	188
<i>bupropion hcl tab er 12hr 150 mg</i> ....	56	BYLVAY CAP 200MCG .....	188
<i>bupropion hcl tab er 12hr 200 mg</i> ....	56	BYLVAY CAP 400MCG .....	188
<i>bupropion hcl tab er 24hr 150 mg</i> ....	56	BYLVAY CAP 600MCG .....	188
<i>bupropion hcl tab er 24hr 300 mg</i> ....	56	BYNFEZIA PEN INJ 2500MCG .....	183
<i>bupropion hcl tab er 24hr 450 mg</i> ....	56	BYSTOLIC TAB 10MG .....	122
<i>bupirone hcl tab 10 mg</i> .....	38	BYSTOLIC TAB 2.5MG .....	122
<i>bupirone hcl tab 15 mg</i> .....	38	BYSTOLIC TAB 20MG .....	122
<i>bupirone hcl tab 30 mg</i> .....	38	BYSTOLIC TAB 5MG .....	122
<i>bupirone hcl tab 5 mg</i> .....	38	<b>C</b>	
<i>bupirone hcl tab 7.5 mg</i> .....	38	CABENUVA SUS 400-600.....	113
BUT/ASA/CAF TAB.....	23	CABENUVA SUS 600-900.....	113
<i>butalbital-acetaminophen-caffeine cap</i>		<i>cabergoline tab 0.5 mg</i> .....	183
<i>50-300-40 mg</i> .....	23	CABOMETYX TAB 20MG.....	95
<i>butalbital-acetaminophen-caffeine cap</i>		CABOMETYX TAB 40MG.....	95
<i>50-325-40 mg</i> .....	23	CABOMETYX TAB 60MG.....	95
<i>butalbital-acetaminophen-caffeine soln</i>		CADUET TAB 10-10MG .....	129
<i>50-325-40 mg/15ml</i> .....	23	CADUET TAB 10-20MG .....	129
<i>butalbital-acetaminophen-caffeine tab</i>		CADUET TAB 10-40MG .....	129
<i>50-325-40 mg</i> .....	23	CADUET TAB 10-80MG .....	129
<i>butalbital-acetaminophen-caff w/ cod</i>		CADUET TAB 5-10MG.....	129
<i>cap 50-300-40-30 mg</i> .....	30	CADUET TAB 5-20MG .....	129
<i>butalbital-acetaminophen-caff w/ cod</i>		CADUET TAB 5-40MG.....	129
<i>cap 50-325-40-30 mg</i> .....	30	CADUET TAB 5-80MG .....	129
<i>butalbital-acetaminophen cap 50-300</i>		CAFERGOT TAB 1-100MG .....	220
<i>mg</i> .....	23	<i>caffeine citrate oral soln 60 mg/3ml</i>	
<i>butalbital-acetaminophen tab 25-325</i>		<i>(10 mg/ml base equiv)</i> .....	3
<i>mg</i> .....	23	CALAN SR TAB 120MG .....	125
<i>butalbital-acetaminophen tab 50-300</i>		CALAN SR TAB 180MG .....	125
<i>mg</i> .....	23	CALAN SR TAB 240MG .....	125
<i>butalbital-acetaminophen tab 50-325</i>		<i>calcipotriene-betamethasone</i>	
<i>mg</i> .....	23	<i>dipropionate oint 0.005-0.064%</i> ..	153
<i>butalbital-aspirin-caffeine cap 50-325-</i>		<i>calcipotriene-betamethasone</i>	
<i>40 mg</i> .....	23	<i>dipropionate susp 0.005-0.064%</i> ..	153
<i>butalbital-aspirin-caff w/ codeine cap</i>		<i>calcipotriene cream 0.005%</i> .....	148
<i>50-325-40-30 mg</i> .....	30	<i>calcipotriene foam 0.005%</i> .....	148
<i>butorphanol tartrate nasal soln 10</i>		<i>calcipotriene oint 0.005%</i> .....	148
<i>mg/ml</i> .....	32	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	
BUTRANS DIS 10MCG/HR.....	32	.....	148
BUTRANS DIS 15MCG/HR.....	32	<i>calcitonin (salmon) nasal soln 200</i>	
BUTRANS DIS 20MCG/HR.....	32	<i>unit/act</i> .....	177
BUTRANS DIS 5MCG/HR .....	32	<i>calcitriol cap 0.25 mcg</i> .....	181
BUTRANS DIS 7.5/HR.....	32	<i>calcitriol cap 0.5 mcg</i> .....	181
BYDUREON BC INJ 2/0.85ML .....	65	<i>calcitriol oint 3 mcg/gm</i> .....	148
BYETTA INJ 10MCG .....	65	<i>calcitriol oral soln 1 mcg/ml</i> .....	181

<i>calcium acetate (phosphate binder) cap</i>	<i>carbamazepine tab 200 mg</i> .....	49
667 mg (169 mg ca) .....	<i>carbamazepine tab er 12hr 100 mg</i> ..	49
CALQUENCE CAP 100MG .....	<i>carbamazepine tab er 12hr 200 mg</i> ..	49
CAMBIA POW 50MG .....	<i>carbamazepine tab er 12hr 400 mg</i> ..	49
CAMINO PRO LIQ 15PE .....	CARBATROL CAP 100MG .....	49
CANASA SUP 1000MG .....	CARBATROL CAP 200MG .....	49
<i>candesartan cilexetil-</i>	CARBATROL CAP 300MG .....	49
<i>hydrochlorothiazide tab 16-12.5 mg</i>	<i>carbidopa &amp; levodopa orally</i>	
.....	<i>disintegrating tab 10-100 mg</i> .....	102
<i>candesartan cilexetil-</i>	<i>carbidopa &amp; levodopa orally</i>	
<i>hydrochlorothiazide tab 32-12.5 mg</i>	<i>disintegrating tab 25-100 mg</i> .....	103
.....	<i>carbidopa &amp; levodopa orally</i>	
<i>candesartan cilexetil-</i>	<i>disintegrating tab 25-250 mg</i> .....	103
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<i>candesartan cilexetil tab 32 mg</i> .....	<i>carbidopa &amp; levodopa tab 25-100 mg</i>	
<i>candesartan cilexetil tab 4 mg</i> .....	.....	103
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CANTHARIDIN SOL 0.7%.....	.....	103
<i>capecitabine tab 150 mg</i> .....	<i>carbidopa &amp; levodopa tab er 25-100</i>	
<i>capecitabine tab 500 mg</i> .....	<i>mg</i> .....	103
CAPEX SHA 0.01% .....	<i>carbidopa &amp; levodopa tab er 50-200</i>	
CAPLYTA CAP 42MG.....	<i>mg</i> .....	103
CAPRELSA TAB 100MG.....	<i>carbidopa-levodopa-entacapone tabs</i>	
CAPRELSA TAB 300MG.....	<i>12.5-50-200 mg</i> .....	103
<i>captopril &amp; hydrochlorothiazide tab 25-</i>	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>15 mg</i> .....	<i>18.75-75-200 mg</i> .....	103
<i>captopril &amp; hydrochlorothiazide tab 25-</i>	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>25 mg</i> .....	<i>25-100-200 mg</i> .....	103
<i>captopril &amp; hydrochlorothiazide tab 50-</i>	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>15 mg</i> .....	<i>31.25-125-200 mg</i> .....	103
<i>captopril &amp; hydrochlorothiazide tab 50-</i>	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>25 mg</i> .....	<i>37.5-150-200 mg</i> .....	103
<i>captopril tab 100 mg</i> .....	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>captopril tab 12.5 mg</i> .....	<i>50-200-200 mg</i> .....	103
<i>captopril tab 25 mg</i> .....	<i>carbidopa tab 25 mg</i> .....	102
<i>captopril tab 50 mg</i> .....	<i>carbinoxamine maleate soln 4 mg/5ml</i>	
CARAC CRE 0.5% .....	.....	72
CARAFATE SUS 1GM/10ML .....	<i>carbinoxamine maleate tab 4 mg</i> ....	72
CARAFATE TAB 1GM .....	CARBINOXAMIN TAB 6MG .....	72
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<i>carbamazepine cap er 12hr 200 mg</i> ..	CARDIZEM CD CAP 180MG/24.....	125
<i>carbamazepine cap er 12hr 300 mg</i> ..	CARDIZEM CD CAP 240MG/24.....	125
<i>carbamazepine chew tab 100 mg</i> .....	CARDIZEM CD CAP 300MG/24.....	125
<i>carbamazepine susp 100 mg/5ml</i> .....	CARDIZEM CD CAP 360MG/24.....	125

