

# CareFirst Formulary 2

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## 2022

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

This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at [carefirst.com](https://carefirst.com).

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

# Introduction

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

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

## Using Your Formulary

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

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

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

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

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

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

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

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

<b>Tier 0: \$0 Drugs</b>	<ul style="list-style-type: none"> <li>■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor.</li> <li>■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.</li> </ul>
<b>Tier 1: Generic Drugs \$</b>	<ul style="list-style-type: none"> <li>■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.</li> <li>■ Generic drugs generally cost less than brand-name drugs.</li> </ul>
<b>Tier 2: Preferred Brand Drugs \$\$</b>	<ul style="list-style-type: none"> <li>■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.</li> </ul>
<b>Tier 3: Non-preferred Brand Drugs \$\$\$</b>	<ul style="list-style-type: none"> <li>■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.</li> </ul>
<b>Tier 4: Self-Injectible Drugs \$\$\$\$</b>	<ul style="list-style-type: none"> <li>■ Self-injectible drugs (excluding insulin) are drugs that do not require professional administration. Insulin is covered at the generic, preferred brand or non-preferred brand drug tier.</li> </ul>

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

**AMPHETAMINES**

ADDERALL XR CAP 5MG	1	QL (120 caps every month); Tier 1 with DAW9
ADDERALL XR CAP 10MG	1	QL (120 caps every month); Tier 1 with DAW9
ADDERALL XR CAP 15MG	1	QL (30 caps every month); Tier 1 with DAW9
ADDERALL XR CAP 20MG	1	QL (30 caps every month); Tier 1 with DAW9
ADDERALL XR CAP 25MG	1	QL (30 caps every month); Tier 1 with DAW9
ADDERALL XR CAP 30MG	1	QL (30 caps every month); Tier 1 with DAW9
<i>amphetamine er sus 1.25/ml</i>	1	QL (540 mL every month)
<i>amphetamine sulfate tab 5 mg</i>	1	QL (150 tabs every month)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (150 tabs every month)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (120 tabs every month)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (120 tabs every month)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (120 tabs every month)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (120 tabs every month)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs every month)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs every 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>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs every month)
DESOXYN TAB 5MG	3	QL (180 tabs every month)
DEXEDRINE CAP 5MG CR	3	QL (150 caps every month)
DEXEDRINE CAP 10MG CR	3	QL (150 caps every month)
DEXEDRINE CAP 15MG CR	3	QL (60 caps every month)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (150 caps every month)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (150 caps every month)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps every month)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1440 mL every month)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (150 tabs every month)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (150 tabs every month)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (150 tabs every month)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (150 tabs every month)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (60 tabs every month)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (60 tabs every month)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (30 tabs every month)
DYANAVEL XR CHW 5MG	3	QL (60 tabs every month)
DYANAVEL XR CHW 10MG	3	QL (60 tabs every month)
DYANAVEL XR CHW 15MG	3	QL (30 tabs every month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DYANAVEL XR CHW 20MG	3	QL (30 tabs every month)
DYANAVEL XR SUS 2.5MG/ML	3	QL (300 mL every month)
<i>methamphetamine hcl tab 5 mg</i>	1	QL (180 tabs every month)
MYDAYIS CAP 12.5MG	2	QL (60 caps every month)
MYDAYIS CAP 25MG	2	QL (60 caps every month)
MYDAYIS CAP 37.5MG	2	QL (30 caps every month)
MYDAYIS CAP 50MG	2	QL (30 caps every month)
VYVANSE CAP 10MG	2	QL (60 caps every month)
VYVANSE CAP 20MG	2	QL (60 caps every month)
VYVANSE CAP 30MG	2	QL (60 caps every month)
VYVANSE CAP 40MG	2	QL (30 caps every month)
VYVANSE CAP 50MG	2	QL (30 caps every month)
VYVANSE CAP 60MG	2	QL (30 caps every month)
VYVANSE CAP 70MG	2	QL (30 caps every month)
VYVANSE CHW 10MG	2	QL (60 tabs every month)
VYVANSE CHW 20MG	2	QL (60 tabs every month)
VYVANSE CHW 30MG	2	QL (60 tabs every month)
VYVANSE CHW 40MG	2	QL (30 tabs every month)
VYVANSE CHW 50MG	2	QL (30 tabs every month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VYVANSE CHW 60MG	2	QL (30 tabs every month)
<b>ANALEPTICS</b>		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
<b>ANTI-OBESITY AGENTS</b>		
WEGOVY INJ 0.5MG	4	Coverage is subject to your plan/benefits
WEGOVY INJ 0.25MG	4	Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	4	Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	4	Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	4	Coverage is subject to your plan/benefits
<b>ANTI-OBESITY AGENTS, INJECTABLE</b>		
SAXENDA INJ 18MG/3ML	4	Coverage is subject to your plan/benefits
<b>ANTI-OBESITY 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
<i>benzphetamine hcl tab 50 mg</i>	1	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
<i>phendimetraz cap 105mg er</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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (150 caps every month)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (150 caps every month)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (150 caps every month)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps every month)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps every month)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps every month)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps every month)
<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	
KAPVAY TAB 0.1 MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QELBREE CAP 200MG ER	2	
STRATTERA CAP 10MG	3	QL (150 caps every month)
STRATTERA CAP 18MG	3	QL (150 caps every month)
STRATTERA CAP 25MG	3	QL (150 caps every month)
STRATTERA CAP 40MG	3	QL (60 caps every month)
STRATTERA CAP 60MG	3	QL (30 caps every month)
STRATTERA CAP 80MG	3	QL (30 caps every month)
STRATTERA CAP 100MG	3	QL (30 caps every 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	2	PA, QL (60 TABLETS PER 30 DAYS)
WAKIX TAB 17.8MG	2	PA, QL (60 TABLETS PER 30 DAYS)

### **STIMULANTS - MISC.**

<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)
AZSTARYS CAP 26.1-5.2	2	
AZSTARYS CAP 39.2-7.8	2	
AZSTARYS CAP 52.3-10.	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CONCERTA TAB 18MG	1	QL (60 tabs every month); Tier 1 with DAW9
CONCERTA TAB 27MG	1	QL (60 tabs every month); Tier 1 with DAW9
CONCERTA TAB 36MG	1	QL (60 tabs every month); Tier 1 with DAW9
CONCERTA TAB 54MG	1	QL (30 tabs every month); Tier 1 with DAW9
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps every month)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps every month)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps every month)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps every month)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps every month)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps every month)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps every month)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps every month)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (150 tabs every month)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (150 tabs every month)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs every month)
FOCALIN TAB 2.5MG	3	QL (150 tabs every month)
FOCALIN TAB 5MG	3	QL (150 tabs every month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FOCALIN TAB 10MG	3	QL (60 tabs every month)
JORNAY PM CAP 20MG ER	2	
JORNAY PM CAP 40MG ER	2	
JORNAY PM CAP 60MG ER	2	
JORNAY PM CAP 80MG ER	2	
JORNAY PM CAP 100MG ER	2	
METHYLIN SOL 5MG/5ML	3	QL (2160 mL every month)
METHYLIN SOL 10MG/5ML	3	QL (1080 mL every month)
METHYLPHENID TAB 72MG ER	3	QL (30 tabs every month)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps every month)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps every month)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (60 caps every month)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (60 caps every month)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (60 caps every month)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps every month)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (60 caps every month)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps every month)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (60 caps every month)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps every month)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (30 caps every month)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (30 caps every month)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps every 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 (xr)</i>	1	QL (30 caps every month)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps every 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 every month)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps every month)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (210 tabs every month)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (210 tabs every month)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (210 tabs every month)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (2160 mL every month)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (1080 mL every month)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (210 tabs every month)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (210 tabs every month)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (120 tabs every month)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (120 tabs every month)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (120 tabs every 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)
RITALIN LA CAP 10MG	3	QL (60 caps every month)
RITALIN LA CAP 20MG	3	QL (60 caps every month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RITALIN LA CAP 30MG	3	QL (60 caps every month)
RITALIN LA CAP 40MG	3	QL (30 caps every month)
RITALIN TAB 5MG	3	QL (210 tabs every month)
RITALIN TAB 10MG	3	QL (210 tabs every month)
RITALIN TAB 20MG	3	QL (120 tabs every month)

**AMINOGLYCOSIDES****AMINOGLYCOSIDES**

ARIKAYCE SUS	3	PA
BETHKIS NEB 300/4ML	2	PA, QL (56 AMPULES PER 28 DAYS)
KITABIS PAK NEB 300/5ML	3	PA, QL (56 AMPULES PER 28 DAYS)
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<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)

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

HUMIRA INJ 10/0.1ML	4	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 20/0.2ML	4	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 40/0.4ML	4	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	4	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	4	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.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN INJ 40/0.4ML	4	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 40MG/0.8	4	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	4	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	4	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.

**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>
HUMIRA PEN INJ PS/UV	4	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 KIT CD/UC/HS	4	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	4	PA, QL (4 PENS PER 28 DAYS); Preferred for all approved indications ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN KIT PS/UV	4	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.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</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.
RINVOQ TAB 30MG 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.
RINVOQ TAB 45MG ER	2	PA
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.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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.
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>		
RASUVO INJ 7.5MG	4	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 10MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 12.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 15MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 17.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 20MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 22.5MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 25MG	4	PA, QL (4 inj per 28 days)
RASUVO INJ 30MG	4	PA, QL (4 inj per 28 days)
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP 3MG	3	
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST INJ 220MG	4	PA, QL (8 VIALS PER 28 DAYS)
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
KEVZARA INJ 150/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS)
KEVZARA INJ 200/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS)
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
DAYPRO TAB 600MG	3	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
<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>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	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	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 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	
NAPROXEN TAB EC 375 MG	1	
<i>naproxen tab ec 500 mg</i>	1	
NAPROXEN TAB EC 500 MG	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
ZIPSOR CAP 25MG	3	
<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.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25/0.5ML	4	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.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENBREL INJ 25MG	4	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	4	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 MINI INJ 50MG/ML	4	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.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Ankylosing 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**

<i>butalbital-acetaminophen tab 50-325 mg</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	

**SALICYLATES**

<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	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	

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

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 tabs per day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CODEINE SULF TAB 60MG	3	PA, QL (1 tabs per day)
CODEINE SULFATE TAB 30 MG	1	PA, QL (1 tabs per day)
CONZIP CAP 100MG	3	PA, QL (1 caps per day)
CONZIP CAP 200MG	3	PA, QL (1 caps per day)
CONZIP CAP 300MG	3	PA, QL (1 caps 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, QL (10 patches per month)
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<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 tabs per day)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (1 tabs per day)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (1 tabs per day)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (1 tabs per day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (1 tabs per day)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (30 tabs per month)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (1 tabs 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 tabs per day)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (1 tabs per day)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (1 tabs per day)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (2 mL per day)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (18 mL per day)
<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 caps per day)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (1 caps 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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (1 caps per day)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (1 caps 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)
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)
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (7 caps per day)

**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>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)
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (7 tabs per day)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (3 tabs per day)
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 er 24hr 100 mg</i>	1	PA, QL (1 tabs per day)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (1 tabs per day)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (1 tabs 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)

**OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (90 mL per day)
<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)
<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	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (90 mL per day)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL (90 mL per day)
<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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
LORTAB ELX 10-300MG	3	PA, QL (68 mL 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)
<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	3	
BUNAVAIL MIS 6.3-1MG	3	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA
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	

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

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

**ANDROGENS**

ANDRODERM DIS 2MG/24HR	2	
ANDRODERM DIS 4MG/24HR	2	
<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	4	PA
DEPO-TESTOST INJ 200MG/ML	4	PA
METHITEST TAB 10MG	3	
<i>methyltestosterone cap 10 mg</i>	1	
NATESTO GEL 5.5MG	2	
<i>testost cyp inj 200mg/ml</i>	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	4	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	4	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	4	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	
XYOSTED INJ 50/0.5	4	PA
XYOSTED INJ 75/0.5	4	PA
XYOSTED INJ 100/0.5	4	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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROCTOCORT CRE 1%	3	
PROCTOCORT SUP 30MG	3	
<b>VASODILATING AGENTS</b>		
RECTIV OIN 0.4%	3	
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole tab 200 mg</i>	1	QL (336 tabs every year)
ALBENZA TAB 200MG	3	QL (336 tabs every year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs every year)
EMVERM CHW 100MG	2	QL (12 ea every year)
<i>ivermectin tab 3 mg</i>	1	PA, QL (9 tabs every 90 days)
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs every year)
STROMECTOL TAB 3MG	3	PA, QL (9 tabs every 90 days)
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
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	QL (9 tablets per month)
XIFAXAN TAB 550MG	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
<i>*methenamine-hyos-meth blue-sod phosph 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	
<b>ANTIPROTOZOAL AGENTS</b>		
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	
<b>GLYCOPEPTIDES</b>		
VANCOCIN CAP 125MG	2	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	2	QL (80 caps every 10 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
VANCOMYCIN SOL 250/5ML	3	QL (450 ML every 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	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>NITRATES</i></b>		
DILATRATE SR CAP 40MG	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 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	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL SPR PUMPSPRA	3	
NITROMIST AER 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIANXIETY AGENTS</b>		
<b>ANTIANXIETY AGENTS - MISC.</b>		
<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	
<b>BENZODIAZEPINES</b>		
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	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	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 CR	2	
NORPACE CAP 150MG CR	2	
<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	

**ANTIARRHYTHMICS TYPE I-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	

**ANTIARRHYTHMICS TYPE I-C**

<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	3	PA
TIKOSYN CAP 250MCG	3	PA
TIKOSYN CAP 500MCG	3	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 every month)
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
DUPIXENT INJ 100/0.67	4	PA, QL (2 SYRINGES PER 28 DAYS)
DUPIXENT INJ 200/1.14	4	PA, QL (2 PFS PER 28 DAYS)
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 PEN PER 56 DAYS)
NUCALA INJ 40MG/0.4	4	PA, QL (1 syringe per 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 INJ PER 28 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 PFS PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA AER 17MCG	3	QL (2 packages per month)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (300 nebulas 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)
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	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
ZYFLO TAB 600MG	3	
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TAB 250MCG	2	
DALIRESP TAB 500MCG	2	
<b>STEROID INHALANTS</b>		
ARNUITY ELPT INH 50MCG	2	QL (1 package every 25 days)
ARNUITY ELPT INH 100MCG	2	QL (1 package every 25 days)
ARNUITY ELPT INH 200MCG	2	QL (1 package every 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (2 packages every 25 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (3 packages every 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (1 packages every 25 days)
FLOVENT DISK AER 50MCG	2	QL (3 packages per 25 days)
FLOVENT DISK AER 100MCG	2	QL (4 packages per 25 days)
FLOVENT DISK AER 250MCG	2	QL (4 packages per 25 days)
FLOVENT HFA AER 44MCG	2	QL (2 packages every 25 days)
FLOVENT HFA AER 110MCG	2	QL (2 packages every 25 days)
FLOVENT HFA AER 220MCG	2	QL (2 packages every 25 days)
PULMICORT INH 90MCG	2	QL (3 packages every 25 days)
PULMICORT INH 180MCG	2	QL (2 packages every 25 days)
PULMICORT SUS 0.5MG/2	3	QL (3 packages every 25 days)
PULMICORT SUS 0.25MG/2	3	QL (2 packages every 25 days)
PULMICORT SUS 1MG/2ML	3	QL (1 packages every 25 days)
QVAR REDIIHA AER 80MCG	2	QL (2 packages every 25 days)
QVAR REDIIHAL AER 40MCG	2	QL (2 packages every 25 days)
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKU AER 100/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 250/50	1	QL (1 package per month); Tier 1 with DAW9

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADVAIR DISKU AER 500/50	1	QL (1 package per month); Tier 1 with DAW9
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)
<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 every month)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL every month)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL every month)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL every 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)
BREO ELLIPTA INH 100-25	2	QL (1 package per month)
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)
COMBIVENT AER 20-100	3	QL (2 packages per month)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (60 vials per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 every month)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL every month)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL every month)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (90 ea every month)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers every month)
PERFOROMIST NEB 20MCG	2	QL (60 vials 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 100MCG	2	QL (1 package per month)
TRELEGY AER 200MCG	2	QL (1 inhaler every month)
XOPENEX CONC NEB 1.25/0.5	3	QL (90 ea every month)
XOPENEX NEB 0.31MG	3	QL (300 mL every month)
XOPENEX NEB 0.63MG	3	QL (300 mL every month)
XOPENEX NEB 1.25/3ML	3	QL (300 mL every month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>XANTHINES</b>		
<i>theophylline elixir 80 mg/15ml</i>	1	
THEOPHYLLINE ELIXIR 80 MG/15ML	3	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<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	
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	4	
ARIXTRA INJ 5/0.4ML	4	
ARIXTRA INJ 7.5/0.6	4	
ARIXTRA INJ 10/0.8ML	4	
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	4	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	4	
FRAGMIN INJ 2500/0.2	4	
FRAGMIN INJ 5000/0.2	4	
FRAGMIN INJ 7500/0.3	4	
FRAGMIN INJ 10000/ML	4	
FRAGMIN INJ 12500UNT	4	
FRAGMIN INJ 15000UNT	4	
FRAGMIN INJ 18000UNT	4	
FRAGMIN INJ 95000UNT	4	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	4	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	4	PA
LOVENOX INJ 30/0.3ML	4	
LOVENOX INJ 40/0.4ML	4	
LOVENOX INJ 60/0.6ML	4	
LOVENOX INJ 80/0.8ML	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOVENOX INJ 100MG/ML	4	
LOVENOX INJ 120/0.8	4	
LOVENOX INJ 150MG/ML	4	
LOVENOX INJ 300/3ML	4	

**ANTICONVULSANTS****AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	

**ANTICONVULSANTS - BENZODIAZEPINES**

<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA, QL (10 nasal spray units per month)
VALTOCO SPR 5MG	2	PA, QL (5 boxes per month)
VALTOCO SPR 10MG	2	PA, QL (5 boxes per month)
VALTOCO SPR 15MG	2	PA, QL (5 boxes per month)
VALTOCO SPR 20MG	2	PA, QL (5 boxes per month)
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM TAB 200MG	2	
APTIOM TAB 400MG	2	
APTIOM TAB 600MG	2	
APTIOM TAB 800MG	2	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
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	
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)

**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>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 every 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	
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TEGRETOL-XR TAB 100MG	3	
TEGRETOL-XR TAB 200MG	3	
TEGRETOL-XR TAB 400MG	3	
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 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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
<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	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 50-200MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
<b>GABA MODULATORS</b>		
GABITRIL TAB 2MG	3	
GABITRIL TAB 4MG	3	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	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	
<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	

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>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	

**ANTIDEPRESSANTS****ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

<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	

**ANTIDEPRESSANTS - MISC.**

ALENZIN TAB 174MG	3	
ALENZIN TAB 348MG	3	
ALENZIN 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	
FORFIVO XL TAB 450MG	3	
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 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>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	
<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	

