

CareFirst Formulary 3

2019

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

- This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at carefirst.com.

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

Introduction

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

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

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**. If the brand drug has a generic drug option available, it is listed under the brand-name drug.

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.

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

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

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS		
(DNRIS)		

SUNOSI TAB 75MG	2
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SUNOSI TAB 150MG	2
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ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
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COX-II INHIBITORS		
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<i>celecoxib cap 50 mg</i>	1
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<i>celecoxib cap 100 mg</i>	1
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<i>celecoxib cap 200 mg</i>	1
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<i>celecoxib cap 400 mg</i>	1
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GOUT - DRUGS TO TREAT GOUT		
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<i>allopurinol tab 100 mg</i>	1
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<i>allopurinol tab 300 mg</i>	1
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<i>colchicine cap 0.6 mg</i>	1
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<i>colchicine tab 0.6 mg</i>	1
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<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
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<i>febuxostat tab 40 mg</i>	1
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<i>febuxostat tab 80 mg</i>	1
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<i>probenecid tab 500 mg</i>	1
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ZYLOPRIM TAB 300MG	3
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NON-OPIOID ANALGESICS		
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<i>acetaminophen-salicylamide-phenyltoloxamine cap 300-200-20mg</i>	1
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<i>butalbital-acetaminophen tab 50-300 mg</i>	1
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<i>butalbital-acetaminophen tab 50-325 mg</i>	1
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<i>butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml</i>	1
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<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1
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<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1
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LEVACET TAB	3
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NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
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<i>choline & magnesium salicylates liq 500 mg/5ml</i>	1
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<i>diclofenac potassium tab 50 mg</i>	1
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<i>diclofenac sodium tab delayed release 25 mg</i>	1
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PA - Prior Authorization QL - Quantity Limits

1

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) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
<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>diflunisal tab 500 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 tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ketoprofen cap 25 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketoprofen cap er 24hr 200 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 susp 7.5 mg/5ml</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	
NALFON TAB 600MG	3	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	