CARDIZEM LA TAB 120MG .....	125	<i>carvedilol phosphate cap er 24hr 80</i>	
CARDIZEM LA TAB 180MG .....	125	<i>mg .....</i>	122
CARDIZEM LA TAB 240MG .....	125	<i>carvedilol tab 12.5 mg .....</i>	122
CARDIZEM LA TAB 300MG/24 .....	125	<i>carvedilol tab 25 mg .....</i>	122
CARDIZEM LA TAB 360MG .....	125	<i>carvedilol tab 3.125 mg .....</i>	122
CARDIZEM LA TAB 420MG/24 .....	125	<i>carvedilol tab 6.25 mg .....</i>	122
CARDIZEM TAB 120MG .....	125	CASCARA EXT SAGRADA .....	200
CARDIZEM TAB 30MG .....	125	CASODEX TAB 50MG .....	92
CARDIZEM TAB 60MG .....	125	CATAPRES-TTS DIS 0.1/24HR.....	80
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CARDURA TAB 2MG .....	80	CATAPRES-TTS DIS 0.3/24HR.....	80
CARDURA TAB 4MG .....	80	CAVERJECT IM KIT 10MCG .....	129
CARDURA TAB 8MG .....	80	CAVERJECT INJ 40MCG .....	129
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CARESENS 30G MIS LANCETS.....	203	CEFACTOR ER TAB 500MG .....	135
CARESENS N TES .....	160	<i>cefaclor for susp 125 mg/5ml.....</i>	135
CARESENS SOL CONTROL .....	203	<i>cefaclor for susp 250 mg/5ml.....</i>	135
CARETOUCH MIS EJECTOR .....	203	<i>cefaclor for susp 375 mg/5ml.....</i>	135
CARETOUCH MIS LANC 26G.....	203	<i>cefadroxil cap 500 mg.....</i>	134
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CARETOUCH MIS LANC 30G.....	203	<i>cefadroxil for susp 500 mg/5ml .....</i>	135
CARETOUCH MIS TST STRP .....	160	<i>cefadroxil tab 1 gm.....</i>	135
CARETOUCH MIS TWIST 28 .....	203	<i>cefdinir cap 300 mg .....</i>	135
CARETOUCH MIS TWIST 30 .....	203	<i>cefdinir for susp 125 mg/5ml .....</i>	135
CARETOUCH MIS TWIST 33 .....	203	<i>cefdinir for susp 250 mg/5ml .....</i>	135
CARETOUCH PAD ALCOHOL .....	217	<i>cefixime cap 400 mg.....</i>	135
<i>carisoprodol tab 250 mg.....</i>	230	<i>cefixime for susp 100 mg/5ml.....</i>	135
<i>carisoprodol tab 350 mg.....</i>	230	<i>cefixime for susp 200 mg/5ml.....</i>	135
<i>carisoprodol w/ aspirin &amp; codeine tab</i>		<i>cefpodoxime proxetil for susp 100</i>	
<i>200-325-16 mg.....</i>	231	<i>mg/5ml.....</i>	135
CARNITOR SF SOL 1GM/10ML.....	181	<i>cefpodoxime proxetil for susp 50</i>	
CARNITOR SOL 1GM/10ML .....	181	<i>mg/5ml.....</i>	135
CARNITOR TAB 330MG.....	181	<i>cefpodoxime proxetil tab 100 mg....</i>	135
CAROSPIR SUS 25MG/5ML .....	176	<i>cefpodoxime proxetil tab 200 mg....</i>	135
<i>carteolol hcl ophth soln 1%.....</i>	233	<i>cefprozil for susp 125 mg/5ml.....</i>	135
<i>carvedilol phosphate cap er 24hr 10</i>		<i>cefprozil for susp 250 mg/5ml.....</i>	135
<i>mg .....</i>	122	<i>cefprozil tab 250 mg.....</i>	135
<i>carvedilol phosphate cap er 24hr 20</i>		<i>cefprozil tab 500 mg.....</i>	135
<i>mg .....</i>	122	<i>cefuroxime axetil tab 250 mg.....</i>	135
<i>carvedilol phosphate cap er 24hr 40</i>		<i>cefuroxime axetil tab 500 mg.....</i>	135
<i>mg .....</i>	122	CELEBREX CAP 100MG.....	17
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CELEBREX CAP 400MG.....	17	<i>chloroquine phosphate tab 250 mg...</i>	87
CELEBREX CAP 50MG .....	17	<i>chloroquine phosphate tab 500 mg...</i>	87
<i>celecoxib cap 100 mg .....</i>	17	<i>chlorpromazine hcl tab 100 mg .....</i>	110
<i>celecoxib cap 200 mg .....</i>	17	<i>chlorpromazine hcl tab 10 mg .....</i>	110
<i>celecoxib cap 400 mg .....</i>	17	<i>chlorpromazine hcl tab 200 mg .....</i>	110
<i>celecoxib cap 50 mg .....</i>	17	<i>chlorpromazine hcl tab 25 mg .....</i>	110
CELEXA TAB 10MG .....	56	<i>chlorpromazine hcl tab 50 mg .....</i>	110
CELEXA TAB 20MG .....	56	CHLORPROMAZ INJ 25MG/ML.....	110
CELEXA TAB 40MG .....	56	CHLORPROMAZ INJ 50MG/2ML.....	110
CELLCEPT CAP 250MG.....	224	<i>chlorthalidone tab 25 mg.....</i>	176
CELLCEPT SUS 200MG/ML .....	224	<i>chlorthalidone tab 50 mg.....</i>	176
CELLCEPT TAB 500MG.....	224	<i>chlorzoxazone tab 375 mg.....</i>	230
CELONTIN CAP 300MG.....	54	<i>chlorzoxazone tab 500 mg.....</i>	230
CENTANY OIN 2% .....	145	<i>chlorzoxazone tab 750 mg.....</i>	230
<i>cephalexin cap 250 mg .....</i>	135	CHLORZOXAZON TAB 250MG.....	230
<i>cephalexin cap 500 mg .....</i>	135	CHOLBAM CAP 250MG.....	187
<i>cephalexin cap 750 mg .....</i>	135	CHOLBAM CAP 50MG .....	187
<i>cephalexin for susp 125 mg/5ml.....</i>	135	<i>cholestyramine light powder 4 gm/dose</i>	73
<i>cephalexin for susp 250 mg/5ml.....</i>	135	<i>cholestyramine light powder packets 4</i>	73
<i>cephalexin tab 250 mg.....</i>	135	<i>gm .....</i>	73
<i>cephalexin tab 500 mg.....</i>	135	<i>cholestyramine powder 4 gm/dose ...</i>	73
CEQUA SOL 0.09% .....	236	<i>cholestyramine powder packets 4 gm</i>	73
CERDELGA CAP 84MG .....	194	<i>choline fenofibrate cap dr 135 mg</i>	74
CERVIDIL VAG MIS 10MG INS.....	239	<i>(fenofibric acid equiv) .....</i>	74
CETRAXAL SOL 0.2% .....	239	<i>choline fenofibrate cap dr 45 mg</i>	74
CETROTIDE KIT 0.25MG.....	179	<i>(fenofibric acid equiv) .....</i>	74
<i>cevimeline hcl cap 30 mg .....</i>	226	CHONDROITIN SOL .....	238
CHANTIX PAK 0.5& 1MG.....	247	CHOR GONADOT INJ 10000UNT .....	178
CHANTIX PAK 1MG .....	247	CIALIS TAB 10MG.....	129
CHANTIX TAB 0.5MG .....	247	CIALIS TAB 2.5MG.....	129
CHANTIX TAB 1MG .....	247	CIALIS TAB 20MG.....	129
CHEMET CAP 100MG.....	69	CIALIS TAB 5MG .....	129
CHEMSTRIP K TES.....	160	<i>ciclopirox gel 0.77% .....</i>	145
CHEMSTRIP TES UGK.....	160	<i>ciclopirox olamine cream 0.77% (base</i>	146
CHENODAL TAB 250MG.....	188	<i>equiv) .....</i>	146
<i>chlordiazepoxide-amitriptyline tab 10-</i>	243	<i>ciclopirox olamine susp 0.77% (base</i>	146
<i>25 mg .....</i>	243	<i>equiv) .....</i>	146
<i>chlordiazepoxide-amitriptyline tab 5-</i>	243	<i>ciclopirox shampoo 1% .....</i>	146
<i>12.5 mg .....</i>	243	<i>ciclopirox solution 8% .....</i>	146
<i>chlordiazepoxide hcl cap 10 mg.....</i>	39	<i>cilostazol tab 100 mg .....</i>	194
<i>chlordiazepoxide hcl cap 25 mg.....</i>	39	<i>cilostazol tab 50 mg .....</i>	194
<i>chlordiazepoxide hcl cap 5 mg .....</i>	39	CILOXAN OIN 0.3% OP .....	235
<i>chlordiazepoxide hcl-clidinium bromide</i>	254	CILOXAN SOL 0.3% OP .....	235
<i>cap 5-2.5 mg .....</i>	254	CIMDUO TAB 300-300.....	113
CHLORHEX GLU SOL 20% .....	112	<i>cimetidine hcl soln 300 mg/5ml.....</i>	255
<i>chlorhexidine gluconate soln 0.12%</i>	226		

<i>cimetidine tab 300 mg</i> .....	255	CITRANATAL MIS 90 DHA .....	227
<i>cimetidine tab 400 mg</i> .....	255	CITRANATAL MIS B-CALM.....	227
<i>cimetidine tab 800 mg</i> .....	255	CITRANATAL PAK ASSURE .....	227
CIMZIA KIT 200MG.....	189	CITRANATAL PAK DHA .....	227
CIMZIA PREFL KIT 200MG/ML .....	189	CITRANATAL TAB BLOOM .....	227
CIMZIA START KIT 200MG/ML.....	189	CITRANATAL TAB RX.....	227
<i>cinacalcet hcl tab 30 mg (base equiv)</i> .....	181	CITRULLINE TAB EASY 1GM.....	181
<i>cinacalcet hcl tab 60 mg (base equiv)</i> .....	181	CLARINEX-D TAB 2.5-120.....	141
<i>cinacalcet hcl tab 90 mg (base equiv)</i> .....	181	<i>clarithromycin for susp 125 mg/5ml</i> .....	200
CINRYZE SOL 500 UNIT .....	193	<i>clarithromycin for susp 250 mg/5ml</i> .....	200
CIPRO (10%) SUS 500MG/5 .....	187	<i>clarithromycin tab 250 mg</i> .....	200
CIPRO (5%) SUS 250MG/5 .....	187	<i>clarithromycin tab 500 mg</i> .....	200
CIPRODEX SUS 0.3-0.1% .....	239	<i>clarithromycin tab er 24hr 500 mg</i> .....	200
<i>ciprofloxacin-dexamethasone otic susp</i> <i>0.3-0.1%</i> .....	239	CLEANLET 28G MIS LANCETS.....	203
<i>ciprofloxacin-fluocinolone acetone (pf)</i> <i>otic soln 0.3-0.025%</i> .....	239	<i>clemastine fumarate tab 2.68 mg</i> .....	72
<i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i> .....	235	CLENPIQ SOL.....	199
<i>ciprofloxacin hcl otic soln 0.2% (base</i> <i>equivalent)</i> .....	239	CLEOCIN CAP 150MG.....	36
<i>ciprofloxacin hcl tab 100 mg (base</i> <i>equiv)</i> .....	187	CLEOCIN CAP 300MG.....	36
<i>ciprofloxacin hcl tab 250 mg (base</i> <i>equiv)</i> .....	187	CLEOCIN CAP 75MG .....	36
<i>ciprofloxacin hcl tab 500 mg (base</i> <i>equiv)</i> .....	187	CLEOCIN CRE 2% VAG.....	259
<i>ciprofloxacin hcl tab 750 mg (base</i> <i>equiv)</i> .....	187	CLEOCIN PED SOL 75MG/5ML.....	36
CIPRO HC SUS OTIC .....	239	CLEOCIN SUP 100MG.....	259
CIPRO TAB 250MG .....	187	CLEOCIN-T LOT 1% .....	143
CIPRO TAB 500MG .....	187	CLEVER CHECK MIS .....	203
<i>citalopram hydrobromide oral soln 10</i> <i>mg/5ml</i> .....	56	CLEVER CHECK MIS 30G .....	204
<i>citalopram hydrobromide tab 10 mg</i> <i>(base equiv)</i> .....	56	CLEVER CHEK TES.....	160
<i>citalopram hydrobromide tab 20 mg</i> <i>(base equiv)</i> .....	56	CLEVER CHEK TES AUTO CD .....	160
<i>citalopram hydrobromide tab 40 mg</i> <i>(base equiv)</i> .....	57	CLEVER CHEK TES TALK.....	160
CITRANATAL CAP HARMONY .....	227	CLEVER CHEK TES VOICE.....	160
CITRANATAL CAP MEDLEY .....	227	CLEVER CHOIC TES MICRO.....	161
CITRANATAL MIS .....	227	CLEVR CHOICE LIQ HIGH .....	204
		CLEVR CHOICE LIQ LOW .....	204
		CLEVR CHOICE TES AUTO-CD .....	161
		CLEVR CHOICE TES NOCODE .....	161
		CLIMARA DIS 0.025MG .....	185
		CLIMARA DIS 0.0375MG .....	185
		CLIMARA DIS 0.05MG .....	185
		CLIMARA DIS 0.06MG .....	185
		CLIMARA DIS 0.075MG .....	185
		CLIMARA DIS 0.1MG.....	185
		CLIMARA PRO DIS WEEKLY.....	185
		CLINDAGEL GEL 1% .....	143
		<i>clindamycin hcl cap 150 mg</i> .....	36
		<i>clindamycin hcl cap 300 mg</i> .....	36
		<i>clindamycin hcl cap 75 mg</i> .....	36



<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....	36	<i>clonazepam orally disintegrating tab 0.25 mg</i> .....	48
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> .....	144	<i>clonazepam orally disintegrating tab 0.5 mg</i> .....	48
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> .....	144	<i>clonazepam orally disintegrating tab 1 mg</i> .....	48
<i>clindamycin phosphate foam 1%</i> ....	143	<i>clonazepam orally disintegrating tab 2 mg</i> .....	48
<i>clindamycin phosphate gel 1%</i> .....	143	<i>clonazepam tab 0.5 mg</i> .....	48
<i>clindamycin phosphate lotion 1%</i> ...	144	<i>clonazepam tab 1 mg</i> .....	48
<i>clindamycin phosphate soln 1%</i> .....	144	<i>clonazepam tab 2 mg</i> .....	48
<i>clindamycin phosphate swab 1%</i> ....	144	<i>clonidine hcl tab 0.1 mg</i> .....	80
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> .....	144	<i>clonidine hcl tab 0.2 mg</i> .....	80
<i>clindamycin phosphate vaginal cream 2%</i> .....	259	<i>clonidine hcl tab 0.3 mg</i> .....	80
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> .....	143	<i>clonidine hcl tab er 12hr 0.1 mg</i> .....	5
<i>CLINDESSE CRE 2%</i> .....	259	<i>clonidine td patch weekly 0.1 mg/24hr</i> .....	80
<i>clobazam suspension 2.5 mg/ml</i> .....	48	<i>clonidine td patch weekly 0.2 mg/24hr</i> .....	80
<i>clobazam tab 10 mg</i> .....	48	<i>clonidine td patch weekly 0.3 mg/24hr</i> .....	80
<i>clobazam tab 20 mg</i> .....	48	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i> .....	194
<i>clobetasol propionate cream 0.05%</i> 153		<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....	194
<i>clobetasol propionate emollient base cream 0.05%</i> .....	153	<i>clorazepate dipotassium tab 15 mg</i> ..	39
<i>clobetasol propionate emulsion foam 0.05%</i> .....	153	<i>clorazepate dipotassium tab 3.75 mg</i>	39
<i>clobetasol propionate foam 0.05%</i> ..	153	<i>clorazepate dipotassium tab 7.5 mg</i> .	39
<i>clobetasol propionate gel 0.05%</i> .....	153	<i>clotrimazole troche 10 mg</i> .....	226
<i>clobetasol propionate lotion 0.05%</i> .	153	<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	146
<i>clobetasol propionate oint 0.05%</i> ...	153	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> .....	146
<i>clobetasol propionate shampoo 0.05%</i> .....	153	<i>clozapine orally disintegrating tab 100 mg</i> .....	108
<i>clobetasol propionate soln 0.05%</i> ...	153	<i>clozapine orally disintegrating tab 12.5 mg</i> .....	108
<i>clobetasol propionate spray 0.05%</i> .	153	<i>clozapine orally disintegrating tab 150 mg</i> .....	108
<i>CLOBEX LOT 0.05%</i> .....	153	<i>clozapine orally disintegrating tab 200 mg</i> .....	108
<i>CLOBEX SHA 0.05%</i> .....	153	<i>clozapine orally disintegrating tab 25 mg</i> .....	108
<i>CLOBEX SPR 0.05%</i> .....	153	<i>clozapine tab 100 mg</i> .....	108
<i>clocortolone pivalate cream 0.1%</i> ...	153	<i>clozapine tab 200 mg</i> .....	108
<i>CLODERM CRE 0.1%</i> .....	153	<i>clozapine tab 25 mg</i> .....	108
<i>clomiphene citrate tab 50 mg</i> .....	178		
<i>clomipramine hcl cap 25 mg</i> .....	60		
<i>clomipramine hcl cap 50 mg</i> .....	60		
<i>clomipramine hcl cap 75 mg</i> .....	60		
<i>clonazepam orally disintegrating tab 0.125 mg</i> .....	48		