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>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	
FLUOXETINE TAB 60MG	3	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
DESVENLAFAX TAB 50MG ER	3	
DESVENLAFAX TAB 100MG ER	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
FETZIMA CAP 20MG	3	
FETZIMA CAP 40MG	3	
FETZIMA CAP 80MG	3	
FETZIMA CAP 120MG	3	
FETZIMA CAP TITRATIO	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	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 60 INJ 1000MCG	4	ST
SYMLNPEN 120 INJ 1000MCG	4	ST
<b>ANTIDIABETIC COMBINATIONS</b>		
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
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	ST
GLYXAMBI TAB 25-5 MG	2	ST
JANUMET TAB 50-500MG	2	ST
JANUMET TAB 50-1000	2	ST
JANUMET XR TAB 50-500MG	2	ST
JANUMET XR TAB 50-1000	2	ST
JANUMET XR TAB 100-1000	2	ST
<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	
SOLQUA INJ 100/33	4	ST, QL (10 pens every month)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
XULTOPHY INJ 100/3.6	4	ST, QL (5 PENS PER MONTH)
<b>BIGUANIDES</b>		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	
<b>DIABETIC OTHER</b>		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
<i>glucagon (rdna) for inj kit 1 mg</i>	4	
GVOKE HYPO 1 INJ 1MG/.2ML	4	
GVOKE HYPO 1 INJ .5/.1ML	4	
GVOKE HYPO 2 INJ 1MG/.2ML	4	
GVOKE HYPO 2 INJ .5/.1ML	4	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	4	
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	4	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB 25MG	2	ST
JANUVIA TAB 50MG	2	ST
JANUVIA TAB 100MG	2	ST
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB 0.8MG	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>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
OZEMPIC INJ 2/1.5ML	4	ST, QL (1 PEN PER MONTH); Starter Pen
OZEMPIC INJ 4MG/3ML	4	ST, QL (1 PEN PER MONTH)
OZEMPIC INJ 8MG/3ML	4	ST, QL (1 PEN PER MONTH)
RYBELSUS TAB 3MG	2	ST, QL (30 tabs every month)
RYBELSUS TAB 7MG	2	ST, QL (30 tabs every month)
RYBELSUS TAB 14MG	2	ST, QL (30 tabs every month)
TRULICITY INJ 0.75/0.5	4	ST, QL (4 PENS PER MONTH)
TRULICITY INJ 1.5/0.5	4	ST, QL (4 PENS PER MONTH)
TRULICITY INJ 3/0.5	4	ST, QL (4 PENS PER MONTH)
TRULICITY INJ 4.5/0.5	4	ST, QL (4 PENS PER MONTH)
VICTOZA INJ 18MG/3ML	4	ST, QL (3 PENS PER MONTH)
<b>INSULIN</b>		
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
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>		
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	ST
FARXIGA TAB 10MG	2	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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/PROBIOTIC COMBINATIONS</b>		
RESTORA RX CAP 60-1.25	3	
<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	
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<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)
<b>OPIOID ANTAGONISTS</b>		
KLOXXADO SPR 8MG	3	
<i>naloxone hcl inj 0.4 mg/ml</i>	4	
<i>naloxone hcl inj 4 mg/10ml</i>	4	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	4	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	4	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR 4MG	2	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ANZEMET TAB 50MG	3	QL (6 tabs every 21 days)
ANZEMET TAB 100MG	3	QL (6 tabs every 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL every 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 ea every 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs every 21 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SANCUSO DIS 3.1MG	2	QL (2 patches every 21 days)
ZOFRAN TAB 4MG	3	QL (18 tabs every 21 days)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
TIGAN CAP 300MG	3	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO CAP 300-0.5	3	QL (2 caps every 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	
<i>dronabinol cap 10 mg</i>	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps every 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 ea every 21 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	QL (6 caps every 21 days)
EMEND CAP 80MG	3	QL (4 caps every 21 days)
EMEND SUS 125MG	3	QL (6 kits every 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (6 caps every 21 days)
VARUBI TAB 90MG	3	QL (4 tabs every 21 days)

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Drug Name	Drug Tier	Requirements/Limits
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**ANTIFUNGALS****ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS  
(ECHINOCANDINS)**

BREXAFEMME TAB 150MG	3	ST, QL (4 tablets per week)
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**ANTIFUNGALS**

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

**IMIDAZOLE-RELATED ANTIFUNGALS**

DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
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	
SPORANOX CAP 100MG	3	
SPORANOX CAP PULSEPAK	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPORANOX SOL 10MG/ML	3	
VFEND SUS 40MG/ML	2	PA
VFEND TAB 50MG	2	PA
VFEND TAB 200MG	2	PA
VIVJOA CAP 150MG	3	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

**ANTIHIISTAMINES****ANTIHIISTAMINES - ETHANOLAMINES**

<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	
KARBINAL ER SUS 4MG/5ML	3	

**ANTIHIISTAMINES - NON-SEDATING**

CLARINEX TAB 5MG	3	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	

**ANTIHIISTAMINES - PHENOTHIAZINES**

<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	

**ANTIHIISTAMINES - PIPERIDINES**

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB 180MG	2	PA
<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	PA
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
LOVAZA CAP 1GM	3	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	2	PA
VASCEPA CAP 1GM	1	PA; Tier 1 with DAW9
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 30 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 90 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
FENOGLIDE TAB 40MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
<i>gemfibrozil tab 600 mg</i>	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<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	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOCOR TAB 40MG	3	
ZOCOR TAB 80MG	3	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tab 10 mg</i>	1	
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
NIASPAN TAB 500MG ER	3	
NIASPAN TAB 750MG ER	3	
NIASPAN TAB 1000 ER	3	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT INJ 75MG/ML	4	PA, QL (2 PENS PER MONTH)
PRALUENT INJ 150MG/ML	4	PA, QL (2 injections every month)
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
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	
<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	

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>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
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	
VASOTEC TAB 20MG	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>
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>		
DEMSER 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>		
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	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	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	

**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>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	
<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	

**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-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	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	

**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>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>AVALIDE TAB 150-12.5</i>	3	
<i>AVALIDE TAB 300-12.5</i>	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	
<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	
<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	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 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>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
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	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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>	3	
<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	
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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
<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	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
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)

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>
GUANIDINE TAB 125MG	3	
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
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>	4	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>	4	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	4	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	4	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	4	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	4	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	4	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	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>
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	4	PA
XATMEP SOL 2.5MG/ML	0	
XELODA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
XELODA TAB 500MG	0	PA, QL (300 TABLETS PER 30 DAYS)

### **ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS**

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)

**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>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)
<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)

**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>
TARCEVA TAB 150MG	0	PA, QL (30 TABLETS PER 30 DAYS)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP 150MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ODOMZO CAP 200MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
<i>abiraterone acetate tab 500 mg</i>	0	PA, QL (60 TABLETS PER 30 DAYS)
<i>anastrozole tab 1 mg</i>	0	
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>	4	PA
LUPRON DEPOT INJ 3.75MG	3	PA
LUPRON DEPOT INJ 11.25MG	3	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	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
SOLTAMOX SOL 10MG/5ML	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<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 - XPO1 INHIBITORS</b>		
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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); Once Weekly
<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 every 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (92 tabs every 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>		
ALECENSA CAP 150MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
ALUNBRIG PAK	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 30MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ALUNBRIG TAB 90MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 180MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BALVERSA TAB 3MG	0	PA, QL (84 TABLETS PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)

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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)
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 30MG	0	PA, QL (30 TABS PER MONTH)
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 SUS 70MG/ML	0	PA, QL (216 ML PER 36 DAYS)
IMBRUVICA TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 280MG	0	PA, QL (30 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMBRUVICA TAB 420MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 560MG	0	PA, QL (30 TABLETS PER 30 DAYS)
JAKAFI TAB 5MG	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)
<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
LYNPARZA TAB 100MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LYNPARZA TAB 150MG	0	PA, QL (120 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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEXAVAR TAB 200MG	0	PA, QL (120 TABLETS PER 30 DAYS)
NINLARO CAP 2.3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 4MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
PIQRAY 200MG TAB DOSE	0	PA, QL (28 TABLETS PER 28 DAYS)
PIQRAY 250MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
PIQRAY 300MG TAB DOSE	0	PA, QL (56 TABLETS PER 28 DAYS)
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)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	0	PA, QL (120 TABLETS PER 30 DAYS)
SPRYCEL TAB 20MG	0	PA, QL (90 TABLETS PER 30 DAYS)
SPRYCEL TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 70MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPRYCEL TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
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)
SUTENT CAP 37.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 50MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
TIBSOVO TAB 250MG	0	PA, QL (60 TABLETS PER 30 DAYS)
TYKERB TAB 250MG	0	PA, QL (180 TABLETS PER 30 DAYS)
VERZENIO TAB 50MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 100MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 150MG	0	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 200MG	0	PA, QL (56 TABLETS PER 28 DAYS)
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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VOTRIENT TAB 200MG	0	PA, QL (120 TABLETS 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)
ZYKADIA TAB 150MG	0	PA, QL (90 TABLETS PER 30 DAYS)
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE INJ 2MU/0.5	4	PA
BESREMI SOL 500MCG	4	PA, QL (2 PFS PER 28 DAYS)
<i>bexarotene cap 75 mg</i>	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
INTRON A INJ 10MU	4	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 25MU	4	PA
INTRON A INJ 50MU	4	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	
<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

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

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Drug Name	Drug Tier	Requirements/Limits
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**ANTIPARKINSON AND RELATED THERAPY AGENTS**

**ANTIPARKINSON ADJUNCTIVE THERAPY**

<i>carbidopa tab 25 mg</i>	1
LODOSYN TAB 25MG	3

**ANTIPARKINSON ANTICHOLINERGICS**

<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

**ANTIPARKINSON COMT INHIBITORS**

COMTAN TAB 200MG	3
<i>entacapone tab 200 mg</i>	1
TASMAR TAB 100MG	3
<i>tolcapone tab 100 mg</i>	1

**ANTIPARKINSON DOPAMINERGICS**

<i>amantadine hcl cap 100 mg</i>	1
<i>amantadine hcl soln 50 mg/5ml</i>	1
<i>amantadine hcl tab 100 mg</i>	1
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	1
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	1
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	1
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1

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>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	
INBRIJA CAP 42MG	2	PA, QL (300 CAPSULES 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	
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	
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	

**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>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	
<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 10.5MG	2	
CAPLYTA CAP 21MG	2	
CAPLYTA CAP 42MG	2	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LATUDA TAB 120MG	2	
NUPLAZID CAP 34MG	3	PA, QL (30 CAPSULES PER 30 DAYS)
NUPLAZID TAB 10MG	3	PA, QL (30 TABLETS PER 30 DAYS)
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>		
INVEGA SUST INJ 39/0.25	3	
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	
<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	2	
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	
RISPERDAL SOL 1MG/ML	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
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>		
CHLORPROMAZINE HCL INJ 25 MG/ML	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CHLORPROMAZINE HCL INJ 50 MG/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	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
<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.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	QL (23.077 injections every year)
ARISTADA INJ INITIO	3	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CHLORHEX GLU SOL 20%	3	

**ANTIVIRALS****ANTIRETROVIRALS**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 ML PER 30 DAYS)
<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)
<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)
BIKTARVY TAB	2	QL (30 TABLETS PER 30 DAYS)
CIMDUO TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
COMBIVIR TAB 150-300	3	QL (60 TABLETS PER 30 DAYS)
CRIXIVAN CAP 400MG	3	QL (180 CAPSULES PER 30 DAYS)
DESCOVY TAB 120-15MG	2	PA, QL (30 TABLETS PER 30 DAYS); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DESCOVY TAB 200/25MG	2	PA, QL (30 TABLETS PER 30 DAYS); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (30 TABLETS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EDURANT TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
<i>efavirenz cap 50 mg</i>	1	QL (90 CAPSULES PER 30 DAYS)
<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 (960 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)

**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>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	4	PA, QL (60 VIALS PER 30 DAYS)
GENVOYA TAB	2	QL (30 TABLETS PER 30 DAYS)
INTELENCE TAB 25MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 100MG	2	QL (120 TABLETS PER 30 DAYS)
INTELENCE TAB 200MG	2	QL (60 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 (480 ML PER 30 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 (960 ML PER 30 DAYS)
<i>lamivudine tab 150 mg</i>	1	QL (60 TABLETS PER 30 DAYS)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (1575 ML PER 28 DAYS)
<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)
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)

**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>
RETROVIR CAP 100MG	3	QL (180 CAPSULES PER 30 DAYS)
RETROVIR SYP 50MG/5ML	3	QL (1920 ML PER 30 DAYS)
REYATAZ CAP 150MG	3	QL (30 CAPSULES PER 30 DAYS)
REYATAZ CAP 200MG	3	QL (60 CAPSULES PER 30 DAYS)
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	PA
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)
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)

**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>
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)
<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 PD TAB	2	QL (180 tablets per 30 days)
TRIUMEQ TAB	2	QL (30 TABLETS PER 30 DAYS)
TRIZIVIR TAB	3	QL (60 TABLETS PER 30 DAYS)
TYBOST TAB 150MG	3	QL (30 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	3	QL (240 GM PER 30 DAYS)
VIREAD TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 200MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 250MG	3	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>
VIREAD TAB 300MG	3	QL (30 TABLETS PER 30 DAYS)
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 (1920 ML PER 30 DAYS)
<i>zidovudine tab 300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID TAB 150-100	3	QL (40 tablets per 30 days)
PAXLOVID TAB 300-100	3	QL (60 tablets per 30 days)
<b>CMV AGENTS</b>		
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
<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)
<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, QL (28 packs per 28 days); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	2	PA, QL (28 packs 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>
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
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
<i>lamivudine tab 100 mg (hbv)</i>	1	
PEGINTRON KIT 50MCG	4	
<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)

**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>
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)
<b>HERPES AGENTS</b>		
<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	
ZOVIRAX SUS 200/5ML	3	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (28 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (14 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (14 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (180 mL every 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	3	QL (28 caps every 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps every 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>
TAMIFLU CAP 75MG	3	QL (14 caps every 90 days)
TAMIFLU SUS 6MG/ML	3	QL (180 mL every 90 days)
<b>MISC. ANTIVIRALS</b>		
FAVIPIRAVIR TAB 200MG	3	
LAGEVRIO CAP 200MG	3	QL (40 capsules per month)
TPOXX CAP 200MG	3	
TPOXX INJ	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 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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bisoprolol fumarate tab 10 mg</i>	1	
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG	3	
BYSTOLIC TAB 20MG	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	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
HEMANGEOL SOL 4.28/ML	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	

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>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/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) 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 BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	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	

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>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<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	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<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	
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	

**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>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
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 0.0625MG	3	

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

CAMZYOS CAP 2.5MG	3	PA, QL (30 capsules per 30 days)
CAMZYOS CAP 5MG	3	PA, QL (30 capsules per 30 days)
CAMZYOS CAP 10MG	3	PA, QL (30 capsules per 30 days)
CAMZYOS CAP 15MG	3	PA, QL (30 capsules per 30 days)

**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
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	4	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	4	QL (6 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>
CAVERJECT KIT 20MCG	4	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
EDEX KIT 10MCG	4	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
EDEX KIT 20MCG	4	QL (6 UNITS PER MONTH); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	4	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

**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>
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
<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
<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

**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>varденаfil hcl orally disintegrating tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 2.5 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 5 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 10 mg</i>	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
<i>varденаfil hcl tab 20 mg</i>	1	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 DPI POW 16-32-48	3	PA, QL (252 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 16-32MCG	3	PA, QL (196 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 16MCG	3	PA, QL (112 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 32-48MCG	3	PA, QL (224 CARTRIDGES PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYVASO DPI POW 32MCG	3	PA, QL (112 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 48MCG	3	PA, QL (112 CARTRIDGES PER 28 DAYS)
TYVASO DPI POW 64MCG	3	PA, QL (112 CARTRIDGES PER 28 DAYS)
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)

### **PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

<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)
OPSUMIT TAB 10MG	2	PA, QL (30 TABLETS PER 30 DAYS)

### **PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

<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)

**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>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI	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)
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	PA
CORLANOR TAB 5MG	2	PA
CORLANOR TAB 7.5MG	2	PA
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX CAP 61MG	3	PA, QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
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**CEPHALOSPORINS****CEPHALOSPORINS - 1ST GENERATION**

cefadroxil cap 500 mg	1
cefadroxil for susp 250 mg/5ml	1
cefadroxil for susp 500 mg/5ml	1
cefadroxil tab 1 gm	1
cephalexin cap 250 mg	1
cephalexin cap 500 mg	1
cephalexin cap 750 mg	1
cephalexin for susp 125 mg/5ml	1
cephalexin for susp 250 mg/5ml	1
cephalexin tab 250 mg	1
cephalexin tab 500 mg	1
KEFLEX CAP 750MG	3

**CEPHALOSPORINS - 2ND GENERATION**

cefaclor cap 250 mg	1
cefaclor cap 500 mg	1
CEFACLOR ER TAB 500MG	3
cefaclor for susp 125 mg/5ml	1
cefaclor for susp 250 mg/5ml	1
cefaclor for susp 375 mg/5ml	1
cefprozil for susp 125 mg/5ml	1
cefprozil for susp 250 mg/5ml	1
cefprozil tab 250 mg	1
cefprozil tab 500 mg	1
cefuroxime axetil tab 250 mg	1
cefuroxime axetil tab 500 mg	1

**CEPHALOSPORINS - 3RD GENERATION**

cefdinir cap 300 mg	1
cefdinir for susp 125 mg/5ml	1
cefdinir for susp 250 mg/5ml	1
cefixime cap 400 mg	1
cefixime for susp 100 mg/5ml	1
cefixime for susp 200 mg/5ml	1
cefpodoxime proxetil for susp 50 mg/5ml	1
cefpodoxime proxetil for susp 100 mg/5ml	1

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefepodoxime proxetil tab 100 mg</i>	1	
<i>cefepodoxime 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	

**CONTRACEPTIVES****COMBINATION CONTRACEPTIVES - ORAL**

<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>drosiprenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drosiprenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drosiprenone-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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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	
SAFYRAL TAB	0	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA MIS	0	QL (1 ring every 300 days)
NUVARING MIS	0	QL (13 rings every 300 days); Tier 1 with DAW9
<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 every 59 days)
DEPO-PROVERA INJ 150MG/ML	0	QL (4 injections every 300 days)
DEPO-SQ PROV INJ 104	0	QL (6 injections every 300 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>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (1 injection every 59 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections every 300 days)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone tab 0.35 mg</i>	0	
ORTHO MICRON TAB 0.35MG	0	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide delayed release particles cap 3 mg</i>	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	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 (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
ENTOCORT EC CAP 3MG DR	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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	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 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
PREDNISON 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	

