CareFirst
Family of health care plans

CareFirst Formulary 4

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.

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **carefirst.com/rx**.

Last updated 12/01/2022

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 two 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** and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

Tier 0: $0 Drugs	■ 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. ■ 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.
Tier 1: Generic Drugs $	■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Brand Drugs $$	■ Brand-name drugs are chosen for their cost effectiveness compared to drug alternatives. ■ Your cost-share will be more than generics.

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
amphetami er sus 1.25/ml	1	QL (540 mL every month)
amphetamine sulfate tab 5 mg	1	QL (150 tabs every month)
amphetamine sulfate tab 10 mg	1	QL (150 tabs every month)
amphetamine-dextroamphetamine tab 5 mg	1	QL (120 tabs every month)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (120 tabs every month)
amphetamine-dextroamphetamine tab 10 mg	1	QL (120 tabs every month)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (120 tabs every month)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs every month)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs every month)

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Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs every month)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (150 caps every month)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (150 caps every month)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps every month)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1440 mL every month)
dextroamphetamine sulfate tab 2.5 mg	1	QL (150 tabs every month)
dextroamphetamine sulfate tab 5 mg	1	QL (150 tabs every month)
dextroamphetamine sulfate tab 7.5 mg	1	QL (150 tabs every month)
dextroamphetamine sulfate tab 10 mg	1	QL (150 tabs every month)
dextroamphetamine sulfate tab 15 mg	1	QL (60 tabs every month)
dextroamphetamine sulfate tab 20 mg	1	QL (60 tabs every month)
dextroamphetamine sulfate tab 30 mg	1	QL (30 tabs every month)
methamphetamine hcl tab 5 mg	1	QL (180 tabs every month)
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine hcl tab 25 mg	1	PA; Coverage is subject to your plan/benefits
benzphetamine hcl tab 50 mg	1	PA; Coverage is subject to your plan/benefits
diethylpropion hcl tab 25 mg	1	PA; Coverage is subject to your plan/benefits
diethylpropion hcl tab er 24hr 75 mg	1	PA; Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
phendimetraz cap 105mg er	1	Coverage is subject to your plan/benefits
phendimetrazine tartrate tab 35 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl cap 15 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl cap 30 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl cap 37.5 mg	1	PA; Coverage is subject to your plan/benefits
phentermine hcl tab 37.5 mg	1	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 3.75-23	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	PA; Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	PA; Coverage is subject to your plan/benefits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (150 caps every month)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (150 caps every month)
atomoxetine hcl cap 25 mg (base equiv)	1	QL (150 caps every month)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (60 caps every month)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (30 caps every month)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (30 caps every month)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (30 caps every month)
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	

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Drug Name	Drug Tier	Requirements/Limits
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
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.		
armodafinil tab 50 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
armodafinil tab 150 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
armodafinil tab 200 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
armodafinil tab 250 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
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
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (60 caps every month)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (60 caps every month)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (60 caps every month)

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Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (60 caps every month)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (30 caps every month)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (30 caps every month)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (30 caps every month)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (30 caps every month)
dexmethylphenidate hcl tab 2.5 mg	1	QL (150 tabs every month)
dexmethylphenidate hcl tab 5 mg	1	QL (150 tabs every month)
dexmethylphenidate hcl tab 10 mg	1	QL (60 tabs every month)
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps every month)
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps every month)
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (60 caps every month)
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL (60 caps every month)
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL (60 caps every month)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps every month)
methylphenidate hcl cap er 24hr 20 mg (xr)	1	QL (60 caps every month)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (60 caps every month)
methylphenidate hcl cap er 24hr 30 mg (xr)	1	QL (60 caps every month)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (30 caps every month)
methylphenidate hcl cap er 24hr 40 mg (xr)	1	QL (30 caps every month)

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 24hr 50 mg (xr)	1	QL (30 caps every month)
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (30 caps every month)
methylphenidate hcl cap er 24hr 60 mg (xr)	1	QL (30 caps every month)
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps every month)
methylphenidate hcl cap er 40 mg (cd)	1	QL (30 TABLETS PER month)
methylphenidate hcl cap er 50 mg (cd)	1	QL (30 caps every month)
methylphenidate hcl cap er 60 mg (cd)	1	QL (30 caps every month)
methylphenidate hcl chew tab 2.5 mg	1	QL (210 tabs every month)
methylphenidate hcl chew tab 5 mg	1	QL (210 tabs every month)
methylphenidate hcl chew tab 10 mg	1	QL (210 tabs every month)
methylphenidate hcl soln 5 mg/5ml	1	QL (2160 mL every month)
methylphenidate hcl soln 10 mg/5ml	1	QL (1080 mL every month)
methylphenidate hcl tab 5 mg	1	QL (210 tabs every month)
methylphenidate hcl tab 10 mg	1	QL (210 tabs every month)
methylphenidate hcl tab 20 mg	1	QL (120 tabs every month)
methylphenidate hcl tab er 10 mg	1	QL (120 tabs every month)
methylphenidate hcl tab er 20 mg	1	QL (120 tabs every month)
methylphenidate hcl tab er 24hr 18 mg	1	QL (60 tabs every month)
methylphenidate hcl tab er 24hr 27 mg	1	QL (60 tabs every month)

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er 24hr 36 mg	1	QL (60 tabs every month)
methylphenidate hcl tab er 24hr 54 mg	1	QL (30 tabs every month)
modafinil tab 100 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
modafinil tab 200 mg	1	PA, QL (60 TABLETS PER 30 DAYS)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

ORALAIR SUB 300 IR	2	PA
PALFORZIA CAP ESCALAT	2	PA
PALFORZIA CAP LEVEL 1	2	PA
PALFORZIA CAP LEVEL 2	2	PA
PALFORZIA CAP LEVEL 3	2	PA
PALFORZIA CAP LEVEL 4	2	PA
PALFORZIA CAP LEVEL 5	2	PA
PALFORZIA CAP LEVEL 6	2	PA
PALFORZIA CAP LEVEL 7	2	PA
PALFORZIA CAP LEVEL 8	2	PA
PALFORZIA CAP LEVEL 9	2	PA
PALFORZIA CAP LEVEL 10	2	PA
PALFORZIA POW LEVEL 11	2	PA

AMINOGLYCOSIDES

AMINOGLYCOSIDES

neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	1	
tobramycin nebu soln 300 mg/4ml	1	PA, QL (56 AMPULES PER 28 DAYS)
tobramycin nebu soln 300 mg/5ml	1	PA, QL (56 AMPULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML	2	PA, QL (2 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 20/0.2ML	2	PA, QL (2 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA INJ 40/0.4ML	2	PA, QL (4 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA KIT 40MG/0.8	2	PA, QL (6 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	2	PA, QL (3 PFS PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40/0.4ML	2	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 40MG/0.8	2	PA, QL (4 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
HUMIRA PEN INJ 80/0.8ML	2	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV	2	PA, QL (3 PEN PER 28 DAYS); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTIRHEUMATIC - ENZYME INHIBITORS		
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)

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 5MG	2	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	2	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.
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	2	PA, QL (4 inj per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 10MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 12.5MG	2	QL (4 inj per 28 days)
RASUVO INJ 15MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 17.5MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 22.5MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 25MG	2	PA, QL (4 inj per 28 days)
RASUVO INJ 30MG	2	PA, QL (4 inj per 28 days)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	2	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	2	PA, QL (2 SYRINGES PER 4 WEEKS); Must try 2 preferred agents for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
diclofenac potassium tab 25 mg	1	
diclofenac potassium tab 25 mg	1	PA, QL (1 tab every 28 days)
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
FENOPROFEN CAP 200MG	1	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen susp 100 mg/5ml	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
ketoprofen cap 50 mg	1	
ketoprofen cap 75 mg	1	
ketorolac tromethamine tab 10 mg	1	
meclofenamate sodium cap 50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
meclofenamate sodium cap 100 mg	1	QL (1 cap every 30 days)
mefenamic acid cap 250 mg	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
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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Drug Name	Drug Tier	Requirements/Limits
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.
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	2	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 50/0.4ML	2	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 87.5/0.7	2	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 125MG/ML	2	PA, QL (4 PFS PER 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SRCLK INJ 50MG/ML	2	PA, QL (4 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital-acetaminophen tab 50-325 mg	1	QL (60 tabs every 30 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	QL (48 caps every 25 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	QL (48 caps every 25 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL (60 tabs every 30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL (60 caps every 30 days)
SALICYLATES		
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 15MG	2	PA, QL (1 tabs per day)
CODEINE SULF TAB 60MG	2	PA, QL (1 tab per day)
codeine sulfate tab 30 mg	1	PA, QL (1 tabs per day)
fentanyl citrate buccal tab 100 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA

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Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate buccal tab 400 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 800 mcg (base equiv)	1	PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA
fentanyl citrate lozenge on a handle 400 mcg	1	PA
fentanyl citrate lozenge on a handle 600 mcg	1	PA
fentanyl citrate lozenge on a handle 800 mcg	1	PA
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 37.5 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 50 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 62.5 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 75 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 87.5 mcg/hr	1	PA, QL (10 patches per month)
fentanyl td patch 72hr 100 mcg/hr	1	PA, QL (10 patches per month)
hydrocodone bitartrate cap er 12hr 10 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 15 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 20 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 30 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate cap er 12hr 40 mg	1	PA, QL (2 caps per day)

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Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate cap er 12hr 50 mg	1	PA, QL (2 caps per day)
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA, QL (1 tabs per day)
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA, QL (1 tabs per day)
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA, QL (1 tabs per day)
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA, QL (1 tabs per day)
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA, QL (1 tab per day)
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA, QL (1 tabs per day)
hydromorphone hcl liqd 1 mg/ml	1	PA, QL (24 mL per day)
hydromorphone hcl tab 2 mg	1	PA, QL (7 tabs per day)
hydromorphone hcl tab 4 mg	1	PA, QL (5 tabs per day)
hydromorphone hcl tab 8 mg	1	QL (2 tabs per day)
hydromorphone hcl tab er 24hr 8 mg	1	PA, QL (1 tabs per day)
hydromorphone hcl tab er 24hr 12 mg	1	PA, QL (1 tabs per day)
hydromorphone hcl tab er 24hr 16 mg	1	PA, QL (1 tabs per day)
hydromorphone hcl tab er 24hr 32 mg	1	PA
levorphanol tartrate tab 2 mg	1	PA, QL (4 tabs per day)
meperidine hcl oral soln 50 mg/5ml	1	PA
meperidine hcl tab 50 mg	1	PA
methadone hcl conc 10 mg/ml	1	PA, QL (1 mL per day)
methadone hcl conc 10 mg/ml	1	PA, QL (2 mL per day)
methadone hcl soln 5 mg/5ml	1	PA, QL (15 mL per day)
methadone hcl soln 10 mg/5ml	1	PA, QL (10 mL per day)
methadone hcl tab 5 mg	1	PA, QL (3 tabs per day)
methadone hcl tab 10 mg	1	PA, QL (60 Tabs every month)
methadone hcl tab for oral susp 40 mg	1	PA, QL (9 tabs every 25 days)
morphine sulfate beads cap er 24hr 30 mg	1	PA, QL (1 caps per day)
morphine sulfate beads cap er 24hr 45 mg	1	PA, QL (1 caps per day)
morphine sulfate beads cap er 24hr 60 mg	1	PA, QL (1 caps per day)