<i>clozapine tab 50 mg</i> .....	108	COMPACT SPAC MIS LG MASK.....	218
CLOZARIL TAB 100MG .....	108	COMPACT SPAC MIS MD MASK.....	218
CLOZARIL TAB 200MG .....	108	COMPACT SPAC MIS SM MASK .....	218
CLOZARIL TAB 25MG .....	108	COMPLEAT LIQ CLS SYS .....	168
CLOZARIL TAB 50MG .....	108	COMPLEAT PED LIQ ORG BLND .....	168
C-NATE DHA CAP 28-1-200 .....	227	COMPLERA TAB.....	113
COAGUCHEK MIS LANCETS.....	204	COMTAN TAB 200MG .....	102
<i>coal tar soln 20%</i> .....	159	CO-NATAL FA TAB 29-1MG .....	227
COARTEM TAB 20-120MG.....	87	CONCEPT DHA CAP.....	227
COCAINE HCL SOL 40MG/ML.....	232	CONCEPT OB CAP.....	227
CODEINE SULF TAB 15MG .....	24	CONCERTA TAB 18MG .....	6
CODEINE SULF TAB 30MG .....	24	CONCERTA TAB 27MG .....	6
CODEINE SULF TAB 60MG .....	24	CONCERTA TAB 36MG .....	6
COLAZAL CAP 750MG .....	189	CONCERTA TAB 54MG .....	6
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<i>famotidine for susp 40 mg/5ml</i> .....	255	<i>fenofibrate micronized cap 134 mg</i> ...	74
<i>famotidine tab 40 mg</i> .....	255	<i>fenofibrate micronized cap 200 mg</i> ...	74
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FANAPT TAB 6MG .....	106	<i>fenofibrate tab 48 mg</i> .....	74
FANAPT TAB 8MG .....	106	<i>fenofibrate tab 54 mg</i> .....	74
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FASTCLIX MIS LANCETS.....	206	FENOPROFEN CAP 200MG .....	18
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FC2 FEMALE MIS CONDOM .....	201	<i>fantanyl citrate buccal tab 100 mcg</i>	
FC FEMALE MIS CONDOM .....	201	(base equiv) .....	24
<i>febuxostat tab 40 mg</i> .....	192	<i>fantanyl citrate buccal tab 200 mcg</i>	
<i>febuxostat tab 80 mg</i> .....	192	(base equiv) .....	24
<i>felbamate susp 600 mg/5ml</i> .....	53	<i>fantanyl citrate buccal tab 400 mcg</i>	
<i>felbamate tab 400 mg</i> .....	53	(base equiv) .....	25
<i>felbamate tab 600 mg</i> .....	53	<i>fantanyl citrate buccal tab 600 mcg</i>	
FELBATOL SUS 600/5ML .....	53	(base equiv) .....	25
FELBATOL TAB 400MG .....	53	<i>fantanyl citrate buccal tab 800 mcg</i>	
FELBATOL TAB 600MG .....	54	(base equiv) .....	25
FELDENE CAP 10MG .....	18	<i>fantanyl citrate lozenge on a handle</i>	
FELDENE CAP 20MG .....	18	1200 mcg.....	25
<i>felodipine tab er 24hr 10 mg</i> .....	126	<i>fantanyl citrate lozenge on a handle</i>	
<i>felodipine tab er 24hr 2.5 mg</i> .....	126	1600 mcg.....	25
<i>felodipine tab er 24hr 5 mg</i> .....	126	<i>fantanyl citrate lozenge on a handle</i>	
FEMARA TAB 2.5MG .....	92	200 mcg .....	25
FEMCAP MIS 22MM.....	201	<i>fantanyl citrate lozenge on a handle</i>	
FEMCAP MIS 26MM.....	201	400 mcg .....	25
FEMCAP MIS 30MM.....	201	<i>fantanyl citrate lozenge on a handle</i>	
FEMHRT TAB 0.5-2.5 .....	185	600 mcg .....	25
FEMRING MIS 0.05/24H .....	259	<i>fantanyl citrate lozenge on a handle</i>	
FEMRING MIS 0.1MG/24 .....	259	800 mcg .....	25
FENOFIB MICR CAP 30MG .....	74	<i>fantanyl td patch 72hr 100 mcg/hr</i> ...	25
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<i>fenofibrate cap 150 mg</i> .....	74	<i>fantanyl td patch 72hr 25 mcg/hr</i> .....	25
<i>fenofibrate cap 50 mg</i> .....	74	<i>fantanyl td patch 72hr 37.5 mcg/hr</i> ..	25

<i>fentanyl td patch 72hr 50 mcg/hr</i> .....25	<i>flecainide acetate tab 150 mg</i> .....40
<i>fentanyl td patch 72hr 62.5 mcg/hr</i> ..25	<i>flecainide acetate tab 50 mg</i> .....40
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<i>fentanyl td patch 72hr 87.5 mcg/hr</i> ..25	FLEXICHAMBER MIS .....219
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FENTORA TAB 200MCG .....25	FLEXICHAMBER MIS MASK SM .....219
FENTORA TAB 400MCG .....25	FLOLIPID SUS 20MG/5ML.....75
FENTORA TAB 600MCG .....25	FLOLIPID SUS 40MG/5ML.....75
FENTORA TAB 800MCG .....25	FLOMAX CAP 0.4MG.....192
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FERRIPROX TAB 500MG .....69	FLOVENT HFA AER 220MCG.....42
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FETZIMA CAP 40MG.....59	<i>fluconazole for susp 40 mg/ml</i> .....72
FETZIMA CAP 80MG.....59	<i>fluconazole tab 100 mg</i> .....72
FETZIMA CAP TITRATIO .....59	<i>fluconazole tab 150 mg</i> .....72
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FIBRICOR TAB 35MG .....74	(0.025%) .....232
FIFTY50 GLUC TES 2.0.....163	<i>fluocinolone acetonide (otic) oil 0.01%</i>
FIFTY50 PREP PAD PADS .....217	.....239
FIFTY50 SAFE MIS LANCETS .....206	<i>fluocinolone acetonide cream 0.01%</i>
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<i>finasteride tab 5 mg</i> .....192	.....154
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FINGERSTIX MIS LANCETS .....206	<i>oil)</i> .....154
FINTEPLA SOL 2.2MG/ML .....49	<i>fluocinolone acetonide oil 0.01% (scalp</i>
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<i>flavoxate hcl tab 100 mg</i> .....258	<i>fluocinonide soln 0.05%</i> .....154
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FLUOROPLEX CRE 1% .....	147	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluorouracil cream 0.5%</i> .....	147	<i>232-14 mcg/act</i> .....	44
<i>fluorouracil cream 5%</i> .....	147	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluorouracil soln 2%</i> .....	147	<i>250-50 mcg/dose</i> .....	44
<i>fluorouracil soln 5%</i> .....	147	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluoxetine hcl (pmdd) tab 10 mg</i> ....	247	<i>500-50 mcg/dose</i> .....	44
<i>fluoxetine hcl (pmdd) tab 20 mg</i> ....	247	<i>fluticasone-salmeterol aer powder ba</i>	
<i>fluoxetine hcl cap 10 mg</i> .....	57	<i>55-14 mcg/act</i> .....	44
<i>fluoxetine hcl cap 20 mg</i> .....	57	<i>fluvastatin sodium cap 20 mg (base</i>	
<i>fluoxetine hcl cap 40 mg</i> .....	57	<i>equivalent)</i> .....	75
<i>fluoxetine hcl cap delayed release 90</i>		<i>fluvastatin sodium cap 40 mg (base</i>	
<i>mg</i> .....	57	<i>equivalent)</i> .....	75
<i>fluoxetine hcl solution 20 mg/5ml</i> .....	57	<i>fluvastatin sodium tab er 24 hr 80 mg</i>	
<i>fluoxetine hcl tab 10 mg</i> .....	57	<i>(base equivalent)</i> .....	75
<i>fluoxetine hcl tab 20 mg</i> .....	57	<i>flvoxamine maleate cap er 24hr 100</i>	
<i>fluoxetine hcl tab 60 mg</i> .....	57	<i>mg</i> .....	57
<i>fluphenazine decanoate inj 25 mg/ml</i>		<i>flvoxamine maleate cap er 24hr 150</i>	
.....	110	<i>mg</i> .....	57
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ..	110	<i>flvoxamine maleate tab 100 mg</i> .....	57
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....	110	<i>flvoxamine maleate tab 25 mg</i> .....	57
<i>fluphenazine hcl oral conc 5 mg/ml</i> .....	110	<i>flvoxamine maleate tab 50 mg</i> .....	57
<i>fluphenazine hcl tab 10 mg</i> .....	110	FML FORTE SUS 0.25% OP .....	236
<i>fluphenazine hcl tab 1 mg</i> .....	110	FML LIQUIFLM SUS 0.1% OP.....	236
<i>fluphenazine hcl tab 2.5 mg</i> .....	110	FML OIN 0.1% OP .....	237
<i>fluphenazine hcl tab 5 mg</i> .....	110	FOCALIN TAB 10MG .....	7
<i>flurandrenolide cream 0.05%</i> .....	154	FOCALIN TAB 2.5MG .....	7
<i>flurandrenolide lotion 0.05%</i> .....	154	FOCALIN TAB 5MG .....	7
<i>flurazepam hcl cap 15 mg</i> .....	198	FOCALIN XR CAP 10MG .....	7
<i>flurazepam hcl cap 30 mg</i> .....	198	FOCALIN XR CAP 15MG .....	7
<i>flurbiprofen sodium ophth soln 0.03%</i>		FOCALIN XR CAP 20MG .....	7
.....	238	FOCALIN XR CAP 25MG .....	7
<i>flurbiprofen tab 100 mg</i> .....	18	FOCALIN XR CAP 30MG .....	7
<i>flurbiprofen tab 50 mg</i> .....	18	FOCALIN XR CAP 35MG .....	7
<i>flutamide cap 125 mg</i> .....	92	FOCALIN XR CAP 40MG .....	7
<i>fluticasone propionate cream 0.05%</i>		FOCALIN XR CAP 5MG .....	7
.....	154	<i>folic acid cap 0.8 mg</i> .....	195
<i>fluticasone propionate lotion 0.05%</i>	154	<i>folic acid-cholecalciferol tab 1 mg-3775</i>	
<i>fluticasone propionate nasal susp 50</i>		<i>unit</i> .....	197
<i>mcg/act</i> .....	232	<i>folic acid tab 1 mg</i> .....	195
<i>fluticasone propionate oint 0.005%</i> .....	154	<i>folic acid tab 400 mcg</i> .....	195
<i>fluticasone-salmeterol aer powder ba</i>		<i>folic acid tab 800 mcg</i> .....	195
<i>100-50 mcg/dose</i> .....	44	FOLIC-K CAP .....	227
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<i>113-14 mcg/act</i> .....	44	FOLLISTIM AQ INJ 600UNIT.....	178
		FOLLISTIM AQ INJ 900UNIT.....	178