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2

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Drug Name	Drug Tier	Requirements/Limits
<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 200 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	
NSAIDS, COMBINATIONS		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
DUEXIS TAB 800-26.6	3	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
NSAIDS, TOPICAL		
<i>diclofenac sodium gel 1%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	QL (150 ml per 21 days), PA
VOLTAREN GEL 1%	3	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
ABSTRAL SUB 100MCG	2	PA
ABSTRAL SUB 200MCG	2	PA
ABSTRAL SUB 300MCG	2	PA
ABSTRAL SUB 400MCG	2	PA
ABSTRAL SUB 600MCG	2	PA
ABSTRAL SUB 800MCG	2	PA
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mL per month)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs per month)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs per month)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs per month)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	QL (300 caps per month)
ACTIQ LOZ 600MCG	3	PA
ACTIQ LOZ 800MCG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-caffeine-dihydrocodeine cap</i> 356.4-30-16 mg	1	QL (300 caps per month)
BELBUCA MIS 75MCG	2	QL (60 films per month)
BELBUCA MIS 150MCG	2	QL (60 films per month)
BELBUCA MIS 300MCG	2	QL (60 films per month)
BELBUCA MIS 450MCG	2	QL (60 films per month)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<i>butalbital-acetaminophen-caff w/ cod cap</i> 50-300-40-30 mg	1	
<i>butalbital-acetaminophen-caff w/ cod cap</i> 50-325-40-30 mg	1	
<i>butalbital-aspirin-caff w/ codeine cap</i> 50-325-40-30 mg	1	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	
CODEINE SULF TAB 15MG	1	
CODEINE SULF TAB 60MG	1	
<i>codeine sulfate tab 30 mg</i>	1	QL (42 tabs per month)
CONZIP CAP 100MG	3	QL (30 tabs per month)
CONZIP CAP 200MG	3	PA
CONZIP CAP 300MG	3	PA
DILAUDID LIQ 1MG/ML	3	QL (600 mL per month)
DILAUDID TAB 4MG	3	QL (150 tabs per month)
DILAUDID TAB 8MG	3	QL (60 tabs per month)
DOLOPHINE TAB 5MG	3	QL (90 tabs per month)
DURAGESIC DIS 12MCG/HR	3	QL (10 patches per month)
DURAGESIC DIS 25MCG/HR	3	QL (10 patches per month)
DURAGESIC DIS 75MCG/HR	3	PA
EMBEDA CAP 20-0.8MG	2	QL (60 caps per month)
EMBEDA CAP 30-1.2MG	2	QL (60 caps per month)
EMBEDA CAP 50-2MG	2	QL (30 caps per month)
EMBEDA CAP 60-2.4MG	2	QL (30 caps per month)
EMBEDA CAP 80-3.2MG	2	QL (30 caps per month)
EMBEDA CAP 100-4MG	2	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	QL (10 patches per month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	QL (10 patches per month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA
FIORINAL/COD CAP 30MG	3	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL per month)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	QL (2700 mL per month)
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs per month)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL (240 tabs per month)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs per month)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL (180 tabs per month)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs per month)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL (180 tabs per month)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs per month)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	QL (50 tabs per month)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (50 tabs per month)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	QL (50 tabs per month)
HYDROMORPHON SUP 3MG	3	QL (120 supps per month)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	QL (600 mL per month)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tab 2 mg</i>	1	QL (180 tabs per month)
<i>hydromorphone hcl tab 4 mg</i>	1	QL (150 tabs per month)
<i>hydromorphone hcl tab 8 mg</i>	1	QL (60 tabs per month)
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	1	QL (30 tabs per month)
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	1	QL (30 tabs per month)
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	1	QL (30 tabs per month)
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	1	PA
HYSINGLA ER TAB 20 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 30 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 40 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 60 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 80 MG	2	QL (30 tabs per month)
HYSINGLA ER TAB 100 MG	2	PA
HYSINGLA ER TAB 120 MG	2	PA
<i>methadone hcl conc 10 mg/ml</i>	1	QL (90 mL per month)
<i>methadone hcl soln 5 mg/5ml</i>	1	QL (450 mL per month)
<i>methadone hcl soln 10 mg/5ml</i>	1	QL (300 ml's per month)
<i>methadone hcl tab 5 mg</i>	1	QL (90 tabs per month)
<i>methadone hcl tab 10 mg</i>	1	QL (90 tabs per month)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	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	QL (60 caps per month)
<i>morphine sulfate cap er 24hr 20 mg</i>	1	QL (60 caps per month)
<i>morphine sulfate cap er 24hr 30 mg</i>	1	QL (60 caps per month)
<i>morphine sulfate cap er 24hr 50 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate cap er 24hr 60 mg</i>	1	QL (30 caps per month)
<i>morphine sulfate cap er 24hr 80 mg</i>	1	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	QL (900 mL per month)