**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>
SOLU-CORTEF INJ 100MG	4	PA
SOLU-CORTEF INJ 250MG	4	PA
SOLU-CORTEF INJ 500MG	4	PA
SOLU-CORTEF INJ 1000MG	4	PA
UCERIS TAB 9MG	1	Tier 1 with DAW9
<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	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (30 mL/day for 7 days per month)
<i>hydrocodone bitart-homatropine methylbromide 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)
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TUSSICAPS CAP 10-8MG	3	QL (2 capsules/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	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	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-benzoyl peroxide gel 0.1-2.5%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
ARAZLO LOT 0.045%	3	PA
ATRALIN GEL 0.05%	3	PA
BENZAMYCIN GEL 5-3%	3	QL (47 grams per month)
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide liq 7%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benzoyl peroxide liq 7%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (47 grams per month)
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
CLEOCIN-T LOT 1%	3	QL (60 mL every month)
CLINDAGEL GEL 1%	3	QL (75 gm every month)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (50 grams per month)
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (75 gm every month)
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 mL every month)
<i>clindamycin phosphate soln 1%</i>	1	QL (60 mL every month)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (50 grams per month)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	QL (50 grams per month)
<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
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
ERYGEL GEL 2%	3	QL (60 gm every month)
<i>erythromycin gel 2%</i>	1	QL (60 gm every month)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (60 mL every month)
EVOCLIN AER 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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONEXTON GEL 1.2-3.75	2	QL (50 grams per month)
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
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	
<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
TWYNEO CRE 0.1-3%	3	PA
WINLEVI CRE 1%	3	
ZACLIR LOT 8%	3	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX OIN 1%	3	
CENTANY OIN 2%	3	QL (30 gm every month)
<i>gentamicin sulfate cream 0.1%</i>	1	QL (120 g per 25 days)
<i>gentamicin sulfate oint 0.1%</i>	1	QL (120 g per 25 days)
<i>mupirocin oint 2%</i>	1	QL (30 gm every month)
XEPI CRE 1%	3	
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox gel 0.77%</i>	1	QL (120 GM Per month)
<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)
<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>ketconazole cream 2%</i>	1	QL (120 GM Per month)
<i>ketconazole shampoo 2%</i>	1	QL (120 ML Per month)
LOPROX SHA 1%	3	QL (120 ML Per month)
LUZU CRE 1%	3	QL (60 GM per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<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)
OXISTAT CRE 1%	3	QL (90 GM Per month)
OXISTAT LOT 1%	3	QL (90 ML Per month)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 GM Per month)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 ML Per month)
VUSION OIN	3	QL (120 GM per month)
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
EFUDEX CRE 5%	3	
FLUOROPLEX CRE 1%	3	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
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>		
PRUDOXIN CRE 5%	3	ST, QL (45 grams every month)
ZONALON CRE 5%	3	ST, QL (45 grams every 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 oint 0.005%</i>	1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	PA
COSENTYX INJ 75MG/0.5	4	PA, QL (1 syringe per 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	4	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	4	PA, QL (300 mg (2 ml) 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.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 PEN 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 PEN INJ 300DOSE	4	PA, QL (300 mg (2 ml) 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.
DOVONEX CRE 0.005%	3	PA
<i>methoxsalen rapid cap 10 mg</i>	1	
OXSORALEN-UL CAP 10MG	3	
SKYRIZI INJ 150DOSE	4	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	4	PA, QL (1 SYRINGES PER 84 DAYS); Preferred for Psoriasis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 SYRINGES PER 84 DAYS); Preferred for Psoriasis
SORIATANE CAP 10MG	3	
SORIATANE CAP 25MG	3	
STELARA INJ 45MG/0.5	4	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	4	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.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STELARA INJ 90MG/ML	4	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.
<i>tazarotene cream 0.1%</i>	1	
TREMFYA INJ 100MG/ML	4	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	4	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.
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotion 2.5%</i>	1	
SODIUM SULFA LIQ 10% WASH	3	
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir oint 5%</i>	1	
DENAVIR CRE 1%	3	
XERESE CRE 5-1%	3	
ZOVIRAX CRE 5%	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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>		
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120 gm every month)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120 gm every month)
<i>amcinonide cream 0.1%</i>	1	QL (120 gm every month)
<i>amcinonide lotion 0.1%</i>	1	QL (120 mL every month)
AMCINONIDE OIN 0.1%	3	QL (120 gm every month)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120 gm every month)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120 gm every month)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120 mL every month)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120 gm every month)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120 gm every month)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 mL every month)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120 gm every month)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120 gm every month)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120 mL every month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120 gm every month)
BRYHALI LOT 0.01%	2	QL (120 gm every month)
CAPEX SHA 0.01%	2	QL (120 mL every month)
<i>clobetasol propionate cream 0.05%</i>	1	QL (120 gm every month)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (120 gm every month)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120 gm every month)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120 gm every month)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120 mL every month)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120 gm every month)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120 mL every month)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120 mL every month)
CLOBEX LOT 0.05%	2	QL (120 mL every month)
CLOBEX SHA 0.05%	2	QL (120 mL every month)
CLODERM CRE 0.1%	3	QL (120 gm every month)
CUTIVATE LOT 0.05%	3	QL (120 mL every month)
DERMA-SMOOTH OIL /FS BODY	2	QL (120 mL every month)
DERMA-SMOOTH OIL /FS SCLP	2	QL (120 mL every month)
DESONATE GEL 0.05%	3	QL (120 gm every month)
<i>desonide cream 0.05%</i>	1	QL (120 gm every 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 lotion 0.05%</i>	1	QL (120 mL every month)
<i>desonide oint 0.05%</i>	1	QL (120 gm every month)
DESOWEN CRE 0.05%	3	QL (120 gm every month)
<i>desoximetasone cream 0.05%</i>	1	QL (120 gm every month)
<i>desoximetasone cream 0.25%</i>	1	QL (120 gm every month)
<i>desoximetasone gel 0.05%</i>	1	QL (120 gm every month)
<i>desoximetasone oint 0.25%</i>	1	QL (120 gm every month)
<i>desoximetasone spray 0.25%</i>	1	QL (120 mL every month)
DIPROLENE AF CRE 0.05%	3	QL (120 gm every month)
DIPROLENE OIN 0.05%	3	QL (120 gm every month)
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120 gm every month)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 gm every month)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120 mL every month)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120 mL every month)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120 gm every month)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120 mL every month)
<i>fluocinonide cream 0.05%</i>	1	QL (120 gm every month)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 gm every 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>fluocinonide gel 0.05%</i>	1	QL (120 gm every month)
<i>fluocinonide oint 0.05%</i>	1	QL (120 gm every month)
<i>fluocinonide soln 0.05%</i>	1	QL (120 mL every month)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120 gm every month)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 mL every month)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120 gm every month)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120 gm every month)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120 gm every month)
HC/PRAMOXINE CRE 1-2.35%	3	
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120 gm every month)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120 gm every month)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120 mL every month)
<i>hydrocortisone cream 2.5%</i>	1	QL (120 gm every month)
<i>hydrocortisone lotion 2.5%</i>	1	QL (120 mL every month)
<i>hydrocortisone oint 2.5%</i>	1	QL (120 gm every month)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120 gm every month)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120 gm every month)
KENALOG AER SPRAY	3	QL (120 gm every month)
LOCOID LIPO CRE 0.1%	3	QL (120 gm every month)
LOCOID LOT 0.1%	3	QL (120 mL every 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>
LUXIQ AER 0.12%	3	QL (120 gm every month)
<i>mometasone furoate cream 0.1%</i>	1	QL (120 gm every month)
<i>mometasone furoate oint 0.1%</i>	1	QL (120 gm every month)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mL every month)
OLUX AER 0.05%	3	QL (120 gm every month)
PANDEL CRE 0.1%	3	QL (120 gm every 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 every month)
<i>prednicarbate oint 0.1%</i>	1	QL (120 gm every month)
SERNIVO SPR	3	QL (120 mL every month)
SERNIVO SPR 0.05%	3	QL (120 mL every month)
SYNALAR CRE 0.025%	3	QL (120 gm every month)
SYNALAR OIN 0.025%	3	QL (120 gm every month)
SYNALAR SOL 0.01%	3	QL (120 mL every month)
TACLONEX OIN	3	PA
TACLONEX SUS	3	PA
TEMOVATE CRE 0.05%	2	QL (120 gm every month)
TEMOVATE OIN 0.05%	2	QL (120 gm every month)
TEXACORT SOL 2.5%	2	QL (120 mL every month)
TOPICORT CRE 0.05%	3	QL (120 gm every 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>
TOPICORT CRE 0.25%	3	QL (120 gm every month)
TOPICORT GEL 0.05%	3	QL (120 gm every month)
TOPICORT OIN 0.05%	3	QL (120 gm every month)
TOPICORT OIN 0.25%	3	QL (120 gm every month)
TOPICORT SPR 0.25%	3	QL (120 mL every month)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120 gm every month)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120 gm every month)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120 gm every month)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120 mL every month)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120 mL every month)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120 gm every month)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120 gm every month)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120 gm every month)
TRIDESILON CRE 0.05%	3	QL (120 gm every month)
VANOS CRE 0.1%	3	QL (120 gm every month)
VERDESO AER 0.05%	3	QL (120 gm every month)
<b>ECZEMA AGENTS</b>		
ADBRY INJ 150MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS)
CIBINQO TAB 50MG	2	PA, QL (30 TABLETS PER 30 DAYS)
CIBINQO TAB 100MG	2	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>
CIBINQO TAB 200MG	2	PA, QL (30 TABLETS PER 30 DAYS)
DUPIXENT INJ 200MG	4	PA, QL (2 PFS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (4 PENS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (4 PFS PER 28 DAYS)
OPZELURA CRE 1.5%	3	PA
<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	QL (21 packs per month)
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	QL (21 packs per month)
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
ZYCLARA PUMP CRE 3.75%	2	
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<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>		
CONDYLOX GEL 0.5%	2	
GORDOFILM SOL	3	
<i>podofilox soln 0.5%</i>	1	
PYROGALL ACD OIN	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>
SALIMEZ FORT CRE 10%	3	
<b>LINIMENTS</b>		
TURPENTINE SOL SPIRITS	3	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
ANACAINE OIN	3	
<i>ethyl chlor aer fine pin</i>	3	
ETHYL CHLOR AER FN STRM	3	
<i>ethyl chlor aer med jet</i>	3	
ETHYL CHLOR AER MED STRM	3	
<i>ethyl chlor aer mist</i>	3	
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every month)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL every month)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections every month)
<i>lidocaine oint 5%</i>	1	QL (50 gm every month)
<i>lidocaine patch 5%</i>	1	QL (90 ea every month)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every month)
LIDODERM DIS 5%	2	QL (90 ea every month)
SYNERA DIS 70-70MG	3	QL (2 patches every month)
ZTLIDO PAD 1.8%	3	PA, QL (90 patches per month)
<b>MISC. TOPICAL</b>		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	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	PA
FINACEA AER 15%	2	PA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	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>
<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	
ORACEA CAP 40MG	1	Tier 1 with DAW9
RHOFADE CRE 1%	3	PA
SOOLANTRA CRE 1%	1	Tier 1 with DAW9
<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 every month)
ACCU-CHEK TES COMPACT	0	QL (240 strips every month)
ACCU-CHEK TES GUIDE	0	QL (240 strips every month)
ACCU-CHEK TES SMART	0	QL (240 strips every month)
ASSURE PRISM TES MULTI	0	PA, QL (240 strips every month)
CHEMSTRIP K TES	3	
CHEMSTRIP TES UGK	3	
CVS KETONE TES CARE	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIASTIX TES STRIPS	0	
FORA GTEL TES KETONE	3	
GENULTIMATE TES	0	PA, QL (240 strips every month)
GLUCOCARD TES SHINE	0	PA, QL (240 strips every month)
GOJJI BLOOD TES KETONE	3	
KETO-DIASTIX TES	3	
KETONE TES	3	
KETONE TEST TES	3	
KETOSTIX TES STRIP	3	
NOVA MAX PLS TES KETONE	3	
ONETOUCH TES ULTRA	0	QL (240 strips every month)
ONETOUCH TES VERIO	0	QL (240 strips every month)
PRECISN XTRA TES KETONE	3	
PTS PANELS TES KETONE	3	
RELION TES KETONE	3	

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

### **DIETARY MANAGEMENT PRODUCTS**

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
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
ENSURE PLANT LIQ CHOCOLAT	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>
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
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
GLYROL LIQ PREBIO1	3	PA; Coverage is subject to your plan/benefits
GLYTACTIN PAK BTMK/DLT	3	Coverage is subject to your plan/benefits
GLYTACTIN POW BETMLK15	3	Coverage is subject to your plan/benefits
GLYTACTIN POW RST LT10	3	Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	3	PA; 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
HOMACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
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
JEVITY 1 CAL 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>
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
LANAFLEX PAK	3	Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	3	PA; 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
NEOCATE LIQ SPLASH	3	PA; Coverage is subject to your plan/benefits
NEOKE MCT70 POW	3	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	3	PA; Coverage is subject to your plan/benefits
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
OPTIMENTAL LIQ	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>
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
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
PHENACTIN AA LIQ PLUS	3	Coverage is subject to your plan/benefits
PHLEXY-10 POW	3	PA; 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
PPA/MMA POW EXPRESS	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>
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
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
PROSOURCE LIQ TF	3	PA; 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
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
SUPLENA 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
ULTRACAL HN LIQ PLUS	3	PA; Coverage is subject to your plan/benefits
ULTRACAL 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>
ULTRIENT 1.5 LIQ SAFE-T	3	PA; Coverage is subject to your plan/benefits
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

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

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	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
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 25000UNT	2	
ZENPEP CAP 40000UNT	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIURETICS</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<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	
<b>DIURETIC COMBINATIONS</b>		
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	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
<i>torsemide tab 5 mg</i>	1	
<i>torsemide tab 10 mg</i>	1	
<i>torsemide tab 20 mg</i>	1	
<i>torsemide 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	
<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	
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	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
BONIVA TAB 150MG	3	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 600/2.4	4	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	
NATPARA INJ 25MCG	4	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 50MCG	4	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 75MCG	4	PA, QL (2 CARTRIDGES PER 28 DAYS)
NATPARA INJ 100MCG	4	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	
TYMLOS INJ	4	PA, QL (1PEN PER 30 DAYS)
<b>CORTICOTROPIN</b>		
ACTHAR INJ 80UNIT	4	PA, QL (35ML PER 21 DAYS)
<b>FERTILITY REGULATORS</b>		
<i>clomiphene citrate tab 50 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>
GONAL-F INJ 450UNIT	4	PA, QL (10 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	4	PA, QL (6 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	4	PA, QL (60 VIALS PER 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.5	4	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.75	4	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.5	4	PA, QL (7 CARTRIDGE PER 28 DAYS); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	4	PA; Coverage is subject to your plan/benefits
OVIDREL INJ	4	PA; Coverage is subject to your plan/benefits
<b>GNRH/LHRH ANTAGONISTS</b>		
CETROTIDE KIT 0.25MG	4	PA
GANIRELIX AC INJ 250/0.5	4	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	4	PA
ORLISSA TAB 150MG	2	PA
ORLISSA TAB 200MG	2	PA
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA SV INJ 2MG	4	PA, QL (30 VIALS PER 30 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GROWTH HORMONES</b>		
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
SEROSTIM INJ 4MG	4	PA
SEROSTIM INJ 5MG	4	PA
SEROSTIM INJ 6MG	4	PA
ZORBTIVE INJ 8.8MG	4	PA
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA TAB 60MG	0	
<i>raloxifene hcl tab 60 mg</i>	0	
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ 40MG/4ML	4	PA
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
SYNAREL SOL 2MG/ML	3	
<b>METABOLIC MODIFIERS</b>		
<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
<i>carglumic acid soluble tab 200 mg</i>	1	PA
<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)
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)
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MYALEPT INJ 11.3MG	4	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	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
PHEBURANE MIS 483/GM	3	PA, QL (672 GRAMS (8 BOTTLES) PER 30 DAYS)
REVCIVI INJ 1.6MG/ML	4	
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)
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL (1200 TABLETS PER 30 DAYS)
STRENSIQ INJ 18/0.45	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STRENSIQ INJ 28/0.7ML	4	PA
STRENSIQ INJ 40MG/ML	4	PA
STRENSIQ INJ 80/0.8ML	4	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	2	PA
KERENDIA TAB 20MG	2	PA
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO INJ 0.4MG	4	PA, QL (30 VIALS PER 30 DAYS)
VOXZOGO INJ 0.56MG	4	PA, QL (30 VIALS PER 30 DAYS)
VOXZOGO INJ 1.2MG	4	PA, QL (30 VIALS PER 30 DAYS)
<b>POSTERIOR PITUITARY HORMONES</b>		
DDAVP SOL 0.01%	3	
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA, QL (45 VIALS PER 30 DAYS)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA, QL (9 VIALS PER 30 DAYS)
SANDOSTATIN INJ 50MCG/ML	4	PA, QL (90 AMPULES PER 30 DAYS)
SANDOSTATIN INJ 100MCG	4	PA, QL (90 AMPULES PER 30 DAYS)
SANDOSTATIN INJ 500MCG	4	PA, QL (90 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.3MG/ML	4	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.6MG/ML	4	PA, QL (60 AMPULES PER 30 DAYS)
SIGNIFOR INJ 0.9MG/ML	4	PA, QL (60 AMPULES PER 30 DAYS)
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE PAK 15MG	3	PA, QL (56 TABLETS PER 28 DAYS)
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 (60 tabs every month)
JYNARQUE TAB 30MG	3	PA, QL (30 tabs every month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAMSCA TAB 15MG	3	PA, QL (60 tabs every month)
SAMSCA TAB 30MG	3	PA, QL (30 tabs every month)
<i>tolvaptan tab 30 mg</i>	1	PA, QL (30 tabs every month)

**ESTROGENS****ESTROGEN COMBINATIONS**

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	
<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	PA
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	

**ESTROGENS**

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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	4	PA
DELESTROGEN INJ 20MG/ML	4	PA
DELESTROGEN INJ 40MG/ML	4	PA
DEPO-ESTRADI INJ 5MG/ML	4	PA
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 gel 0.5 mg/0.5gm (0.1%)</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>	4	PA
<i>estradiol valerate im in oil 40 mg/ml</i>	4	PA
ESTROGEL GEL	3	
EVAMIST SPR 1.53MG	2	
MENOSTAR DIS 14MCG	3	
PREMARIN INJ 25MG	4	PA

**FLUOROQUINOLONES****FLUOROQUINOLONES**

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	

**GASTROINTESTINAL AGENTS - MISC.****AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)**

TRULANCE TAB 3MG	3	
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**BILE ACID SYNTHESIS DISORDER AGENTS**

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>		
OICALIVA TAB 5MG	3	PA, QL (30 TABLETS PER 30 DAYS)
OICALIVA TAB 10MG	3	PA, QL (30 TABLETS PER 30 DAYS)
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
CHENODAL TAB 250MG	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>		
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
<b>GASTROINTESTINAL STIMULANTS</b>		
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>INFLAMMATORY BOWEL AGENTS</b>		
APRISO CAP 0.375GM	3	
ASACOL HD TAB 800MG	1	Tier 1 with DAW9
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
<i>balsalazide disodium cap 750 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CANASA SUP 1000MG	3	
DIPENTUM CAP 250MG	3	
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</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	
ROWASA KIT 4GM	3	
SFROWASA ENE 4GM	3	
SKYRIZI INJ 360/2.4	2	PA, QL (1 cartridge per 56 days)
<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>alose tron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alose tron 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	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<i>alvimopan cap 12 mg</i>	1	
ENTEREG CAP 12MG	3	
RELISTOR INJ 8/0.4ML	4	PA
RELISTOR INJ 12/0.6ML	4	PA
RELISTOR TAB 150MG	3	PA
SYMPROIC TAB 0.2MG	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TAB 210MG	2	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
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	
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT 5MG	4	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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UROCIT-K 5 TAB	2	
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP 50MG	2	PA
CYSTAGON CAP 150MG	2	PA
<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	
PROSCAR TAB 5MG	3	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tab 200 mg</i>	1	
<b>URINARY STONE AGENTS</b>		
<i>tiopronin tab 100 mg</i>	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 tab 0.6 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
MITIGARE CAP 0.6MG	1	Tier 1 with DAW9
ZYLOPRIM TAB 100MG	3	
ZYLOPRIM TAB 300MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
HEMLIBRA INJ 30MG/ML	4	PA
HEMLIBRA INJ 60/0.4	4	PA
HEMLIBRA INJ 105/0.7	4	PA
HEMLIBRA INJ 150/ML	4	PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR INJ 30MG/3ML	4	PA, QL (45 SYRINGES PER 90 DAYS)
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	4	PA, QL (45 SYRINGES PER 90 DAYS)
<b>COMPLEMENT INHIBITORS</b>		
HAEGARDA INJ 2000UNIT	4	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 3000UNIT	4	PA, QL (20 VIALS PER 30 DAYS)
RUCONEST INJ 2100UNIT	4	PA, QL (60 VIALS PER 90 DAYS)
<b>HEMATAOLOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB 100MG	2	PA, QL (60 TABLETS PER 30 DAYS)
TAVALISSE TAB 150MG	2	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	4	PA, QL (30 CARTONS (900 MG) PER 90 DAYS)
ORLADEYO CAP 110MG	2	PA, QL (28 CAPSULES PER 28 DAYS)
ORLADEYO CAP 150MG	2	PA, QL (28 CAPSULES PER 28 DAYS)
TAKHZYRO INJ 300/2ML	4	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	
<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	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA CAP 84MG	2	PA, QL (56 CAPSULES PER 28 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)
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	3	PA, QL (180 PACKETS PER 30 DAYS)
SIKLOS TAB 100MG	3	
SIKLOS TAB 1000MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>COBALAMINS</b>		
<i>cyanocobalamin inj 1000 mcg/ml</i>	4	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>		
DOPTELET TAB 20MG	3	PA, QL (90 tabs every month)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
PROMACTA PAK 25MG	2	PA, QL (180 PACKETS PER 30 DAYS)
PROMACTA POW 12.5MG	2	PA, QL (120 PACKETS PER 30 DAYS)
PROMACTA TAB 12.5MG	2	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 25MG	2	PA, QL (30 TABLETS PER 30 DAYS)
PROMACTA TAB 50MG	2	PA, QL (60 TABLETS PER 30 DAYS)
PROMACTA TAB 75MG	2	PA, QL (60 TABLETS PER 30 DAYS)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZIEXTENZO INJ 6/0.6ML	4	PA, QL (2 SYRINGES PER 28 DAYS)
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
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	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
<b>NON-BARBITURATE HYPNOTICS</b>		
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	
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	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB 5MG	2	
BELSOMRA TAB 10MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BELSOMRA TAB 15MG	2	
BELSOMRA TAB 20MG	2	
<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	
<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	\$0 copay for members age 45 through 75
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-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-prep kit</i>	0	\$0 copay for members age 50 through 74
<b>LAXATIVES - MISCELLANEOUS</b>		
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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>		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<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 every 300 days)
FC2 FEMALE MIS CONDOM	0	QL (12 condoms per month); OTC