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Drug Name	Drug Tier	Requirements/Limits
morphine sulfate beads cap er 24hr 75 mg	1	PA, QL (1 caps per day)
morphine sulfate beads cap er 24hr 90 mg	1	PA, QL (1 caps per day)
morphine sulfate beads cap er 24hr 120 mg	1	PA, QL (1 caps per day)
morphine sulfate cap er 24hr 10 mg	1	PA, QL (2 caps per day)
morphine sulfate cap er 24hr 20 mg	1	PA, QL (2 caps per day)
morphine sulfate cap er 24hr 30 mg	1	PA, QL (2 caps per day)
morphine sulfate cap er 24hr 40 mg	1	PA, QL (2 caps per day)
morphine sulfate cap er 24hr 50 mg	1	PA, QL (1 caps per day)
morphine sulfate cap er 24hr 60 mg	1	PA, QL (1 caps per day)
morphine sulfate cap er 24hr 80 mg	1	PA, QL (1 caps per day)
morphine sulfate cap er 24hr 100 mg	1	PA, QL (1 caps per day)
morphine sulfate oral soln 10 mg/5ml	1	PA, QL (36 mL per day)
morphine sulfate oral soln 20 mg/5ml	1	PA, QL (27 mL per day)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA, QL (5 mL per day)
morphine sulfate suppos 5 mg	1	PA, QL (7 supps per day)
morphine sulfate suppos 10 mg	1	PA, QL (6 supps per day)
morphine sulfate suppos 20 mg	1	PA, QL (4 supps per day)
morphine sulfate suppos 30 mg	1	PA, QL (3 supps per day)
morphine sulfate tab 15 mg	1	PA, QL (6 tabs per day)
morphine sulfate tab 30 mg	1	PA, QL (3 tabs per day)
morphine sulfate tab er 15 mg	1	PA, QL (3 tabs per day)
morphine sulfate tab er 30 mg	1	PA, QL (3 tabs per day)
morphine sulfate tab er 60 mg	1	PA, QL (3 tabs per day)
morphine sulfate tab er 100 mg	1	PA, QL (2 caps per day)
morphine sulfate tab er 200 mg	1	PA, QL (1 tab per day)
oxycodone hcl cap 5 mg	1	PA, QL (7 caps per day)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA, QL (3 mL per day)
oxycodone hcl soln 5 mg/5ml	1	PA, QL (30 mL per day)
oxycodone hcl tab 5 mg	1	PA, QL (6 tabs per day)
oxycodone hcl tab 10 mg	1	PA, QL (7 tabs per day)

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Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl tab 15 mg	1	PA, QL (4 tabs per day)
oxycodone hcl tab 20 mg	1	PA, QL (3 tabs per day)
oxycodone hcl tab 30 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 10 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 15 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 20 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 30 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 40 mg	1	PA, QL (4 tabs per day)
oxycodone hcl tab er 12hr deter 60 mg	1	PA, QL (2 tabs per day)
oxycodone hcl tab er 12hr deter 80 mg	1	PA, QL (2 tabs per day)
oxymorphone hcl tab 5 mg	1	PA, QL (7 tabs per day)
oxymorphone hcl tab 10 mg	1	PA, QL (3 tabs per day)
tramadol hcl tab 50 mg	1	PA, QL (7 tabs per day)
tramadol hcl tab er 24hr 100 mg	1	PA, QL (1 tabs per day)
tramadol hcl tab er 24hr 200 mg	1	PA, QL (1 tabs per day)
tramadol hcl tab er 24hr 300 mg	1	PA, QL (1 tabs per day)
tramadol hcl tab er 24hr biphasic release 100 mg	1	PA
tramadol hcl tab er 24hr biphasic release 200 mg	1	PA
tramadol hcl tab er 24hr biphasic release 300 mg	1	PA
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		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (2700 mL every month)
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (90 mL per day)
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL (13 tabs per day)
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL (360 tabs every month)
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (6 tabs per day)

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Drug Name	Drug Tier	Requirements/Limits
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL (10 caps per day)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL (300 caps every month)
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	1	PA, QL (10 tabs per day)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL (60 caps every 30 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	QL (60 caps every 30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	QL (60 caps every 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL (2700 mL every month)
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	PA, QL (90 mL per day)
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL (8 tabs per day)
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL (240 tabs every month)
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL (180 tabs every month)
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL (180 tabs every month)
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL (180 tabs every month)
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL (180 tabs every month)
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL (5 tabs per day)
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL (150 tabs every month)
hydrocodone-ibuprofen tab 10-200 mg	1	PA, QL (150 tabs every month)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (12 tabs per day)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (360 tabs every month)
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (12 tabs per day)

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Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (240 tabs every month)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (8 tabs per day)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (180 tabs every month)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (6 tabs per day)
oxycodone-aspirin tab 4.8355-325 mg	1	PA, QL (360 tabs every month)
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (240 tabs every month)
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
buprenorphine hcl sl tab 2 mg (base equiv)	1	PA
buprenorphine hcl sl tab 8 mg (base equiv)	1	PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 films every 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (90 tabs every 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (90 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine td patch weekly 5 mcg/hr	1	PA, QL (4 patches per month)
buprenorphine td patch weekly 7.5 mcg/hr	1	PA, QL (4 patches per month)
buprenorphine td patch weekly 10 mcg/hr	1	PA, QL (4 patches per month)
buprenorphine td patch weekly 15 mcg/hr	1	PA
buprenorphine td patch weekly 20 mcg/hr	1	PA
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2 BOTTLES PER MONTH)
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab 2.5 mg	1	
oxandrolone tab 10 mg	1	
ANDROGENS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
methyltestosterone cap 10 mg	1	
testost cyp inj 200mg/ml	1	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	
testosterone td gel 12.5 mg/act (1%)	1	
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	
testosterone td gel 20.25 mg/act (1.62%)	1	
testosterone td gel 25 mg/2.5gm (1%)	1	
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	
testosterone td gel 50 mg/5gm (1%)	1	
testosterone td soln 30 mg/act	1	

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Drug Name	Drug Tier	Requirements/Limits
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
hydrocortisone enema 100 mg/60ml	1	
RECTAL COMBINATIONS		
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
RECTAL STEROIDS		
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone perianal cream 1%	1	
hydrocortisone perianal cream 2.5%	1	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	1	QL (336 tabs every year)
EMVERM CHW 100MG	2	QL (12 ea every year)
ivermectin tab 3 mg	1	PA, QL (9 tabs every 90 days)
praziquantel tab 600 mg	1	QL (24 tabs every year)
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 550MG	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg**	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIPROTOZOAL AGENTS		
atovaquone susp 750 mg/5ml	1	
nitazoxanide tab 500 mg	1	QL (20 tabs per month)
GLYCOPEPTIDES		
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps every 10 days)
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	1	PA
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
nitrofurantoin macrocrystalline cap 25 mg	1	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
NITRATES		
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
meprobamate tab 400 mg	1	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	2	QL (300 mL every 30 days)
alprazolam orally disintegrating tab 0.5 mg	1	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 0.25 mg	1	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 1 mg	1	QL (150 tabs every 30 days)
alprazolam orally disintegrating tab 2 mg	1	QL (150 tabs every 30 days)
alprazolam tab 0.5 mg	1	QL (150 tabs every 30 days)
alprazolam tab 0.25 mg	1	QL (150 tabs every 30 days)
alprazolam tab 1 mg	1	QL (150 tabs every 30 days)
alprazolam tab 2 mg	1	QL (150 tabs every 30 days)
alprazolam tab er 24hr 0.5 mg	1	QL (150 tabs every 30 days)
alprazolam tab er 24hr 1 mg	1	QL (150 tabs every 30 days)
alprazolam tab er 24hr 2 mg	1	QL (150 tabs every 30 days)
alprazolam tab er 24hr 3 mg	1	QL (90 tabs every 30 days)
chlordiazepoxide hcl cap 5 mg	1	QL (360 caps every 30 days)
chlordiazepoxide hcl cap 10 mg	1	QL (360 caps every 30 days)
chlordiazepoxide hcl cap 25 mg	1	QL (360 caps every 30 days)
clorazepate dipotassium tab 3.75 mg	1	QL (180 tabs every 30 days)
clorazepate dipotassium tab 7.5 mg	1	QL (180 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clorazepate dipotassium tab 15 mg	1	QL (180 tabs every 30 days)
diazepam conc 5 mg/ml	1	QL (240 mL every 30 days)
diazepam oral soln 1 mg/ml	1	QL (1200 mL every 30 days)
diazepam tab 2 mg	1	QL (120 tabs every 30 days)
diazepam tab 5 mg	1	QL (120 tabs every 30 days)
diazepam tab 10 mg	1	QL (120 tabs every 30 days)
lorazepam conc 2 mg/ml	1	QL (150 mL every 30 days)
lorazepam tab 0.5 mg	1	QL (150 tabs every 30 days)
lorazepam tab 1 mg	1	QL (150 tabs every 30 days)
lorazepam tab 2 mg	1	QL (150 tabs every 30 days)
oxazepam cap 10 mg	1	QL (120 caps every 30 days)
oxazepam cap 15 mg	1	QL (120 caps every 30 days)
oxazepam cap 30 mg	1	QL (120 caps every 30 days)

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
quinidine gluconate tab er 324 mg	1	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 mg	1	

ANTIARRHYTHMICS TYPE I-B

mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
dofetilide cap 500 mcg (0.5 mg)	1	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (240 nebules every month)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT INJ 100/0.67	2	PA, QL (2 SYRINGES PER 28 DAYS)
DUPIXENT INJ 200/1.14	2	PA, QL (2 PFS PER 28 DAYS)
FASENRA PEN INJ 30MG/ML	2	PA, QL (1 PEN PER 56 DAYS)
NUCALA INJ 40MG/0.4	2	PA, QL (1 syringe per 28 days)
NUCALA INJ 100MG/ML	2	PA, QL (3 INJ PER 28 DAYS)
NUCALA INJ 100MG/ML	2	PA, QL (3 PFS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium bromide inhal soln 0.02%	1	QL (300 nebules 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)
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	2	QL (1 inhaler every 30 days)
ARNUITY ELPT INH 100MCG	2	QL (30 blisters every 30 days)
ARNUITY ELPT INH 200MCG	2	QL (30 blisters every 30 days)
budesonide inhalation susp 0.5 mg/2ml	1	QL (120 mL every 30 days)
budesonide inhalation susp 0.25 mg/2ml	1	QL (180 mL every 30 days)
budesonide inhalation susp 1 mg/2ml	1	QL (60 mL every 30 days)
FLOVENT DISK AER 50MCG	2	QL (180 inhalations every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLOVENT DISK AER 100MCG	2	QL (240 inhalations every 30 days)
FLOVENT DISK AER 250MCG	2	QL (240 inhalations every 30 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)
QVAR REDIHA AER 80MCG	2	QL (30 gm every 30 days)
QVAR REDIHAL AER 40MCG	2	QL (30 gm every 30 days)
SYMPATHOMIMETICS		
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
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)
ALBUTEROL NEB 0.5%	2	QL (120 ea every month)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 PKG PER MONTH)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (120 ea every month)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (360 mL every month)

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Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (360 mL every month)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (360 mL every month)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
albuterol sulfate tab er 12hr 4 mg	1	
albuterol sulfate tab er 12hr 8 mg	1	
ANORO ELLIPT AER 62.5-25	2	QL (1 package per month)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL (60 vials per month)
BEVESPI AER 9-4.8MCG	2	
BREO ELLIPTA INH 100-25	2	QL (1 package per month)
BREO ELLIPTA INH 200-25	2	QL (1 package per month)
fluticasone-salmeterol aer powder ba 55-14 mcg/act	1	QL (1 package per month)
fluticasone-salmeterol aer powder ba 113-14 mcg/act	1	QL (1 package per month)
fluticasone-salmeterol aer powder ba 232-14 mcg/act	1	QL (1 package per month)
formoterol fumarate soln nebu 20 mcg/2ml	1	QL (60 vials per month)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (540 nebules per month)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (300 mL every month)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (300 mL every month)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (300 mL every month)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (90 ea every month)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers every month)
PERFOROMIST NEB 20MCG	2	QL (60 vials per month)

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Drug Name	Drug Tier	Requirements/Limits
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
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
XANTHINES		
theophylline elixir 80 mg/15ml	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
DIRECT FACTOR XA INHIBITORS		
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	

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Drug Name	Drug Tier	Requirements/Limits
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium inj 300 mg/3ml	1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 100 mg/ml	1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 150 mg/ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
heparin sodium (porcine) inj 1000 unit/ml	1	PA
heparin sodium (porcine) inj 5000 unit/ml	1	PA
heparin sodium (porcine) inj 10000 unit/ml	1	PA
heparin sodium (porcine) inj 20000 unit/ml	1	PA
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	PA
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	PA
clobazam tab 10 mg	1	PA
clobazam tab 20 mg	1	PA
clonazepam orally disintegrating tab 0.5 mg	1	QL (300 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clonazepam orally disintegrating tab 0.25 mg	1	QL (300 tabs every 30 days)
clonazepam orally disintegrating tab 0.125 mg	1	QL (300 tabs every 30 days)
clonazepam orally disintegrating tab 1 mg	1	QL (300 tabs every 30 days)
clonazepam orally disintegrating tab 2 mg	1	QL (300 tabs every 30 days)
clonazepam tab 0.5 mg	1	QL (300 tabs every 30 days)
clonazepam tab 1 mg	1	QL (300 tabs every 30 days)
clonazepam tab 2 mg	1	QL (300 tabs every 30 days)
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
ANTICONVULSANTS - MISC.		
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
lacosamide tab 50 mg	1	
lacosamide tab 100 mg	1	
lacosamide tab 150 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
lacosamide tab 200 mg	1	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 100 mg	1	QL (90 tabs every 30 days)
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	