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QL (675 mL per month)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	QL (135 mL per month)
<i>morphine sulfate suppos 5 mg</i>	1	QL (180 supps per month)
<i>morphine sulfate suppos 10 mg</i>	1	QL (180 supps per month)
<i>morphine sulfate suppos 20 mg</i>	1	QL (120 supps per month)
<i>morphine sulfate tab 15 mg</i>	1	QL (180 tabs per month)
<i>morphine sulfate tab 30 mg</i>	1	QL (90 tabs per month)
<i>morphine sulfate tab er 15 mg</i>	1	QL (90 tabs per month)
<i>morphine sulfate tab er 30 mg</i>	1	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
MS CONTIN TAB 15MG ER	3	QL (90 tabs per month)
NORCO TAB 5-325MG	3	QL (240 tabs per month)
NORCO TAB 7.5-325	3	QL (180 tabs per month)
NUCYNTA ER TAB 50MG	2	QL (60 tabs per month)
NUCYNTA ER TAB 100MG	2	QL (60 tabs per month)
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	QL (120 tabs per month)
NUCYNTA TAB 75MG	2	QL (90 tabs per month)
NUCYNTA TAB 100MG	2	QL (60 tabs per month)
<i>oxycodone hcl cap 5 mg</i>	1	QL (180 caps per month)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	QL (90 mL per month)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	QL (900 mL per month)
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs per month)
<i>oxycodone hcl tab 10 mg</i>	1	QL (180 tabs per month)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 15 mg</i>	1	QL (120 tabs per month)
<i>oxycodone hcl tab 20 mg</i>	1	QL (90 tabs per month)
<i>oxycodone hcl tab 30 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	QL (60 tabs per month)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	QL (120 tabs per month), PA
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	QL (60 tabs per month), PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	QL (60 tabs per month), PA
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1800 mL per month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs per month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs per month)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs per month)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs per month)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL (360 tabs per month)
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	QL (28 tabs per month)
OXYCONTIN TAB 10MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 15MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 20MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 30MG CR	2	QL (60 tabs per month)
OXYCONTIN TAB 40MG CR	2	QL (120 tabs per month), PA
OXYCONTIN TAB 60MG CR	2	QL (60 tabs per month), PA
OXYCONTIN TAB 80MG CR	2	QL (60 tabs per month), PA
<i>oxymorphone hcl tab 5 mg</i>	1	QL (180 tabs per month)
<i>oxymorphone hcl tab 10 mg</i>	1	QL (90 tabs per month)
<i>oxymorphone hcl tab er 12hr 5 mg</i>	1	QL (60 tabs per month)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	1	QL (60 tabs per month)
<i>oxymorphone hcl tab er 12hr 10 mg</i>	1	QL (60 tabs per month)
<i>oxymorphone hcl tab er 12hr 15 mg</i>	1	QL (60 tabs per month)
<i>oxymorphone hcl tab er 12hr 20 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	1	PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	1	PA
REPREXAIN TAB 5-200MG	3	QL (50 tabs per month)
ROXICODONE TAB 30MG	3	QL (60 tabs per month)
SUBSYS SPR 100MCG	2	PA
SUBSYS SPR 200MCG	2	PA
SUBSYS SPR 400MCG	2	PA
SUBSYS SPR 600MCG	2	PA
SUBSYS SPR 800MCG	2	PA
SUBSYS SPR 1200MCG	2	PA
SUBSYS SPR 1600MCG	2	PA
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	1	QL (30 tabs per month)
TRAMADOL HCL CAP ER 24HR BIPHASIC RELEASE 150 MG	1	
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	1	PA
<i>tramadol hcl tab 50 mg</i>	1	QL (180 tabs per month)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	QL (30 tabs per month)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	QL (30 tabs per month)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (40 tabs per month)
TYLENOL/COD TAB #3	3	QL (360 tabs per month)
ULTRAM ER TAB 300MG	3	PA
ULTRAM TAB 50MG	3	QL (180 tabs per month)

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>verdrocet tab 2.5-325</i>	3	QL (360 tabs per month)
XODOL TAB 5-300MG	3	QL (240 tabs per month)
XTAMPZA ER CAP 9MG	3	QL (60 caps per month)
XTAMPZA ER CAP 13.5MG	3	QL (60 caps per month)
XTAMPZA ER CAP 18MG	3	QL (60 caps per month)
XTAMPZA ER CAP 27MG	3	QL (60 caps per month)
XTAMPZA ER CAP 36MG	3	PA

ANTI-INFECTIVE AGENTS - MISC.***PLEUROMUTILINS***

XENLETA TAB 600MG	3	
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ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS***AMINOGLYCOSIDES***

ARIKAYCE SUS	5	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	

ANTIBACTERIALS, CEPHALOSPORINS, First Generation

<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	
KEFLEX CAP 250MG	3	
KEFLEX CAP 500MG	3	