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>
FC FEMALE MIS CONDOM	0	QL (12 condoms per month); OTC
FEMCAP MIS 22MM	0	QL (1 each every 300 days)
FEMCAP MIS 26MM	0	QL (1 each every 300 days)
FEMCAP MIS 30MM	0	QL (1 each every 300 days)
OMNIFLEX DPR	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 60	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each every 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	
ACCUTREND SOL GLUCOSE	0	
ACTI-LANCE MIS 28G	0	
ACTI-LANCE MIS LITE 28G	0	
ACTI-LANCE MIS SPEC 17G	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
ADVATE 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	

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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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CARETOUCH MIS TWIST 30	0	
CARETOUCH MIS TWIST 33	0	
CLEANLET 28G MIS LANCETS	0	
CLEVER CHECK MIS	0	
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	

**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>
CVS LANCING MIS DEVICE	0	
DEXCOM G5 MIS RECEIVER	2	QL (1 each every year)
DEXCOM G5 MIS TRANSMIT	2	QL (1 box every 75 days)
DEXCOM G6 MIS RECEIVER	2	QL (1 each every year)
DEXCOM G6 MIS SENSOR	2	QL (3 sensors per month)
DEXCOM G6 MIS TRANSMIT	2	QL (1 box every 75 days)
DIATHRIVE LIQ CONTROL	0	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	
FREESTYLE LIQ CONTROL	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS UNISTICK	0	
G4 PLAT PED MIS RVC/SHAR	2	QL (1 each every year)
G4 PLATINUM MIS PEDIATRC	2	QL (1 each every year)
G4 PLATINUM MIS RCV/SHAR	2	QL (1 each every year)
G4 PLATINUM MIS RECEIVER	2	QL (1 each every year)
G4 PLATINUM MIS TRANSMIT	2	QL (1 box every 75 days)
G4 SENSOR MIS	2	QL (3 sensors per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 5 G6 KIT INTRO	2	QL (1 kit per year)
OMNIPOD 5 G6 MIS PODS	2	QL (30 per month)
OMNIPOD MIS CLASSIC	2	QL (30 boxes every month)
OMNIPOD PDM KIT CLASSIC	2	QL (1 kit per year)
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 KIT COMPLETE	2	
ONETOUCH SOL KIT FIT	2	
ONETOUCH SOL KIT REFILL	2	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REALITY MIS LANCETS	0	
REALITY TRIG MIS LANCETS	0	
REFUAH PLUS SOL CONTROL	0	
RELION KIT LANCING	0	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	
TWIST LANCET MIS 30G MULT	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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
V-GO 20 KIT	2	QL (1 kit every month)
V-GO 30 KIT	2	QL (1 kit every month)
V-GO 40 KIT	2	QL (1 kit every month)
VANTAGE LANC MIS DEVICE	0	
VERASENS LIQ LEVEL 1	0	
VIVAGUARD LIQ CONTROL	0	
VIVAGUARD MIS 28G	0	
VIVAGUARD MIS 30G	0	
VIVAGUARD MIS LANCING	0	
<b>MISC. DEVICES</b>		
ALCOH-GLOVE PAD CONTOURE	0	
ALCOH-WIPE MIS 12"X12"	3	
ALCOHOL PAD	0	
ALCOHOL PAD 70%	0	
ALCOHOL PAD PREP	0	
ALCOHOL PAD SWABSTIC	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BD ULTRAFINE PEN NEEDLES	0	
CEQR SIMPL KIT PATCH 2U	3	
INPEN 100EL MIS BLUE-HUM	3	

**RESPIRATORY THERAPY SUPPLIES**

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 FLOSIGNA	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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**

AJOVY INJ 225/1.5	4	ST, QL (3 pens every 75 days)
EMGALITY INJ 100MG/ML	4	ST, QL (3 syringes every month)
EMGALITY INJ 120MG/ML	4	ST, QL (2 pens every 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	4	ST, QL (2 syringes every 25 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month
NURTEC TAB 75MG ODT	2	PA, QL (16 tablets per month)
QULIPTA TAB 10MG	3	ST, QL (30 tablets per month)
QULIPTA TAB 30MG	3	ST, QL (30 tablets per month)
QULIPTA TAB 60MG	3	ST, QL (30 tablets per month)
UBRELVY TAB 50MG	2	PA, QL (16 tablets per month)
UBRELVY TAB 100MG	2	PA, QL (16 tablets per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MIGRAINE PRODUCTS</b>		
ERGOMAR SUB 2MG	3	
MIGRANAL SPR 4MG/ML	4	QL (8 per month)
TRUDHESA AER 0.725MG	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 every month)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tablets every month)
IMITREX INJ 4MG/0.5	4	QL (18 syringes per month)
IMITREX INJ 4MG/0.5	4	QL (6 UNITS PER MONTH)
IMITREX INJ 6MG/0.5	4	QL (12 cartridges per month)
IMITREX INJ 6MG/0.5	4	QL (6 UNITS PER MONTH)
IMITREX SPR 5MG/ACT	3	QL (4 packages per month)
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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMITREX TAB 100MG	3	QL (12 TABS PER 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 every month)
RELPAK TAB 20MG	3	QL (12 TABS PER MONTH)
RELPAK TAB 40MG	3	QL (12 TABS PER MONTH)
REYVOW TAB 50MG	3	ST, QL (4 tablets per month)
REYVOW TAB 100MG	3	ST, QL (8 tablets per month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs every month)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs every month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tablets every month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs every 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>	4	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (6 UNITS PER MONTH)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (18 syringes per month)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 cartridges per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	4	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)
ZEMBRACE SYM INJ 3/0.5ML	4	QL (24 injections every 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
K-TAB TAB 10MEQ CR	2

**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 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**

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

**IMMUNOMODULATORS**

<i>lenalidomide cap 5 mg</i>	0	PA, QL (28 CAPSULES PER 28 DAYS)
<i>lenalidomide cap 10 mg</i>	0	PA, QL (28 CAPSULES PER 28 DAYS)
<i>lenalidomide cap 15 mg</i>	0	PA, QL (28 CAPSULES PER 28 DAYS)
<i>lenalidomide cap 25 mg</i>	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 2.5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)

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

**IMMUNOSUPPRESSIVE AGENTS**

ASTAGRAF XL CAP 0.5MG	3	PA
ASTAGRAF XL CAP 1MG	3	PA
ASTAGRAF XL CAP 5MG	3	PA
<i>azathioprine tab 50 mg</i>	1	
AZATHIOPRINE TAB 75 MG	2	
AZATHIOPRINE TAB 100 MG	2	
CELLCEPT CAP 250MG	3	PA
CELLCEPT IV INJ 500MG	3	PA
CELLCEPT SUS 200MG/ML	3	PA
CELLCEPT TAB 500MG	3	PA
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
ENSPRYNG INJ	4	PA, QL (1 PFS PER 28 DAYS)
ENVARUSUS XR TAB 0.75MG	3	PA
ENVARUSUS XR TAB 1MG	3	PA
ENVARUSUS XR TAB 4MG	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
MYFORTIC TAB 180MG	3	PA
MYFORTIC TAB 360MG	3	PA
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	PA
PROGRAF CAP 1MG	3	PA
PROGRAF CAP 5MG	3	PA
PROGRAF GRA 0.2MG	3	PA
PROGRAF GRA 1MG	3	PA
RAPAMUNE SOL 1MG/ML	3	PA
RAPAMUNE TAB 0.5MG	3	PA
RAPAMUNE TAB 1MG	3	PA
RAPAMUNE TAB 2MG	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	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZORTRESS TAB 0.25MG	3	PA
ZORTRESS TAB 0.75MG	3	PA
ZORTRESS TAB 1MG	3	PA
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
*sodium polystyrene sulfonate powder**	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
<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	4	PA, QL (4 INJ PER 28 DAYS)
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
<b>ANTI-INFECTIVES - THROAT</b>		
clotrimazole troche 10 mg	1	QL (90 troches per month)
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
chlorhexidine gluconate soln 0.12%	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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<b>STERIODS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	1	
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>PRENATAL VITAMINS</b>		
<i>*prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg**</i>	1	
<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>	1	
<i>*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa tab 28-1 mg***</i>	1	
<i>*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***</i>	1	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (180 tablets per month)
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
SKELAXIN TAB 800MG	2	
SOMA TAB 250MG	3	QL (90 tablets per month)
SOMA TAB 350MG	3	QL (180 tablets per 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><i>DIRECT MUSCLE RELAXANTS</i></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><i>MUSCLE RELAXANT COMBINATIONS</i></b>		
<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i>	1	QL (90 tablets per month)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b><i>NASAL AGENT COMBINATIONS</i></b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	
<b><i>NASAL AGENTS - MISC.</i></b>		
NOZIN NASAL MIS SANITIZE	0	
<b><i>NASAL ANTIALLERGY</i></b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>		
<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	
XHANCE MIS 93MCG	3	
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
RADICAVA ORS SUS 105/5ML	3	PA, QL (50ml (1 bottle) for 28 days)
RADICAVA ORS SUS STARTER	3	PA, QL (70ml (2 bottles) for 28 days)
RILUTEK TAB 50MG	3	
<i>riluzole tab 50 mg</i>	1	
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI SOL	3	PA, QL (2 bottles (120 mg) per 24 days)
<b>OPHTHALMIC AGENTS</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
<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 SOL 0.5% OP	3	
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 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	
<b>MIOTICS</b>		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 2% OP	3	
ISOPTO CARP SOL 4% OP	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
<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	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<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	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	QL (4 bottles per 25 days)
<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	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
TOBEX OIN 0.3% OP	3	
TOBEX SOL 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	
VIGAMOX DRO 0.5%	3	
ZYMAXID SOL 0.5%	3	
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS EMU 0.05% OP	1	PA; Tier 1 with DAW 9
RESTASIS MUL EMU 0.05% OP	2	PA
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA DRO 5%	2	PA
<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 STEROIDS</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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%	3	
EYSUVIS DRO 0.25%	3	PA
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
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 SOD PHO SOL 1% OP	3	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
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 SUS 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<b>OPHTHALMIC SURGICAL AIDS</b>		
GELFILM MIS OP	3	
MEMBRANEBLUE INJ 0.15%	3	
VISIONBLUE INJ 0.06%	3	
<b>OPHTHALMICS - MISC.</b>		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ALOCRIAL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azelastine hcl ophth soln 0.05%</i>	1	
AZOPT SUS 1% OP	3	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
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	
PROLENSA SOL 0.07%	2	
TRUSOPT SOL 2% OP	3	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
LUMIGAN SOL 0.01%	2	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
VYZULTA SOL 0.024%	3	
XALATAN SOL 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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</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	
<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)
<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	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
AUGMENTIN SUS 125/5ML	3	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>	4	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	

**PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.****AGENTS FOR CHEMICAL DEPENDENCY**

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

**ANTI-CATAPLECTIC AGENTS**

XYREM SOL 500MG/ML	3	PA, QL (540 ML PER 30 DAYS)
XYWAV SOL 0.5GM/ML	2	PA, QL (540 ML (270 GRAMS) PER 30 DAYS)

**ANTIDEMENTIA AGENTS**

ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	
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	
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
<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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 caps per month)
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)
<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	4	PA, QL (4 SYRINGES PER 28 DAYS)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 SYRINGES PER 28 DAYS)
BETASERON INJ 0.3MG	4	PA, QL (14 KITS PER 28 DAYS)
COPAXONE INJ 20MG/ML	4	PA, QL (30 SYRINGES PER 30 DAYS)
COPAXONE INJ 40MG/ML	4	PA, QL (12 SYRINGES PER 28 DAYS)
<i>dalfampridine tab er 12hr 10 mg</i>	1	PA, QL (60 TABLETS PER 30 DAYS)
<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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	1	PA, QL (30 CAPSULES PER 30 DAYS)
GILENYA CAP 0.5MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	PA, QL (30 SYRINGES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	PA, QL (12 SYRINGES PER 28 DAYS)
KESIMPTA INJ 20/.4ML	4	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 (7 tablets per 4 days)
MAYZENT TAB 0.25MG	2	PA, QL (12 tablets per 5 days)
MAYZENT TAB 1MG	2	PA, QL (30 tablets per 30 days)
MAYZENT TAB 2MG	2	PA, QL (30 tablets per 30 days)
PLEGRIDY INJ	4	PA, QL (1 CARTON PER 28 DAYS)
PLEGRIDY INJ	4	PA, QL (1 KIT PER 28 DAYS)
PLEGRIDY INJ PEN	4	PA, QL (2 PENS PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PLEGRIDY INJ STARTER	4	PA, QL (1 PACK PER 28 DAYS)
PLEGRIDY PEN INJ STARTER	4	PA, QL (1 PACK PER 28 DAYS)
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	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	4	PA, QL (12 SYRINGES PER 28 DAYS)
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)
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
GRALISE TAB 300MG	2	QL (150 tablets per month)
GRALISE TAB 600MG	2	QL (90 tablets per 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>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>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5& 1MG	0	
CHANTIX TAB 0.5MG	0	
CHANTIX TAB 1MG	0	
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	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
nicotine td patch 24hr 7 mg/24hr	0	OTC; \$0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	OTC; \$0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr	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	4	PA, QL (4 PFS PER 28 DAYS)
<b>VASOMOTOR SYMPTOM AGENTS</b>		
BRISDELLE CAP 7.5MG	3	
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
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	PA, QL (56 TABLETS PER 28 DAYS)
ORKAMBI GRA 75-94MG	3	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 100-125	3	PA, QL (56 PACKETS PER 28 DAYS)
ORKAMBI GRA 150-188	3	PA, QL (56 PACKETS PER 28 DAYS)
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	3	PA, QL (60 AMPULES PER 30 DAYS)
SYMDEKO TAB 50-75MG	3	PA, QL (56 TABLETS 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>
SYMDEKO TAB 100-150	3	PA, QL (56 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)
<i>pirfenidone tab 267 mg</i>	1	
<i>pirfenidone tab 801 mg</i>	1	
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE TAB 500 MG	3	
<b>TETRACYCLINES</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA TAB 150MG	3	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
SOLODYN TAB 55MG	3	
SOLODYN TAB 65MG	3	
SOLODYN TAB 80MG	3	
SOLODYN TAB 105MG	3	
SOLODYN TAB 115MG	3	
<i>tetracycline hcl cap 250 mg</i>	1	QL (120 capsules per 25 days)
<i>tetracycline hcl cap 500 mg</i>	1	QL (120 capsules per 25 days)
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	2	
VIBRAMYCIN SYP 50MG/5ML	2	

**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	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
<i>levothyroxine sodium tab 25 mcg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
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	
<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	

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

ANASPAZ TAB 0.125MG	2	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
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	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	2	
LEVSIN/SL SUB 0.125MG	2	
<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>		
<i>sucralfate tab 1 gm</i>	1	
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps every year)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps every year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	QL (90 vials every year)
PROTONIX INJ 40MG	3	QL (90 vials every year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps every year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs every year)
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
CYTOTEC TAB 100MCG	2	
CYTOTEC TAB 200MCG	2	
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
OMECLAMOX- MIS PAK	3	
PYLERA CAP	2	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS</b>		
<b>(ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
GELNIQUE GEL 10%	3	
<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	
<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	2	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride tab 5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>SPERMICIDES</b>		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL AER CONTRACP	0	OTC
<i>vcf vaginal gel contrace</i>	0	
VCF VAGINAL MIS CONTRACP	0	OTC
<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	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<i>vandazole gel 0.75%</i>	1	
<b>VAGINAL ESTROGENS</b>		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	Tier 1 with DAW9
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL 4% VAG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	

**VASOPRESSORS****ANAPHYLAXIS THERAPY AGENTS**

AUVI-Q INJ 0.1MG	2	QL (6 pens every 300 days)
AUVI-Q INJ 0.3MG	2	QL (6 pens every 300 days)
AUVI-Q INJ 0.15MG	2	QL (6 pens every 300 days)
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 pens every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (6 pens every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (3 pens / 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (3 pens every 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens every 300 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens every 300 days)

**NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS**

<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)

**VASOPRESSORS**

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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VITAMINS</b>		
<b><i>OIL SOLUBLE VITAMINS</i></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>cephalexin tab 500 mg</i> .....	123	CIBINQO TAB 200MG.....	145
CEQR SIMPL KIT PATCH 2U .....	195	CIBINQO TAB 50MG.....	144
CERDELGA CAP 84MG .....	170	<i>ciclopirox gel 0.77%</i> .....	133
CERVIDIL VAG MIS 10MG INS.....	212	<i>ciclopirox olamine cream 0.77% (base equiv)</i> .....	133
CETRAXAL SOL 0.2% .....	211	<i>ciclopirox olamine susp 0.77% (base equiv)</i> .....	133
CETROTIDE KIT 0.25MG.....	157	<i>ciclopirox shampoo 1%</i> .....	133
<i>cevimeline hcl cap 30 mg</i> .....	204		
CHANTIX PAK 1MG .....	220		
CHANTIX TAB 0.5& 1MG.....	220		
CHANTIX TAB 0.5MG .....	220		
CHANTIX TAB 1MG .....	220		
CHEMET CAP 100MG.....	61		
CHEMSTRIP K TES .....	147		
CHEMSTRIP TES UGK.....	147		
CHENODAL TAB 250MG .....	165		

