

# CareFirst Formulary 4

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## 2021

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

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit [carefirst.com/rx](https://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 two drug tiers which determines the price you pay.

## Using Your Formulary

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

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

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

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

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

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

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

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at [carefirst.com/myaccount](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: Brand Drugs \$\$</b>	<ul style="list-style-type: none"> <li>■ Brand-name drugs are chosen for their cost effectiveness compared to drug alternatives.</li> <li>■ Your cost-share will be more than generics.</li> </ul>

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

**AMPHETAMINES**

ADDERALL XR CAP 5MG	1	QL (90 caps / 25 days); Tier 1 with DAW9
ADDERALL XR CAP 10MG	1	QL (90 caps / 25 days); Tier 1 with DAW9
ADDERALL XR CAP 15MG	1	QL (30 caps / 25 days); Tier 1 with DAW9
ADDERALL XR CAP 20MG	1	QL (30 caps / 25 days); Tier 1 with DAW9
ADDERALL XR CAP 25MG	1	QL (30 caps / 25 days); Tier 1 with DAW9
ADDERALL XR CAP 30MG	1	QL (30 caps / 25 days) ; Tier 1 with DAW9
<i>amphetamine extended release susp 1.25 mg/ml</i>	1	QL (450 mL / 25 days)
<i>amphetamine sulfate tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1200 mL / 25 days)

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

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account ([www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (30 tabs / 25 days)
<i>methamphetamine hcl tab 5 mg</i>	1	QL (150 tabs / 25 days)
<b>ANALEPTICS</b>		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (120 caps / 25 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (120 caps / 25 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (120 caps / 25 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps / 25 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps / 25 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps / 25 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps / 25 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
<b>STIMULANTS - MISC.</b>		
<i>armodafinil tab 50 mg</i>	1	PA
<i>armodafinil tab 150 mg</i>	1	PA
<i>armodafinil tab 200 mg</i>	1	PA
<i>armodafinil tab 250 mg</i>	1	PA
CONCERTA TAB 18MG	1	QL (60 tabs / 25 days); Tier 1 with DAW9
CONCERTA TAB 27MG	1	QL (60 tabs / 25 days); Tier 1 with DAW9
CONCERTA TAB 36MG	1	QL (60 tabs / 25 days); Tier 1 with DAW9

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CONCERTA TAB 54MG	1	QL (30 tabs / 25 days); Tier 1 with DAW9
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (30 caps / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps / 25 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps / 25 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL / 25 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL / 25 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs / 25 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs / 25 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs / 25 days)
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA

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

ORALAIR SUB 300 IR	2	PA
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**AMINOGLYCOSIDES****AMINOGLYCOSIDES**

BETHKIS NEB 300/4ML	2	PA, QL (240 mL / 30 days)
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA, QL (300 mL / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b><i>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</i></b>		
HUMIRA INJ 10/0.1ML	2	PA, QL (2 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA INJ 10MG/0.2	2	PA, QL (2 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA INJ 20/0.2ML	2	PA, QL (2 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA INJ 40/0.4ML	2	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA KIT 20MG/0.4	2	PA, QL (2 INJ PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA KIT 40MG/0.8	2	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA PEDIA INJ CROHNS	2	PA, QL (2 SYRINGES PER 28 DAYS); Preferred agent for Crohn's Disease
HUMIRA PEDIA INJ CROHNS	2	PA, QL (3 SYRINGES PER 28 DAYS)
HUMIRA PEN INJ 40/0.4ML	2	PA, QL (4 PEN PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA PEN INJ 40MG/0.8	2	PA, QL (4 PEN PER 28 DAYS); Preferred agent for Psoriasis
HUMIRA PEN KIT CD/UC/HS	2	PA, QL (3 PEN PER 28 DAYS); Preferred agent for Crohn's Disease
HUMIRA PEN KIT PS/UV	2	PA, QL (3 PEN PER 28 DAYS); Preferred agent for Crohn's Disease

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ TAB 15MG ER	2	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ TAB 5MG	2	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira
XELJANZ TAB 10MG	2	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira
XELJANZ XR TAB 11MG	2	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis and 2nd line for Ulcerative colitis after failure of Humira
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
RASUVO INJ 7.5MG	2	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 10MG	2	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 12.5MG	2	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 15MG	2	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 17.5MG	2	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 22.5MG	2	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 25MG	2	PA, QL (4 INJ PER 28 DAYS)
RASUVO INJ 30MG	2	PA, QL (4 INJ PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
KEVZARA INJ 150/1.14	2	PA, QL (2 SYRINGES PER 4 WEEKS); Preferred agent for Rheumatoid Arthritis after trial of Humira
KEVZARA INJ 200/1.14	2	PA, QL (2 SYRINGES PER 4 WEEKS); Preferred agent for Rheumatoid Arthritis

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

<i>celecoxib cap 50 mg</i>	1
<i>celecoxib cap 100 mg</i>	1
<i>celecoxib cap 200 mg</i>	1
<i>celecoxib cap 400 mg</i>	1
<i>diclofenac potassium tab 50 mg</i>	1
<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>diclofenac sodium tab delayed release 75 mg</i>	1
<i>diclofenac sodium tab er 24hr 100 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1
<i>etodolac cap 200 mg</i>	1
<i>etodolac cap 300 mg</i>	1
<i>etodolac tab 400 mg</i>	1
<i>etodolac tab 500 mg</i>	1
<i>etodolac tab er 24hr 400 mg</i>	1
<i>etodolac tab er 24hr 500 mg</i>	1
<i>etodolac tab er 24hr 600 mg</i>	1
<i>fenoprofen calcium tab 600 mg</i>	1
<i>flurbiprofen tab 50 mg</i>	1
<i>flurbiprofen tab 100 mg</i>	1
<i>ibuprofen susp 100 mg/5ml</i>	1
<i>ibuprofen tab 400 mg</i>	1

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 20 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium cap 400 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<i>OTEZLA TAB 10/20/30</i>	2	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis
<i>OTEZLA TAB 30MG</i>	2	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25/0.5ML	2	PA, QL (8 INJ PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	2	PA, QL (8 INJ PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	2	PA, QL (8 INJ PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	2	PA, QL (8 INJ PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	2	PA, QL (8 INJ PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
<b>ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS</b>		
<i>acetaminophen-salicylamide-phenyltoloxamine cap 300-200-20mg</i>	1	
<i>butalbital-acetaminophen cap 50-300 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen tab 25-325 mg</i>	1	QL (96 tabs / 25 days)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>butalbital-acetaminophen tab 50-300 mg</i>	1	QL (48 tabs / 25 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (48 tabs / 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml</i>	1	QL (720 mL / 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs / 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps / 25 days)

**SALICYLATES**

<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	

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

CODEINE SULF TAB 15MG	2	PA, QL (42 tabs per month)
CODEINE SULF TAB 60MG	2	PA, QL (42 tabs per month)
<i>codeine sulfate tab 30 mg</i>	1	PA, QL (42 tabs per month)
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches per month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (60 caps per month)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA, QL (60 caps per month)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA, QL (60 caps per month)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA, QL (60 caps per month)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA, QL (60 caps per month)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (600 mL per month)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (180 tabs per month)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (150 tabs per month)
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (60 tabs per month)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (30 tabs per month)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (30 tabs per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (30 tabs per month)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA
<i>meperidine hcl tab 100 mg</i>	1	PA
<i>methadone hcl conc 10 mg/ml</i>	1	QL (30 mL / 25 days)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (450 mL per month)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (300 mL per month)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (90 tabs per month)
<i>methadone hcl tab 10 mg</i>	1	PA, QL (60 Tabs / 25 days)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (60 caps per month)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (60 caps per month)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (30 caps per month)
<i>morphine sulfate cap er 24hr 40 mg</i>	1	PA, QL (60 caps per month)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (30 caps per month)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (30 caps per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (30 caps per month)
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (900 mL per month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (675 mL per month)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL per month)
<i>morphine sulfate suppos 5 mg</i>	1	PA, QL (180 supps per month)
<i>morphine sulfate suppos 10 mg</i>	1	PA, QL (180 supps per month)
<i>morphine sulfate suppos 20 mg</i>	1	PA, QL (120 supps per month)
<i>morphine sulfate suppos 30 mg</i>	1	PA, QL (90 supps per month)
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (180 tabs per month)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (90 tabs per month)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (90 tabs per month)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (90 tabs per month)
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA
<i>morphine sulfate tab er 200 mg</i>	1	PA
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (180 caps per month)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (90 mL per month)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (900 mL per month)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (180 tabs per month)
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (180 tabs per month)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (120 tabs per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (90 tabs per month)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	PA, QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	PA, QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (120 tabs per month)
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA, QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (60 tabs per month)
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (180 tabs per month)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (90 tabs per month)
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	1	PA, QL (30 caps per month)
<i>tramadol hcl cap er 24hr biphasic release 150 mg</i>	1	PA, QL (30 caps per month)
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	1	PA, QL (30 caps per month)
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	1	PA, QL (30 caps per month)
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (180 tabs per month)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (30 tabs per month)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (30 tabs per month)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (30 tabs per month)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA, QL (30 tabs per month)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA, QL (30 tabs per month)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA, QL (30 tabs per month)
XTAMPZA ER CAP 9MG	2	PA, QL (60 caps per month)
XTAMPZA ER CAP 13.5MG	2	PA, QL (60 caps per month)
XTAMPZA ER CAP 18MG	2	PA, QL (60 caps per month)
XTAMPZA ER CAP 27MG	2	PA, QL (60 caps per month)
XTAMPZA ER CAP 36MG	2	PA, QL (60 caps per month)

**OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA, QL (390 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA, QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA, QL (180 tabs / 30 days)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (300 caps / 30 days)
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i>	1	PA, QL (300 tabs / 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	QL (48 caps / 25 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	QL (48 caps / 25 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (240 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (150 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-300 mg</i>	1	PA, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs / 30 days)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	PA, QL (360 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (240 tabs / 30 days)

### **OPIOID PARTIAL AGONISTS**

BELBUCA MIS 75MCG	2	PA
BELBUCA MIS 150MCG	2	PA
BELBUCA MIS 300MCG	2	PA
BELBUCA MIS 450MCG	2	PA
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 25 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 25 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 25 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 25 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 25 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2 bottles / 25 days)
<i>pentazocine w/ naloxone tab 50-0.5 mg</i>	1	PA

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

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

**ANDROGENS**

<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>methyltestosterone cap 10 mg</i>	1	
<i>testosterone cyp im or subcutaneous inj in oil 200 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	
<i>testosterone td soln 30 mg/act</i>	1	
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<b>RECTAL COMBINATIONS</b>		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole tab 200 mg</i>	1	QL (336 tabs / year)
EMVERM CHW 100MG	2	QL (12 ea / year)
<i>ivermectin tab 3 mg</i>	1	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs / year)
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 550MG	2	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone susp 750 mg/5ml</i>	1	
<b>GLYCOPEPTIDES</b>		
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps / 10 days)
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	1	PA
<i>linezolid tab 600 mg</i>	1	PA
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	

**ANTIANSIETY AGENTS****ANTIANSIETY AGENTS - MISC.**

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

**BENZODIAZEPINES**

ALPRAZOLAM CON 1 MG/ML	2	QL (300 mL / 25 days)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam orally disintegrating tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 0.25 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab er 24hr 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab er 24hr 1 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab er 24hr 2 mg</i>	1	QL (150 tabs / 25 days)
<i>alprazolam tab er 24hr 3 mg</i>	1	QL (90 tabs / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlordiazepoxide hcl cap 5 mg</i>	1	QL (360 caps / 25 days)
<i>chlordiazepoxide hcl cap 10 mg</i>	1	QL (360 caps / 25 days)
<i>chlordiazepoxide hcl cap 25 mg</i>	1	QL (360 caps / 25 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QL (180 tabs / 25 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QL (180 tabs / 25 days)
<i>clorazepate dipotassium tab 15 mg</i>	1	QL (180 tabs / 25 days)
<i>diazepam conc 5 mg/ml</i>	1	QL (240 mL / 25 days)
<i>diazepam oral soln 1 mg/ml</i>	1	QL (1200 mL / 25 days)
<i>diazepam tab 2 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 5 mg</i>	1	QL (120 tabs / 25 days)
<i>diazepam tab 10 mg</i>	1	QL (120 tabs / 25 days)
<i>lorazepam conc 2 mg/ml</i>	1	QL (150 mL / 25 days)
<i>lorazepam tab 0.5 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 1 mg</i>	1	QL (150 tabs / 25 days)
<i>lorazepam tab 2 mg</i>	1	QL (150 tabs / 25 days)
<i>oxazepam cap 10 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 15 mg</i>	1	QL (120 caps / 25 days)
<i>oxazepam cap 30 mg</i>	1	QL (120 caps / 25 days)

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

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

**ANTIARRHYTHMICS TYPE I-B**

<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	

**ANTIARRHYTHMICS TYPE I-C**

<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	1	PA
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (240 mL / 25 days)
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA PEN INJ 30MG/ML	2	PA, QL (1 PEN PER 56 DAYS)
NUCALA INJ 100MG/ML	2	PA, QL (1 vial per month)
NUCALA INJ 100MG/ML	2	PA, QL (3 INJ PER 28 DAYS)
<b>ASTHMA AND BRONCHODILATOR AGENT COMBINATIONS</b>		
<i>dyphylline-guaifenesin liqd 100-100 mg/5ml</i>	1	
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (125 vials / month)
SPIRIVA AER 1.25MCG	2	QL (1 package per month)
SPIRIVA CAP HANDIHLR	2	QL (1 package per month)
SPIRIVA SPR 2.5MCG	2	QL (1 package per month)
YUPELRI SOL	2	QL (90 mL / 25 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
<i>zileuton tab er 12hr 600 mg</i>	1	
<b>STEROID INHALANTS</b>		
ARNUITY ELPT INH 50MCG	2	QL (1 inhaler / 25 days)
ARNUITY ELPT INH 100MCG	2	QL (30 blisters / 25 days)
ARNUITY ELPT INH 200MCG	2	QL (30 blisters / 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (120 mL / 25 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (180 mL / 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (60 mL / 25 days)
FLOVENT DISK AER 50MCG	2	QL (180 inhalations / 25 days)
FLOVENT DISK AER 100MCG	2	QL (240 inhalations / 25 days)
FLOVENT DISK AER 250MCG	2	QL (240 inhalations / 25 days)
FLOVENT HFA AER 44MCG	2	QL (1 inhaler / month)
FLOVENT HFA AER 110MCG	2	QL (2 inhalers / 25 days)
FLOVENT HFA AER 220MCG	2	QL (2 inhalers / 25 days)
QVAR REDIIHA AER 80MCG	2	QL (21 gm / 25 days)
QVAR REDIIHAL AER 40MCG	2	QL (21 gm / 25 days)
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKU AER 100/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 250/50	1	QL (1 package per month); Tier 1 with DAW9
ADVAIR DISKU AER 500/50	1	QL (1 package per month); Tier 1 with DAW9

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADVAIR HFA AER 45/21	2	QL (1 package per month)
ADVAIR HFA AER 115/21	2	QL (1 package per month)
ADVAIR HFA AER 230/21	2	QL (1 package per month)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 inhalers / month)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (60 mL / 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (375 mL / 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (375 mL / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (375 mL / 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	1	
ANORO ELLIPT AER 62.5-25	2	QL (60 blisters / 25 days)
BEVESPI AER 9-4.8MCG	2	
BREO ELLIPTA INH 100-25	2	QL (60 blisters / 25 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters / 25 days)
COMBIVENT AER 20-100	2	QL (2 inhalers / 25 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	QL (1 package per month)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	QL (1 package per month)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	QL (1 package per month)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (540 mL / 25 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL / 25 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (90 ea / 25 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers / 25 days)
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	
PERFOROMIST NEB 20MCG	2	QL (120 mL / 25 days)
PROAIR HFA AER	2	QL (2 inhalers / 25 days)
PROAIR RESPI AER	2	QL (2 inhalers / 25 days)
STRIVERDIAER 2.5MCG	2	QL (1 inhaler / 25 days)
SYMBICORT AER 80-4.5	2	QL (1 inhaler / month)
SYMBICORT AER 160-4.5	2	QL (1 inhaler / month)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	

**XANTHINES**

<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

**ANTICOAGULANTS****COUMARIN ANTICOAGULANTS**

<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	

**DIRECT FACTOR XA INHIBITORS**

XARELTO STAR TAB 15/20MG	2	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 100 mg/ml</i>	1	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj 150 mg/ml</i>	1	
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	PA
<b>ANTICONSULSANTS</b>		
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>		
<i>clobazam suspension 2.5 mg/ml</i>	1	PA
<i>clobazam tab 10 mg</i>	1	PA
<i>clobazam tab 20 mg</i>	1	PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	QL (300 tabs / 25 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	QL (300 tabs / 25 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	QL (300 tabs / 25 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	1	QL (300 tabs / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonazepam orally disintegrating tab 2 mg</i>	1	QL (300 tabs / 25 days)
<i>clonazepam tab 0.5 mg</i>	1	QL (300 tabs / 25 days)
<i>clonazepam tab 1 mg</i>	1	QL (300 tabs / 25 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tabs / 25 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	