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Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
pregabalin cap 25 mg	1	QL (120 caps per month)
pregabalin cap 50 mg	1	QL (120 caps per month)
pregabalin cap 75 mg	1	QL (120 caps per month)
pregabalin cap 100 mg	1	QL (120 caps per month)
pregabalin cap 150 mg	1	QL (120 caps per month)
pregabalin cap 200 mg	1	QL (90 caps per month)
pregabalin cap 225 mg	1	QL (60 caps per month)
pregabalin cap 300 mg	1	QL (60 caps per month)
pregabalin soln 20 mg/ml	1	QL (1080 mL every month)
primidone tab 50 mg	1	
primidone tab 250 mg	1	
rufinamide susp 40 mg/ml	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
CARBAMATES		
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
GABA MODULATORS		
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	1	PA, QL (180 PACKETS PER 30 DAYS)
vigabatrin tab 500 mg	1	PA, QL (180 TABLETS PER 30 DAYS)
HYDANTOINS		
DILANTIN CAP 30MG	2	
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
VALPROIC ACID		
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
ANTIDEPRESSANTS - MISC.		
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
maprotiline hcl tab 25 mg	1	
maprotiline hcl tab 50 mg	1	QL (40 tabs every 30 days)
maprotiline hcl tab 75 mg	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	
fluoxetine hcl tab 20 mg	1	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	

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Drug Name	Drug Tier	Requirements/Limits
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	

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

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Drug Name	Drug Tier	Requirements/Limits
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	ST
SYMLNPEN 120 INJ 1000MCG	2	ST
ANTIDIABETIC COMBINATIONS		
alogliptin-metformin hcl tab 12.5-500 mg	1	ST
alogliptin-metformin hcl tab 12.5-1000 mg	1	ST
alogliptin-pioglitazone tab 12.5-15 mg	1	ST
alogliptin-pioglitazone tab 12.5-30 mg	1	ST
alogliptin-pioglitazone tab 12.5-45 mg	1	ST
alogliptin-pioglitazone tab 25-15 mg	1	ST
alogliptin-pioglitazone tab 25-30 mg	1	ST
alogliptin-pioglitazone tab 25-45 mg	1	ST
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	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

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TAB 100-1000	2	ST
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
SOLIQUA INJ 100/33	2	ST
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
BIGUANIDES		
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	1	PA, QL (1.08 mL every 30 days)
GLUCAGEN INJ HYPOKIT	2	
glucagon (rdna) for inj kit 1 mg	1	
GVOKE HYPO 1 INJ 1MG/.2ML	2	

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Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	1	ST
alogliptin benzoate tab 12.5 mg (base equiv)	1	ST
alogliptin benzoate tab 25 mg (base equiv)	1	ST
JANUVIA TAB 25MG	2	ST
JANUVIA TAB 50MG	2	ST
JANUVIA TAB 100MG	2	ST
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML	2	ST, QL (1 PEN PER MONTH); Starter Pen
OZEMPIC INJ 4MG/3ML	2	ST, QL (1 PEN PER MONTH)
OZEMPIC INJ 8MG/3ML	2	ST, QL (1 PEN PER MONTH)
RYBELSUS TAB 3MG	2	ST, QL (30 tablets per month)
RYBELSUS TAB 7MG	2	ST, QL (30 tablets per month)
RYBELSUS TAB 14MG	2	ST, QL (30 tablets per month)
TRULICITY INJ 0.75/0.5	2	ST, QL (4 PENS PER MONTH)
TRULICITY INJ 1.5/0.5	2	ST, QL (4 PENS PER MONTH)
TRULICITY INJ 3/0.5	2	ST, QL (4 PENS PER MONTH)
TRULICITY INJ 4.5/0.5	2	ST, QL (4 PENS PER MONTH)
VICTOZA INJ 18MG/3ML	2	ST, QL (3 PENS PER MONTH)

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Drug Name	Drug Tier	Requirements/Limits
INSULIN		
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	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	ST
FARXIGA TAB 10MG	2	ST
JARDIANCE TAB 10MG	2	ST

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Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
tolbutamide tab 500 mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet 90 mg	1	PA
deferasirox granules packet 180 mg	1	PA
deferasirox granules packet 360 mg	1	PA
deferasirox tab 90 mg	1	PA
deferasirox tab 180 mg	1	PA
deferasirox tab 360 mg	1	PA
deferasirox tab for oral susp 125 mg	1	PA
deferasirox tab for oral susp 250 mg	1	PA
deferasirox tab for oral susp 500 mg	1	PA
deferiprone tab 500 mg	1	PA

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Drug Name	Drug Tier	Requirements/Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS		
VISTOGARD PAK 10GM	2	QL (20 PACKETS PER 5 DAYS)
OPIOID ANTAGONISTS		
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	1	
NARCAN SPR 4MG	2	QL (4 sprays every 180 days)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl tab 1 mg	1	QL (12 tabs every 21 days)
ondansetron hcl oral soln 4 mg/5ml	1	QL (200 mL every 21 days)
ondansetron hcl tab 4 mg	1	QL (18 tabs every 21 days)
ondansetron hcl tab 8 mg	1	QL (18 tabs every 21 days)
ondansetron hcl tab 24 mg	1	QL (2 ea every 21 days)
ondansetron orally disintegrating tab 4 mg	1	QL (18 tabs every 21 days)
ondansetron orally disintegrating tab 8 mg	1	QL (18 tabs every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
MECLIZINE TAB 50MG	2	
scopolamine td patch 72hr 1 mg/3days	1	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
dronabinol cap 10 mg	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps every 180 days)
aprepitant capsule 80 mg	1	QL (4 caps every 21 days)
aprepitant capsule 125 mg	1	QL (2 ea every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 caps every 21 days)
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap 250 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin oral powder	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	
itraconazole oral soln 10 mg/ml	1	
ketoconazole tab 200 mg	1	
voriconazole for inj 200 mg	1	PA
voriconazole for susp 40 mg/ml	1	PA
voriconazole tab 50 mg	1	PA
voriconazole tab 200 mg	1	PA
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4 mg/5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
carbinoxamine maleate tab 4 mg	1	
clemastine fumarate tab 2.68 mg	1	
ANTIHISTAMINES - NON-SEDATING		
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl suppos 50 mg	1	
promethazine hcl syrup 6.25 mg/5ml	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	1	Tier 1 with DAW9
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	

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Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 30 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 90 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
gemfibrozil tab 600 mg	1	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
fluvastatin sodium cap 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	0	$0 copay for members age 40 through 75

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Drug Name	Drug Tier	Requirements/Limits
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	0	$0 copay for members age 40 through 75
lovastatin tab 10 mg	0	$0 copay for members age 40 through 75
lovastatin tab 20 mg	0	$0 copay for members age 40 through 75
lovastatin tab 40 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 10 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 5 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 10 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	0	$0 copay for members age 40 through 75
simvastatin tab 10 mg	0	$0 copay for members age 40 through 75
simvastatin tab 20 mg	0	$0 copay for members age 40 through 75
simvastatin tab 40 mg	0	$0 copay for members age 40 through 75
simvastatin tab 80 mg	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	

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Drug Name	Drug Tier	Requirements/Limits
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	2	PA, QL (2 PENS PER MONTH)
PRALUENT INJ 150MG/ML	2	PA, QL (2 injections every month)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate oral soln 1 mg/ml	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine cap 250 mg	1	
phenoxybenzamine hcl cap 10 mg	1	PA
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
methyldopa & hydrochlorothiazide tab 250-15 mg	1	
methyldopa & hydrochlorothiazide tab 250-25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
propranolol & hydrochlorothiazide tab 40-25 mg	1	
propranolol & hydrochlorothiazide tab 80-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
trandolapril-verapamil hcl tab er 4-240 mg	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
VASODILATORS		
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
mefloquine hcl tab 250 mg	1	
primaquine phosphate tab 26.3 mg (15 mg base)	1	

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Drug Name	Drug Tier	Requirements/Limits
pyrimethamine tab 25 mg	1	PA
quinine sulfate cap 324 mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 30 mg	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PRIFTIN TAB 150MG	2	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
TRECATOR TAB 250MG	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
cyclophosphamide cap 25 mg	0	
cyclophosphamide cap 50 mg	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
melphalan tab 2 mg	0	
MYLERAN TAB 2MG	0	
temozolomide cap 5 mg	0	PA

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Drug Name	Drug Tier	Requirements/Limits
temozolomide cap 20 mg	0	PA
temozolomide cap 100 mg	0	PA
temozolomide cap 140 mg	0	PA
temozolomide cap 180 mg	0	PA
temozolomide cap 250 mg	0	PA
ANTIMETABOLITES		
capecitabine tab 150 mg	0	PA, QL (120 TABLETS PER 30 DAYS)
capecitabine tab 500 mg	0	PA, QL (300 TABLETS PER 30 DAYS)
mercaptopurine tab 50 mg	0	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	0	
TABLOID TAB 40MG	0	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 5MG	0	PA, QL (120 TABLETS PER 30 DAYS)
LENVIMA CAP 8 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 14 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 20 MG	0	PA, QL (60 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (120 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
TUKYSA TAB 150MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
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)
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	0	PA, QL (60 TABLETS PER 30 DAYS)
erlotinib hcl tab 100 mg (base equivalent)	0	PA, QL (30 TABLETS PER 30 DAYS)
erlotinib hcl tab 150 mg (base equivalent)	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)
TAGRISSO TAB 40MG	0	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSO TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ODOMZO CAP 200MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	0	PA, QL (120 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
abiraterone acetate tab 500 mg	0	PA, QL (60 TABLETS PER 30 DAYS)
anastrozole tab 1 mg	0	
bicalutamide tab 50 mg	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (120 TABLETS PER 30 DAYS)
exemestane tab 25 mg	0	
flutamide cap 125 mg	0	
letrozole tab 2.5 mg	0	
leuprolide acetate inj kit 5 mg/ml	1	PA
LUPRON DEPOT INJ 3.75MG	2	PA
LUPRON DEPOT INJ 11.25MG	2	PA
LYSODREN TAB 500MG	0	
megestrol acetate susp 40 mg/ml	0	
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	PA, QL (60 tabs every 25 days)
nilutamide tab 150 mg	0	
NUBEQA TAB 300MG	0	PA, QL (120 TABLETS PER 30 DAYS)
tamoxifen citrate tab 10 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
toremifene citrate tab 60 mg (base equivalent)	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)

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Drug Name	Drug Tier	Requirements/Limits
YONSA TAB 125MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ANTINEOPLASTIC COMBINATIONS		
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)
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 3MG	0	PA, QL (90 TABLETS PER 30 DAYS)
AFINITOR DIS TAB 5MG	0	PA, QL (60 TABLETS PER 30 DAYS)
AFINITOR TAB 10MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALECENSA CAP 150MG	0	PA, QL (240 CAPSULES PER 30 DAYS)
ALUNBRIG TAB 30MG	0	PA, QL (120 TABLETS PER 30 DAYS)
ALUNBRIG TAB 90MG	0	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 180MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BOSULIF TAB 100MG	0	PA, QL (90 TABLETS PER 30 DAYS)
BOSULIF TAB 400MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BOSULIF TAB 500MG	0	PA, QL (30 TABLETS PER 30 DAYS)
BRAFTOVI CAP 75MG	0	QL (180 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
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)
CALQUENCE TAB 100MG	0	PA, QL (60 TABS 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)
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)
everolimus tab 2.5 mg	0	PA, QL (30 TABLETS PER 30 DAYS)
everolimus tab 5 mg	0	PA, QL (30 TABLETS PER 30 DAYS)
everolimus tab 7.5 mg	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)