<i>fondaparinux sodium subcutaneous inj</i> 10 mg/0.8ml .....	47	FORTISCARE SOL CNTL NML .....	207
<i>fondaparinux sodium subcutaneous inj</i> 2.5 mg/0.5ml .....	46	FORTISCARE TES BLD GLUC .....	163
<i>fondaparinux sodium subcutaneous inj</i> 5 mg/0.4ml .....	47	FOSAMAX + D TAB 70-2800 .....	177
<i>fondaparinux sodium subcutaneous inj</i> 7.5 mg/0.6ml .....	47	FOSAMAX + D TAB 70-5600 .....	177
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FORA BLOOD TES GLUCOSE .....	163	<i>fosamprenavir calcium tab 700 mg</i> (base equiv) .....	114
FORACARE GDH SOL HIGH .....	207	<i>fosfomycin tromethamine powd pack 3</i> gm (base equivalent) .....	36
FORACARE GDH SOL LOW .....	207	<i>fosinopril sodium &amp; hydrochlorothiazide</i> tab 10-12.5 mg .....	83
FORACARE GDH SOL NORMAL .....	207	<i>fosinopril sodium &amp; hydrochlorothiazide</i> tab 20-12.5 mg .....	83
FORACARE TES GD40 .....	163	<i>fosinopril sodium tab 10 mg</i> .....	78
FORACARE TES PREM V10 .....	163	<i>fosinopril sodium tab 20 mg</i> .....	78
FORACARE TES TST N GO .....	163	<i>fosinopril sodium tab 40 mg</i> .....	78
FORA CONTROL SOL HIGH .....	206	FOSRENOL CHW 1000MG .....	190
FORA CONTROL SOL LOW .....	206	FOSRENOL CHW 500MG .....	190
FORA CONTROL SOL NORMAL .....	206	FOSRENOL CHW 750MG .....	190
FORA D15G TES BLD GLUC .....	163	FOSRENOL POW 1000MG .....	190
FORA D20 TES BLD GLUC .....	163	FOSRENOL POW 750MG .....	190
FORA D40/G31 TES GLUCOSE .....	163	FOSTEUM CAP .....	169
FORA G20 TES BLD GLUC .....	163	FOSTEUM PLUS CAP .....	169
FORA G30/V10 TES BLD GLUC .....	163	FOTIVDA CAP 0.89MG .....	96
FORA GD20 TES BLD GLUC .....	163	FOTIVDA CAP 1.34MG .....	96
FORA GD50 TES .....	163	FRAGMIN INJ 10000/ML .....	47
FORA GTEL TES BLD GLUC .....	163	FRAGMIN INJ 12500UNT .....	47
FORA GTEL TES KETONE .....	163	FRAGMIN INJ 15000UNT .....	47
FORA LANCETS MIS 30G .....	206	FRAGMIN INJ 18000UNT .....	47
FORA MIS LANCETS .....	207	FRAGMIN INJ 2500/0.2 .....	47
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FORA TN'G TES TN'G VOI .....	163	FRAGMIN INJ 7500/0.3 .....	47
FORA V10 TES BLD GLUC .....	163	FRAGMIN INJ 95000UNT .....	47
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FORA V30A TES BLD GLUC .....	163	FREESTYLE MIS LANCETS .....	207
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<i>formaldehyde solution 10%</i> .....	112	FREESTYLE MIS UNISTICK .....	207
<i>formoterol fumarate soln nebu 20</i> mcg/2ml .....	44	FREESTYLE TES .....	164
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FORTAMET TAB 500MG .....	63	FREESTYLE TES LITE .....	164
FORTEO INJ 620/2.48 .....	177	FREESTYLE TES PREC NEO .....	164
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<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> .....	220	<i>galantamine hydrobromide tab 4 mg</i> .....	242
FULPHILA INJ 6/0.6ML .....	195	<i>galantamine hydrobromide tab 8 mg</i> .....	242
<i>furosemide oral soln 10 mg/ml</i> .....	176	<i>ganirelix acetate soln prefilled syringe</i> 250 mcg/0.5ml .....	179
<i>furosemide oral soln 8 mg/ml</i> .....	176	GANIRELIX AC INJ 250/0.5.....	179
<i>furosemide tab 20 mg</i> .....	176	GA POW .....	169
<i>furosemide tab 40 mg</i> .....	176	GASTROCROM CON 100/5ML .....	188
<i>furosemide tab 80 mg</i> .....	176	<i>gatifloxacin ophth soln 0.5%</i> .....	235
FUZEON INJ 90MG.....	114	GATTEX KIT 5MG .....	191
FYCOMPA SUS 0.5MG/ML .....	47	GAVRETO CAP 100MG.....	96
FYCOMPA TAB 10MG.....	48	GE100 BLOOD TES GLUCOSE .....	164
FYCOMPA TAB 12MG.....	48	GE100 CONTRL SOL NORMAL.....	207
FYCOMPA TAB 2MG .....	47	GEAMETDRAY GEL 5-2-17% .....	157
FYCOMPA TAB 4MG .....	47	GELFILM MIS OP .....	238
FYCOMPA TAB 6MG .....	47	GELNIQUE GEL 10% .....	257
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<b>G</b>		GEMTESA TAB 75MG.....	258
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G4 PLATINUM MIS RCV/SHAR .....	207	GENOTROPIN INJ 0.2MG .....	180
G4 PLATINUM MIS RECEIVER.....	207	GENOTROPIN INJ 0.4MG .....	180
G4 PLATINUM MIS TRANSMIT .....	207	GENOTROPIN INJ 0.6MG .....	180
G4 PLAT PED MIS RVC/SHAR .....	207	GENOTROPIN INJ 0.8MG .....	180
G4 SENSOR MIS.....	207	GENOTROPIN INJ 1.2MG .....	180
G5/G4 MIS SENSOR .....	207	GENOTROPIN INJ 1.4MG .....	180
GA-1 ANAMIX POW ERLY YRS .....	169	GENOTROPIN INJ 1.6MG .....	180
<i>gabapentin cap 100 mg</i> .....	49	GENOTROPIN INJ 1.8MG .....	180
<i>gabapentin cap 300 mg</i> .....	49	GENOTROPIN INJ 12MG .....	180
<i>gabapentin cap 400 mg</i> .....	49	GENOTROPIN INJ 1MG .....	180
<i>gabapentin oral soln 250 mg/5ml</i> .....	49	GENOTROPIN INJ 2MG .....	180
<i>gabapentin tab 600 mg</i> .....	50	GENOTROPIN INJ 5MG .....	180
<i>gabapentin tab 800 mg</i> .....	50	<i>gentamicin sulfate cream 0.1%</i> .....	145
GABITRIL TAB 12MG .....	54	<i>gentamicin sulfate oint 0.1%</i> .....	145
GABITRIL TAB 16MG .....	54	<i>gentamicin sulfate ophth oint 0.3%</i> .....	235
GABITRIL TAB 2MG .....	54	<i>gentamicin sulfate ophth soln 0.3%</i> .....	235
GABITRIL TAB 4MG .....	54	GENTEEL LANC KIT BLUE.....	207
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<i>galantamine hydrobromide cap er 24hr</i> 24 mg.....	242	GENTEEL PLUS MIS BLACK .....	207
<i>galantamine hydrobromide cap er 24hr</i> 8 mg.....	242	GENTEEL PLUS MIS BLUE .....	207
<i>galantamine hydrobromide oral soln 4</i> <i>mg/ml</i> .....	242	GENTEEL PLUS MIS PINK.....	207
<i>galantamine hydrobromide tab 12 mg</i> .....	242	GENTEEL PLUS MIS PURPLE .....	207
		GENTEEL PLUS MIS WHITE .....	207
		GENTEEL TIPS MIS BLUE .....	207
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GENTEEL TIPS MIS RAINBOW .....	208	GLOPERBA SOL 0.6/5ML.....	192
GENTEEL TIPS MIS VIOLET .....	208	GLUCAGEN INJ HYPOKIT .....	64
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GEODON CAP 40MG.....	106	GLUCERNA LIQ 1.2 CAL.....	169
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GEODON CAP 80MG.....	106	GLUCOCARD 01 LIQ NORM/HGH.....	208
GEODON INJ 20MG.....	106	GLUCOCARD 01 SOL NORMAL .....	208
GHT TEST TES STRIPS .....	164	GLUCOCARD 01 TES PLUS .....	164
GILENYA CAP 0.5MG .....	245	GLUCOCARD 01 TES SENSOR .....	164
GILOTRIF TAB 20MG .....	91	GLUCOCARD LIQ LEVEL 1 .....	208
GILOTRIF TAB 30MG .....	91	GLUCOCARD SOL NORMAL .....	208
GILOTRIF TAB 40MG .....	91	GLUCOCARD SOL SHINE .....	208
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<i>glatiramer acetate soln prefilled syringe</i> <i>20 mg/ml</i> .....	245	GLUCOCARD TES SHINE.....	164
<i>glatiramer acetate soln prefilled syringe</i> <i>40 mg/ml</i> .....	245	GLUCOCARD TES VITAL .....	164
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GLEOSTINE CAP 10MG.....	88	GLUCOCOM MIS 33G .....	208
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<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	62	GLUCO PERFEC TES 3 .....	164
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	62	GLUCOSE CONT LIQ HIGH/LOW .....	208
<i>glipizide-metformin hcl tab 5-500 mg</i>	62	GLUCOSE CONT SOL HIGH .....	208
<i>glipizide tab 10 mg</i> .....	68	GLUCOSE CONT SOL NORMAL.....	208
<i>glipizide tab 5 mg</i> .....	68	GLUCOSE CONT SOL PRECISIO .....	208
<i>glipizide tab er 24hr 10 mg</i> .....	68	GLUCOSE TES STRIPS.....	164
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<i>glyburide-metformin tab 5-500 mg</i> ...	62	GORDOFILM SOL .....	157
<i>glyburide micronized tab 1.5 mg</i> .....	68	GRALISE TAB 300MG .....	246
<i>glyburide micronized tab 3 mg</i> .....	68	GRALISE TAB 600MG .....	246
<i>glyburide micronized tab 6 mg</i> .....	68	<i>granisetron hcl tab 1 mg</i> .....	70
<i>glyburide tab 1.25 mg</i> .....	68	GRANIX INJ 300/0.5 .....	195
<i>glyburide tab 2.5 mg</i> .....	68	GRANIX INJ 480/0.8 .....	195
<i>glyburide tab 5 mg</i> .....	68	GRASTEK SUB 2800BAU .....	9
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GLYCOPYRROLA TAB 1.5MG .....	254	.....	71
<i>glycopyrrolate tab 1 mg</i> .....	254	<i>griseofulvin microsize tab 500 mg</i> ....	71
<i>glycopyrrolate tab 2 mg</i> .....	254	<i>griseofulvin ultramicrosize tab 125 mg</i>	
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GLYCOPYRROL INJ 0.4/2ML .....	254	<i>griseofulvin ultramicrosize tab 250 mg</i>	
GLYNASE TAB 1.5MG .....	68	.....	71
GLYNASE TAB 3MG .....	68	<i>guaifenesin-codeine liquid 225-7.5</i>	
GLYNASE TAB 6MG .....	68	<i>mg/5ml</i> .....	141
GLYROL LIQ PREBIO1 .....	169	<i>guaifenesin-codeine soln 100-10</i>	
GLYTACTIN POW RESTOR10 .....	169	<i>mg/5ml</i> .....	142
GLYTROL LIQ PREBIO1 .....	169	<i>guanfacine hcl tab 1 mg</i> .....	80
GLYXAMBI TAB 10-5 MG .....	62	<i>guanfacine hcl tab 2 mg</i> .....	80
GLYXAMBI TAB 25-5 MG .....	62	<i>guanfacine hcl tab er 24hr 1 mg (base</i>	
GNP ALCOHOL PAD SWABS .....	217	<i>equiv)</i> .....	5
GNP LANCETS MIS 21G .....	208	<i>guanfacine hcl tab er 24hr 2 mg (base</i>	
GNP LANCETS MIS THIN .....	208	<i>equiv)</i> .....	5
GNP LANCETS MIS THIN 26G .....	208	<i>guanfacine hcl tab er 24hr 3 mg (base</i>	
GOCOVRI CAP 137MG .....	103	<i>equiv)</i> .....	5
GOCOVRI CAP 68.5MG .....	103	<i>guanfacine hcl tab er 24hr 4 mg (base</i>	
GOJJI BLOOD TES GLUCOSE .....	164	<i>equiv)</i> .....	5
GOJJI BLOOD TES KETONE .....	164	GUANIDINE TAB 125MG .....	87
GOJJI CNTRL SOL NORMAL .....	208	GVOKE HYPO 1 INJ .5/.1ML .....	64
GOJJI LANCET MIS 30G .....	208	GVOKE HYPO 1 INJ 1MG/.2ML .....	64
GOJJI MIS LANC DEV .....	208	GVOKE HYPO 2 INJ .5/.1ML .....	64
GOJJI STRIPS MIS W/LANCET .....	164	GVOKE HYPO 2 INJ 1MG/.2ML .....	64
GOLYTELY SOL .....	199	GVOKE PFS INJ .....	64
GONAL-F INJ 1050UNIT .....	179	GNAZOLE-1 CRE 2% .....	259
GONAL-F INJ 450UNIT .....	178	GYNOL II GEL 3% .....	258
GONAL-F RFF INJ 300/0.5 .....	179	<b>H</b>	
GONAL-F RFF INJ 450/0.75 .....	179	HAEGARDA INJ 2000UNIT .....	193
GONAL-F RFF INJ 75UNIT .....	179	HAEGARDA INJ 3000UNIT .....	193
GONAL-F RFF INJ 900/1.5 .....	179	HAEMOLANCE MIS HIGH FLO .....	208
GONITRO POW 400MCG .....	37	HAEMOLANCE MIS LOW FLOW .....	208
GOODSENSE MIS LANC 26G .....	208	HAEMOLANCE MIS PLUS .....	208