**ANTICONVULSANTS - MISC.**

<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
<i>pregabalin cap 25 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 50 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 75 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 100 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 150 mg</i>	1	QL (120 caps per month)
<i>pregabalin cap 200 mg</i>	1	QL (90 caps per month)
<i>pregabalin cap 225 mg</i>	1	QL (60 caps per month)
<i>pregabalin cap 300 mg</i>	1	QL (60 caps per month)
<i>pregabalin soln 20 mg/ml</i>	1	QL (1080 mL / 30 days)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 25 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 50 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 100 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>topiramate cap er 24hr sprinkle 150 mg</i>	1	
<i>topiramate cap er 24hr sprinkle 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
<b>CARBAMATES</b>		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
<b>GABA MODULATORS</b>		
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA, QL (180 packets / 30 days)
<i>vigabatrin tab 500 mg</i>	1	PA, QL (180 tabs / 30 days)
<b>HYDANTOINS</b>		
<i>DILANTIN CAP 30MG</i>	2	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<b>SUCCINIMIDES</b>		
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<b>VALPROIC ACID</b>		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	

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

<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	

**ANTIDEPRESSANTS - MISC.**

<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	

**MONOAMINE OXIDASE INHIBITORS (MAOIS)**

<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	

**SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**

<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

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

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

**ANTIDIABETIC - AMYLIN ANALOGS**

SYMLINPEN 60 INJ 1000MCG	2	ST
SYMLNPEN 120 INJ 1000MCG	2	ST

**ANTIDIABETIC COMBINATIONS**

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	1	ST
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 25-15 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 25-30 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 25-45 mg</i>	1	ST
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBITAB 10-5 MG	2	ST
GLYXAMBITAB 25-5 MG	2	ST
JANUMET TAB 50-500MG	2	ST
JANUMET TAB 50-1000	2	ST
JANUMET XR TAB 50-500MG	2	ST
JANUMET XR TAB 50-1000	2	ST
JANUMET XR TAB 100-1000	2	ST
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
SOLIQUA INJ 100/33	2	ST
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
<b><i>BIGUANIDES</i></b>		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIABETIC OTHER</b>		
BAQSIMI ONE POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
GLUCAGEN INJ HYPOKIT	2	
GLUCAGON KIT 1MG	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE PFS INJ	2	
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	ST
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	ST
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	ST
JANUVIA TAB 25MG	2	ST
JANUVIA TAB 50MG	2	ST
JANUVIA TAB 100MG	2	ST
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
OZEMPIC INJ 2/1.5ML	2	ST, QL (1 PEN PER MONTH)
OZEMPIC INJ 2/1.5ML	2	ST, QL (3 PENS PER MONTH)
RYBELSUS TAB 3MG	2	ST
RYBELSUS TAB 7MG	2	ST
RYBELSUS TAB 14MG	2	ST
TRULICITY INJ 0.75/0.5	2	ST, QL (4 PENS PER MONTH)
TRULICITY INJ 1.5/0.5	2	ST, QL (4 PENS PER MONTH)
VICTOZA INJ 18MG/3ML	2	ST, QL (3 PENS PER MONTH)
<b>INSULIN</b>		
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG	2	ST
FARXIGA TAB 10MG	2	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
<b>SULFONYLUREAS</b>		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
<i>tolbutamide tab 500 mg</i>	1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>opium tincture 1% (10 mg/ml) (morphine equiv)</i>	1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
VISTOGARD PAK 10GM	2	QL (20 packets / 5 days)
<b>OPIOID ANTAGONISTS</b>		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR	2	QL (4 sprays / 180 days)
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs / 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL / 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 ea / 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs / 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs / 21 days)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps / 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps / 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 ea / 21 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	QL (6 caps / 21 days)
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>*nystatin oral powder*</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	1	PA
<i>voriconazole tab 50 mg</i>	1	PA
<i>voriconazole tab 200 mg</i>	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIHIISTAMINES</b>		
<b>ANTIHIISTAMINES - ALKYLAMINES</b>		
<i>brompheniramine tannate chew tab 12 mg</i>	1	
<b>ANTIHIISTAMINES - ETHANOLAMINES</b>		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
<b>ANTIHIISTAMINES - NON-SEDATING</b>		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<b>ANTIHIISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
<b>ANTIHIISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VASCEPA CAP 0.5GM	2	PA
VASCEPA CAP 1GM	2	PA
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
<b>FIBRIC ACID DERIVATIVES</b>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 50 mg</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	
<i>fenofibrate micronized cap 130 mg</i>	1	
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 40 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tab 10 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin (antihyperlipidemic) tab 500 mg</i>	1	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
PRALUENT INJ 75MG/ML	2	PA, QL (2 PENS PER MONTH)
PRALUENT INJ 150MG/ML	2	PA, QL (2 injections / month)
<b>ANTIHYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>methyldopa &amp; hydrochlorothiazide tab 250-15 mg</i>	1	
<i>methyldopa &amp; hydrochlorothiazide tab 250-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinine sulfate cap 324 mg</i>	1	
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 30 mg</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PRIFTIN TAB 150MG	2	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
TRECTOR TAB 250MG	2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
<i>melphalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIMETABOLITES</b>		
<i>capecitabine tab 150 mg</i>	0	PA, QL (120 tabs / 30 days)
<i>capecitabine tab 500 mg</i>	0	PA, QL (300 tabs / 30 days)
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	
TABLOID TAB 40MG	0	
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA TAB 10MG	0	PA, QL (120 tabs / 30 days)
VENCLEXTA TAB 50MG	0	PA, QL (120 tabs / 30 days)
VENCLEXTA TAB 100MG	0	PA, QL (180 tabs / 30 days)
VENCLEXTA TAB START PK	0	PA, QL (60 tabs / 30 days)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ODOMZO CAP 200MG	0	PA, QL (30 caps / 30 days)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	0	PA, QL (120 tabs / 30 days)
<i>anastrozole tab 1 mg</i>	0	
<i>bicalutamide tab 50 mg</i>	0	
EMCYT CAP 140MG	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ERLEADA TAB 60MG	0	PA, QL (120 tabs / 30 days)
<i>exemestane tab 25 mg</i>	0	
<i>flutamide cap 125 mg</i>	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	PA
LYSODREN TAB 500MG	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	PA, QL (120 tabs / 30 days)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
XTANDI CAP 40MG	0	PA, QL (120 caps / 30 days)
YONSA TAB 125MG	0	PA, QL (120 tabs / 30 days)
<b>ANTINEOPLASTIC COMBINATIONS</b>		
KISQALI 200 PAK FEMARA	0	PA, QL (60 tabs / 30 days)
KISQALI 400 PAK FEMARA	0	PA, QL (60 tabs / 30 days)
KISQALI 600 PAK FEMARA	0	PA, QL (90 tabs / 30 days)
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
AFINITOR DIS TAB 2MG	0	PA, QL (60 tabs / 30 days)
AFINITOR DIS TAB 3MG	0	PA, QL (90 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AFINITOR DIS TAB 5MG	0	PA, QL (60 tabs / 30 days)
AFINITOR TAB 10MG	0	PA, QL (30 tabs / 30 days)
ALUNBRIG PAK	0	PA, QL (30 tabs / 30 days)
ALUNBRIG TAB 30MG	0	PA, QL (120 tabs / 30 days)
ALUNBRIG TAB 90MG	0	PA, QL (30 tabs / 30 days)
ALUNBRIG TAB 180MG	0	PA, QL (30 tabs / 30 days)
BOSULIF TAB 100MG	0	PA, QL (90 tabs / 30 days)
BOSULIF TAB 400MG	0	PA, QL (30 tabs / 30 days)
BOSULIF TAB 500MG	0	PA, QL (30 tabs / 30 days)
CABOMETYX TAB 20MG	0	PA, QL (30 tabs / 30 days)
CABOMETYX TAB 40MG	0	PA, QL (30 tabs / 30 days)
CABOMETYX TAB 60MG	0	PA, QL (30 tabs / 30 days)