<i>ciclopirox solution 8%</i> .....	133	<i>clarithromycin tab er 24hr 500 mg</i> ..	175
<i>cilostazol tab 100 mg</i> .....	170	CLEANLET 28G MIS LANCETS .....	179
<i>cilostazol tab 50 mg</i> .....	170	<i>clemastine fumarate tab 2.68 mg</i> .....	65
CIMDUO TAB 300-300 .....	102	CLENPIQ SOL .....	174
<i>cimetidine hcl soln 300 mg/5ml</i> .....	225	CLEOCIN CAP 150MG .....	32
<i>cimetidine tab 300 mg</i> .....	225	CLEOCIN CAP 300MG .....	32
<i>cimetidine tab 400 mg</i> .....	225	CLEOCIN CAP 75MG .....	32
<i>cimetidine tab 800 mg</i> .....	225	CLEOCIN CRE 2% VAG .....	228
<i>cinacalcet hcl tab 30 mg (base equiv)</i> .....	158	CLEOCIN PED SOL 75MG/5ML .....	33
<i>cinacalcet hcl tab 60 mg (base equiv)</i> .....	158	CLEOCIN SUP 100MG .....	228
<i>cinacalcet hcl tab 90 mg (base equiv)</i> .....	158	CLEOCIN-T LOT 1% .....	131
CIPRO (10%) SUS 500MG/5 .....	164	CLEVER CHECK MIS .....	179
CIPRO (5%) SUS 250MG/5 .....	164	CLEVER CHECK MIS 30G .....	179
<i>ciprofloxacin-dexamethasone otic susp</i> <i>0.3-0.1%</i> .....	212	CLEVR CHOICE LIQ HIGH .....	179
<i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i> .....	208	CLEVR CHOICE LIQ LOW .....	179
<i>ciprofloxacin hcl otic soln 0.2% (base</i> <i>equivalent)</i> .....	211	CLIMARA DIS 0.025MG .....	163
<i>ciprofloxacin hcl tab 100 mg (base</i> <i>equiv)</i> .....	164	CLIMARA DIS 0.0375MG .....	163
<i>ciprofloxacin hcl tab 250 mg (base</i> <i>equiv)</i> .....	164	CLIMARA DIS 0.05MG .....	163
<i>ciprofloxacin hcl tab 500 mg (base</i> <i>equiv)</i> .....	164	CLIMARA DIS 0.06MG .....	163
<i>ciprofloxacin hcl tab 750 mg (base</i> <i>equiv)</i> .....	164	CLIMARA DIS 0.075MG .....	163
CIPRO TAB 250MG .....	164	CLIMARA DIS 0.1MG .....	162
CIPRO TAB 500MG .....	164	CLIMARA PRO DIS WEEKLY .....	162
<i>citalopram hydrobromide oral soln 10</i> <i>mg/5ml</i> .....	52	CLINDAGEL GEL 1% .....	131
<i>citalopram hydrobromide tab 10 mg</i> <i>(base equiv)</i> .....	52	<i>clindamycin hcl cap 150 mg</i> .....	33
<i>citalopram hydrobromide tab 20 mg</i> <i>(base equiv)</i> .....	52	<i>clindamycin hcl cap 300 mg</i> .....	33
<i>citalopram hydrobromide tab 40 mg</i> <i>(base equiv)</i> .....	52	<i>clindamycin hcl cap 75 mg</i> .....	33
CLARINEX-D TAB 2.5-120 .....	129	<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml (base equiv)</i> .....	33
CLARINEX TAB 5MG .....	65	<i>clindamycin phosphate-benzoyl</i> <i>peroxide gel 1.2-2.5%</i> .....	131
<i>clarithromycin for susp 125 mg/5ml</i>	175	<i>clindamycin phosphate-benzoyl</i> <i>peroxide gel 1-5%</i> .....	131
<i>clarithromycin for susp 250 mg/5ml</i>	175	<i>clindamycin phosphate foam 1%</i> ...	131
<i>clarithromycin tab 250 mg</i> .....	175	<i>clindamycin phosphate gel 1%</i> .....	131
<i>clarithromycin tab 500 mg</i> .....	175	<i>clindamycin phosphate lotion 1%</i> ...	131
		<i>clindamycin phosphate soln 1%</i> .....	131
		<i>clindamycin phosphate swab 1%</i> ...	131
		<i>clindamycin phosphate-tretinoin gel</i> <i>1.2-0.025%</i> .....	131
		<i>clindamycin phosphate vaginal cream</i> <i>2%</i> .....	228
		<i>clindamycin phosph-benzoyl peroxide</i> <i>(refrig) gel 1.2 (1)-5%</i> .....	131
		CLINDESSE CRE 2% .....	228
		<i>clobazam suspension 2.5 mg/ml</i> .....	44
		<i>clobazam tab 10 mg</i> .....	44

<i>clobazam tab 20 mg</i> .....	44	<i>clorazepate dipotassium tab 3.75 mg</i>	36
<i>clobetasol propionate cream 0.05%</i>	140	<i>clorazepate dipotassium tab 7.5 mg</i>	36
<i>clobetasol propionate emollient base</i>		<i>clotrimazole troche 10 mg</i> .....	203
<i>cream 0.05%</i> .....	140	<i>clotrimazole w/ betamethasone cream</i>	
<i>clobetasol propionate foam 0.05%</i> ..	140	<i>1-0.05%</i> .....	133
<i>clobetasol propionate gel 0.05%</i> .....	140	<i>clotrimazole w/ betamethasone lotion</i>	
<i>clobetasol propionate lotion 0.05%</i>	140	<i>1-0.05%</i> .....	133
<i>clobetasol propionate oint 0.05%</i> ...	140	<i>clozapine orally disintegrating tab 100</i>	
<i>clobetasol propionate shampoo 0.05%</i>		<i>mg</i> .....	98
.....	140	<i>clozapine orally disintegrating tab 12.5</i>	
<i>clobetasol propionate soln 0.05%</i> ...	140	<i>mg</i> .....	98
CLOBEX LOT 0.05%.....	140	<i>clozapine orally disintegrating tab 150</i>	
CLOBEX SHA 0.05% .....	140	<i>mg</i> .....	98
CLODERM CRE 0.1%.....	140	<i>clozapine orally disintegrating tab 200</i>	
<i>clomiphene citrate tab 50 mg</i> .....	156	<i>mg</i> .....	98
<i>clomipramine hcl cap 25 mg</i> .....	55	<i>clozapine orally disintegrating tab 25</i>	
<i>clomipramine hcl cap 50 mg</i> .....	55	<i>mg</i> .....	98
<i>clomipramine hcl cap 75 mg</i> .....	55	<i>clozapine tab 100 mg</i> .....	98
<i>clonazepam orally disintegrating tab</i>		<i>clozapine tab 200 mg</i> .....	98
<i>0.125 mg</i> .....	44	<i>clozapine tab 25 mg</i> .....	98
<i>clonazepam orally disintegrating tab</i>		<i>clozapine tab 50 mg</i> .....	98
<i>0.25 mg</i> .....	44	CLOZARIL TAB 100MG .....	98
<i>clonazepam orally disintegrating tab</i>		CLOZARIL TAB 200MG .....	98
<i>0.5 mg</i> .....	44	CLOZARIL TAB 25MG.....	98
<i>clonazepam orally disintegrating tab 1</i>		CLOZARIL TAB 50MG.....	98
<i>mg</i> .....	44	COAGUCHEK MIS LANCETS.....	179
<i>clonazepam orally disintegrating tab 2</i>		<i>coal tar soln 20%</i> .....	147
<i>mg</i> .....	44	COARTEM TAB 20-120MG.....	78
<i>clonazepam tab 0.5 mg</i> .....	44	CODEINE SULFATE TAB 30 MG.....	22
<i>clonazepam tab 1 mg</i> .....	44	CODEINE SULF TAB 15MG .....	21
<i>clonazepam tab 2 mg</i> .....	44	CODEINE SULF TAB 60MG .....	22
<i>clonidine hcl tab 0.1 mg</i> .....	72	<i>colchicine tab 0.6 mg</i> .....	168
<i>clonidine hcl tab 0.2 mg</i> .....	72	<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>clonidine hcl tab 0.3 mg</i> .....	72	<i>mg</i> .....	168
<i>clonidine hcl tab er 12hr 0.1 mg</i> .....	5	<i>colesevelam hcl packet for susp 3.75</i>	
<i>clonidine td patch weekly 0.1 mg/24hr</i>		<i>gm</i> .....	66
.....	72	<i>colesevelam hcl tab 625 mg</i> .....	66
<i>clonidine td patch weekly 0.2 mg/24hr</i>		COLESTID FLA GRA 5/7.5GM .....	66
.....	72	COLESTID FLA GRA 5GM.....	66
<i>clonidine td patch weekly 0.3 mg/24hr</i>		COLESTID GRA 5GM.....	66
.....	72	COLESTID POW 5GM .....	66
<i>clopidogrel bisulfate tab 300 mg (base</i>		COLESTID TAB 1GM .....	66
<i>equiv)</i> .....	170	<i>colestipol hcl granule packets 5 gm</i> ..	66
<i>clopidogrel bisulfate tab 75 mg (base</i>		<i>colestipol hcl granules 5 gm</i> .....	66
<i>equiv)</i> .....	170	<i>colestipol hcl tab 1 gm</i> .....	66
<i>clorazepate dipotassium tab 15 mg</i> ..	36	COMBIGAN SOL 0.2/0.5% .....	206

COMBIPATCH DIS.....	162	COPIKTRA CAP 25MG .....	86
COMBIVENT AER 20-100.....	40	COREG TAB 12.5MG .....	111
COMBIVIR TAB 150-300.....	102	COREG TAB 25MG .....	111
COMETRIQ KIT 100MG.....	86	COREG TAB 3.125MG.....	111
COMETRIQ KIT 140MG.....	86	COREG TAB 6.25MG .....	111
COMETRIQ KIT 60MG .....	86	CORGARD TAB 20MG .....	112
COMFORT ASSU MIS LANC 28G.....	179	CORGARD TAB 40MG .....	112
COMFORT ASSU MIS LANC 33G.....	179	CORGARD TAB 80MG .....	112
COMFORT EZ MIS 21G .....	179	CORLANOR SOL 5MG/5ML .....	122
COMFORT EZ MIS 23G .....	179	CORLANOR TAB 5MG .....	122
COMFORT EZ MIS 28G .....	179	CORLANOR TAB 7.5MG .....	122
COMFORT MIS LANCETS.....	179	CORTEF TAB 10MG .....	127
COMFORTOUCH MIS LANCET .....	179	CORTEF TAB 20MG .....	127
COMPACT SPAC MIS CHAMBER.....	195	CORTEF TAB 5MG.....	127
COMPACT SPAC MIS LG MASK.....	195	CORTENEMA ENE 100MG.....	30
COMPACT SPAC MIS MD MASK.....	195	CORTIFOAM AER 90MG .....	30
COMPACT SPAC MIS SM MASK .....	195	CORTISPORIN SUS -TC OTIC .....	212
COMPLEAT LIQ CLS SYS .....	148	COSENTYX INJ 150MG/ML .....	135
COMPLEAT PED LIQ ORG BLND .....	148	COSENTYX INJ 300DOSE.....	135
COMTAN TAB 200MG .....	92	COSENTYX INJ 75MG/0.5 .....	135
CONCERTA TAB 18MG .....	7	COSENTYX PEN INJ 150MG/ML.....	136
CONCERTA TAB 27MG .....	7	COSENTYX PEN INJ 300DOSE .....	136
CONCERTA TAB 36MG .....	7	COSOPT PF SOL 2%-0.5%.....	206
CONCERTA TAB 54MG .....	7	COSOPT SOL 22.3-6.8 .....	207
CONDYLOX GEL 0.5% .....	145	COTELLIC TAB 20MG .....	86
CONTOUR HIGH LIQ CONTROL.....	179	CREON CAP 12000UNT.....	153
CONTOUR LOW LIQ CONTROL.....	179	CREON CAP 24000UNT.....	153
CONTOUR NEXT SOL LEVEL 1 .....	179	CREON CAP 3000UNIT .....	153
CONTOUR NEXT SOL LEVEL 2 .....	179	CREON CAP 36000UNT.....	153
CONTOUR NORM LIQ CONTROL.....	179	CREON CAP 6000UNIT .....	153
CONTROL HIGH SOL UNISTRIP.....	179	CRINONE GEL 4% VAG .....	228
CONTROL LOW SOL UNISTRIP.....	179	CRINONE GEL 8% VAG .....	229
CONTROL NORM SOL EASY STP.....	179	CRIXIVAN CAP 400MG .....	102
CONTROL SOL LIQ HI/MID/L.....	179	<i>cromolyn sodium ophth soln 4%.....</i>	211
CONTROL SOL LIQ HIGH/LOW.....	179	<i>cromolyn sodium oral conc 100 mg/5ml</i>	
CONTROL SOL LIQ LEVEL 2 .....	179	<i>.....</i>	165
CONTROL SOL LIQ MID .....	179	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	
CONTROL SOL NORMAL.....	179	<i>.....</i>	37
CONZIP CAP 100MG .....	22	<i>crotamiton lotion 10% .....</i>	147
CONZIP CAP 200MG .....	22	CRUCIAL LIQ UNFLAVOR .....	148
CONZIP CAP 300MG .....	22	CURITY PREP PAD ALCOHOL .....	194
COOL CONTROL SOL A.....	179	CURITY SWABS PAD ALCOHOL.....	194
COOL CONTROL SOL B.....	179	CUTIVATE LOT 0.05%.....	140
COPAXONE INJ 20MG/ML .....	217	CUVPOSA SOL 1MG/5ML .....	225
COPAXONE INJ 40MG/ML .....	217	CVS KETONE TES CARE.....	147
COPIKTRA CAP 15MG .....	86	CVS LANCETS MIS 21G .....	179



CVS LANCETS MIS 30G .....	179	DANTRIUM CAP 50MG .....	205
CVS LANCETS MIS 33G .....	179	<i>dantrolene sodium cap 100 mg</i> .....	205
CVS LANCETS MIS ORIGINAL.....	179	<i>dantrolene sodium cap 25 mg</i> .....	205
CVS LANCETS MIS THIN 26G .....	179	<i>dantrolene sodium cap 50 mg</i> .....	205
CVS LANCETS MIS THIN 30G .....	179	<i>dapsone gel 5%</i> .....	131
CVS LANCETS MIS THIN 33G .....	179	<i>dapsone gel 7.5%</i> .....	131
CVS LANCING MIS DEVICE .....	180	<i>dapsone tab 100 mg</i> .....	32
<i>cyanocobalamin inj 1000 mcg/ml</i> ...	171	<i>dapsone tab 25 mg</i> .....	32
<i>cyclobenzaprine hcl tab 10 mg</i> .....	204	<i>darifenacin hydrobromide tab er 24hr</i>	
<i>cyclobenzaprine hcl tab 5 mg</i> .....	204	<i>15 mg (base equiv)</i> .....	227
CYCLOGYL SOL 0.5% OP .....	207	<i>darifenacin hydrobromide tab er 24hr</i>	
CYCLOGYL SOL 1% OP.....	207	<i>7.5 mg (base equiv)</i> .....	227
CYCLOGYL SOL 2% OP .....	207	DAYPRO TAB 600MG.....	16
CYCLOMYDRIL SOL OP .....	207	DDAVP SOL 0.01% .....	160
<i>cyclopentolate hcl ophth soln 0.5%</i> ..	207	DDAVP TAB 0.1MG .....	160
<i>cyclopentolate hcl ophth soln 1%</i> ...	207	DDAVP TAB 0.2MG .....	160
<i>cyclopentolate hcl ophth soln 2%</i> ...	207	<i>deferasirox granules packet 180 mg</i> .	61
<i>cyclophosphamide cap 25 mg</i> .....	79	<i>deferasirox granules packet 360 mg</i> .	61
<i>cyclophosphamide cap 50 mg</i> .....	80	<i>deferasirox granules packet 90 mg</i> ...	61
CYCLOPHOSPH TAB 25MG .....	79	<i>deferasirox tab 180 mg</i> .....	61
CYCLOPHOSPH TAB 50MG .....	79	<i>deferasirox tab 360 mg</i> .....	61
<i>cycloserine cap 250 mg</i> .....	79	<i>deferasirox tab 90 mg</i> .....	61
CYCLOSET TAB 0.8MG .....	58	<i>deferasirox tab for oral susp 125 mg</i> 61	
<i>cyclosporine cap 100 mg</i> .....	201	<i>deferasirox tab for oral susp 250 mg</i> 62	
<i>cyclosporine cap 25 mg</i> .....	201	<i>deferasirox tab for oral susp 500 mg</i> 62	
<i>cyclosporine modified cap 100 mg</i> ..	201	<i>deferiprone tab 500 mg</i> .....	62
<i>cyclosporine modified cap 25 mg</i> ....	201	<i>deferoxamine mesylate for inj 2 gm</i> ..	62
<i>cyclosporine modified cap 50 mg</i> ....	201	DELESTROGEN INJ 10MG/ML .....	163
<i>cyclosporine modified oral soln 100</i>		DELESTROGEN INJ 20MG/ML .....	163
<i>mg/ml</i> .....	201	DELESTROGEN INJ 40MG/ML .....	163
<i>cyproheptadine hcl syrup 2 mg/5ml</i> ..	65	<i>demeclocycline hcl tab 150 mg</i> .....	222
<i>cyproheptadine hcl tab 4 mg</i> .....	65	<i>demeclocycline hcl tab 300 mg</i> .....	222
CYSTADANE POW .....	158	DEMSEER CAP 250MG .....	71
CYSTAGON CAP 150MG .....	168	DENAVIR CRE 1% .....	138
CYSTAGON CAP 50MG.....	168	DEPAKOTE ER TAB 250MG.....	50
CYSTARAN SOL 0.44%.....	211	DEPAKOTE ER TAB 500MG.....	50
CYTOTEC TAB 100MCG.....	226	DEPAKOTE SPR CAP 125MG.....	50
CYTOTEC TAB 200MCG.....	226	DEPAKOTE TAB 125MG DR .....	50
<b>D</b>		DEPAKOTE TAB 250MG DR .....	50
<i>dalfampridine tab er 12hr 10 mg</i> ....	217	DEPAKOTE TAB 500MG DR .....	50
DALIRESP TAB 250MCG .....	38	DEPEN TITRA TAB 250MG.....	200
DALIRESP TAB 500MCG .....	38	DEPO-ESTRADI INJ 5MG/ML .....	163
<i>danazol cap 100 mg</i> .....	29	DEPO-PROVERA INJ 150MG/ML .....	126
<i>danazol cap 200 mg</i> .....	29	DEPO-SQ PROV INJ 104 .....	126
<i>danazol cap 50 mg</i> .....	29	DEPO-TESTOST INJ 100MG/ML .....	29
DANTRIUM CAP 25MG .....	205	DEPO-TESTOST INJ 200MG/ML .....	29