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE TAB 100MG	0	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 125MG	0	PA, QL (21 TABLETS PER 28 DAYS)
imatinib mesylate tab 100 mg (base equivalent)	0	PA, QL (90 TABLETS PER 30 DAYS)
imatinib mesylate tab 400 mg (base equivalent)	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)
IMBRUVICA TAB 420MG	0	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 560MG	0	PA, QL (30 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)
lapatinib ditosylate tab 250 mg (base equiv)	0	PA, QL (180 TABLETS PER 30 DAYS)
MEKTOVI TAB 15MG	0	PA, QL (180 CAPSULES PER 30 DAYS)
NINLARO CAP 2.3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
NINLARO CAP 3MG	0	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 4MG	0	PA, QL (3 CAPSULES 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)
SPRYCEL TAB 20MG	0	PA, QL (90 TABLETS PER 30 DAYS)
SPRYCEL TAB 50MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 70MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 80MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 100MG	0	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 140MG	0	PA, QL (30 TABLETS PER 30 DAYS)
sunitinib malate cap 12.5 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
sunitinib malate cap 25 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
sunitinib malate cap 37.5 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
sunitinib malate cap 50 mg (base equivalent)	0	PA, QL (30 CAPSULES PER 30 DAYS)
SUTENT CAP 12.5MG	0	PA, QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)
ANTINEOPLASTICS MISC.		
bexarotene cap 75 mg	0	PA
hydroxyurea cap 500 mg	0	
MATULANE CAP 50MG	0	
tretinoin cap 10 mg	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	
leucovorin calcium tab 25 mg	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
etoposide cap 50 mg	0	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone tab 200 mg	1	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	

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

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Drug Name	Drug Tier	Requirements/Limits
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
ANTIPSYCHOTICS - MISC.		
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ziprasidone mesylate for inj 20 mg (base equivalent)	1	
BENZISOXAZOLES		
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	QL (23.077 injections every year)
ARISTADA INJ INITIO	2	
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
formaldehyde solution 10%	1	
hydrogen peroxide soln 30%	1	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (900 ML PER 30 DAYS)
abacavir sulfate tab 300 mg (base equiv)	1	QL (60 TABLETS PER 30 DAYS)
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 TABLETS PER 30 DAYS)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	1	QL (60 TABLETS PER 30 DAYS)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (30 CAPSULES PER 30 DAYS)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (60 CAPSULES PER 30 DAYS)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (30 CAPSULES PER 30 DAYS)
BIKTARVY TAB	2	QL (30 TABLETS PER 30 DAYS)
BIKTARVY TAB	2	PA, QL (30 tablets per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CIMDUO TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
DESCOVY TAB 120-15MG	2	PA, QL (30 TABLETS PER 30 DAYS); Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis
DESCOVY TAB 200/25MG	2	PA, QL (30 TABLETS PER 30 DAYS); Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (30 TABLETS PER 30 DAYS)
EDURANT TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
efavirenz cap 50 mg	1	QL (90 CAPSULES PER 30 DAYS)
efavirenz cap 200 mg	1	QL (90 CAPSULES PER 30 DAYS)
efavirenz tab 600 mg	1	QL (30 TABLETS PER 30 DAYS)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (30 TABLETS PER 30 DAYS)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	QL (30 TABLETS PER 30 DAYS)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine caps 200 mg	1	QL (30 CAPSULES PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (30 TABLETS PER 30 DAYS)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	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)
etravirine tab 100 mg	1	QL (120 TABLETS PER 30 DAYS)
etravirine tab 200 mg	1	QL (60 TABLETS PER 30 DAYS)
EVOTAZ TAB 300-150	2	QL (30 TABLETS PER 30 DAYS)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (120 TABLETS PER 30 DAYS)
FUZEON INJ 90MG	2	PA, QL (60 VIALS PER 30 DAYS)
GENVOYA TAB	2	QL (30 TABLETS PER 30 DAYS)
INTELENCE TAB 25MG	2	QL (120 TABLETS PER 30 DAYS)
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	2	QL (30 TABLETS PER 30 DAYS)
lamivudine oral soln 10 mg/ml	1	QL (960 ML PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
lamivudine tab 150 mg	1	QL (60 TABLETS PER 30 DAYS)
lamivudine tab 300 mg	1	QL (30 TABLETS PER 30 DAYS)
lamivudine-zidovudine tab 150-300 mg	1	QL (60 TABLETS PER 30 DAYS)
LEXIVA TAB 700MG	2	QL (120 TABLETS PER 30 DAYS)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (1575 ML PER 28 DAYS)
lopinavir-ritonavir tab 100-25 mg	1	QL (240 TABLETS PER 30 DAYS)
lopinavir-ritonavir tab 200-50 mg	1	QL (120 TABLETS PER 30 DAYS)
nevirapine susp 50 mg/5ml	1	QL (1200 ML PER 30 ML DAYS)
nevirapine tab 200 mg	1	QL (60 TABLETS PER 30 DAYS)
nevirapine tab er 24hr 100 mg	1	QL (90 TABLETS PER 30 DAYS)
nevirapine tab er 24hr 400 mg	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)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
PREZISTA TAB 800MG	2	QL (30 TABLETS PER 30 DAYS)
ritonavir tab 100 mg	1	QL (360 TABLETS PER 30 DAYS)
stavudine cap 15 mg	1	QL (60 CAPSULES PER 30 DAYS)
stavudine cap 20 mg	1	QL (60 CAPSULES PER 30 DAYS)
stavudine cap 30 mg	1	QL (60 CAPSULES PER 30 DAYS)
stavudine cap 40 mg	1	QL (60 CAPSULES PER 30 DAYS)
SYMTUZA TAB	2	QL (30 TABLETS PER 30 DAYS)
TEMIXYS TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
tenofovir disoproxil fumarate tab 300 mg	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)
VIRAMUNE SUS 50MG/5ML	2	QL (1200 ML PER 30 ML DAYS)
zidovudine cap 100 mg	1	QL (180 CAPSULES PER 30 DAYS)
zidovudine syrup 10 mg/ml	1	QL (1920 ML PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
zidovudine tab 300 mg	1	QL (60 TABLETS PER 30 DAYS)
CMV AGENTS		
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	QL (1000 ML PER 30 DAYS)
valganciclovir hcl tab 450 mg (base equivalent)	1	QL (120 tablets for 30 days)
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	
BARACLUDE SOL	2	QL (630 ml per 30 days)
entecavir tab 0.5 mg	1	QL (30 tabs per 30 days)
entecavir tab 1 mg	1	QL (30 tabs per 30 days)
EPCLUSA PAK 150-37.5	2	PA
EPCLUSA PAK 200-50MG	2	PA
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
lamivudine tab 100 mg (hbv)	1	
ribavirin cap 200 mg	1	PA
ribavirin tab 200 mg	1	PA

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Drug Name	Drug Tier	Requirements/Limits
VEMLIDY TAB 25MG	2	QL (30 TABLETS PER 30 DAYS)
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)
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (28 caps every 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (14 caps every 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (14 caps every 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (180 mL every 90 days)
rimantadine hydrochloride tab 100 mg	1	
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG	2	PA, QL (40 capsules per month)

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Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	

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Drug Name	Drug Tier	Requirements/Limits
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
BETA BLOCKERS NON-SELECTIVE		
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	

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Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate tab 10 mg (base equivalent)	1	
CARDIZEM LA TAB 120MG	2	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl coated beads tab er 24hr 180 mg	1	
diltiazem hcl coated beads tab er 24hr 240 mg	1	
diltiazem hcl coated beads tab er 24hr 300 mg	1	
diltiazem hcl coated beads tab er 24hr 360 mg	1	
diltiazem hcl coated beads tab er 24hr 420 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

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

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
IMPOTENCE AGENTS		
sildenafil citrate tab 25 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
sildenafil citrate tab 50 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
sildenafil citrate tab 100 mg	1	QL (6 TABS PER MONTH)
tadalafil tab 2.5 mg	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
tadalafil tab 5 mg	1	ST, QL (30 tabs per month); Coverage is subject to your plan/benefits
tadalafil tab 10 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
tadalafil tab 20 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl orally disintegrating tab 10 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
vardenafil hcl tab 2.5 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl tab 5 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl tab 10 mg	1	QL (6 TABS PER MONTH); Coverage is subject to your plan/benefits
vardenafil hcl tab 20 mg	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
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
ambrisentan tab 10 mg	1	PA, QL (30 TABLETS PER 30 DAYS)
bosentan tab 62.5 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
bosentan tab 125 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
OPSUMIT TAB 10MG	2	PA, QL (30 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate for suspension 10 mg/ml	1	PA, QL (224 ML PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate tab 20 mg	1	PA, QL (90 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
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)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
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)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	2	PA
CORLANOR TAB 5MG	2	PA
CORLANOR TAB 7.5MG	2	PA

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Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	QL (90 mL every year)
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	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
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	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	0	

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

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Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	0	QL (13 rings every 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
medroxyprogesterone acetate im susp 150 mg/ml	0	QL (1 injection every 59 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (27)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	

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

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Drug Name	Drug Tier	Requirements/Limits
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
UCERIS TAB 9MG	1	Tier 1 with DAW9
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	QL (30 mL/day for 7 days per month)
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	QL (6 tablets/day for 7 days per month)
COUGH/COLD/ALLERGY COMBINATIONS		
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL (10 mL/day for 7 days per month)
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL (30 mL/day for 7 days per month)
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	QL (30 mL/day for 7 days per month)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
MISC. RESPIRATORY INHALANTS		
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream 0.1%	1	PA
adapalene gel 0.1%	1	PA
adapalene gel 0.3%	1	PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
adapalene-benzoyl peroxide gel 0.3-2.5%	1	PA
benzoyl peroxide foam 5.3%	1	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide gel 8%	1	
benzoyl peroxide liq 7%	1	
benzoyl peroxide liq 7%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	QL (47 grams per month)
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	QL (75 gm every month)
clindamycin phosphate lotion 1%	1	QL (60 mL every month)
clindamycin phosphate soln 1%	1	QL (60 mL every month)
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	PA
dapsone gel 5%	1	
dapsone gel 7.5%	1	
erythromycin gel 2%	1	QL (60 gm every month)
erythromycin pads 2%	1	
erythromycin soln 2%	1	QL (60 mL every month)
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 30 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
isotretinoin cap 40 mg	1	
resorcinol-sulfur lotion 2-5%	1	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	PA, QL (150 ml per 21 days)
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream 0.1%	1	QL (120 grams per month)
gentamicin sulfate oint 0.1%	1	QL (120 grams per month)
mupirocin oint 2%	1	QL (30 gm every month)
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	QL (120 GM Per month)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 GM Per month)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120 ML Per month)
ciclopirox shampoo 1%	1	QL (120 ML Per month)
ciclopirox solution 8%	1	
clotrimazole soln 1%	1	QL (120 mL every 25 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	

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Drug Name	Drug Tier	Requirements/Limits
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate cream 1%	1	QL (60 GM Per month)
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
ketoconazole cream 2%	1	QL (120 GM Per month)
ketoconazole shampoo 2%	1	QL (120 ML Per month)
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	QL (120 GM per month)
naftifine hcl cream 1%	1	QL (60 GM Per month)
naftifine hcl cream 2%	1	QL (60 GM Per month)
naftifine hcl gel 1%	1	QL (120 GM Per month)
nystatin cream 100000 unit/gm	1	QL (120 GM per month)
nystatin oint 100000 unit/gm	1	QL (120 GM per month)
nystatin topical powder 100000 unit/gm	1	QL (120 GM per month)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
oxiconazole nitrate cream 1%	1	ST, QL (90 GM Per month)
sulconazole nitrate cream 1%	1	QL (60 GM Per month)
sulconazole nitrate solution 1%	1	QL (60 ML Per month)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac sodium (actinic keratoses) gel 3%	1	PA
fluorouracil cream 0.5%	1	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene foam 0.005%	1	PA
calcipotriene oint 0.005%	1	PA

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Drug Name	Drug Tier	Requirements/Limits
calcipotriene soln 0.005% (50 mcg/ml)	1	PA
COSENTYX INJ 75MG/0.5	2	PA, QL (1 syringe per 28 days)
COSENTYX INJ 150MG/ML	2	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Anklyosing Spondylitis and Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
COSENTYX INJ 300DOSE	2	PA, QL (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.
COSENTYX PEN INJ 150MG/ML	2	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.