CALQUENCE CAP 100MG	0	PA, QL (60 caps / 30 days)
CAPRELSA TAB 100MG	0	PA, QL (60 tabs / 30 days)
CAPRELSA TAB 300MG	0	PA, QL (30 tabs / 30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	0	PA, QL (60 tabs / 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	0	PA, QL (30 tabs / 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	0	PA, QL (30 tabs / 30 days)
<i>everolimus tab 2.5 mg</i>	0	PA, QL (30 ea / 30 days)
<i>everolimus tab 5 mg</i>	0	PA, QL (30 ea / 30 days)
<i>everolimus tab 7.5 mg</i>	0	PA, QL (30 ea / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GILOTRIF TAB 20MG	0	PA, QL (30 tabs / 30 days)
GILOTRIF TAB 30MG	0	PA, QL (30 tabs / 30 days)
GILOTRIF TAB 40MG	0	PA, QL (30 tabs / 30 days)
IBRANCE CAP 75MG	0	PA, QL (30 caps / 30 days)
IBRANCE CAP 100MG	0	PA, QL (30 caps / 30 days)
IBRANCE CAP 125MG	0	PA, QL (30 caps / 30 days)
IBRANCE TAB 75MG	0	PA, QL (21 tabs / 28 days)
IBRANCE TAB 100MG	0	PA, QL (21 tabs / 28 days)
IBRANCE TAB 125MG	0	PA, QL (21 tabs / 28 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA, QL (90 tabs / 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA, QL (60 tabs / 30 days)
IMBRUVICA CAP 70MG	0	PA, QL (30 caps / 30 days)
IMBRUVICA CAP 140MG	0	PA, QL (90 caps / 30 days)
IMBRUVICA TAB 140MG	0	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 280MG	0	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 420MG	0	PA, QL (30 tabs / 30 days)
IMBRUVICA TAB 560MG	0	PA, QL (30 tabs / 30 days)
IRESSA TAB 250MG	0	PA, QL (30 tabs / 30 days)
KISQALI TAB 200DOSE	0	PA, QL (21 tabs / 28 days)
KISQALI TAB 400DOSE	0	PA, QL (42 tabs / 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI TAB 600DOSE	0	PA, QL (63 tabs / 28 days)
NINLARO CAP 2.3MG	0	PA, QL (6 ea / 28 days)
NINLARO CAP 3MG	0	PA, QL (6 ea / 28 days)
NINLARO CAP 4MG	0	PA, QL (6 ea / 28 days)
RUBRACA TAB 200MG	0	PA, QL (120 tabs / 30 days)
RUBRACA TAB 250MG	0	PA, QL (120 tabs / 30 days)
RUBRACA TAB 300MG	0	PA, QL (120 tabs / 30 days)
RYDAPT CAP 25MG	0	PA, QL (240 caps / 30 days)
SPRYCEL TAB 20MG	0	PA, QL (90 tabs / 30 days)
SPRYCEL TAB 50MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 70MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 80MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 100MG	0	PA, QL (30 tabs / 30 days)
SPRYCEL TAB 140MG	0	PA, QL (30 tabs / 30 days)
SUTENT CAP 12.5MG	0	PA, QL (30 caps / 30 days)
SUTENT CAP 25MG	0	PA, QL (30 caps / 30 days)
SUTENT CAP 37.5MG	0	PA, QL (30 caps / 30 days)
SUTENT CAP 50MG	0	PA, QL (30 caps / 30 days)
TYKERB TAB 250MG	0	PA, QL (180 tabs / 30 days)
VOTRIENT TAB 200MG	0	PA, QL (120 tabs / 30 days)
XOSPATA TAB 40MG	0	PA, QL (90 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZEJULA CAP 100MG	0	PA, QL (90 caps / 30 days)
ZOLINZA CAP 100MG	0	PA, QL (120 caps / 30 days)
<b>ANTINEOPLASTICS MISC.</b>		
<i>bexarotene cap 75 mg</i>	0	PA
<i>hydroxyurea cap 500 mg</i>	0	
MATULANE CAP 50MG	0	
<i>tretinoin cap 10 mg</i>	0	
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
MESNEX TAB 400MG	0	
<b>MITOTIC INHIBITORS</b>		
<i>etoposide cap 50 mg</i>	0	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa tab 25 mg</i>	1	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone tab 200 mg</i>	1	
<i>tolcapone tab 100 mg</i>	1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl syrup 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
INBRIJA CAP 42MG	2	PA, QL (300 caps / 30 days)
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIPSYCHOTICS - MISC.</b>		
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
<b>BENZISOXAZOLES</b>		
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
<b>BUTYROPHENONES</b>		
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIBENZAPINES</b>		
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
<b>DIHYDROINDOLONES</b>		
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>molindone hcl tab 25 mg</i>	1	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1	
<i>prochlorperazine edisylate inj 50 mg/10ml</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>QUINOLINONE DERIVATIVES</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	2	
ARISTADA INJ 662MG/2	2	
ARISTADA INJ 882MG/3	2	
ARISTADA INJ 1064MG	2	QL (90 units per 365 days)
ARISTADA INJ INITIO	2	
<b>THIOXANTHENES</b>		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<i>formaldehyde solution 10%</i>	1	
<i>hydrogen peroxide soln 30%</i>	1	
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 tabs / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 tabs / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 caps / 30 days)
ATRIPLA TAB	2	QL (30 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BIKTARVY TAB	2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25	2	PA, QL (30 tabs / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	1	QL (30 caps / 30 days)
EDURANT TAB 25MG	2	QL (60 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz cap 200 mg</i>	1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	1	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200 mg-300 mg</i>	0	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG	2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML	2	QL (720 mL / 30 days)
EVOTAZ TAB 300-150	2	QL (30 tabs / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
FUZEON INJ 90MG	2	PA, QL (60 vials / 30 days)
GENVOYA TAB	2	QL (30 tabs / 30 days)
INTELENCE TAB 25MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 100MG	2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG	2	QL (60 tabs / 30 days)
ISENTRESS CHW 25MG	2	QL (180 tabs / 30 days)
ISENTRESS CHW 100MG	2	QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG	2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG	2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG	2	QL (120 tabs / 30 days)
KALETRA TAB 100-25MG	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i>	1	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	1	QL (30 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (390 mL / 30 days)
<i>nevirapine susp 50 mg/5ml</i>	1	QL (1200 mL / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nevirapine tab 200 mg</i>	1	QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (90 tabs / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (30 tabs / 30 days)
NORVIR POW 100MG	2	QL (360 packets / 30 days)
NORVIR SOL 80MG/ML	2	QL (480 mL / 30 days)
NORVIR TAB 100MG	2	QL (360 tabs / 30 days)
ODEFSEY TAB	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs / 30 days)
PREZISTA SUS 100MG/ML	2	QL (390 mL / 30 days)
PREZISTA TAB 75MG	2	QL (300 tabs / 30 days)
PREZISTA TAB 150MG	2	QL (180 tabs / 30 days)
PREZISTA TAB 600MG	2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG	2	QL (30 tabs / 30 days)
<i>ritonavir tab 100 mg</i>	1	QL (360 tabs / 30 days)
<i>stavudine cap 15 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	1	QL (60 caps / 30 days)
<i>stavudine cap 40 mg</i>	1	QL (60 caps / 30 days)
SYMFI LO TAB	2	QL (30 tabs / 30 days)
SYMFI TAB	2	QL (30 tabs / 30 days)
SYMTUZA TAB	2	QL (30 tabs / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 tabs / 30 days)
TIVICAY TAB 10MG	2	QL (240 tabs / 30 days)
TIVICAY TAB 25MG	2	QL (60 tabs / 30 days)
TIVICAY TAB 50MG	2	QL (60 tabs / 30 days)
TRIUMEQ TAB	2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	0	QL (30 tabs / 30 days)
<i>zidovudine cap 100 mg</i>	1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	1	QL (60 tabs / 30 days)
<b>CMV AGENTS</b>		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (990 mL / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (90 tabs / 30 days)
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDGE SOL	2	
<i>entecavir tab 0.5 mg</i>	1	
<i>entecavir tab 1 mg</i>	1	
EPCLUSA TAB 400-100	2	PA, QL (30 tabs / 30 days); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	2	PA, QL (30 packets / 30 days)
HARVONI PAK 45-200MG	2	PA, QL (30 packets / 30 days)
HARVONI TAB 45-200MG	2	PA, QL (30 tabs / 30 days)
HARVONI TAB 90-400MG	2	PA, QL (30 tabs / 30 days); Genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
VEMLIDY TAB 25MG	2	QL (30 tabs / 30 days)
VOSEVITAB	2	PA, QL (30 tabs / 30 days); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
<b>HERPES AGENTS</b>		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps / 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps / 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (360 mL / 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
<i>ribavirin for inhal soln 6 gm</i>	1	
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	

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

**CALCIUM CHANNEL BLOCKERS****CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
CARDIZEM LA TAB 120MG	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	