DERMA-SMOOTH OIL /FS BODY.....	140	DESVENLAFAX TAB 100MG ER .....	54
DERMA-SMOOTH OIL /FS SCLP .....	140	DESVENLAFAX TAB 50MG ER .....	54
DERMOTIC OIL 0.01% .....	212	DETROL TAB 1MG.....	227
DESCOVY TAB 120-15MG .....	102	DETROL TAB 2MG.....	227
DESCOVY TAB 200/25MG .....	102	DEXAMETHASON CON 1MG/ML.....	127
<i>desipramine hcl tab 100 mg .....</i>	<i>55</i>	<i>dexamethasone elixir 0.5 mg/5ml...</i>	<i>127</i>
<i>desipramine hcl tab 10 mg .....</i>	<i>55</i>	<i>dexamethasone sodium phosphate</i>	
<i>desipramine hcl tab 150 mg .....</i>	<i>55</i>	<i>ophth soln 0.1%.....</i>	<i>210</i>
<i>desipramine hcl tab 25 mg .....</i>	<i>55</i>	<i>dexamethasone soln 0.5 mg/5ml....</i>	<i>127</i>
<i>desipramine hcl tab 50 mg .....</i>	<i>55</i>	<i>dexamethasone tab 0.5 mg .....</i>	<i>127</i>
<i>desipramine hcl tab 75 mg .....</i>	<i>55</i>	<i>dexamethasone tab 0.75 mg .....</i>	<i>127</i>
<i>desloratadine tab 5 mg .....</i>	<i>65</i>	<i>dexamethasone tab 1.5 mg .....</i>	<i>127</i>
<i>desloratadine tab orally disintegrating</i>		<i>dexamethasone tab 1 mg .....</i>	<i>127</i>
<i>2.5 mg.....</i>	<i>65</i>	<i>dexamethasone tab 2 mg .....</i>	<i>127</i>
<i>desloratadine tab orally disintegrating</i>		<i>dexamethasone tab 4 mg .....</i>	<i>127</i>
<i>5 mg .....</i>	<i>65</i>	<i>dexamethasone tab 6 mg .....</i>	<i>127</i>
<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab therapy pack 1.5</i>	
<i>0.01% .....</i>	<i>160</i>	<i>mg (21) .....</i>	<i>127</i>
<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab therapy pack 1.5</i>	
<i>0.01% (refrigerated).....</i>	<i>160</i>	<i>mg (35) .....</i>	<i>127</i>
<i>desmopressin acetate tab 0.1 mg ...</i>	<i>160</i>	<i>dexamethasone tab therapy pack 1.5</i>	
<i>desmopressin acetate tab 0.2 mg ...</i>	<i>160</i>	<i>mg (51) .....</i>	<i>127</i>
<i>desogest-eth estrad &amp; eth estrad tab</i>		DEXCOM G5 MIS RECEIVER .....	180
<i>0.15-0.02/0.01 mg(21/5) .....</i>	<i>124</i>	DEXCOM G5 MIS TRANSMIT.....	180
<i>desogest-ethin est tab 0.1-</i>		DEXCOM G6 MIS RECEIVER .....	180
<i>0.025/0.125-0.025/0.15-0.025mg-</i>		DEXCOM G6 MIS SENSOR .....	180
<i>mg .....</i>	<i>124</i>	DEXCOM G6 MIS TRANSMIT.....	180
<i>desogestrel &amp; ethinyl estradiol tab 0.15</i>		DEXEDRINE CAP 10MG CR .....	2
<i>mg-30 mcg.....</i>	<i>124</i>	DEXEDRINE CAP 15MG CR .....	2
DESONATE GEL 0.05%.....	140	DEXEDRINE CAP 5MG CR .....	2
<i>desonide cream 0.05% .....</i>	<i>140</i>	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desonide lotion 0.05% .....</i>	<i>141</i>	<i>10 mg .....</i>	<i>7</i>
<i>desonide oint 0.05%.....</i>	<i>141</i>	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DESOWEN CRE 0.05% .....	141	<i>15 mg .....</i>	<i>7</i>
<i>desoximetasone cream 0.05% .....</i>	<i>141</i>	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desoximetasone cream 0.25% .....</i>	<i>141</i>	<i>20 mg .....</i>	<i>7</i>
<i>desoximetasone gel 0.05%.....</i>	<i>141</i>	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desoximetasone oint 0.25%.....</i>	<i>141</i>	<i>25 mg .....</i>	<i>7</i>
<i>desoximetasone spray 0.25% .....</i>	<i>141</i>	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DESOXYN TAB 5MG.....	2	<i>30 mg .....</i>	<i>7</i>
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>100 mg (base equiv) .....</i>	<i>54</i>	<i>35 mg .....</i>	<i>7</i>
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>25 mg (base equiv) .....</i>	<i>54</i>	<i>40 mg .....</i>	<i>7</i>
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dexmethylphenidate hcl cap er 24 hr 5</i>	
<i>50 mg (base equiv) .....</i>	<i>54</i>	<i>mg.....</i>	<i>7</i>

<i>dexmethylphenidate hcl tab 10 mg</i> .....7	<i>diazepam tab 2 mg</i> .....36
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GYNAZOLE-1 CRE 2% .....	228	<i>heparin sodium (porcine) inj 1000</i>	
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<i>325 mg/15ml.....</i>	27	<i>hydrocodone-ibuprofen tab 5-200 mg</i>	
<i>hydrocodone-acetaminophen tab 10-</i>		<i>.....</i>	27
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<i>isosorbide dinitrate tab 30 mg</i> .....	34	JORNAY PM CAP 60MG ER .....	8
<i>isosorbide dinitrate tab 5 mg</i> .....	34	JORNAY PM CAP 80MG ER .....	8
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LANCING DEVI MIS 25G.....	185	<i>(base equiv) .....</i>	41
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<i>lidocaine hcl urethral/mucosal gel 2%</i> .....	146	<i>lithium carbonate cap 600 mg</i> .....	95
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<i>150 mg/ml</i> .....	127	<i>mesalamine cap er 24hr 0.375 gm</i> ..	166
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<i>metformin hcl tab 500 mg</i> .....	58	<i>250-25 mg</i> .....	75
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<i>metformin hcl tab er 24hr 500 mg</i> ....	58	<i>methylidopa tab 500 mg</i> .....	72
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<i>methadone hcl tab 10 mg</i> .....	24	<i>methylphenidate hcl cap er 10 mg (cd)</i>	
<i>methadone hcl tab 5 mg</i> .....	24	.....	8
<i>methadone hcl tab for oral susp 40 mg</i>		<i>methylphenidate hcl cap er 20 mg (cd)</i>	
.....	24	.....	8
METHADOSE CON 10MG/ML .....	24	<i>methylphenidate hcl cap er 24hr 10 mg</i>	
METHADOSE SF CON 10MG/ML .....	24	<i>(la)</i> .....	8
<i>methamphetamine hcl tab 5 mg</i> .....	3	<i>methylphenidate hcl cap er 24hr 10 mg</i>	
<i>methazolamide tab 25 mg</i> .....	154	<i>(xr)</i> .....	8
<i>methazolamide tab 50 mg</i> .....	154	<i>methylphenidate hcl cap er 24hr 15 mg</i>	
<i>methenamine hippurate tab 1 gm</i> ....	33	<i>(xr)</i> .....	8
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<i>methenamine mandelate tab 1 gm</i> ...	33	<i>(la)</i> .....	8
<i>methimazole tab 10 mg</i> .....	223	<i>methylphenidate hcl cap er 24hr 20 mg</i>	
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<i>methocarbamol tab 750 mg</i> .....	205	<i>methylphenidate hcl cap er 24hr 30 mg</i>	
<i>methotrexate sodium for inj 1 gm</i> ....	80	<i>(xr)</i> .....	8
<i>methotrexate sodium inj 250 mg/10ml</i>		<i>methylphenidate hcl cap er 24hr 40 mg</i>	
<i>(25 mg/ml)</i> .....	80	<i>(la)</i> .....	8
<i>methotrexate sodium inj 50 mg/2ml</i>		<i>methylphenidate hcl cap er 24hr 40 mg</i>	
<i>(25 mg/ml)</i> .....	80	<i>(xr)</i> .....	8
<i>methotrexate sodium inj pf 1000</i>		<i>methylphenidate hcl cap er 24hr 50 mg</i>	
<i>mg/40ml (25 mg/ml)</i> .....	80	<i>(xr)</i> .....	8
<i>methotrexate sodium inj pf 250</i>		<i>methylphenidate hcl cap er 24hr 60 mg</i>	
<i>mg/10ml (25 mg/ml)</i> .....	80	<i>(la)</i> .....	8
<i>methotrexate sodium inj pf 50 mg/2ml</i>		<i>methylphenidate hcl cap er 24hr 60 mg</i>	
<i>(25 mg/ml)</i> .....	80	<i>(xr)</i> .....	9
<i>methotrexate sodium tab 2.5 mg (base</i>		<i>methylphenidate hcl cap er 30 mg (cd)</i>	
<i>equiv)</i> .....	80	.....	9
<i>methoxsalen rapid cap 10 mg</i> .....	136	<i>methylphenidate hcl cap er 40 mg (cd)</i>	
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.....	225	<i>methylphenidate hcl cap er 50 mg (cd)</i>	
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<i>oseltamivir phosphate cap 75 mg (base</i>		<i>oxycodone hcl conc 100 mg/5ml (20</i>	
<i>equiv)</i> .....	110	<i>mg/ml)</i> .....	26
<i>oseltamivir phosphate for susp 6</i>		<i>oxycodone hcl soln 5 mg/5ml</i> .....	26
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<i>phenobarbital tab 100 mg</i> .....	172	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .....	57
<i>phenobarbital tab 15 mg</i> .....	172	<i>pioglitazone hcl tab 15 mg (base equiv)</i> .....	60
<i>phenobarbital tab 16.2 mg</i> .....	172	<i>pioglitazone hcl tab 30 mg (base equiv)</i> .....	60
<i>phenobarbital tab 30 mg</i> .....	172	<i>pioglitazone hcl tab 45 mg (base equiv)</i> .....	60
<i>phenobarbital tab 32.4 mg</i> .....	172	PIP LANCETS MIS 28G .....	188
<i>phenobarbital tab 60 mg</i> .....	172	PIP LANCETS MIS 30G .....	188
<i>phenobarbital tab 64.8 mg</i> .....	172	PIQRAY 200MG TAB DOSE.....	89
<i>phenobarbital tab 97.2 mg</i> .....	172	PIQRAY 250MG TAB DOSE.....	89
<i>phenoxybenzamine hcl cap 10 mg</i> ....	71	PIQRAY 300MG TAB DOSE.....	89
<i>phentermine hcl cap 15 mg</i> .....	4	<i>pirfenidone tab 267 mg</i> .....	222
<i>phentermine hcl cap 30 mg</i> .....	5	<i>pirfenidone tab 801 mg</i> .....	222
<i>phentermine hcl cap 37.5 mg</i> .....	5	<i>piroxicam cap 10 mg</i> .....	18
<i>phentermine hcl tab 37.5 mg</i> .....	5	<i>piroxicam cap 20 mg</i> .....	18
<i>phenylephrine hcl ophth soln 10%</i> ..	207		
<i>phenylephrine hcl ophth soln 2.5%</i> ..	207		
PHENYTEK CAP 200MG .....	50		
PHENYTEK CAP 300MG .....	50		
<i>phenytoin chew tab 50 mg</i> .....	50		

PIVOT LIQ 1.5 CAL .....	151	<i>potassium citrate tab er 10 meq (1080 mg)</i> .....	167
PKU EXPLORE5 POW UNFLAVOR .....	151	<i>potassium citrate tab er 15 meq (1620 mg)</i> .....	167
PLAQUENIL TAB 200MG .....	78	<i>potassium citrate tab er 5 meq (540 mg)</i> .....	167
PLEGRIDY INJ .....	218	POTASSIUM POW CHLORIDE.....	200
PLEGRIDY INJ PEN.....	218	POVIDONE IOD SOL 5%.....	209
PLEGRIDY INJ STARTER .....	219	PPA/MMA POW EXPRESS .....	151
PLEGRIDY PEN INJ STARTER.....	219	PRALUENT INJ 150MG/ML .....	69
POCKET CHAMB MIS .....	196	PRALUENT INJ 75MG/ML .....	69
POCKETCHEM SOL EZ .....	188	<i>pramipexole dihydrochloride tab 0.125 mg</i> .....	93
POCKET SPACE MIS.....	196	<i>pramipexole dihydrochloride tab 0.25 mg</i> .....	93
<i>podofilox soln 0.5%</i> .....	145	<i>pramipexole dihydrochloride tab 0.5 mg</i> .....	93
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	209	<i>pramipexole dihydrochloride tab 0.75 mg</i> .....	93
POLYTRIM SOL OP .....	209	<i>pramipexole dihydrochloride tab 1.5 mg</i> .....	93
POMALYST CAP 1MG.....	84	<i>pramipexole dihydrochloride tab 1 mg</i> .....	93
POMALYST CAP 2MG.....	84	<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> .....	94
POMALYST CAP 3MG.....	84	<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> .....	94
POMALYST CAP 4MG.....	84	<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> .....	94
PONVORY TAB 20MG.....	219	<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> .....	94
PONVORY TAB STARTER.....	219	<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> .....	94
<i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i> .....	167	<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> .....	94
<i>potassium chloride cap er 10 meq</i> ..	200	<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> .....	94
<i>potassium chloride cap er 8 meq</i> ....	200	PRAMOSONE CRE 1-1% .....	143
<i>potassium chloride microencapsulated crys er tab 10 meq</i> .....	200	PRAMOSONE LOT 1%.....	143
<i>potassium chloride microencapsulated crys er tab 15 meq</i> .....	200	PRAMOSONE LOT 2.5%.....	143
<i>potassium chloride microencapsulated crys er tab 20 meq</i> .....	200	<i>prasugrel hcl tab 10 mg (base equiv)</i> .....	170
<i>potassium chloride oral soln 10% (20 meq/15ml)</i> .....	200	<i>prasugrel hcl tab 5 mg (base equiv)</i> .....	170
<i>potassium chloride oral soln 20% (40 meq/15ml)</i> .....	200	<i>pravastatin sodium tab 10 mg</i> .....	68
<i>potassium chloride powder packet 20 meq</i> .....	200	<i>pravastatin sodium tab 20 mg</i> .....	68
<i>potassium chloride tab er 10 meq</i> ....	200	<i>pravastatin sodium tab 40 mg</i> .....	68
<i>potassium chloride tab er 20 meq (1500 mg)</i> .....	200		
<i>potassium chloride tab er 8 meq (600 mg)</i> .....	200		
<i>potassium citrate &amp; citric acid powder pack 3300-1002 mg</i> .....	167		
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i> .....	167		

<i>pravastatin sodium tab 80 mg</i> .....	68	<i>prednisone tab therapy pack 5 mg (48)</i>	128
<i>praziquantel tab 600 mg</i> .....	31	.....	128
<i>prazosin hcl cap 1 mg</i> .....	72	PRED SOD PHO SOL 1% OP .....	210
<i>prazosin hcl cap 2 mg</i> .....	72	PREFEST TAB .....	162
<i>prazosin hcl cap 5 mg</i> .....	72	<i>pregabalin cap 100 mg</i> .....	48
PRECISION LIQ CONTROL.....	188	<i>pregabalin cap 150 mg</i> .....	48
PRECISION LIQ GLUC/KET .....	188	<i>pregabalin cap 200 mg</i> .....	48
PRECISION LIQ NRML/MID .....	188	<i>pregabalin cap 225 mg</i> .....	48
PRECISN XTRA TES KETONE .....	148	<i>pregabalin cap 25 mg</i> .....	47
PRECOSE TAB 100MG .....	56	<i>pregabalin cap 300 mg</i> .....	48
PRECOSE TAB 25MG .....	56	<i>pregabalin cap 50 mg</i> .....	47
PRECOSE TAB 50MG .....	56	<i>pregabalin cap 75 mg</i> .....	48
PRED-G S.O.P OIN OP .....	210	<i>pregabalin soln 20 mg/ml</i> .....	48
PRED-G SUS OP .....	210	<i>pregabalin tab er 24hr 165 mg</i> .....	219
<i>prednicarbate cream 0.1%</i> .....	143	<i>pregabalin tab er 24hr 330 mg</i> .....	219
<i>prednicarbate oint 0.1%</i> .....	143	<i>pregabalin tab er 24hr 82.5 mg</i> .....	219
<i>prednisolone acetate ophth susp 1%</i>		PREMARIN INJ 25MG .....	164
.....	210	PREMPHASE TAB .....	162
<i>prednisolone sodium phosphate oral</i>		PREMPRO TAB.....	162
<i>soln 25 mg/5ml (base eq)</i> .....	128	PREMPRO TAB 0.3-1.5 .....	162
<i>prednisolone sod phos orally disintegr</i>		PREMPRO TAB 0.45-1.5.....	162
<i>tab 10 mg (base eq)</i> .....	128	PREMPRO TAB 0.625-5.....	162
<i>prednisolone sod phos orally disintegr</i>		PREPIDIL GEL 0.5MG/3G .....	212
<i>tab 15 mg (base eq)</i> .....	128	PREP PADS PAD .....	194
<i>prednisolone sod phos orally disintegr</i>		PRESSURE ACT MIS LANCET .....	188
<i>tab 30 mg (base eq)</i> .....	128	PRESSURE ACT MIS LANCETS .....	188
<i>prednisolone sod phosphate oral soln</i>		PRETOMANID TAB 200MG .....	79
<i>15 mg/5ml (base equiv)</i> .....	128	PREVYMIS TAB 240MG .....	108
<i>prednisolone sod phosph oral soln 6.7</i>		PREVYMIS TAB 480MG .....	108
<i>mg/5ml (5 mg/5ml base)</i> .....	128	PREZCOBIX TAB 800-150 .....	105
<i>prednisolone soln 15 mg/5ml</i> .....	128	PREZISTA SUS 100MG/ML .....	105
PREDNISOLONE SUS 1%.....	210	PREZISTA TAB 150MG .....	105
PREDNISONONE CON 5MG/ML.....	128	PREZISTA TAB 600MG .....	105
<i>prednisone oral soln 5 mg/5ml</i> .....	128	PREZISTA TAB 75MG .....	105
<i>prednisone tab 10 mg</i> .....	128	PREZISTA TAB 800MG .....	105
<i>prednisone tab 1 mg</i> .....	128	PRIFTIN TAB 150MG .....	79
<i>prednisone tab 2.5 mg</i> .....	128	<i>primaquine phosphate tab 26.3 mg (15</i>	
<i>prednisone tab 20 mg</i> .....	128	<i>mg base)</i> .....	78
<i>prednisone tab 50 mg</i> .....	128	PRIMAQUINE TAB 26.3MG .....	78
<i>prednisone tab 5 mg</i> .....	128	<i>primidone tab 250 mg</i> .....	48
<i>prednisone tab therapy pack 10 mg</i>		<i>primidone tab 50 mg</i> .....	48
<i>(21)</i> .....	128	PRIMSOL SOL 50MG/5ML .....	31
<i>prednisone tab therapy pack 10 mg</i>		PRINIVIL TAB 20MG .....	70
<i>(48)</i> .....	128	<i>probenecid tab 500 mg</i> .....	169
<i>prednisone tab therapy pack 5 mg (21)</i>		PROCARDIA CAP 10MG .....	115
.....	128	PROCARDIA XL TAB 30MG CR .....	115