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 300DOSE	2	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.
methoxsalen rapid cap 10 mg	1	
SKYRIZI INJ 150DOSE	2	PA, QL (2 SYRINGES PER 12 WEEKS); Preferred for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 150MG/ML	2	PA, QL (1 SYRINGES PER 84 DAYS); Preferred for Psoriasis
SKYRIZI PEN INJ 150MG/ML	2	PA, QL (1 SYRINGES PER 84 DAYS); Preferred for Psoriasis
STELARA INJ 45MG/0.5	2	PA, QL (1 SYRINGE PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	2	PA, QL (1 VIAL PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
STELARA INJ 90MG/ML	2	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
TALTZ INJ 80MG/ML	2	PA, QL (1 INJ PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 80MG/ML	2	PA, QL (1 PFS PER 28 DAYS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
tazarotene cream 0.1%	1	
TREMFYA INJ 100MG/ML	2	PA, QL (1 PEN PER 8 WEEKS)
TREMFYA INJ 100MG/ML	2	PA, QL (1 PFS PER 8 WEEKS); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
silver sulfadiazine cream 1%	1	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	QL (120 gm every month)
alclometasone dipropionate oint 0.05%	1	QL (120 gm every month)
amcinonide cream 0.1%	1	QL (120 gm every month)
amcinonide lotion 0.1%	1	QL (120 mL every month)

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Drug Name	Drug Tier	Requirements/Limits
AMCINONIDE OIN 0.1%	2	QL (120 gm every month)
betamethasone dipropionate augmented cream 0.05%	1	QL (120 gm every month)
betamethasone dipropionate augmented gel 0.05%	1	QL (120 gm every month)
betamethasone dipropionate augmented lotion 0.05%	1	QL (120 mL every month)
betamethasone dipropionate augmented oint 0.05%	1	QL (120 gm every month)
betamethasone dipropionate cream 0.05%	1	QL (120 gm every month)
betamethasone dipropionate lotion 0.05%	1	QL (120 mL every month)
betamethasone valerate aerosol foam 0.12%	1	QL (120 gm every month)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (120 gm every month)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (120 mL every month)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (120 gm every month)
clobetasol propionate cream 0.05%	1	QL (120 gm every month)
clobetasol propionate emollient base cream 0.05%	1	QL (120 gm every month)
clobetasol propionate foam 0.05%	1	QL (120 gm every month)
clobetasol propionate gel 0.05%	1	QL (120 gm every month)
clobetasol propionate lotion 0.05%	1	QL (120 mL every month)
clobetasol propionate oint 0.05%	1	QL (120 gm every month)
clobetasol propionate shampoo 0.05%	1	QL (120 mL every month)
clobetasol propionate soln 0.05%	1	QL (120 mL every month)

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Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate spray 0.05%	1	QL (120 mL every 25 days)
desonide cream 0.05%	1	QL (120 gm every month)
desonide lotion 0.05%	1	QL (120 mL every month)
desonide oint 0.05%	1	QL (120 gm every month)
desoximetasone cream 0.05%	1	QL (120 gm every month)
desoximetasone cream 0.25%	1	QL (120 gm every month)
desoximetasone gel 0.05%	1	QL (120 gm every month)
desoximetasone oint 0.25%	1	QL (120 gm every month)
desoximetasone spray 0.25%	1	QL (120 mL every month)
ENSTILAR AER	2	PA
fluocinolone acetonide cream 0.01%	1	QL (120 gm every month)
fluocinolone acetonide cream 0.025%	1	QL (120 gm every month)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (120 mL every month)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (120 mL every month)
fluocinolone acetonide oint 0.025%	1	QL (120 gm every month)
fluocinolone acetonide soln 0.01%	1	QL (120 mL every month)
fluocinonide cream 0.05%	1	QL (120 gm every month)
fluocinonide emulsified base cream 0.05%	1	QL (120 gm every month)
fluocinonide gel 0.05%	1	QL (120 gm every month)
fluocinonide oint 0.05%	1	QL (120 gm every month)

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Drug Name	Drug Tier	Requirements/Limits
fluocinonide soln 0.05%	1	QL (120 mL every month)
flurandrenolide oint 0.05%	1	QL (120 gm every 25 days)
fluticasone propionate cream 0.05%	1	QL (120 gm every month)
fluticasone propionate lotion 0.05%	1	QL (120 mL every month)
fluticasone propionate oint 0.005%	1	QL (120 gm every month)
halobetasol propionate cream 0.05%	1	QL (120 gm every month)
halobetasol propionate oint 0.05%	1	QL (120 gm every month)
hydrocortisone butyrate cream 0.1%	1	QL (120 gm every month)
hydrocortisone butyrate oint 0.1%	1	QL (120 gm every month)
hydrocortisone butyrate soln 0.1%	1	QL (120 mL every month)
hydrocortisone cream 1%	1	QL (120 gm every 25 days)
hydrocortisone cream 2.5%	1	QL (120 gm every month)
hydrocortisone lotion 2.5%	1	QL (120 mL every month)
hydrocortisone oint 1%	1	QL (120 gm every 25 days)
hydrocortisone oint 2.5%	1	QL (120 gm every month)
hydrocortisone valerate cream 0.2%	1	QL (120 gm every month)
hydrocortisone valerate oint 0.2%	1	QL (120 gm every month)
IMPEKLO LOT 0.05%	2	QL (120 grams per month)
mometasone furoate cream 0.1%	1	QL (120 gm every month)

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Drug Name	Drug Tier	Requirements/Limits
mometasone furoate oint 0.1%	1	QL (120 gm every month)
mometasone furoate solution 0.1% (lotion)	1	QL (120 mL every month)
prednicarbate cream 0.1%	1	QL (120 gm every month)
prednicarbate oint 0.1%	1	QL (120 gm every month)
TACLONEX OIN	2	QL (6 gm every 30 days)
TACLONEX SUS	2	PA
triamcinolone acetonide cream 0.1%	1	QL (120 gm every month)
triamcinolone acetonide cream 0.5%	1	QL (120 gm every month)
triamcinolone acetonide cream 0.025%	1	QL (120 gm every month)
triamcinolone acetonide lotion 0.1%	1	QL (120 mL every month)
triamcinolone acetonide lotion 0.025%	1	QL (120 mL every month)
triamcinolone acetonide oint 0.1%	1	QL (120 gm every month)
triamcinolone acetonide oint 0.5%	1	QL (120 gm every month)
triamcinolone acetonide oint 0.025%	1	QL (120 gm every month)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	2	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)
CIBINQO TAB 200MG	2	PA, QL (30 TABLETS PER 30 DAYS)
DUPIXENT INJ 200MG	2	PA, QL (2 PFS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJ 300/2ML	2	PA, QL (4 PENS PER 28 DAYS)
DUPIXENT INJ 300/2ML	2	PA, QL (4 PFS PER 28 DAYS)
EMOLLIENT/KERATOLYTIC AGENTS		
urea cream 39%	1	
EMOLLIENTS		
lactic acid (ammonium lactate) cream 12%	1	
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	
imiquimod cream 5%	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	1	ST
tacrolimus oint 0.1%	1	ST
tacrolimus oint 0.03%	1	ST
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln 0.5%	1	
LOCAL ANESTHETICS - TOPICAL		
ethyl chloride aerosol spray	1	
lidocaine hcl gel 2%	1	QL (30 gm every 25 days)
lidocaine hcl soln 4%	1	QL (50 mL every month)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL every month)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (10 injections every month)
lidocaine oint 5%	1	QL (50 gm every month)
lidocaine patch 4%	1	
lidocaine patch 5%	1	PA, QL (90 ea every month)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm every month)
ROSACEA AGENTS		
azelaic acid gel 15%	1	
metronidazole cream 0.75%	1	QL (60 grams per month)
metronidazole gel 0.75%	1	QL (60 grams per month)

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Drug Name	Drug Tier	Requirements/Limits
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	QL (60 mL per month)
ORACEA CAP 40MG	1	Tier 1 with DAW9
SOOLANTRA CRE 1%	1	Tier 1 with DAW9
SCABICIDES & PEDICULICIDES		
crotamiton lotion 10%	1	
ivermectin lotion 0.5%	1	
lindane shampoo 1%	1	
malathion lotion 0.5%	1	
permethrin cream 5%	1	
spinosad susp 0.9%	1	
TAR PRODUCTS		
coal tar soln 20%	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ONETOUCH TES ULTRA	0	QL (240 strips every month)
ONETOUCH TES VERIO	0	QL (240 strips every month)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
CAMINO PRO LIQ 15PE	2	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	2	PA; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	2	PA; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	2	PA; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	2	PA; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	2	PA; Coverage is subject to your plan/benefits
EAA SUPPLEME POW TROPICAL	2	Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	2	Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
EO28 SPLASH LIQ ORANGE	2	PA; Coverage is subject to your plan/benefits
F.A.A. LIQ	2	PA; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	2	PA; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	2	PA; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	2	PA; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	2	PA; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
GLYROL LIQ PREBIO1	2	PA; Coverage is subject to your plan/benefits
GLYTROL LIQ PREBIO1	2	PA; Coverage is subject to your plan/benefits
HCU EXP20 PAK UNFLAVOR	2	Coverage is subject to your plan/benefits
HCU EXPRESS PAK	2	Coverage is subject to your plan/benefits
ISOSOURCE HN LIQ	2	PA; Coverage is subject to your plan/benefits
ISOSOURCE LIQ	2	PA; Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	2	PA; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
LANAFLEX PAK	2	Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	2	PA; Coverage is subject to your plan/benefits
LOPHLEX POW	2	Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
MCT PRO-CAL PAK	2	PA; Coverage is subject to your plan/benefits
NEOCATE LIQ SPLASH	2	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
NOVASOURCE LIQ RENAL	2	PA; Coverage is subject to your plan/benefits
NUTRAMINE PAK	2	PA; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	2	PA; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	2	PA; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
NUTREN JR LIQ	2	PA; Coverage is subject to your plan/benefits
NUTREN LIQ JUNIOR	2	PA; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	2	PA; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	2	PA; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	2	PA; Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	2	PA; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	2	PA; Coverage is subject to your plan/benefits
OSMOLITE LIQ	2	PA; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	2	PA; Coverage is subject to your plan/benefits

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

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Drug Name	Drug Tier	Requirements/Limits
REPLETE FIBE LIQ 1 CAL	2	PA; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	2	PA; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	2	PA; Coverage is subject to your plan/benefits
S.O.S. 20 POW	2	Coverage is subject to your plan/benefits
S.O.S. 25 POW	2	Coverage is subject to your plan/benefits
SUPLENA LIQ VANILLA	2	PA; Coverage is subject to your plan/benefits
TOLEREX POW	2	PA; Coverage is subject to your plan/benefits
TWOCAL HN LIQ	2	PA; Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	2	PA; Coverage is subject to your plan/benefits
ULTRACAL LIQ	2	PA; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	2	PA; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	2	Coverage is subject to your plan/benefits
VITAL HN POW	2	PA; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	2	PA; Coverage is subject to your plan/benefits

DIGESTIVE AIDS

DIGESTIVE ENZYMES

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

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Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CAP 16800UNT	2	PA
PANCREAZE CAP 21000UNT	2	PA
PERTZYE CAP 4000UNIT	2	PA
PERTZYE CAP 8000UNIT	2	PA
PERTZYE CAP 16000U	2	PA
PERTZYE CAP 24000U	2	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50	2	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	

LOOP DIURETICS

bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
bumetanide tab 2 mg	1	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl tab 5 mg	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
alendronate sodium tab 70 mg	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTEO INJ 600/2.4	2	PA, QL (1 PEN PER MONTH)
ibandronate sodium tab 150 mg (base equivalent)	1	
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
TYMLOS INJ	2	PA, QL (1PEN PER 30 DAYS)
FERTILITY REGULATORS		
clomiphene citrate tab 50 mg	1	Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	2	PA, QL (10 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	2	PA, QL (6 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	2	PA, QL (60 VIALS PER 28 days); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 300/0.5	2	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.75	2	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
GONAL-F RFF INJ 900/1.5	2	PA, QL (7 CARTRIDGE PER 28 DAYS); Coverage is subject to your plan/benefits
OVIDREL INJ	2	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	2	PA
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	1	PA; Coverage is subject to your plan/benefits
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONES		
NORDITROPIN INJ 15/1.5ML	2	PA
NORDITROPIN INJ 30/3ML	2	PA
HORMONE RECEPTOR MODULATORS		
raloxifene hcl tab 60 mg	0	
METABOLIC MODIFIERS		
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
cinacalcet hcl tab 30 mg (base equiv)	1	PA, QL (60 TABLETS PER 30 DAYS)
cinacalcet hcl tab 60 mg (base equiv)	1	PA, QL (60 TABLETS PER 30 DAYS)
cinacalcet hcl tab 90 mg (base equiv)	1	PA, QL (120 TABLETS PER 30 DAYS)
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
nitisinone cap 2 mg	1	PA
nitisinone cap 5 mg	1	PA
nitisinone cap 10 mg	1	PA
ORFADIN CAP 2MG	2	PA
ORFADIN CAP 5MG	2	PA