HAEMOLANCE MIS PLUS LOW .....	209	HEPARIN SOD INJ 5000/0.5 .....	47
HAEMOLANCE MIS PLUS MAX.....	209	HEPARIN SOD INJ 5000/ML.....	47
HAEMOLANCE MIS PLUS PED .....	209	<i>heparin sodium (porcine) inj 10000</i>	
HAEMOLANCE MIS RETRACT .....	209	<i>unit/ml .....</i>	47
<i>halcinonide cream 0.1%.....</i>	155	<i>heparin sodium (porcine) inj 1000</i>	
HALCION TAB 0.25MG.....	198	<i>unit/ml .....</i>	47
HALDOL DECAN INJ 100MG/ML .....	108	<i>heparin sodium (porcine) inj 20000</i>	
HALDOL DECAN INJ 50MG/ML.....	108	<i>unit/ml .....</i>	47
HALDOL INJ 5MG/ML .....	108	<i>heparin sodium (porcine) inj 5000</i>	
HALOBETASOL AER 0.05% .....	155	<i>unit/ml .....</i>	47
<i>halobetasol propionate cream 0.05%</i>		<i>heparin sodium (porcine) pf inj 5000</i>	
.....	155	<i>unit/0.5ml.....</i>	47
<i>halobetasol propionate oint 0.05%</i>	155	HEPSERA TAB 10MG .....	120
HALOG CRE 0.1%.....	155	HETLIOZ CAP 20MG.....	199
HALOG OIN 0.1%.....	155	HETLIOZ LQ SUS 4MG/ML .....	199
HALOG SOL 0.1%.....	155	HIPREX TAB 1GM .....	36
<i>haloperidol decanoate im soln 100</i>		HIXDEFRIMA SOL 8-1-1% .....	146
<i>mg/ml.....</i>	108	HLTHY ACCNTS MIS LANC 30G.....	209
<i>haloperidol decanoate im soln 50</i>		HM INSULIN S MIS 0.3/31G.....	218
<i>mg/ml.....</i>	108	HM INSULIN S MIS 1ML/30G.....	218
<i>haloperidol lactate inj 5 mg/ml.....</i>	108	HM STERILE PAD ALCHOL.....	217
<i>haloperidol lactate oral conc 2 mg/ml</i>		HOLD CHAMBER MIS ADLT LG.....	219
.....	108	HOLD CHAMBER MIS MEDIUM.....	219
<i>haloperidol tab 0.5 mg.....</i>	108	HOLD CHAMBER MIS SMALL .....	219
<i>haloperidol tab 10 mg.....</i>	108	HOM 2 POW.....	169
<i>haloperidol tab 1 mg.....</i>	108	HOMACTIN AA LIQ PLUS.....	169
<i>haloperidol tab 20 mg.....</i>	108	HOMINEX-1 POW .....	169
<i>haloperidol tab 2 mg.....</i>	108	HOMINEX-2 POW .....	169
<i>haloperidol tab 5 mg.....</i>	108	HORIZANT TAB 300MG ER.....	247
HARMONY TES BLD GLUC .....	164	HORIZANT TAB 600MG ER.....	247
HARVONI PAK.....	120	HUMALOG INJ 100/ML .....	66
HARVONI PAK 45-200MG .....	120	HUMALOG JR INJ 100/ML .....	66
HARVONI TAB 45-200MG .....	120	HUMALOG KWIK INJ 100/ML.....	66
HARVONI TAB 90-400MG .....	120	HUMALOG KWIK INJ 200/ML.....	66
HC LANCING MIS DEVICE.....	209	HUMALOG MIX INJ 50/50 .....	66
HCU ANAMIX POW ERLY YRS .....	169	HUMALOG MIX INJ 50/50KWP.....	66
HCU EXP20 PAK UNFLAVOR .....	169	HUMALOG MIX INJ 75/25KWP.....	66
HCU EXPRESS PAK .....	169	HUMALOG MIX SUS 75/25.....	66
HCY 2 POW .....	169	HUMATROPE INJ 12MG.....	180
HELIDAC MIS THERAPY .....	257	HUMATROPE INJ 24MG.....	180
HEMADY TAB 20MG .....	140	HUMATROPE INJ 5MG .....	180
HEMANGEOL SOL 4.28/ML .....	123	HUMATROPE INJ 6MG .....	180
HEMLIBRA INJ 105/0.7 .....	193	HUMIRA INJ 10/0.1ML .....	10
HEMLIBRA INJ 150/ML .....	193	HUMIRA INJ 20/0.2ML .....	10
HEMLIBRA INJ 30MG/ML .....	193	HUMIRA INJ 40/0.4ML .....	11
HEMLIBRA INJ 60/0.4 .....	193	HUMIRA KIT 40MG/0.8 .....	11

HUMIRA PEDIA INJ CROHNS .....	11	<i>hydrocodone bitartrate cap er 12hr 15 mg</i> .....	25
HUMIRA PEN INJ 40/0.4ML .....	11	<i>hydrocodone bitartrate cap er 12hr 20 mg</i> .....	25
HUMIRA PEN INJ 40MG/0.8 .....	12	<i>hydrocodone bitartrate cap er 12hr 30 mg</i> .....	25
HUMIRA PEN INJ 80/0.8ML .....	12	<i>hydrocodone bitartrate cap er 12hr 40 mg</i> .....	26
HUMIRA PEN INJ CD/UC/HS.....	12	<i>hydrocodone bitartrate cap er 12hr 50 mg</i> .....	26
HUMIRA PEN INJ PS/UV .....	12	<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> .....	26
HUMIRA PEN KIT CD/UC/HS .....	13	<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> .....	26
HUMIRA PEN KIT PED UC .....	13	<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> .....	26
HUMULIN INJ 70/30 .....	66	<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> .....	26
HUMULIN INJ 70/30KWP .....	66	<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> .....	26
HUMULIN N INJ U-100 .....	66	<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> .....	26
HUMULIN N INJ U-100KWP.....	66	<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> .....	26
HUMULIN R INJ U-100 .....	66	<i>hydrocodone-ibuprofen tab 10-200 mg</i> .....	30
HUMULIN R INJ U-500 .....	66	<i>hydrocodone-ibuprofen tab 5-200 mg</i> .....	30
HW EMBRACE TES PRO .....	164	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	30
HW EMBRACE TES STRIPS.....	165	<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i> .....	141
HYCANTIN CAP 0.25MG.....	102	<i>hydrocodone w/ homatropine tab 5-1.5 mg</i> .....	141
HYCANTIN CAP 1MG .....	102	<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> .....	142
HYCODAN SYP 5-1.5/5.....	141	<i>hydrocortisone acetate suppos 25 mg</i> .....	34
<i>hydralazine hcl tab 100 mg</i> .....	87	<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i> .....	34
<i>hydralazine hcl tab 10 mg</i> .....	86	<i>hydrocortisone butyrate cream 0.1%</i> .....	155
<i>hydralazine hcl tab 25 mg</i> .....	86	<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> .....	155
<i>hydralazine hcl tab 50 mg</i> .....	86	<i>hydrocortisone butyrate lotion 0.1%</i> .....	155
HYDREA CAP 500MG .....	101		
HYDRO/ACETA SOL 10-325MG.....	30		
<i>hydrochlorothiazide cap 12.5 mg</i> ....	177		
<i>hydrochlorothiazide tab 12.5 mg</i> ....	177		
<i>hydrochlorothiazide tab 25 mg</i> .....	177		
<i>hydrochlorothiazide tab 50 mg</i> .....	177		
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	30		
<i>hydrocodone-acetaminophen tab 10-300 mg</i> .....	30		
<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	30		
<i>hydrocodone-acetaminophen tab 5-300 mg</i> .....	30		
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	30		
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> .....	30		
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	30		
<i>hydrocodone bitartrate cap er 12hr 10 mg</i> .....	25		

<i>hydrocortisone butyrate oint 0.1%</i> ..155	<i>hyoscyamine sulfate tab 0.125 mg</i> .255
<i>hydrocortisone butyrate soln 0.1%</i> .155	<i>hyoscyamine sulfate tab disint 0.125</i>
<i>hydrocortisone cream 2.5%</i> .....155	<i>mg</i> .....255
<i>hydrocortisone enema 100 mg/60ml</i> .34	<i>hyoscyamine sulfate tab er 12hr 0.375</i>
<i>hydrocortisone lotion 2.5%</i> .....155	<i>mg</i> .....255
<i>hydrocortisone lotion 2%</i> .....155	HYPERSAL NEB 3.5% .....142
<i>hydrocortisone oint 2.5%</i> .....155	HYPERSAL NEB 7%.....142
<i>hydrocortisone perianal cream 1%</i> ...34	HYPOLANCE KIT LANCING .....209
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<i>hydrocortisone tab 10 mg</i> .....140	HYSINGLA ER TAB 120 MG .....26
<i>hydrocortisone tab 20 mg</i> .....140	HYSINGLA ER TAB 20 MG .....26
<i>hydrocortisone tab 5 mg</i> .....140	HYSINGLA ER TAB 30 MG .....26
<i>hydrocortisone valerate cream 0.2%</i>	HYSINGLA ER TAB 40 MG .....26
.....155	HYSINGLA ER TAB 60 MG .....26
<i>hydrocortisone valerate oint 0.2%</i> ..155	HYSINGLA ER TAB 80 MG .....26
<i>hydrocortisone w/ acetic acid otic soln</i>	HYZAAR TAB 100-12.5.....83
<i>1-2%</i> .....239	HYZAAR TAB 100-25 .....83
<i>hydrogen peroxide soln 30%</i> .....112	HYZAAR TAB 50-12.5 .....83
<i>hydromorphone hcl liqd 1 mg/ml</i> .....26	<b>I</b>
<i>hydromorphone hcl tab 2 mg</i> .....26	<i>ibandronate sodium tab 150 mg (base</i>
<i>hydromorphone hcl tab 4 mg</i> .....26	<i>equivalent)</i> .....177
<i>hydromorphone hcl tab 8 mg</i> .....26	IBRANCE CAP 100MG .....96
<i>hydromorphone hcl tab er 24hr 12 mg</i>	IBRANCE CAP 125MG .....96
.....26	IBRANCE CAP 75MG .....96
<i>hydromorphone hcl tab er 24hr 16 mg</i>	IBRANCE TAB 100MG .....96
.....26	IBRANCE TAB 125MG .....96
<i>hydromorphone hcl tab er 24hr 32 mg</i>	IBRANCE TAB 75MG .....96
.....26	<i>ibuprofen tab 400 mg</i> .....18
<i>hydromorphone hcl tab er 24hr 8 mg</i> 26	<i>ibuprofen tab 600 mg</i> .....18
HYDROMORPHON SUP 3MG .....26	<i>ibuprofen tab 800 mg</i> .....18
<i>hydroxychloroquine sulfate tab 200 mg</i>	<i>icatibant acetate inj 30 mg/3ml (base</i>
.....87	<i>equivalent)</i> .....193
<i>hydroxyurea cap 500 mg</i> .....101	ICLUSIG TAB 10MG .....96
<i>hydroxyzine hcl syrup 10 mg/5ml</i> .....38	ICLUSIG TAB 15MG .....96
<i>hydroxyzine hcl tab 10 mg</i> .....38	ICLUSIG TAB 30MG .....96
<i>hydroxyzine hcl tab 25 mg</i> .....38	ICLUSIG TAB 45MG .....96
<i>hydroxyzine hcl tab 50 mg</i> .....38	<i>icosapent ethyl cap 1 gm</i> .....73
<i>hydroxyzine pamoate cap 100 mg</i> ...38	IDHIFA TAB 100MG .....97
<i>hydroxyzine pamoate cap 25 mg</i> .....38	IDHIFA TAB 50MG .....97
<i>hydroxyzine pamoate cap 50 mg</i> .....38	IGLUCOSE TES.....165
<i>hyoscyamine sulfate elixir 0.125</i>	ILEVRO DRO 0.3% OP.....238
<i>mg/5ml</i> .....254	<i>imatinib mesylate tab 100 mg (base</i>
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	<i>equivalent)</i> .....97
.....254	<i>imatinib mesylate tab 400 mg (base</i>
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	<i>equivalent)</i> .....97
.....254	IMBRUVICA CAP 140MG .....97