**CARDIOTONICS****CARDIAC GLYCOSIDES**

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

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

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<b>IMPOTENCE AGENTS</b>		
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 TABS PER MONTH)
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 TABS PER MONTH)
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 TABS PER MONTH)
<i>tadalafil tab 2.5 mg</i>	1	ST
<i>tadalafil tab 5 mg</i>	1	ST
<i>tadalafil tab 10 mg</i>	1	QL (6 TABS PER MONTH)
<i>tadalafil tab 20 mg</i>	1	QL (6 TABS PER MONTH)
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 TABS PER MONTH)
<i>vardenafil hcl tab 2.5 mg</i>	1	QL (6 TABS PER MONTH)
<i>vardenafil hcl tab 5 mg</i>	1	QL (6 TABS PER MONTH)
<i>vardenafil hcl tab 10 mg</i>	1	QL (6 TABS PER MONTH)
<i>vardenafil hcl tab 20 mg</i>	1	QL (6 TABS PER MONTH)
<b>PROSTAGLANDIN VASODILATORS</b>		
ORENITRAM TAB 0.25MG	2	PA
ORENITRAM TAB 0.125MG	2	PA
ORENITRAM TAB 1MG	2	PA
ORENITRAM TAB 2.5MG	2	PA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORENITRAM TAB 5MG	2	PA
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tab 5 mg</i>	1	PA, QL (30 tabs / 30 days)
<i>ambrisentan tab 10 mg</i>	1	PA, QL (30 tabs / 30 days)
<i>bosentan tab 62.5 mg</i>	1	PA, QL (60 tabs / 30 days)
<i>bosentan tab 125 mg</i>	1	PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG	2	PA, QL (30 tabs / 30 days)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>sildenafil citrate for suspension 10 mg/ml</i>	1	PA, QL (240 mL / 30 days)
<i>sildenafil citrate tab 20 mg</i>	1	PA, QL (90 tabs / 30 days)
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB 200/800	2	PA, QL (210 tabs / 30 days)
UPTRAVI TAB 200MCG	2	PA, QL (150 tabs / 30 days)
UPTRAVI TAB 400MCG	2	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG	2	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG	2	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG	2	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG	2	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG	2	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG	2	PA, QL (60 tabs / 30 days)

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB 0.5MG	2	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG	2	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG	2	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG	2	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG	2	PA, QL (90 tabs / 30 days)
<b>SINUS NODE INHIBITORS</b>		
CORLANOR SOL 5MG/5ML	2	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	1	
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	0	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	0	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA MIS	0	QL (1 ring / 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 rings / 300 days)
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB 30MG	0	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 injections / 300 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections / 300 days)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone tab 0.35 mg</i>	0	
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>budesonide tab er 24hr 9 mg</i>	1	
<i>cortisone acetate tab 25 mg</i>	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (27)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (49)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	2	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1	
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1	
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISC. RESPIRATORY INHALANTS</b>		
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
<b>MUCOLYTICS</b>		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>adapalene gel 0.3%</i>	1	
<i>adapalene pads 0.1%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>benzoyl peroxide foam 5.3%</i>	1	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide gel 8%</i>	1	
<i>benzoyl peroxide liq 2.5%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (75 gm / 25 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 mL / 25 days)
<i>clindamycin phosphate soln 1%</i>	1	QL (60 mL / 25 days)
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
<i>erythromycin gel 2%</i>	1	QL (60 gm / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (60 mL / 25 days)
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
<i>resorcinol-sulfur lotion 2-5%</i>	1	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium gel 1%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	PA
<b>ANTIBIOTICS - TOPICAL</b>		
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	QL (30 gm / 25 days)
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclopirox gel 0.77%</i>	1	QL (120 gm / 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	QL (120 gm / 25 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120 mL / 25 days)
<i>ciclopirox shampoo 1%</i>	1	QL (120 mL / 25 days)
<i>ciclopirox solution 8%</i>	1	
<i>clotrimazole cream 1%</i>	1	QL (120 gm / 25 days)
<i>clotrimazole soln 1%</i>	1	QL (120 mL / 25 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>econazole nitrate cream 1%</i>	1	QL (60 gm / 25 days)
<i>iodoquinol-hc cream 1-1%</i>	1	
<i>ketoconazole cream 2%</i>	1	QL (120 gm / 25 days)
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL / 25 days)
<i>luliconazole cream 1%</i>	1	QL (60 gm / 25 days)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (100 gm / 25 days)
<i>naftifine hcl cream 1%</i>	1	QL (60 gm / 25 days)
<i>naftifine hcl cream 2%</i>	1	QL (60 gm / 25 days)
<i>naftifine hcl gel 1%</i>	1	QL (120 gm / 25 days)
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 gm / 25 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 gm / 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	ST, QL (90 gm / 25 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 gm / 25 days)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 mL / 25 days)
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
<i>fluorouracil cream 0.5%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
TOLAK CRE 4%	2	
<b>ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX INJ 150MG/ML	2	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE	2	PA, QL (300 MG (2 ML) PER 28 DAYS)
COSENTYX PEN INJ 150MG/ML	2	PA, QL (1 SYRINGE PER 28 DAYS)
COSENTYX PEN INJ 300DOSE	2	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid cap 10 mg</i>	1	
SKYRIZI INJ 150DOSE	2	PA, QL (2 SYRINGES PER 12 WEEKS); Preferred for Psoriasis
STELARA INJ 45MG/0.5	2	PA, QL (1 SYRINGE PER 12 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira
STELARA INJ 45MG/0.5	2	PA, QL (1 vial per month)
STELARA INJ 90MG/ML	2	PA, QL (1 SYRINGE PER 8 WEEKS); Preferred agent for Psoriasis and 2nd line for Ulcerative colitis, Crohn's after failure of Humira
<i>tazarotene cream 0.1%</i>	1	
TREMFYA INJ 100MG/ML	2	PA, QL (1 SYRINGE PER 8 WEEKS); Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML	2	PA, QL (1 syringe per month)
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotion 2.5%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir oint 5%</i>	1	
<b>BURN PRODUCTS</b>		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120 gm / 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120 gm / 25 days)
<i>amcinonide cream 0.1%</i>	1	QL (120 gm / 25 days)
<i>amcinonide lotion 0.1%</i>	1	QL (120 mL / 25 days)
AMCINONIDE OIN 0.1%	2	QL (120 gm / 25 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120 gm / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120 gm / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120 mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120 gm / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120 gm / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (120 gm / 25 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120 gm / 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120 gm / 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120 mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120 gm / 25 days)
<i>clobetasol propionate cream 0.05%</i>	1	QL (120 gm / 25 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (120 gm / 25 days)
<i>clobetasol propionate emulsion foam 0.05%</i>	1	QL (120 gm / 25 days)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120 gm / 25 days)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120 gm / 25 days)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120 mL / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol propionate oint 0.05%</i>	1	QL (120 gm / 25 days)
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120 mL / 25 days)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120 mL / 25 days)
<i>clobetasol propionate spray 0.05%</i>	1	QL (120 mL / 25 days)
<i>clocortolone pivalate cream 0.1%</i>	1	QL (120 gm / 25 days)
<i>desonide cream 0.05%</i>	1	QL (120 gm / 25 days)
<i>desonide lotion 0.05%</i>	1	QL (120 mL / 25 days)
<i>desonide oint 0.05%</i>	1	QL (120 gm / 25 days)
<i>desoximetasone cream 0.05%</i>	1	QL (120 gm / 25 days)
<i>desoximetasone cream 0.25%</i>	1	QL (120 gm / 25 days)
<i>desoximetasone gel 0.05%</i>	1	QL (120 gm / 25 days)
<i>desoximetasone oint 0.05%</i>	1	QL (120 gm / 25 days)
<i>desoximetasone oint 0.25%</i>	1	QL (120 gm / 25 days)
<i>desoximetasone spray 0.25%</i>	1	QL (120 mL / 25 days)
DUOBRII LOT	2	
ENSTILAR AER	2	
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120 gm / 25 days)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 gm / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120 mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120 mL / 25 days)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120 gm / 25 days)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120 mL / 25 days)
<i>fluocinonide cream 0.05%</i>	1	QL (120 gm / 25 days)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 gm / 25 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120 gm / 25 days)
<i>fluocinonide oint 0.05%</i>	1	QL (120 gm / 25 days)
<i>fluocinonide soln 0.05%</i>	1	QL (120 mL / 25 days)
<i>flurandrenolide cream 0.05%</i>	1	QL (120 gm / 25 days)
<i>flurandrenolide lotion 0.05%</i>	1	QL (120 mL / 25 days)
<i>flurandrenolide oint 0.05%</i>	1	QL (120 gm / 25 days)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120 gm / 25 days)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 mL / 25 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120 gm / 25 days)
<i>halcinonide cream 0.1%</i>	1	QL (120 gm / 25 days)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120 gm / 25 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120 gm / 25 days)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120 gm / 25 days)
<i>hydrocortisone butyrate lotion 0.1%</i>	1	QL (120 mL / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120 gm / 25 days)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120 mL / 25 days)
<i>hydrocortisone cream 1%</i>	1	QL (120 gm / 25 days)
<i>hydrocortisone cream 2.5%</i>	1	QL (120 gm / 25 days)
<i>hydrocortisone lotion 2.5%</i>	1	QL (120 mL / 25 days)
<i>hydrocortisone oint 1%</i>	1	QL (120 gm / 25 days)
<i>hydrocortisone oint 2.5%</i>	1	QL (120 gm / 25 days)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120 gm / 25 days)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120 gm / 25 days)
<i>mometasone furoate cream 0.1%</i>	1	QL (120 gm / 25 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (120 gm / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mL / 25 days)
<i>prednicarbate cream 0.1%</i>	1	QL (120 gm / 25 days)
<i>prednicarbate oint 0.1%</i>	1	QL (120 gm / 25 days)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120 gm / 25 days)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120 gm / 25 days)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120 gm / 25 days)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120 mL / 25 days)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120 mL / 25 days)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120 gm / 25 days)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120 gm / 25 days)
<i>triamcinolone acetonide oint 0.05%</i>	1	QL (120 gm / 25 days)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120 gm / 25 days)
<b>ECZEMA AGENTS</b>		
DUPIXENT INJ 200/1.14	2	PA, QL (2 SYRINGES PER 28 DAYS)
DUPIXENT INJ 300/2ML	2	PA, QL (2 SYRINGES PER 28 DAYS)
<b>EMOLLIENTS</b>		
<i>hyaluronate sodium (emollient) gel 0.2%</i>	1	
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 10%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>lactic acid w/ vitamin e cream 10%-3500 unit/30gm</i>	1	
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus cream 1%</i>	1	ST
<i>tacrolimus oint 0.1%</i>	1	ST
<i>tacrolimus oint 0.03%</i>	1	ST
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox soln 0.5%</i>	1	
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl gel 2%</i>	1	QL (30 gm / 25 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL / 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections / 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm / 25 days)
<i>lidocaine patch 5%</i>	1	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm / 25 days)
<i>pramoxine hcl gel 1%</i>	1	
<b>ROSACEA AGENTS</b>		
<i>azelaic acid gel 15%</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG	1	Tier 1 with DAW9
<b>SCABICIDES &amp; PEDICULICIDES</b>		
<i>crotamiton lotion 10%</i>	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
<b>TAR PRODUCTS</b>		
<i>coal tar soln 20%</i>	1	
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ONETOUCH TES ULTRA	0	QL (240 strips / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONETOUCH TES VERIO	0	QL (240 strips / 30 days)