ANTIBACTERIALS, CEPHALOSPORINS, Second Generation

<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER TAB 500MG	3	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
CEFTIN SUS 125/5ML	3	
CEFTIN SUS 250/5ML	3	
CEFTIN TAB 250MG	3	
CEFTIN TAB 500MG	3	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
ANTIBACTERIALS, CEPHALOSPORINS, Third Generation		
CEDAX CAP 400MG	3	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime 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	
<i>ceftibuten cap 400 mg</i>	1	
<i>ceftibuten for susp 180 mg/5ml</i>	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	
ANTIBACTERIALS, ERYTHROMYCINS/MACROLIDES		
<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	
<i>clarithromycin for susp 125 mg/5ml</i>	1	
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin tab er 24hr 500 mg</i>	1	
DIFICID TAB 200MG	2	
<i>erythromycin ethylsuccinate for susp 200 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	
PCE TAB 333MG EC	3	
PCE TAB 500MG EC	3	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZMAX SUS 2GM	3	
ANTIBACTERIALS, FLUOROQUINOLONES		
AVELOX TAB 400MG	3	
BAXDELA TAB 450MG	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
CIPRO XR TAB 1000MG	3	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	
<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>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1	
LEVAQUIN TAB 750MG	3	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
ANTIBACTERIALS, KETOLIDES		
KETEK TAB 400MG	3	
ANTIBACTERIALS, PENICILLINS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>amoxicillin (trihydrate) tab er 24hr 775 mg</i>	1	
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin for susp 125 mg/5ml</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin for susp 250 mg/5ml</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN TAB 500MG	3	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
<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	
ANTIBACTERIALS, SULFONAMIDES		
SULFADIAZINE TAB 500MG	3	
<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	
ANTIBACTERIALS, TETRACYCLINES		
ADOXA PAK 1/ TAB 100MG	3	
ADOXA PAK 1/ TAB 150MG	3	
ADOXA TAB 50MG	3	
<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 150 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	
<i>doxycycline hyclate tab delayed release 150 mg</i>	1	
<i>doxycycline hyclate tab delayed release 200 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate cap 150 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>minocycline hcl tab er 24hr 45 mg</i>	1	
<i>minocycline hcl tab er 24hr 55 mg</i>	1	
<i>minocycline hcl tab er 24hr 65 mg</i>	1	
<i>minocycline hcl tab er 24hr 80 mg</i>	1	
<i>minocycline hcl tab er 24hr 90 mg</i>	1	
<i>minocycline hcl tab er 24hr 105 mg</i>	1	
<i>minocycline hcl tab er 24hr 115 mg</i>	1	
<i>minocycline hcl tab er 24hr 135 mg</i>	1	
NUZYRA TAB 150MG	3	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SYP 50MG/5ML	3	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BIO-STATIN CAP 500000	3	
BIO-STATIN CAP 1000000	3	
<i>clotrimazole troche 10 mg</i>	1	
CRESEMBA CAP 186 MG	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tab 200 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>itraconazole cap 100 mg</i>	1	
LAMISIL GRA 125MG	3	
LAMISIL GRA 187.5MG	3	
LAMISIL TAB 250MG	3	
<i>*nystatin oral powder*</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tab 500000 unit</i>	1	
ONMEL TAB 200MG	2	
<i>terbinafine hcl tab 250 mg</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	1	
<i>voriconazole tab 50 mg</i>	1	
<i>voriconazole tab 200 mg</i>	1	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
PRIMAQUINE TAB 26.3MG	3	
ANTIRETROVIRALS, ANTIRETROVIRAL ADJUVANTS		
TYBOST TAB 150MG	3	
ANTIRETROVIRALS, ANTIRETROVIRAL COMBINATIONS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	
ATRIPLA TAB	2	
BIKTARVY TAB	2	
CIMDUO TAB 300-300	2	
COMBIVIR TAB 150-300	3	
COMPLERA TAB	2	
DESCOVY TAB 200/25	2	
EPZICOM TAB 600-300	3	
EVOTAZ TAB 300-150	2	