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Drug Name	Drug Tier	Requirements/Limits
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL (600 GRAMS PER 30 DATS)
sodium phenylbutyrate tab 500 mg	1	PA, QL (1200 TABLETS PER 30 DAYS)
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200 mg	1	
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	1	PA, QL (90 AMPULES PER 30 DAYS)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	1	PA, QL (90 AMPULES PER 30 DAYS)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	PA, QL (45 VIALS PER 30 DAYS)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	1	PA, QL (90 AMPULES PER 30 DAYS)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	PA, QL (9 VIALS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
ESTROGEN COMBINATIONS		
CLIMARA PRO DIS WEEKLY	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ESTROGENS		
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 20 mg/ml	1	PA
estradiol valerate im in oil 40 mg/ml	1	PA
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO (5%) SUS 250MG/5	2	

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Drug Name	Drug Tier	Requirements/Limits
CIPRO (10%) SUS 500MG/5	2	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
RELTONE CAP 200MG	2	
RELTONE CAP 400MG	2	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
INFLAMMATORY BOWEL AGENTS		
ASACOL HD TAB 800MG	1	Tier 1 with DAW9
balsalazide disodium cap 750 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA PREFL KIT 200MG/ML	2	PA, QL (2 KITS PER 28 DAYS); MNPA
CIMZIA START KIT 200MG/ML	2	PA, QL (1 KIT PER 28 DAYS); MNPA
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit*	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	
SKYRIZI INJ 360/2.4	2	PA, QL (1 cartridge per 56 days)
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	
alosetron hcl tab 1 mg (base equiv)	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
SYMPROIC TAB 0.2MG	2	
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid powder pack 3300-1002 mg	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	2	PA
CYSTAGON CAP 150MG	2	PA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazopyridine hcl tab 200 mg	1	
URINARY STONE AGENTS		
tiopronin tab 100 mg	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	
febuxostat tab 40 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
febuxostat tab 80 mg	1	
MITIGARE CAP 0.6MG	1	Tier 1 with DAW9
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	2	PA, QL (45 SYRINGES PER 90 DAYS)
icatibant acetate inj 30 mg/3ml (base equivalent)	1	PA, QL (45 SYRINGES PER 90 DAYS)
COMPLEMENT INHIBITORS		
RUCONEST INJ 2100UNIT	2	PA, QL (60 VIALS PER 90 DAYS)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	2	PA, QL (60 TABLETS PER 30 DAYS)
TAVALISSE TAB 150MG	2	PA, QL (60 TABLETS PER 30 DAYS)
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA KALLIKREIN INHIBITORS		
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	2	PA, QL (2 VIALS PER 28 DAYS)
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	2	PA, QL (56 capsules per 28 days)
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	PA
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg	0	$0 copay for women younger than 55
folic acid tab 1 mg	1	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 40MCG	2	PA
ARANESP INJ 60MCG	2	PA
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
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)

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Drug Name	Drug Tier	Requirements/Limits
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	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 20000UNI	2	PA
RETACRIT INJ 40000UNT	2	PA
ZIEXTENZO INJ 6/0.6ML	2	PA, QL (2 SYRINGES PER 28 DAYS)

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

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

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

BARBITURATE HYPNOTICS

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

HYPNOTICS - TRICYCLIC AGENTS

doxepin hcl (sleep) tab 3 mg (base equiv)	1	
doxepin hcl (sleep) tab 6 mg (base equiv)	1	

NON-BARBITURATE HYPNOTICS

estazolam tab 1 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
estazolam tab 2 mg	1	
eszopiclone tab 1 mg	1	
eszopiclone tab 2 mg	1	
eszopiclone tab 3 mg	1	
flurazepam hcl cap 15 mg	1	
flurazepam hcl cap 30 mg	1	
temazepam cap 7.5 mg	1	
temazepam cap 15 mg	1	
temazepam cap 22.5 mg	1	
temazepam cap 30 mg	1	
triazolam tab 0.25 mg	1	
triazolam tab 0.125 mg	1	
zaleplon cap 5 mg	1	
zaleplon cap 10 mg	1	
zolpidem tartrate tab 5 mg	1	
zolpidem tartrate tab 10 mg	1	
zolpidem tartrate tab er 6.25 mg	1	
zolpidem tartrate tab er 12.5 mg	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab 8 mg	1	
LAXATIVES		
LAXATIVE COMBINATIONS		
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	0	$0 copay for members age 50 through 74
CLENPIQ SOL	0	$0 copay for members age 45 through 75
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg-prep kit	0	$0 copay for members age 50 through 74
LAXATIVES - MISCELLANEOUS		
lactulose solution 10 gm/15ml	1	

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Drug Name	Drug Tier	Requirements/Limits
LUBRICANT LAXATIVES		
mineral oil	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS	2	PA
DIFICID TAB 200MG	2	PA
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
FC2 FEMALE MIS CONDOM	0	OTC

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Drug Name	Drug Tier	Requirements/Limits
DIABETIC SUPPLIES		
ACCU-CHEK MIS MLTICLIX	0	
ACTI-LANCE MIS 28G	0	
ACTI-LANCE MIS LITE 28G	0	
ACTI-LANCE MIS SPEC 17G	0	
ACTI-LANCE MIS UNIV 23G	0	
ADV TRAVEL MIS LANC 28G	0	
ADVCATE SAFE MIS LANC 26G	0	
ADVOCATE MIS LANC 30G	0	
ADVOCATE MIS LANCETS	0	
AGAMATRIX MIS 33G	0	
AIMSCO TWIST MIS 32G	0	
AIMSCO TWIST MIS 33G	0	
AQUALANCE MIS 30G	0	
ASSURE CMFRT MIS 28G	0	
ASSURE LANCE MIS 21G	0	
ASSURE LANCE MIS 28G	0	
ASSURE LANCE MIS LOW FLOW	0	
ASSURE LANCE MIS MICRO	0	
ASSURE LANCE MIS SAFE 25G	0	
ASSURE LANCE MIS SAFE 30G	0	
ASSURE PLUS MIS HIGH 18G	0	
ASSURE PLUS MIS LOW 25G	0	
ASSURE PLUS MIS MCRO 28G	0	
ASSURE PLUS MIS NORM 21G	0	
ASSURE PLUS MIS PEDIATRI	0	
AURORA LANCE MIS 30G	0	
AURORA LANCE MIS THIN 23G	0	
AUTO LANCET MIS	0	
BD LANCET UF MIS 30G	0	
BD LANCET UF MIS 33G	0	
BD MICROTAIN MIS LANCETS	0	
CAREONE LANC MIS 30G	0	
CAREONE LANC MIS THIN 23G	0	
CARESENS 30G MIS LANCETS	0	
CARETOUCH MIS LANC 26G	0	
CARETOUCH MIS LANC 28G	0	

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Drug Name	Drug Tier	Requirements/Limits
CARETOUCH MIS LANC 30G	0	
CARETOUCH MIS TWIST 28	0	
CARETOUCH MIS TWIST 30	0	
CARETOUCH MIS TWIST 33	0	
CLEANLET 28G MIS LANCETS	0	
CLEVER CHECK MIS	0	
CLEVER CHECK MIS 30G	0	
COAGUCHEK MIS LANCETS	0	
COMFORT ASSU MIS LANC 28G	0	
COMFORT ASSU MIS LANC 33G	0	
COMFORT EZ MIS 21G	0	
COMFORT EZ MIS 23G	0	
COMFORT EZ MIS 28G	0	
COMFORT MIS LANCETS	0	
COMFORT TCH MIS LANC 30G	0	
COMFORT TCH MIS LANC 31G	0	
COMFORTOUCH MIS LANCET	0	
CVS LANCETS MIS 21G	0	
CVS LANCETS MIS 30G	0	
CVS LANCETS MIS 33G	0	
CVS LANCETS MIS ORIGINAL	0	
CVS LANCETS MIS THIN 26G	0	
CVS LANCETS MIS THIN 30G	0	
CVS LANCETS MIS THIN 33G	0	
DEXCOM G5 MIS RECEIVER	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 MIS LANCETS	0	
DIATHRIVE MIS UT 30G	0	
DROPLET LANC MIS 30G	0	
DROPLET PERS MIS LANC 30G	0	
E-Z JECT MIS 21G	0	

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Drug Name	Drug Tier	Requirements/Limits
E-Z JECT MIS 21G COLR	0	
E-Z JECT MIS 30G	0	
E-Z JECT MIS 32G COLR	0	
E-Z JECT MIS LANC 21G	0	
E-Z JECT MIS THIN 26G	0	
E-ZJECT LANC MIS 33G	0	
EASY COMFORT MIS 30G	0	
EASY COMFORT MIS LANC/30G	0	
EASY COMFORT MIS TWIST	0	
EASY TOUCH MIS LANC/21G	0	
EASY TOUCH MIS LANC/23G	0	
EASY TOUCH MIS LANC/26G	0	
EASY TOUCH MIS LANC/28G	0	
EASY TOUCH MIS LANC/30G	0	
EASY TOUCH MIS LANC/32G	0	
EASY TOUCH MIS LANC/33G	0	
EMBRACE LANC MIS THIN 30G	0	
EQL LANCETS MIS 21G COLR	0	
EQL LANCETS MIS 33G COLR	0	
EQL LANCETS MIS THIN 26G	0	
EQL LANCETS MIS THIN 30G	0	
EZ-LETS 21G MIS LANCETS	0	
EZ-LETS 26G MIS LANCETS	0	
EZ-LETS 28G MIS LANCETS	0	
EZ-LETS 30G MIS LANCETS	0	
FASTCLIX MIS LANCETS	0	
FIFTY50 SAFE MIS LANCETS	0	
FINE 30 MIS	0	
FINGERSTIX MIS LANCETS	0	
FORA LANCETS MIS 30G	0	
FORA MIS LANCETS	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS UNISTICK	0	
G4 PLAT PED MIS RVC/SHAR	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)

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Drug Name	Drug Tier	Requirements/Limits
G4 PLATINUM MIS TRANSMIT	2	QL (1 box every 75 days)
G4 SENSOR MIS	2	QL (3 sensors per month)
G5/G4 MIS SENSOR	2	QL (3 sensors per month)
GENTEEL MIS LANCETS	0	
GENTLE-LET MIS 26G	0	
GENTLE-LET MIS 28G	0	
GENTLE-LET MIS LANCETS	0	
GLOBAL 28G MIS LANCETS	0	
GLOBAL 30G MIS LANCETS	0	
GLUCOCOM MIS 28G	0	
GLUCOCOM MIS 30G	0	
GLUCOCOM MIS 33G	0	
GNP LANCETS MIS 21G	0	
GNP LANCETS MIS THIN	0	
GNP LANCETS MIS THIN 26G	0	
GOJJI LANCET MIS 30G	0	
GOODSENSE MIS LANC 26G	0	
GOODSENSE MIS LANC 30G	0	
GOODSENSE MIS LANC 33G	0	
HAEMOLANCE MIS HIGH FLO	0	
HAEMOLANCE MIS LOW FLOW	0	
HAEMOLANCE MIS PLUS	0	
HAEMOLANCE MIS PLUS LOW	0	
HAEMOLANCE MIS PLUS MAX	0	
HAEMOLANCE MIS PLUS PED	0	
HAEMOLANCE MIS RETRACT	0	
HLTHY ACCNTS MIS LANC 30G	0	
IN TOUCH LAN MIS 30G	0	
INCONTROL MIS LANC 28G	0	
INCONTROL MIS LANC 30G	0	
INCONTROL MIS LANC 33G	0	
KINNEY MIS LANCETS	0	
KINNEY THIN MIS LANCETS	0	
KROGER LANCE MIS	0	