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

BETTERMILK15 POW GLYTACTN	2	
BETTERMILK PAK GLYTACTI	2	
CAMINO PRO LIQ 15PE	2	
COMPLEAT LIQ CLS SYS	2	PA
COMPLEAT PED LIQ ORG BLND	2	PA
CRUCIAL LIQ UNFLAVOR	2	PA
DIABETIC TF LIQ	2	PA
DIABETISOURC LIQ	2	PA
EAA SUPPLEME POW TROPICAL	2	
ENSURE PLANT LIQ CHOCOLAT	2	
EO28 SPLASH LIQ ORANGE	2	PA
F.A.A. LIQ	2	PA
FIBERSOUR HN LIQ CLS SYS	2	PA
FIBERSOURCE LIQ CLS SYS	2	PA
GLUCERNA 1.0 LIQ CARB VAN	2	PA
GLUCERNA LIQ 1.2 CAL	2	PA
GLUCERNA SEL LIQ VANILLA	2	PA
GLYROL LIQ PREBIO1	2	PA
GLYTACTIN POW RESTOR10	2	
GLYTROL LIQ PREBIO1	2	PA
HCU EXP20 PAK UNFLAVOR	2	
HCU EXPRESS PAK	2	
HOMACTIN AA LIQ PLUS	2	
ISOSOURCE HN LIQ	2	PA
ISOSOURCE LIQ	2	PA
ISOVACTIN AA LIQ PLUS	2	
JEVITY 1 CAL LIQ	2	PA
JEVITY 1.2 LIQ CAL	2	PA
JEVITY 1.5 LIQ CAL	2	PA
LANAFLEX PAK	2	
LIQUID HOPE LIQ	2	PA
LOPHLEX POW	2	
MCT PRO-CAL PAK	2	PA
NEOCATE LIQ SPLASH	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEOKE MCT70 POW	2	PA
NEPRO LIQ VANILLA	2	PA
NOVASOURCE LIQ RENAL	2	PA
NUTRAMINE PAK	2	PA
NUTREN 1.0 LIQ UNFLAVOR	2	PA
NUTREN 1.5 LIQ FIBER	2	PA
NUTREN 2.0 LIQ VANILLA	2	PA
NUTREN JR LIQ	2	PA
NUTREN LIQ JUNIOR	2	PA
NUTREN RENAL LIQ	2	PA
NUTRIRENAL LIQ	2	PA
OPTIMENTAL LIQ	2	PA
OSMOLITE 1 LIQ CAL	2	PA
OSMOLITE 1.2 LIQ CAL	2	PA
OSMOLITE 1.5 LIQ CAL	2	PA
OSMOLITE HN LIQ	2	PA
OSMOLITE LIQ	2	PA
OXEPA 1.5 LIQ	2	PA
OXEPA LIQ	2	PA
PEDIASURE EN LIQ /FIBER	2	PA
PEDIASURE LIQ PEPTIDE	2	PA
PEPTAMEN LIQ PREBIO1	2	PA
PEPTAMEN LIQ UNFLAVOR	2	PA
PEPTINEX DT LIQ	2	PA
PEPTINEX DT LIQ VANILLA	2	PA
PERATIVE LIQ	2	PA
PHENACTIN AA LIQ PLUS	2	
PHLEXY-10 POW	2	PA
PIVOT LIQ 1.5 CAL	2	PA
PKU EXPLORE5 POW UNFLAVOR	2	
PRO-PHREE POW	2	
PPA/MMA POW EXPRESS	2	
PROMACTIN AA SUS PLUS	2	
PROMOTE 1.0 LIQ W/ FIBER	2	PA
PROMOTE LIQ VANILLA	2	PA
PROMOTE W/ LIQ FIBER	2	PA
PROMOTE W/FB LIQ VANILLA	2	PA
PROMOTE/ LIQ FIBER	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROSOURCE LIQ TF	2	PA
REPLETE FIBE LIQ 1 CAL	2	PA
REPLETE LIQ ULTRAPAK	2	PA
RESOURCE DIA LIQ TF	2	PA
S.O.S. 20 POW	2	
S.O.S. 25 POW	2	
SUPLENA LIQ VANILLA	2	PA
TOLEREX POW	2	PA
TWOCAL HN LIQ	2	PA
TYLACTIN POW BLD 20PE	2	
ULTRACAL HN LIQ PLUS	2	PA
ULTRACAL LIQ	2	PA
ULTRIEN 1.5 LIQ SAFE-T	2	PA
VILACTIN AA LIQ PLUS	2	
VITAL HN POW	2	PA
VIVONEX RTF LIQ	2	PA

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

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	

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

<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	

***DIURETIC COMBINATIONS***

ALDACTAZIDE TAB 50/50	2	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>LOOP DIURETICS</b>		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>torseamide tab 5 mg</i>	1	
<i>torseamide tab 10 mg</i>	1	
<i>torseamide tab 20 mg</i>	1	
<i>torseamide tab 100 mg</i>	1	
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metolazone tab 10 mg</i>	1	
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO SOL 600/2.4	2	PA, QL (1 PEN PER MONTH)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
TYMLOS INJ	2	PA, QL (1PEN PER MONTH)
<b>FERTILITY REGULATORS</b>		
<i>clomiphene citrate tab 50 mg</i>	1	
GONAL-F INJ 450UNIT	2	PA, QL (10 vials / 28 days)
GONAL-F INJ 1050UNIT	2	PA, QL (6 vials / 28 days)
GONAL-F RFF INJ 75UNIT	2	PA, QL (60 vials / 28 days)
GONAL-F RFF INJ 300/0.5	2	PA, QL (8 mL / 28 days)
GONAL-F RFF INJ 450/0.75	2	PA, QL (8 mL / 28 days)
GONAL-F RFF INJ 900/1.5	2	PA, QL (10 mL / 28 days)
OVIDREL INJ	2	PA
<b>GNRH/LHRH ANTAGONISTS</b>		
CETROTIDE KIT 0.25MG	2	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GROWTH HORMONES</b>		
NORDITROPIN INJ 5/1.5ML	2	PA
NORDITROPIN INJ 10/1.5ML	2	PA
NORDITROPIN INJ 15/1.5ML	2	PA
NORDITROPIN INJ 30/3ML	2	PA
<b>HORMONE RECEPTOR MODULATORS</b>		
<i>raloxifene hcl tab 60 mg</i>	0	
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
SYNAREL SOL 2MG/ML	2	
<b>METABOLIC MODIFIERS</b>		
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	1	PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	1	PA, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	1	PA, QL (120 tabs / 30 days)
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
<i>nitisinone cap 2 mg</i>	1	PA
<i>nitisinone cap 5 mg</i>	1	PA
<i>nitisinone cap 10 mg</i>	1	PA
NITYR TAB 2MG	2	PA
NITYR TAB 5MG	2	PA
NITYR TAB 10MG	2	PA
ORFADIN CAP 2MG	2	PA
ORFADIN CAP 5MG	2	PA
ORFADIN CAP 10MG	2	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA, QL (750 gm / 30 days)
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA, QL (1200 tabs / 30 days)
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
<i>mifepristone tab 200 mg</i>	1	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tab 0.5 mg</i>	1	
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA, QL (90 vials / 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA, QL (90 vials / 30 days)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA, QL (48 vials / 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA, QL (90 vials / 30 days)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA, QL (12 vials / 30 days)
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
<i>CLIMARA PRO DIS WEEKLY</i>	2	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<b>ESTROGENS</b>		
<i>estradiol tab 0.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	PA
<i>estradiol valerate im in oil 40 mg/ml</i>	1	PA