INTRON A INJ 25MU .....	101	<i>irbesartan-hydrochlorothiazide tab</i>	
INTRON A INJ 50MU .....	101	300-12.5 mg .....	83
INTUNIV TAB 1MG .....	5	<i>irbesartan tab 150 mg</i> .....	79
INTUNIV TAB 2MG .....	5	<i>irbesartan tab 300 mg</i> .....	79
INTUNIV TAB 3MG .....	5	<i>irbesartan tab 75 mg</i> .....	79
INTUNIV TAB 4MG .....	5	IRESSA TAB 250MG.....	91
INVEGA SUST INJ 117/0.75 .....	107	ISENTRESS CHW 100MG .....	115
INVEGA SUST INJ 156MG/ML.....	107	ISENTRESS CHW 25MG.....	115
INVEGA SUST INJ 234/1.5 .....	107	ISENTRESS HD TAB 600MG .....	115
INVEGA SUST INJ 39/0.25.....	106	ISENTRESS POW 100MG .....	115
INVEGA SUST INJ 78/0.5ML.....	107	ISENTRESS TAB 400MG .....	115
INVEGA TAB 1.5MG .....	107	<i>isoniazid syrup 50 mg/5ml</i> .....	88
INVEGA TAB 3MG .....	107	<i>isoniazid tab 100 mg</i> .....	88
INVEGA TAB 6MG .....	107	<i>isoniazid tab 300 mg</i> .....	88
INVEGA TAB 9MG .....	107	ISOPTO ATROP SOL 1% OP .....	234
INVEGA TRINZ INJ 273MG .....	107	ISOPTO CARP SOL 1% OP .....	234
INVEGA TRINZ INJ 410MG .....	107	ISOPTO CARP SOL 2% OP .....	234
INVEGA TRINZ INJ 546MG .....	107	ISOPTO CARP SOL 4% OP .....	234
INVEGA TRINZ INJ 819MG .....	107	ISORDIL TAB 40MG.....	37
INVELTYS SUS 1% .....	237	ISORDIL TAB 5MG.....	37
INVIRASE TAB 500MG.....	115	<i>isosorbide dinitrate tab 10 mg</i> .....	37
INVOKAMET TAB 150-1000 .....	62	<i>isosorbide dinitrate tab 20 mg</i> .....	37
INVOKAMET TAB 150-500 .....	62	<i>isosorbide dinitrate tab 30 mg</i> .....	37
INVOKAMET TAB 50-1000 .....	62	<i>isosorbide dinitrate tab 40 mg</i> .....	37
INVOKAMET TAB 50-500MG .....	62	<i>isosorbide dinitrate tab 5 mg</i> .....	37
INVOKAMET XR TAB 150-1000.....	62	<i>isosorbide mononitrate tab 10 mg</i> ....	37
INVOKAMET XR TAB 150-500 .....	62	<i>isosorbide mononitrate tab 20 mg</i> ....	37
INVOKAMET XR TAB 50-1000 .....	62	<i>isosorbide mononitrate tab er 24hr 120</i>	
INVOKAMET XR TAB 50-500MG.....	62	mg .....	37
INVOKANA TAB 100MG .....	67	<i>isosorbide mononitrate tab er 24hr 30</i>	
INVOKANA TAB 300MG .....	68	mg .....	37
<i>iodoquinol-hc cream 1-1%</i> .....	146	<i>isosorbide mononitrate tab er 24hr 60</i>	
<i>iodoquinol-hydrocortisone in aloe</i>		mg .....	37
<i>vehicle cream 1-1.9%</i> .....	146	ISOSOURCE HN LIQ.....	170
IOPIDINE SOL 1% OP .....	234	ISOSOURCE LIQ.....	170
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>isotretinoin cap 10 mg</i> .....	144
<i>2.5(3) mg/3ml</i> .....	44	<i>isotretinoin cap 20 mg</i> .....	144
<i>ipratropium bromide inhal soln 0.02%</i>		<i>isotretinoin cap 30 mg</i> .....	144
.....	41	<i>isotretinoin cap 40 mg</i> .....	144
<i>ipratropium bromide nasal soln 0.03%</i>		ISOVACTIN AA LIQ PLUS .....	170
<i>(21 mcg/spray)</i> .....	232	<i>isradipine cap 2.5 mg</i> .....	126
<i>ipratropium bromide nasal soln 0.06%</i>		<i>isradipine cap 5 mg</i> .....	126
<i>(42 mcg/spray)</i> .....	232	ISTALOL SOL 0.5% OP.....	233
<i>irbesartan-hydrochlorothiazide tab</i>		ISTURISA TAB 10MG .....	177
150-12.5 mg .....	83	ISTURISA TAB 1MG .....	177
		ISTURISA TAB 5MG .....	177

<i>itraconazole cap 100 mg</i> .....	72	JUBLIA SOL 10%.....	146
<i>itraconazole oral soln 10 mg/ml</i> .....	72	JULUCA TAB 50-25MG.....	115
IVA ANAMIX POW ERLY YRS.....	170	JUXTAPID CAP 10MG .....	77
I-VALEX-1 POW.....	169	JUXTAPID CAP 20MG .....	77
I-VALEX-2 POW.....	169	JUXTAPID CAP 30MG .....	77
<i>ivermectin lotion 0.5%</i> .....	159	JUXTAPID CAP 5MG.....	76
<i>ivermectin tab 3 mg</i> .....	34	JYNARQUE PAK 30-15MG.....	184
<b>J</b>		JYNARQUE PAK 45-15MG.....	184
JADENU SPRKL GRA 180MG.....	69	JYNARQUE PAK 60-30MG.....	184
JADENU SPRKL GRA 360MG.....	69	JYNARQUE PAK 90-30MG.....	184
JADENU SPRKL GRA 90MG .....	69	JYNARQUE TAB 15MG .....	184
JADENU TAB 180MG .....	69	JYNARQUE TAB 30MG .....	184
JADENU TAB 360MG .....	69	<b>K</b>	
JADENU TAB 90MG.....	69	KALBITOR INJ 10MG/ML.....	193
JAKAFI TAB 10MG .....	97	KALETRA SOL .....	115
JAKAFI TAB 15MG .....	97	KALETRA TAB 100-25MG .....	115
JAKAFI TAB 20MG .....	97	KALETRA TAB 200-50MG .....	115
JAKAFI TAB 25MG .....	97	KALYDECO PAK 25MG .....	248
JAKAFI TAB 5MG.....	97	KALYDECO PAK 50MG .....	248
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JANUMET XR TAB 50-1000 .....	62	KAPSPARGO CAP 25MG .....	122
JANUMET XR TAB 50-500MG.....	62	KAPSPARGO CAP 50MG .....	123
JANUVIA TAB 100MG .....	65	KAPVAY TAB 0.1 MG.....	5
JANUVIA TAB 25MG.....	64	KARBINAL ER SUS 4MG/5ML.....	72
JANUVIA TAB 50MG.....	64	KATERZIA SUS 1MG/ML .....	126
JARDIANCE TAB 10MG .....	68	KAZANO 12.5- TAB 1000MG .....	62
JARDIANCE TAB 25MG .....	68	KAZANO 12.5- TAB 500MG.....	62
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JATENZO CAP 198MG .....	33	KENALOG AER SPRAY .....	155
JATENZO CAP 237MG .....	33	KEPPRA SOL 100MG/ML.....	50
JENLIVA CAP .....	227	KEPPRA TAB 1000MG.....	50
JENTADUETO TAB 2.5-1000.....	62	KEPPRA TAB 250MG .....	50
JENTADUETO TAB 2.5-500 .....	62	KEPPRA TAB 500MG .....	50
JENTADUETO TAB 2.5-850 .....	62	KEPPRA TAB 750MG .....	50
JENTADUETO TAB XR.....	62	KEPPRA XR TAB 500MG.....	50
JEVITY 1.2 LIQ CAL .....	170	KEPPRA XR TAB 750MG.....	50
JEVITY 1.5 LIQ CAL .....	170	KERENDIA TAB 10MG.....	183
JEVITY 1 CAL LIQ .....	170	KERENDIA TAB 20MG.....	183
JORNAY PM CAP 100MG ER .....	7	KERYDIN SOL 5%.....	146
JORNAY PM CAP 20MG ER .....	7	KESIMPTA INJ 20/.4ML .....	245
JORNAY PM CAP 40MG ER .....	7	<i>ketoconazole cream 2%</i> .....	146
JORNAY PM CAP 60MG ER.....	7	<i>ketoconazole foam 2%</i> .....	146
JORNAY PM CAP 80MG ER .....	7	<i>ketoconazole shampoo 2%</i> .....	146