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Drug Name	Drug Tier	Requirements/Limits
KROGER LANCE MIS 26G	0	
KROGER LANCE MIS THIN	0	
KROGER LANCE MIS THIN 30G	0	
LANCET MICRO MIS THIN 33G	0	
LANCET STAND MIS 21G	0	
LANCET SUPER MIS THIN 30G	0	
LANCET ULTRA MIS 28G	0	
LANCET ULTRA MIS THIN 30G	0	
LANCETS MICR MIS THIN 33G	0	
LANCETS MIS	0	
LANCETS MIS 21G	0	
LANCETS MIS 21G COLR	0	
LANCETS MIS 26G	0	
LANCETS MIS 28G	0	
LANCETS MIS 30G	0	
LANCETS MIS 33G	0	
LANCETS MIS ORANGE	0	
LANCETS MIS ORIGINAL	0	
LANCETS MIS THIN	0	
LANCETS MIS THIN 26G	0	
LANCETS MIS THIN 30G	0	
LANCETS SUPR MIS THIN 28G	0	
LANCETS THIN MIS	0	
LANCETS THIN MIS 26G	0	
LANCETS ULTR MIS THIN	0	
LB LANCET MIS 28G	0	
LIFESCAN MIS UNISTIK2	0	
LITE TOUCH MIS LANCETS	0	
LITETOUCH MIS LANCETS	0	
LONGS LANCET MIS STANDARD	0	
LONGS LANCET MIS THIN	0	
LONGS LANCET MIS ULTRA TH	0	
MEDICHOICE MIS LANCET	0	
MEDLANCE MIS 30G PLUS	0	
MEDLANCE MIS EXTR 21G	0	
MEDLANCE MIS LITE 25G	0	
MEDLANCE MIS PLUS	0	

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Drug Name	Drug Tier	Requirements/Limits
MEDLANCE MIS PLUS 30G	0	
MEDLANCE MIS UNV 21G	0	
MEDLANCE PLS MIS 0.8MM	0	
MEDLANCE PLS MIS EXTR 21G	0	
MEDLANCE PLS MIS LITE 25G	0	
MEDLANCE PLS MIS UNIV 21G	0	
MEIJER LANCE MIS COLOR	0	
MEIJER LANCE MIS UNIV 21G	0	
MEIJER LANCE MIS UNIV 30G	0	
MEIJER LANCE MIS UNIVERSA	0	
MEIJER MIS LANCETS	0	
MICRO THIN MIS LANC 33G	0	
MICROLET MIS LANCETS	0	
MM TWIST MIS LANCETS	0	
MOBILE LANCE MIS 30G	0	
MONOLET MIS LANCETS	0	
MONOLET OPD MIS LANCETS	0	
MONOLETTOR MIS LANCETS	0	
MPD SFTY LAN MIS 21G	0	
MPD SFTY LAN MIS 23G	0	
MPD SFTY LAN MIS 28G	0	
MPD SFTY LAN MIS 30G	0	
MYGLUCOHEALT MIS LANC 30G	0	
NOVA SAFETY MIS LANC 23G	0	
NOVA SAFETY MIS LANC 28G	0	
NOVA SURE MIS LANCETS	0	
OMNIPOD 5 G6 KIT INTRO	2	
OMNIPOD 5 G6 MIS PODS	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	
OMNIPOD PDM KIT CLASSIC	2	
ON-THE-GO MIS LANC 30G	0	
ONETOUCH DEL MIS PLUS 30G	0	
ONETOUCH DEL MIS PLUS 33G	0	
ONETOUCH FP MIS LANCETS	0	
ONETOUCH MIS 30G	0	

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Drug Name	Drug Tier	Requirements/Limits
ONETOUCH MIS LANCETS	0	
ONETOUCH SOL KIT COMPLETE	2	
ONETOUCH SOL KIT FIT	2	
ONETOUCH SOL KIT REFILL	2	
ONETOUCH US MIS LANCETS	0	
PC LANCETS MIS 30G	0	
PERFECT 28G MIS LANCETS	0	
PERFECT 30G MIS LANCETS	0	
PHARMACY COU MIS LANCETS	0	
PIP LANCETS MIS 28G	0	
PIP LANCETS MIS 30G	0	
PRESSURE ACT MIS LANCET	0	
PRESSURE ACT MIS LANCETS	0	
PRO COMFORT MIS 31G	0	
PRO COMFORT MIS LANCETS	0	
PRODIGY MIS 26G	0	
PRODIGY MIS 28G	0	
PSS SAFE LAN MIS	0	
PSS SEL LANC MIS	0	
PURE COMFORT MIS 30G LAN	0	
PX LANCETS MIS 28G	0	
PX LANCETS MIS ULT THIN	0	
QC LANCETS MIS 28G	0	
QC LANCETS MIS 30G	0	
RA E-ZJECT MIS 28G	0	
RA E-ZJECT MIS THIN 26G	0	
RA E-ZJECT MIS THIN 28G	0	
RA E-ZJECT MIS ULT THIN	0	
READYLANCE MIS 21G	0	
READYLANCE MIS 23G	0	
READYLANCE MIS 26G	0	
READYLANCE MIS 28G	0	
READYLANCE MIS 30G	0	
REALITY MIS LANCETS	0	
REALITY TRIG MIS LANCETS	0	
RELION LANCE MIS THIN 26G	0	
RELION LANCE MIS THIN 30G	0	

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Drug Name	Drug Tier	Requirements/Limits
RELION MICRO MIS THIN 33G	0	
RELION ULTRA MIS THIN 30G	0	
RELION ULTRA MIS THIN PLS	0	
RIGHTEST MIS GL300	0	
SAFE-T-LANCE MIS 21G	0	
SAFE-T-LANCE MIS 25G	0	
SAFE-T-LANCE MIS HI FLOW	0	
SAFE-T-LANCE MIS LOW FLOW	0	
SAFE-T-LANCE MIS NOR FLOW	0	
SAFE-T-PRO MIS LANCETS	0	
SAFE-T-PRO MIS PLUS	0	
SAFETY 21G MIS LANCETS	0	
SAFETY 23G MIS LANCETS	0	
SAFETY 28G MIS LANCETS	0	
SAFETY 30G MIS LANCETS	0	
SAFETY MIS LANCETS	0	
SAPS HEALTH MIS TWIST	0	
SAPS TWIST MIS 30G	0	
SAPSCARE MIS TWIST	0	
SB LANCETS MIS THIN	0	
SB LANCETS MIS ULTR THN	0	
SIDE BUTTON MIS SAFETY	0	
SINGLE-LET MIS 23G	0	
SM LANCETS MIS 33G	0	
SMART SENSE MIS LANC 21G	0	
SMART SENSE MIS LANC 26G	0	
SMART SENSE MIS LANC 30G	0	
SMART SENSE MIS LANC 33G	0	
SMARTEST MIS LANCETS	0	
SOFTCLIX MIS LANCETS	0	
SOLUS V2 MIS LANC 28G	0	
SOLUS V2 MIS LANC 30G	0	
STERILANCE MIS TL 28G	0	
STERILANCE MIS TL 30G	0	
STERILANCE MIS TL 32G	0	
SUPER THIN MIS LANC 28G	0	
SUPER THIN MIS LANCETS	0	

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Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
SURE COMFORT MIS LANCETS	0	
SURE-LANCE MIS 26G	0	
SURE-LANCE MIS LANCETS	0	
SURE-TOUCH MIS UNV LANC	0	
SUREFLEX MIS LANCETS	0	
SURELITE MIS LANCETS	0	
TECHLITE AST MIS LANCETS	0	
TECHLITE MIS LANC 30G	0	
TECHLITE MIS LANCETS	0	
TGT LANCET MIS 26G	0	
TGT LANCET MIS 30G	0	
TGT LANCET MIS 33G	0	
THIN LANCETS MIS	0	
THIN LANCETS MIS 26G	0	
THIN LANCETS MIS 30G	0	
THINLETS GP MIS 26G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS 30G	0	
TRAVEL LANCE MIS ADV 28G	0	
TRUE COMFORT MIS LANC 30G	0	
TRUPLUS LANC MIS 26G	0	
TRUPLUS LANC MIS 28G	0	
TRUPLUS LANC MIS 30G	0	
TRUPLUS LANC MIS 33G	0	
ULTILET MIS 26G	0	
ULTILET MIS 28G	0	
ULTILET MIS 30G	0	
ULTILET MIS 33G	0	
ULTILET MIS LANCETS	0	
ULTILET MIS SAFETY	0	
ULTILET SAFE MIS 21G	0	
ULTRA THIN MIS 28G	0	
ULTRA THIN MIS 30G	0	

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Drug Name	Drug Tier	Requirements/Limits
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 3 MIS GENT 30G	0	
UNISTIK II MIS LANCETS	0	
UNISTIK PRO MIS LANC 21G	0	
UNISTIK PRO MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 30G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	
UNITSTIK PRO MIS LANC 25G	0	
UNIVERSAL 1 MIS 33G	0	
UNIVERSAL 1 MIS LANC 26G	0	

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Drug Name	Drug Tier	Requirements/Limits
UNIVERSAL 1 MIS LANC 30G	0	
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
VIVAGUARD MIS 30G	0	
PARENTERAL THERAPY SUPPLIES		
AUTOSHIELD MIS 29X3/16"	0	
AUTOSHIELD MIS 29X5/16"	0	
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY INJ 225/1.5	2	ST, QL (3 pens every 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every month)
EMGALITY INJ 120MG/ML	2	ST, QL (2 pens every 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	2	ST, QL (2 syringes every 30 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL (12 TABS PER MONTH)
almotriptan malate tab 12.5 mg	1	QL (12 TABS PER MONTH)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 TABS PER MONTH)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 TABS PER MONTH)

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Drug Name	Drug Tier	Requirements/Limits
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (18 tablets every month)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 TABS PER MONTH)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 TABS PER MONTH)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (18 tabs every month)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (18 tabs every month)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (18 tablets every month)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (18 tabs every month)
sumatriptan nasal spray 5 mg/act	1	QL (4 packages per month)
sumatriptan nasal spray 20 mg/act	1	QL (12 UNITS PER MONTH)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (6 UNITS PER MONTH)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (6 UNITS PER MONTH)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (6 UNITS PER MONTH)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (18 syringes per month)
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (12 cartridges per month)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	1	QL (12 syringes per month)
sumatriptan succinate tab 25 mg	1	QL (12 TABS PER MONTH)
sumatriptan succinate tab 50 mg	1	QL (12 TABS PER MONTH)
sumatriptan succinate tab 100 mg	1	QL (12 TABS PER MONTH)
zolmitriptan nasal spray 2.5 mg/spray unit	1	QL (12 UNITS PER MONTH)

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Drug Name	Drug Tier	Requirements/Limits
zolmitriptan nasal spray 5 mg/spray unit	1	QL (12 UNITS PER MONTH)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 TABS PER MONTH)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 TABS PER MONTH)
zolmitriptan tab 2.5 mg	1	QL (12 TABS PER MONTH)
zolmitriptan tab 5 mg	1	QL (12 TABS PER MONTH)
MINERALS & ELECTROLYTES		
POTASSIUM		
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine cap 250 mg	1	ST
penicillamine tab 250 mg	1	
trientine hcl cap 250 mg	1	ST
IMMUNOMODULATORS		
lenalidomide cap 5 mg	0	PA, QL (28 CAPSULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
lenalidomide cap 10 mg	0	PA, QL (28 CAPSULES PER 28 DAYS)
lenalidomide cap 15 mg	0	PA, QL (28 CAPSULES PER 28 DAYS)
lenalidomide cap 25 mg	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 2.5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 5MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 10MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 15MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 20MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
REVLIMID CAP 25MG	0	PA, QL (21 CAPSULES PER 28 DAYS)
THALOMID CAP 50MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 100MG	0	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 150MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
THALOMID CAP 200MG	0	PA, QL (56 CAPSULES PER 28 DAYS)
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab 50 mg	1	
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine modified cap 25 mg	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
ENSPRYNG INJ	2	PA, QL (1 PFS PER 28 DAYS)
everolimus tab 0.5 mg	1	
everolimus tab 0.25 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
everolimus tab 0.75 mg	1	
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	
SANDIMMUNE SOL 100MG/ML	2	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate powder*	1	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	QL (90 lozenges per month)
nystatin susp 100000 unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
DENTAL PRODUCTS		
sodium fluoride gel 1.1% (0.5% f)	1	
stannous fluoride conc 0.63%	1	
stannous fluoride gel 0.4%	1	