PROCARDIA XL TAB 60MG CR .....	115	<i>promethazine hcl suppos 50 mg</i> .....	65
PROCARDIA XL TAB 90MG CR .....	115	<i>promethazine hcl syrup 6.25 mg/5ml</i>	65
<i>prochlorperazine edisylate inj 10</i>		<i>promethazine hcl tab 12.5 mg</i> .....	65
<i>mg/2ml</i> .....	100	<i>promethazine hcl tab 25 mg</i> .....	65
<i>prochlorperazine edisylate inj 50</i>		<i>promethazine hcl tab 50 mg</i> .....	65
<i>mg/10ml</i> .....	100	<i>promethazine-phenylephrine-codeine</i>	
<i>prochlorperazine maleate tab 10 mg</i>		<i>syrup 6.25-5-10 mg/5ml</i> .....	129
<i>(base equivalent)</i> .....	100	<i>promethazine w/ codeine syrup 6.25-</i>	
<i>prochlorperazine maleate tab 5 mg</i>		<i>10 mg/5ml</i> .....	129
<i>(base equivalent)</i> .....	100	PROMOTE/ LIQ FIBER .....	152
<i>prochlorperazine suppos 25 mg</i> .....	100	PROMOTE 1.0 LIQ W/ FIBER .....	152
PRO COMFORT MIS 31G .....	188	PROMOTE LIQ VANILLA .....	152
PRO COMFORT MIS LANCETS .....	188	PROMOTE W/FB LIQ VANILLA .....	152
PRO COMFORT PAD ALCOHOL .....	194	PROMOTE W/ LIQ FIBER .....	152
PROCORT CRE .....	30	<i>propafenone hcl cap er 12hr 225 mg</i>	37
PROCTOCORT CRE 1% .....	31	<i>propafenone hcl cap er 12hr 325 mg</i>	37
PROCTOCORT SUP 30MG .....	31	<i>propafenone hcl cap er 12hr 425 mg</i>	37
PROCTOFOAM AER HC 1% .....	30	<i>propafenone hcl tab 150 mg</i> .....	37
PRODIGY MIS 26G .....	188	<i>propafenone hcl tab 225 mg</i> .....	37
PRODIGY MIS 28G .....	188	<i>propafenone hcl tab 300 mg</i> .....	37
PRODIGY MIS LANC DEV .....	188	<i>proparacaine hcl ophth soln 0.5%</i> ...	209
PRODIGY SOL HIGH .....	188	PRO-PHREE POW .....	152
PRODIGY SOL LOW .....	188	<i>propranolol &amp; hydrochlorothiazide tab</i>	
<i>progesterone cap 100 mg</i> .....	214	<i>40-25 mg</i> .....	76
<i>progesterone cap 200 mg</i> .....	214	<i>propranolol &amp; hydrochlorothiazide tab</i>	
<i>progesterone im in oil 50 mg/ml</i> ....	214	<i>80-25 mg</i> .....	76
PROGLYCEM SUS 50MG/ML .....	58	<i>propranolol hcl cap er 24hr 120 mg</i>	113
PROGRAF CAP 0.5MG .....	202	<i>propranolol hcl cap er 24hr 160 mg</i>	113
PROGRAF CAP 1MG .....	202	<i>propranolol hcl cap er 24hr 60 mg</i> ..	113
PROGRAF CAP 5MG .....	202	<i>propranolol hcl cap er 24hr 80 mg</i> ..	113
PROGRAF GRA 0.2MG .....	202	<i>propranolol hcl oral soln 20 mg/5ml</i>	113
PROGRAF GRA 1MG .....	202	<i>propranolol hcl oral soln 40 mg/5ml</i>	113
PROLENSA SOL 0.07% .....	211	<i>propranolol hcl tab 10 mg</i> .....	113
PROMACTA PAK 25MG .....	171	<i>propranolol hcl tab 20 mg</i> .....	113
PROMACTA POW 12.5MG .....	171	<i>propranolol hcl tab 40 mg</i> .....	113
PROMACTA TAB 12.5MG .....	171	<i>propranolol hcl tab 60 mg</i> .....	113
PROMACTA TAB 25MG .....	171	<i>propranolol hcl tab 80 mg</i> .....	113
PROMACTA TAB 50MG .....	171	<i>propylthiouracil tab 50 mg</i> .....	223
PROMACTA TAB 75MG .....	171	PROSCAR TAB 5MG .....	168
PROMACTIN AA SUS PLUS .....	152	PROSOURCE LIQ TF .....	152
<i>promethazine &amp; phenylephrine syrup</i>		PROSTIN E2 SUP 20MG .....	212
<i>6.25-5 mg/5ml</i> .....	129	PROTHELIAL PST 10% .....	204
<i>promethazine-dm syrup 6.25-15</i>		PROTONIX INJ 40MG .....	226
<i>mg/5ml</i> .....	129	PROTOPIC OIN 0.03% .....	145
<i>promethazine hcl suppos 12.5 mg</i> ....	65	PROTOPIC OIN 0.1% .....	145
<i>promethazine hcl suppos 25 mg</i> .....	65	<i>protriptyline hcl tab 10 mg</i> .....	56

<i>protriptyline hcl tab 5 mg</i> .....	56	QUDEXY XR CAP 25/24HR .....	48
PROVERA TAB 10MG .....	214	QUDEXY XR CAP 50/24HR .....	48
PROVERA TAB 2.5MG .....	214	QUESTRAN POW 4GM .....	66
PROVERA TAB 5MG .....	214	QUESTRAN POW 4GM LITE .....	66
PRUDOXIN CRE 5% .....	135	<i>quetiapine fumarate tab 100 mg</i> .....	98
<i>pseudoephed-bromphen-dm syrup 30-</i>		<i>quetiapine fumarate tab 200 mg</i> .....	98
<i>2-10 mg/5ml</i> .....	129	<i>quetiapine fumarate tab 25 mg</i> .....	98
PSS SAFE LAN MIS .....	188	<i>quetiapine fumarate tab 300 mg</i> .....	98
PSS SEL LANC MIS .....	188	<i>quetiapine fumarate tab 400 mg</i> .....	99
PSS SEL PLAT MIS .....	188	<i>quetiapine fumarate tab 50 mg</i> .....	98
PTS PANELS TES KETONE .....	148	<i>quetiapine fumarate tab er 24hr 150</i>	
PULMICORT INH 180MCG .....	39	<i>mg</i> .....	99
PULMICORT INH 90MCG .....	39	<i>quetiapine fumarate tab er 24hr 200</i>	
PULMICORT SUS 0.25MG/2 .....	39	<i>mg</i> .....	99
PULMICORT SUS 0.5MG/2 .....	39	<i>quetiapine fumarate tab er 24hr 300</i>	
PULMICORT SUS 1MG/2ML .....	39	<i>mg</i> .....	99
PULMOZYME SOL 1MG/ML .....	221	<i>quetiapine fumarate tab er 24hr 400</i>	
PURE COMFORT PAD .....	194	<i>mg</i> .....	99
PURIXAN SUS 20MG/ML .....	81	<i>quetiapine fumarate tab er 24hr 50 mg</i>	
PX LANCETS MIS 28G .....	188	.....	99
PX LANCETS MIS ULT THIN .....	188	QUICKTEK LIQ SOLUTION .....	188
PYLERA CAP .....	226	<i>quinapril hcl tab 10 mg</i> .....	70
<i>pyrazinamide tab 500 mg</i> .....	79	<i>quinapril hcl tab 20 mg</i> .....	70
<i>pyridostigmine bromide oral soln 60</i>		<i>quinapril hcl tab 40 mg</i> .....	70
<i>mg/5ml</i> .....	79	<i>quinapril hcl tab 5 mg</i> .....	70
<i>pyridostigmine bromide tab 60 mg</i> ...	79	<i>quinapril-hydrochlorothiazide tab 10-</i>	
<i>pyridostigmine bromide tab er 180 mg</i>		<i>12.5 mg</i> .....	76
.....	79	<i>quinapril-hydrochlorothiazide tab 20-</i>	
<i>pyrimethamine tab 25 mg</i> .....	78	<i>12.5 mg</i> .....	76
PYROGALL ACD OIN .....	145	<i>quinapril-hydrochlorothiazide tab 20-25</i>	
<b>Q</b>		<i>mg</i> .....	76
QBRELIS SOL 1MG/ML .....	70	<i>quinidine gluconate tab er 324 mg</i> ...	36
QBREXZA PAD 2.4% .....	146	<i>quinidine sulfate tab 200 mg</i> .....	36
QC ALCOHOL PAD SWABS .....	194	<i>quinidine sulfate tab 300 mg</i> .....	36
QC LANCETS MIS 28G .....	188	<i>quinine sulfate cap 324 mg</i> .....	78
QC LANCETS MIS 30G .....	188	QUINTET CONT SOL HGH/NORM .....	188
QC LANCING MIS DEVICE .....	188	QULIPTA TAB 10MG .....	196
QELBREE CAP 200MG ER .....	6	QULIPTA TAB 30MG .....	196
QSYMIA CAP 11.25-69 .....	5	QULIPTA TAB 60MG .....	196
QSYMIA CAP 15-92MG .....	5	QVAR REDIIHA AER 80MCG .....	39
QSYMIA CAP 3.75-23 .....	5	QVAR REDIIHAL AER 40MCG .....	39
QSYMIA CAP 7.5-46MG .....	5	<b>R</b>	
QUALAQUIN CAP 324MG .....	78	RABEPRAZOLE CAP 10MG DR .....	226
QUDEXY XR CAP 100/24HR .....	48	<i>rabeprazole sodium ec tab 20 mg</i> ...	226
QUDEXY XR CAP 150/24HR .....	48	RADICAVA ORS SUS 105/5ML .....	206
QUDEXY XR CAP 200/24HR .....	48	RADICAVA ORS SUS STARTER .....	206



RADIOGARDASE CAP 0.5GM .....	62	REBIF REBIDO INJ 22/0.5.....	219
RA E-ZJECT MIS 28G .....	188	REBIF REBIDO INJ 44/0.5.....	219
RA E-ZJECT MIS THIN 26G .....	188	REBIF REBIDO INJ TITRATN.....	219
RA E-ZJECT MIS THIN 28G .....	188	REBIF TITRTN INJ PACK .....	219
RA E-ZJECT MIS ULT THIN.....	188	RECTIV OIN 0.4% .....	31
<i>raloxifene hcl tab 60 mg</i> .....	158	REFUAH PLUS SOL CONTROL .....	189
<i>ramelteon tab 8 mg</i> .....	174	REGLAN TAB 10MG.....	165
<i>ramipril cap 1.25 mg</i> .....	70	REGLAN TAB 5MG.....	165
<i>ramipril cap 10 mg</i> .....	70	REGRANEX GEL 0.01%.....	147
<i>ramipril cap 2.5 mg</i> .....	70	RELENZA MIS DISKHALE .....	110
<i>ramipril cap 5 mg</i> .....	70	RELION KIT LANCING .....	189
RANEXA TAB 1000MG.....	33	RELION LANCE MIS THIN 26G.....	189
RANEXA TAB 500MG.....	33	RELION LANCE MIS THIN 30G.....	189
<i>ranolazine tab er 12hr 1000 mg</i> .....	33	RELION LANCI MIS DEVICE .....	189
<i>ranolazine tab er 12hr 500 mg</i> .....	33	RELION MICRO MIS THIN 33G.....	189
RAPAMUNE SOL 1MG/ML .....	202	RELION TES KETONE .....	148
RAPAMUNE TAB 0.5MG.....	202	RELION ULTRA MIS THIN 30G.....	189
RAPAMUNE TAB 1MG .....	202	RELION ULTRA MIS THIN PLS.....	189
RAPAMUNE TAB 2MG .....	202	RELISTOR INJ 12/0.6ML.....	166
RAPID-SAFE MIS LANCING .....	188	RELISTOR INJ 8/0.4ML.....	166
<i>rasagiline mesylate tab 0.5 mg (base</i> <i>equiv)</i> .....	95	RELISTOR TAB 150MG .....	166
<i>rasagiline mesylate tab 1 mg (base</i> <i>equiv)</i> .....	95	RELPAK TAB 20MG .....	198
RASUVO INJ 10MG .....	16	RELPAK TAB 40MG .....	198
RASUVO INJ 12.5MG .....	16	REMERON SLTB TAB 15MG .....	51
RASUVO INJ 15MG .....	16	REMERON SLTB TAB 30MG .....	51
RASUVO INJ 17.5MG .....	16	REMERON SLTB TAB 45MG .....	51
RASUVO INJ 20MG .....	16	REMERON TAB 15MG .....	51
RASUVO INJ 22.5MG .....	16	REMERON TAB 30MG .....	51
RASUVO INJ 25MG .....	16	RENAGEL TAB 800MG .....	167
RASUVO INJ 30MG .....	16	REVELA POW 0.8GM .....	167
RASUVO INJ 7.5MG .....	15	REVELA POW 2.4GM .....	167
RAZADYNE ER CAP 16MG .....	215	REVELA TAB 800MG.....	167
RAZADYNE ER CAP 24MG .....	215	<i>repaglinide tab 0.5 mg</i> .....	60
RAZADYNE ER CAP 8MG .....	215	<i>repaglinide tab 1 mg</i> .....	60
READYLANCE MIS 21G.....	188	<i>repaglinide tab 2 mg</i> .....	60
READYLANCE MIS 23G.....	188	REplete FIBE LIQ 1 CAL .....	152
READYLANCE MIS 26G.....	188	REplete LIQ ULTRAPAK .....	152
READYLANCE MIS 28G.....	188	RESOURCE DIA LIQ TF .....	152
READYLANCE MIS 30G.....	188	RESTASIS EMU 0.05% OP .....	209
REALITY MIS LANCETS.....	189	RESTASIS MUL EMU 0.05% OP.....	209
REALITY SWAB PAD.....	194	RESTORA RX CAP 60-1.25.....	61
REALITY TRIG MIS LANCETS .....	189	RESTORIL CAP 15MG .....	173
REBIF INJ 22/0.5 .....	219	RESTORIL CAP 22.5MG .....	173
REBIF INJ 44/0.5 .....	219	RESTORIL CAP 30MG .....	173
		RESTORIL CAP 7.5MG .....	173
		RETACRIT INJ 10000UNT.....	171

RETACRIT INJ 20000UNI .....	171	<i>rifampin cap 300 mg</i> .....	79
RETACRIT INJ 2000UNIT .....	171	RIGHTEST ALT MIS ADAPTOR .....	189
RETACRIT INJ 3000UNIT .....	171	RIGHTEST LIQ HIGH CON.....	189
RETACRIT INJ 40000UNT.....	171	RIGHTEST LIQ NORM CON .....	189
RETACRIT INJ 4000UNIT .....	171	RIGHTEST MIS GD500 .....	189
RETIN-A CRE 0.025% .....	132	RIGHTEST MIS GL300 .....	189
RETIN-A CRE 0.05% .....	132	RILUTEK TAB 50MG .....	206
RETIN-A CRE 0.1%.....	132	<i>riluzole tab 50 mg</i> .....	206
RETIN-A GEL 0.01% .....	132	<i>rimantadine hydrochloride tab 100 mg</i>	
RETIN-A GEL 0.025% .....	132	.....	110
RETIN-A MICR GEL 0.04% .....	132	RINVOQ TAB 15MG ER.....	14
RETIN-A MICR GEL 0.04%PMP .....	132	RINVOQ TAB 30MG ER.....	14
RETIN-A MICR GEL 0.06% .....	132	RINVOQ TAB 45MG ER.....	14
RETIN-A MICR GEL 0.08% .....	132	<i>risedronate sodium tab 150 mg</i> .....	156
RETIN-A MICR GEL 0.1%.....	132	<i>risedronate sodium tab 30 mg</i> .....	156
RETIN-A MICR GEL 0.1%PUMP .....	132	<i>risedronate sodium tab 35 mg</i> .....	156
RETROVIR CAP 100MG .....	106	<i>risedronate sodium tab 5 mg</i> .....	156
RETROVIR SYP 50MG/5ML .....	106	<i>risedronate sodium tab delayed release</i>	
REVCIVI INJ 1.6MG/ML .....	159	<i>35 mg</i> .....	156
REVLIMID CAP 10MG .....	201	RISPERDAL INJ 12.5MG .....	96
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<i>equivalent)</i> .....	84	<i>temazepam cap 15 mg</i> .....	173
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TEMOVATE OIN 0.05%.....	143	(1.62%).....	30
<i>temozolomide cap 100 mg</i> .....	80	<i>testosterone td gel 50 mg/5gm (1%)</i>	30
<i>temozolomide cap 140 mg</i> .....	80	<i>testosterone td soln 30 mg/act</i> .....	30
<i>temozolomide cap 180 mg</i> .....	80	<i>tetrabenazine tab 12.5 mg</i> .....	217
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<i>equivalent)</i> .....	72	<i>theophylline elixir 80 mg/15ml</i> .....	42
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<i>equivalent)</i> .....	72	<i>theophylline tab er 12hr 300 mg</i> .....	42
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<i>equivalent)</i> .....	72	<i>theophylline tab er 24hr 400 mg</i> .....	42
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TESSALON PER CAP 100MG .....	129	<i>thioridazine hcl tab 10 mg</i> .....	100
<i>testost cyp inj 200mg/ml</i> .....	29	<i>thioridazine hcl tab 25 mg</i> .....	100
<i>testosterone cypionate im inj in oil 100</i>		<i>thioridazine hcl tab 50 mg</i> .....	100
<i>mg/ml</i> .....	30	<i>thiothixene cap 10 mg</i> .....	101
<i>testosterone cypionate im inj in oil 200</i>		<i>thiothixene cap 1 mg</i> .....	101
<i>mg/ml</i> .....	30	<i>thiothixene cap 2 mg</i> .....	101
<i>testosterone enanthate im inj in oil 200</i>		<i>thiothixene cap 5 mg</i> .....	101
<i>mg/ml</i> .....	30	<i>thyroid tab 120 mg (2 grain)</i> .....	224
<i>testosterone td gel 10mg/act (2%)</i> ...30		<i>thyroid tab 15 mg (1/4 grain)</i> .....	224
<i>testosterone td gel 12.5 mg/act (1%)</i>		<i>thyroid tab 30 mg (1/2 grain)</i> .....	224
.....	30	<i>thyroid tab 60 mg (1 grain)</i> .....	224
<i>testosterone td gel 20.25 mg/1.25gm</i>		<i>thyroid tab 90 mg (1 1/2 grain)</i> .....	224
(1.62%).....	30	<i>tiagabine hcl tab 12 mg</i> .....	50
<i>testosterone td gel 20.25 mg/act</i>		<i>tiagabine hcl tab 16 mg</i> .....	50
(1.62%).....	30	<i>tiagabine hcl tab 2 mg</i> .....	50
<i>testosterone td gel 25 mg/2.5gm (1%)</i>		<i>tiagabine hcl tab 4 mg</i> .....	50
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<i>(once-daily)</i> .....	207	<i>tolmetin sodium cap 400 mg</i> .....	18
<i>timolol maleate preservative free ophth</i>		<i>tolmetin sodium tab 600 mg</i> .....	18
<i>soln 0.5%</i> .....	207	<i>tolterodine tartrate cap er 24hr 2 mg</i>	
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<i>timolol maleate tab 20 mg</i> .....	113	<i>tolterodine tartrate cap er 24hr 4 mg</i>	
<i>timolol maleate tab 5 mg</i> .....	113	.....	227
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TIMOPTIC SOL 0.5% OP .....	207	<i>tolterodine tartrate tab 2 mg</i> .....	227
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<i>tizanidine hcl cap 4 mg (base</i>		<i>topiramate tab 200 mg</i> .....	48
<i>equivalent)</i> .....	205	<i>topiramate tab 25 mg</i> .....	48
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<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	TREMFYA INJ 100MG/ML .....	138
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	TRESIBA FLEX INJ 100UNIT.....	60
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<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	<i>tretinoin cream 0.025%</i> .....	132
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	<i>tretinoin cream 0.05%</i> .....	132
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	<i>tretinoin cream 0.1%</i> .....	132
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	<i>tretinoin gel 0.01%</i> .....	132
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	<i>tretinoin gel 0.025%</i> .....	132
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	<i>tretinoin gel 0.05%</i> .....	132
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<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	.....	144
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<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	<i>triamcinolone acetonide lotion 0.1%</i>	
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<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	<i>triamcinolone acetonide oint 0.025%</i>	
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	.....	144
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	<i>triamcinolone acetonide oint 0.1%</i> ..	144
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	84	<i>triamcinolone acetonide oint 0.5%</i> ..	144
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UNISTIK 1 MIS 3.0MM .....	192	<i>ursodiol cap 300 mg</i> .....	165