<i>ketoconazole tab 200 mg</i> .....	72	KRINTAFEL TAB 150MG.....	87
KETO-DIASTIX TES.....	165	KRISTALOSE PAK 10GM .....	200
KETONE TES.....	165	KRISTALOSE PAK 20GM .....	200
KETONE TEST TES.....	165	KROGER BLOOD TES GLUCOSE .....	165
KETONEX-1 POW.....	170	KROGER LANCE MIS .....	209
KETONEX-2 POW.....	170	KROGER LANCE MIS 26G.....	209
<i>ketoprofen cap 25 mg</i> .....	18	KROGER LANCE MIS THIN .....	209
<i>ketoprofen cap 50 mg</i> .....	18	KROGER LANCE MIS THIN 30G.....	209
<i>ketoprofen cap 75 mg</i> .....	18	KROGER TES .....	165
<i>ketoprofen cap er 24hr 200 mg</i> .....	18	K-TAB TAB 10MEQ CR.....	223
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<i>0.4%</i> .....	238	K-TAB TAB 8MEQ CR.....	222
<i>ketorolac tromethamine ophth soln</i>		KUVAN POW 100MG .....	181
<i>0.5%</i> .....	238	KUVAN POW 500MG .....	181
<i>ketorolac tromethamine tab 10 mg</i> ...	18	KUVAN TAB 100MG.....	181
KETOR TROMET SPR 15.75MG .....	18	KYNMOBI MIS 10MG.....	103
KETOSTIX TES STRIP.....	165	KYNMOBI MIS 15MG.....	103
KEVEYIS TAB 50MG .....	175	KYNMOBI MIS 20MG.....	103
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KEVZARA INJ 200/1.14.....	17	KYNMOBI MIS 30MG .....	103
KINERET INJ .....	16	<b>L</b>	
KINNEY MIS LANCETS.....	209	<i>labetalol hcl tab 100 mg</i> .....	122
KINNEY THIN MIS LANCETS.....	209	<i>labetalol hcl tab 200 mg</i> .....	122
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KISQALI 400 PAK FEMARA.....	94	LACRISERT MIS 5MG OP .....	233
KISQALI 600 PAK FEMARA.....	94	LACTIC ACID LOT 10% .....	157
KISQALI TAB 200DOSE.....	97	<i>lactulose (encephalopathy) solution 10</i>	
KISQALI TAB 400DOSE.....	97	<i>gm/15ml</i> .....	189
KISQALI TAB 600DOSE.....	97	LACTULOSE PAK 10GM.....	200
KITABIS PAK NEB 300/5ML .....	10	<i>lactulose solution 10 gm/15ml</i> .....	200
KLARITY-A DRO 1%.....	235	LAMICTAL CHW 25MG.....	50
KLARITY-L DRO 0.2% .....	237	LAMICTAL CHW 5MG .....	50
KLARITY-L DRO 0.5% .....	237	LAMICTAL KIT START 35 .....	50
KLARON LOT 10% .....	144	LAMICTAL KIT START 49 .....	50
KLISYRI OIN 1% .....	147	LAMICTAL KIT START 98 .....	50
KLONOPIN TAB 0.5MG .....	48	LAMICTAL KIT START 98 .....	50
KLONOPIN TAB 1MG .....	48	LAMICTAL ODT KIT.....	50
KLONOPIN TAB 2MG .....	48	LAMICTAL ODT TAB 100MG .....	50
KOMBIGLYZ XR TAB 2.5-1000.....	62	LAMICTAL ODT TAB 200MG .....	50
KOMBIGLYZ XR TAB 5-1000MG.....	62	LAMICTAL ODT TAB 25MG .....	50
KOMBIGLYZ XR TAB 5-500MG.....	62	LAMICTAL ODT TAB 50MG .....	50
KORLYM TAB 300MG.....	64	LAMICTAL TAB 100MG .....	50
KOSELUGO CAP 10MG .....	97	LAMICTAL TAB 150MG .....	50
KOSELUGO CAP 25MG .....	97	LAMICTAL TAB 200MG .....	50
KOSHR PRENAT TAB 30-1MG .....	227	LAMICTAL TAB 25MG .....	50
K-PHOS TAB NO 2 .....	191	LAMICTAL XR KIT.....	50
		LAMICTAL XR TAB 100MG .....	50

LAMICTAL XR TAB 200MG .....	50	LANCET DEVIC MIS 30G .....	209
LAMICTAL XR TAB 250MG .....	50	LANCET DEVIC MIS ADJUST.....	209
LAMICTAL XR TAB 25MG .....	50	LANCET MICRO MIS THIN 33G .....	209
LAMICTAL XR TAB 300MG .....	50	LANCETS MICR MIS THIN 33G.....	209
LAMICTAL XR TAB 50MG .....	50	LANCETS MIS .....	209
<i>lamivudine oral soln 10 mg/ml .....</i>	<i>115</i>	LANCETS MIS 21G .....	209
<i>lamivudine tab 100 mg (hbv).....</i>	<i>120</i>	LANCETS MIS 21G COLR .....	209
<i>lamivudine tab 150 mg .....</i>	<i>115</i>	LANCETS MIS 28G .....	209
<i>lamivudine tab 300 mg .....</i>	<i>115</i>	LANCETS MIS 30G .....	209
<i>lamivudine-zidovudine tab 150-300 mg</i>	<i>115</i>	LANCETS MIS 33G .....	209
<i>.....</i>	<i>115</i>	LANCETS MIS ORANGE.....	209
<i>lamotrigine orally disintegrating tab</i>		LANCETS MIS ORIGINAL .....	209
<i>100 mg .....</i>	<i>50</i>	LANCETS MIS THIN .....	210
<i>lamotrigine orally disintegrating tab</i>		LANCETS MIS THIN 26G.....	210
<i>200 mg .....</i>	<i>50</i>	LANCETS MIS THIN 30G.....	210
<i>lamotrigine orally disintegrating tab 25</i>		LANCETS SUPR MIS THIN 28G .....	210
<i>mg .....</i>	<i>50</i>	LANCET STAND MIS 21G .....	209
<i>lamotrigine orally disintegrating tab 50</i>		LANCETS THIN MIS .....	210
<i>mg .....</i>	<i>50</i>	LANCETS THIN MIS 26G.....	210
<i>lamotrigine tab 100 mg.....</i>	<i>51</i>	LANCETS ULTR MIS THIN .....	210
<i>lamotrigine tab 150 mg.....</i>	<i>51</i>	LANCET SUPER MIS THIN 30G.....	209
<i>lamotrigine tab 200 mg.....</i>	<i>51</i>	LANCET ULTRA MIS 28G.....	209
<i>lamotrigine tab 25 mg .....</i>	<i>50</i>	LANCET ULTRA MIS THIN 30G.....	209
<i>lamotrigine tab 25 mg (42) &amp; 100 mg</i>		LANCET WITH MIS EJECTOR .....	209
<i>(7) starter kit.....</i>	<i>50</i>	LANCING DEVI MIS .....	210
<i>lamotrigine tab 35 x 25 mg starter kit</i>		LANCING DEVI MIS 25G .....	210
<i>.....</i>	<i>50</i>	LANCING DEVI MIS 30G .....	210
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100</i>		LANCING MIS DEVICE.....	210
<i>mg starter kit .....</i>	<i>51</i>	LANOXIN TAB 0.0625MG .....	128
<i>lamotrigine tab chewable dispersible 25</i>		LANOXIN TAB 0.125MG.....	128
<i>mg .....</i>	<i>51</i>	LANOXIN TAB 0.25MG.....	128
<i>lamotrigine tab chewable dispersible 5</i>		<i>lansoprazole cap delayed release 15</i>	
<i>mg .....</i>	<i>51</i>	<i>mg .....</i>	<i>256</i>
<i>lamotrigine tab disint 25 (14) &amp; 50 mg</i>		<i>lansoprazole cap delayed release 30</i>	
<i>(14) &amp; 100 mg (7) kit .....</i>	<i>51</i>	<i>mg .....</i>	<i>256</i>
<i>lamotrigine tab er 24hr 100 mg .....</i>	<i>51</i>	<i>lansoprazole tab delayed release orally</i>	
<i>lamotrigine tab er 24hr 200 mg .....</i>	<i>51</i>	<i>disintegrating 15 mg.....</i>	<i>256</i>
<i>lamotrigine tab er 24hr 250 mg .....</i>	<i>51</i>	<i>lansoprazole tab delayed release orally</i>	
<i>lamotrigine tab er 24hr 25 mg .....</i>	<i>51</i>	<i>disintegrating 30 mg.....</i>	<i>256</i>
<i>lamotrigine tab er 24hr 300 mg .....</i>	<i>51</i>	<i>lanthanum carbonate chew tab 1000</i>	
<i>lamotrigine tab er 24hr 50 mg .....</i>	<i>51</i>	<i>mg (elemental) .....</i>	<i>190</i>
LAMPIT TAB 120MG.....	35	<i>lanthanum carbonate chew tab 500 mg</i>	
LAMPIT TAB 30MG.....	35	<i>(elemental).....</i>	<i>190</i>
LANAFLEX PAK.....	170	<i>lanthanum carbonate chew tab 750 mg</i>	
LANCET AUTO MIS INJECTOR.....	209	<i>(elemental).....</i>	<i>190</i>
LANCET CARRY MIS CASE.....	209	LANTUS INJ 100/ML .....	66

LANTUS SOLOS INJ 100/ML.....	66	<i>lev</i> albuterol hcl soln nebu conc 1.25	
LANZO MIS LANCING.....	210	mg/0.5ml (base equiv) .....	44
<i>lapatinib ditosylate tab 250 mg (base</i>		<i>lev</i> albuterol tartrate inhal aerosol 45	
<i>equiv)</i> .....	98	mcg/act (base equiv) .....	44
LASIX TAB 20MG.....	176	LEVBID TAB 0.375 ER.....	255
LASIX TAB 40MG.....	176	LEVEMIR INJ .....	66
LASIX TAB 80MG.....	176	LEVEMIR INJ FLEXTOUC.....	66
LASTACRAFT SOL 0.25%.....	238	<i>levetiracetam oral soln 100 mg/ml</i> ...	51
<i>latanoprost ophth soln 0.005%</i> .....	238	<i>levetiracetam tab 1000 mg</i> .....	51
LATUDA TAB 120MG .....	106	<i>levetiracetam tab 250 mg</i> .....	51
LATUDA TAB 20MG .....	106	<i>levetiracetam tab 500 mg</i> .....	51
LATUDA TAB 40MG .....	106	<i>levetiracetam tab 750 mg</i> .....	51
LATUDA TAB 60MG .....	106	<i>levetiracetam tab er 24hr 500 mg</i> ....	51
LATUDA TAB 80MG .....	106	<i>levetiracetam tab er 24hr 750 mg</i> ....	51
LAZANDA SPR 100MCG.....	26	LEVITRA TAB 10MG .....	130
LAZANDA SPR 400MCG.....	26	LEVITRA TAB 20MG .....	130
LB LANCET MIS 28G .....	210	<i>levobunolol hcl ophth soln 0.5%</i> .....	233
LB LANCING MIS DEVICE .....	210	<i>levocarnitine oral soln 1 gm/10ml</i>	
<i>leflunomide tab 10 mg</i> .....	20	(10%).....	181
<i>leflunomide tab 20 mg</i> .....	20	<i>levocarnitine tab 330 mg</i> .....	182
LENVIMA CAP 10 MG .....	90	<i>levofloxacin ophth soln 0.5%</i> .....	235
LENVIMA CAP 12MG .....	90	<i>levofloxacin oral soln 25 mg/ml</i> .....	187
LENVIMA CAP 14 MG .....	90	<i>levofloxacin tab 250 mg</i> .....	187
LENVIMA CAP 18 MG .....	90	<i>levofloxacin tab 500 mg</i> .....	187
LENVIMA CAP 20 MG .....	90	<i>levofloxacin tab 750 mg</i> .....	187
LENVIMA CAP 24 MG .....	90	<i>levonor-eth est tab 0.15-</i>	
LENVIMA CAP 4MG.....	90	0.02/0.025/0.03 mg &eth est 0.01	
LENVIMA CAP 8 MG .....	90	mg .....	136
LESCOL XL TAB 80MG.....	75	<i>levonorgestrel &amp; ethinyl estradiol (91-</i>	
LETAIRIS TAB 10MG .....	133	<i>day) tab 0.15-0.03 mg</i> .....	136
LETAIRIS TAB 5MG.....	133	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
<i>letrozole tab 2.5 mg</i> .....	92	0.15 mg-30 mcg .....	136
<i>leucovorin calcium tab 10 mg</i> .....	101	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
<i>leucovorin calcium tab 15 mg</i> .....	101	0.1 mg-20 mcg .....	136
<i>leucovorin calcium tab 25 mg</i> .....	102	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>leucovorin calcium tab 5 mg</i> .....	101	30/0.075-40/0.125-30mg-mcg....	136
LEUKERAN TAB 2MG.....	88	<i>levonorgestrel-ethinyl estradiol</i>	
LEUKINE INJ 250MCG .....	195	(continuous) tab 90-20 mcg.....	136
<i>leuprolide acetate inj kit 5 mg/ml</i> ....	92	<i>levonorgestrel tab 1.5 mg</i> .....	138
<i>lev</i> albuterol hcl soln nebu 0.31 mg/3ml		<i>levonorg-eth est tab 0.1-0.02mg(84) &amp;</i>	
(base equiv) .....	44	eth est tab 0.01mg(7).....	136
<i>lev</i> albuterol hcl soln nebu 0.63 mg/3ml		<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
(base equiv) .....	44	& eth est tab 0.01mg(7).....	136
<i>lev</i> albuterol hcl soln nebu 1.25 mg/3ml		<i>levorphanol tartrate tab 2 mg</i> .....	26
(base equiv) .....	44	<i>levorphanol tartrate tab 3 mg</i> .....	26
		LEVOTHYROXIN CAP 100MCG .....	252