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Drug Name	Drug Tier	Requirements/Limits
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
MULTIVITAMINS		
PRENATAL VITAMINS		
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg*	1	
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg**	1	
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg**	1	
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg**	1	
prenatal vit w/ fe fumarate-fa tab 28-1 mg**	1	
prenatal vit w/ iron carbonyl-fa tab 29-1 mg**	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 350 mg	1	QL (180 tablets per month)
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	

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Drug Name	Drug Tier	Requirements/Limits
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
MUSCLE RELAXANT COMBINATIONS		
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	1	QL (90 tablets per month)
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	
olopatadine hcl nasal soln 0.6%	1	
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	
fluticasone propionate nasal susp 50 mcg/act	1	
mometasone furoate nasal susp 50 mcg/act	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab 50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
levobunolol hcl ophth soln 0.5%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	1	
CYCLOPLEGIC MYDRIATICS		
cyclopentolate hcl ophth soln 0.5%	1	
cyclopentolate hcl ophth soln 1%	1	
cyclopentolate hcl ophth soln 2%	1	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
MIOTICS		
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth oint 0.3%	1	
gentamicin sulfate ophth soln 0.3%	1	QL (4 bottles per month)
levofloxacin ophth soln 0.5%	1	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	2	
trifluridine ophth soln 1%	1	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA, QL (60 vials per month); Tier 1 with DAW 9
RESTASIS MUL EMU 0.05% OP	2	PA, QL (1 bottle per month)
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA, QL (60 containers per month)

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
dexamethasone sodium phosphate ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	1	
fluorometholone ophth susp 0.1%	1	
loteprednol etabonate ophth gel 0.5%	1	
loteprednol etabonate ophth susp 0.5%	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED SOD PHO SOL 1% OP	2	
prednisolone acetate ophth susp 1%	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMICS - MISC.		
azelastine hcl ophth soln 0.05%	1	
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
cromolyn sodium ophth soln 4%	1	
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
epinastine hcl ophth soln 0.05%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln 0.005%	1	

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Drug Name	Drug Tier	Requirements/Limits
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	1	PA, QL (120 tablets per month)
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	2	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
progesterone im in oil 50 mg/ml	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
ANTI-CATAPLECTIC AGENTS		
XYWAV SOL 0.5GM/ML	2	PA, QL (540 ML (270 GRAMS) PER 30 DAYS)
ANTIDEMENTIA AGENTS		
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	2	PA
SAVELLA TAB 12.5MG	2	PA
SAVELLA TAB 25MG	2	PA
SAVELLA TAB 50MG	2	PA
SAVELLA TAB 100MG	2	PA

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Drug Name	Drug Tier	Requirements/Limits
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	2	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO TAB 9MG	2	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO TAB 12MG	2	PA, QL (120 TABLETS PER 30 DAYS)
INGREZZA CAP 40-80MG	2	PA
INGREZZA CAP 40MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 60MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 80MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
tetrabenazine tab 12.5 mg	1	PA, QL (120 TABLETS PER 30 DAYS)
tetrabenazine tab 25 mg	1	PA, QL (60 TABLETS PER 30 DAYS)
MULTIPLE SCLEROSIS AGENTS		
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	2	PA, QL (4 SYRINGES PER 28 DAYS)
AVONEX PREFL KIT 30MCG	2	PA, QL (4 SYRINGES PER 28 DAYS)
COPAXONE INJ 20MG/ML	2	PA, QL (30 SYRINGES PER 30 DAYS)
COPAXONE INJ 40MG/ML	2	PA, QL (12 SYRINGES PER 28 DAYS)
dimethyl fumarate capsule delayed release 120 mg	1	PA, QL (14 CAPSULES PER 28 DAYS)
dimethyl fumarate capsule delayed release 240 mg	1	PA, QL (60 CAPSULES PER 30 DAYS)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	PA, QL (60 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
fingolimod hcl cap 0.5 mg (base equiv)	1	PA, QL (30 CAPSULES PER 30 DAYS)
GILENYA CAP 0.5MG	2	PA, QL (30 CAPSULES PER 30 DAYS)
glatiramer acetate soln prefilled syringe 20 mg/ml	1	PA, QL (30 SYRINGES PER 30 DAYS)
glatiramer acetate soln prefilled syringe 40 mg/ml	1	PA, QL (12 SYRINGES PER 28 DAYS)
KESIMPTA INJ 20/.4ML	2	PA, QL (1 PEN PER 28 DAYS)
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)
REBIF INJ 22/0.5	2	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	2	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	2	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	2	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ TITRATN	2	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	2	PA, QL (12 SYRINGES PER 28 DAYS)
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)

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Drug Name	Drug Tier	Requirements/Limits
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
pregabalin tab er 24hr 82.5 mg	1	QL (60 TABLETS PER 30 DAYS)
pregabalin tab er 24hr 165 mg	1	QL (60 TABLETS PER 30 DAYS)
pregabalin tab er 24hr 330 mg	1	QL (60 TABLETS PER 30 DAYS)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	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	
nicotine polacrilex gum 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2 mg	0	PA; OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 4 mg	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
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	2	PA, QL (4 PFS PER 28 DAYS)
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK 25MG	2	PA, QL (56 PACKETS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TAB 50-75MG	2	PA, QL (56 TABLETS PER 28 DAYS)
SYMDEKO TAB 100-150	2	PA, QL (56 TABLETS PER 28 DAYS)
TRIKAFTA TAB	2	PA, QL (84 TABLETS PER 28 DAYS)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	2	PA, QL (270 CAPSULES 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)
pirfenidone tab 267 mg	1	
pirfenidone tab 801 mg	1	
TETRACYCLINES		
TETRACYCLINES		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
tetracycline hcl cap 250 mg	1	QL (120 caps per month)
tetracycline hcl cap 500 mg	1	QL (120 caps per month)
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
THYROID HORMONES		
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
thyroid tab 15 mg (1/4 grain)	1	
thyroid tab 30 mg (1/2 grain)	1	
thyroid tab 60 mg (1 grain)	1	
thyroid tab 90 mg (1 1/2 grain)	1	
thyroid tab 120 mg (2 grain)	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
CUVPOSA SOL 1MG/5ML	2	
dicyclomine hcl cap 10 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
glycopyrrolate oral soln 1 mg/5ml	1	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
nizatidine oral soln 15 mg/ml	1	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
dexlansoprazole cap delayed release 30 mg	1	QL (90 caps every year)
dexlansoprazole cap delayed release 60 mg	1	QL (90 caps every year)
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium for delayed release susp packet 10 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 20 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 40 mg	1	QL (90 packets every year)

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

Drug Name	Drug Tier	Requirements/Limits
lansoprazole cap delayed release 15 mg	1	QL (90 caps every year)
lansoprazole cap delayed release 30 mg	1	QL (90 caps every year)
lansoprazole tab delayed release orally disintegrating 15 mg	1	QL (90 ea every year)
lansoprazole tab delayed release orally disintegrating 30 mg	1	QL (90 ea every year)
omeprazole cap delayed release 10 mg	1	QL (90 caps every year)
omeprazole cap delayed release 20 mg	1	QL (90 caps every year)
omeprazole cap delayed release 40 mg	1	QL (90 caps every year)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium for iv soln 40 mg (base equiv)	1	QL (90 vials every year)
PRILOSEC POW 2.5MG	2	QL (90 packets every year)
PRILOSEC POW 10MG	2	QL (90 packets every year)
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs every year)
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
oxybutynin chloride syrup 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
GYNOL II GEL 3%	0	OTC
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	1	
metronidazole vaginal gel 0.75%	1	
miconazole nitrate vaginal suppos 200 mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
vandazole gel 0.75%	1	
VAGINAL ESTROGENS		
estradiol vaginal cream 0.1 mg/gm	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
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Drug Name	Drug Tier	Requirements/Limits
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (6 pens every 300 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	QL (6 pens every 300 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (3 pens every 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens every 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	PA, QL (4 auto-injectors / 25 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens every 300 days)
SYMJEPI INJ 0.3MG	2	QL (3 syringes every 300 days)
SYMJEPI INJ 0.15MG	2	QL (6 syringes every 300 days)
VASOPRESSORS		
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol cap 1.25 mg (50000 unit)	1	
phytonadione tab 5 mg	1	

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SUM5479-1S (12/22)

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

CareFirst:

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

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

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

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

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 8894 Baltimore, Maryland 21224
Email Address	**civilrightscoordinator@carefirst.com**
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**.

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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 ቀነ-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ 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) Ìtẹ́tíléko: Àkíyèsí yìí ní ìwífún nípa iṣẹ́ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ọjọ́ gbèdéke kan. O ni ẹ̀tọ́ láti gba ìwífún yìí àti ìrànlọ́wọ́ ní èdè rẹ lọ́fẹ̀ẹ́. Àwọn ọmọ-ẹgbẹ́ gbọ́dọ̀ pe nọ́mbà fóònù tó wà lẹ́yìn káàdì ìdánimọ̀ wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò títí a ó fi sọ fún ọ láti tẹ 0. Nígbàtí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì so ọ́ pọ̀ mọ́ ògbufọ̀ 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।

Ɓǎsɔ́ɔ̀-wùɖù (Bassa) Tò Ɖùǔ Cáo! Bɔ̌ nìà kɛ ɓá nyɔ ɓě ké m̀ gbo kpá ɓó nì fûà-fǔá-tìǐn nyɛɛ jè dyí. Bɔ̌ nìà kɛ ɓéɖé wé jɛ́ɛ́ ɓě ɓɛ́ m̀ ké ɖɛ wa mɔ́ m̀ ké nyuɛɛ nyu hwɛ̀ ɓɛ́ wé ɓěa ké zi. Ɔ mɔ̀ nì kpé ɓɛ́ m̀ ké bɔ̌ nìà kɛ kè gbo-kpá-kpá m̀ mɔ́ɛɛ dyé ɖé nì ɓíɖí-wùɖù mú ɓɛ́ m̀ ké se wíɖí ɖò pɛ́ɛ̀. Kpooɔ̀ nyɔ ɓě mɛ ɖá fǔùn-nɔ̀ɓà nìà ɖé waà I.D. káàɔ̀ ɖeín nyɛ. Nyɔ tɔ̀ɔ̀ séín mɛ ɖá nɔ̀ɓà nìà kɛ: 855-258-6518, ké m̀ mɛ fò tee ɓɛ́ wa kéɛ m̀ gbo cɛ̃ ɓɛ́ m̀ ké nɔ̀ɓà mɔà 0 kɛɛ dyi pàɖàìn hwɛ̀. Ɔ jǔ ké nyɔ ɖò dyi m̀ gɔ̌ jǔǐn, po wuɖu m̀ mɔ́ poɛ dyiɛ, ké nyɔ ɖò mu ɓó nììn ɓɛ́ ɔ ké nì wuɖuɔ̀ 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 855-258-6518پر 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 شناسایی‌شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518تماس 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 للآخرين 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) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gị. Ọ nwere ike ịnwe ụbọchị ndị dị mkpa, ị nwere ike ịme ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ndị otu kwesịrị ịkpọ akara ekwentị dị n'azụ nke kaadị njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ịpị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị chọrọ, a ga-ejikọ gị na onye ọkọwa 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 아니신 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 ił hane'ígíí bii' dahólǫ́ bee éédahózin béeso ách'ą́ą́h naanil ník'ist'i'ígíí bá. Bii' dahólǫ́ǫ́ doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyį́į́lígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'į́į́h. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béésh bee hane'é bee wółta'ígíí nitł'izgo bee nee hódolzinígíí bikéédę́ę́' bikáá' bich'į' hodoonihjį'. Aadóó náánáła' éí kojį' dahódoolnih 855-258-6518 dóó yii diiłts'į́ił yałtí'ígíí t'áá níléíjį́ áádóó éí bikéé'dóó naasbąąs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitą́ą́go, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.