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Drug Name	Drug Tier	Requirements/Limits
GENVOYA TAB	2	
JULUCA TAB 50-25MG	3	
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	
ODEFSEY TAB	2	
PREZCOBIX TAB 800-150	2	
STRIBILD TAB	2	
SYMFI LO TAB	2	
SYMFI TAB	2	
TEMIXYS TAB 300-300	2	
TRIUMEQ TAB	2	
TRIZIVIR TAB	3	
TRUVADA TAB 100-150	2	
TRUVADA TAB 133-200	2	
TRUVADA TAB 167-250	2	
TRUVADA TAB 200-300	2	
ANTIRETROVIRALS, CHEMOKINE RECEPTOR ANTAGONISTS		
SELZENTRY SOL 20MG/ML	3	
SELZENTRY TAB 25MG	3	
SELZENTRY TAB 75MG	3	
SELZENTRY TAB 150MG	3	
SELZENTRY TAB 300MG	3	
ANTIRETROVIRALS, FUSION INHIBITORS		
FUZEON INJ 90MG	2	PA
ANTIRETROVIRALS, INTEGRASE INHIBITORS		
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	2	
ISENTRESS HD TAB 600MG	2	
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
TIVICAY TAB 10MG	2	
TIVICAY TAB 25MG	2	
TIVICAY TAB 50MG	2	
VITEKTA TAB 85MG	3	
VITEKTA TAB 150MG	3	
ANTIRETROVIRALS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
EDURANT TAB 25MG	2	
<i>efavirenz cap 50 mg</i>	1	
<i>efavirenz cap 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz tab 600 mg</i>	1	
INTELENCE TAB 25MG	2	
INTELENCE TAB 100MG	2	
INTELENCE TAB 200MG	2	
<i>nevirapine susp 50 mg/5ml</i>	1	
<i>nevirapine tab 200 mg</i>	1	
<i>nevirapine tab er 24hr 100 mg</i>	1	
<i>nevirapine tab er 24hr 400 mg</i>	1	
RESCRIPTOR TAB 100 MG	3	
RESCRIPTOR TAB 200MG	3	
SUSTIVA CAP 50MG	3	
SUSTIVA CAP 200MG	3	
SUSTIVA TAB 600MG	3	

ANTIRETROVIRALS, NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	
<i>didanosine delayed release capsule 125 mg</i>	1	
<i>didanosine delayed release capsule 200 mg</i>	1	
<i>didanosine delayed release capsule 250 mg</i>	1	
<i>didanosine delayed release capsule 400 mg</i>	1	
EMTRIVA CAP 200MG	2	
EMTRIVA SOL 10MG/ML	2	
EPIVIR SOL 10MG/ML	3	
<i>lamivudine oral soln 10 mg/ml</i>	1	
<i>lamivudine tab 150 mg</i>	1	
<i>lamivudine tab 300 mg</i>	1	
<i>stavudine cap 15 mg</i>	1	
<i>stavudine cap 20 mg</i>	1	
<i>stavudine cap 30 mg</i>	1	
<i>stavudine cap 40 mg</i>	1	
<i>stavudine for oral soln 1 mg/ml</i>	1	
VIDEX SOL 2GM	3	
VIDEX SOL 4GM	3	
ZIAGEN SOL 20MG/ML	3	
ZIAGEN TAB 300MG	3	
<i>zidovudine cap 100 mg</i>	1	
<i>zidovudine syrup 10 mg/ml</i>	1	
<i>zidovudine tab 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRALS, NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS		
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	
VIREAD POW 40MG/GM	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	
VIREAD TAB 300MG	2	
ANTIRETROVIRALS, PROTEASE INHIBITORS		
APTIVUS CAP 250MG	3	
APTIVUS SOL	3	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	
CRIXIVAN CAP 200MG	3	
CRIXIVAN CAP 400MG	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	
INVIRASE CAP 200MG	3	
INVIRASE TAB 500MG	3	
KALETRA SOL	3	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	
LEXIVA SUS 50MG/ML	3	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	
NORVIR CAP 100MG	2	
NORVIR POW 100MG	2	
NORVIR SOL 80MG/ML	2	
NORVIR TAB 100MG	2	
PREZISTA SUS 100MG/ML	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	2	
PREZISTA TAB 800MG	2	
REYATAZ CAP 150MG	2	
REYATAZ CAP 200MG	2	
REYATAZ CAP 300MG	2	
REYATAZ POW 50MG	2	
VIRACEPT TAB 250MG	3	