**FLUOROQUINOLONES****FLUOROQUINOLONES**

<i>CIPRO (5%) SUS 250MG/5</i>	2	
<i>CIPRO (10%) SUS 500MG/5</i>	2	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium cap 750 mg</i>	1	
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>*mesalamine rectal enema 4 gm &amp; cleanser wipe kit**</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPIOID-INDUCED CONSTIPATION</b>		
MOVANTIK TAB 12.5 MG	2	
MOVANTIK TAB 25 MG	2	
<b>PHOSPHATE BINDER AGENTS</b>		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
pot & sod citrates w/ cit ac soln 550-500- 334 mg/5ml	1	
potassium citrate & citric acid powder pack 3300-1002 mg	1	
potassium citrate & citric acid soln 1100- 334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP 50MG	2	PA
CYSTAGON CAP 150MG	2	PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
alfuzosin hcl tab er 24hr 10 mg	1	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tab 200 mg</i>	1	
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<b>GOUT AGENTS</b>		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine cap 0.6 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>FIRAZYR INJ 30MG/3ML</i>	2	PA, QL (45 syringes / 90 days)
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	1	PA, QL (45 syringes / 90 days)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	1	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
<i>TAKHZYRO INJ 300/2ML</i>	2	PA, QL (2 vials / 28 days)
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>BRILINTA TAB 60MG</i>	2	
<i>BRILINTA TAB 90MG</i>	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA CAP 84MG	2	PA, QL (60 caps / 30 days)
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	
<b>COBALAMINS</b>		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	PA
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid tab 1 mg</i>	1	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 10MCG	2	PA
ARANESP INJ 25MCG	2	PA
ARANESP INJ 40MCG	2	PA
ARANESP INJ 60MCG	2	PA
ARANESP INJ 100MCG	2	PA
ARANESP INJ 150MCG	2	PA
ARANESP INJ 200MCG	2	PA
ARANESP INJ 300MCG	2	PA
ARANESP INJ 500MCG	2	PA
DOPTELET TAB 20MG	2	PA, QL (90 tabs / 30 days)
NIVESTYM INJ 300/0.5	2	PA
NIVESTYM INJ 300MCG	2	PA
NIVESTYM INJ 480/0.8	2	PA
NIVESTYM INJ 480MCG	2	PA
RETACRIT INJ 2000UNIT	2	PA
RETACRIT INJ 3000UNIT	2	PA
RETACRIT INJ 4000UNIT	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETACRIT INJ 10000UNT	2	PA
RETACRIT INJ 40000UNT	2	PA
ZIEXTENZO INJ 6/0.6ML	2	PA, QL (3 syringes / 28 days)

**HEMOSTATICS****HEMOSTATICS - SYSTEMIC**

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

**HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS****BARBITURATE HYPNOTICS**

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

**HYPNOTICS - TRICYCLIC AGENTS**

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	

**NON-BARBITURATE HYPNOTICS**

<i>estazolam tab 1 mg</i>	1	QL (15 tabs / 25 days)
<i>estazolam tab 2 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs / 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs / 25 days)
<i>flurazepam hcl cap 15 mg</i>	1	QL (15 caps / 25 days)
<i>flurazepam hcl cap 30 mg</i>	1	QL (15 caps / 25 days)
<i>quazepam tab 15 mg</i>	1	QL (15 tabs / 25 days)
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps / 25 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triazolam tab 0.25 mg</i>	1	QL (10 tabs / 25 days)
<i>triazolam tab 0.125 mg</i>	1	QL (10 tabs / 25 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps / 25 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps / 25 days)
<i>zolpidem tartrate sl tab 1.75 mg</i>	1	
<i>zolpidem tartrate sl tab 3.5 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs / 25 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs / 25 days)
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon tab 8 mg</i>	1	QL (15 tabs / 25 days)
<b>LAXATIVES</b>		
<b>LAXATIVE COMBINATIONS</b>		
<i>bisacodyl tab &amp; peg 3350-kcl-sod bicarb-nacl for soln kit</i>	0	\$0 copay for members age 50 through 74
<i>CLENPIQ SOL</i>	0	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>lactulose solution 10 gm/15ml</i>	1	
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil</i>	1	
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin powd pack for susp 1 gm</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<b>CLARITHROMYCIN</b>		
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
<i>clarithromycin tab er 24hr 500 mg</i>	1	
<b>ERYTHROMYCINS</b>		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
<b>FIDAXOMICIN</b>		
DIFICID TAB 200MG	2	PA
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK MIS MLTICLIX	0	
DEXCOM G5 MIS RECEIVER	2	QL (1 each / year)
DEXCOM G5 MIS TRANSMIT	2	QL (1 box / 75 days)
DEXCOM G6 MIS SENSOR	2	QL (2 sensors per month)
V-GO 20 KIT	2	QL (1 kit / 30 days)
<b>PARENTERAL THERAPY SUPPLIES</b>		
AUTOSHIELD MIS 29X3/16"	2	
AUTOSHIELD MIS 29X5/16"	2	
BD U-500 MIS 31GX6MM	2	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	2	
BD ULTRAFINE PEN NEEDLES	2	
BD ULTRAFINE PEN NEEDLES	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MIGRAINE PRODUCTS</b>		
<b><i>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</i></b>		
AIMOVIG INJ 70MG/ML	2	ST, QL (2 pens / 25 days)
AIMOVIG INJ 140MG/ML	2	ST, QL (1 pen / 25 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes / 25 days)
EMGALITY INJ 120MG/ML	2	ST, QL (2 pens / 25 days)
<b><i>SEROTONIN AGONISTS</i></b>		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs / 25 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 ea / 25 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs / 25 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 ea / 25 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 ea / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 ea / 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 inhalers / 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 inhalers / 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections / 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 injections / 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections / 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 injections / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 injections / 25 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 injections / 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs / 25 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs / 25 days)

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

<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	

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

<i>penicillamine cap 250 mg</i>	1	ST
<i>penicillamine tab 250 mg</i>	1	
<i>trientine hcl cap 250 mg</i>	1	ST

**IMMUNOMODULATORS**

REVLIMID CAP 2.5MG	2	PA, QL (30 caps / 30 days)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REVLIMID CAP 5MG	2	PA, QL (30 caps / 30 days)
REVLIMID CAP 10MG	2	PA, QL (30 caps / 30 days)
REVLIMID CAP 15MG	2	PA, QL (30 caps / 30 days)
REVLIMID CAP 20MG	2	PA, QL (42 caps / 28 days)
REVLIMID CAP 25MG	2	PA, QL (42 caps / 28 days)
THALOMID CAP 50MG	2	PA, QL (30 caps / 30 days)
THALOMID CAP 100MG	2	PA, QL (30 caps / 30 days)
THALOMID CAP 150MG	2	PA, QL (60 caps / 30 days)
THALOMID CAP 200MG	2	PA, QL (60 caps / 30 days)

**IMMUNOSUPPRESSIVE AGENTS**

<i>azathioprine tab 50 mg</i>	1	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	
<i>everolimus tab 0.75 mg</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
<b>POTASSIUM REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>*sodium polystyrene sulfonate powder**</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<b>DENTAL PRODUCTS</b>		
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride rinse 0.2%</i>	1	
<i>stannous fluoride conc 0.63%</i>	1	
<i>stannous fluoride gel 0.4%</i>	1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
<b>MULTIVITAMINS</b>		
<b>PRENATAL VITAMINS</b>		
<i>*prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg**</i>	1	
<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>*prenatal vit w/ fe fum -methylfolate-fa tab 27-0.6-0.4 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa tab 28-1 mg***</i>	1	
<i>*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg***</i>	1	

**MUSCULOSKELETAL THERAPY AGENTS****CENTRAL MUSCLE RELAXANTS**

<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	QL (84 tabs / 25 days)
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs / 25 days)
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	