<i>ursodiol tab 250 mg</i> .....	165	<i>ardenafil hcl orally disintegrating tab</i>	
<i>ursodiol tab 500 mg</i> .....	165	<i>10 mg</i> .....	120
URSO FORTE TAB 500MG .....	165	<i>ardenafil hcl tab 10 mg</i> .....	120
<b>V</b>		<i>ardenafil hcl tab 2.5 mg</i> .....	120
VAGIFEM TAB 10MCG .....	228	<i>ardenafil hcl tab 20 mg</i> .....	120
<i>valacyclovir hcl tab 1 gm</i> .....	110	<i>ardenafil hcl tab 5 mg</i> .....	120
<i>valacyclovir hcl tab 500 mg</i> .....	110	VARUBI TAB 90MG .....	63
VALCHLOR GEL 0.016% .....	134	VASCEPA CAP 0.5GM .....	66
<i>valganciclovir hcl for soln 50 mg/ml</i>		VASCEPA CAP 1GM.....	66
<i>(base equiv)</i> .....	108	VASERETIC TAB 10-25MG .....	77
<i>valganciclovir hcl tab 450 mg (base</i>		VASOTEC TAB 10MG.....	70
<i>equivalent)</i> .....	108	VASOTEC TAB 2.5MG.....	70
VALIUM TAB 10MG .....	36	VASOTEC TAB 20MG.....	70
VALIUM TAB 2MG .....	36	VASOTEC TAB 5MG .....	70
VALIUM TAB 5MG.....	36	VCF VAGINAL AER CONTRACP .....	228
<i>valproate sodium oral soln 250 mg/5ml</i>		<i>vcf vaginal gel contrace</i> .....	228
<i>(base equiv)</i> .....	51	VCF VAGINAL MIS CONTRACP .....	228
<i>valproic acid cap 250 mg</i> .....	51	VECAMYL TAB 2.5MG .....	77
<i>valsartan-hydrochlorothiazide tab 160-</i>		VELPHORO CHW 500MG .....	167
<i>12.5 mg</i> .....	77	VELTASSA POW 16.8GM.....	203
<i>valsartan-hydrochlorothiazide tab 160-</i>		VELTASSA POW 25.2GM.....	203
<i>25 mg</i> .....	77	VELTASSA POW 8.4GM.....	203
<i>valsartan-hydrochlorothiazide tab 320-</i>		VEMLIDY TAB 25MG.....	109
<i>12.5 mg</i> .....	77	VENCLEXTA TAB 100MG.....	82
<i>valsartan-hydrochlorothiazide tab 320-</i>		VENCLEXTA TAB 10MG .....	82
<i>25 mg</i> .....	77	VENCLEXTA TAB 50MG .....	82
<i>valsartan-hydrochlorothiazide tab 80-</i>		VENCLEXTA TAB START PK.....	82
<i>12.5 mg</i> .....	77	<i>venlafaxine hcl cap er 24hr 150 mg</i>	
<i>valsartan tab 160 mg</i> .....	71	<i>(base equivalent)</i> .....	54
<i>valsartan tab 320 mg</i> .....	71	<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	
<i>valsartan tab 40 mg</i> .....	71	<i>(base equivalent)</i> .....	54
<i>valsartan tab 80 mg</i> .....	71	<i>venlafaxine hcl cap er 24hr 75 mg</i>	
VALTOCO SPR 10MG.....	45	<i>(base equivalent)</i> .....	54
VALTOCO SPR 15MG.....	45	<i>venlafaxine hcl tab 100 mg (base</i>	
VALTOCO SPR 20MG.....	45	<i>equivalent)</i> .....	55
VALTOCO SPR 5MG .....	45	<i>venlafaxine hcl tab 25 mg (base</i>	
VANCOCIN CAP 125MG .....	32	<i>equivalent)</i> .....	54
VANCOCIN CAP 250MG .....	32	<i>venlafaxine hcl tab 37.5 mg (base</i>	
<i>vancomycin hcl cap 125 mg (base</i>		<i>equivalent)</i> .....	54
<i>equivalent)</i> .....	32	<i>venlafaxine hcl tab 50 mg (base</i>	
<i>vancomycin hcl cap 250 mg (base</i>		<i>equivalent)</i> .....	55
<i>equivalent)</i> .....	32	<i>venlafaxine hcl tab 75 mg (base</i>	
VANCOMYCIN SOL 250/5ML .....	32	<i>equivalent)</i> .....	55
<i>vandazole gel 0.75%</i> .....	228	<i>venlafaxine hcl tab er 24hr 225 mg</i>	
VANOS CRE 0.1%.....	144	<i>(base equivalent)</i> .....	55
VANTAGE LANC MIS DEVICE .....	193	VENTAVIS SOL 10MCG/ML.....	121

VENTAVIS SOL 20MCG/ML.....	121	VIGAMOX DRO 0.5% .....	209
<i>verapamil hcl cap er 24hr 100 mg</i> ..	115	VILACTIN AA LIQ PLUS.....	153
<i>verapamil hcl cap er 24hr 120 mg</i> ..	115	<i>vilazodone hcl tab 10 mg</i> .....	54
<i>verapamil hcl cap er 24hr 180 mg</i> ..	115	<i>vilazodone hcl tab 20 mg</i> .....	54
<i>verapamil hcl cap er 24hr 200 mg</i> ..	115	<i>vilazodone hcl tab 40 mg</i> .....	54
<i>verapamil hcl cap er 24hr 240 mg</i> ..	115	VIMOVO TAB 375-20MG.....	18
<i>verapamil hcl cap er 24hr 300 mg</i> ..	115	VIMOVO TAB 500-20MG.....	18
<i>verapamil hcl cap er 24hr 360 mg</i> ..	115	VIMPAT SOL 10MG/ML.....	49
<i>verapamil hcl tab 120 mg</i> .....	116	VIMPAT TAB 100MG .....	49
<i>verapamil hcl tab 40 mg</i> .....	116	VIMPAT TAB 150MG .....	49
<i>verapamil hcl tab 80 mg</i> .....	116	VIMPAT TAB 200MG .....	49
<i>verapamil hcl tab er 120 mg</i> .....	116	VIMPAT TAB 50MG .....	49
<i>verapamil hcl tab er 180 mg</i> .....	116	VIOKACE TAB 10440.....	153
<i>verapamil hcl tab er 240 mg</i> .....	116	VIOKACE TAB 20880.....	153
VERASENS LIQ LEVEL 1 .....	193	VIRAMUNE SUS 50MG/5ML.....	107
VERDESO AER 0.05% .....	144	VIRAMUNE XR TAB 400MG.....	107
VERELAN CAP 120MG SR.....	116	VIREAD POW 40MG/GM.....	107
VERELAN CAP 180MG SR.....	116	VIREAD TAB 150MG.....	107
VERELAN CAP 240MG SR.....	116	VIREAD TAB 200MG.....	107
VERELAN CAP 360MG SR.....	116	VIREAD TAB 250MG.....	107
VERELAN PM CAP 100MG ER .....	116	VIREAD TAB 300MG.....	108
VERELAN PM CAP 200MG ER .....	116	VISIONBLUE INJ 0.06% .....	210
VERELAN PM CAP 300MG ER .....	116	VISTARIL CAP 25MG.....	35
VERSACLOZ SUS 50MG/ML.....	99	VISTARIL CAP 50MG.....	35
VERZENIO TAB 100MG.....	90	VISTOGARD PAK 10GM .....	62
VERZENIO TAB 150MG.....	90	VITAL HN POW.....	153
VERZENIO TAB 200MG.....	90	VITRAKVI CAP 100MG.....	90
VERZENIO TAB 50MG .....	90	VITRAKVI CAP 25MG .....	90
VESICARE LS SUS 5MG/5ML .....	227	VITRAKVI SOL 20MG/ML .....	90
VESICARE TAB 10MG .....	227	VIVAGUARD LIQ CONTROL .....	193
VESICARE TAB 5MG.....	227	VIVAGUARD MIS 28G.....	193
VFEND SUS 40MG/ML .....	65	VIVAGUARD MIS 30G.....	193
VFEND TAB 200MG.....	65	VIVAGUARD MIS LANCING.....	193
VFEND TAB 50MG .....	65	VIVJOA CAP 150MG.....	65
V-GO 20 KIT.....	193	VIVONEX RTF LIQ.....	153
V-GO 30 KIT.....	193	VOQUEZNA PAK DUAL PAK .....	226
V-GO 40 KIT.....	193	VOQUEZNA PAK TRIP PK .....	226
VIBERZI TAB 100MG.....	166	<i>voriconazole for susp 40 mg/ml</i> .....	65
VIBERZI TAB 75MG .....	166	<i>voriconazole tab 200 mg</i> .....	65
VIBRAMYCIN CAP 100MG .....	223	<i>voriconazole tab 50 mg</i> .....	65
VIBRAMYCIN SUS 25MG/5ML .....	223	VOSEVI TAB .....	110
VIBRAMYCIN SYP 50MG/5ML.....	223	VOTRIENT TAB 200MG.....	91
VICTOZA INJ 18MG/3ML .....	59	VOXZOGO INJ 0.4MG .....	160
VIDAZA INJ 100MG .....	81	VOXZOGO INJ 0.56MG .....	160
<i>vigabatrin powd pack 500 mg</i> .....	50	VOXZOGO INJ 1.2MG.....	160
<i>vigabatrin tab 500 mg</i> .....	50	VRAYLAR CAP 1.5-3MG .....	96

VRAYLAR CAP 1.5MG .....	96	WELLBUTRIN TAB 100MG SR .....	52
VRAYLAR CAP 3MG .....	96	WELLBUTRIN TAB 150MG SR .....	52
VRAYLAR CAP 4.5MG .....	96	WELLBUTRIN TAB 200MG SR .....	52
VRAYLAR CAP 6MG .....	96	WELLBUTRIN TAB XL 150MG .....	52
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VYTORIN TAB 10-20MG .....	66	WIDE-SEAL DPR KIT 75.....	176
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VYTORIN TAB 10-80MG .....	66	WIDE-SEAL DPR KIT 85.....	176
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VYVANSE CAP 40MG.....	3	<b>X</b>	
VYVANSE CAP 50MG.....	3	XALATAN SOL 0.005% .....	211
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VYVANSE CAP 70MG.....	3	XARELTO TAB 10MG .....	42
VYVANSE CHW 10MG .....	3	XARELTO TAB 15MG .....	42
VYVANSE CHW 20MG .....	3	XARELTO TAB 2.5MG .....	42
VYVANSE CHW 30MG .....	3	XARELTO TAB 20MG .....	42
VYVANSE CHW 40MG .....	3	XATMEP SOL 2.5MG/ML .....	81
VYVANSE CHW 50MG .....	3	XCOPRI PAK 100-150 .....	49
VYVANSE CHW 60MG .....	4	XCOPRI PAK 12.5-25 .....	49
VYZULTA SOL 0.024% .....	211	XCOPRI PAK 150-200 .....	49
<b>W</b>		XCOPRI PAK 50-100MG.....	49
WAKIX TAB 17.8MG .....	6	XCOPRI PAK 50-200MG.....	49
WAKIX TAB 4.45MG .....	6	XCOPRI TAB 100MG .....	49
<i>warfarin sodium tab 10 mg</i> .....	42	XCOPRI TAB 150MG .....	49
<i>warfarin sodium tab 1 mg</i> .....	42	XCOPRI TAB 200MG .....	49
<i>warfarin sodium tab 2.5 mg</i> .....	42	XCOPRI TAB 50MG .....	49
<i>warfarin sodium tab 2 mg</i> .....	42	XELJANZ SOL 1MG/ML .....	14
<i>warfarin sodium tab 3 mg</i> .....	42	XELJANZ TAB 10MG.....	15
<i>warfarin sodium tab 4 mg</i> .....	42	XELJANZ TAB 5MG .....	14
<i>warfarin sodium tab 5 mg</i> .....	42	XELJANZ XR TAB 11MG .....	15
<i>warfarin sodium tab 6 mg</i> .....	42	XELJANZ XR TAB 22MG.....	15
<i>warfarin sodium tab 7.5 mg</i> .....	42	XELODA TAB 150MG.....	81
WEBCOL PREP PAD LARGE.....	194	XELODA TAB 500MG.....	81
WEBCOL PREP PAD MEDIUM .....	194	XENLETA TAB 600MG.....	33
WEGOVY INJ 0.25MG .....	4	XEPI CRE 1%.....	133
WEGOVY INJ 0.5MG .....	4	XERAC-AC SOL 6.25% .....	146
WEGOVY INJ 1.7MG .....	4	XERESE CRE 5-1% .....	138
WEGOVY INJ 1MG .....	4	XERMELO TAB 250MG .....	167
WEGOVY INJ 2.4MG .....	4	XHANCE MIS 93MCG.....	206
WELCHOL PAK 3.75GM .....	66	XIFAXAN TAB 200MG.....	31
WELCHOL TAB 625MG .....	67	XIFAXAN TAB 550MG.....	31



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XIGDUO XR TAB 10-500MG .....	58	ZEGALOGUE INJ 0.6/0.6 .....	58
XIGDUO XR TAB 2.5-1000.....	58	ZEJULA CAP 100MG.....	91
XIGDUO XR TAB 5-1000MG .....	58	ZELAPAR TAB 1.25MG.....	95
XIGDUO XR TAB 5-500MG.....	58	ZELBORAF TAB 240MG .....	91
XIIDRA DRO 5% .....	209	ZEMBRACE SYM INJ 3/0.5ML.....	199
XOPENEX CONC NEB 1.25/0.5 .....	41	ZEMPLAR CAP 1MCG.....	160
XOPENEX NEB 0.31MG.....	41	ZEMPLAR CAP 2MCG.....	160
XOPENEX NEB 0.63MG.....	41	ZENPEP CAP 10000UNT.....	153
XOPENEX NEB 1.25/3ML .....	41	ZENPEP CAP 15000UNT.....	153
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XPOVIO PAK 40MG.....	84	ZENPEP CAP 3000UNIT .....	153
XPOVIO PAK 50MG.....	84	ZENPEP CAP 40000UNT.....	153
XPOVIO PAK 60MG.....	85	ZENPEP CAP 5000UNIT .....	153
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XTAMPZA ER CAP 18MG .....	27	ZEPOSIA CAP STR KIT .....	219
XTAMPZA ER CAP 27MG .....	27	ZESTRIL TAB 10MG.....	71
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XTAMPZA ER CAP 9MG.....	27	ZESTRIL TAB 20MG.....	71
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XTANDI TAB 40MG.....	84	ZESTRIL TAB 40MG.....	71
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XURIDEN POW 2GM.....	160	ZIAC TAB 2.5/6.25 .....	77
XYOSTED INJ 100/0.5.....	30	ZIAC TAB 5-6.25MG .....	77
XYOSTED INJ 50/0.5 .....	30	ZIAGEN SOL 20MG/ML.....	108
XYOSTED INJ 75/0.5 .....	30	ZIAGEN TAB 300MG .....	108
XYREM SOL 500MG/ML.....	214	<i>zidovudine cap 100 mg .....</i>	108
XYWAV SOL 0.5GM/ML.....	214	<i>zidovudine syrup 10 mg/ml .....</i>	108
<b>Y</b>		<i>zidovudine tab 300 mg.....</i>	108
YONSA TAB 125MG .....	84	ZIEXTENZO INJ 6/0.6ML .....	172
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<b>Z</b>		<i>ziprasidone hcl cap 20 mg .....</i>	96
ZACLIR LOT 8% .....	132	<i>ziprasidone hcl cap 40 mg .....</i>	96
<i>zafirlukast tab 10 mg.....</i>	38	<i>ziprasidone hcl cap 60 mg .....</i>	96
<i>zafirlukast tab 20 mg.....</i>	38	<i>ziprasidone hcl cap 80 mg .....</i>	96
<i>zaleplon cap 10 mg .....</i>	173	<i>ziprasidone mesylate for inj 20 mg</i>	
<i>zaleplon cap 5 mg .....</i>	173	<i>(base equivalent) .....</i>	96
ZANAFLEX CAP 2MG .....	205	ZIPSOR CAP 25MG .....	18
ZANAFLEX CAP 4MG .....	205	ZITHROMAX POW 1GM PAK .....	175
ZANAFLEX CAP 6MG .....	205	ZITHROMAX SUS 100/5ML.....	175
ZANAFLEX TAB 4MG .....	205	ZITHROMAX SUS 200/5ML.....	175
ZARONTIN CAP 250MG .....	50	ZITHROMAX TAB 250MG .....	175
ZARONTIN SOL 250/5ML.....	50	ZITHROMAX TAB 500MG .....	175

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ZITHROMAX TAB Z-PAK .....	175	ZORTRESS TAB 1MG.....	203
ZOCOR TAB 10MG.....	68	ZOVIRAX CRE 5% .....	138
ZOCOR TAB 20MG.....	68	ZOVIRAX OIN 5%.....	139
ZOCOR TAB 40MG.....	69	ZOVIRAX SUS 200/5ML.....	110
ZOCOR TAB 80MG.....	69	ZTLIDO PAD 1.8% .....	146
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ZOKINVY CAP 50MG .....	203	ZUBSOLV SUB 1.4-0.36 .....	29
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ZOLINZA CAP 100MG .....	91	ZUBSOLV SUB 2.9-0.71 .....	29
<i>zolmitriptan nasal spray 2.5 mg/spray</i>		ZUBSOLV SUB 5.7-1.4.....	29
<i>unit .....</i>	199	ZUBSOLV SUB 8.6-2.1.....	29
<i>zolmitriptan nasal spray 5 mg/spray</i>		ZYCLARA CRE 3.75% .....	145
<i>unit .....</i>	199	ZYCLARA PUMP CRE 2.5% .....	145
<i>zolmitriptan orally disintegrating tab</i>		ZYCLARA PUMP CRE 3.75% .....	145
<i>2.5 mg.....</i>	199	ZYFLO TAB 600MG .....	38
<i>zolmitriptan orally disintegrating tab 5</i>		ZYKADIA TAB 150MG.....	91
<i>mg .....</i>	199	ZYLOPRIM TAB 100MG.....	168
<i>zolmitriptan tab 2.5 mg.....</i>	199	ZYLOPRIM TAB 300MG.....	168
<i>zolmitriptan tab 5 mg .....</i>	199	ZYMAXID SOL 0.5% .....	209
<i>zolpidem tartrate tab 10 mg .....</i>	173	ZYPREXA INJ 10MG .....	99
<i>zolpidem tartrate tab 5 mg .....</i>	173	ZYPREXA RELP INJ 210MG.....	99
<i>zolpidem tartrate tab er 12.5 mg....</i>	173	ZYPREXA RELP INJ 300MG.....	99
<i>zolpidem tartrate tab er 6.25 mg....</i>	173	ZYPREXA RELP INJ 405MG.....	99
ZOMIG SPR 2.5MG .....	199	ZYPREXA TAB 10MG .....	99
ZOMIG SPR 5MG .....	199	ZYPREXA TAB 15MG .....	99
ZOMIG TAB 2.5MG .....	199	ZYPREXA TAB 2.5MG .....	99
ZOMIG TAB 5MG .....	199	ZYPREXA TAB 20MG .....	99
ZOMIG ZMT TAB 2.5 MG.....	199	ZYPREXA TAB 5MG.....	99
ZOMIG ZMT TAB 5MG ODT .....	199	ZYPREXA TAB 7.5MG .....	99
ZONALON CRE 5% .....	135	ZYPREXA ZYDI TAB 10MG .....	99
<i>zonisamide cap 100 mg .....</i>	49	ZYPREXA ZYDI TAB 15MG .....	99
<i>zonisamide cap 25 mg .....</i>	49	ZYPREXA ZYDI TAB 20MG .....	99
<i>zonisamide cap 50 mg .....</i>	49	ZYPREXA ZYDI TAB 5MG.....	99
ZORBTIVE INJ 8.8MG.....	158	ZYVOX SUS 100MG/5M .....	33
ZORTRESS TAB 0.25MG .....	203	ZYVOX TAB 600MG.....	33
ZORTRESS TAB 0.5MG.....	202		

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# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

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

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

## Civil Rights Coordinator, Corporate Office of Civil Rights

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

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

Telephone Number        410-528-7820

Fax Number                410-505-2011

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

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

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

## Foreign Language Assistance

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

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

*Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijíròrò 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 mó ògbufò kan.*

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

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

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

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

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

Bàsòò-wùdù (Bassa) Tò Dùù Cáo! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́éa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàò d́éin nyε. Nyò t̀òò séin m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀úǐn, po wuqu m̄ ḿ poε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

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

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

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

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

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

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

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

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

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

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