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Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TAB 625MG	3	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<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	3	
<i>pyrazinamide tab 500 mg</i>	1	
RIFAMATE CAP	3	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
RIFATER TAB	3	
TRECTOR TAB 250MG	3	
ANTIVIRALS, CYTOMEGALOVIRUS AGENTS		
PREVMIS TAB 240MG	3	
PREVMIS TAB 480MG	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	
ANTIVIRALS, HEPATITIS AGENTS, Hepatitis B		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE SOL	2	
<i>entecavir tab 0.5 mg</i>	1	
<i>entecavir tab 1 mg</i>	1	
<i>lamivudine tab 100 mg (hbv)</i>	1	
TYZEKA TAB 600MG	3	
VEMLIDY TAB 25MG	4	
ANTIVIRALS, HEPATITIS AGENTS, Hepatitis C		
EPCLUSA TAB 400-100	4	PA; Genotypes 1, 2, 3, 4, 5, 6
HARVONI TAB 45-200MG	4	PA
HARVONI TAB 90-400MG	4	PA; Genotypes 1, 4, 5, 6
MODERIBA PAK 800/DAY	5	PA
MODERIBA PAK 1200/DAY	5	PA
MODERIBA TAB 600/DAY	5	PA
MODERIBA TAB 1000/DAY	5	PA

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
REBETOL SOL 40MG/ML	5	PA
<i>ribasphere tab 400mg</i>	1	PA
<i>ribavirin cap 200 mg</i>	1	PA
<i>ribavirin tab 200 mg</i>	1	PA
<i>ribavirin tab 600 mg</i>	1	PA
SOVALDI TAB 200MG	5	PA
SOVALDI TAB 400MG	5	PA
VICTRELIS CAP 200MG	5	PA
VOSEVI TAB	4	PA; 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)

ANTIVIRALS, HERPES AGENTS

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

ANTIVIRALS, INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (28 caps per 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (14 caps per 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (14 caps per 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (3 bottles / 90 days)

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Drug Name	Drug Tier	Requirements/Limits
RELENZA MIS DISKHALE	2	QL (2 / 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
TAMIFLU CAP 30MG	3	QL (28 caps per 90 days)
TAMIFLU CAP 45MG	3	QL (14 caps per 90 days)
TAMIFLU CAP 75MG	3	QL (14 caps per 90 days)
TAMIFLU SUS 6MG/ML	3	QL (3 bottles / 90 days)
MISCELLANEOUS		
AEMCOLO TAB 194MG	3	
ALBENZA TAB 200MG	3	QL (336 tabs per year)
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	
<i>atovaquone susp 750 mg/5ml</i>	1	
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs per 365 days)
<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	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
DARAPRIM TAB 25MG	3	PA
EMVERM CHW 100MG	3	QL (12 tabs per 365 days)
FLAGYL TAB 500MG	3	
<i>ivermectin tab 3 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid tab 600 mg</i>	1	
MEPRON SUS	2	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs per year)
PRIMSOL SOL 50MG/5ML	3	
<i>rifabutin cap 150 mg</i>	1	
SIVEXTRO TAB 200MG	3	
STROMECTION TAB 3MG	3	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	
VANCOMYCIN SOL 250/5ML	3	
XIFAXAN TAB 550MG	2	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER**ALKYLATING AGENTS**

ALKERAN TAB 2MG	0	
CYCLOPHOSPH CAP 25MG	0	
CYCLOPHOSPH CAP 50MG	0	
HEXALEN CAP 50MG	0	
LEUKERAN TAB 2MG	0	
MYLERAN TAB 2MG	0	
TEMODAR CAP 5MG	0	PA
TEMODAR CAP 140MG	0	PA
TEMODAR CAP 180MG	0	PA
TEMODAR CAP 250MG	0	PA
<i>temozolomide cap 5 mg</i>	0	PA
<i>temozolomide cap 20 mg</i>	0	PA
<i>temozolomide cap 100 mg</i>	0	PA
<i>temozolomide cap 140 mg</i>	0	PA
<i>temozolomide cap 180 mg</i>	0	PA
<i>temozolomide cap 250 mg</i>	0	PA