LEVOTHYROXIN CAP 112MCG .....	252	<i>lidocaine hcl viscous soln 2%</i> .....	226
LEVOTHYROXIN CAP 125MCG .....	252	<i>lidocaine oint 5%</i> .....	158
LEVOTHYROXIN CAP 137MCG .....	252	<i>lidocaine patch 5%</i> .....	158
LEVOTHYROXIN CAP 13MCG .....	252	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	158
LEVOTHYROXIN CAP 150MCG .....	252	LIDODERM DIS 5%.....	158
LEVOTHYROXIN CAP 175MCG .....	252	LIFESCAN MIS UNISTIK2.....	210
LEVOTHYROXIN CAP 200MCG .....	252	<i>lindane shampoo 1%</i> .....	159
LEVOTHYROXIN CAP 25MCG .....	252	<i>linezolid for susp 100 mg/5ml</i> .....	36
LEVOTHYROXIN CAP 50MCG .....	252	<i>linezolid tab 600 mg</i> .....	36
LEVOTHYROXIN CAP 75MCG .....	252	LINZESS CAP 145MCG .....	189
LEVOTHYROXIN CAP 88MCG .....	252	LINZESS CAP 290MCG .....	189
<i>levothyroxine sodium tab 100 mcg</i> .252		LINZESS CAP 72MCG .....	189
<i>levothyroxine sodium tab 112 mcg</i> .252		<i>liothyronine sodium tab 25 mcg</i> ....	252
<i>levothyroxine sodium tab 125 mcg</i> .252		<i>liothyronine sodium tab 50 mcg</i> ....	252
<i>levothyroxine sodium tab 137 mcg</i> .252		<i>liothyronine sodium tab 5 mcg</i> .....	252
<i>levothyroxine sodium tab 150 mcg</i> .252		LIPISTART POW .....	170
<i>levothyroxine sodium tab 175 mcg</i> .252		LIPITOR TAB 10MG.....	75
<i>levothyroxine sodium tab 200 mcg</i> .252		LIPITOR TAB 20MG.....	75
<i>levothyroxine sodium tab 25 mcg</i> ...252		LIPITOR TAB 40MG.....	75
<i>levothyroxine sodium tab 300 mcg</i> .252		LIPITOR TAB 80MG.....	75
<i>levothyroxine sodium tab 50 mcg</i> ...252		LIPOFEN CAP 150MG .....	74
<i>levothyroxine sodium tab 75 mcg</i> ...252		LIPOFEN CAP 50MG .....	74
<i>levothyroxine sodium tab 88 mcg</i> ...252		LIQUID HOPE LIQ.....	170
LEVSIN/SL SUB 0.125MG .....	255	<i>lisinopril &amp; hydrochlorothiazide tab 10-</i> <i>12.5 mg</i> .....	83
LEVSIN TAB 0.125MG .....	255	<i>lisinopril &amp; hydrochlorothiazide tab 20-</i> <i>12.5 mg</i> .....	84
LEVULAN KERA SOL 20% .....	147	<i>lisinopril &amp; hydrochlorothiazide tab 20-</i> <i>25 mg</i> .....	84
LEXAPRO TAB 10MG .....	57	<i>lisinopril tab 10 mg</i> .....	78
LEXAPRO TAB 20MG .....	57	<i>lisinopril tab 2.5 mg</i> .....	78
LEXAPRO TAB 5MG.....	57	<i>lisinopril tab 20 mg</i> .....	78
LEXETTE AER 0.05%.....	155	<i>lisinopril tab 30 mg</i> .....	78
LEXIVA SUS 50MG/ML.....	115	<i>lisinopril tab 40 mg</i> .....	78
LEXIVA TAB 700MG .....	115	<i>lisinopril tab 5 mg</i> .....	78
LIALDA TAB 1.2GM .....	189	LITETOUCH MIS LANCETS .....	210
LIBERTY NEXT TES GEN .....	165	LITE TOUCH MIS LANCETS .....	210
LIBERTY TES .....	165	LITE TOUCH MIS LANC PEN .....	210
LIBRAX CAP 5-2.5MG.....	255	<i>lithium carbonate cap 150 mg</i> .....	105
LICART DIS 1.3%.....	145	<i>lithium carbonate cap 300 mg</i> .....	105
LIDOCA/TETRA CRE 7/7% .....	158	<i>lithium carbonate cap 600 mg</i> .....	105
LIDOCAINE CRE TETRACAI .....	158	<i>lithium carbonate tab 300 mg</i> .....	105
<i>lidocaine hcl laryngotracheal soln 4%</i> .....	226	<i>lithium carbonate tab er 300 mg</i> ....	105
<i>lidocaine hcl soln 4%</i> .....	158	<i>lithium carbonate tab er 450 mg</i> ....	106
<i>lidocaine hcl urethral/mucosal gel 2%</i> .....	158	LITHIUM SOL 8MEQ/5ML .....	106
<i>lidocaine hcl urethral/mucosal gel</i> <i>prefilled syringe 2%</i> .....	158		

LITHOBID TAB 300MG CR.....	106	<i>losartan potassium &amp;</i>	
LITHOSTAT TAB 250MG.....	192	<i>hydrochlorothiazide tab 50-12.5 mg</i>	
LIVALO TAB 1MG .....	75	.....	84
LIVALO TAB 2MG .....	75	<i>losartan potassium tab 100 mg</i> .....	80
LIVALO TAB 4MG .....	75	<i>losartan potassium tab 25 mg</i> .....	79
LMD POW .....	170	<i>losartan potassium tab 50 mg</i> .....	80
LOCOID LIPO CRE 0.1% .....	155	LOSEASONIQUE TAB.....	136
LOCOID LOT 0.1%.....	155	LOTEMAX GEL 0.5% .....	237
LODINE TAB 400MG .....	19	LOTEMAX OIN 0.5% .....	237
LODOSYN TAB 25MG .....	102	LOTEMAX SM GEL 0.38% .....	237
LOKELMA PAK 10GM .....	225	LOTEMAX SUS 0.5% .....	237
LOKELMA PAK 5GM.....	225	LOTENSIN HCT TAB 10-12.5.....	84
LO LOESTRIN TAB 1-10-10 .....	136	LOTENSIN HCT TAB 20-12.5.....	84
LOMAIRA TAB 8MG .....	4	LOTENSIN HCT TAB 20-25MG .....	84
LOMOTIL TAB 2.5MG .....	69	LOTENSIN TAB 10MG.....	78
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<i>methyl dopa &amp; hydrochlorothiazide tab 250-25 mg</i> .....84	<i>methylphenidate hcl tab 20 mg</i> .....8
<i>methyl dopa tab 250 mg</i> .....80	<i>methylphenidate hcl tab 5 mg</i> .....8
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<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> .....	8	METROCREAM CRE 0.75% .....	158
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> .....	8	METROGEL GEL 1% .....	158
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> .....	8	METROLOTION LOT 0.75% .....	158
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<i>methylprednisolone tab 16 mg</i> .....	140	<i>metronidazole cream 0.75%</i> .....	158
<i>methylprednisolone tab 32 mg</i> .....	140	<i>metronidazole gel 0.75%</i> .....	158
<i>methylprednisolone tab 4 mg</i> .....	140	<i>metronidazole gel 1%</i> .....	158
<i>methylprednisolone tab 8 mg</i> .....	140	<i>metronidazole lotion 0.75%</i> .....	158
<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	140	<i>metronidazole tab 250 mg</i> .....	35
<i>methyltestosterone cap 10 mg</i> .....	33	<i>metronidazole tab 500 mg</i> .....	35
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<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> .....	188	<i>metyrosine cap 250 mg</i> .....	79
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> .....	188	<i>mexiletine hcl cap 150 mg</i> .....	40
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<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	84	MICARDIS TAB 40MG .....	80
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> .....	123	MICARDIS TAB 80MG .....	80
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<i>metoprolol tartrate tab 25 mg</i> .....	123	MICRODOT TES.....	165
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<i>minocycline hcl cap 75 mg.....</i>	250	<i>mirtazapine tab 15 mg.....</i>	55
<i>minocycline hcl cap er 24hr 135 mg</i>		<i>mirtazapine tab 30 mg.....</i>	55
<i>(base equivalent) .....</i>	250	<i>mirtazapine tab 45 mg.....</i>	55
<i>minocycline hcl cap er 24hr 45 mg</i>		<i>mirtazapine tab 7.5 mg.....</i>	55
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<i>minoxidil tab 10 mg .....</i>	87	<i>moexipril hcl tab 7.5 mg .....</i>	78
<i>minoxidil tab 2.5 mg .....</i>	87	<i>molindone hcl tab 10 mg .....</i>	110
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<i>(base equiv) .....</i>	256	<i>420 gm .....</i>	200
<i>pantoprazole sodium ec tab 40 mg</i>		PEGASYS INJ .....	120
<i>(base equiv) .....</i>	256	PEGASYS INJ 180MCG/M .....	120
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<i>mg</i> .....	243	<i>phentermine hcl tab 37.5 mg</i> .....	4
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<i>perphenazine tab 4 mg</i> .....	110	<i>mg</i> .....	54
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<i>sodium phenylbutyrate tab 500 mg</i> ..	183	SOTYLIZE SOL 5MG/ML.....	124
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<i>spironolactone tab 25 mg</i> .....	176	STRATTERA CAP 100MG .....	5
<i>spironolactone tab 50 mg</i> .....	176	STRATTERA CAP 10MG .....	5
SPORANOX CAP 100MG .....	72	STRATTERA CAP 18MG .....	5
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<i>sunitinib malate cap 25 mg (base equivalent)</i> .....	99	SURESTEP GLU SOL HIGH/LOW .....	214
<i>sunitinib malate cap 37.5 mg (base equivalent)</i> .....	99	SURESTEP PRO TES HIGH CON .....	214
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TEKTURNA HCT TAB 300-25MG.....	85	<i>terbutaline sulfate tab 2.5 mg</i> .....	45
TEKTURNA TAB 150MG .....	86	<i>terbutaline sulfate tab 5 mg</i> .....	45
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<i>tetracycline hcl cap 500 mg</i> .....	251	TIAZAC CAP 240MG/24 .....	127
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TOPICORT SPR 0.25% .....	156	<i>release 200 mg</i> .....	29
<i>topiramate cap er 24hr sprinkle 100</i>		<i>tramadol hcl tab er 24hr biphasic</i>	
<i>mg</i> .....	53	<i>release 300 mg</i> .....	29
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<i>toremide tab 100 mg</i> .....	176	<i>(benzalkonium free) (bak free)</i> ....	239
<i>toremide tab 10 mg</i> .....	176	<i>trazodone hcl tab 100 mg</i> .....	58
<i>toremide tab 20 mg</i> .....	176	<i>trazodone hcl tab 150 mg</i> .....	58
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# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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  - 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

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## Civil Rights Coordinator, Corporate Office of Civil Rights

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

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

Telephone Number        410-528-7820

Fax Number                410-505-2011

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

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

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



## Foreign Language Assistance

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

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

*Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèè. 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 fì 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 ḱé dε wa ḿò m̄ ḱé nyuεε nyu hwè b́é wé b́éa ḱé zi. Ǿ m̀ò nì kpé b́é m̄ ḱé bǎ nìà kè kè gbo-kpá-kpá m̄ ḿóεε dyé dé nì bídí-wùdù mú b́é m̄ ḱé se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàò d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, ḱé m̄ m̄ f̀ò tee b́é wa ḱéε m̄ gbo ćé b́é m̄ ḱé nòbà m̀òà 0 ḱéε dyi pàd̀àn hwè. Ǿ j̀ú ḱé nyò d̀ò dyi m̄ g̀ǎ j̀ùǐn, po wuqu m̄ ḿó poε dyie, ḱé nyò d̀ò mu bó nìin b́é Ǿ ḱé 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 ozu niile nwere ike ikpo 855-258-6518 wee chere ububu 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 íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyííligíí da yókeedgo t'áa doo bee e'e'aahee ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowó t'áa nínizaad bee t'áa jii'k'é. Atah danilínígíí béesh bee hane'é bee wółta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánałta' éi kójjí' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį́ áádóo éi bikéé'dóo naasbaąs bił adidiilchil. Áká'anidaalwó'ígíí neidiitáągo, saad bee yáníłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowó.