

# CareFirst Exchange Formulary

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## 2026

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

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

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

# Introduction

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

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

## Using Your Formulary

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

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

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

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

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

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

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

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

<b>Tier 0: \$0 Drugs</b>	<ul style="list-style-type: none"> <li>■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor.</li> <li>■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.</li> </ul>
<b>Tier 1: Generic Drugs \$</b>	<ul style="list-style-type: none"> <li>■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.</li> <li>■ Generic drugs generally cost less than brand-name drugs.</li> </ul>
<b>Tier 2: Preferred Brand Drugs \$\$</b>	<ul style="list-style-type: none"> <li>■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.</li> </ul>
<b>Tier 3: Non-preferred Brand Drugs \$\$\$</b>	<ul style="list-style-type: none"> <li>■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.</li> </ul>
<b>Tier 4: Preferred Specialty Drugs \$\$\$\$</b>	<ul style="list-style-type: none"> <li>■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.</li> </ul>
<b>Tier 5: Non-Preferred Specialty Drugs \$\$\$\$</b>	<ul style="list-style-type: none"> <li>■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.</li> </ul>

## CareFirst Exchange Formulary - 5-Tier

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>COX-2 INHIBITORS</b>		
<i>celecoxib cap 50 mg</i>	Tier 1	
<i>celecoxib cap 100 mg</i>	Tier 1	
<i>celecoxib cap 200 mg</i>	Tier 1	
<b>GOUT</b>		
<i>allopurinol tab 100 mg</i>	Tier 1	
<i>allopurinol tab 300 mg</i>	Tier 1	
<i>colchicine tab 0.6 mg</i>	Tier 1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
<i>febuxostat tab 40 mg</i>	Tier 1	ST; PA**
<i>febuxostat tab 80 mg</i>	Tier 1	ST; PA**
<i>probenecid tab 500 mg</i>	Tier 1	
<b>NSAIDS</b>		
<i>diclofenac potassium tab 50 mg</i>	Tier 1	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 1	QL (300g every 30 days), OTC
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	
<i>etodolac cap 200 mg</i>	Tier 1	
<i>etodolac cap 300 mg</i>	Tier 1	
<i>etodolac tab 400 mg</i>	Tier 1	
<i>etodolac tab 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 400 mg</i>	Tier 1	
<i>etodolac tab er 24hr 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 600 mg</i>	Tier 1	
<i>flurbiprofen tab 50 mg</i>	Tier 1	
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	
<i>ibuprofen tab 400 mg</i>	Tier 1	
<i>ibuprofen tab 600 mg</i>	Tier 1	
<i>ibuprofen tab 800 mg</i>	Tier 1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	M	M

**M** - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 1

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketorolac tromethamine inj 15 mg/ml</i>	M	M
<i>ketorolac tromethamine inj 30 mg/ml</i>	M	M
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>meclofenamate sodium cap 50 mg</i>	Tier 1	
<i>meclofenamate sodium cap 100 mg</i>	Tier 1	
<i>mefenamic acid cap 250 mg</i>	Tier 1	
<i>meloxicam tab 7.5 mg</i>	Tier 1	
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>nabumetone tab 500 mg</i>	Tier 1	
<i>nabumetone tab 750 mg</i>	Tier 1	
<i>naproxen tab 250 mg</i>	Tier 1	
<i>naproxen tab 375 mg</i>	Tier 1	
<i>naproxen tab 500 mg</i>	Tier 1	
<i>oxaprozin tab 600 mg</i>	Tier 1	
<i>piroxicam cap 10 mg</i>	Tier 1	
<i>piroxicam cap 20 mg</i>	Tier 1	
<i>sulindac tab 150 mg</i>	Tier 1	
<i>sulindac tab 200 mg</i>	Tier 1	
<i>voltaren arthritis pain</i>	Tier 1	QL (300g every 30 days), OTC

### **NSAIDS, COMBINATIONS**

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

### **OPIOID ANALGESICS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	ST, QL (400 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	Tier 1	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
<i>butorphanol tartrate inj 1 mg/ml</i>	M	M
<i>butorphanol tartrate inj 2 mg/ml</i>	M	M
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (2 bottles every 30 days)
CODEINE SULF TAB 60MG	Tier 3	ST, QL (42 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>codeine sulfate tab 30 mg</i>	Tier 1	ST, QL (42 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 2.5-325</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 5-325mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>endocet tab 7.5-325</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>endocet tab 10-325mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Tier 1	ST, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Tier 2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Tier 2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Tier 2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Tier 2	ST, PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Tier 2	ST, PA, QL (30 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Tier 2	ST, PA; High Strength Requires PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Tier 2	ST, PA; High Strength Requires PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	ST, QL (2700 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 1	ST, QL (50 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl inj 2 mg/ml</i>	M	M
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 1	ST, PA; High Strength Requires PA
HYSINGLA ER TAB 20 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 30 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 40 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 60 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 80 MG	Tier 2	ST, PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 100 MG	Tier 2	ST, PA; High Strength Requires PA
HYSINGLA ER TAB 120 MG	Tier 2	ST, PA; High Strength Requires PA
<i>methadone hcl conc 10 mg/ml</i>	Tier 1	QL (30 mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	ST, QL (450 mL every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	ST, QL (225 mL every 30 days)
<i>methadone hcl tab 5 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>methadone hydrochloride i</i>	Tier 1	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose</i>	Tier 1	QL (9 tabs every 30 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate cap er 24hr 10 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 20 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 30 mg</i>	Tier 1	ST, QL (60 caps every 30 days)
<i>morphine sulfate cap er 24hr 50 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 60 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 80 mg</i>	Tier 1	ST, QL (30 caps every 30 days)
<i>morphine sulfate cap er 24hr 100 mg</i>	Tier 1	ST, PA; High Strength Requires PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate iv soln 4 mg/ml</i>	M	M
<i>morphine sulfate iv soln 10 mg/ml</i>	M	M
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	ST, QL (675 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	ST, QL (135 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab 15 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab 30 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tab er 15 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 30 mg</i>	Tier 1	ST, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 60 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 100 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>morphine sulfate tab er 200 mg</i>	Tier 1	ST, PA; High Strength Requires PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nalbuphine hcl inj 10 mg/ml</i>	M	M
<i>nalbuphine hcl inj 20 mg/ml</i>	M	M
NUCYNTA ER TAB 50MG	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 100MG	Tier 3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TAB 150MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 200MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA ER TAB 250MG	Tier 3	ST, PA; High Strength Requires PA
NUCYNTA TAB 50MG	Tier 2	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 75MG	Tier 2	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 100MG	Tier 2	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl cap 5 mg</i>	Tier 1	ST, QL (180 caps every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 1	ST, QL (90 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	ST, QL (900 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 5 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 10 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 15 mg</i>	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 20 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tab 30 mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	ST, QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	ST, QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab 5 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab 10 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 1	ST, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 1	ST, PA; High Strength Requires PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tapentadol hcl tab 50 mg</i>	Tier 1	ST, QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tapentadol hcl tab 75 mg</i>	Tier 1	ST, QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tapentadol hcl tab 100 mg</i>	Tier 1	ST, QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tab 50 mg</i>	Tier 1	ST, QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	ST, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	ST, PA; High Strength Requires PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	ST, QL (40 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
XTAMPZA ER CAP 9MG	Tier 2	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	Tier 2	ST, PA, QL (60 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XTAMPZA ER CAP 18MG	Tier 2	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 27MG	Tier 2	ST, PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	Tier 2	ST, PA; High Strength Requires Prior Auth

### **OPIOID PARTIAL AGONISTS**

BELBUCA MIS 75MCG	Tier 2	ST, QL (60 films every 30 days); \$0 copay
BELBUCA MIS 150MCG	Tier 2	ST, QL (60 films every 30 days); \$0 copay
BELBUCA MIS 300MCG	Tier 2	ST, QL (60 films every 30 days); \$0 copay
BELBUCA MIS 450MCG	Tier 2	ST, QL (60 films every 30 days); \$0 copay
BELBUCA MIS 600MCG	Tier 2	ST, PA; \$0 copay; High Strength Requires Prior Auth
BELBUCA MIS 750MCG	Tier 2	ST, PA; \$0 copay; High Strength Requires Prior Auth
BELBUCA MIS 900MCG	Tier 2	ST, PA; \$0 copay; High Strength Requires Prior Auth
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	M	\$0 copay; M
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days); \$0 copay
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days); \$0 copay
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	ST, QL (4 patches every 30 days); \$0 copay
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	ST, PA; \$0 copay; High Strength Requires Prior Auth
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	ST, PA; \$0 copay; High Strength Requires Prior Auth

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUBLOCADE INJ 100/0.5	M	\$0 copay; M
SUBLOCADE INJ 300/1.5	M	\$0 copay; M

### **SALICYLATES**

<i>aspirin ec adult low dose</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered
<i>diflunisal tab 500 mg</i>	Tier 1	
<i>goodsense aspirin</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members at risk for preeclampsia, otherwise not covered

### **ANESTHETICS**

#### **LOCAL ANESTHETICS**

<i>lidocaine hcl local inj 0.5%</i>	M	M
<i>lidocaine hcl local inj 1%</i>	M	M
<i>lidocaine hcl local inj 2%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	M	M
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	M	M
<i>lidocaine hcl local soln prefilled syringe 100 mg/5ml (2%)</i>	Tier 1	

### **ANTI-INFECTIVES**

#### **ANTHELMINTICS**

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

#### **ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	M	M
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	M	M
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	
<i>gentamicin sulfate inj 40 mg/ml</i>	M	M
<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>sulfadiazine tab 500 mg</i>	Tier 1	
<i>tinidazole tab 250 mg</i>	Tier 1	
<i>tinidazole tab 500 mg</i>	Tier 1	
<i>tobramycin sulfate for inj 1.2 gm</i>	M	M
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	M	M
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	M	M

### **ANTIFUNGALS**

<i>amphotericin b for iv soln 50 mg</i>	M	M
CRESEMBA CAP 74.5MG	Tier 3	
CRESEMBA CAP 186MG	Tier 3	
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	
<i>fluconazole tab 50 mg</i>	Tier 1	
<i>fluconazole tab 100 mg</i>	Tier 1	
<i>fluconazole tab 150 mg</i>	Tier 1	
<i>fluconazole tab 200 mg</i>	Tier 1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize tab 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	Tier 1	
<i>itraconazole cap 100 mg</i>	Tier 1	PA
<i>itraconazole oral soln 10 mg/ml</i>	Tier 1	PA
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>posaconazole susp 40 mg/ml</i>	Tier 1	PA
<i>posaconazole tab delayed release 100 mg</i>	Tier 3	PA
<i>terbinafine hcl tab 250 mg</i>	Tier 1	
<i>voriconazole for susp 40 mg/ml</i>	Tier 3	PA
<i>voriconazole tab 50 mg</i>	Tier 3	PA
<i>voriconazole tab 200 mg</i>	Tier 3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	
COARTEM TAB 20-120MG	Tier 3	
KRINTAFEL TAB 150MG	Tier 3	
<i>mefloquine hcl tab 250 mg</i>	Tier 1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	
<i>quinine sulfate cap 324 mg</i>	Tier 1	
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL every 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs every 30 days)
APRETUDE SUS 600MG ER	Tier 0	QL (2 vials every 90 days)
APTIVUS CAP 250MG	Tier 2	QL (120 caps every 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (30 caps every 30 days)
<i>darunavir tab 600 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>darunavir tab 800 mg</i>	Tier 1	QL (30 tabs every 30 days)
EDURANT PED TAB 2.5MG	Tier 2	QL (180 tabs every 30 days)
EDURANT TAB 25MG	Tier 2	QL (60 tabs every 30 days)
<i>efavirenz tab 600 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	Tier 1	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	Tier 2	QL (680 ml every 28 days)
<i>etravirine tab 100 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>etravirine tab 200 mg</i>	Tier 1	QL (60 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 1	QL (120 tabs every 30 days)
INTELENCE TAB 25MG	Tier 2	QL (120 tabs every 30 days)
ISENTRESS CHW 25MG	Tier 2	QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	Tier 2	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	Tier 2	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	Tier 2	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	Tier 2	QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (960 ml every 30 days)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>maraviroc tab 150 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>maraviroc tab 300 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (30 tabs every 30 days)
NORVIR POW 100MG	Tier 2	QL (360 packets every 30 days)
PREZISTA SUS 100MG/ML	Tier 2	QL (400 ml every 30 days)
PREZISTA TAB 75MG	Tier 2	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	Tier 2	QL (180 tabs every 30 days)
RETROVIR INJ 10MG/ML	M	M
REYATAZ POW 50MG	Tier 2	QL (180 packets every 30 days)
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	Tier 1	QL (60 tabs every 30 days)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (360 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SELZENTRY SOL 20MG/ML	Tier 2	QL (1840 mL every 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	Tier 2	QL (360 tabs every 30 days)
TIVICAY TAB 50MG	Tier 2	QL (60 tabs every 30 days)
TROGARZO INJ 150MG/ML	Tier 2	
TYBOST TAB 150MG	Tier 2	QL (30 tabs every 30 days)
VIREAD POW 40MG/GM	Tier 2	QL (240 gm every 30 days)
VIREAD TAB 150MG	Tier 2	QL (30 tabs every 30 days)
VIREAD TAB 200MG	Tier 2	QL (30 tabs every 30 days)
VIREAD TAB 250MG	Tier 2	QL (30 tabs every 30 days)
YEZTUGO INJ 463.5MG	Tier 2	QL (4 vials every 168 days)
YEZTUGO TAB 300MG	Tier 2	QL (8 tabs every 4 days)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps every 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1920 ml every 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs every 30 days)

#### **ANTIRETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
BIKTARVY TAB	Tier 2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	Tier 3	QL (1 kit every 30 days)
CABENUVA SUS 600-900	Tier 3	QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO TAB 300-300	Tier 2	QL (30 tabs every 30 days)
DELSTRIGO TAB	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	Tier 0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
DOVATO TAB 50-300MG	Tier 2	QL (30 tabs every 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	QL (30 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 0	QL (30 tabs every 30 days); \$0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
GENVOYA TAB	Tier 2	QL (30 tabs every 30 days)
KALETRA SOL	Tier 2	QL (480 ml every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	QL (120 tabs every 30 days)
ODEFSEY TAB	Tier 2	QL (30 tabs every 30 days)
PREZCOBIX TAB 675/150	Tier 3	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	Tier 3	QL (30 tabs every 30 days)
SYMTUZA TAB	Tier 3	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	Tier 3	QL (180 tabs every 30 days)
TRIUMEQ TAB	Tier 3	QL (30 tabs every 30 days)
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid inj 100 mg/ml</i>	M	M
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isoniazid tab 300 mg</i>	Tier 1	
PRETOMANID TAB 200MG	Tier 3	
PRIFTIN TAB 150MG	Tier 2	
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<i>rifabutin cap 150 mg</i>	Tier 1	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
<i>rifampin for inj 600 mg</i>	M	M
SIRTURO TAB 20MG	Tier 3	
SIRTURO TAB 100MG	Tier 3	
TRECTOR TAB 250MG	Tier 2	

### **ANTIVIRALS**

<i>acyclovir cap 200 mg</i>	Tier 1	
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	
<i>acyclovir tab 400 mg</i>	Tier 1	
<i>acyclovir tab 800 mg</i>	Tier 1	
<i>cidofovir iv inj 75 mg/ml</i>	M	M
<i>famciclovir tab 125 mg</i>	Tier 1	
<i>famciclovir tab 250 mg</i>	Tier 1	
<i>famciclovir tab 500 mg</i>	Tier 1	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (360 mL every 90 days)
PAXLOVID PAK	Tier 2	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	Tier 2	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	Tier 2	QL (60 tabs every 30 days)
RELENZA MIS DISKHALE	Tier 2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 4	PA, QL (1144 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 4	PA, QL (120 tabs every 30 days)
<i>XERESE CRE 5-1%</i>	Tier 3	PA

### **CEPHALOSPORINS**

<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	
<i>cefadroxil cap 500 mg</i>	Tier 1	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	
<i>cefadroxil tab 1 gm</i>	Tier 1	
<i>cefazolin sodium for inj 1 gm</i>	M	M
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	
<i>cefepime hcl for inj 1 gm</i>	M	M
<i>cefepime hcl for iv soln 2 gm</i>	M	M
<i>cefixime cap 400 mg</i>	Tier 1	
<i>cefixime for susp 100 mg/5ml</i>	Tier 1	
<i>cefixime for susp 200 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>ceftazidime for iv soln 2 gm</i>	M	M
<i>ceftriaxone sodium for inj 1 gm</i>	M	M
<i>ceftriaxone sodium for inj 2 gm</i>	M	M
<i>ceftriaxone sodium for inj 10 gm</i>	M	M
<i>ceftriaxone sodium for inj 250 mg</i>	M	M
<i>ceftriaxone sodium for inj 500 mg</i>	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ceftriaxone sodium for iv soln 1 gm</i>	M	M
<i>ceftriaxone sodium for iv soln 2 gm</i>	M	M
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin cap 750 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	
<i>cephalexin tab 250 mg</i>	Tier 1	
<i>cephalexin tab 500 mg</i>	Tier 1	
<i>tazicef</i>	M	M

### **ERYTHROMYCINS/MACROLIDES**

<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	
<i>azithromycin tab 250 mg</i>	Tier 1	
<i>azithromycin tab 500 mg</i>	Tier 1	
<i>azithromycin tab 600 mg</i>	Tier 1	
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	
<i>clarithromycin tab er 24hr 500 mg</i>	Tier 1	
<b>DIFICID SUS</b>	Tier 2	PA
<i>e.e.s. 400</i>	Tier 1	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 1	
<i>erythromycin tab 250 mg</i>	Tier 1	
<i>erythromycin tab 500 mg</i>	Tier 1	
<i>erythromycin tab delayed release 250 mg</i>	Tier 1	
<i>erythromycin tab delayed release 333 mg</i>	Tier 1	
<i>erythromycin tab delayed release 500 mg</i>	Tier 1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fidaxomicin tab 200 mg</i>	Tier 1	PA
ZITHROMAX POW 1GM PAK	Tier 2	
<b>FLUOROQUINOLONES</b>		
BAXDELA TAB 450MG	Tier 3	
CIPRO (10%) SUS 500MG/5	Tier 3	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<i>levofloxacin iv soln 25 mg/ml</i>	M	M
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	
<i>ofloxacin tab 300 mg</i>	Tier 1	
<i>ofloxacin tab 400 mg</i>	Tier 1	
<b>HEPATITIS B</b>		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 4	
BARACLUDE SOL	Tier 4	PA, QL (630 mL every 30 days)
<i>entecavir tab 0.5 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>entecavir tab 1 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	
<b>HEPATITIS C</b>		
EPCLUSA PAK 150-37.5	Tier 4	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	Tier 4	PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	Tier 4	PA, QL (56 tabs every 28 days)
EPCLUSA TAB 400-100	Tier 4	PA, QL (28 tabs every 28 days)
HARVONI PAK	Tier 4	PA, QL (28 pellets every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HARVONI PAK 45-200MG	Tier 4	PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	Tier 4	PA, QL (56 tabs every 28 days)
HARVONI TAB 90-400MG	Tier 4	PA, QL (28 tabs every 28 days)
PEGASYS INJ	Tier 4	PA
PEGASYS INJ 180MCG/M	Tier 4	PA
<i>ribavirin cap 200 mg</i>	Tier 1	
<i>ribavirin tab 200 mg</i>	Tier 1	
SOVALDI PAK 150MG	Tier 5	ST, PA, QL (28 pellets every 28 days)
SOVALDI PAK 200MG	Tier 5	ST, PA, QL (56 pellets every 28 days)
SOVALDI TAB 200MG	Tier 5	ST, PA, QL (56 tabs every 28 days)
SOVALDI TAB 400MG	Tier 5	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	Tier 4	PA, QL (28 tabs every 28 days)

### **MISCELLANEOUS**

<i>atovaquone susp 750 mg/5ml</i>	Tier 1	
<i>aztreonam for inj 1 gm</i>	M	M
<i>aztreonam for inj 2 gm</i>	M	M
<i>clindamycin hcl cap 75 mg</i>	Tier 1	
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	
<i>dapsone tab 25 mg</i>	Tier 1	
<i>dapsone tab 100 mg</i>	Tier 1	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	M	M
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	M	M
<i>linezolid tab 600 mg</i>	Tier 1	
<i>meropenem iv for soln 1 gm</i>	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meropenem iv for soln 500 mg</i>	M	M
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>metronidazole cap 375 mg</i>	Tier 1	
<i>metronidazole iv soln 500 mg/100ml</i>	M	M
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
<i>nitazoxanide tab 500 mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>pentamidine isethionate for inj soln 300 mg</i>	M	M
<i>pentamidine isethionate for nebulization soln 300 mg</i>	M	M
<i>polymyxin b sulfate for inj 500000 unit</i>	M	M
<i>pyrimethamine tab 25 mg</i>	Tier 3	PA
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>trimethoprim tab 100 mg</i>	Tier 1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 1	QL (80 caps every 10 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
vancomycin hcl for iv soln 5 gm (base equivalent)	M	M
vancomycin hcl for iv soln 10 gm (base equivalent)	M	M
vancomycin hcl for iv soln 500 mg (base equivalent)	M	M
vancomycin hcl for iv soln 750 mg (base equivalent)	M	M

### **PENICILLINS**

amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 1	
amoxicillin & k clavulanate tab 250-125 mg	Tier 1	
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	Tier 1	
amoxicillin (trihydrate) cap 250 mg	Tier 1	
amoxicillin (trihydrate) cap 500 mg	Tier 1	
amoxicillin (trihydrate) chew tab 125 mg	Tier 1	
amoxicillin (trihydrate) chew tab 250 mg	Tier 1	
amoxicillin (trihydrate) for susp 125 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 200 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 250 mg/5ml	Tier 1	
amoxicillin (trihydrate) for susp 400 mg/5ml	Tier 1	
amoxicillin (trihydrate) tab 500 mg	Tier 1	
amoxicillin (trihydrate) tab 875 mg	Tier 1	
ampicillin cap 500 mg	Tier 1	
ampicillin sodium for inj 1 gm	M	M
ampicillin sodium for inj 2 gm	M	M
dicloxacillin sodium cap 250 mg	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
<i>penicillin g potassium for inj 5000000 unit</i>	M	M
<i>penicillin g potassium for inj 20000000 unit</i>	M	M
<i>penicillin g sodium for inj 5000000 unit</i>	M	M
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	
<i>pfizerpen</i>	M	M
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	M	M
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	M	M
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	M	M

### **TETRACYCLINES**

<i>avidoxy</i>	Tier 1	
<i>demeclocycline hcl tab 150 mg</i>	Tier 1	
<i>demeclocycline hcl tab 300 mg</i>	Tier 1	
<i>doxy 100</i>	M	M
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate for inj 100 mg</i>	M	M
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 75 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 150 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>minocycline hcl tab 50 mg</i>	Tier 1	
<i>minocycline hcl tab 75 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>minocycline hcl tab 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>tetracycline hcl cap 500 mg</i>	Tier 1	QL (120 caps every 30 days)

## **ANTINEOPLASTIC AGENTS**

### **ALKYLATING AGENTS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIBIOTICS</b>		
<i>adriamycin</i>	M	M
<i>bleomycin sulfate for inj 15 unit</i>	M	M
<i>bleomycin sulfate for inj 30 unit</i>	M	M
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	M	M
<i>doxorubicin hcl for inj 10 mg</i>	M	M
<i>doxorubicin hcl inj 2 mg/ml</i>	M	M
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	M	M
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	M	M
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	M	M
<i>mitomycin for iv soln 5 mg</i>	M	M
<i>mitomycin for iv soln 20 mg</i>	M	M
<i>mitomycin for iv soln 40 mg</i>	M	M
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	M	M
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	M	M
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	M	M
<b>ANTIMETABOLITES</b>		
<i>azacitidine for inj 100 mg</i>	M	M
<i>capecitabine tab 150 mg</i>	Tier 0	PA
<i>capecitabine tab 500 mg</i>	Tier 0	PA
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	M	M
<i>clofarabine iv soln 1 mg/ml</i>	M	M
<i>cytarabine inj 20 mg/ml</i>	M	M
<i>cytarabine inj pf 20 mg/ml</i>	M	M
<i>cytarabine inj pf 100 mg/ml</i>	M	M
<i>decitabine for inj 50 mg</i>	M	M
<i>fludarabine phosphate for inj 50 mg</i>	M	M
<i>fludarabine phosphate inj 25 mg/ml</i>	M	M
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	M	M
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	M	M
<i>gemcitabine hcl for inj 1 gm</i>	M	M
<i>gemcitabine hcl for inj 2 gm</i>	M	M
<i>gemcitabine hcl for inj 200 mg</i>	M	M
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	M	M
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	M	M
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	M	M
<i>mercaptopurine tab 50 mg</i>	Tier 0	
<i>methotrexate sodium for inj 1 gm</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	\$0 copay based on your plan/benefit
NIPENT INJ 10MG	M	M
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	M	M
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	M	M
TABLOID TAB 40MG	Tier 0	
<b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>		
VENCLEXTA TAB 10MG	Tier 0	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 50MG	Tier 0	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB 100MG	Tier 0	PA, QL (180 tabs every 30 days)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENCLEXTA TAB START PK	Tier 0	PA, QL (1 pack every 28 days)

**BIOLOGIC RESPONSE MODIFIERS**

ERBITUX INJ 100MG	M	M
ERBITUX INJ 200MG	M	M
ERIVEDGE CAP 150MG	Tier 0	PA, QL (30 caps every 30 days)
KADCYLA INJ 100MG	M	M
KADCYLA INJ 160MG	M	M
KEYTRUDA INJ 100MG/4M	M	M
PADCEV INJ 20MG	M	M
PADCEV INJ 30MG	M	M
POMALYST CAP 1MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 2MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 3MG	Tier 0	PA, QL (21 caps every 28 days)
POMALYST CAP 4MG	Tier 0	PA, QL (21 caps every 28 days)
REVLIMID CAP 2.5MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 5MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 10MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 15MG	Tier 0	PA, QL (28 caps every 28 days)
REVLIMID CAP 20MG	Tier 0	PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG	Tier 0	PA, QL (21 caps every 28 days)
THALOMID CAP 50MG	Tier 0	PA, QL (28 caps every 28 days)
THALOMID CAP 100MG	Tier 0	PA, QL (112 caps every 28 days)
TICE BCG INJ	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BIOSIMILARS</b>		
GAZYVA INJ 25MG/ML	M	M
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	Tier 0	PA, QL (120 tabs every 30 days)
<i>abiraterone acetate tab 500 mg</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tab 50 mg</i>	Tier 0	
ELIGARD INJ 7.5MG	M	M
ELIGARD INJ 22.5MG	M	M
ELIGARD INJ 30MG	M	M
ELIGARD INJ 45MG	M	M
ERLEADA TAB 60MG	Tier 0	PA, QL (120 tabs every 30 days)
ERLEADA TAB 240MG	Tier 0	PA, QL (30 tabs every 30 days)
<i>exemestane tab 25 mg</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	M	M
<i>letrozole tab 2.5 mg</i>	Tier 0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	Tier 4	PA
LYSODREN TAB 500MG	Tier 0	
<i>megestrol acetate tab 20 mg</i>	Tier 0	
<i>megestrol acetate tab 40 mg</i>	Tier 0	
<i>nilutamide tab 150 mg</i>	Tier 0	
NUBEQA TAB 300MG	Tier 0	PA, QL (120 tabs every 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 0	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 0	
XTANDI CAP 40MG	Tier 0	PA, QL (120 caps every 30 days)
XTANDI TAB 40MG	Tier 0	PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	Tier 0	PA, QL (60 tabs every 30 days)
YONSA TAB 125MG	Tier 0	PA, QL (120 tabs every 30 days)

### **KINASE INHIBITORS**

ALECENSA CAP 150MG	Tier 0	PA, QL (240 caps every 30 days)
BRAFTOVI CAP 75MG	Tier 0	PA, QL (180 caps every 30 days)
BRUKINSA CAP 80MG	Tier 0	PA, QL (120 caps every 30 days)
BRUKINSA TAB 160MG	Tier 0	PA, QL (60 tabs every 30 days)
CABOMETYX TAB 20MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	Tier 0	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 60MG	Tier 0	PA, QL (30 tabs every 30 days)
CALQUENCE TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 300MG	Tier 0	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 60MG	Tier 0	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	Tier 0	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	Tier 0	PA, QL (1 kit every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dasatinib tab 20 mg</i>	Tier 0	PA, QL (90 tabs every 30 days)
<i>dasatinib tab 50 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 70 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 80 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 100 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>dasatinib tab 140 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 2.5 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 5 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 7.5 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab 10 mg</i>	Tier 0	PA, QL (30 tabs every 30 days)
<i>everolimus tab for oral susp 2 mg</i>	Tier 0	PA, QL (60 tabs every 30 days)
<i>everolimus tab for oral susp 3 mg</i>	Tier 0	PA, QL (90 tabs every 30 days)
<i>everolimus tab for oral susp 5 mg</i>	Tier 0	PA, QL (60 tabs every 30 days)
<b>IBTROZI CAP 200MG</b>	Tier 0	PA, QL (90 caps every 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 0	PA, QL (120 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 0	PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	Tier 0	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	Tier 0	PA, QL (90 caps every 30 days)
IMBRUVICA SUS 70MG/ML	Tier 0	PA, QL (216 ml every 36 days)
IMBRUVICA TAB 140MG	Tier 0	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	Tier 0	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 420MG	Tier 0	PA, QL (30 tabs every 30 days)
INLYTA TAB 1MG	Tier 0	PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	Tier 0	PA, QL (120 tabs every 30 days)
ITOVEBI TAB 3MG	Tier 0	PA, QL (60 tabs every 30 days)
ITOVEBI TAB 9MG	Tier 0	PA, QL (30 tabs every 30 days)
JAKAFI TAB 5MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 10MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 15MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 20MG	Tier 0	PA, QL (60 tabs every 30 days)
JAKAFI TAB 25MG	Tier 0	PA, QL (60 tabs every 30 days)
KISQALI TAB 200DOSE	Tier 0	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TAB 400DOSE	Tier 0	PA, QL (42 tabs every 28 days); 400 mg dose

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI TAB 600DOSE	Tier 0	PA, QL (63 tabs every 28 days); 600 mg dose
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 0	PA, QL (180 tabs every 30 days)
LENVIMA CAP 4MG	Tier 0	PA, QL (30 caps every 30 days)
LENVIMA CAP 8 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 10 MG	Tier 0	PA, QL (30 caps every 30 days)
LENVIMA CAP 12MG	Tier 0	PA, QL (90 caps every 30 days)
LENVIMA CAP 14 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	Tier 0	PA, QL (90 caps every 30 days)
LENVIMA CAP 20 MG	Tier 0	PA, QL (60 caps every 30 days)
LENVIMA CAP 24 MG	Tier 0	PA, QL (90 caps every 30 days)
LORBRENA TAB 25MG	Tier 0	PA, QL (90 tabs every 30 days)
LORBRENA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
MEKINIST SOL 0.05/ML	Tier 0	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	Tier 0	PA, QL (90 tabs every 30 days)
MEKINIST TAB 2MG	Tier 0	PA, QL (30 tabs every 30 days)
MEKTOVI TAB 15MG	Tier 0	PA, QL (180 tabs every 30 days)
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	Tier 0	PA, QL (120 caps every 30 days)
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	Tier 0	PA, QL (120 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	Tier 0	PA, QL (120 caps every 30 days)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	Tier 0	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	Tier 0	PA, QL (224 caps every 28 days)
SCEMBLIX TAB 20MG	Tier 0	PA, QL (60 tabs every 30 days)
SCEMBLIX TAB 40MG	Tier 0	PA, QL (240 tabs every 30 days)
SCEMBLIX TAB 100MG	Tier 0	PA, QL (120 tabs every 30 days)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 0	PA, QL (120 tabs every 30 days)
STIVARGA TAB 40MG	Tier 0	PA, QL (84 tabs every 28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 0	PA, QL (30 caps every 30 days)
TAFINLAR CAP 50MG	Tier 0	PA, QL (120 caps every 30 days)
TAFINLAR CAP 75MG	Tier 0	PA, QL (120 caps every 30 days)
TAFINLAR TAB 10MG	Tier 0	PA, QL (4 bottles every 28 days)
TAGRISO TAB 40MG	Tier 0	PA, QL (30 tabs every 30 days)
TAGRISO TAB 80MG	Tier 0	PA, QL (30 tabs every 30 days)
TRUQAP PAK 160MG	Tier 0	PA, QL (64 tabs every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUQAP PAK 200MG	Tier 0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 160MG	Tier 0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	Tier 0	PA, QL (64 tabs every 28 days)
TUKYSA TAB 50MG	Tier 0	PA, QL (120 tabs every 30 days)
TUKYSA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)
VERZENIO TAB 50MG	Tier 0	PA, QL (56 tabs every 28 days)
VERZENIO TAB 100MG	Tier 0	PA, QL (56 tabs every 28 days)
VERZENIO TAB 150MG	Tier 0	PA, QL (56 tabs every 28 days)
VERZENIO TAB 200MG	Tier 0	PA, QL (56 tabs every 28 days)
VITRAKVI CAP 25MG	Tier 0	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	Tier 0	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	Tier 0	PA, QL (300 mL every 30 days)
XALKORI CAP 20MG	Tier 0	PA, QL (120 pellets every 30 days)
XALKORI CAP 50MG	Tier 0	PA, QL (120 pellets every 30 days)
XALKORI CAP 150MG	Tier 0	PA, QL (180 pellets every 30 days)
XALKORI CAP 200MG	Tier 0	PA, QL (120 caps every 30 days)
XALKORI CAP 250MG	Tier 0	PA, QL (120 caps every 30 days)
ZYDELIG TAB 100MG	Tier 0	PA, QL (60 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYDELIG TAB 150MG	Tier 0	PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	Tier 0	PA, QL (90 tabs every 30 days)

### **MISCELLANEOUS**

<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	M	M
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	M	M
<i>bexarotene cap 75 mg</i>	Tier 0	PA
<i>hydroxyurea cap 500 mg</i>	Tier 0	
IDHIFA TAB 50MG	Tier 0	PA, QL (30 tabs every 30 days)
IDHIFA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
LYNPARZA TAB 100MG	Tier 0	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	Tier 0	PA, QL (120 tabs every 30 days)
ODOMZO CAP 200MG	Tier 0	PA, QL (30 caps every 30 days)
ONCASPAR INJ 750/ML	M	M
PHOTOFRIN INJ 75MG	M	M
POLIVY INJ 30MG	M	M
POLIVY INJ 140MG	M	M
<i>tretinoin cap 10 mg</i>	Tier 0	
VISTOGARD PAK 10GM	Tier 4	QL (20 packets every 5 days)
ZEJULA TAB 100MG	Tier 0	PA, QL (30 tabs every 30 days)
ZEJULA TAB 200MG	Tier 0	PA, QL (30 tabs every 30 days)
ZEJULA TAB 300MG	Tier 0	PA, QL (30 tabs every 30 days)
ZOLINZA CAP 100MG	Tier 0	PA, QL (120 caps every 30 days)

### **MITOTIC INHIBITORS**

<i>docetaxel for inj conc 20 mg/ml</i>	M	M
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	M	M
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	M	M
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	M	M
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	M	M
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	M	M
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	M	M
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	M	M
<i>vinblastine sulfate inj 1 mg/ml</i>	M	M
<i>vincristine sulfate iv soln 1 mg/ml</i>	M	M
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	M	M
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	M	M

### **PLATINUM-BASED AGENTS**

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

### **PROTECTIVE AGENTS**

<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	M	M
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	M	M
<i>leucovorin calcium for inj 50 mg</i>	M	M
<i>leucovorin calcium for inj 100 mg</i>	M	M
<i>leucovorin calcium for inj 200 mg</i>	M	M
<i>leucovorin calcium for inj 350 mg</i>	M	M

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

### **TOPOISOMERASE INHIBITORS**

<i>etoposide cap 50 mg</i>	Tier 0	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	M	M
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	M	M
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	M	M
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	M	M
<i>topotecan hcl for inj 4 mg (base equiv)</i>	M	M

### **CARDIOVASCULAR**

#### **ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Tier 1	

### **ACE INHIBITORS**

<i>benazepril hcl tab 5 mg</i>	Tier 1	
<i>benazepril hcl tab 10 mg</i>	Tier 1	
<i>benazepril hcl tab 20 mg</i>	Tier 1	
<i>benazepril hcl tab 40 mg</i>	Tier 1	
<i>captopril tab 12.5 mg</i>	Tier 1	
<i>captopril tab 25 mg</i>	Tier 1	
<i>captopril tab 50 mg</i>	Tier 1	
<i>captopril tab 100 mg</i>	Tier 1	
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	
<i>enalapril maleate tab 5 mg</i>	Tier 1	
<i>enalapril maleate tab 10 mg</i>	Tier 1	
<i>enalapril maleate tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 10 mg</i>	Tier 1	
<i>fosinopril sodium tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 40 mg</i>	Tier 1	
<i>lisinopril tab 2.5 mg</i>	Tier 1	
<i>lisinopril tab 5 mg</i>	Tier 1	
<i>lisinopril tab 10 mg</i>	Tier 1	
<i>lisinopril tab 20 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lisinopril tab 30 mg</i>	Tier 1	
<i>lisinopril tab 40 mg</i>	Tier 1	
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	
<i>moexipril hcl tab 15 mg</i>	Tier 1	
<i>perindopril erbumine tab 2 mg</i>	Tier 1	
<i>perindopril erbumine tab 4 mg</i>	Tier 1	
<i>perindopril erbumine tab 8 mg</i>	Tier 1	
<i>quinapril hcl tab 5 mg</i>	Tier 1	
<i>quinapril hcl tab 10 mg</i>	Tier 1	
<i>quinapril hcl tab 20 mg</i>	Tier 1	
<i>quinapril hcl tab 40 mg</i>	Tier 1	
<i>ramipril cap 1.25 mg</i>	Tier 1	
<i>ramipril cap 2.5 mg</i>	Tier 1	
<i>ramipril cap 5 mg</i>	Tier 1	
<i>ramipril cap 10 mg</i>	Tier 1	
<i>trandolapril tab 1 mg</i>	Tier 1	
<i>trandolapril tab 2 mg</i>	Tier 1	
<i>trandolapril tab 4 mg</i>	Tier 1	

#### **ALDOSTERONE RECEPTOR ANTAGONISTS**

<i>eplerenone tab 25 mg</i>	Tier 1	
<i>eplerenone tab 50 mg</i>	Tier 1	
KERENDIA TAB 10MG	Tier 3	PA
KERENDIA TAB 20MG	Tier 3	PA
KERENDIA TAB 40MG	Tier 3	PA
<i>spironolactone tab 25 mg</i>	Tier 1	
<i>spironolactone tab 50 mg</i>	Tier 1	
<i>spironolactone tab 100 mg</i>	Tier 1	

#### **ALPHA BLOCKERS**

<i>prazosin hcl cap 1 mg</i>	Tier 1	
<i>prazosin hcl cap 2 mg</i>	Tier 1	
<i>prazosin hcl cap 5 mg</i>	Tier 1	

#### **ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS**

<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil tab 4 mg</i>	Tier 1	
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	
<i>candesartan cilexetil tab 32 mg</i>	Tier 1	
<i>irbesartan tab 75 mg</i>	Tier 1	
<i>irbesartan tab 150 mg</i>	Tier 1	
<i>irbesartan tab 300 mg</i>	Tier 1	
<i>losartan potassium tab 25 mg</i>	Tier 1	
<i>losartan potassium tab 50 mg</i>	Tier 1	
<i>losartan potassium tab 100 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1	
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1	
<i>telmisartan tab 20 mg</i>	Tier 1	
<i>telmisartan tab 40 mg</i>	Tier 1	
<i>telmisartan tab 80 mg</i>	Tier 1	
<i>valsartan tab 40 mg</i>	Tier 1	
<i>valsartan tab 80 mg</i>	Tier 1	
<i>valsartan tab 160 mg</i>	Tier 1	
<i>valsartan tab 320 mg</i>	Tier 1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl tab 200 mg</i>	Tier 1	
<i>amiodarone hcl tab 400 mg</i>	Tier 1	
<i>disopyramide phosphate cap 100 mg</i>	Tier 1	
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1	
<i>flecainide acetate tab 50 mg</i>	Tier 1	
<i>flecainide acetate tab 100 mg</i>	Tier 1	
<i>flecainide acetate tab 150 mg</i>	Tier 1	
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	M	M
MULTAQ TAB 400MG	Tier 2	PA
NORPACE CAP 100MG CR	Tier 2	
NORPACE CAP 150MG CR	Tier 2	
<i>pacerone</i>	Tier 1	
<i>procainamide hcl inj 100 mg/ml</i>	M	M
<i>propafenone hcl cap er 12hr 225 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 325 mg</i>	Tier 1	
<i>propafenone hcl cap er 12hr 425 mg</i>	Tier 1	
<i>propafenone hcl tab 150 mg</i>	Tier 1	
<i>propafenone hcl tab 225 mg</i>	Tier 1	
<i>propafenone hcl tab 300 mg</i>	Tier 1	
<i>sotalol hcl (afib/af) tab 80 mg</i>	Tier 1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	Tier 1	
<i>sotalol hcl (afib/af) tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 80 mg</i>	Tier 1	
<i>sotalol hcl tab 120 mg</i>	Tier 1	
<i>sotalol hcl tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 240 mg</i>	Tier 1	

#### **ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS**

NEXLETOL TAB 180MG	Tier 3	PA
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#### **ANTILIPEMICS, BILE ACID RESINS**

<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine light powder packets 4 gm</i>	Tier 1	
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine powder packets 4 gm</i>	Tier 1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 1	
<i>colesevelam hcl tab 625 mg</i>	Tier 1	
<i>colestipol hcl granule packets 5 gm</i>	Tier 1	
<i>colestipol hcl granules 5 gm</i>	Tier 1	
<i>colestipol hcl tab 1 gm</i>	Tier 1	
<i>prevalite</i>	Tier 1	

#### **ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR**

<i>ezetimibe tab 10 mg</i>	Tier 1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTILIPEMICS, FIBRATES</b>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 1	
<i>fenofibrate cap 150 mg</i>	Tier 1	
<i>fenofibrate micronized cap 43 mg</i>	Tier 1	
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	
<i>fenofibrate micronized cap 134 mg</i>	Tier 1	
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	
<i>fenofibrate tab 48 mg</i>	Tier 1	
<i>fenofibrate tab 54 mg</i>	Tier 1	
<i>fenofibrate tab 145 mg</i>	Tier 1	
<i>fenofibrate tab 160 mg</i>	Tier 1	
<i>gemfibrozil tab 600 mg</i>	Tier 1	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 1 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 2 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 4 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tab 5 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	Tier 1	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	Tier 1	ST; PA**; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

#### **ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS**

<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1

#### **ANTILIPEMICS, MISCELLANEOUS**

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

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

<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1
VASCEPA CAP 0.5GM	Tier 1
VASCEPA CAP 1GM	Tier 1

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTILIPEMICS, PCSK9 INHIBITORS</b>		
REPATHA INJ 140MG/ML	Tier 2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	Tier 2	QL (1 injection every 28 days)
REPATHA SURE INJ 140MG/ML	Tier 2	PA, QL (3 pens every 28 days)
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	Tier 1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	Tier 1	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	
<i>acebutolol hcl cap 400 mg</i>	Tier 1	
<i>atenolol tab 25 mg</i>	Tier 1	
<i>atenolol tab 50 mg</i>	Tier 1	
<i>atenolol tab 100 mg</i>	Tier 1	
<i>betaxolol hcl tab 10 mg</i>	Tier 1	
<i>betaxolol hcl tab 20 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	Tier 1	
<i>carvedilol tab 3.125 mg</i>	Tier 1	
<i>carvedilol tab 6.25 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carvedilol tab 12.5 mg</i>	Tier 1	
<i>carvedilol tab 25 mg</i>	Tier 1	
<i>labetalol hcl tab 100 mg</i>	Tier 1	
<i>labetalol hcl tab 200 mg</i>	Tier 1	
<i>labetalol hcl tab 300 mg</i>	Tier 1	
<i>labetalol hcl tab 400 mg</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	
<i>nadolol tab 20 mg</i>	Tier 1	
<i>nadolol tab 40 mg</i>	Tier 1	
<i>nadolol tab 80 mg</i>	Tier 1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 1	
<i>pindolol tab 5 mg</i>	Tier 1	
<i>pindolol tab 10 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl tab 10 mg</i>	Tier 1	
<i>propranolol hcl tab 20 mg</i>	Tier 1	
<i>propranolol hcl tab 40 mg</i>	Tier 1	
<i>propranolol hcl tab 60 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol hcl tab 80 mg</i>	Tier 1	
<i>timolol maleate tab 5 mg</i>	Tier 1	
<i>timolol maleate tab 10 mg</i>	Tier 1	
<i>timolol maleate tab 20 mg</i>	Tier 1	

### **CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS**

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

### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	
<i>cartia xt</i>	Tier 1	
<i>dilt-xr</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	M	M
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	M	M
<i>diltiazem hcl tab 30 mg</i>	Tier 1	
<i>diltiazem hcl tab 60 mg</i>	Tier 1	
<i>diltiazem hcl tab 90 mg</i>	Tier 1	
<i>diltiazem hcl tab 120 mg</i>	Tier 1	
<i>diltiazem hcl tab er 24hr 120 mg</i>	Tier 1	
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	
<i>isradipine cap 2.5 mg</i>	Tier 1	
<i>isradipine cap 5 mg</i>	Tier 1	
<i>matzim la</i>	Tier 1	
<i>nicardipine hcl cap 20 mg</i>	Tier 1	
<i>nicardipine hcl cap 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	
<i>nimodipine cap 30 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 200 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	
<i>verapamil hcl tab 40 mg</i>	Tier 1	
<i>verapamil hcl tab 80 mg</i>	Tier 1	
<i>verapamil hcl tab 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 180 mg</i>	Tier 1	
<i>verapamil hcl tab er 240 mg</i>	Tier 1	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	Tier 1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	
<b>DIRECT RENIN INHIBITORS/COMBINATIONS</b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 1	
<b>DIURETICS</b>		
<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1	
<i>acetazolamide tab 125 mg</i>	Tier 1	
<i>acetazolamide tab 250 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1	
<i>amiloride hcl tab 5 mg</i>	Tier 1	
<i>bumetanide tab 0.5 mg</i>	Tier 1	
<i>bumetanide tab 1 mg</i>	Tier 1	
<i>bumetanide tab 2 mg</i>	Tier 1	
<i>chlorthalidone tab 25 mg</i>	Tier 1	
<i>chlorthalidone tab 50 mg</i>	Tier 1	
DIURIL SUS 250/5ML	Tier 3	
<i>ethacrynic acid tab 25 mg</i>	Tier 3	
<i>furosemide inj 10 mg/ml</i>	M	M
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	
<i>furosemide tab 20 mg</i>	Tier 1	
<i>furosemide tab 40 mg</i>	Tier 1	
<i>furosemide tab 80 mg</i>	Tier 1	
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	
<i>indapamide tab 1.25 mg</i>	Tier 1	
<i>indapamide tab 2.5 mg</i>	Tier 1	
MANNITOL INJ 20%	Tier 1	
<i>mannitol iv soln 25%</i>	Tier 1	
<i>methazolamide tab 25 mg</i>	Tier 1	
<i>methazolamide tab 50 mg</i>	Tier 1	
<i>metolazone tab 2.5 mg</i>	Tier 1	
<i>metolazone tab 5 mg</i>	Tier 1	
<i>metolazone tab 10 mg</i>	Tier 1	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>toremide tab 5 mg</i>	Tier 1	
<i>toremide tab 10 mg</i>	Tier 1	
<i>toremide tab 20 mg</i>	Tier 1	
<i>toremide tab 100 mg</i>	Tier 1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	

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

### **HEART FAILURE**

<i>CORLANOR SOL 5MG/5ML</i>	Tier 2	
<i>ENTRESTO CAP 6-6MG</i>	Tier 3	
<i>ENTRESTO CAP 15-16MG</i>	Tier 3	
<i>ENTRESTO TAB 24-26MG</i>	Tier 3	
<i>ENTRESTO TAB 49-51MG</i>	Tier 3	
<i>ENTRESTO TAB 97-103MG</i>	Tier 3	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	Tier 1	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	Tier 1	
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	Tier 1	
<i>sacubitril-valsartan tab 24-26 mg</i>	Tier 1	
<i>sacubitril-valsartan tab 49-51 mg</i>	Tier 1	
<i>sacubitril-valsartan tab 97-103 mg</i>	Tier 1	

### **MISCELLANEOUS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
<i>minoxidil tab 2.5 mg</i>	Tier 1	
<i>minoxidil tab 10 mg</i>	Tier 1	
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	PA, QL (360 caps every 30 days)
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	ST; PA**
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	ST; PA**

### **NITRATES**

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

### **PULMONARY ARTERIAL HYPERTENSION**

ADEMPAS TAB 0.5MG	Tier 4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	Tier 4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	Tier 4	PA, QL (90 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADEMPAS TAB 2.5MG	Tier 4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	Tier 4	PA, QL (90 tabs every 30 days)
<i>ambrisentan tab 5 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>bosentan tab 62.5 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>bosentan tab 125 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>bosentan tab for oral susp 32 mg</i>	Tier 4	PA, QL (112 tabs every 28 days)
OPSUMIT TAB 10MG	Tier 4	PA, QL (30 tabs every 30 days)
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	M	M
<i>sildenafil citrate tab 20 mg</i>	Tier 4	PA, QL (360 tabs every 30 days)
<i>tadalafil tab 20 mg (pah)</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	M	M
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	M	M
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	M	M
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	M	M
TYVASO RF KT SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	Tier 4	PA, QL (28 ampules every 28 days)
UPTRAVI INJ 1800MCG	M	M
UPTRAVI PACK TAB 200/800	Tier 4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	Tier 4	PA, QL (140 tabs every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UPTRAVI TAB 400MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	Tier 4	PA, QL (60 tabs every 30 days)
VENTAVIS SOL 10MCG/ML	Tier 4	PA, QL (270 ampules every 30 days)
VENTAVIS SOL 20MCG/ML	Tier 4	PA, QL (270 ampules every 30 days)

## **CENTRAL NERVOUS SYSTEM**

### **ALCOHOL DETERRENTS**

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

### **AMYOTROPHIC LATERAL SCLEROSIS (ALS)**

<i>riluzole tab 50 mg</i>	Tier 1	
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### **ANTI-ANXIETY**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 1 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>alprazolam tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>buspirone hcl tab 5 mg</i>	Tier 1	
<i>buspirone hcl tab 7.5 mg</i>	Tier 1	
<i>buspirone hcl tab 10 mg</i>	Tier 1	
<i>buspirone hcl tab 15 mg</i>	Tier 1	
<i>buspirone hcl tab 30 mg</i>	Tier 1	
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (360 caps every 30 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (360 caps every 30 days)
<i>clomipramine hcl cap 25 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 50 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl cap 75 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Tier 1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (150 mL every 30 days)
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (150 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lorazepam tab 1 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>lorazepam tab 2 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>meprobamate tab 200 mg</i>	Tier 1	
<i>meprobamate tab 400 mg</i>	Tier 1	
<i>oxazepam cap 10 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>oxazepam cap 15 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>oxazepam cap 30 mg</i>	Tier 1	QL (120 caps every 30 days)

### **ANTIDEMENTIA**

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 23 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Tier 1	
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl tab 5 mg</i>	Tier 1	
<i>memantine hcl tab 10 mg</i>	Tier 1	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl tab 10 mg</i>	Tier 1	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>amoxapine tab 25 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 50 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tab 100 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	(generic of Pristiq)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	(generic of Pristiq)
<i>doxepin hcl cap 10 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 25 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 50 mg</i>	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 75 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 100 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl cap 150 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	
EMSAM DIS 6MG/24HR	Tier 3	PA
EMSAM DIS 9MG/24HR	Tier 3	PA
EMSAM DIS 12MG/24H	Tier 3	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	
FETZIMA CAP 20MG	Tier 3	
FETZIMA CAP 40MG	Tier 3	
FETZIMA CAP 80MG	Tier 3	
FETZIMA CAP 120MG	Tier 3	
FETZIMA CAP TITRATIO	Tier 3	
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	Tier 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl tab 10 mg</i>	Tier 1	(generic Sarafem not covered)
<i>fluoxetine hcl tab 20 mg</i>	Tier 1	(generic Sarafem not covered)
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 75 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 100 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate cap 125 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>imipramine pamoate cap 150 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MARPLAN TAB 10MG	Tier 3	
<i>mirtazapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	Tier 1	
<i>mirtazapine tab 7.5 mg</i>	Tier 1	
<i>mirtazapine tab 15 mg</i>	Tier 1	
<i>mirtazapine tab 30 mg</i>	Tier 1	
<i>mirtazapine tab 45 mg</i>	Tier 1	
<i>nefazodone hcl tab 50 mg</i>	Tier 1	
<i>nefazodone hcl tab 100 mg</i>	Tier 1	
<i>nefazodone hcl tab 150 mg</i>	Tier 1	
<i>nefazodone hcl tab 200 mg</i>	Tier 1	
<i>nefazodone hcl tab 250 mg</i>	Tier 1	
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	PA; High strength requires PA for members age 65 and older
<i>nortriptyline hcl soln 10 mg/5ml</i>	Tier 1	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tab 10 mg</i>	Tier 1	
<i>paroxetine hcl tab 20 mg</i>	Tier 1	
<i>paroxetine hcl tab 30 mg</i>	Tier 1	
<i>paroxetine hcl tab 40 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	Tier 1	
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>protriptyline hcl tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	
<i>sertraline hcl tab 25 mg</i>	Tier 1	
<i>sertraline hcl tab 50 mg</i>	Tier 1	
<i>sertraline hcl tab 100 mg</i>	Tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1	
<i>trazodone hcl tab 50 mg</i>	Tier 1	
<i>trazodone hcl tab 100 mg</i>	Tier 1	
<i>trazodone hcl tab 150 mg</i>	Tier 1	
<i>trazodone hcl tab 300 mg</i>	Tier 1	
<i>trimipramine maleate cap 25 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 50 mg</i>	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate cap 100 mg</i>	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
TRINTELLIX TAB 5MG	Tier 3	ST; PA**
TRINTELLIX TAB 10MG	Tier 3	ST; PA**
TRINTELLIX TAB 20MG	Tier 3	ST; PA**
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	Tier 1	
<i>vilazodone hcl tab 10 mg</i>	Tier 1	
<i>vilazodone hcl tab 20 mg</i>	Tier 1	
<i>vilazodone hcl tab 40 mg</i>	Tier 1	
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl cap 100 mg</i>	Tier 1	
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl tab 100 mg</i>	Tier 1	
APOKYN INJ 10MG/ML	Tier 5	ST, PA, QL (20 cartridges every 30 days)
<i>benztropine mesylate inj 1 mg/ml</i>	M	M
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	
<i>benztropine mesylate tab 1 mg</i>	Tier 1	
<i>benztropine mesylate tab 2 mg</i>	Tier 1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa tab 25 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
<i>entacapone tab 200 mg</i>	Tier 1	
INBRIJA CAP 42MG	Tier 4	PA, QL (300 caps every 30 days)
NEUPRO DIS 1MG/24HR	Tier 2	
NEUPRO DIS 2MG/24HR	Tier 2	
NEUPRO DIS 3MG/24HR	Tier 2	
NEUPRO DIS 4MG/24HR	Tier 2	
NEUPRO DIS 6MG/24HR	Tier 2	
NEUPRO DIS 8MG/24HR	Tier 2	
ONGENTYS CAP 25MG	Tier 3	PA
ONGENTYS CAP 50MG	Tier 3	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Tier 1	

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

### **ANTIPSYCHOTICS**

<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 1	
<i>aripiprazole tab 2 mg</i>	Tier 1	
<i>aripiprazole tab 5 mg</i>	Tier 1	
<i>aripiprazole tab 10 mg</i>	Tier 1	
<i>aripiprazole tab 15 mg</i>	Tier 1	
<i>aripiprazole tab 20 mg</i>	Tier 1	
<i>aripiprazole tab 30 mg</i>	Tier 1	
ARISTADA INJ 441MG/1.	Tier 2	
ARISTADA INJ 662MG/2	Tier 2	
ARISTADA INJ 882MG/3	Tier 2	
ARISTADA INJ 1064MG	Tier 2	
ARISTADA INJ INITIO	Tier 2	
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorpromazine hcl inj 25 mg/ml</i>	Tier 1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Tier 1	
<i>chlorpromazine hcl tab 10 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 25 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 50 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 100 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 200 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 25 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 100 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 150 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 200 mg</i>	Tier 1	
<i>clozapine tab 25 mg</i>	Tier 1	
<i>clozapine tab 50 mg</i>	Tier 1	
<i>clozapine tab 100 mg</i>	Tier 1	
<i>clozapine tab 200 mg</i>	Tier 1	
ERZOFRI INJ 39/0.25	Tier 2	
ERZOFRI INJ 78/0.5ML	Tier 2	
ERZOFRI INJ 117/0.75	Tier 2	
ERZOFRI INJ 156MG/ML	Tier 2	
ERZOFRI INJ 234/1.5	Tier 2	
ERZOFRI INJ 351/2.25	Tier 2	
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Tier 1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	
<i>haloperidol tab 0.5 mg</i>	Tier 1	
<i>haloperidol tab 1 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>haloperidol tab 2 mg</i>	Tier 1	
<i>haloperidol tab 5 mg</i>	Tier 1	
<i>haloperidol tab 10 mg</i>	Tier 1	
<i>haloperidol tab 20 mg</i>	Tier 1	
<i>loxapine succinate cap 5 mg</i>	Tier 1	
<i>loxapine succinate cap 10 mg</i>	Tier 1	
<i>loxapine succinate cap 25 mg</i>	Tier 1	
<i>loxapine succinate cap 50 mg</i>	Tier 1	
<i>lurasidone hcl tab 20 mg</i>	Tier 1	
<i>lurasidone hcl tab 40 mg</i>	Tier 1	
<i>lurasidone hcl tab 60 mg</i>	Tier 1	
<i>lurasidone hcl tab 80 mg</i>	Tier 1	
<i>lurasidone hcl tab 120 mg</i>	Tier 1	
<i>olanzapine for im inj 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 1	
<i>olanzapine tab 2.5 mg</i>	Tier 1	
<i>olanzapine tab 5 mg</i>	Tier 1	
<i>olanzapine tab 7.5 mg</i>	Tier 1	
<i>olanzapine tab 10 mg</i>	Tier 1	
<i>olanzapine tab 15 mg</i>	Tier 1	
<i>olanzapine tab 20 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 3 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 6 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 9 mg</i>	Tier 1	
<i>perphenazine tab 2 mg</i>	Tier 1	
<i>perphenazine tab 4 mg</i>	Tier 1	
<i>perphenazine tab 8 mg</i>	Tier 1	
<i>perphenazine tab 16 mg</i>	Tier 1	
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	
<i>risperidone soln 1 mg/ml</i>	Tier 1	
<i>risperidone tab 0.5 mg</i>	Tier 1	
<i>risperidone tab 0.25 mg</i>	Tier 1	
<i>risperidone tab 1 mg</i>	Tier 1	
<i>risperidone tab 2 mg</i>	Tier 1	
<i>risperidone tab 3 mg</i>	Tier 1	
<i>risperidone tab 4 mg</i>	Tier 1	
<b>RYKINDO INJ 25MG</b>	Tier 2	
<b>RYKINDO INJ 37.5MG</b>	Tier 2	
<b>RYKINDO INJ 50MG</b>	Tier 2	
<i>thioridazine hcl tab 10 mg</i>	Tier 1	
<i>thioridazine hcl tab 25 mg</i>	Tier 1	
<i>thioridazine hcl tab 50 mg</i>	Tier 1	
<i>thioridazine hcl tab 100 mg</i>	Tier 1	
<i>thiothixene cap 1 mg</i>	Tier 1	
<i>thiothixene cap 2 mg</i>	Tier 1	
<i>thiothixene cap 5 mg</i>	Tier 1	
<i>thiothixene cap 10 mg</i>	Tier 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	
<b>VRAYLAR CAP 0.5MG</b>	Tier 2	ST; PA**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VRAYLAR CAP 0.75MG	Tier 2	ST; PA**
VRAYLAR CAP 1.5MG	Tier 2	ST; PA**
VRAYLAR CAP 3MG	Tier 2	ST; PA**
VRAYLAR CAP 4.5MG	Tier 2	ST; PA**
VRAYLAR CAP 6MG	Tier 2	ST; PA**
<i>ziprasidone hcl cap 20 mg</i>	Tier 1	
<i>ziprasidone hcl cap 40 mg</i>	Tier 1	
<i>ziprasidone hcl cap 60 mg</i>	Tier 1	
<i>ziprasidone hcl cap 80 mg</i>	Tier 1	

### **ANTISEIZURE AGENTS**

<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	
<i>carbamazepine chew tab 100 mg</i>	Tier 1	
<i>carbamazepine chew tab 200 mg</i>	Tier 1	
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	
<i>carbamazepine tab 200 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	
<i>clobazam suspension 2.5 mg/ml</i>	Tier 1	
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	
<i>clonazepam tab 1 mg</i>	Tier 1	
<i>clonazepam tab 2 mg</i>	Tier 1	
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>diazepam inj 5 mg/ml</i>	Tier 1	
<i>diazepam intensol</i>	Tier 1	QL (240 mL every 30 days)
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (1200 mL every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diazepam tab 2 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>diazepam tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>diazepam tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days)
<b>DILANTIN CAP 30MG</b>	Tier 3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	
<i>ethosuximide cap 250 mg</i>	Tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	
<i>felbamate susp 600 mg/5ml</i>	Tier 1	
<i>felbamate tab 400 mg</i>	Tier 1	
<i>felbamate tab 600 mg</i>	Tier 1	
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	M	M
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	M	M
<b>FYCOMPA SUS 0.5MG/ML</b>	Tier 3	
<i>gabapentin cap 100 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin cap 300 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin cap 400 mg</i>	Tier 1	QL (6 caps every day)
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	QL (72 mL every day)
<i>gabapentin tab 600 mg</i>	Tier 1	QL (6 tabs every day)
<i>gabapentin tab 800 mg</i>	Tier 1	QL (4 tabs every day)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	M	M
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	
<i>lacosamide tab 50 mg</i>	Tier 1	
<i>lacosamide tab 100 mg</i>	Tier 1	
<i>lacosamide tab 150 mg</i>	Tier 1	
<i>lacosamide tab 200 mg</i>	Tier 1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAYZILAM SPR 5MG	Tier 2	QL (10 units every 30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	Tier 1	
oxcarbazepine tab 150 mg	Tier 1	
oxcarbazepine tab 300 mg	Tier 1	
oxcarbazepine tab 600 mg	Tier 1	
perampanel susp 0.5 mg/ml	Tier 1	
perampanel tab 2 mg	Tier 1	
perampanel tab 4 mg	Tier 1	
perampanel tab 6 mg	Tier 1	
perampanel tab 8 mg	Tier 1	
perampanel tab 10 mg	Tier 1	
perampanel tab 12 mg	Tier 1	
phenobarbital elixir 20 mg/5ml	Tier 1	
phenobarbital tab 15 mg	Tier 1	
phenobarbital tab 16.2 mg	Tier 1	
phenobarbital tab 30 mg	Tier 1	
phenobarbital tab 32.4 mg	Tier 1	
phenobarbital tab 60 mg	Tier 1	
phenobarbital tab 64.8 mg	Tier 1	
phenobarbital tab 97.2 mg	Tier 1	
phenobarbital tab 100 mg	Tier 1	
phenytoin infatabs	Tier 1	
phenytoin sodium extended cap 100 mg	Tier 1	
phenytoin sodium extended cap 200 mg	Tier 1	
phenytoin sodium extended cap 300 mg	Tier 1	
phenytoin sodium inj 50 mg/ml	M	M
phenytoin susp 125 mg/5ml	Tier 1	
pregabalin cap 25 mg	Tier 1	ST; PA**
pregabalin cap 50 mg	Tier 1	ST; PA**
pregabalin cap 75 mg	Tier 1	ST; PA**
pregabalin cap 100 mg	Tier 1	ST; PA**
pregabalin cap 150 mg	Tier 1	ST; PA**
pregabalin cap 200 mg	Tier 1	ST; PA**
pregabalin cap 225 mg	Tier 1	ST; PA**
pregabalin cap 300 mg	Tier 1	ST; PA**
pregabalin soln 20 mg/ml	Tier 1	ST; PA**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine tab extended release disintegrating 3.1 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>amphetamine tab extended release disintegrating 6.3 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>amphetamine tab extended release disintegrating 9.4 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>amphetamine tab extended release disintegrating 12.5 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>amphetamine tab extended release disintegrating 15.7 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>amphetamine tab extended release disintegrating 18.8 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	
AZSTARYS CAP 26.1-5.2	Tier 2	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	Tier 2	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	Tier 2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	QL (1,200 mL every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 10 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	Tier 1	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	Tier 1	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	Tier 1	QL (60 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	Tier 1	QL (30 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	Tier 1	QL (30 chew tabs every 30 days)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	Tier 1	QL (30 chew tabs every 30 days)

**M** - Covered Under the Medical Benefit Only **OTC** - Over the counter **PA** - Prior Authorization **PA\*\*** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy 81

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methamphetamine hcl tab 5 mg</i>	Tier 1	QL (150 tabs every 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	Tier 1	QL (180 chew tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (1800 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (90 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>zenzedi</i>	Tier 1	QL (120 tabs every 30 days)

### **FIBROMYALGIA**

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

### **HYPNOTICS**

BELSOMRA TAB 5MG	Tier 2	ST; PA**
BELSOMRA TAB 10MG	Tier 2	ST; PA**
BELSOMRA TAB 15MG	Tier 2	ST; PA**
BELSOMRA TAB 20MG	Tier 2	ST; PA**
<i>cvs sleep-aid nighttime</i>	Tier 1	OTC
DAYVIGO TAB 5MG	Tier 2	PA, QL (30 tabs every 30 days)
DAYVIGO TAB 10MG	Tier 2	PA, QL (30 tabs every 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>estazolam tab 1 mg</i>	Tier 3	QL (15 tabs every 30 days)
<i>estazolam tab 2 mg</i>	Tier 3	QL (15 tabs every 30 days)
<i>eszopiclone tab 1 mg</i>	Tier 1	QL (15 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>eszopiclone tab 2 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>eszopiclone tab 3 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>ramelteon tab 8 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>tasimelteon capsule 20 mg</i>	Tier 4	PA, QL (30 caps every 30 days)
<i>temazepam cap 7.5 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>temazepam cap 15 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>temazepam cap 22.5 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>temazepam cap 30 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>triazolam tab 0.25 mg</i>	Tier 3	QL (10 tabs every 30 days)
<i>triazolam tab 0.125 mg</i>	Tier 3	QL (10 tabs every 30 days)
<i>zaleplon cap 5 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>zaleplon cap 10 mg</i>	Tier 1	QL (15 caps every 30 days)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	Tier 1	QL (15 tabs every 30 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	Tier 1	QL (15 tabs every 30 days)

#### **MIGRAINE - ERGOTAMINE DERIVATIVES**

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	M	M
ERGOMAR SUB 2MG	Tier 3	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	

#### **MIGRAINE - MISCELLANEOUS**

QULIPTA TAB 10MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 30MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
QULIPTA TAB 60MG	Tier 2	ST, QL (30 tabs every 30 days); PA**
UBRELVY TAB 50MG	Tier 2	ST, QL (16 tabs every 30 days); PA**
UBRELVY TAB 100MG	Tier 2	ST, QL (16 tabs every 30 days); PA**

#### **MIGRAINE - MONOCLONAL ANTIBODIES**

AIMOVIG INJ 70MG/ML	Tier 2	ST, QL (1 injection every 30 days); PA**
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AIMOVIG INJ 140MG/ML	Tier 2	ST, QL (1 injection every 30 days); PA**
EMGALITY INJ 100MG/ML	Tier 2	ST, QL (3 injections every 30 days); PA**
EMGALITY INJ 120MG/ML	Tier 2	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill

### **MIGRAINE - TRIPTANS AND COMBINATIONS**

<i>almotriptan malate tab 6.25 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (12 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (18 tabs every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (18 tabs every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 1	QL (24 sprays every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 1	QL (12 sprays every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QL (12 vials every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 1	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 1	QL (12 units every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Tier 1	QL (18 syringes every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Tier 1	QL (12 units every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	Tier 3	ST, QL (9 tabs every 30 days); PA**
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Tier 1	QL (12 sprays every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	Tier 1	QL (12 tabs every 30 days)

### **MISCELLANEOUS**

EVRYSDI SOL	Tier 5	PA, QL (2 bottles every 24 days)
EVRYSDI TAB 5MG	Tier 5	PA, QL (30 tabs every 30 days)

### **MOOD STABILIZERS**

<i>lithium carbonate cap 150 mg</i>	Tier 1	
<i>lithium carbonate cap 300 mg</i>	Tier 1	
<i>lithium carbonate cap 600 mg</i>	Tier 1	
<i>lithium carbonate tab 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 450 mg</i>	Tier 1	
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	

### **MOVEMENT DISORDERS**

AUSTEDO TAB 6MG	Tier 4	PA, QL (60 tabs every 30 days)
AUSTEDO TAB 9MG	Tier 4	PA, QL (120 tabs every 30 days)
AUSTEDO TAB 12MG	Tier 4	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BETASERON INJ 0.3MG	Tier 4	PA, QL (14 injections every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 4	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 4	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Tier 4	PA, QL (1 kit every 30 days)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 4	PA, QL (30 caps every 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 2	PA, QL (12 syringes every 28 days)
<i>glatopa</i>	Tier 2	PA, QL (30 injections every 30 days)
KESIMPTA INJ 20/.4ML	Tier 4	PA, QL (1 pen every 28 days)
<i>teriflunomide tab 7 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
TYSABRI INJ 300/15ML	M	M
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen tab 5 mg</i>	Tier 1	
<i>baclofen tab 10 mg</i>	Tier 1	
<i>baclofen tab 20 mg</i>	Tier 1	
<i>carisoprodol tab 350 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>chlorzoxazone tab 500 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<i>metaxalone tab 800 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 500 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol tab 750 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>norgesic</i>	Tier 3	PA; High Risk Medications require PA for members age 70 and older
<i>orphenadrine citrate inj 30 mg/ml</i>	M	M
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	
<b>MYASTHENIA GRAVIS</b>		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	
<i>pyridostigmine bromide tab er 180 mg</i>	Tier 1	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil tab 50 mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>modafinil tab 100 mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 4	PA, QL (540mL every 30 days)
SUNOSI TAB 75MG	Tier 2	PA, QL (30 tabs every 30 days)
SUNOSI TAB 150MG	Tier 2	PA, QL (30 tabs every 30 days)
XYWAV SOL 0.5GM/ML	Tier 4	PA, QL (540 ml every 30 days)

### **OPIOID AGONIST/ANTAGONIST**

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	QL (3 units every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	QL (3 units every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	QL (3 units every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QL (2 units every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 0	QL (3 tabs every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 0	QL (3 tabs every day); \$0 copay
ZUBSOLV SUB 0.7-0.18	Tier 2	QL (3 units every day); \$0 copay
ZUBSOLV SUB 1.4-0.36	Tier 2	QL (3 units every day); \$0 copay
ZUBSOLV SUB 2.9-0.71	Tier 2	QL (3 units every day); \$0 copay
ZUBSOLV SUB 5.7-1.4	Tier 2	QL (3 units every day); \$0 copay
ZUBSOLV SUB 8.6-2.1	Tier 2	QL (2 units every day); \$0 copay
ZUBSOLV SUB 11.4-2.9	Tier 2	QL (1 unit every day); \$0 copay

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPIOID ANTAGONIST</b>		
<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	\$0 copay
<i>naloxone hcl inj 4 mg/10ml</i>	Tier 1	\$0 copay
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	QL (2 cartons (4 auto-injectors) per 25 days); \$0 copay
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	QL (2 cartons (4 auto-injectors) per 25 days), OTC; \$0 copay
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	\$0 copay
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	\$0 copay
<i>naltrexone hcl tab 50 mg</i>	Tier 0	\$0 copay
<b>OPIOID PARTIAL AGONISTS</b>		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 0	QL (90 tabs every 30 days); \$0 copay; Must obtain approval after the first 30 day supply
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 3	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 3	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	Tier 1	
<b>NUEDEXTA CAP 20-10MG</b>	Tier 2	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 3	QL (150 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 3	QL (60 units every 30 days); QL applies to members age 65 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 3	QL (120 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 3	QL (60 units every 30 days); QL applies to members age 65 and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 3	QL (30 units every 30 days); QL applies to members age 65 and older
<i>pimozide tab 1 mg</i>	Tier 1	
<i>pimozide tab 2 mg</i>	Tier 1	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine transdermal syst</i>	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NICOTROL NS SPR 10MG/ML	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Tier 0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	Tier 0	\$0 limited to 2 treatment cycles/year

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

### **DIETARY MANAGEMENT PRODUCTS**

ACERFLEX POW	Tier 3	OTC; Coverage is subject to your plan/benefits
BCAD 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
CAMINO PRO LIQ 15PE	Tier 3	Coverage is subject to your plan/benefits
COMPLEAT LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
COMPLEAT PED LIQ ORG BLND	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
CRUCIAL LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
CYCLINEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
CYCLINEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
DIABETIC TF LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
DIABETISOURC LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EAA SUPPLEME POW TROPICAL	Tier 3	OTC; Coverage is subject to your plan/benefits
ELECARE DHA/ POW ARA INFA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ELECARE POW DHA/ARA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ENSURE PLANT LIQ CHOCOLAT	Tier 3	OTC; Coverage is subject to your plan/benefits
EO28 SPLASH LIQ ORANGE	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
F.A.A. LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
FIBERSOUR HN LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
FIBERSOURCE LIQ CLS SYS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GA POW	Tier 3	OTC; Coverage is subject to your plan/benefits
GA-1 ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
GLUCERNA 1.0 LIQ CARB VAN	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA LIQ 1.2 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUCERNA SEL LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
GLUTAREX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISOVACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
IVA ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
IVA MAXAMUM POW	Tier 3	OTC; Coverage is subject to your plan/benefits
JEVITY 1 CAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
JEVITY 1.2 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
JEVITY 1.5 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
KETONEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
KETONEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
LANAFLEX PAK	Tier 3	OTC; Coverage is subject to your plan/benefits
LIPISTART POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
LIQUID HOPE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
LMD POW	Tier 3	OTC; Coverage is subject to your plan/benefits
LOPHLEX POW	Tier 3	OTC; Coverage is subject to your plan/benefits
MCT PRO-CAL PAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
METHIONAID POW	Tier 3	OTC; Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MMA/PA ANAMI POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
MMA/PA MAXAM POW	Tier 3	OTC; Coverage is subject to your plan/benefits
MODULEN IBD POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
MSUD AID POW	Tier 3	OTC; Coverage is subject to your plan/benefits
NEOCATE SPLA LIQ JR GRAPE	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NEOKE MCT70 POW	Tier 3	PA; Coverage is subject to your plan/benefits
NEPRO LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NOVASOURCE LIQ RENAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTRAMINE PAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 1.0 LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 1.5 LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN 2.0 LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN JR LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUTREN LIQ JUNIOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTREN RENAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
NUTRIRENAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OA 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
OPTIMENTAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OS 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
OSMOLITE 1 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE 1.2 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE 1.5 LIQ CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OSMOLITE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA 1.5 LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
OXEPA LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEDIASURE EN LIQ /FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEDIASURE LIQ PEPTIDE	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ PREBIO1	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTAMEN LIQ UNFLAVOR	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PEPTINEX DT LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PERATIVE LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PERIFLEX POW ADVANCE	Tier 3	OTC; Coverage is subject to your plan/benefits
PFD 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
PHENEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENYL-FREE POW 2	Tier 3	OTC; Coverage is subject to your plan/benefits
PHENYLADE60 POW	Tier 3	OTC; Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PIVOT LIQ 1.5 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PKU EXPLORE5 POW UNFLAVOR	Tier 3	OTC; Coverage is subject to your plan/benefits
PORTAGEN POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PPA/MMA POW EXPRESS	Tier 3	OTC; Coverage is subject to your plan/benefits
PRO-PHREE POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROMACTIN AA SUS PLUS	Tier 3	Coverage is subject to your plan/benefits
PROMOTE 1.0 LIQ W/ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE W/ LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE W/FB LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROMOTE/ LIQ FIBER	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROPIMEX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROPIMEX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
PROSOURCE LIQ TF	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
PROVIMIN POW	Tier 3	OTC; Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RENASTART POW	Tier 3	OTC; Coverage is subject to your plan/benefits
REPLETE FIBE LIQ 1 CAL	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
REPLETE LIQ ULTRAPAK	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
RESOURCE DIA LIQ TF	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
S.O.S. 20 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
S.O.S. 25 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
SOL CARB POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
SUPLINA LIQ VANILLA	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TOLEREX POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TWOCAL HN LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
TYLACTIN POW BLD 20PE	Tier 3	Coverage is subject to your plan/benefits
TYR ANAMIX POW ERLY YRS	Tier 3	OTC; Coverage is subject to your plan/benefits
TYREX-1 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
TYREX-2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
TYROS 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UCD ANAMIX POW JUNIOR	Tier 3	OTC; Coverage is subject to your plan/benefits
ULTRACAL HN LIQ PLUS	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRACAL LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRAMINO POW SOY PROT	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
ULTRIENT 1.5 LIQ SAFE-T	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
VILACTIN AA LIQ PLUS	Tier 3	Coverage is subject to your plan/benefits
VITAL HN POW	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
VIVONEX RTF LIQ	Tier 3	PA, OTC; Coverage is subject to your plan/benefits
WND 2 POW	Tier 3	OTC; Coverage is subject to your plan/benefits
XLYS-XTRP POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
XMET XCYS POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits
XPHE-XTYR POW MAXAMAID	Tier 3	OTC; Coverage is subject to your plan/benefits

## **ENDOCRINE AND METABOLIC**

### **ACROMEGALY**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA, QL (225 ml every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA, QL (45 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	Tier 4	PA, QL (90 ml every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	Tier 4	PA, QL (90 ml every 30 days)
SOMATULINE INJ 60/0.2ML	M	M
SOMATULINE INJ 90/0.3ML	M	M
SOMATULINE INJ 120/.5ML	M	M
SOMAVERT INJ 10MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 15MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 20MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 25MG	Tier 4	PA, QL (30 vials every 30 days)
SOMAVERT INJ 30MG	Tier 4	PA, QL (30 vials every 30 days)

### **ANDROGENS**

<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone td gel 10mg/act (2%)</i>	Tier 1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Tier 1	PA

### **ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>miglitol tab 50 mg</i>	Tier 1	
<i>miglitol tab 100 mg</i>	Tier 1	
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>		
SYMLINPEN 60 INJ 1000MCG	Tier 3	ST; PA**
SYMLINPEN 120 INJ 1000MCG	Tier 3	ST; PA**
<b>ANTIDIABETICS, BIGUANIDE</b>		
<i>metformin hcl tab 500 mg</i>	Tier 1	
<i>metformin hcl tab 850 mg</i>	Tier 1	\$0 copay for members age 35-70 for prevention of diabetes
<i>metformin hcl tab 1000 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS</b>		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	ST; PA**
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	ST; PA**
JANUMET TAB 50-500MG	Tier 2	ST; PA**
JANUMET TAB 50-1000	Tier 2	ST; PA**
JANUMET XR TAB 50-500MG	Tier 2	ST; PA**
JANUMET XR TAB 50-1000	Tier 2	ST; PA**
JANUMET XR TAB 100-1000	Tier 2	ST; PA**
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 1	ST; PA**
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	ST; PA**
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	ST; PA**
JANUVIA TAB 25MG	Tier 2	ST; PA**
JANUVIA TAB 50MG	Tier 2	ST; PA**
JANUVIA TAB 100MG	Tier 2	ST; PA**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>		
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	Tier 1	PA, QL (3 pens every 30 days)
MOUNJARO INJ 2.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 5MG/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 7.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 10MG/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 12.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
MOUNJARO INJ 15MG/0.5	Tier 2	PA, QL (4 pens every 28 days)
OZEMPIC INJ 2MG/3ML	Tier 2	PA, QL (3 mL every 28 days)
OZEMPIC INJ 4MG/3ML	Tier 2	PA, QL (3 mL every 28 days)
OZEMPIC INJ 8MG/3ML	Tier 2	PA, QL (3 mL every 28 days)
TRULICITY INJ 0.75/0.5	Tier 2	PA, QL (4 pens every 28 days)
TRULICITY INJ 1.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
TRULICITY INJ 3/0.5	Tier 2	PA, QL (4 pens every 28 days)
TRULICITY INJ 4.5/0.5	Tier 2	PA, QL (4 pens every 28 days)
<b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>		
SOLIQUA INJ 100/33	Tier 2	
XULTOPHY INJ 100/3.6	Tier 2	
<b>ANTIDIABETICS, INSULIN</b>		
BASAGLAR KWP INJ 100/ML	Tier 2	
BASAGLAR TMP INJ 100/ML	Tier 2	
FIASP FLEX INJ TOUCH	Tier 2	
FIASP INJ 100/ML	Tier 2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FIASP PENFIL INJ U-100	Tier 2	
FIASP PMPCRT INJ U-100	Tier 2	
GLARGIN YFGN INJ 100U/ML	Tier 2	
GLARGIN YFGN SOL 100U/ML	Tier 2	
HUMULIN INJ 70/30	Tier 3	OTC
HUMULIN INJ 70/30KWP	Tier 3	OTC
HUMULIN N INJ U-100	Tier 3	OTC
HUMULIN N INJ U-100KWP	Tier 3	OTC
HUMULIN R INJ U-100	Tier 3	OTC
HUMULIN R INJ U-500	Tier 2	
HUMULIN R INJ U-500KWP	Tier 2	
NOVOLIN INJ 70/30	Tier 2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	Tier 2	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT	Tier 2	OTC; RELION not covered
NOVOLIN N INJ U-100	Tier 2	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT	Tier 2	OTC; RELION not covered
NOVOLIN R INJ U-100	Tier 2	OTC; RELION not covered
NOVOLOG INJ 100/ML	Tier 2	
NOVOLOG INJ FLEXPEN	Tier 2	
NOVOLOG INJ PENFILL	Tier 2	
NOVOLOG MIX INJ 70/30	Tier 2	
NOVOLOG MIX INJ FLEXPEN	Tier 2	
TRESIBA FLEX INJ 100UNIT	Tier 2	
TRESIBA FLEX INJ 200UNIT	Tier 2	
TRESIBA INJ 100UNIT	Tier 2	
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Tier 1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDIABETICS, MEGLITINIDE</b>		
<i>nateglinide tab 60 mg</i>	Tier 1	
<i>nateglinide tab 120 mg</i>	Tier 1	
<i>repaglinide tab 0.5 mg</i>	Tier 1	
<i>repaglinide tab 1 mg</i>	Tier 1	
<i>repaglinide tab 2 mg</i>	Tier 1	
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS</b>		
SYNJARDY TAB 5-500MG	Tier 2	ST; PA**
SYNJARDY TAB 5-1000MG	Tier 2	ST; PA**
SYNJARDY TAB 12.5-500	Tier 2	ST; PA**
SYNJARDY TAB 12.5-1000 MG	Tier 2	ST; PA**
SYNJARDY TAB XR 24HR 12.5-1000 MG	Tier 2	ST; PA**
SYNJARDY XR TAB 5-1000MG	Tier 2	ST; PA**
SYNJARDY XR TAB 10-1000	Tier 2	ST; PA**
SYNJARDY XR TAB 25-1000	Tier 2	ST; PA**
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS</b>		
GLYXAMBI TAB 10-5 MG	Tier 2	ST; PA**
GLYXAMBI TAB 25-5 MG	Tier 2	ST; PA**
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>		
JARDIANCE TAB 10MG	Tier 2	ST; PA**; Indicated for Diabetes and Heart Failure
JARDIANCE TAB 25MG	Tier 2	ST; PA**; Indicated for Diabetes and Heart Failure
<b>ANTIDIABETICS, SULFONYLUREA</b>		
<i>glimepiride tab 1 mg</i>	Tier 1	
<i>glimepiride tab 2 mg</i>	Tier 1	
<i>glimepiride tab 4 mg</i>	Tier 1	
<i>glipizide tab 5 mg</i>	Tier 1	
<i>glipizide tab 10 mg</i>	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CALCIUM RECEPTOR AGONISTS</b>		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA, QL (120 tabs every 30 days)
<b>CALCIUM REGULATORS, BISPSPHONATES</b>		
<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 1	
<i>alendronate sodium tab 10 mg</i>	Tier 1	
<i>alendronate sodium tab 35 mg</i>	Tier 1	
<i>alendronate sodium tab 70 mg</i>	Tier 1	
FOSAMAX + D TAB 70-2800	Tier 3	
FOSAMAX + D TAB 70-5600	Tier 3	
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	M	M
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	M	M
<i>risedronate sodium tab 5 mg</i>	Tier 1	
<i>risedronate sodium tab 30 mg</i>	Tier 1	
<i>risedronate sodium tab 35 mg</i>	Tier 1	
<i>risedronate sodium tab 150 mg</i>	Tier 1	
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 1	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	M	M
<i>zoledronic acid iv soln 5 mg/100ml</i>	M	M
<b>CALCIUM REGULATORS, MISCELLANEOUS</b>		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	
OSPOMYV INJ 60MG/ML	M	M
PROLIA INJ 60MG/ML	M	M
STOBOCLO INJ 60MG/ML	M	M
<b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>		
TYMLOS INJ	Tier 4	PA, QL (1 pen every 30 days)
<b>CENTRAL PRECOCIOUS PUBERTY</b>		
LUPR DEP-PED INJ 3M 30MG	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPR DEP-PED INJ 7.5MG	M	M
LUPR DEP-PED INJ 11.25MG	M	M
LUPR DEP-PED INJ 15MG	M	M
LUPRON DEPOT INJ 45MG	M	M
SUPPRELIN LA KIT 50MG	M	M
TRIPTODUR SUS 22.5MG	M	M

### **CHELATING AGENTS**

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

### **CONTRACEPTIVES**

<i>altavera</i>	Tier 0	
<i>alyacen 1/35</i>	Tier 0	
<i>alyacen 7/7/7</i>	Tier 0	
<i>amethyst</i>	Tier 0	
ANNOVERA MIS	Tier 0	QL (1 every 300 days)
<i>apri</i>	Tier 0	
<i>aranelle</i>	Tier 0	
<i>ashlyna</i>	Tier 0	
AVERI TAB	Tier 0	
<i>aviane</i>	Tier 0	
<i>azurette</i>	Tier 0	
<i>camila</i>	Tier 0	
<i>camrese</i>	Tier 0	
CAYA DPR	Tier 0	QL (1 every 300 days)
<i>chateal eq</i>	Tier 0	
CONDOMS MIS	Tier 0	QL (12 condoms every 30 days), OTC
<i>dasetta 1/35</i>	Tier 0	
<i>dasetta 7/7/7</i>	Tier 0	
<i>delyla</i>	Tier 0	
DEPO-SQ PROV INJ 104	Tier 0	QL (4 inj every 300 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 0	
DUREX MIS REALFEEL	Tier 0	QL (12 condoms every 30 days), OTC
<i>elinest</i>	Tier 0	
ELLA TAB 30MG	Tier 0	
<i>enskyce</i>	Tier 0	
<i>errin</i>	Tier 0	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 0	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	Tier 0	QL (13 every 300 days)
<i>falmina</i>	Tier 0	
FC2 FEMALE MIS CONDOM	Tier 0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	Tier 0	QL (1 every 300 days)
FEMCAP MIS 26MM	Tier 0	QL (1 every 300 days)
FEMCAP MIS 30MM	Tier 0	QL (1 every 300 days)
FEMLYV TAB 1/0.02MG	Tier 0	
<i>galbriela</i>	Tier 0	
<i>gemmily</i>	Tier 0	
<i>heather</i>	Tier 0	
<i>introvale</i>	Tier 0	
<i>jolessa</i>	Tier 0	
<i>junel 1.5/30</i>	Tier 0	
<i>junel 1/20</i>	Tier 0	
<i>junel fe 1.5/30</i>	Tier 0	
<i>junel fe 1/20</i>	Tier 0	
<i>junel fe 24</i>	Tier 0	
<i>kariva</i>	Tier 0	
<i>kelnor 1/35</i>	Tier 0	
<i>kurvelo</i>	Tier 0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KYLEENA IUD 19.5MG	Tier 0	QL (1 every 300 days)
<i>larin 1.5/30</i>	Tier 0	
<i>lessina</i>	Tier 0	
<i>levonest</i>	Tier 0	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 0	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 0	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 0	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 0	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	Tier 0	
LILETTA IUD 52MG	Tier 0	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	Tier 0	
<i>loryna</i>	Tier 0	
<i>low-ogestrel</i>	Tier 0	
<i>lutra</i>	Tier 0	
<i>marlissa</i>	Tier 0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 0	QL (4 inj every 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 0	QL (4 inj every 300 days)
<i>microgestin 1.5/30</i>	Tier 0	
MIRENA IUD SYSTEM	Tier 0	QL (1 every 300 days)
MIUDELLA IUD COPPER	Tier 0	QL (1 unit every 300 days)
<i>mono-lynyah</i>	Tier 0	
NATAZIA TAB	Tier 0	
<i>necon 0.5/35-28</i>	Tier 0	
NEXPLANON IMP 68MG	Tier 0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	Tier 0	
<i>nikki</i>	Tier 0	
<i>nora-be</i>	Tier 0	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 0	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Tier 0	
<i>norethindrone tab 0.35 mg</i>	Tier 0	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 0	
<i>nortrel 0.5/35 (28)</i>	Tier 0	
<i>nortrel 1/35</i>	Tier 0	
<i>nortrel 7/7/7</i>	Tier 0	
<i>nylia 1/35</i>	Tier 0	
OMNIFLEX DPR	Tier 0	QL (1 every 300 days)
OPILL TAB 0.075MG	Tier 0	OTC
PARAGARD IUD T380A	Tier 0	QL (1 unit every 300 days)
<i>portia-28</i>	Tier 0	
<i>reclipsen</i>	Tier 0	
<i>rivelsa</i>	Tier 0	
SKYLA IUD 13.5MG	Tier 0	QL (1 every 300 days)
SLYND TAB 4MG	Tier 0	
<i>sprintec 28</i>	Tier 0	
<i>syeda</i>	Tier 0	
<i>take action</i>	Tier 0	OTC
<i>tilia fe</i>	Tier 0	
<i>tri-linyah</i>	Tier 0	
<i>tri-sprintec</i>	Tier 0	
TRUSTEX/RIA MIS NON-LUB	Tier 0	QL (12 condoms every 30 days), OTC
TRUSTX NON-9 MIS RIB/STUD	Tier 0	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	Tier 0	
TYBLUME CHW 0.1-0.02	Tier 0	
<i>velivet</i>	Tier 0	

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

### **DIABETIC SUPPLIES**

ACCU-CHEK KIT AVIVA PL	Tier 2	OTC
ACCU-CHEK KIT AVIVA PL	M	OTC; M
ACCU-CHEK KIT FASTCLIX	Tier 0	OTC
ACCU-CHEK KIT GUIDE	Tier 2	OTC
ACCU-CHEK KIT GUIDE	M	OTC; M
ACCU-CHEK KIT GUIDE ME	M	OTC; M
ACCU-CHEK KIT NANO	Tier 2	OTC
ACCU-CHEK KIT SOFTCLIX	Tier 0	OTC
ACCU-CHEK LIQ COMPACT	Tier 0	OTC
ACCU-CHEK LIQ GUIDE	Tier 0	OTC
ACCU-CHEK LIQ SMART	Tier 0	OTC
ACCU-CHEK SOL	Tier 0	OTC
ACCU-CHEK SOL COMPACT	Tier 0	OTC
ACCU-CHEK TES AVIVA PL	Tier 0	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES GUIDE	Tier 0	QL (150 Test Strips every 30 days), OTC
ACCU-CHEK TES SMART	Tier 0	QL (150 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	Tier 0	OTC
CAREFINE MIS 32GX6MM	Tier 0	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CHEMSTRIP 2 TES GP	Tier 0	OTC
CHEMSTRIP 5 TES OB	Tier 0	OTC
CHEMSTRIP 7 TES	Tier 0	OTC
CHEMSTRIP 9 TES STRIPS	Tier 0	OTC
CHEMSTRIP 10 TES MD	Tier 0	OTC
CHEMSTRIP K TES	Tier 0	OTC
CHEMSTRIP TES -10 SG	Tier 0	OTC
CHEMSTRIP TES UGK	Tier 0	OTC
CVS KETONE TES CARE	Tier 0	OTC
DEXCOM G5 MIS RECEIVER	Tier 0	PA
DEXCOM G5 MIS TRANSMIT	Tier 0	PA
DEXCOM G6 MIS RECEIVER	Tier 0	PA
DEXCOM G6 MIS SENSOR	Tier 0	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	Tier 0	PA
DEXCOM G7 MIS RECEIVER	Tier 0	PA
DEXCOM G7 MIS SENSOR	Tier 0	PA, QL (3 sensors every 30 days)
DEXCOM G7 MIS SNSR 15D	Tier 0	QL (2 sensors every 30 days)
DIASCREEN 3 MIS	Tier 0	OTC
DIASCREEN 5 MIS	Tier 0	OTC
DIASCREEN 6 MIS	Tier 0	OTC
DIASCREEN 7 MIS	Tier 0	OTC
DIASCREEN 8 MIS	Tier 0	OTC
DIASCREEN 9 MIS	Tier 0	OTC
DIASCREEN 10 MIS	Tier 0	OTC
DIASCREEN MIS 1B	Tier 0	OTC
DIASCREEN MIS 1G	Tier 0	OTC
DIASCREEN MIS 1K	Tier 0	OTC
DIASCREEN MIS 2GK	Tier 0	OTC
DIASCREEN MIS 2GP	Tier 0	OTC
DIASCREEN MIS 4NL	Tier 0	OTC
DIASCREEN MIS 4OBL	Tier 0	OTC
DIASCREEN MIS 4PH	Tier 0	OTC
DIASCREEN MIS CONTROL	Tier 0	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIASTIX TES STRIPS	Tier 0	OTC
FASTCLIX MIS LANCETS	Tier 0	OTC
INSULIN SYRG MIS 1ML/31G	Tier 0	OTC
KETONE TES	Tier 0	OTC
KETONE TEST TES	Tier 0	OTC
NOVOFINE MIS 32GX6MM	Tier 0	OTC
OMNIPOD 5 DX KIT INT G7G6	Tier 0	PA, QL (1 kit per 999 days)
OMNIPOD 5 DX MIS POD G7G6	Tier 0	PA, QL (10 pods per month)
OMNIPOD 5 G7 KIT INTRO	Tier 0	PA, QL (1 kit per 999 days)
OMNIPOD 5 G7 MIS PODS	Tier 0	PA, QL (10 pods per month)
OMNIPOD DASH KIT INTRO	Tier 0	PA, QL (1 kit per 999 days)
OMNIPOD DASH KIT PDM	Tier 0	PA, QL (1 kit per 999 days)
OMNIPOD DASH MIS PODS	Tier 0	PA, QL (10 pods per month)
OMNIPOD MIS CLASSIC	Tier 0	PA, QL (10 pods per month)
OMNIPOD PDM KIT CLASSIC	Tier 0	PA, QL (1 kit per 999 days)
SHARPS CONT MIS 2QUART	Tier 0	OTC
SOFTCLIX MIS LANCETS	Tier 0	OTC
TWIIIST KIT REFILL	Tier 0	PA, QL (1 Kit every 30 days)
TWIIIST KIT STARTER	Tier 0	PA, QL (1 Kit every 999 days)
TWIIIST REFIL KIT INFUSION	Tier 0	PA, QL (1 Kit every 30 days)
<b>ENDOMETRIOSIS</b>		
danazol cap 50 mg	Tier 1	
danazol cap 100 mg	Tier 1	
danazol cap 200 mg	Tier 1	
ORILISSA TAB 150MG	Tier 2	
ORILISSA TAB 200MG	Tier 2	
SYNAREL SOL 2MG/ML	Tier 5	PA
<b>FERTILITY REGULATORS</b>		
CHOR GONADOT INJ 10000UNT	Tier 5	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clomid</i>	Tier 1	
GANIRELIX AC INJ 250/0.5	Tier 4	PA
GONAL-F INJ 450UNIT	Tier 4	PA, QL (10 vials every 28 days)
GONAL-F INJ 1050UNIT	Tier 4	PA, QL (6 vials every 28 days)
GONAL-F RFF INJ 75UNIT	Tier 4	PA, QL (60 vials every 28 days)
GONAL-F RFF INJ 300/0.48	Tier 4	PA, QL (15 cartridges every 28 days)
GONAL-F RFF INJ 450/0.72	Tier 4	PA, QL (10 cartridges every 28 days)
GONAL-F RFF INJ 900/1.44	Tier 4	PA, QL (7 cartridges every 28 days)
OVIDREL INJ	Tier 4	PA
<b>GLUCOCORTICOIDS</b>		
<i>deflazacort susp 22.75 mg/ml</i>	Tier 4	PA, QL (52 mL every 30 days)
<i>deflazacort tab 6 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>deflazacort tab 18 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 30 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
<i>deflazacort tab 36 mg</i>	Tier 4	PA, QL (30 tabs every 30 days)
DEPO-MEDROL INJ 20MG/ML	M	M
DEXAMETHASON CON 1MG/ML	Tier 2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	M	M
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	M	M
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	M	M
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	M	M
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<b>MEDROL TAB 2MG</b>	Tier 2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	M	M
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	M	M
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	M	M
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	M	M
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone soln 15 mg/5ml</i>	Tier 1	
PREDNISONE CON 5MG/ML	Tier 2	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
SOLU-CORTEF INJ 250MG	Tier 3	
SOLU-CORTEF INJ 500MG	Tier 3	
SOLU-CORTEF INJ 1000MG	Tier 3	
SOLU-MEDROL INJ 2GM	M	M
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>glucagon for inj 1 mg</i>	Tier 1	
GVOKE HYPO 1 INJ 0.5/.1ML	Tier 2	
GVOKE HYPO 1 INJ 1/0.2ML	Tier 2	
GVOKE KIT SOL 1/0.2ML	Tier 2	
GVOKE PFS INJ 1/0.2ML	Tier 2	
INSTA-GLUCOS GEL 77.4%	Tier 2	OTC
<b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS</b>		
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitisinone cap 20 mg</i>	Tier 4	PA
ORFADIN SUS 4MG/ML	Tier 4	PA
<b>HUMAN GROWTH HORMONES</b>		
NORDIPEN 5 MIS DEVICE	Tier 0	
NORDIPEN DEL MIS SYSTEM	Tier 0	OTC
NORDITROPIN INJ 5/1.5ML	Tier 4	PA
NORDITROPIN INJ 10/1.5ML	Tier 4	PA
NORDITROPIN INJ 15/1.5ML	Tier 4	PA
NORDITROPIN INJ 30/3ML	Tier 4	PA
<b>LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE</b>		
CERDELGA CAP 84MG	Tier 4	PA, QL (56 caps every 28 days)
<b>MENOPAUSAL SYMPTOM AGENTS</b>		
BIJUVA CAP 0.5-100	Tier 3	PA; High Risk Medications require PA for members age 70 and older
BIJUVA CAP 1-100MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
CLIMARA PRO DIS WEEKLY	Tier 2	
DEPO-ESTRADI INJ 5MG/ML	Tier 3	
DUAVEE TAB 0.45-20	Tier 2	
ELESTRIN GEL 0.06%	Tier 3	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	Tier 1	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 0.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol tab 1 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol tab 2 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1 mg/gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol vaginal cream 0.01%</i>	Tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	Tier 1	
<i>estrogens, conjugated tab 0.3 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estrogens, conjugated tab 0.9 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estrogens, conjugated tab 0.45 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estrogens, conjugated tab 0.625 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>estrogens, conjugated tab 1.25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EVAMIST SPR 1.53MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAIN SUP 4MCG	Tier 2	
IMVEXXY MAIN SUP 10MCG	Tier 2	
IMVEXXY STRT SUP 4MCG	Tier 2	
IMVEXXY STRT SUP 10MCG	Tier 2	
<i>jinteli</i>	Tier 1	
MENEST TAB 0.3MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG	Tier 3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
PREMARIN VAG CRE 0.625MG	Tier 3	
<i>yuvafem</i>	Tier 1	
<b>MISCELLANEOUS</b>		
<i>betaine powder for oral solution</i>	Tier 4	PA
<i>cabergoline tab 0.5 mg</i>	Tier 1	
CORTROPHIN INJ 40/0.5ML	Tier 4	PA, QL (28 syringes every 28 days)
CORTROPHIN INJ 80UNT/ML	Tier 4	PA, QL (28 syringes every 28 days)
CORTROPHIN INJ 80UNT/ML	Tier 4	PA, QL (35 mL every 21 days)
CYSTAGON CAP 50MG	Tier 4	PA
CYSTAGON CAP 150MG	Tier 4	PA
INCRELEX INJ 40MG/4ML	Tier 4	PA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INTRAROSA SUP 6.5MG	Tier 3	
MYALEPT INJ 11.3MG	Tier 4	PA, QL (30 vials every 30 days)
OSPHENA TAB 60MG	Tier 3	PA
<i>raloxifene hcl tab 60 mg</i>	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>sapropterin dihydrochloride powder packet 100 mg</i>	Tier 4	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	Tier 4	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA
SIGNIFOR INJ 0.3MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.6MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
SIGNIFOR INJ 0.9MG/ML	Tier 5	PA, QL (60 ampules every 30 days)
<i>tolvaptan (hyponatremia) tab 15 mg</i>	Tier 4	PA
<i>tolvaptan (hyponatremia) tab 30 mg</i>	Tier 4	PA
<i>tolvaptan tab 15 mg</i>	Tier 4	PA
<i>tolvaptan tab 30 mg</i>	Tier 4	PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Tier 1	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 1	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 1	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 1	
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 1	
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 1	
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	
VELPHORO CHW 500MG	Tier 3	ST; PA**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>POTASSIUM-REMOVING AGENTS</b>		
<i>sps</i>	Tier 1	
<b>PROGESTINS</b>		
CRINONE GEL 4% VAG	Tier 2	
CRINONE GEL 8% VAG	Tier 2	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 0	
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 1	
<i>norethindrone acetate tab 5 mg</i>	Tier 1	
<i>progesterone cap 100 mg</i>	Tier 1	
<i>progesterone cap 200 mg</i>	Tier 1	
<b>THYROID AGENTS</b>		
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	
<i>levoxyl</i>	Tier 1	
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	
<i>methimazole tab 5 mg</i>	Tier 1	
<i>methimazole tab 10 mg</i>	Tier 1	
<i>propylthiouracil tab 50 mg</i>	Tier 1	
SYNTHROID TAB 25MCG	Tier 2	
SYNTHROID TAB 50MCG	Tier 2	
SYNTHROID TAB 75MCG	Tier 2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNTHROID TAB 88MCG	Tier 2	
SYNTHROID TAB 100MCG	Tier 2	
SYNTHROID TAB 112MCG	Tier 2	
SYNTHROID TAB 125MCG	Tier 2	
SYNTHROID TAB 137MCG	Tier 2	
SYNTHROID TAB 150MCG	Tier 2	
SYNTHROID TAB 175MCG	Tier 2	
SYNTHROID TAB 200MCG	Tier 2	
SYNTHROID TAB 300MCG	Tier 2	
<i>unithroid</i>	Tier 1	

### **UREA CYCLE DISORDER**

<i>carglumic acid soluble tab 200 mg</i>	Tier 4	PA
PHEBURANE MIS 483/GM	Tier 4	PA, QL (672g every 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	Tier 4	PA, QL (798g every 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA, QL (1200 tabs every 30 days)

### **VASOPRESSINS**

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

### **VITAMIN D ANALOGS**

<i>calcitriol cap 0.5 mcg</i>	Tier 1	
<i>calcitriol cap 0.25 mcg</i>	Tier 1	
<i>calcitriol oral soln 1 mcg/ml</i>	Tier 1	
<i>doxercalciferol cap 0.5 mcg</i>	Tier 1	
<i>doxercalciferol cap 1 mcg</i>	Tier 1	
<i>doxercalciferol cap 2.5 mcg</i>	Tier 1	
<i>paricalcitol cap 1 mcg</i>	Tier 1	
<i>paricalcitol cap 2 mcg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>paricalcitol cap 4 mcg</i>	Tier 1	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone tab 200 mg</i>	Tier 1	\$0 copay based on your plan/benefit
<b>GASTROINTESTINAL</b>		
<b>ANTICHOLINERGICS</b>		
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	M	M
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	
<i>dicyclomine hcl inj 10 mg/ml</i>	M	M
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	M	M
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	M	M
<i>glycopyrrolate oral soln 1 mg/5ml</i>	Tier 1	
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>methscopolamine bromide tab 5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<b>ANTIDIARRHEALS</b>		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i>	Tier 1	
MOTOFEN TAB 1-0.025	Tier 3	
<b>ANTIEMETICS</b>		
AKYNZEO CAP 300-0.5	Tier 3	QL (2 caps every 28 days)
<i>aprepitant capsule 40 mg</i>	Tier 1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	Tier 1	QL (4 caps every 28 days)
<i>aprepitant capsule 125 mg</i>	Tier 1	QL (2 caps every 28 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 1	QL (2 packs every 28 days)
<i>compro</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
dronabinol cap 2.5 mg	Tier 1	QL (60 caps every 30 days)
dronabinol cap 5 mg	Tier 1	QL (60 caps every 30 days)
dronabinol cap 10 mg	Tier 1	QL (60 caps every 30 days)
granisetron hcl inj 1 mg/ml	M	M
granisetron hcl tab 1 mg	Tier 1	QL (12 tabs every 28 days)
meclizine hcl tab 12.5 mg	Tier 1	
meclizine hcl tab 25 mg	Tier 1	
metoclopramide hcl inj 5 mg/ml (base equivalent)	M	M
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	Tier 1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	Tier 1	
metoclopramide hcl tab 5 mg (base equivalent)	Tier 1	
metoclopramide hcl tab 10 mg (base equivalent)	Tier 1	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	M	M
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	M	M
ondansetron hcl inj soln pref syr 4 mg/2ml	M	M
ondansetron hcl oral soln 4 mg/5ml	Tier 1	QL (200 mL every 28 days)
ondansetron hcl tab 4 mg	Tier 1	QL (18 tabs every 28 days)
ondansetron hcl tab 8 mg	Tier 1	QL (18 tabs every 28 days)
ondansetron hcl tab 24 mg	Tier 1	QL (2 tabs every 28 days)
ondansetron orally disintegrating tab 4 mg	Tier 1	QL (18 tabs every 28 days)
ondansetron orally disintegrating tab 8 mg	Tier 1	QL (18 tabs every 28 days)
prochlorperazine maleate tab 5 mg (base equivalent)	Tier 1	
prochlorperazine maleate tab 10 mg (base equivalent)	Tier 1	
prochlorperazine suppos 25 mg	Tier 1	
promethazine hcl inj 25 mg/ml	M	M
promethazine hcl inj 50 mg/ml	M	M

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	
<i>promethazine hcl suppos 25 mg</i>	Tier 1	
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethazine hcl tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>promethegan</i>	Tier 1	
SANCUSO DIS 3.1MG	Tier 2	QL (2 patches every 28 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	
VARUBI TAB 90MG	Tier 2	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine tab 200 mg</i>	Tier 1	
<i>cimetidine tab 300 mg</i>	Tier 1	
<i>cimetidine tab 400 mg</i>	Tier 1	
<i>cimetidine tab 800 mg</i>	Tier 1	
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	M	M
<i>famotidine preservative free inj 20 mg/2ml</i>	M	M
<i>famotidine tab 20 mg</i>	Tier 1	
<i>famotidine tab 40 mg</i>	Tier 1	
<i>nizatidine cap 150 mg</i>	Tier 1	
<i>nizatidine cap 300 mg</i>	Tier 1	
<i>ranitidine hcl tab 150 mg</i>	Tier 1	
<i>ranitidine hcl tab 300 mg</i>	Tier 1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium cap 750 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	
<i>budesonide tab er 24hr 9 mg</i>	Tier 1	
CORTIFOAM AER 90MG	Tier 2	
DIPENTUM CAP 250MG	Tier 3	
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	
<i>mesalamine cap dr 400 mg</i>	Tier 1	
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	Tier 1	
<i>mesalamine suppos 1000 mg</i>	Tier 1	
<i>mesalamine tab delayed release 1.2 gm</i>	Tier 1	
<i>mesalamine tab delayed release 800 mg</i>	Tier 1	
<i>sulfasalazine tab 500 mg</i>	Tier 1	
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>		
LINZESS CAP 72MCG	Tier 2	
LINZESS CAP 145MCG	Tier 2	
LINZESS CAP 290MCG	Tier 2	
<i>lubiprostone cap 8 mcg</i>	Tier 1	
<i>lubiprostone cap 24 mcg</i>	Tier 1	
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>		
<i>alosectron hcl tab 0.5 mg (base equiv)</i>	Tier 1	PA
<i>alosectron hcl tab 1 mg (base equiv)</i>	Tier 1	PA
VIBERZI TAB 75MG	Tier 2	PA
VIBERZI TAB 100MG	Tier 2	PA
<b>LAXATIVES</b>		
CLENPIQ SOL	Tier 0	\$0 copay for members age 45 through 75, Tier 2 for all others
<i>enulose</i>	Tier 1	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>lactulose solution 10 gm/15ml</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
PEG-PREP KIT	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Tier 1	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	Tier 0	\$0 copay for members age 45 through 75, otherwise not covered

### **MISCELLANEOUS**

<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 1	
IQIRVO TAB 80MG	Tier 4	PA, QL (30 tabs every 30 days)
<i>misoprostol tab 100 mcg</i>	Tier 1	\$0 copay based on your plan/benefit
<i>misoprostol tab 200 mcg</i>	Tier 1	\$0 copay based on your plan/benefit
MOVANTIK TAB 12.5MG	Tier 2	
MOVANTIK TAB 25MG	Tier 2	
SUCRAID SOL 8500/ML	Tier 3	PA, QL (354 mL every 30 days)
<i>sucralfate tab 1 gm</i>	Tier 1	
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VOWST CAP	Tier 5	PA, QL (12 caps every 30 days)

### **PANCREATIC ENZYMES**

CREON CAP 3000UNIT	Tier 2	PA
CREON CAP 6000UNIT	Tier 2	PA
CREON CAP 12000UNT	Tier 2	PA
CREON CAP 24000UNT	Tier 2	PA
CREON CAP 36000UNT	Tier 2	PA
VIOKACE TAB 10440	Tier 2	PA
VIOKACE TAB 20880	Tier 2	PA
ZENPEP CAP 3000UNIT	Tier 2	PA
ZENPEP CAP 5000UNIT	Tier 2	PA
ZENPEP CAP 10000UNT	Tier 2	PA
ZENPEP CAP 15000UNT	Tier 2	PA
ZENPEP CAP 20000UNT	Tier 2	PA
ZENPEP CAP 25000UNT	Tier 2	PA
ZENPEP CAP 40000UNT	Tier 2	PA
ZENPEP CAP 60000UNT	Tier 2	PA

### **PROTON PUMP INHIBITORS**

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	QL (90 caps every 365 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Tier 1	QL (90 caps every 365 days)
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	Tier 1	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	Tier 1	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Tier 1	QL (90 packets every 365 days); Covered for age less than 1 year only
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	QL (90 caps every 365 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (90 caps every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Tier 3	QL (90 packets every 365 days)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Tier 3	QL (90 packets every 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (90 tabs every 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (90 tabs every 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	QL (90 tabs every 365 days)

### **RECTAL, CORTICOSTEROIDS**

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

### **ULCER THERAPY COMBINATIONS**

<i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i>	Tier 1	
HELIDAC MIS THERAPY	Tier 3	

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	
CARDURA XL TAB 4MG	Tier 3	
CARDURA XL TAB 8MG	Tier 3	
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	
<i>dutasteride cap 0.5 mg</i>	Tier 1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	
<i>finasteride tab 5 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>silodosin cap 4 mg</i>	Tier 1	
<i>silodosin cap 8 mg</i>	Tier 1	
<i>tadalafil tab 2.5 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>tadalafil tab 5 mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	

### **CONTRACEPTIVES**

ENCARE SUP 100MG	Tier 0	OTC
GYNOL II GEL 3%	Tier 0	OTC
PHEXX GEL	Tier 0	
PHEXXI GEL	Tier 0	
TODAY SPONGE MIS	Tier 0	OTC
VCF VAGINAL GEL CONTRACE	Tier 0	OTC
VCF VAGINAL MIS CONTRACP	Tier 0	OTC

### **ERECTILE DYSFUNCTION**

<i>avanafil tab 50 mg</i>	Tier 1	PA, QL (6 tabs every 30 days)
<i>avanafil tab 100 mg</i>	Tier 1	PA, QL (6 tabs every 30 days)
<i>avanafil tab 200 mg</i>	Tier 1	PA, QL (6 tabs every 30 days)

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

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

### **MISCELLANEOUS**

<i>bethanechol chloride tab 5 mg</i>	Tier 1	
<i>bethanechol chloride tab 10 mg</i>	Tier 1	
<i>bethanechol chloride tab 25 mg</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bethanechol chloride tab 50 mg</i>	Tier 1	
ELMIRON CAP 100MG	Tier 3	
<i>eq urinary pain relief</i>	Tier 1	OTC
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 1	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Tier 1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Tier 1	
<i>mirabegron tab er 24 hr 25 mg</i>	Tier 1	
<i>mirabegron tab er 24 hr 50 mg</i>	Tier 1	
MYRBETRIQ SUS 8MG/ML	Tier 2	ST
<i>oxybutynin chloride solution 5 mg/5ml</i>	Tier 1	
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	
<i>solifenacin succinate tab 5 mg</i>	Tier 1	
<i>solifenacin succinate tab 10 mg</i>	Tier 1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Tier 1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Tier 1	
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	
<i>tropium chloride cap er 24hr 60 mg</i>	Tier 1	
<i>tropium chloride tab 20 mg</i>	Tier 1	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN SUP 100MG	Tier 2	
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	
GYNAZOLE-1 CRE 2%	Tier 3	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	
<i>miconazole 3</i>	Tier 1	
<i>terconazole vaginal cream 0.4%</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	

## **HEMATOLOGIC**

### **ANTICOAGULANTS**

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	Tier 1	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	Tier 1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	Tier 1	
ELIQUIS CAP 0.15MG	Tier 2	
ELIQUIS ST P TAB 5MG	Tier 2	
ELIQUIS TAB 0.5MG	Tier 2	
ELIQUIS TAB 1.5MG	Tier 2	
ELIQUIS TAB 2.5MG	Tier 2	
ELIQUIS TAB 2MG	Tier 2	
ELIQUIS TAB 5MG	Tier 2	
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Tier 1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	
FRAGMIN INJ 2500/0.2	Tier 3	
FRAGMIN INJ 2500/ML	Tier 3	
FRAGMIN INJ 5000/0.2	Tier 3	
FRAGMIN INJ 7500/0.3	Tier 3	
FRAGMIN INJ 10000/ML	Tier 3	
FRAGMIN INJ 12500UNT	Tier 3	
FRAGMIN INJ 15000UNT	Tier 3	
FRAGMIN INJ 18000UNT	Tier 3	
FRAGMIN INJ 95000UNT	Tier 3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	
<i>jantoven</i>	Tier 1	
<i>rivaroxaban for susp 1 mg/ml</i>	Tier 1	
<i>rivaroxaban tab 2.5 mg</i>	Tier 1	
<i>warfarin sodium tab 1 mg</i>	Tier 1	
<i>warfarin sodium tab 2 mg</i>	Tier 1	
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	
<i>warfarin sodium tab 3 mg</i>	Tier 1	
<i>warfarin sodium tab 4 mg</i>	Tier 1	
<i>warfarin sodium tab 5 mg</i>	Tier 1	
<i>warfarin sodium tab 6 mg</i>	Tier 1	
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	
<i>warfarin sodium tab 10 mg</i>	Tier 1	
XARELTO STAR TAB 15/20MG	Tier 2	
XARELTO TAB 10MG	Tier 2	
XARELTO TAB 15MG	Tier 2	
XARELTO TAB 20MG	Tier 2	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 10MCG	Tier 4	PA
ARANESP INJ 25MCG	Tier 4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARANESP INJ 40MCG	Tier 4	PA
ARANESP INJ 60MCG	Tier 4	PA
ARANESP INJ 100MCG	Tier 4	PA
ARANESP INJ 150MCG	Tier 4	PA
ARANESP INJ 200MCG	Tier 4	PA
ARANESP INJ 300MCG	Tier 4	PA
ARANESP INJ 500MCG	Tier 4	PA
FYLNETRA INJ 6MG/0.6	Tier 4	PA, QL (2 syringes every 28 days)
MIRCERA INJ 30MCG	Tier 4	PA
MIRCERA INJ 50MCG	Tier 4	PA
MIRCERA INJ 75MCG	Tier 4	PA
MIRCERA INJ 100MCG	Tier 4	PA
MIRCERA INJ 120MCG	Tier 4	PA
MIRCERA INJ 150MCG	Tier 4	PA
MIRCERA INJ 200MCG	Tier 4	PA
NIVESTYM INJ 300/0.5	Tier 4	PA
NIVESTYM INJ 300MCG	Tier 4	PA
NIVESTYM INJ 480/0.8	Tier 4	PA
NIVESTYM INJ 480MCG	Tier 4	PA
NYVEPRIA INJ 6/0.6ML	Tier 4	PA, QL (2 syringes every 28 days)
RETACRIT INJ 2000UNIT	Tier 4	PA
RETACRIT INJ 3000UNIT	Tier 4	PA
RETACRIT INJ 4000UNIT	Tier 4	PA
RETACRIT INJ 10000UNT	Tier 4	PA
RETACRIT INJ 20000UNI	Tier 4	PA
RETACRIT INJ 40000UNT	Tier 4	PA
<b>HEMOPHILIA A AGENTS</b>		
HEMLIBRA INJ 30MG/ML	Tier 5	PA
HEMLIBRA INJ 60/0.4	Tier 5	PA
HEMLIBRA INJ 105/0.7	Tier 5	PA
HEMLIBRA INJ 150/ML	Tier 5	PA
HEMLIBRA INJ 300/2ML	Tier 5	PA
HEMLIBRA SOL 12/0.4ML	Tier 5	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	
<i>anagrelide hcl cap 1 mg</i>	Tier 1	
<i>cilostazol tab 50 mg</i>	Tier 1	
<i>cilostazol tab 100 mg</i>	Tier 1	
<i>pentoxifylline tab er 400 mg</i>	Tier 1	
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	M	M
<i>tranexamic acid tab 650 mg</i>	Tier 1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Tier 1	
<i>dipyridamole tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>dipyridamole tab 75 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 1	
YOSPRALA TAB 81-40MG	Tier 3	
YOSPRALA TAB 325-40MG	Tier 3	
<b>SICKLE CELL DISEASE</b>		
DROXIA CAP 200MG	Tier 2	
DROXIA CAP 300MG	Tier 2	
DROXIA CAP 400MG	Tier 2	
<b>THROMBOCYTOPENIA AGENTS</b>		
ALVAIZ TAB 9MG	Tier 4	PA, QL (60 tabs every 30 days)
ALVAIZ TAB 18MG	Tier 4	PA, QL (90 tabs every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALVAIZ TAB 36MG	Tier 4	PA, QL (90 tabs every 30 days)
ALVAIZ TAB 54MG	Tier 4	PA, QL (60 tabs every 30 days)
DOPTELET SPR CAP 10MG	Tier 4	PA, QL (60 caps every 30 days)
DOPTELET TAB 20MG (10 TABLETS)	Tier 4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS)	Tier 4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS)	Tier 4	PA, QL (2 cartons every 30 days)

## **IMMUNOLOGIC AGENTS**

### **AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)**

ACTEMRA INJ 80MG/4ML	M	M
ACTEMRA INJ 200/10ML	M	M
ACTEMRA INJ 400/20ML	M	M
ENTYVIO INJ 300MG	M	M
INFLIXIMAB INJ 100MG	M	M
SIMPONI ARIA SOL 50MG/4ML	M	M
SKYRIZI SOL 60MG/ML	M	M
TREMFYA INJ 200/20ML	M	M

### **AUTOIMMUNE AGENTS (SELF-ADMINISTERED)**

ACTEMRA INJ 162/0.9	Tier 5	ST, PA, QL (4 syringes every 28 days)
ACTEMRA INJ ACTPEN	Tier 5	ST, PA, QL (4 injections every 28 days)
ADALIMU-ADAZ INJ 10/0.1ML	Tier 4	PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	Tier 4	PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	Tier 4	PA, QL (4 syringes every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADALIMU-ADAZ INJ 80/0.8ML	Tier 4	PA, QL (2 auto-injectors every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	Tier 4	PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	Tier 4	PA, QL (4 auto-injectors every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	Tier 4	PA, QL (4 syringes every 28 days)
CIMZIA INJ 200MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for NRAXSPA
CIMZIA START KIT 200MG/ML	Tier 4	PA, QL (One time use only); Preferred agent for NRAXSPA
COSENTYX INJ 75MG/0.5	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX INJ 300DOSE	Tier 4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	Tier 4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX PEN INJ 300DOSE	Tier 4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	Tier 4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
ENBREL INJ 25/0.5ML	Tier 4	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	Tier 4	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	Tier 4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENTYVIO PEN INJ 108/0.68	Tier 5	PA, QL (2 pens every 28 days)
HYRIMOZ CD/ INJ UC/HS SP	Tier 4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 20/0.2ML	Tier 4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	Tier 4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ INJ 40/0.4ML	Tier 4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENS INJ 80/0.8ML	Tier 4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	Tier 4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
KEVZARA INJ 150/1.14	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 150/1.14	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	Tier 4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	Tier 4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
LITFULO CAP 50MG	Tier 4	PA, QL (28 caps every 28 days); Preferred agent for Alopecia Areata

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OLUMIANT TAB 1MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata
OLUMIANT TAB 2MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata
OLUMIANT TAB 4MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata
OTEZLA TAB 10/20	Tier 4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	Tier 4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 20MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA XR TAB 75MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA/XR TAB 28 DAY	Tier 4	PA, QL (41 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
PYZCHIVA INJ 45/0.5ML	Tier 4	PA, QL (1 pen every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PYZCHIVA INJ 45/0.5ML	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 45/0.5ML	Tier 4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 90MG/ML	Tier 4	PA, QL (1 pen every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA INJ 90MG/ML	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
RINVOQ LQ SOL 1MG/ML	Tier 4	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis
RINVOQ TAB 15MG ER	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, NRAXSPA, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
RINVOQ TAB 30MG ER	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.
RINVOQ TAB 45MG ER	Tier 4	PA, QL (One time use only (for CD/UC diagnosis)); Preferred agent for Crohn's Disease and Ulcerative Colitis.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIMPONI INJ 50/0.5ML	Tier 5	ST, PA, QL (1 injection every 28 days)
SIMPONI INJ 100MG/ML	Tier 5	ST, PA, QL (1 injection every 28 days)
SKYRIZI INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI INJ 180/1.2	Tier 4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI INJ 360/2.4	Tier 4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI PEN INJ 150MG/ML	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA INJ 45/0.5ML	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 45/0.5ML	Tier 4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA INJ 90MG/ML	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ INJ 20/0.25	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TALTZ INJ 40/0.5ML	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TALTZ INJ 80MG/ML	Tier 4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	Tier 4	PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
TREMFYA INJ 200/2ML	Tier 4	PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease and Ulcerative Colitis
VELSIPITY TAB 2MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis
XELJANZ SOL 1MG/ML	Tier 4	PA, QL (240 mL every 24 days)
XELJANZ TAB 5MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TAB 10MG	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TAB 11MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TAB 22MG	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
YESINTEK INJ 45/0.5ML	Tier 4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK INJ 45/0.5ML	Tier 4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK INJ 90MG/ML	Tier 4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

### **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	
<i>leflunomide tab 10 mg</i>	Tier 1	
<i>leflunomide tab 20 mg</i>	Tier 1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 0	\$0 copay based on your plan/benefit

### **HEREDITARY ANGIOEDEMA**

<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	Tier 4	PA, QL (45 syringes every 90 days)
TAKHZYRO INJ 150MG/ML	Tier 5	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	Tier 5	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	Tier 5	PA, QL (2 vials every 28 days)

### **IMMUNOGLOBULIN**

CUTAQUIG SOL 1.65GM	M	M
CUTAQUIG SOL 1GM	M	M
CUTAQUIG SOL 2GM	M	M
CUTAQUIG SOL 3.3GM	M	M
CUTAQUIG SOL 4GM	M	M
CUTAQUIG SOL 8GM	M	M

### **IMMUNOMODULATORS**

ACTIMMUNE INJ 2MU/0.5	Tier 5	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARCALYST INJ 220MG	Tier 4	PA, QL (8 vials every 28 days)

### **IMMUNOSUPPRESSANTS**

ASTAGRAF XL CAP 0.5MG	Tier 3	
ASTAGRAF XL CAP 1MG	Tier 3	
ASTAGRAF XL CAP 5MG	Tier 3	
<i>azathioprine tab 50 mg</i>	Tier 1	
<i>azathioprine tab 75 mg</i>	Tier 1	
<i>azathioprine tab 100 mg</i>	Tier 1	
CELLCEPT CAP 250MG	Tier 3	
CELLCEPT IV INJ 500MG	M	M
CELLCEPT SUS 200MG/ML	Tier 3	
CELLCEPT TAB 500MG	Tier 3	
<i>cyclosporine cap 25 mg</i>	Tier 1	
<i>cyclosporine cap 100 mg</i>	Tier 1	
<i>cyclosporine modified cap 25 mg</i>	Tier 1	
<i>cyclosporine modified cap 50 mg</i>	Tier 1	
<i>cyclosporine modified cap 100 mg</i>	Tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	
ENVARUSUS XR TAB 0.75MG	Tier 3	
ENVARUSUS XR TAB 1MG	Tier 3	
ENVARUSUS XR TAB 4MG	Tier 3	
<i>everolimus tab 0.5 mg</i>	Tier 1	
<i>everolimus tab 0.25 mg</i>	Tier 1	
<i>everolimus tab 0.75 mg</i>	Tier 1	
<i>everolimus tab 1 mg</i>	Tier 1	
<i>gengraf</i>	Tier 1	
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	M	M
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MYFORTIC TAB 180MG	Tier 3	
MYFORTIC TAB 360MG	Tier 3	
NEORAL CAP 25MG	Tier 3	
NEORAL CAP 100MG	Tier 3	
NEORAL SOL 100MG/ML	Tier 3	
NULOJIX INJ 250MG	M	M
PROGRAF CAP 0.5MG	Tier 3	
PROGRAF CAP 1MG	Tier 3	
PROGRAF CAP 5MG	Tier 3	
PROGRAF GRA 0.2MG	Tier 3	
PROGRAF GRA 1MG	Tier 3	
SANDIMMUNE CAP 25MG	Tier 3	
SANDIMMUNE CAP 100MG	Tier 3	
SANDIMMUNE INJ 50MG/ML	M	M
<i>sirolimus oral soln 1 mg/ml</i>	Tier 1	
<i>sirolimus tab 0.5 mg</i>	Tier 1	
<i>sirolimus tab 1 mg</i>	Tier 1	
<i>sirolimus tab 2 mg</i>	Tier 1	
<i>tacrolimus cap 0.5 mg</i>	Tier 1	
<i>tacrolimus cap 1 mg</i>	Tier 1	
<i>tacrolimus cap 5 mg</i>	Tier 1	
<i>tacrolimus inj 5 mg/ml</i>	M	M
ZORTRESS TAB 0.5MG	Tier 3	
ZORTRESS TAB 0.25MG	Tier 3	
ZORTRESS TAB 0.75MG	Tier 3	
ZORTRESS TAB 1MG	Tier 3	
<b>MISCELLANEOUS</b>		
BEYFORTUS INJ 50/0.5ML	M	M
BEYFORTUS INJ 100MG/ML	M	M
ENFLONSIA INJ 105MG	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
<b>VACCINES</b>		
ABRYSVO INJ 120MCG	Tier 0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACTHIB INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	Tier 0	
AREXVY INJ 120MCG	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
BEXSERO INJ	Tier 0	
BOOSTRIX INJ	Tier 0	
CAPVAXIVE INJ 0.5ML	Tier 0	
COMIRNATY 5- INJ 11/25-26	Tier 0	
COMIRNATY INJ 30/.3ML	Tier 0	
DAPTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	M	M
ENGERIX-B INJ 10/0.5ML	Tier 0	
ENGERIX-B INJ 20MCG/ML	Tier 0	
FLUAD INJ 2025-26	Tier 0	
FLUMIST NASA LIQ 2025-26	Tier 0	
GARDASIL 9 INJ	Tier 0	
HAVRIX INJ 720UNIT	Tier 0	
HAVRIX INJ 1440UNIT	Tier 0	
HEPLISAV-B INJ 20/0.5ML	Tier 0	
HIBERIX SOL 10MCG	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	Tier 0	
JYNNEOS INJ	Tier 0	
KINRIX INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	Tier 0	
MENQUADFI INJ	Tier 0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENVEO INJ	Tier 0	
MENVEO SOL	Tier 0	
MNEXSPIKE INJ 2025-26	Tier 0	
MRESVIA INJ 50MCG	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
NUVAXOVID INJ 2025-26	Tier 0	
PEDIARIX INJ 0.5ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	Tier 0	
PENMENVY INJ	Tier 0	
PENTACEL INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER 6M-4Y INJ 2024-25	Tier 0	
PNEUMOVAX 23 INJ 25/0.5	Tier 0	
PREVNAR 20 INJ	Tier 0	
PRIORIX INJ	Tier 0	
PROQUAD INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVA HB INJ 5MCG/0.5	Tier 0	
RECOMBIVA HB INJ 10MCG/ML	Tier 0	
RECOMBIVA-HB INJ 40MCG/ML	Tier 0	
ROTARIX SUS	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SHINGRIX INJ 50/0.5ML	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX INJ 2025-26	Tier 0	
TENIVAC INJ 5-2LF	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	Tier 0	
TWINRIX INJ	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML	Tier 0	
VAQTA INJ 50UNT/ML	Tier 0	
VARIVAX INJ	Tier 0	
VAXELIS INJ	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	Tier 0	

## **NUTRITIONAL/SUPPLEMENTS**

### **ELECTROLYTES**

EFFER-K TAB 25MEQ EF	Tier 1	
<i>klor-con m15</i>	Tier 1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	M	M
<i>magnesium sulfate inj 50%</i>	M	M
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	M	M
<i>potassium chloride cap er 8 meq</i>	Tier 1	
<i>potassium chloride cap er 10 meq</i>	Tier 1	
<i>potassium chloride inj 2 meq/ml</i>	M	M
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	
<i>potassium chloride tab er 10 meq</i>	Tier 1	
<i>potassium chloride tab er 15 meq</i>	Tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	
<i>SOD CHLORIDE INJ 0.9%</i>	M	M
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	M	M
<i>sodium chloride iv soln 0.9%</i>	M	M
<i>sodium chloride iv soln 0.45%</i>	M	M
<i>sodium chloride iv soln 3%</i>	M	M
<i>sodium chloride iv soln 5%</i>	M	M
<i>sodium chloride preservative free (pf) inj 0.9%</i>	M	M
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 0	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	Tier 1	
<b>PRENATAL VITAMINS</b>		
<i>elite-ob</i>	Tier 1	
<i>inatal gt</i>	Tier 1	
<i>pnv-dha</i>	Tier 1	
<i>pnv-select</i>	Tier 1	
<i>prenatal 19</i>	Tier 1	
<i>trinate</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VITAMINS</b>		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>folic acid cap 0.8 mg</i>	Tier 0	QL (100 caps every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 1 mg</i>	Tier 1	
<i>folic acid tab 400 mcg</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>folic acid tab 800 mcg</i>	Tier 0	QL (100 tabs every 30 days), OTC; \$0 copay for members 55 and younger capable of pregnancy, otherwise not covered
<i>pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml</i>	Tier 1	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Tier 1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Tier 1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Tier 1	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Tier 1	
<i>pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC
<i>tri-vite/fluoride</i>	Tier 1	

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

**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
TOBRADEX ST SUS 0.3-0.05	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	
ZYLET SUS 0.5-0.3%	Tier 3	

**ANTI-INFECTIVES**

AZASITE SOL 1%	Tier 2	
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
BESIVANCE SUS 0.6%	Tier 3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	
NATACYN SUS 5% OP	Tier 2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium ophth oint 10%</i>	Tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	
<i>tobramycin ophth soln 0.3%</i>	Tier 1	
<i>trifluridine ophth soln 1%</i>	Tier 1	
ZIRGAN GEL 0.15%	Tier 3	

### **ANTI-INFLAMMATORIES**

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

### **ANTIALLERGICS**

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

### **ANTIGLAUCOMA BETA-BLOCKERS**

<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1	
BETOPTIC-S SUS 0.25% OP	Tier 2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carteolol hcl ophth soln 1%</i>	Tier 1	
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Tier 1	
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	
<b>ANTIGLAUCOMA COMBINATION AGENTS</b>		
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 1	
SIMBRINZA SUS 1-0.2%	Tier 2	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>brinzolamide ophth susp 1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
<b>DRY EYE DISEASE</b>		
<i>cyclosporine (ophth) emulsion 0.05% (pf)</i>	Tier 1	
RESTASIS MUL EMU 0.05% OP	Tier 2	
TRYPTYR SOL 0.003%	Tier 2	
<b>MISCELLANEOUS</b>		
<i>atropine sulfate ophth soln 1%</i>	Tier 1	
CYSTARAN SOL 0.44%	Tier 5	PA, QL (4 bottles every 28 days)
<i>phenylephrine hcl ophth soln 2.5%</i>	Tier 1	
<i>phenylephrine hcl ophth soln 10%</i>	Tier 1	
PHOSPHOLINE SOL 0.125%OP	Tier 3	
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
<i>tropicamide ophth soln 0.5%</i>	Tier 1	
<i>tropicamide ophth soln 1%</i>	Tier 1	
<b>PROSTAGLANDINS</b>		
<i>latanoprost ophth soln 0.005%</i>	Tier 1	
LUMIGAN SOL 0.01% OP	Tier 2	ST; PA**
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	
<b>SYMPATHOMIMETICS</b>		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.1%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1	
IOPIDINE SOL 1% OP	Tier 3	
<b>OTHER</b>		
<b>IRRIGATION SOLUTIONS</b>		
PHYSIOLYTE SOL	M	M
<b>RESPIRATORY</b>		
<b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS</b>		
PROLASTIN-C INJ 1000MG	M	M
<b>ANAPHYLAXIS TREATMENT AGENTS</b>		
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	QL (6 injections every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Tier 1	QL (6 injections every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 1	QL (6 injections every 300 days); (generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG	Tier 2	QL (6 injections every 300 days)
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
BEVESPI AER 9-4.8MCG	Tier 2	QL (1 package every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	Tier 2	QL (1 package every 30 days)
<b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS</b>		
BREZTRI AERO AER SPHERE	Tier 2	QL (1 package every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRELEGY AER 100MCG	Tier 2	QL (1 package every 30 days)
TRELEGY AER 200MCG	Tier 2	QL (1 package every 30 days)

### **ANTICHOLINERGICS**

<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (5 boxes every 30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	
SPIRIVA RESP AER 1.25MCG	Tier 2	QL (1 package every 30 days)
SPIRIVA RESP AER 2.5MCG	Tier 2	QL (1 package every 30 days)
<i>tiotropium bromide inhal cap 18 mcg (base equiv)</i>	Tier 1	QL (1 package every 30 days)

### **ANTI-HISTAMINE COMBINATIONS**

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
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### **ANTI-HISTAMINES**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyzine hcl im soln 25 mg/ml</i>	M	M
<i>hydroxyzine hcl im soln 50 mg/ml</i>	M	M
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	PA; High Risk Medications require PA for members age 70 and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 1	QL (1 container every 30 days)
<i>ryclora</i>	Tier 3	PA; High Risk Medications require PA for members age 70 and older
<b>BETA AGONISTS</b>		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (2 inhalers every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (120 vials every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (5 boxes every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (5 boxes every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	
<i>albuterol sulfate tab 2 mg</i>	Tier 1	
<i>albuterol sulfate tab 4 mg</i>	Tier 1	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Tier 1	QL (60 vials every 30 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	Tier 1	QL (60 vials every 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	QL (45 mL every 30 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Tier 1	QL (2 inhalers every 30 days)
SEREVENT DIS AER 50MCG	Tier 2	QL (1 package every 30 days)
STRIVERDI AER 2.5MCG	Tier 2	QL (1 package every 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	
<b>COLD/COUGH</b>		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	QL (60 mL every day), OTC; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Tier 1	QL (10 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	Tier 1	QL (6 tabs every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromet</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	Tier 1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (30 mL every day); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	
TUXARIN ER TAB 54.3-8MG	Tier 3	QL (2 tabs every day); Subject to initial 7-day limit
<b>CYSTIC FIBROSIS</b>		
CAYSTON INH 75MG	Tier 4	PA, QL (84 vials every 28 days)
KALYDECO GRA 5.8MG	Tier 4	PA, QL (56 packets every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KALYDECO GRA 13.4MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 25MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 50MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO PAK 75MG	Tier 4	PA, QL (56 packets every 28 days)
KALYDECO TAB 150MG	Tier 4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	Tier 4	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	Tier 4	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	Tier 4	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	Tier 4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	Tier 4	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	Tier 4	PA, QL (224 mL every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 4	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	Tier 4	PA, QL (56 packets every 28 days)
TRIKAFTA PAK 75MG	Tier 4	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	Tier 4	PA, QL (84 tabs every 28 days)
<b>LEUKOTRIENE MODIFIERS</b>		
<i>zileuton tab er 12hr 600 mg</i>	Tier 3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
montelukast sodium chew tab 4 mg (base equiv)	Tier 1	
montelukast sodium chew tab 5 mg (base equiv)	Tier 1	
montelukast sodium oral granules packet 4 mg (base equiv)	Tier 1	
montelukast sodium tab 10 mg (base equiv)	Tier 1	
zafirlukast tab 10 mg	Tier 1	
zafirlukast tab 20 mg	Tier 1	
<b>MAST CELL STABILIZERS</b>		
cromolyn sodium soln nebu 20 mg/2ml	Tier 1	QL (2 boxes every 30 days)
<b>MISCELLANEOUS</b>		
acetylcysteine inhal soln 10%	Tier 1	
acetylcysteine inhal soln 20%	Tier 1	
roflumilast tab 250 mcg	Tier 1	PA
roflumilast tab 500 mcg	Tier 1	PA
sodium chloride soln nebu 0.9%	Tier 1	
sodium chloride soln nebu 3%	Tier 1	
sodium chloride soln nebu 7%	Tier 1	
sodium chloride soln nebu 10%	Tier 1	
<b>NASAL STEROIDS</b>		
flunisolide nasal soln 25 mcg/act (0.025%)	Tier 1	QL (3 containers every 30 days)
fluticasone propionate nasal susp 50 mcg/act	Tier 1	QL (1 container every 30 days)
mometasone furoate nasal susp 50 mcg/act	Tier 1	QL (2 packages every 30 days)
OMNARIS SPR	Tier 3	QL (1 package every 30 days)
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	Tier 1	QL (1 package every 30 days), OTC
<b>PULMONARY FIBROSIS AGENTS</b>		
OFEV CAP 100MG	Tier 4	PA, QL (60 caps every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OFEV CAP 150MG	Tier 4	PA, QL (60 caps every 30 days)
<i>pirfenidone cap 267 mg</i>	Tier 4	PA, QL (270 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	Tier 4	PA, QL (270 tabs every 30 days)
<i>pirfenidone tab 801 mg</i>	Tier 4	PA, QL (90 tabs every 30 days)

### **RESPIRATORY THERAPY SUPPLIES**

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

### **SEVERE ASTHMA AGENTS**

DUPIXENT INJ 200MG	Tier 4	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	Tier 4	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
FASENRA PEN INJ 30MG/ML	Tier 4	PA, QL (1 auto-injector every 28 days)
NUCALA INJ 40MG/0.4	Tier 4	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	Tier 4	PA, QL (3 autoinjectors every 28 days)
NUCALA INJ 100MG/ML	Tier 4	PA, QL (3 syringes every 28 days)
XOLAIR INJ 75/0.5	Tier 4	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	Tier 4	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	Tier 4	PA, QL (8 pens every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XOLAIR INJ 150MG/ML	Tier 4	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	Tier 4	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	Tier 4	PA, QL (4 syringes every 28 days)
XOLAIR SOL 150MG	Tier 4	PA, QL (8 vials every 28 days)

### **STEROID INHALANTS**

ALVESCO AER 80MCG	Tier 3	QL (3 packages every 30 days)
ALVESCO AER 160MCG	Tier 3	QL (2 packages every 30 days)
ASMANEX HFA AER 50MCG	Tier 2	QL (1 package every 30 days)
ASMANEX HFA AER 100 MCG	Tier 2	QL (1 package every 30 days)
ASMANEX HFA AER 200 MCG	Tier 2	QL (1 package every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	QL (2 boxes every 30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	QL (3 boxes every 30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	Tier 1	QL (1 box every 30 days)
<i>fluticasone furoate aerosol powder breath activ 50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
<i>fluticasone furoate aerosol powder breath activ 100 mcg/act</i>	Tier 1	QL (1 package every 30 days)
<i>fluticasone furoate aerosol powder breath activ 200 mcg/act</i>	Tier 1	QL (1 package every 30 days)

### **STEROID/BETA-AGONIST COMBINATIONS**

AIRSUPRA AER 90-80MCG	Tier 2	QL (3 packages every 30 days)
BREO ELLIPTA INH 50-25MCG	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	Tier 2	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	Tier 2	QL (1 package every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>breyna</i>	Tier 1	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Tier 1	QL (3 packages every 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Tier 1	QL (3 packages every 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Tier 1	QL (1 package every 30 days)

### **XANTHINES**

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

### **TOPICAL**

#### **DERMATOLOGY, ACNE**

<i>adapalene cream 0.1%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.1%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene gel 0.3%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Tier 1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	QL (47g every 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 1	QL (45g every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate foam 1%</i>	Tier 1	
<i>clindamycin phosphate gel 1% (twice-daily)</i>	Tier 1	QL (75g every 30 days)
<i>clindamycin phosphate lotion 1%</i>	Tier 1	QL (60 mL every 30 days)
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL every 30 days)
<i>clindamycin phosphate swab 1%</i>	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Tier 1	QL (50g every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Tier 1	QL (50g every 30 days)
<i>ery</i>	Tier 1	
<i>erythromycin gel 2%</i>	Tier 1	QL (60g every 30 days)
<i>erythromycin soln 2%</i>	Tier 1	QL (60 mL every 30 days)
<i>isotretinoin cap 10 mg</i>	Tier 1	PA
<i>isotretinoin cap 20 mg</i>	Tier 1	PA
<i>isotretinoin cap 30 mg</i>	Tier 1	PA
<i>isotretinoin cap 40 mg</i>	Tier 1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	
<i>tretinoin cream 0.1%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.05%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin cream 0.025%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.01%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.05%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin gel 0.025%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.1%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel 0.04%</i>	Tier 1	PA; PA applies for members age 35 and older

### **DERMATOLOGY, ACTINIC KERATOSIS**

<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Tier 3	
<i>fluorouracil cream 5%</i>	Tier 1	
<i>fluorouracil soln 2%</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluorouracil soln 5%</i>	Tier 1	
<i>imiquimod cream 5%</i>	Tier 1	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>antiseptic products misc - pads</i>	Tier 1	OTC
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	
<i>mupirocin oint 2%</i>	Tier 1	QL (30g every 30 days)
<i>silver sulfadiazine cream 1%</i>	Tier 1	
<i>ssd</i>	Tier 1	
SULFAMYLON CRE 85MG/GM	Tier 3	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox gel 0.77%</i>	Tier 1	QL (120g every 30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	QL (120g every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	QL (120 mL every 30 days)
<i>ciclopirox shampoo 1%</i>	Tier 1	QL (120 mL every 30 days)
<i>ciclopirox solution 8%</i>	Tier 1	
<i>clotrimazole cream 1%</i>	Tier 1	QL (120g every 30 days)
<i>clotrimazole soln 1%</i>	Tier 1	QL (120 mL every 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (60g every 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	QL (60 mL every 30 days)
<i>econazole nitrate cream 1%</i>	Tier 1	QL (60g every 30 days)
ERTACZO CRE 2%	Tier 3	QL (60g every 30 days)
JUBLIA SOL 10%	Tier 3	PA, QL (4 mL every 28 days)
<i>ketoconazole cream 2%</i>	Tier 1	QL (120g every 30 days)
<i>luliconazole cream 1%</i>	Tier 3	QL (60g every 30 days)
<i>naftifine hcl cream 1%</i>	Tier 1	QL (60g every 30 days)
<i>naftifine hcl cream 2%</i>	Tier 1	QL (60g every 30 days)
<i>nyamyc</i>	Tier 1	QL (120g every 30 days)
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	QL (120g every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 1	QL (60g every 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	QL (60g every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nystop</i>	Tier 1	QL (120g every 30 days)
<i>oxiconazole nitrate cream 1%</i>	Tier 1	QL (60g every 30 days)
<i>sulconazole nitrate cream 1%</i>	Tier 1	QL (60g every 30 days)
<i>sulconazole nitrate solution 1%</i>	Tier 1	QL (60 mL every 30 days)

### **DERMATOLOGY, ANTIPRURITIC**

<i>doxepin hcl cream 5%</i>	Tier 3	
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### **DERMATOLOGY, ANTIPSORIATICS**

<i>acitretin cap 10 mg</i>	Tier 1	
<i>acitretin cap 17.5 mg</i>	Tier 1	
<i>acitretin cap 25 mg</i>	Tier 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	ST, QL (60 mL every 30 days); PA**
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 3	ST, QL (60g every 30 days); PA**
<i>calcitriol oint 3 mcg/gm</i>	Tier 3	ST, QL (100g every 30 days); PA**
<i>methoxsalen rapid cap 10 mg</i>	Tier 1	
<i>tazarotene cream 0.1%</i>	Tier 1	PA
<i>tazarotene cream 0.05%</i>	Tier 1	PA
<i>tazarotene gel 0.1%</i>	Tier 1	PA
<i>tazarotene gel 0.05%</i>	Tier 1	PA
<i>ZORYVE CRE 0.3%</i>	Tier 2	

### **DERMATOLOGY, ANTISEBORRHEICS**

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

### **DERMATOLOGY, ATOPIC DERMATITIS**

DUPIXENT INJ 200/1.14	Tier 4	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT INJ 300/2ML	Tier 4	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
EBGLYSS INJ 250/2ML	Tier 4	PA, QL (2 pens every 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EBGLYSS INJ 250/2ML	Tier 4	PA, QL (2 syringes every 28 days)
EUCRISA OIN 2%	Tier 2	ST, QL (60g every 30 days); PA**
<i>pimecrolimus cream 1%</i>	Tier 3	ST; PA**
<i>tacrolimus oint 0.1%</i>	Tier 3	ST; PA**
<i>tacrolimus oint 0.03%</i>	Tier 3	ST; PA**

### **DERMATOLOGY, CORTICOSTEROIDS**

<i>ala-cort</i>	Tier 1	QL (120g every 30 days)
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>amcinonide oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (120g every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (120g every 30 days)
BRYHALI LOT 0.01%	Tier 2	QL (120 mL every 30 days)
<i>clobetasol propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate emo</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate foam 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol propionate shampoo 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clobetasol propionate spray 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>clocortolone pivalate cream 0.1%</i>	Tier 3	QL (120g every 30 days)
<i>desonide cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desonide lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone cream 0.25%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone oint 0.25%</i>	Tier 1	QL (120g every 30 days)
<i>desoximetasone spray 0.25%</i>	Tier 3	QL (120 mL every 30 days)
<i>diflorasone diacetate cream 0.05%</i>	Tier 3	QL (120g every 30 days)
<i>diflorasone diacetate oint 0.05%</i>	Tier 3	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.01%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluticasone propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	Tier 1	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (120g every 30 days)
<i>halobetasol propionate cream 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	Tier 1	QL (120 mL every 30 days)
<i>hydrocortisone cream 1%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (120g every 30 days)
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (120 mL every 30 days)
<i>hydrocortisone oint 2.5%</i>	Tier 1	QL (120g every 30 days)

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

### **DERMATOLOGY, LOCAL ANESTHETICS**

<i>lidocaine hcl soln 4%</i>	Tier 1	QL (50 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	QL (60 mL every 30 days)
<i>lidocaine oint 5%</i>	Tier 1	QL (50g every 30 days)
<i>lidocaine pain relief pat</i>	Tier 1	QL (30 patches every 30 days), OTC
<i>lidocaine patch 5%</i>	Tier 1	PA, QL (90 patches every 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (30g every 30 days)

### **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

<i>acyclovir cream 5%</i>	Tier 3	
<i>bexarotene gel 1%</i>	Tier 4	PA
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	
<i>nitroglycerin oint 0.4%</i>	Tier 1	
<i>penciclovir cream 1%</i>	Tier 1	
<i>podofilox gel 0.5%</i>	Tier 1	
<i>podofilox soln 0.5%</i>	Tier 1	

### **DERMATOLOGY, ROSACEA**

<i>azelaic acid gel 15%</i>	Tier 1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	Tier 1	PA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FINACEA AER 15%	Tier 2	
<i>ivermectin cream 1%</i>	Tier 1	PA
<i>metronidazole cream 0.75%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole gel 1%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (60 mL every 30 days)
<b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>		
<i>crotan</i>	Tier 1	
<i>cvs ivermectin lice treat</i>	Tier 1	OTC
<i>gnp lice treatment</i>	Tier 1	OTC
<i>malathion lotion 0.5%</i>	Tier 1	
<i>permethrin cream 5%</i>	Tier 1	
<i>spinosad susp 0.9%</i>	Tier 1	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGANEX GEL 0.01%	Tier 3	PA, QL (30g every 30 days)
sodium chloride irrigation soln 0.9%	M	M
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl cap 30 mg</i>	Tier 1	
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (90 lozenges every 30 days)
<i>lidocaine hcl laryngotracheal soln 4%</i>	Tier 1	
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
<i>oralone dental paste</i>	Tier 1	
ORAVIG TAB 50MG	Tier 3	QL (14 tabs every 30 days)
<i>perigard</i>	Tier 1	
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
<b>OTIC</b>		
<i>acetic acid otic soln 2%</i>	Tier 1	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	Tier 3	
CORTISPORIN SUS -TC OTIC	Tier 3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<i>ofloxacin otic soln 0.3%</i>	Tier 1	

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<b>B</b>		<i>benztropine mesylate tab 2 mg</i> .....	68
<i>bacitracin ophth oint 500 unit/gm</i> .....	154	<i>bepotastine besilate ophth soln 1.5%</i> .....	155
<i>bacitracin-polymyxin b ophth oint</i> .....	154	BESIVANCE SUS 0.6%.....	154
<i>bacitracin-polymyxin-neomycin-hc ophth</i>		<i>betaine powder for oral solution</i> .....	121
<i>ointment 1%</i> .....	154	<i>betamethasone dipropionate augmented</i>	
<i>baclofen tab 10 mg</i> .....	87	<i>cream 0.05%</i> .....	170
<i>baclofen tab 20 mg</i> .....	87	<i>betamethasone dipropionate augmented</i>	
<i>baclofen tab 5 mg</i> .....	87	<i>gel 0.05%</i> .....	170
<i>balsalazide disodium cap 750 mg</i> .....	127	<i>betamethasone dipropionate augmented</i>	
BARACLUDGE SOL .....	23	<i>lotion 0.05%</i> .....	170
BASAGLAR KWP INJ 100/ML .....	104	<i>betamethasone dipropionate augmented</i>	
BASAGLAR TMP INJ 100/ML .....	104	<i>ointment 0.05%</i> .....	170
BAXDELA TAB 450MG .....	23	<i>betamethasone dipropionate cream 0.05%</i>	
BCAD 2 POW .....	92	.....	170
BELBUCA MIS 150MCG .....	13	<i>betamethasone dipropionate lotion 0.05%</i>	
BELBUCA MIS 300MCG.....	13	.....	170
BELBUCA MIS 450MCG.....	13	<i>betamethasone valerate aerosol foam</i>	
BELBUCA MIS 600MCG .....	13	<i>0.12%</i> .....	170
BELBUCA MIS 750MCG.....	13	<i>betamethasone valerate cream 0.1% (base</i>	
BELBUCA MIS 75MCG .....	13	<i>equivalent)</i> .....	170
BELBUCA MIS 900MCG .....	13	<i>betamethasone valerate lotion 0.1% (base</i>	
BELSOMRA TAB 10MG.....	83	<i>equivalent)</i> .....	170
BELSOMRA TAB 15MG.....	83	<i>betamethasone valerate oint 0.1% (base</i>	
BELSOMRA TAB 20MG .....	83	<i>equivalent)</i> .....	170
BELSOMRA TAB 5MG .....	83	BETASERON INJ 0.3MG.....	87
<i>benazepril &amp; hydrochlorothiazide tab 10-</i>		<i>betaxolol hcl ophth soln 0.5%</i> .....	155
<i>12.5 mg</i> .....	41	<i>betaxolol hcl tab 10 mg</i> .....	50
<i>benazepril &amp; hydrochlorothiazide tab 20-</i>		<i>betaxolol hcl tab 20 mg</i> .....	50
<i>12.5 mg</i> .....	41	<i>bethanechol chloride tab 10 mg</i> .....	132
<i>benazepril &amp; hydrochlorothiazide tab 20-25</i>		<i>bethanechol chloride tab 25 mg</i> .....	132
<i>mg</i> .....	41	<i>bethanechol chloride tab 50 mg</i> .....	133
<i>benazepril &amp; hydrochlorothiazide tab 5-</i>		<i>bethanechol chloride tab 5 mg</i> .....	132
<i>6.25 mg</i> .....	41	BETOPTIC-S SUS 0.25% OP .....	155
<i>benazepril hcl tab 10 mg</i> .....	42	BEVESPI AER 9-4.8MCG .....	157
<i>benazepril hcl tab 20 mg</i> .....	42	<i>bexarotene cap 75 mg</i> .....	39
<i>benazepril hcl tab 40 mg</i> .....	42	<i>bexarotene gel 1%</i> .....	172
<i>benazepril hcl tab 5 mg</i> .....	42	BEXSERO INJ .....	149
<i>benzonatate cap 100 mg</i> .....	160	BEYFORTUS INJ 100MG/ML .....	148
<i>benzonatate cap 200 mg</i> .....	160	BEYFORTUS INJ 50/0.5ML.....	148
<i>benzoyl peroxide-erythromycin gel 5-3%</i>		<i>bicalutamide tab 50 mg</i> .....	32
.....	166	BIJUVA CAP 0.5-100 .....	118
<i>benztropine mesylate inj 1 mg/ml</i> .....	68	BIJUVA CAP 1-100MG .....	118

BIKTARVY TAB.....	18	<i>budesonide inhalation susp 0.25 mg/2ml</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-</i>		.....	165
6.25 mg.....	50	<i>budesonide inhalation susp 0.5 mg/2ml</i>	165
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-</i>		<i>budesonide inhalation susp 1 mg/2ml</i> ....	165
6.25 mg.....	50	<i>budesonide tab er 24hr 9 mg</i> .....	128
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25</i>		<i>bumetanide tab 0.5 mg</i> .....	55
mg .....	50	<i>bumetanide tab 1 mg</i> .....	55
<i>bisoprolol fumarate tab 10 mg</i> .....	50	<i>bumetanide tab 2 mg</i> .....	55
<i>bisoprolol fumarate tab 5 mg</i> .....	50	<i>buprenorphine hcl inj 0.3 mg/ml (base</i>	
<i>bleomycin sulfate for inj 15 unit</i> .....	29	equiv) .....	13
<i>bleomycin sulfate for inj 30 unit</i> .....	29	<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>	
BOOSTRIX INJ .....	149	mg (base equiv).....	89
<i>bosentan tab 125 mg</i> .....	58	<i>buprenorphine hcl-naloxone hcl sl film 2-</i>	
<i>bosentan tab 62.5 mg</i> .....	58	0.5 mg (base equiv) .....	89
<i>bosentan tab for oral susp 32 mg</i> .....	58	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>	
BRAFTOVI CAP 75MG .....	33	mg (base equiv).....	89
BREO ELLIPTA INH 100-25 .....	165	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>	
BREO ELLIPTA INH 200-25.....	165	mg (base equiv).....	89
BREO ELLIPTA INH 50-25MCG.....	165	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
<i>breyna</i> .....	166	mg (base equiv).....	89
BREZTRI AERO AER SPHERE.....	157	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>	
<i>brimonidine tartrate gel 0.33% (base</i>		mg (base equiv).....	89
equivalent) .....	172	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	
<i>brimonidine tartrate ophth soln 0.1%</i> .....	157	.....	90
<i>brimonidine tartrate ophth soln 0.15%</i> ....	157	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	
<i>brimonidine tartrate ophth soln 0.2%</i> .....	157	.....	90
<i>brimonidine tartrate-timolol maleate ophth</i>		<i>buprenorphine td patch weekly 10 mcg/hr</i>	
soln 0.2-0.5% .....	156	.....	13
<i>brinzolamide ophth susp 1%</i> .....	156	<i>buprenorphine td patch weekly 15 mcg/hr</i>	
<i>bromfenac sodium ophth soln 0.09% (base</i>		.....	13
equiv) (once-daily).....	155	<i>buprenorphine td patch weekly 20 mcg/hr</i>	
<i>bromocriptine mesylate cap 5 mg (base</i>		.....	13
equivalent) .....	68	<i>buprenorphine td patch weekly 5 mcg/hr</i>	13
<i>bromocriptine mesylate tab 2.5 mg (base</i>		<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	
equivalent) .....	68	.....	13
BRUKINSA CAP 80MG .....	33	<i>bupropion hcl (smoking deterrent) tab er</i>	
BRUKINSA TAB 160MG .....	33	12hr 150 mg.....	91
BRYHALI LOT 0.01%.....	170	<i>bupropion hcl tab 100 mg</i> .....	63
<i>budesonide delayed release particles cap 3</i>		<i>bupropion hcl tab 75 mg</i> .....	63
mg.....	128	<i>bupropion hcl tab er 12hr 100 mg</i> .....	63
<i>budesonide-formoterol fumarate dihyd</i>		<i>bupropion hcl tab er 12hr 150 mg</i> .....	63
aerosol 160-4.5 mcg/act .....	166	<i>bupropion hcl tab er 12hr 200 mg</i> .....	63
<i>budesonide-formoterol fumarate dihyd</i>		<i>bupropion hcl tab er 24hr 150 mg</i> .....	63
aerosol 80-4.5 mcg/act .....	166	<i>bupropion hcl tab er 24hr 300 mg</i> .....	63

<i>buspirone hcl tab 10 mg</i> .....	60	<i>capecitabine tab 500 mg</i> .....	29
<i>buspirone hcl tab 15 mg</i> .....	60	CAPRELSA TAB 100MG .....	33
<i>buspirone hcl tab 30 mg</i> .....	60	CAPRELSA TAB 300MG.....	33
<i>buspirone hcl tab 5 mg</i> .....	60	<i>captopril tab 100 mg</i> .....	42
<i>buspirone hcl tab 7.5 mg</i> .....	60	<i>captopril tab 12.5 mg</i> .....	42
<i>busulfan inj 6 mg/ml</i> .....	28	<i>captopril tab 25 mg</i> .....	42
<i>butorphanol tartrate inj 1 mg/ml</i> .....	3	<i>captopril tab 50 mg</i> .....	42
<i>butorphanol tartrate inj 2 mg/ml</i> .....	3	CAPVAXIVE INJ 0.5ML.....	149
<i>butorphanol tartrate nasal soln 10 mg/ml</i> ...3		<i>carbamazepine cap er 12hr 100 mg</i> .....	74
<b>C</b>		<i>carbamazepine cap er 12hr 200 mg</i> .....	74
CABENUVA SUS 400-600 .....	18	<i>carbamazepine cap er 12hr 300 mg</i> .....	74
CABENUVA SUS 600-900 .....	18	<i>carbamazepine chew tab 100 mg</i> .....	74
<i>cabergoline tab 0.5 mg</i> .....	121	<i>carbamazepine chew tab 200 mg</i> .....	74
CABOMETYX TAB 20MG .....	33	<i>carbamazepine susp 100 mg/5ml</i> .....	74
CABOMETYX TAB 40MG.....	33	<i>carbamazepine tab 200 mg</i> .....	74
CABOMETYX TAB 60MG.....	33	<i>carbamazepine tab er 12hr 100 mg</i> .....	74
<i>calcipotriene-betamethasone dipropionate</i>		<i>carbamazepine tab er 12hr 200 mg</i> .....	74
<i>oint 0.005-0.064%</i> .....	169	<i>carbamazepine tab er 12hr 400 mg</i> .....	74
<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .169		<i>carbidopa &amp; levodopa orally disintegrating</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>		<i>tab 10-100 mg</i> .....	68
.....	107	<i>carbidopa &amp; levodopa orally disintegrating</i>	
<i>calcitriol cap 0.25 mcg</i> .....	124	<i>tab 25-100 mg</i> .....	68
<i>calcitriol cap 0.5 mcg</i> .....	124	<i>carbidopa &amp; levodopa orally disintegrating</i>	
<i>calcitriol oint 3 mcg/gm</i> .....	169	<i>tab 25-250 mg</i> .....	68
<i>calcitriol oral soln 1 mcg/ml</i> .....	124	<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	68
<i>calcium acetate (phosphate binder) cap</i>		<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	68
<i>667 mg (169 mg ca)</i> .....	122	<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	68
<i>calcium acetate (phosphate binder) tab 667</i>		<i>carbidopa &amp; levodopa tab er 25-100 mg</i> ..68	
<i>mg</i> .....	122	<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .68	
CALQUENCE TAB 100MG .....	33	<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
<i>camila</i> .....	108	<i>50-200 mg</i> .....	69
CAMINO PRO LIQ 15PE .....	92	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>camrese</i> .....	108	<i>18.75-75-200 mg</i> .....	69
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>carbidopa-levodopa-entacapone tabs 25-</i>	
<i>tab 16-12.5 mg</i> .....	44	<i>100-200 mg</i> .....	69
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
<i>tab 32-12.5 mg</i> .....	44	<i>31.25-125-200 mg</i> .....	69
<i>candesartan cilexetil-hydrochlorothiazide</i>		<i>carbidopa-levodopa-entacapone tabs 37.5-</i>	
<i>tab 32-25 mg</i> .....	44	<i>150-200 mg</i> .....	69
<i>candesartan cilexetil tab 16 mg</i> .....	45	<i>carbidopa-levodopa-entacapone tabs 50-</i>	
<i>candesartan cilexetil tab 32 mg</i> .....	45	<i>200-200 mg</i> .....	69
<i>candesartan cilexetil tab 4 mg</i> .....	45	<i>carbidopa tab 25 mg</i> .....	69
<i>candesartan cilexetil tab 8 mg</i> .....	45	<i>carbinoxamine maleate soln 4 mg/5ml</i> ...158	
<i>capecitabine tab 150 mg</i> .....	29	<i>carbinoxamine maleate tab 4 mg</i> .....	158

<i>carboplatin iv soln 150 mg/15ml</i> .....	40	<i>cefprozil for susp 250 mg/5ml</i> .....	21
<i>carboplatin iv soln 450 mg/45ml</i> .....	40	<i>cefprozil tab 250 mg</i> .....	21
<i>carboplatin iv soln 50 mg/5ml</i> .....	40	<i>cefprozil tab 500 mg</i> .....	21
<i>carboplatin iv soln 600 mg/60ml</i> .....	40	<i>ceftazidime for iv soln 2 gm</i> .....	21
CARDURA XL TAB 4MG .....	131	<i>ceftriaxone sodium for inj 10 gm</i> .....	21
CARDURA XL TAB 8MG .....	131	<i>ceftriaxone sodium for inj 1 gm</i> .....	21
CAREFINE MIS 32GX6MM .....	112	<i>ceftriaxone sodium for inj 250 mg</i> .....	21
<i>carglumic acid soluble tab 200 mg</i> .....	124	<i>ceftriaxone sodium for inj 2 gm</i> .....	21
<i>carisoprodol tab 350 mg</i> .....	87	<i>ceftriaxone sodium for inj 500 mg</i> .....	21
<i>carmustine for inj 100 mg</i> .....	28	<i>ceftriaxone sodium for iv soln 1 gm</i> .....	22
<i>carteolol hcl ophth soln 1%</i> .....	156	<i>ceftriaxone sodium for iv soln 2 gm</i> .....	22
<i>cartia xt</i> .....	52	<i>cefuroxime axetil tab 250 mg</i> .....	22
<i>carvedilol phosphate cap er 24hr 10 mg</i> ..	50	<i>cefuroxime axetil tab 500 mg</i> .....	22
<i>carvedilol phosphate cap er 24hr 20 mg</i> ..	50	<i>celecoxib cap 100 mg</i> .....	1
<i>carvedilol phosphate cap er 24hr 40 mg</i> ..	50	<i>celecoxib cap 200 mg</i> .....	1
<i>carvedilol phosphate cap er 24hr 80 mg</i> ..	50	<i>celecoxib cap 50 mg</i> .....	1
<i>carvedilol tab 12.5 mg</i> .....	51	CELLCEPT CAP 250MG.....	147
<i>carvedilol tab 25 mg</i> .....	51	CELLCEPT IV INJ 500MG.....	147
<i>carvedilol tab 3.125 mg</i> .....	50	CELLCEPT SUS 200MG/ML.....	147
<i>carvedilol tab 6.25 mg</i> .....	50	CELLCEPT TAB 500MG.....	147
CAYA DPR .....	108	<i>cephalexin cap 250 mg</i> .....	22
CAYSTON INH 75MG.....	161	<i>cephalexin cap 500 mg</i> .....	22
<i>cefaclor cap 250 mg</i> .....	21	<i>cephalexin cap 750 mg</i> .....	22
<i>cefaclor cap 500 mg</i> .....	21	<i>cephalexin for susp 125 mg/5ml</i> .....	22
<i>cefaclor for susp 250 mg/5ml</i> .....	21	<i>cephalexin for susp 250 mg/5ml</i> .....	22
<i>cefadroxil cap 500 mg</i> .....	21	<i>cephalexin tab 250 mg</i> .....	22
<i>cefadroxil for susp 250 mg/5ml</i> .....	21	<i>cephalexin tab 500 mg</i> .....	22
<i>cefadroxil for susp 500 mg/5ml</i> .....	21	CERDELGA CAP 84MG .....	118
<i>cefadroxil tab 1 gm</i> .....	21	<i>cevimeline hcl cap 30 mg</i> .....	173
<i>cefazolin sodium for inj 1 gm</i> .....	21	<i>chateal eq</i> .....	108
<i>cefdinir cap 300 mg</i> .....	21	CHEMET CAP 100MG.....	108
<i>cefdinir for susp 125 mg/5ml</i> .....	21	CHEMSTRIP 10 TES MD .....	113
<i>cefdinir for susp 250 mg/5ml</i> .....	21	CHEMSTRIP 2 TES GP .....	113
<i>cefepime hcl for inj 1 gm</i> .....	21	CHEMSTRIP 5 TES OB .....	113
<i>cefepime hcl for iv soln 2 gm</i> .....	21	CHEMSTRIP 7 TES .....	113
<i>cefixime cap 400 mg</i> .....	21	CHEMSTRIP 9 TES STRIPS .....	113
<i>cefixime for susp 100 mg/5ml</i> .....	21	CHEMSTRIP K TES .....	113
<i>cefixime for susp 200 mg/5ml</i> .....	21	CHEMSTRIP TES -10 SG.....	113
<i>cefpodoxime proxetil for susp 100 mg/5ml</i> .....	21	CHEMSTRIP TES UGK.....	113
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	21	<i>chlordiazepoxide-amitriptyline tab 10-25</i> <i>mg</i> .....	90
<i>cefpodoxime proxetil tab 100 mg</i> .....	21	<i>chlordiazepoxide-amitriptyline tab 5-12.5</i> <i>mg</i> .....	90
<i>cefpodoxime proxetil tab 200 mg</i> .....	21	<i>chlordiazepoxide hcl cap 10 mg</i> .....	60
<i>cefprozil for susp 125 mg/5ml</i> .....	21		

<i>chlordiazepoxide hcl cap 25 mg</i> .....	60	<i>cinacalcet hcl tab 60 mg (base equiv)</i> .....	107
<i>chlordiazepoxide hcl cap 5 mg</i> .....	60	<i>cinacalcet hcl tab 90 mg (base equiv)</i> .....	107
<i>chlorhexidine gluconate soln 0.12%</i> .....	173	<i>CIPRO (10%) SUS 500MG/5</i> .....	23
<i>chloroquine phosphate tab 250 mg</i> .....	16	<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>chloroquine phosphate tab 500 mg</i> .....	16	<i>0.3-0.1%</i> .....	173
<i>chlorpromazine hcl inj 25 mg/ml</i> .....	71	<i>ciprofloxacin-fluocinolone acetone (pf) otic</i>	
<i>chlorpromazine hcl inj 50 mg/2ml</i> .....	71	<i>soln 0.3-0.025%</i> .....	174
<i>chlorpromazine hcl tab 100 mg</i> .....	71	<i>ciprofloxacin hcl ophth soln 0.3% (base</i>	
<i>chlorpromazine hcl tab 10 mg</i> .....	71	<i>equivalent)</i> .....	154
<i>chlorpromazine hcl tab 200 mg</i> .....	71	<i>ciprofloxacin hcl otic soln 0.2% (base</i>	
<i>chlorpromazine hcl tab 25 mg</i> .....	71	<i>equivalent)</i> .....	173
<i>chlorpromazine hcl tab 50 mg</i> .....	71	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	23
<i>chlorthalidone tab 25 mg</i> .....	55	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	23
<i>chlorthalidone tab 50 mg</i> .....	55	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	23
<i>chlorzoxazone tab 500 mg</i> .....	87	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .....	40
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	153	<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .....	40
<i>cholestyramine light powder 4 gm/dose</i> ..	46	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> .....	40
<i>cholestyramine light powder packets 4 gm</i>		<i>citalopram hydrobromide oral soln 10</i>	
.....	46	<i>mg/5ml</i> .....	63
<i>cholestyramine powder 4 gm/dose</i> .....	46	<i>citalopram hydrobromide tab 10 mg (base</i>	
<i>cholestyramine powder packets 4 gm</i> .....	46	<i>equiv)</i> .....	63
<i>choline fenofibrate cap dr 135 mg</i>		<i>citalopram hydrobromide tab 20 mg (base</i>	
<i>(fenofibric acid equiv)</i> .....	47	<i>equiv)</i> .....	63
<i>choline fenofibrate cap dr 45 mg (fenofibric</i>		<i>citalopram hydrobromide tab 40 mg (base</i>	
<i>acid equiv)</i> .....	47	<i>equiv)</i> .....	63
<b>CHOR GONADOT INJ 10000UNT</b> .....	114	<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i> ...	29
<i>ciclopirox gel 0.77%</i> .....	168	<i>clarithromycin for susp 125 mg/5ml</i> .....	22
<i>ciclopirox olamine cream 0.77% (base</i>		<i>clarithromycin for susp 250 mg/5ml</i> .....	22
<i>equiv)</i> .....	168	<i>clarithromycin tab 250 mg</i> .....	22
<i>ciclopirox olamine susp 0.77% (base equiv)</i>		<i>clarithromycin tab 500 mg</i> .....	22
.....	168	<i>clarithromycin tab er 24hr 500 mg</i> .....	22
<i>ciclopirox shampoo 1%</i> .....	168	<i>clemastine fumarate tab 2.68 mg</i> .....	158
<i>ciclopirox solution 8%</i> .....	168	<b>CLENPIQ SOL</b> .....	128
<i>cidofovir iv inj 75 mg/ml</i> .....	20	<b>CLEOCIN SUP 100MG</b> .....	133
<i>cilostazol tab 100 mg</i> .....	137	<b>CLIMARA PRO DIS WEEKLY</b> .....	118
<i>cilostazol tab 50 mg</i> .....	137	<i>clindamycin hcl cap 150 mg</i> .....	24
<b>CIMDUO TAB 300-300</b> .....	18	<i>clindamycin hcl cap 300 mg</i> .....	24
<i>cimetidine tab 200 mg</i> .....	127	<i>clindamycin hcl cap 75 mg</i> .....	24
<i>cimetidine tab 300 mg</i> .....	127	<i>clindamycin palmitate hcl for soln 75</i>	
<i>cimetidine tab 400 mg</i> .....	127	<i>mg/5ml (base equiv)</i> .....	24
<i>cimetidine tab 800 mg</i> .....	127	<i>clindamycin phosphate-benzoyl peroxide</i>	
<b>CIMZIA INJ 200MG/ML</b> .....	139	<i>gel 1.2-2.5%</i> .....	167
<b>CIMZIA START KIT 200MG/ML</b> .....	139	<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>cinacalcet hcl tab 30 mg (base equiv)</i> .....	107	<i>gel 1-5%</i> .....	167

<i>clindamycin phosphate foam 1%</i> .....	167	<i>clotrimazole cream 1%</i> .....	168
<i>clindamycin phosphate gel 1% (twice-daily)</i> .....	167	<i>clotrimazole soln 1%</i> .....	168
<i>clindamycin phosphate lotion 1%</i> .....	167	<i>clotrimazole troche 10 mg</i> .....	173
<i>clindamycin phosphate soln 1%</i> .....	167	<i>clotrimazole w/ betamethasone cream 1- 0.05%</i> .....	168
<i>clindamycin phosphate swab 1%</i> .....	167	<i>clotrimazole w/ betamethasone lotion 1- 0.05%</i> .....	168
<i>clindamycin phosphate vaginal cream 2%</i> .....	133	<i>clozapine orally disintegrating tab 100 mg</i>	71
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> .....	166	<i>clozapine orally disintegrating tab 12.5 mg</i> .....	71
<i>clobazam suspension 2.5 mg/ml</i> .....	74	<i>clozapine orally disintegrating tab 150 mg</i>	71
<i>clobazam tab 10 mg</i> .....	74	<i>clozapine orally disintegrating tab 200 mg</i> .....	71
<i>clobazam tab 20 mg</i> .....	74	<i>clozapine orally disintegrating tab 25 mg</i> ..	71
<i>clobetasol propionate cream 0.05%</i> .....	170	<i>clozapine tab 100 mg</i> .....	71
<i>clobetasol propionate emo</i> .....	170	<i>clozapine tab 200 mg</i> .....	71
<i>clobetasol propionate foam 0.05%</i> .....	170	<i>clozapine tab 25 mg</i> .....	71
<i>clobetasol propionate gel 0.05%</i> .....	170	<i>clozapine tab 50 mg</i> .....	71
<i>clobetasol propionate lotion 0.05%</i> .....	170	COARTEM TAB 20-120MG.....	16
<i>clobetasol propionate oint 0.05%</i> .....	170	<i>codeine sulfate tab 30 mg</i> .....	3
<i>clobetasol propionate shampoo 0.05%</i> ...	171	CODEINE SULF TAB 60MG .....	3
<i>clobetasol propionate soln 0.05%</i> .....	171	<i>colchicine tab 0.6 mg</i> .....	1
<i>clobetasol propionate spray 0.05%</i> .....	171	<i>colchicine w/ probenecid tab 0.5-500 mg</i> ..	1
<i>clocortolone pivalate cream 0.1%</i> .....	171	<i>colesevelam hcl packet for susp 3.75 gm</i>	46
<i>clofarabine iv soln 1 mg/ml</i> .....	29	<i>colesevelam hcl tab 625 mg</i> .....	46
<i>clomid</i> .....	115	<i>colestipol hcl granule packets 5 gm</i> .....	46
<i>clomipramine hcl cap 25 mg</i> .....	60	<i>colestipol hcl granules 5 gm</i> .....	46
<i>clomipramine hcl cap 50 mg</i> .....	60	<i>colestipol hcl tab 1 gm</i> .....	46
<i>clomipramine hcl cap 75 mg</i> .....	60	COMETRIQ KIT 100MG .....	33
<i>clonazepam tab 0.5 mg</i> .....	74	COMETRIQ KIT 140MG.....	33
<i>clonazepam tab 1 mg</i> .....	74	COMETRIQ KIT 60MG .....	33
<i>clonazepam tab 2 mg</i> .....	74	COMIRNATY 5- INJ 11/25-26 .....	149
<i>clonidine hcl tab 0.1 mg</i> .....	56	COMIRNATY INJ 30/.3ML .....	149
<i>clonidine hcl tab 0.2 mg</i> .....	56	COMPLEAT LIQ CLS SYS.....	92
<i>clonidine hcl tab 0.3 mg</i> .....	56	COMPLEAT PED LIQ ORG BLND .....	92
<i>clonidine td patch weekly 0.1 mg/24hr</i> ....	56	<i>compro</i> .....	125
<i>clonidine td patch weekly 0.2 mg/24hr</i> ....	56	CONDOMS MIS .....	108
<i>clonidine td patch weekly 0.3 mg/24hr</i> ....	56	CORLANOR SOL 5MG/5ML .....	56
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i> .....	137	CORTIFOAM AER 90MG.....	128
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....	137	CORTISPORIN SUS -TC OTIC .....	174
<i>clorazepate dipotassium tab 15 mg</i> .....	74	CORTROPHIN INJ 40/0.5ML .....	121
<i>clorazepate dipotassium tab 3.75 mg</i> .....	74	CORTROPHIN INJ 80UNT/ML .....	121
<i>clorazepate dipotassium tab 7.5 mg</i> .....	74	COSENTYX INJ 150MG/ML .....	139
		COSENTYX INJ 300DOSE.....	139

COSENTYX INJ 75MG/0.5 .....	139	<i>cyclosporine modified cap 50 mg</i> .....	147
COSENTYX PEN INJ 150MG/ML.....	139	<i>cyclosporine modified oral soln 100 mg/ml</i>	
COSENTYX PEN INJ 300DOSE .....	140	.....	147
COSENTYX UNO INJ 300/2ML.....	140	<i>cyproheptadine hcl syrup 2 mg/5ml</i> .....	158
CREON CAP 12000UNT.....	130	<i>cyproheptadine hcl tab 4 mg</i> .....	158
CREON CAP 24000UNT.....	130	CYSTAGON CAP 150MG .....	121
CREON CAP 3000UNIT .....	130	CYSTAGON CAP 50MG.....	121
CREON CAP 36000UNT.....	130	CYSTARAN SOL 0.44% .....	156
CREON CAP 6000UNIT .....	130	<i>cytarabine inj 20 mg/ml</i> .....	29
CRESEMBA CAP 186MG .....	15	<i>cytarabine inj pf 100 mg/ml</i> .....	29
CRESEMBA CAP 74.5MG .....	15	<i>cytarabine inj pf 20 mg/ml</i> .....	29
CRINONE GEL 4% VAG .....	123	<b>D</b>	
CRINONE GEL 8% VAG.....	123	<i>dabigatran etexilate mesylate cap 110 mg</i>	
<i>cromolyn sodium ophth soln 4%</i> .....	155	( <i>etexilate base eq</i> ) .....	134
<i>cromolyn sodium oral conc 100 mg/5ml</i> .....	129	<i>dabigatran etexilate mesylate cap 150 mg</i>	
<i>cromolyn sodium soln nebu 20 mg/2ml</i> .....	163	( <i>etexilate base eq</i> ) .....	134
<i>crotan</i> .....	173	<i>dabigatran etexilate mesylate cap 75 mg</i>	
CRUCIAL LIQ UNFLAVOR .....	92	( <i>etexilate base eq</i> ) .....	134
CUTAQUIG SOL 1.65GM .....	146	<i>dacarbazine for inj 100 mg</i> .....	28
CUTAQUIG SOL 1GM.....	146	<i>dacarbazine for inj 200 mg</i> .....	28
CUTAQUIG SOL 2GM .....	146	<i>dalfampridine tab er 12hr 10 mg</i> .....	87
CUTAQUIG SOL 3.3GM.....	146	<i>danazol cap 100 mg</i> .....	114
CUTAQUIG SOL 4GM.....	146	<i>danazol cap 200 mg</i> .....	114
CUTAQUIG SOL 8GM.....	146	<i>danazol cap 50 mg</i> .....	114
<i>cvs ivermectin lice treat</i> .....	173	<i>dantrolene sodium cap 100 mg</i> .....	88
CVS KETONE TES CARE.....	113	<i>dantrolene sodium cap 25 mg</i> .....	88
<i>cvs sleep-aid nighttime</i> .....	83	<i>dantrolene sodium cap 50 mg</i> .....	88
<i>cyanocobalamin inj 1000 mcg/ml</i> .....	153	<i>dapsone tab 100 mg</i> .....	24
CYCLINEX-1 POW .....	92	<i>dapsone tab 25 mg</i> .....	24
CYCLINEX-2 POW .....	92	DAPTACEL INJ .....	149
<i>cyclobenzaprine hcl tab 10 mg</i> .....	88	<i>darifenacin hydrobromide tab er 24hr 15</i>	
<i>cyclobenzaprine hcl tab 5 mg</i> .....	87	<i>mg (base equiv)</i> .....	133
<i>cyclophosphamide cap 25 mg</i> .....	28	<i>darifenacin hydrobromide tab er 24hr 7.5</i>	
<i>cyclophosphamide cap 50 mg</i> .....	28	<i>mg (base equiv)</i> .....	133
<i>cyclophosphamide for inj 1 gm</i> .....	28	<i>darunavir tab 600 mg</i> .....	16
<i>cyclophosphamide for inj 2 gm</i> .....	28	<i>darunavir tab 800 mg</i> .....	16
<i>cyclophosphamide for inj 500 mg</i> .....	28	<i>dasatinib tab 100 mg</i> .....	34
<i>cycloserine cap 250 mg</i> .....	19	<i>dasatinib tab 140 mg</i> .....	34
<i>cyclosporine (ophth) emulsion 0.05% (pf)</i>		<i>dasatinib tab 20 mg</i> .....	34
.....	156	<i>dasatinib tab 50 mg</i> .....	34
<i>cyclosporine cap 100 mg</i> .....	147	<i>dasatinib tab 70 mg</i> .....	34
<i>cyclosporine cap 25 mg</i> .....	147	<i>dasatinib tab 80 mg</i> .....	34
<i>cyclosporine modified cap 100 mg</i> .....	147	<i>dasetta 1/35</i> .....	108
<i>cyclosporine modified cap 25 mg</i> .....	147	<i>dasetta 7/7/7</i> .....	108

<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i> .....	29	<i>desonide oint 0.05%</i> .....	171
DAYVIGO TAB 10MG .....	83	<i>desoximetasone cream 0.05%</i> .....	171
DAYVIGO TAB 5MG .....	83	<i>desoximetasone cream 0.25%</i> .....	171
<i>decitabine for inj 50 mg</i> .....	29	<i>desoximetasone gel 0.05%</i> .....	171
<i>deferiprone tab 1000 mg</i> .....	108	<i>desoximetasone oint 0.25%</i> .....	171
<i>deferiprone tab 500 mg</i> .....	108	<i>desoximetasone spray 0.25%</i> .....	171
<i>deflazacort susp 22.75 mg/ml</i> .....	115	<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> .....	64
<i>deflazacort tab 18 mg</i> .....	115	<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> .....	63
<i>deflazacort tab 30 mg</i> .....	115	<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> .....	64
<i>deflazacort tab 36 mg</i> .....	115	DEXAMETHASON CON 1MG/ML.....	115
<i>deflazacort tab 6 mg</i> .....	115	<i>dexamethasone elixir 0.5 mg/5ml</i> .....	115
DELSTRIGO TAB .....	18	<i>dexamethasone sodium phosphate inj 100 mg/10ml</i> .....	116
<i>delyla</i> .....	108	<i>dexamethasone sodium phosphate inj 10 mg/ml</i> .....	115
<i>demeclocycline hcl tab 150 mg</i> .....	27	<i>dexamethasone sodium phosphate inj 120 mg/30ml</i> .....	116
<i>demeclocycline hcl tab 300 mg</i> .....	27	<i>dexamethasone sodium phosphate inj 20 mg/5ml</i> .....	115
DENG VAXIA SUS .....	149	<i>dexamethasone sodium phosphate inj 4 mg/ml</i> .....	115
DEPO-ESTRADI INJ 5MG/ML .....	118	<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i> .....	116
DEPO-MEDROL INJ 20MG/ML.....	115	<i>dexamethasone sodium phosphate ophth soln 0.1%</i> .....	155
DEPO-SQ PROV INJ 104.....	108	<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i> .....	115
DESCOVY TAB 120-15MG.....	18	<i>dexamethasone soln 0.5 mg/5ml</i> .....	116
DESCOVY TAB 200/25MG.....	18	<i>dexamethasone tab 0.5 mg</i> .....	116
<i>desipramine hcl tab 100 mg</i> .....	63	<i>dexamethasone tab 0.75 mg</i> .....	116
<i>desipramine hcl tab 10 mg</i> .....	63	<i>dexamethasone tab 1.5 mg</i> .....	116
<i>desipramine hcl tab 150 mg</i> .....	63	<i>dexamethasone tab 1 mg</i> .....	116
<i>desipramine hcl tab 25 mg</i> .....	63	<i>dexamethasone tab 2 mg</i> .....	116
<i>desipramine hcl tab 50 mg</i> .....	63	<i>dexamethasone tab 4 mg</i> .....	116
<i>desipramine hcl tab 75 mg</i> .....	63	<i>dexamethasone tab 6 mg</i> .....	116
<i>desloratadine tab 5 mg</i> .....	158	DEXCOM G5 MIS RECEIVER.....	113
<i>desloratadine tab orally disintegrating 2.5 mg</i> .....	158	DEXCOM G5 MIS TRANSMIT .....	113
<i>desloratadine tab orally disintegrating 5 mg</i> .....	158	DEXCOM G6 MIS RECEIVER.....	113
<i>desmopressin acetate inj 4 mcg/ml</i> .....	124	DEXCOM G6 MIS SENSOR.....	113
<i>desmopressin acetate nasal spray soln 0.01%</i> .....	124	DEXCOM G6 MIS TRANSMIT .....	113
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> .....	124	DEXCOM G7 MIS RECEIVER.....	113
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i> .....	124		
<i>desmopressin acetate tab 0.1 mg</i> .....	124		
<i>desmopressin acetate tab 0.2 mg</i> .....	124		
<i>desonide cream 0.05%</i> .....	171		
<i>desonide lotion 0.05%</i> .....	171		



<i>diflorasone diacetate oint 0.05%</i> .....	171	<i>dimethyl fumarate capsule delayed release</i>	
<i>diflunisal tab 500 mg</i> .....	14	120 mg .....	87
<i>difluprednate ophth emulsion 0.05%</i> .....	155	<i>dimethyl fumarate capsule delayed release</i>	
<i>digoxin oral soln 0.05 mg/ml</i> .....	54	240 mg .....	87
<i>digoxin tab 125 mcg (0.125 mg)</i> .....	54	<i>dimethyl fumarate capsule dr starter pack</i>	
<i>digoxin tab 250 mcg (0.25 mg)</i> .....	54	120 mg & 240 mg .....	87
<i>digoxin tab 62.5 mcg (0.0625 mg)</i> .....	54	DIPENTUM CAP 250MG .....	128
<i>dihydroergotamine mesylate inj 1 mg/ml</i> .....	84	<i>diphenhydramine hcl elixir 12.5 mg/5ml</i> .....	158
DILANTIN CAP 30MG .....	75	<i>diphenhydramine hcl inj 50 mg/ml</i> .....	158
<i>diltiazem hcl cap er 12hr 120 mg</i> .....	53	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
<i>diltiazem hcl cap er 12hr 60 mg</i> .....	52	mg/5ml .....	125
<i>diltiazem hcl cap er 12hr 90 mg</i> .....	52	<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
<i>diltiazem hcl coated beads cap er 24hr 120</i>		mg .....	125
mg .....	53	<i>dipyridamole tab 25 mg</i> .....	137
<i>diltiazem hcl coated beads cap er 24hr 180</i>		<i>dipyridamole tab 50 mg</i> .....	137
mg .....	53	<i>dipyridamole tab 75 mg</i> .....	137
<i>diltiazem hcl coated beads cap er 24hr 240</i>		<i>disopyramide phosphate cap 100 mg</i> .....	45
mg .....	53	<i>disopyramide phosphate cap 150 mg</i> .....	45
<i>diltiazem hcl coated beads cap er 24hr 300</i>		<i>disulfiram tab 250 mg</i> .....	59
mg .....	53	<i>disulfiram tab 500 mg</i> .....	59
<i>diltiazem hcl coated beads cap er 24hr 360</i>		DIURIL SUS 250/5ML .....	55
mg .....	53	<i>divalproex sodium cap delayed release</i>	
<i>diltiazem hcl extended release beads cap</i>		sprinkle 125 mg .....	75
er 24hr 120 mg .....	53	<i>divalproex sodium tab delayed release 125</i>	
<i>diltiazem hcl extended release beads cap</i>		mg .....	75
er 24hr 180 mg .....	53	<i>divalproex sodium tab delayed release 250</i>	
<i>diltiazem hcl extended release beads cap</i>		mg .....	75
er 24hr 240 mg .....	53	<i>divalproex sodium tab delayed release 500</i>	
<i>diltiazem hcl extended release beads cap</i>		mg .....	75
er 24hr 300 mg .....	53	<i>divalproex sodium tab er 24 hr 250 mg</i> ....	75
<i>diltiazem hcl extended release beads cap</i>		<i>divalproex sodium tab er 24 hr 500 mg</i> ....	75
er 24hr 360 mg .....	53	<i>docetaxel for inj conc 160 mg/8ml (20</i>	
<i>diltiazem hcl extended release beads cap</i>		mg/ml) .....	40
er 24hr 420 mg .....	53	<i>docetaxel for inj conc 20 mg/ml</i> .....	39
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>		<i>docetaxel for inj conc 80 mg/4ml (20</i>	
.....	53	mg/ml) .....	40
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>		<i>docetaxel soln for iv infusion 160 mg/16ml</i>	
.....	53	.....	40
<i>diltiazem hcl tab 120 mg</i> .....	53	<i>docetaxel soln for iv infusion 20 mg/2ml</i> .....	40
<i>diltiazem hcl tab 30 mg</i> .....	53	<i>docetaxel soln for iv infusion 80 mg/8ml</i> .....	40
<i>diltiazem hcl tab 60 mg</i> .....	53	<i>dofetilide cap 125 mcg (0.125 mg)</i> .....	45
<i>diltiazem hcl tab 90 mg</i> .....	53	<i>dofetilide cap 250 mcg (0.25 mg)</i> .....	45
<i>diltiazem hcl tab er 24hr 120 mg</i> .....	53	<i>dofetilide cap 500 mcg (0.5 mg)</i> .....	45
<i>dilt-xr</i> .....	52		

<i>donepezil hydrochloride orally</i>		<i>doxycycline monohydrate for susp 25</i>	
<i>disintegrating tab 10 mg</i> .....	61	<i>mg/5ml</i> .....	27
<i>donepezil hydrochloride orally</i>		<i>doxycycline monohydrate tab 150 mg</i> .....	27
<i>disintegrating tab 5 mg</i> .....	61	<i>doxycycline monohydrate tab 50 mg</i> .....	27
<i>donepezil hydrochloride tab 10 mg</i> .....	61	<i>doxycycline monohydrate tab 75 mg</i> .....	27
<i>donepezil hydrochloride tab 23 mg</i> .....	61	<i>dronabinol cap 10 mg</i> .....	126
<i>donepezil hydrochloride tab 5 mg</i> .....	61	<i>dronabinol cap 2.5 mg</i> .....	126
DOPTELET SPR CAP 10MG .....	138	<i>dronabinol cap 5 mg</i> .....	126
DOPTELET TAB 20MG (10 TABLETS) .....	138	<i>drospirenone-ethinyl estradiol tab 3-0.02</i>	
DOPTELET TAB 20MG (15 TABLETS) .....	138	<i>mg</i> .....	109
DOPTELET TAB 20MG (30 TABLETS) .....	138	<i>drospirenone-ethinyl estradiol tab 3-0.03</i>	
<i>doxazosin mesylate hcl ophth soln 2%</i> .....	156	<i>mg</i> .....	109
<i>doxazosin mesylate hcl-timolol maleate ophth soln</i>		<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>2-0.5%</i> .....	156	<i>tab 3-0.02-0.451 mg</i> .....	109
DOVATO TAB 50-300MG.....	18	<i>drospirenone-ethinyl estrad-levomefolate</i>	
<i>doxazosin mesylate tab 1 mg</i> .....	131	<i>tab 3-0.03-0.451 mg</i> .....	109
<i>doxazosin mesylate tab 2 mg</i> .....	131	DROXIA CAP 200MG .....	137
<i>doxazosin mesylate tab 4 mg</i> .....	131	DROXIA CAP 300MG .....	137
<i>doxazosin mesylate tab 8 mg</i> .....	131	DROXIA CAP 400MG .....	137
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	83	DUAVEE TAB 0.45-20.....	118
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	83	<i>duloxetine hcl enteric coated pellets cap 20</i>	
<i>doxepin hcl cap 100 mg</i> .....	64	<i>mg (base eq)</i> .....	64
<i>doxepin hcl cap 10 mg</i> .....	64	<i>duloxetine hcl enteric coated pellets cap 30</i>	
<i>doxepin hcl cap 150 mg</i> .....	64	<i>mg (base eq)</i> .....	64
<i>doxepin hcl cap 25 mg</i> .....	64	<i>duloxetine hcl enteric coated pellets cap 60</i>	
<i>doxepin hcl cap 50 mg</i> .....	64	<i>mg (base eq)</i> .....	64
<i>doxepin hcl cap 75 mg</i> .....	64	DUPIXENT INJ 200/1.14 .....	169
<i>doxepin hcl conc 10 mg/ml</i> .....	64	DUPIXENT INJ 200MG .....	164
<i>doxepin hcl cream 5%</i> .....	169	DUPIXENT INJ 300/2ML .....	164, 169
<i>doxercalciferol cap 0.5 mcg</i> .....	124	DUREX MIS REALFEEL.....	109
<i>doxercalciferol cap 1 mcg</i> .....	124	<i>dutasteride cap 0.5 mg</i> .....	131
<i>doxercalciferol cap 2.5 mcg</i> .....	124	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	
<i>doxorubicin hcl for inj 10 mg</i> .....	29	.....	131
<i>doxorubicin hcl inj 2 mg/ml</i> .....	29	<b>E</b>	
<i>doxorubicin hcl liposomal susp (for iv</i>		<i>e.e.s. 400</i> .....	22
<i>infusion) 2 mg/ml</i> .....	29	EAA SUPPLEME POW TROPICAL.....	93
<i>doxy 100</i> .....	27	EBGLYSS INJ 250/2ML .....	169, 170
<i>doxycycline hyclate cap 100 mg</i> .....	27	<i>econazole nitrate cream 1%</i> .....	168
<i>doxycycline hyclate cap 50 mg</i> .....	27	EDURANT PED TAB 2.5MG .....	16
<i>doxycycline hyclate for inj 100 mg</i> .....	27	EDURANT TAB 25MG.....	16
<i>doxycycline hyclate tab 100 mg</i> .....	27	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
<i>doxycycline hyclate tab 20 mg</i> .....	27	<i>600-200-300 mg</i> .....	18
<i>doxycycline monohydrate cap 100 mg</i> .....	27	<i>efavirenz-lamivudine-tenofovir df tab 400-</i>	
<i>doxycycline monohydrate cap 50 mg</i> .....	27	<i>300-300 mg</i> .....	19

<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	19	<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	42
<i>efavirenz tab 600 mg</i> .....	16	<i>enalapril maleate tab 10 mg</i> .....	42
EFFER-K TAB 25MEQ EF .....	151	<i>enalapril maleate tab 2.5 mg</i> .....	42
ELECARE DHA/ POW ARA INFA.....	93	<i>enalapril maleate tab 20 mg</i> .....	42
ELECARE POW DHA/ARA .....	93	<i>enalapril maleate tab 5 mg</i> .....	42
ELESTRIN GEL 0.06%.....	118	ENBREL INJ 25/0.5ML .....	140
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i> .....	85	ENBREL INJ 25MG .....	140
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i> .....	85	ENBREL INJ 50MG/ML .....	140
ELIGARD INJ 22.5MG .....	32	ENBREL MINI INJ 50MG/ML.....	140
ELIGARD INJ 30MG .....	32	ENBREL SRCLK INJ 50MG/ML .....	140
ELIGARD INJ 45MG .....	32	ENCARE SUP 100MG .....	132
ELIGARD INJ 7.5MG .....	32	<i>endocet tab 10-325mg</i> .....	4
<i>elinest</i> .....	109	<i>endocet tab 2.5-325</i> .....	3
ELIQUIS CAP 0.15MG.....	134	<i>endocet tab 5-325mg</i> .....	3
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ELMIRON CAP 100MG .....	133	<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i> .....	134
EMGALITY INJ 100MG/ML.....	85	<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> .....	134
EMGALITY INJ 120MG/ML .....	85	<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> .....	134
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<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	19	<i>entecavir tab 0.5 mg</i> .....	23
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	19	<i>entecavir tab 1 mg</i> .....	23
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ENTYVIO INJ 300MG.....	138	<i>erythromycin soln 2%</i> .....	167
ENTYVIO PEN INJ 108/0.68 .....	141	<i>erythromycin tab 250 mg</i> .....	22
<i>enulose</i> .....	128	<i>erythromycin tab 500 mg</i> .....	22
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ENVARBUS XR TAB 1MG .....	147	<i>erythromycin tab delayed release 333 mg</i> .....	22
ENVARBUS XR TAB 4MG.....	147	<i>erythromycin tab delayed release 500 mg</i> .....	22
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<i>epinastine hcl ophth soln 0.05%</i> .....	155	ERZOFRI INJ 39/0.25 .....	71
<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i> .....	157	ERZOFRI INJ 78/0.5ML.....	71
<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.3ml (1:2000)</i> .....	157	<i>escitalopram oxalate soln 5 mg/5ml (base</i> <i>equiv)</i> .....	64
<i>epinephrine solution auto-injector 0.3</i> <i>mg/0.3ml (1:1000)</i> .....	157	<i>escitalopram oxalate tab 10 mg (base</i> <i>equiv)</i> .....	65
EPIPEN 2-PAK INJ 0.3MG .....	157	<i>escitalopram oxalate tab 20 mg (base</i> <i>equiv)</i> .....	65
<i>eplerenone tab 25 mg</i> .....	43	<i>escitalopram oxalate tab 5 mg (base equiv)</i> .....	64
<i>eplerenone tab 50 mg</i> .....	43	<i>esomeprazole magnesium cap delayed</i> <i>release 20 mg (base eq)</i> .....	130
<i>eq urinary pain relief</i> .....	133	<i>esomeprazole magnesium cap delayed</i> <i>release 40 mg (base eq)</i> .....	130
ERBITUX INJ 100MG .....	31	<i>esomeprazole magnesium for delayed</i> <i>release susp pack 2.5 mg</i> .....	130
ERBITUX INJ 200MG.....	31	<i>esomeprazole magnesium for delayed</i> <i>release susp packet 10 mg</i> .....	130
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> .	153	<i>esomeprazole magnesium for delayed</i> <i>release susp packet 5 mg</i> .....	130
ERGOMAR SUB 2MG.....	84	<i>estazolam tab 1 mg</i> .....	83
<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	84	<i>estazolam tab 2 mg</i> .....	83
ERIVEDGE CAP 150MG .....	31	<i>estradiol &amp; norethindrone acetate tab 0.5-</i> <i>0.1 mg</i> .....	118
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ERLEADA TAB 60MG.....	32	<i>estradiol gel 0.06% (0.75 mg/1.25 gm</i> <i>metered-dose pump)</i> .....	118
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	34	<i>estradiol tab 0.5 mg</i> .....	118
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	34		
<i>erlotinib hcl tab 25 mg (base equivalent)</i> ..	34		
<i>errin</i> .....	109		
ERTACZO CRE 2%.....	168		
<i>ertapenem sodium for inj 1 gm (base</i> <i>equivalent)</i> .....	24		
<i>ery</i> .....	167		
<i>erythromycin ethylsuccinate for susp 200</i> <i>mg/5ml</i> .....	22		
<i>erythromycin ethylsuccinate for susp 400</i> <i>mg/5ml</i> .....	22		
<i>erythromycin gel 2%</i> .....	167		
<i>erythromycin ophth oint 5 mg/gm</i> .....	154		

estradiol tab 1 mg .....	119	etodolac cap 200 mg.....	1
estradiol tab 2 mg.....	119	etodolac cap 300 mg.....	1
estradiol td gel 0.25 mg/0.25gm (0.1%) ..	119	etodolac tab 400 mg .....	1
estradiol td gel 0.5 mg/0.5gm (0.1%) .....	119	etodolac tab 500 mg .....	1
estradiol td gel 0.75 mg/0.75gm (0.1%) ..	119	etodolac tab er 24hr 400 mg .....	1
estradiol td gel 1.25 mg/1.25gm (0.1%) ....	119	etodolac tab er 24hr 500 mg .....	1
estradiol td gel 1 mg/gm (0.1%) .....	119	etodolac tab er 24hr 600 mg.....	1
estradiol td patch twice weekly 0.025		etonogestrel-ethinyl estradiol va ring 0.12-	
mg/24hr .....	119	0.015 mg/24hr .....	109
estradiol td patch twice weekly 0.0375		etoposide cap 50 mg .....	41
mg/24hr .....	119	etoposide inj 100 mg/5ml (20 mg/ml) .....	41
estradiol td patch twice weekly 0.05		etoposide inj 1 gm/50ml (20 mg/ml) .....	41
mg/24hr .....	119	etoposide inj 500 mg/25ml (20 mg/ml) ....	41
estradiol td patch twice weekly 0.075		etravirine tab 100 mg.....	16
mg/24hr .....	119	etravirine tab 200 mg .....	16
estradiol td patch twice weekly 0.1 mg/24hr		EUCRISA OIN 2%.....	170
.....	119	EVAMIST SPR 1.53MG .....	121
estradiol td patch weekly 0.025 mg/24hr		everolimus tab 0.25 mg .....	147
.....	120	everolimus tab 0.5 mg .....	147
estradiol td patch weekly 0.0375 mg/24hr		everolimus tab 0.75 mg .....	147
(37.5 mcg/24hr).....	120	everolimus tab 10 mg .....	34
estradiol td patch weekly 0.05 mg/24hr .	120	everolimus tab 1 mg .....	147
estradiol td patch weekly 0.06 mg/24hr .	120	everolimus tab 2.5 mg .....	34
estradiol td patch weekly 0.075 mg/24hr		everolimus tab 5 mg .....	34
.....	120	everolimus tab 7.5 mg .....	34
estradiol td patch weekly 0.1 mg/24hr ....	120	everolimus tab for oral susp 2 mg.....	34
estradiol vaginal cream 0.01% .....	120	everolimus tab for oral susp 3 mg.....	34
estradiol valerate im in oil 20 mg/ml .....	120	everolimus tab for oral susp 5 mg.....	34
estradiol valerate im in oil 40 mg/ml .....	120	EVRYSDI SOL.....	86
estrogens, conjugated tab 0.3 mg .....	120	EVRYSDI TAB 5MG .....	86
estrogens, conjugated tab 0.45 mg.....	120	exemestane tab 25 mg .....	32
estrogens, conjugated tab 0.625 mg.....	120	ezetimibe-simvastatin tab 10-10 mg .....	49
estrogens, conjugated tab 0.9 mg .....	120	ezetimibe-simvastatin tab 10-20 mg.....	49
estrogens, conjugated tab 1.25 mg .....	120	ezetimibe-simvastatin tab 10-40 mg.....	49
eszopiclone tab 1 mg .....	83	ezetimibe-simvastatin tab 10-80 mg.....	49
eszopiclone tab 2 mg.....	84	ezetimibe tab 10 mg.....	46
eszopiclone tab 3 mg .....	84	<b>F</b>	
ethacrynic acid tab 25 mg .....	55	F.A.A. LIQ.....	93
ethambutol hcl tab 100 mg .....	19	falmina .....	109
ethambutol hcl tab 400 mg .....	19	famciclovir tab 125 mg .....	20
ethosuximide cap 250 mg .....	75	famciclovir tab 250 mg .....	20
ethosuximide soln 250 mg/5ml .....	75	famciclovir tab 500 mg .....	20
ethynodiol diacetate & ethinyl estradiol tab		famotidine for susp 40 mg/5ml .....	127
1 mg-50 mcg .....	109		

<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	FETZIMA CAP 40MG .....	65
.....	FETZIMA CAP 80MG .....	65
<i>famotidine preservative free inj 20 mg/2ml</i>	FETZIMA CAP TITRATIO .....	65
.....	FIASP FLEX INJ TOUCH .....	104
<i>famotidine tab 20 mg</i> .....	FIASP INJ 100/ML .....	104
<i>famotidine tab 40 mg</i> .....	FIASP PENFIL INJ U-100 .....	105
FASENRA PEN INJ 30MG/ML .....	FIASP PMPCRT INJ U-100 .....	105
FASTCLIX MIS LANCETS .....	FIBERSOURCE LIQ CLS SYS .....	93
FC2 FEMALE MIS CONDOM .....	FIBERSOUR HN LIQ CLS SYS .....	93
<i>febuxostat tab 40 mg</i> .....	<i>fidaxomicin tab 200 mg</i> .....	23
<i>febuxostat tab 80 mg</i> .....	FINACEA AER 15% .....	173
<i>felbamate susp 600 mg/5ml</i> .....	<i>finasteride tab 5 mg</i> .....	131
<i>felbamate tab 400 mg</i> .....	<i> fingolimod hcl cap 0.5 mg (base equiv)</i> ....	87
<i>felbamate tab 600 mg</i> .....	<i>flecainide acetate tab 100 mg</i> .....	45
<i>felodipine tab er 24hr 10 mg</i> .....	<i>flecainide acetate tab 150 mg</i> .....	45
<i>felodipine tab er 24hr 2.5 mg</i> .....	<i>flecainide acetate tab 50 mg</i> .....	45
<i>felodipine tab er 24hr 5 mg</i> .....	FLEXICHAMBER MIS MASK SM .....	164
FEMCAP MIS 22MM .....	FLUAD INJ 2025-26 .....	149
FEMCAP MIS 26MM .....	<i>fluconazole for susp 10 mg/ml</i> .....	15
FEMCAP MIS 30MM .....	<i>fluconazole for susp 40 mg/ml</i> .....	15
FEMLYV TAB 1/0.02MG .....	<i>fluconazole tab 100 mg</i> .....	15
<i>fenofibrate cap 150 mg</i> .....	<i>fluconazole tab 150 mg</i> .....	15
<i>fenofibrate micronized cap 134 mg</i> .....	<i>fluconazole tab 200 mg</i> .....	15
<i>fenofibrate micronized cap 200 mg</i> .....	<i>fluconazole tab 50 mg</i> .....	15
<i>fenofibrate micronized cap 43 mg</i> .....	<i>fludarabine phosphate for inj 50 mg</i> .....	29
<i>fenofibrate micronized cap 67 mg</i> .....	<i>fludarabine phosphate inj 25 mg/ml</i> .....	29
<i>fenofibrate tab 145 mg</i> .....	<i>fludrocortisone acetate tab 0.1 mg</i> .....	116
<i>fenofibrate tab 160 mg</i> .....	FLUMIST NASA LIQ 2025-26 .....	149
<i>fenofibrate tab 48 mg</i> .....	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	
<i>fenofibrate tab 54 mg</i> .....	.....	163
<i>fentanyl td patch 72hr 100 mcg/hr</i> .....	<i>fluocinolone acetonide (otic) oil 0.01%</i> ...	174
<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	<i>fluocinolone acetonide cream 0.01%</i> .....	171
<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	<i>fluocinolone acetonide cream 0.025%</i> ....	171
<i>fentanyl td patch 72hr 37.5 mcg/hr</i> .....	<i>fluocinolone acetonide oil 0.01% (body oil)</i>	
<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	.....	171
<i>fentanyl td patch 72hr 62.5 mcg/hr</i> .....	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	
<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	.....	171
<i>fentanyl td patch 72hr 87.5 mcg/hr</i> .....	<i>fluocinolone acetonide oint 0.025%</i> .....	171
FERPRX 2-DAY TAB 1000MG .....	<i>fluocinolone acetonide soln 0.01%</i> .....	171
FERRIPROX SOL 100MG/ML .....	<i>fluocinonide cream 0.05%</i> .....	171
<i>fesoterodine fumarate tab er 24hr 4 mg</i> .	<i>fluocinonide gel 0.05%</i> .....	171
<i>fesoterodine fumarate tab er 24hr 8 mg</i> .	<i>fluocinonide oint 0.05%</i> .....	171
FETZIMA CAP 120MG .....	<i>fluocinonide soln 0.05%</i> .....	171
FETZIMA CAP 20MG .....	<i>fluorouracil cream 5%</i> .....	167

<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	
.....	29
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	
.....	29
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	
.....	30
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	
.....	29
<i>fluorouracil soln 2%</i>	167
<i>fluorouracil soln 5%</i>	168
<i>fluoxetine hcl cap 10 mg</i>	65
<i>fluoxetine hcl cap 20 mg</i>	65
<i>fluoxetine hcl cap 40 mg</i>	65
<i>fluoxetine hcl cap delayed release 90 mg</i>	65
<i>fluoxetine hcl solution 20 mg/5ml</i>	65
<i>fluoxetine hcl tab 10 mg</i>	65
<i>fluoxetine hcl tab 20 mg</i>	65
<i>fluphenazine decanoate inj 25 mg/ml</i>	71
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	71
<i>fluphenazine hcl inj 2.5 mg/ml</i>	71
<i>fluphenazine hcl oral conc 5 mg/ml</i>	71
<i>fluphenazine hcl tab 10 mg</i>	71
<i>fluphenazine hcl tab 1 mg</i>	71
<i>fluphenazine hcl tab 2.5 mg</i>	71
<i>fluphenazine hcl tab 5 mg</i>	71
<i>flurbiprofen sodium ophth soln 0.03%</i>	155
<i>flurbiprofen tab 50 mg</i>	1
<i>fluticasone furoate aerosol powder breath activ 100 mcg/act</i>	165
<i>fluticasone furoate aerosol powder breath activ 200 mcg/act</i>	165
<i>fluticasone furoate aerosol powder breath activ 50 mcg/act</i>	165
<i>fluticasone propionate cream 0.05%</i>	171
<i>fluticasone propionate lotion 0.05%</i>	171
<i>fluticasone propionate nasal susp 50 mcg/act</i>	163
<i>fluticasone propionate oint 0.005%</i>	171
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	166
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	166
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	166
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	47
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	48
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	48
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	60
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	60
<i>fluvoxamine maleate tab 100 mg</i>	60
<i>fluvoxamine maleate tab 25 mg</i>	60
<i>fluvoxamine maleate tab 50 mg</i>	60
<i>folic acid cap 0.8 mg</i>	153
<i>folic acid tab 1 mg</i>	153
<i>folic acid tab 400 mcg</i>	153
<i>folic acid tab 800 mcg</i>	153
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	135
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	134
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	134
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	134
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	160
<i>FOSAMAX + D TAB 70-2800</i>	107
<i>FOSAMAX + D TAB 70-5600</i>	107
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	17
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	15
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	42
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	42
<i>fosinopril sodium tab 10 mg</i>	42
<i>fosinopril sodium tab 20 mg</i>	42
<i>fosinopril sodium tab 40 mg</i>	42
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	75
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	75
<i>FRAGMIN INJ 10000/ML</i>	135
<i>FRAGMIN INJ 12500UNT</i>	135

FRAGMIN INJ 15000UNT .....	135	<i>gemcitabine hcl for inj 200 mg</i> .....	30
FRAGMIN INJ 18000UNT .....	135	<i>gemcitabine hcl for inj 2 gm</i> .....	30
FRAGMIN INJ 2500/0.2 .....	135	<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i>	
FRAGMIN INJ 2500/ML .....	135	<i>(base equiv)</i> .....	30
FRAGMIN INJ 5000/0.2 .....	135	<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>	
FRAGMIN INJ 7500/0.3 .....	135	<i>mg/ml) (base equiv)</i> .....	30
FRAGMIN INJ 95000UNT .....	135	<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>	
<i>fulvestrant inj soln pref syr 250 mg/5ml</i> ...	32	<i>mg/ml) (base equiv)</i> .....	30
<i>furosemide inj 10 mg/ml</i> .....	55	<i>gemfibrozil tab 600 mg</i> .....	47
<i>furosemide oral soln 10 mg/ml</i> .....	55	<i>gemmily</i> .....	109
<i>furosemide oral soln 8 mg/ml</i> .....	55	<i>gengraf</i> .....	147
<i>furosemide tab 20 mg</i> .....	55	<i>gentamicin sulfate cream 0.1%</i> .....	168
<i>furosemide tab 40 mg</i> .....	55	<i>gentamicin sulfate inj 40 mg/ml</i> .....	15
<i>furosemide tab 80 mg</i> .....	55	<i>gentamicin sulfate oint 0.1%</i> .....	168
FYCOMPA SUS 0.5MG/ML.....	75	<i>gentamicin sulfate ophth soln 0.3%</i> .....	154
FYLNETRA INJ 6MG/0.6 .....	136	GENVOYA TAB .....	19
<b>G</b>		GLARGIN YFGN INJ 100U/ML.....	105
GA-1 ANAMIX POW ERLY YRS.....	93	GLARGIN YFGN SOL 100U/ML.....	105
<i>gabapentin cap 100 mg</i> .....	75	<i>glatiramer acetate soln prefilled syringe 40</i>	
<i>gabapentin cap 300 mg</i> .....	75	<i>mg/ml</i> .....	87
<i>gabapentin cap 400 mg</i> .....	75	<i>glatopa</i> .....	87
<i>gabapentin oral soln 250 mg/5ml</i> .....	75	GLEOSTINE CAP 100MG.....	28
<i>gabapentin tab 600 mg</i> .....	75	GLEOSTINE CAP 10MG .....	28
<i>gabapentin tab 800 mg</i> .....	75	GLEOSTINE CAP 40MG .....	28
<i>galantamine hydrobromide cap er 24hr 16</i>		GLIADEL WAF 7.7MG .....	28
<i>mg</i> .....	61	<i>glimepiride tab 1 mg</i> .....	106
<i>galantamine hydrobromide cap er 24hr 24</i>		<i>glimepiride tab 2 mg</i> .....	106
<i>mg</i> .....	61	<i>glimepiride tab 4 mg</i> .....	106
<i>galantamine hydrobromide cap er 24hr 8</i>		<i>glipizide-metformin hcl tab 2.5-250 mg</i> ..	103
<i>mg</i> .....	61	<i>glipizide-metformin hcl tab 2.5-500 mg</i> .	103
<i>galantamine hydrobromide oral soln 4</i>		<i>glipizide-metformin hcl tab 5-500 mg</i> ....	103
<i>mg/ml</i> .....	61	<i>glipizide tab 10 mg</i> .....	106
<i>galantamine hydrobromide tab 12 mg</i> .....	61	<i>glipizide tab 5 mg</i> .....	106
<i>galantamine hydrobromide tab 4 mg</i> .....	61	<i>glipizide tab er 24hr 10 mg</i> .....	106
<i>galantamine hydrobromide tab 8 mg</i> .....	61	<i>glipizide tab er 24hr 2.5 mg</i> .....	106
<i>galbriela</i> .....	109	<i>glipizide tab er 24hr 5 mg</i> .....	106
GANIRELIX AC INJ 250/0.5.....	115	<i>glucagon for inj 1 mg</i> .....	117
GA POW .....	93	GLUCERNA 1.0 LIQ CARB VAN .....	93
GARDASIL 9 INJ .....	149	GLUCERNA LIQ 1.2 CAL .....	93
<i>gatifloxacin ophth soln 0.5%</i> .....	154	GLUCERNA SEL LIQ VANILLA.....	93
<i>gavilyte-c</i> .....	128	GLUTAREX-1 POW .....	93
<i>gavilyte-g</i> .....	128	GLUTAREX-2 POW .....	94
GAZYVA INJ 25MG/ML.....	32	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i> .	125
<i>gemcitabine hcl for inj 1 gm</i> .....	30		

<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	125
<i>glycopyrrolate oral soln 1 mg/5ml</i>	125
<i>glycopyrrolate tab 1 mg</i>	125
<i>glycopyrrolate tab 2 mg</i>	125
GLYTACTIN PAK BTMK/DLT	94
GLYTACTIN POW BETMLK15	94
GLYTACTIN POW RST LT10	94
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<i>methylphenidate hcl tab er 10 mg .....</i>	<i>82</i>	<i>(tartrate equiv) .....</i>	<i>51</i>
<i>methylphenidate hcl tab er 20 mg .....</i>	<i>83</i>	<i>metoprolol succinate tab er 24hr 200 mg</i>	
<i>methylphenidate hcl tab er osmotic release</i>		<i>(tartrate equiv) .....</i>	<i>51</i>
<i>(osm) 18 mg .....</i>	<i>83</i>	<i>metoprolol succinate tab er 24hr 25 mg</i>	
<i>methylphenidate hcl tab er osmotic release</i>		<i>(tartrate equiv) .....</i>	<i>51</i>
<i>(osm) 27 mg .....</i>	<i>83</i>	<i>metoprolol succinate tab er 24hr 50 mg</i>	
<i>methylphenidate hcl tab er osmotic release</i>		<i>(tartrate equiv) .....</i>	<i>51</i>
<i>(osm) 36 mg .....</i>	<i>83</i>	<i>metoprolol tartrate tab 100 mg .....</i>	<i>51</i>
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<i>(osm) 54 mg .....</i>	<i>83</i>	<i>metoprolol tartrate tab 50 mg .....</i>	<i>51</i>
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<i>mg/ml .....</i>	<i>116</i>	<i>metronidazole cream 0.75% .....</i>	<i>173</i>
<i>methylprednisolone acetate inj susp 80</i>		<i>metronidazole gel 0.75% .....</i>	<i>173</i>
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<i>methylprednisolone tab 16 mg .....</i>	<i>116</i>	<i>metronidazole vaginal gel 0.75% .....</i>	<i>133</i>
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<i>mirtazapine tab 30 mg</i> .....	66	<i>morphine sulfate beads cap er 24hr 75 mg</i>	7
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<i>mitomycin for iv soln 5 mg</i> .....	29	<i>morphine sulfate cap er 24hr 60 mg</i> .....	7
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		<i>morphine sulfate cap er 24hr 80 mg</i> .....	7
<i>mg/ml)</i> .....	29	<i>morphine sulfate iv soln 10 mg/ml</i> .....	8
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2</i>		<i>morphine sulfate iv soln 4 mg/ml</i> .....	8
<i>mg/ml)</i> .....	29	<i>morphine sulfate oral soln 100 mg/5ml (20</i>	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>		<i>mg/ml)</i> .....	8
<i>mg/ml)</i> .....	29	<i>morphine sulfate oral soln 10 mg/5ml</i> .....	8
MIUDELLA IUD COPPER .....	110	<i>morphine sulfate oral soln 20 mg/5ml</i> .....	8
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<i>modafinil tab 100 mg</i> .....	89	<i>morphine sulfate tab er 200 mg</i> .....	8
<i>modafinil tab 200 mg</i> .....	89	<i>morphine sulfate tab er 30 mg</i> .....	8
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<i>paricalcitol cap 4 mcg</i> .....	125
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<i>paroxetine hcl tab 20 mg</i> .....	66
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<i>pirfenidone tab 267 mg</i> .....	164	<i>potassium chloride tab er 15 meq</i> .....	152
<i>pirfenidone tab 801 mg</i> .....	164	<i>potassium chloride tab er 20 meq (1500 mg)</i> .....	152
<i>piroxicam cap 10 mg</i> .....	2	<i>potassium chloride tab er 8 meq (600 mg)</i> .....	152
<i>piroxicam cap 20 mg</i> .....	2	<i>potassium citrate tab er 10 meq (1080 mg)</i> .....	133
<i>pitavastatin calcium tab 1 mg</i> .....	48	<i>potassium citrate tab er 15 meq (1620 mg)</i> .....	133
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<i>pitavastatin calcium tab 4 mg</i> .....	48	<i>PPA/MMA POW EXPRESS</i> .....	99
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<i>PKU EXPLORE5 POW UNFLAVOR</i> .....	99	<i>pramipexole dihydrochloride tab 0.25 mg</i> .....	69
<i>PLENVU SOL</i> .....	129	<i>pramipexole dihydrochloride tab 0.5 mg</i> .....	69
<i>PNEUMOVAX 23 INJ 25/0.5</i> .....	150	<i>pramipexole dihydrochloride tab 0.75 mg</i> .....	69
<i>pnv-dha</i> .....	152	<i>pramipexole dihydrochloride tab 1.5 mg</i> .....	69
<i>pnv-select</i> .....	152	<i>pramipexole dihydrochloride tab 1 mg</i> .....	69
<i>podofilox gel 0.5%</i> .....	172	<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> .....	69
<i>podofilox soln 0.5%</i> .....	172	<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> .....	69
<i>POLIVY INJ 140MG</i> .....	39	<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> .....	69
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<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> .....	129	<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> .....	70
<i>polymyxin b sulfate for inj 500000 unit</i> ....	25	<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> .....	70
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	155	<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> .....	70
<i>POMALYST CAP 1MG</i> .....	31	<i>prasugrel hcl tab 10 mg (base equiv)</i> .....	137
<i>POMALYST CAP 2MG</i> .....	31	<i>prasugrel hcl tab 5 mg (base equiv)</i> .....	137
<i>POMALYST CAP 3MG</i> .....	31	<i>pravastatin sodium tab 10 mg</i> .....	48
<i>POMALYST CAP 4MG</i> .....	31	<i>pravastatin sodium tab 20 mg</i> .....	48
<i>PORTAGEN POW</i> .....	99	<i>pravastatin sodium tab 40 mg</i> .....	48
<i>portia-28</i> .....	111	<i>pravastatin sodium tab 80 mg</i> .....	48
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<i>posaconazole tab delayed release 100 mg</i> .....	15		
<i>potassium chloride cap er 10 meq</i> .....	151		
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<i>potassium chloride inj 2 meq/ml</i> .....	151		
<i>potassium chloride microencapsulated crys er tab 10 meq</i> .....	151		
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<i>prazosin hcl cap 5 mg</i> .....	43	PREZISTA SUS 100MG/ML .....	17
<i>prednisolone acetate ophth susp 1%</i> .....	155	PREZISTA TAB 150MG .....	17
<i>prednisolone sodium phosphate oral soln</i> <i>25 mg/5ml (base eq)</i> .....	117	PREZISTA TAB 75MG .....	17
<i>prednisolone sod phos orally disintegr tab</i> <i>10 mg (base eq)</i> .....	116	PRIFTIN TAB 150MG .....	20
<i>prednisolone sod phos orally disintegr tab</i> <i>15 mg (base eq)</i> .....	116	<i>primaquine phosphate tab 26.3 mg (15 mg</i> <i>base)</i> .....	16
<i>prednisolone sod phos orally disintegr tab</i> <i>30 mg (base eq)</i> .....	117	<i>primidone tab 250 mg</i> .....	78
<i>prednisolone sod phosphate oral soln 15</i> <i>mg/5ml (base equiv)</i> .....	117	<i>primidone tab 50 mg</i> .....	78
<i>prednisolone sod phosphate oral soln 5</i> <i>mg/5ml (base equiv)</i> .....	117	PRIORIX INJ .....	150
<i>prednisolone soln 15 mg/5ml</i> .....	117	<i>probenecid tab 500 mg</i> .....	1
PREDNISON CON 5MG/ML .....	117	<i>procainamide hcl inj 100 mg/ml</i> .....	46
<i>prednisone oral soln 5 mg/5ml</i> .....	117	<i>prochlorperazine maleate tab 10 mg (base</i> <i>equivalent)</i> .....	126
<i>prednisone tab 10 mg</i> .....	117	<i>prochlorperazine maleate tab 5 mg (base</i> <i>equivalent)</i> .....	126
<i>prednisone tab 1 mg</i> .....	117	<i>prochlorperazine suppos 25 mg</i> .....	126
<i>prednisone tab 2.5 mg</i> .....	117	<i>proctozone-hc</i> .....	131
<i>prednisone tab 20 mg</i> .....	117	<i>progesterone cap 100 mg</i> .....	123
<i>prednisone tab 50 mg</i> .....	117	<i>progesterone cap 200 mg</i> .....	123
<i>prednisone tab 5 mg</i> .....	117	PROGRAF CAP 0.5MG .....	148
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<i>prednisone tab therapy pack 5 mg (21)</i> ....	117	PROGRAF GRA 0.2MG .....	148
<i>prednisone tab therapy pack 5 mg (48)</i> ....	117	PROGRAF GRA 1MG .....	148
PRED SOD PHO SOL 1% OP .....	155	PROLASTIN-C INJ 1000MG .....	157
<i>pregabalin cap 100 mg</i> .....	77	PROLIA INJ 60MG/ML .....	107
<i>pregabalin cap 150 mg</i> .....	77	PROMACTIN AA SUS PLUS .....	99
<i>pregabalin cap 200 mg</i> .....	77	<i>promethazine &amp; phenylephrine syrup 6.25-</i> <i>5 mg/5ml</i> .....	161
<i>pregabalin cap 225 mg</i> .....	77	<i>promethazine-dm syrup 6.25-15 mg/5ml</i> ..	161
<i>pregabalin cap 25 mg</i> .....	77	<i>promethazine hcl inj 25 mg/ml</i> .....	126
<i>pregabalin cap 300 mg</i> .....	77	<i>promethazine hcl inj 50 mg/ml</i> .....	126
<i>pregabalin cap 50 mg</i> .....	77	<i>promethazine hcl oral soln 6.25 mg/5ml</i> ..	127
<i>pregabalin cap 75 mg</i> .....	77	<i>promethazine hcl suppos 12.5 mg</i> .....	127
<i>pregabalin soln 20 mg/ml</i> .....	77	<i>promethazine hcl suppos 25 mg</i> .....	127
PREMARIN VAG CRE 0.625MG .....	121	<i>promethazine hcl tab 12.5 mg</i> .....	127
<i>prenatal 19</i> .....	152	<i>promethazine hcl tab 25 mg</i> .....	127
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<i>prevalite</i> .....	46	<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i> .....	161
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		PROMOTE/ LIQ FIBER .....	99

PROMOTE 1.0 LIQ W/ FIBER .....	99
PROMOTE LIQ VANILLA .....	99
PROMOTE W/FB LIQ VANILLA.....	99
PROMOTE W/ LIQ FIBER .....	99
<i>propafenone hcl cap er 12hr 225 mg</i> .....	46
<i>propafenone hcl cap er 12hr 325 mg</i> .....	46
<i>propafenone hcl cap er 12hr 425 mg</i> .....	46
<i>propafenone hcl tab 150 mg</i> .....	46
<i>propafenone hcl tab 225 mg</i> .....	46
<i>propafenone hcl tab 300 mg</i> .....	46
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PROPIMEX-1 POW .....	99
PROPIMEX-2 POW .....	99
<i>propranolol hcl cap er 24hr 120 mg</i> .....	51
<i>propranolol hcl cap er 24hr 160 mg</i> .....	51
<i>propranolol hcl cap er 24hr 60 mg</i> .....	51
<i>propranolol hcl cap er 24hr 80 mg</i> .....	51
<i>propranolol hcl oral soln 20 mg/5ml</i> .....	51
<i>propranolol hcl oral soln 40 mg/5ml</i> .....	51
<i>propranolol hcl tab 10 mg</i> .....	51
<i>propranolol hcl tab 20 mg</i> .....	51
<i>propranolol hcl tab 40 mg</i> .....	51
<i>propranolol hcl tab 60 mg</i> .....	51
<i>propranolol hcl tab 80 mg</i> .....	52
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<i>protriptyline hcl tab 10 mg</i> .....	67
<i>protriptyline hcl tab 5 mg</i> .....	67
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<i>pyrazinamide tab 500 mg</i> .....	20
<i>pyridostigmine bromide oral soln 60</i> <i>mg/5ml</i> .....	88
<i>pyridostigmine bromide tab 60 mg</i> .....	88
<i>pyridostigmine bromide tab er 180 mg</i> .....	88
<i>pyridoxine hcl tab 25 mg</i> .....	153
<i>pyridoxine hcl tab 50 mg</i> .....	153
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<i>quetiapine fumarate tab 100 mg</i> .....	72
<i>quetiapine fumarate tab 200 mg</i> .....	72
<i>quetiapine fumarate tab 25 mg</i> .....	72
<i>quetiapine fumarate tab 300 mg</i> .....	73
<i>quetiapine fumarate tab 400 mg</i> .....	73
<i>quetiapine fumarate tab 50 mg</i> .....	72
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<i>quetiapine fumarate tab er 24hr 200 mg</i> ..73	
<i>quetiapine fumarate tab er 24hr 300 mg</i> ..73	
<i>quetiapine fumarate tab er 24hr 400 mg</i> ..73	
<i>quetiapine fumarate tab er 24hr 50 mg</i> ...73	
<i>quinapril hcl tab 10 mg</i> .....	43
<i>quinapril hcl tab 20 mg</i> .....	43
<i>quinapril hcl tab 40 mg</i> .....	43
<i>quinapril hcl tab 5 mg</i> .....	43
<i>quinapril-hydrochlorothiazide tab 10-12.5</i> <i>mg</i> .....	42
<i>quinine sulfate cap 324 mg</i> .....	16
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QULIPTA TAB 30MG.....	84
QULIPTA TAB 60MG .....	84
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<i>raloxifene hcl tab 60 mg</i> .....	122
<i>ramelteon tab 8 mg</i> .....	84
<i>ramipril cap 1.25 mg</i> .....	43
<i>ramipril cap 10 mg</i> .....	43
<i>ramipril cap 2.5 mg</i> .....	43
<i>ramipril cap 5 mg</i> .....	43
<i>ranitidine hcl tab 150 mg</i> .....	127
<i>ranitidine hcl tab 300 mg</i> .....	127
<i>ranolazine tab er 12hr 1000 mg</i> .....	57
<i>ranolazine tab er 12hr 500 mg</i> .....	57
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i> .....	70
<i>rasagiline mesylate tab 1 mg (base equiv)</i> 70	
<i>reclipsen</i> .....	111
RECOMBIVA HB INJ 10MCG/ML .....	150
RECOMBIVA-HB INJ 40MCG/ML .....	150
RECOMBIVA HB INJ 5MCG/0.5.....	150
REGANEX GEL 0.01% .....	173
RELENZA MIS DISKHALE.....	20

RENASTART POW.....	100	<i>risperidone orally disintegrating tab 0.25</i>	
<i>repaglinide tab 0.5 mg</i> .....	106	<i>mg</i> .....	73
<i>repaglinide tab 1 mg</i> .....	106	<i>risperidone orally disintegrating tab 0.5 mg</i>	
<i>repaglinide tab 2 mg</i> .....	106	.....	73
REPATHA INJ 140MG/ML.....	50	<i>risperidone orally disintegrating tab 1 mg</i> .....	73
REPATHA PUSH INJ 420/3.5.....	50	<i>risperidone orally disintegrating tab 2 mg</i> .....	73
REPATHA SURE INJ 140MG/ML.....	50	<i>risperidone orally disintegrating tab 3 mg</i> .....	73
REPLETE FIBE LIQ 1 CAL.....	100	<i>risperidone orally disintegrating tab 4 mg</i> .....	73
REPLETE LIQ ULTRAPAK.....	100	<i>risperidone soln 1 mg/ml</i> .....	73
RESOURCE DIA LIQ TF.....	100	<i>risperidone tab 0.25 mg</i> .....	73
RESTASIS MUL EMU 0.05% OP.....	156	<i>risperidone tab 0.5 mg</i> .....	73
RETACRIT INJ 10000UNT.....	136	<i>risperidone tab 1 mg</i> .....	73
RETACRIT INJ 20000UNI.....	136	<i>risperidone tab 2 mg</i> .....	73
RETACRIT INJ 2000UNIT.....	136	<i>risperidone tab 3 mg</i> .....	73
RETACRIT INJ 3000UNIT.....	136	<i>risperidone tab 4 mg</i> .....	73
RETACRIT INJ 40000UNT.....	136	<i>ritonavir tab 100 mg</i> .....	17
RETACRIT INJ 4000UNIT.....	136	<i>rivaroxaban for susp 1 mg/ml</i> .....	135
RETROVIR INJ 10MG/ML.....	17	<i>rivaroxaban tab 2.5 mg</i> .....	135
REVLIMID CAP 10MG.....	31	<i>rivastigmine tartrate cap 1.5 mg (base</i>	
REVLIMID CAP 15MG.....	31	<i>equivalent)</i> .....	62
REVLIMID CAP 2.5MG.....	31	<i>rivastigmine tartrate cap 3 mg (base</i>	
REVLIMID CAP 20MG.....	31	<i>equivalent)</i> .....	62
REVLIMID CAP 25MG.....	31	<i>rivastigmine tartrate cap 4.5 mg (base</i>	
REVLIMID CAP 5MG.....	31	<i>equivalent)</i> .....	62
REYATAZ POW 50MG.....	17	<i>rivastigmine tartrate cap 6 mg (base</i>	
<i>ribavirin cap 200 mg</i> .....	24	<i>equivalent)</i> .....	62
<i>ribavirin tab 200 mg</i> .....	24	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> .....	62
<i>rifabutin cap 150 mg</i> .....	20	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> .....	62
<i>rifampin cap 150 mg</i> .....	20	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> .....	62
<i>rifampin cap 300 mg</i> .....	20	<i>rivelsa</i> .....	111
<i>rifampin for inj 600 mg</i> .....	20	<i>rizatriptan benzoate oral disintegrating tab</i>	
<i>rilpivirine hcl tab 25 mg (base equivalent)</i> .....	17	<i>10 mg (base eq)</i> .....	85
<i>riluzole tab 50 mg</i> .....	59	<i>rizatriptan benzoate oral disintegrating tab</i>	
<i>rimantadine hydrochloride tab 100 mg</i> .....	20	<i>5 mg (base eq)</i> .....	85
RINVOQ LQ SOL 1MG/ML.....	143	<i>rizatriptan benzoate tab 10 mg (base</i>	
RINVOQ TAB 15MG ER.....	143	<i>equivalent)</i> .....	85
RINVOQ TAB 30MG ER.....	143	<i>rizatriptan benzoate tab 5 mg (base</i>	
RINVOQ TAB 45MG ER.....	143	<i>equivalent)</i> .....	85
<i>risedronate sodium tab 150 mg</i> .....	107	<i>roflumilast tab 250 mcg</i> .....	163
<i>risedronate sodium tab 30 mg</i> .....	107	<i>roflumilast tab 500 mcg</i> .....	163
<i>risedronate sodium tab 35 mg</i> .....	107	<i>ropinirole hydrochloride tab 0.25 mg</i> .....	70
<i>risedronate sodium tab 5 mg</i> .....	107	<i>ropinirole hydrochloride tab 0.5 mg</i> .....	70
<i>risedronate sodium tab delayed release 35</i>		<i>ropinirole hydrochloride tab 1 mg</i> .....	70
<i>mg</i> .....	107	<i>ropinirole hydrochloride tab 2 mg</i> .....	70

<i>ropinirole hydrochloride tab 3 mg</i> .....	70	SELZENTRY SOL 20MG/ML.....	18
<i>ropinirole hydrochloride tab 4 mg</i> .....	70	SEREVENT DIS AER 50MCG.....	160
<i>ropinirole hydrochloride tab 5 mg</i> .....	70	<i>sertraline hcl oral concentrate for solution</i>	
<i>rosuvastatin calcium tab 10 mg</i> .....	48	20 mg/ml.....	67
<i>rosuvastatin calcium tab 20 mg</i> .....	48	<i>sertraline hcl tab 100 mg</i> .....	67
<i>rosuvastatin calcium tab 40 mg</i> .....	49	<i>sertraline hcl tab 25 mg</i> .....	67
<i>rosuvastatin calcium tab 5 mg</i> .....	48	<i>sertraline hcl tab 50 mg</i> .....	67
ROTARIX SUS.....	150	<i>sevelamer carbonate packet 0.8 gm</i> .....	122
ROTATEQ SOL .....	150	<i>sevelamer carbonate packet 2.4 gm</i> .....	122
<i>rufinamide susp 40 mg/ml</i> .....	78	<i>sevelamer carbonate tab 800 mg</i> .....	122
<i>rufinamide tab 200 mg</i> .....	78	SHARPS CONT MIS 2QUART .....	114
<i>rufinamide tab 400 mg</i> .....	78	SHINGRIX INJ 50/0.5ML .....	151
<i>ryclora</i> .....	159	SIGNIFOR INJ 0.3MG/ML.....	122
RYDAPT CAP 25MG.....	37	SIGNIFOR INJ 0.6MG/ML.....	122
RYKINDO INJ 25MG .....	73	SIGNIFOR INJ 0.9MG/ML.....	122
RYKINDO INJ 37.5MG .....	73	<i>sildenafil citrate iv soln 10 mg/12.5ml (base</i>	
RYKINDO INJ 50MG .....	73	equivalent).....	58
<b>S</b>		<i>sildenafil citrate tab 100 mg</i> .....	132
S.O.S. 20 POW .....	100	<i>sildenafil citrate tab 20 mg</i> .....	58
S.O.S. 25 POW .....	100	<i>sildenafil citrate tab 25 mg</i> .....	132
<i>sacubitril-valsartan tab 24-26 mg</i> .....	56	<i>sildenafil citrate tab 50 mg</i> .....	132
<i>sacubitril-valsartan tab 49-51 mg</i> .....	56	<i>silodosin cap 4 mg</i> .....	132
<i>sacubitril-valsartan tab 97-103 mg</i> .....	56	<i>silodosin cap 8 mg</i> .....	132
SANCUSO DIS 3.1MG .....	127	<i>silver sulfadiazine cream 1%</i> .....	168
SANDIMMUNE CAP 100MG.....	148	SIMBRINZA SUS 1-0.2% .....	156
SANDIMMUNE CAP 25MG.....	148	SIMPONI ARIA SOL 50MG/4ML.....	138
SANDIMMUNE INJ 50MG/ML.....	148	SIMPONI INJ 100MG/ML .....	144
<i>sapropterin dihydrochloride powder packet</i>		SIMPONI INJ 50/0.5ML .....	144
100 mg .....	122	<i>simvastatin tab 10 mg</i> .....	49
<i>sapropterin dihydrochloride powder packet</i>		<i>simvastatin tab 20 mg</i> .....	49
500 mg .....	122	<i>simvastatin tab 40 mg</i> .....	49
<i>sapropterin dihydrochloride tab 100 mg</i> .	122	<i>simvastatin tab 5 mg</i> .....	49
SAVELLA MIS TITR PAK.....	83	<i>simvastatin tab 80 mg</i> .....	49
SAVELLA TAB 100MG .....	83	<i>sirolimus oral soln 1 mg/ml</i> .....	148
SAVELLA TAB 12.5MG.....	83	<i>sirolimus tab 0.5 mg</i> .....	148
SAVELLA TAB 25MG .....	83	<i>sirolimus tab 1 mg</i> .....	148
SAVELLA TAB 50MG .....	83	<i>sirolimus tab 2 mg</i> .....	148
SCSEMBLIX TAB 100MG .....	37	SIRTURO TAB 100MG.....	20
SCSEMBLIX TAB 20MG .....	37	SIRTURO TAB 20MG .....	20
SCSEMBLIX TAB 40MG.....	37	SKYLA IUD 13.5MG .....	111
<i>scopolamine td patch 72hr 1 mg/3days</i> ..	127	SKYRIZI INJ 150MG/ML .....	144
<i>selegiline hcl cap 5 mg</i> .....	70	SKYRIZI INJ 180/1.2.....	144
<i>selegiline hcl tab 5 mg</i> .....	70	SKYRIZI INJ 360/2.4 .....	144
<i>selenium sulfide lotion 2.5%</i> .....	169	SKYRIZI PEN INJ 150MG/ML.....	144

SKYRIZI SOL 60MG/ML.....	138	SOMATULINE INJ 90/0.3ML .....	102
SLYND TAB 4MG.....	111	SOMAVERT INJ 10MG .....	102
SOD CHLORIDE INJ 0.9% .....	152	SOMAVERT INJ 15MG .....	102
<i>sodium chloride inj 2.5 meq/ml (14.6%)..</i>	152	SOMAVERT INJ 20MG.....	102
<i>sodium chloride irrigation soln 0.9% .....</i>	173	SOMAVERT INJ 25MG.....	102
<i>sodium chloride iv soln 0.45%.....</i>	152	SOMAVERT INJ 30MG.....	102
<i>sodium chloride iv soln 0.9%.....</i>	152	<i>sorafenib tosylate tab 200 mg (base</i>	
<i>sodium chloride iv soln 3% .....</i>	152	<i>equivalent).....</i>	37
<i>sodium chloride iv soln 5% .....</i>	152	<i>sotalol hcl (afib/afl) tab 120 mg.....</i>	46
<i>sodium chloride preservative free (pf) inj</i>		<i>sotalol hcl (afib/afl) tab 160 mg.....</i>	46
<i>0.9% .....</i>	152	<i>sotalol hcl (afib/afl) tab 80 mg .....</i>	46
<i>sodium chloride soln nebu 0.9%.....</i>	163	<i>sotalol hcl tab 120 mg.....</i>	46
<i>sodium chloride soln nebu 10%.....</i>	163	<i>sotalol hcl tab 160 mg.....</i>	46
<i>sodium chloride soln nebu 3% .....</i>	163	<i>sotalol hcl tab 240 mg .....</i>	46
<i>sodium chloride soln nebu 7% .....</i>	163	<i>sotalol hcl tab 80 mg .....</i>	46
<i>sodium fluoride chew tab 0.25 mg f (from</i>		SOVALDI PAK 150MG.....	24
<i>0.55 mg naf) .....</i>	152	SOVALDI PAK 200MG.....	24
<i>sodium fluoride chew tab 0.5 mg f (from 1.1</i>		SOVALDI TAB 200MG .....	24
<i>mg naf) .....</i>	152	SOVALDI TAB 400MG.....	24
<i>sodium fluoride chew tab 1 mg f (from 2.2</i>		SPIKEVAX INJ 2025-26 .....	151
<i>mg naf) .....</i>	152	<i>spinosad susp 0.9% .....</i>	173
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1</i>		SPIRIVA RESP AER 1.25MCG .....	158
<i>mg/ml naf) .....</i>	152	SPIRIVA RESP AER 2.5MCG.....	158
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg</i>		<i>spironolactone &amp; hydrochlorothiazide tab</i>	
<i>naf) .....</i>	152	<i>25-25 mg .....</i>	55
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>		<i>spironolactone tab 100 mg .....</i>	43
<i>.....</i>	152	<i>spironolactone tab 25 mg .....</i>	43
<i>sodium oxybate oral solution 500 mg/ml.</i>	89	<i>spironolactone tab 50 mg.....</i>	43
<i>sodium phenylbutyrate oral powder 3</i>		<i>sprintec 28 .....</i>	111
<i>gm/teaspoonful .....</i>	124	<i>sps.....</i>	123
<i>sodium phenylbutyrate tab 500 mg.....</i>	124	<i>ssd .....</i>	168
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>		STELARA INJ 45/0.5ML.....	144
<i>3.13-1.6 gm/177ml.....</i>	129	STELARA INJ 90MG/ML .....	144
SOFTCLIX MIS LANCETS.....	114	STIOLTO AER 2.5-2.5 .....	157
SOL CARB POW .....	100	STIVARGA TAB 40MG .....	37
<i>solifenacin succinate tab 10 mg.....</i>	133	STOBOCLO INJ 60MG/ML .....	107
<i>solifenacin succinate tab 5 mg .....</i>	133	STRIVERDI AER 2.5MCG .....	160
SOLIQUA INJ 100/33 .....	104	SUBLOCADE INJ 100/0.5.....	14
SOLU-CORTEF INJ 1000MG.....	117	SUBLOCADE INJ 300/1.5 .....	14
SOLU-CORTEF INJ 250MG.....	117	SUCRAID SOL 8500/ML.....	129
SOLU-CORTEF INJ 500MG .....	117	<i>sucralfate tab 1 gm .....</i>	129
SOLU-MEDROL INJ 2GM .....	117	SUFLAVE SOL.....	129
SOMATULINE INJ 120/.5ML .....	102	<i>sulconazole nitrate cream 1%.....</i>	169
SOMATULINE INJ 60/0.2ML .....	102	<i>sulconazole nitrate solution 1% .....</i>	169

<i>sulfacetamide sodium lotion 10% (acne)</i>	167
<i>sulfacetamide sodium ophth oint 10% ...</i>	155
<i>sulfacetamide sodium ophth soln 10% ...</i>	155
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	154
<i>sulfadiazine tab 500 mg</i>	15
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	25
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	25
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	25
<b>SULFAMYLON CRE 85MG/GM</b>	168
<i>sulfasalazine tab 500 mg</i>	128
<i>sulfasalazine tab delayed release 500 mg</i>	128
<i>sulindac tab 150 mg</i>	2
<i>sulindac tab 200 mg</i>	2
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	86
<i>sumatriptan nasal spray 20 mg/act</i>	85
<i>sumatriptan nasal spray 5 mg/act</i>	85
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	85
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	85
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	85
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	85
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	85
<i>sumatriptan succinate tab 100 mg</i>	86
<i>sumatriptan succinate tab 25 mg</i>	86
<i>sumatriptan succinate tab 50 mg</i>	86
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	37
<i>sunitinib malate cap 25 mg (base equivalent)</i>	37
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	37
<i>sunitinib malate cap 50 mg (base equivalent)</i>	37
<b>SUNOSI TAB 150MG</b>	89
<b>SUNOSI TAB 75MG</b>	89

<b>SUPLENA LIQ VANILLA</b>	100
<b>SUPPRELIN LA KIT 50MG</b>	108
<b>SUTAB TAB</b>	129
<i>syeda</i>	111
<b>SYMDEKO TAB 100-150</b>	162
<b>SYMDEKO TAB 50-75MG</b>	162
<b>SYMLINPEN 60 INJ 1000MCG</b>	103
<b>SYMLNPEN 120 INJ 1000MCG</b>	103
<b>SYMTUZA TAB</b>	19
<b>SYNAREL SOL 2MG/ML</b>	114
<b>SYNJARDY TAB 12.5-1000 MG</b>	106
<b>SYNJARDY TAB 12.5-500</b>	106
<b>SYNJARDY TAB 5-1000MG</b>	106
<b>SYNJARDY TAB 5-500MG</b>	106
<b>SYNJARDY TAB XR 24HR 12.5-1000 MG</b>	106
<b>SYNJARDY XR TAB 10-1000</b>	106
<b>SYNJARDY XR TAB 25-1000</b>	106
<b>SYNJARDY XR TAB 5-1000MG</b>	106
<b>SYNTHROID TAB 100MCG</b>	124
<b>SYNTHROID TAB 112MCG</b>	124
<b>SYNTHROID TAB 125MCG</b>	124
<b>SYNTHROID TAB 137MCG</b>	124
<b>SYNTHROID TAB 150MCG</b>	124
<b>SYNTHROID TAB 175MCG</b>	124
<b>SYNTHROID TAB 200MCG</b>	124
<b>SYNTHROID TAB 25MCG</b>	123
<b>SYNTHROID TAB 300MCG</b>	124
<b>SYNTHROID TAB 50MCG</b>	123
<b>SYNTHROID TAB 75MCG</b>	123
<b>SYNTHROID TAB 88MCG</b>	124
<b>T</b>	
<b>TABLOID TAB 40MG</b>	30
<i>tacrolimus cap 0.5 mg</i>	148
<i>tacrolimus cap 1 mg</i>	148
<i>tacrolimus cap 5 mg</i>	148
<i>tacrolimus inj 5 mg/ml</i>	148
<i>tacrolimus oint 0.03%</i>	170
<i>tacrolimus oint 0.1%</i>	170
<i>tadalafil tab 10 mg</i>	132
<i>tadalafil tab 2.5 mg</i>	132
<i>tadalafil tab 20 mg</i>	132
<i>tadalafil tab 20 mg (pah)</i>	58
<i>tadalafil tab 5 mg</i>	132
<b>TAFINLAR CAP 50MG</b>	37

TAFINLAR CAP 75MG .....	37	temozolomide cap 250 mg .....	28
TAFINLAR TAB 10MG .....	37	temozolomide cap 5 mg .....	28
tafluprost preservative free (pf) ophth soln 0.0015% .....	156	TENIVAC INJ 5-2LF .....	151
TAGRISSE TAB 40MG .....	37	tenofovir disoproxil fumarate tab 300 mg.	18
TAGRISSE TAB 80MG .....	37	terazosin hcl cap 10 mg (base equivalent) .....	132
take action .....	111	terazosin hcl cap 1 mg (base equivalent).	132
TAKHZYRO INJ 150MG/ML .....	146	terazosin hcl cap 2 mg (base equivalent)	132
TAKHZYRO INJ 300/2ML .....	146	terazosin hcl cap 5 mg (base equivalent)	132
TALTZ INJ 20/0.25 .....	144	terbinafine hcl tab 250 mg .....	15
TALTZ INJ 40/0.5ML .....	145	terbutaline sulfate tab 2.5 mg .....	160
TALTZ INJ 80MG/ML .....	145	terbutaline sulfate tab 5 mg .....	160
tamoxifen citrate tab 10 mg (base equivalent) .....	32	terconazole vaginal cream 0.4% .....	133
tamoxifen citrate tab 20 mg (base equivalent) .....	33	terconazole vaginal cream 0.8% .....	134
tamsulosin hcl cap 0.4 mg .....	132	terconazole vaginal suppos 80 mg .....	134
tapentadol hcl tab 100 mg .....	12	teriflunomide tab 14 mg .....	87
tapentadol hcl tab 50 mg .....	12	teriflunomide tab 7 mg .....	87
tapentadol hcl tab 75 mg .....	12	testosterone cypionate im inj in oil 100 mg/ml .....	102
tasimelteon capsule 20 mg .....	84	testosterone cypionate im inj in oil 200 mg/ml .....	102
tazarotene cream 0.05% .....	169	testosterone enanthate im inj in oil 200 mg/ml .....	102
tazarotene cream 0.1% .....	169	testosterone td gel 10mg/act (2%) .....	102
tazarotene gel 0.05% .....	169	testosterone td gel 25 mg/2.5gm (1%) ..	102
tazarotene gel 0.1% .....	169	tetrabenazine tab 12.5 mg .....	86
tazicef .....	22	tetrabenazine tab 25 mg .....	86
telmisartan-hydrochlorothiazide tab 40- 12.5 mg .....	44	tetracycline hcl cap 250 mg .....	28
telmisartan-hydrochlorothiazide tab 80-12.5 mg .....	44	tetracycline hcl cap 500 mg .....	28
telmisartan-hydrochlorothiazide tab 80-25 mg .....	44	THALOMID CAP 100MG .....	31
telmisartan tab 20 mg .....	45	THALOMID CAP 50MG .....	31
telmisartan tab 40 mg .....	45	theophylline elixir 80 mg/15ml .....	166
telmisartan tab 80 mg .....	45	theophylline soln 80 mg/15ml .....	166
temazepam cap 15 mg .....	84	theophylline tab er 12hr 300 mg .....	166
temazepam cap 22.5 mg .....	84	theophylline tab er 12hr 450 mg .....	166
temazepam cap 30 mg .....	84	theophylline tab er 24hr 400 mg .....	166
temazepam cap 7.5 mg .....	84	theophylline tab er 24hr 600 mg .....	166
TEMODAR INJ 100MG .....	28	thioridazine hcl tab 100 mg .....	73
temozolomide cap 100 mg .....	28	thioridazine hcl tab 10 mg .....	73
temozolomide cap 140 mg .....	28	thioridazine hcl tab 25 mg .....	73
temozolomide cap 180 mg .....	28	thioridazine hcl tab 50 mg .....	73
temozolomide cap 20 mg .....	28	thiothixene cap 10 mg .....	73
		thiothixene cap 1 mg .....	73
		thiothixene cap 2 mg .....	73

<i>thiothixene cap 5 mg</i> .....	73	<i>tolvaptan (hyponatremia) tab 15 mg</i> .....	122
<i>tiagabine hcl tab 12 mg</i> .....	78	<i>tolvaptan (hyponatremia) tab 30 mg</i> .....	122
<i>tiagabine hcl tab 16 mg</i> .....	78	<i>tolvaptan tab 15 mg</i> .....	122
<i>tiagabine hcl tab 2 mg</i> .....	78	<i>tolvaptan tab 30 mg</i> .....	122
<i>tiagabine hcl tab 4 mg</i> .....	78	<i>topiramate sprinkle cap 15 mg</i> .....	78
TICE BCG INJ.....	31	<i>topiramate sprinkle cap 25 mg</i> .....	78
<i>tilia fe</i> .....	111	<i>topiramate sprinkle cap 50 mg</i> .....	78
<i>timolol maleate ophth gel forming soln</i>		<i>topiramate tab 100 mg</i> .....	78
0.25% .....	156	<i>topiramate tab 200 mg</i> .....	78
<i>timolol maleate ophth gel forming soln</i>		<i>topiramate tab 25 mg</i> .....	78
0.5% .....	156	<i>topiramate tab 50 mg</i> .....	78
<i>timolol maleate ophth soln 0.25%</i> .....	156	<i>topotecan hcl for inj 4 mg (base equiv)</i> .....	41
<i>timolol maleate ophth soln 0.5%</i> .....	156	<i>toremifene citrate tab 60 mg (base</i>	
<i>timolol maleate ophth soln 0.5% (once-</i>		<i>equivalent)</i> .....	33
<i>daily)</i> .....	156	<i>torseamide tab 100 mg</i> .....	55
<i>timolol maleate tab 10 mg</i> .....	52	<i>torseamide tab 10 mg</i> .....	55
<i>timolol maleate tab 20 mg</i> .....	52	<i>torseamide tab 20 mg</i> .....	55
<i>timolol maleate tab 5 mg</i> .....	52	<i>torseamide tab 5 mg</i> .....	55
<i>tinidazole tab 250 mg</i> .....	15	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	
<i>tinidazole tab 500 mg</i> .....	15	.....	12
<i>tiotropium bromide inhal cap 18 mcg (base</i>		<i>tramadol hcl tab 50 mg</i> .....	12
<i>equiv)</i> .....	158	<i>tramadol hcl tab er 24hr 100 mg</i> .....	12
TIVICAY PD TAB 5MG .....	18	<i>tramadol hcl tab er 24hr 200 mg</i> .....	12
TIVICAY TAB 50MG.....	18	<i>tramadol hcl tab er 24hr 300 mg</i> .....	12
<i>tizanidine hcl tab 2 mg (base equivalent)</i> .88		<i>trandolapril tab 1 mg</i> .....	43
<i>tizanidine hcl tab 4 mg (base equivalent)</i> .88		<i>trandolapril tab 2 mg</i> .....	43
TOBRADEX OIN 0.3-0.1%.....	154	<i>trandolapril tab 4 mg</i> .....	43
TOBRADEX ST SUS 0.3-0.05 .....	154	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	
<i>tobramycin-dexamethasone ophth susp</i>		.....	42
0.3-0.1% .....	154	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	
<i>tobramycin nebu soln 300 mg/4ml</i> .....	162	.....	42
<i>tobramycin nebu soln 300 mg/5ml</i> .....	162	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	
<i>tobramycin ophth soln 0.3%</i> .....	155	.....	42
<i>tobramycin sulfate for inj 1.2 gm</i> .....	15	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	
<i>tobramycin sulfate inj 2 gm/50ml (40</i>		.....	42
<i>mg/ml) (base equiv)</i> .....	15	<i>tranexamic acid iv soln 1000 mg/10ml (100</i>	
<i>tobramycin sulfate inj 80 mg/2ml (40</i>		<i>mg/ml)</i> .....	137
<i>mg/ml) (base equiv)</i> .....	15	<i>tranexamic acid tab 650 mg</i> .....	137
TODAY SPONGE MIS .....	132	<i>tranylcypromine sulfate tab 10 mg</i> .....	67
TOLEREX POW .....	100	<i>travoprost ophth soln 0.004%</i>	
<i>tolterodine tartrate cap er 24hr 2 mg</i> .....	133	<i>(benzalkonium free) (bak free)</i> .....	157
<i>tolterodine tartrate cap er 24hr 4 mg</i> .....	133	<i>trazodone hcl tab 100 mg</i> .....	67
<i>tolterodine tartrate tab 1 mg</i> .....	133	<i>trazodone hcl tab 150 mg</i> .....	67
<i>tolterodine tartrate tab 2 mg</i> .....	133	<i>trazodone hcl tab 300 mg</i> .....	67

<i>trazodone hcl tab 50 mg</i> .....	67	<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> .....	56
TRECTOR TAB 250MG .....	20	<i>triamterene cap 100 mg</i> .....	56
TRELEGY AER 100MCG .....	158	<i>triamterene cap 50 mg</i> .....	56
TRELEGY AER 200MCG .....	158	<i>triazolam tab 0.125 mg</i> .....	84
TREMFYA INJ 100MG/ML.....	145	<i>triazolam tab 0.25 mg</i> .....	84
TREMFYA INJ 200/20ML.....	138	<i>trifluoperazine hcl tab 10 mg (base equivalent)</i> .....	73
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<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i> .....	58	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> ...	70
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<i>tretinoin cream 0.1%</i> .....	167	<i>trimethobenzamide hcl cap 300 mg</i> .....	127
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Telephone Number	410-528-7820
Fax Number	410-505-2011

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200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

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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 identification card. All others may call 1-855-258-6518 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.

ማሳሰቢያ (Amharic):- ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀናትን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-6518 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمتترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意 (Chinese) : 此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您將會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d'assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d'obtenir ces informations ainsi qu'une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d'adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu'à l'invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d'être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọkwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndị dị óké mkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwughị ụgwọ ọbụla. Ndi ọtù ga akpọ ọnuogugụ ekwenti dị na àzụ Kààdị njirimara ndi ọtù ha. Ndi ọzọ nile nwere ike ikpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pja 0. Mgbe onye ozi zara, kwuo asụsụ ichorọ, a ga ejikota gị na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하의 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínizin (Navajo): Díí bee íł hane'í béeso nich'ááh naa'nil bee ník'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoolkálí dóo bee ida'ii'aahí háidíí shíí t'áá bich'í'jii' ha'át'íshíí ádadiilíihgíí biyi'. Díí bee baa dahane'í dóo t'áá jiiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'í'. Bii hada'dít'éhí binaaltsoos nitl'izhí bee béédahóziní baaah béésh bee hane'í námboo biká'ígíí yee dahalne' dooleel. Nááná la' 855-258-6518 yee dahalne' dóo yáfti'í biba' asdáago niléí ó bii adíilchííd hodoo'niidjii'. Naalnishí haadzíí'go, saad níníníngíí bee bii hodíilnih dóo ata' yáfti'í bich'í' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरु सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O leni fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te mana'omia ai le faia o se gaoiga i nisi taimi fa'agata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'aילו atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poledini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائلاگ پر انتظار کرنا چاہیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhả số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.