**DIRECT MUSCLE RELAXANTS**

<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	

**MUSCLE RELAXANT COMBINATIONS**

<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i>	1	QL (168 tabs / 25 days)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
<i>riluzole tab 50 mg</i>	1	
<b>OPHTHALMIC AGENTS</b>		
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<b>MIOTICS</b>		
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
<i>NATACYN SUS 5% OP</i>	2	
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymyx-gramicidin op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBREX OIN 0.3% OP	2	
<i>trifluridine ophth soln 1%</i>	1	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA DRO 5%	2	
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
<b>OPHTHALMIC STEROIDS</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
FML OIN 0.1% OP	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<b>OPHTHALMICS - MISC.</b>		
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>latanoprost ophth soln 0.005%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid otic soln 2%</i>	1	
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
<b>OTIC COMBINATIONS</b>		
<i>ciprofloxacin-dexamethasone sus 0.3-0.1%</i>	1	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<b>OTIC STEROIDS</b>		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<i>methylergonovine maleate tab 0.2 mg</i>	1	PA, QL (120 tabs / 30 days)
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<b>NATURAL PENICILLINS</b>		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<b>AUGMENTIN SUS 125/5ML</b>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
<i>progesterone micronized cap 100 mg</i>	1	
<i>progesterone micronized cap 200 mg</i>	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA MIS TITR PAK	2	PA
SAVELLA TAB 12.5MG	2	PA
SAVELLA TAB 25MG	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAVELLA TAB 50MG	2	PA
SAVELLA TAB 100MG	2	PA
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO TAB 6MG	2	PA, QL (60 tabs / 30 days)
AUSTEDO TAB 9MG	2	PA, QL (120 tabs / 30 days)
AUSTEDO TAB 12MG	2	PA, QL (120 tabs / 30 days)
INGREZZA CAP 40-80MG	2	PA
INGREZZA CAP 40MG	2	PA, QL (30 caps / 30 days)
INGREZZA CAP 80MG	2	PA, QL (30 caps / 30 days)
<i>tetrabenazine tab 12.5 mg</i>	1	PA, QL (120 tabs / 30 days)
<i>tetrabenazine tab 25 mg</i>	1	PA, QL (60 tabs / 30 days)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO TAB 7MG	2	PA, QL (30 tabs / 30 days)
AUBAGIO TAB 14MG	2	PA, QL (30 tabs / 30 days)
COPAXONE INJ 20MG/ML	2	PA, QL (30 injections / 30 days)
COPAXONE INJ 40MG/ML	2	PA, QL (12 SYRINGES PER 28 DAYS)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	PA, QL (14 caps / 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	PA, QL (60 caps / 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	1	PA, QL (1 kit / 30 days)
GILENYA CAP 0.5MG	2	PA, QL (30 caps / 30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	PA, QL (30 injections / 30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA, QL (12 SYRINGES PER 28 DAYS)
KESIMPTA INJ 20/.4ML	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAYZENT TAB 0.25MG	2	PA, QL (120 tabs / 30 days)
MAYZENT TAB 2MG	2	PA, QL (30 tabs / 30 days)
REBIF INJ 22/0.5	2	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	2	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	2	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	2	PA, QL (12 INJ PER 28 DAYS)
REBIF REBIDO INJ TITRATN	2	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	2	PA, QL (12 SYRINGES PER 28 DAYS)
TECFIDERA MIS STARTER	2	PA, QL (1 kit / 30 days)
VUMERITY CAP 231MG	2	PA, QL (120 caps / 30 days)
ZEPOSIA 7DAY CAP STR PACK	2	PA, QL (30 ea / 30 days)
ZEPOSIA CAP .92MG	2	PA, QL (30 caps / 30 days)
ZEPOSIA CAP STR KIT	2	PA, QL (30 ea / 30 days)
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
<i>fluoxetine hcl (p added) tab 10 mg</i>	1	
<i>fluoxetine hcl (p added) tab 20 mg</i>	1	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	
CHANTIX PAK 1MG	0	
CHANTIX TAB 0.5MG	0	
<b>TRANSTHYRETINAMYLOIDOSIS AGENTS</b>		
TEGSEDI INJ 284/1.5	2	PA, QL (4 SYRINGES PER 28 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VASOMOTOR SYMPTOM AGENTS</b>		
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO PAK 25MG	2	PA, QL (60 packets / 30 days)
ORKAMBI GRA 100-125	2	PA, QL (60 packets / 30 days)
ORKAMBI GRA 150-188	2	PA, QL (60 packets / 30 days)
SYMDEKO TAB 50-75MG	2	PA, QL (60 tabs / 30 days)
SYMDEKO TAB 100-150	2	PA, QL (60 tabs / 30 days)
TRIKAFTA TAB	2	PA, QL (90 tabs / 30 days)
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET CAP 267MG	2	PA, QL (270 caps / 30 days)
OFEV CAP 100MG	2	PA, QL (60 caps / 30 days)
OFEV CAP 150MG	2	PA, QL (60 caps / 30 days)
<b>TETRACYCLINES</b>		
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab delayed release 50 mg</i>	1	
<i>doxycycline hyclate tab delayed release 75 mg</i>	1	
<i>doxycycline hyclate tab delayed release 100 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	

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

<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	

**THYROID HORMONES**

<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>liothyronine sodium tab 50 mcg</i>	1	
<i>thyroid tab 15 mg (1/4 grain)</i>	1	
<i>thyroid tab 30 mg (1/2 grain)</i>	1	
<i>thyroid tab 60 mg (1 grain)</i>	1	
<i>thyroid tab 90 mg (1 1/2 grain)</i>	1	
<i>thyroid tab 120 mg (2 grain)</i>	1	

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

<i>CUVPOSA SOL 1MG/5ML</i>	2	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<i>propantheline bromide tab 15 mg</i>	1	

**H-2 ANTAGONISTS**

<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	

**MISC. ANTI-ULCER**

<i>sucralfate susp 1 gm/10ml</i>	1	
<i>sucralfate tab 1 gm</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps / year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps / year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets / year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets / year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets / year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps / year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps / year)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	1	QL (90 ea / year)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	1	QL (90 ea / year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps / year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps / year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps / year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs / year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs / year)
PRILOSEC POW 2.5MG	2	QL (90 packets / year)
PRILOSEC POW 10MG	2	QL (90 packets / year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs / year)
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	
<b>URINARY ANTI-INFECTIVES</b>		
<b>URINARY ANTI-INFECTIVE COMBINATIONS</b>		
<i>*methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg***</i>	1	
<i>methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg</i>	1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>*methenamine-hyosc-meth blue-sod phosph sal cap 118 mg***</i>	1	
<i>*methenamine-hyosc-meth blue-sod phosph sal cap 120 mg***</i>	1	
<i>*methenamine-hyosc-meth blue-sod phosph sal tab 81 mg***</i>	1	
<i>*methenamine-hyosc-meth blue-sod phosph sal tab 120 mg***</i>	1	
<i>*methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg***</i>	1	

**URINARY ANTI-INFECTIVES**

<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	

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

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
<i>tropium chloride cap er 24hr 60 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tropium chloride tab 20 mg</i>	1	
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl tab 100 mg</i>	1	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tab 10 mcg</i>	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
<b>VAGINAL PROGESTINS</b>		
ENDOMETRIN SUP 100MG	2	
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (4 pens / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (4 pens / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (2 pens / 25 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (4 pens / 25 days)
EPIPEN-JR INJ 0.15MG	2	QL (4 pens / 25 days)

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

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Note: Coverage of prescription drugs and supplies listed on this formulary (drug list) is subject to your plan and benefits. For the most accurate information on your drug cost and pricing, please log in to My Account ([www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)) and click on Drug & Pharmacy Resources under Quick Links.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMJEPI INJ 0.3MG	2	QL (2 syringes / 25 days)
SYMJEPI INJ 0.15MG	2	QL (4 syringes / 25 days)

**VASOPRESSORS**

<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	

**VITAMINS**

**OIL SOLUBLE VITAMINS**

<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>phytonadione tab 5 mg</i>	1	

## **Index**

Generate the index.

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)**.



10455 Mill Run Circle  
Owings Mills, MD 21117

**[carefirst.com/rx](https://www.carefirst.com/rx)**

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# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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

CareFirst:

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

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

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

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

## Civil Rights Coordinator, Corporate Office of Civil Rights

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

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

Telephone Number        410-528-7820

Fax Number                410-505-2011

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

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

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



## Foreign Language Assistance

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

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

*Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèè. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí așojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mò ògbufò kan.*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Diné Bizaad (Navajo)* Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aa'ahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowól t'áa nínizaad bee t'áa jii'k'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nit'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náána'á' éí kójjí' dahóoolnih 855-258-6518 dóo yíi dii'łts'ííł yałtí'ígíí t'áa níléj'í' áádóo éí bikéé'dóo naasba'as bíł adidiilchíł. Áká'ánidaalwó'ígíí neidiitá'ágo, saad bee yáníłt'í'ígíí yíi diikił dóo ata' halne'é lá níká'ádoowól.