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Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	0	PA
<i>capecitabine tab 500 mg</i>	0	PA
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	0	
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	
TREXALL TAB 7.5MG	0	
TREXALL TAB 10MG	0	
TREXALL TAB 15MG	0	
XATMEP SOL 2.5MG/ML	0	
HORMONAL ANTINEOPLASTICS, ANTIANDROGENS		
<i>abiraterone acetate tab 250 mg</i>	0	PA
<i>bicalutamide tab 50 mg</i>	0	
ERLEADA TAB 60MG	0	PA
<i>flutamide cap 125 mg</i>	0	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	0	
XTANDI CAP 40MG	0	PA
YONSA TAB 125MG	0	
HORMONAL ANTINEOPLASTICS, ANTIESTROGENS		
FARESTON TAB 60MG	0	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
HORMONAL ANTINEOPLASTICS, AROMATASE INHIBITORS		
<i>anastrozole tab 1 mg</i>	0	
AROMASIN TAB 25MG	0	
<i>exemestane tab 25 mg</i>	0	
<i>letrozole tab 2.5 mg</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
HORMONAL ANTINEOPLASTICS, LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
<i>leuprolide acetate inj kit 5 mg/ml</i>	1	PA
HORMONAL ANTINEOPLASTICS, PROGESTINS		
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
IMMUNOMODULATORS		
POMALYST CAP 2MG	0	PA
POMALYST CAP 3MG	0	PA
REVLIMID CAP 2.5MG	0	PA
REVLIMID CAP 5MG	0	PA
REVLIMID CAP 10MG	0	PA
REVLIMID CAP 15MG	0	PA
REVLIMID CAP 20MG	0	PA
REVLIMID CAP 25MG	0	PA
THALOMID CAP 50MG	0	PA
THALOMID CAP 100MG	0	PA
THALOMID CAP 150MG	0	PA
THALOMID CAP 200MG	0	PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	0	PA
AFINITOR DIS TAB 3MG	0	PA
AFINITOR DIS TAB 5MG	0	PA
AFINITOR TAB 2.5MG	0	PA
AFINITOR TAB 5MG	0	PA
AFINITOR TAB 7.5MG	0	PA
AFINITOR TAB 10MG	0	PA
ALECENSA CAP 150MG	0	PA
ALUNBRIG PAK	0	PA
ALUNBRIG TAB 30MG	0	PA
ALUNBRIG TAB 90MG	0	PA
ALUNBRIG TAB 180MG	0	PA
BOSULIF TAB 100MG	0	PA
BOSULIF TAB 400MG	0	PA
BOSULIF TAB 500MG	0	PA
BRAFTOVI CAP 50MG	0	PA
BRAFTOVI CAP 75MG	0	PA
CABOMETYX TAB 20MG	0	PA
CABOMETYX TAB 40MG	0	PA

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TAB 60MG	0	PA
CALQUENCE CAP 100MG	0	PA
CAPRELSA TAB 100MG	0	PA
CAPRELSA TAB 300MG	0	PA
COMETRIQ KIT 60MG	0	PA
COMETRIQ KIT 100MG	0	PA
COMETRIQ KIT 140MG	0	PA
COTELLIC TAB 20MG	0	PA
GILOTRIF TAB 20MG	0	PA
GILOTRIF TAB 30MG	0	PA
GILOTRIF TAB 40MG	0	PA
IBRANCE CAP 75MG	0	PA
IBRANCE CAP 100MG	0	PA
IBRANCE CAP 125MG	0	PA
ICLUSIG TAB 15MG	0	PA
ICLUSIG TAB 45MG	0	PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	0	PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	0	PA
IMBRUVICA CAP 70MG	0	PA
IMBRUVICA CAP 140MG	0	PA
IMBRUVICA TAB 140MG	0	PA
IMBRUVICA TAB 280MG	0	PA
IMBRUVICA TAB 420MG	0	PA
IMBRUVICA TAB 560MG	0	PA
INLYTA TAB 1MG	0	PA
INLYTA TAB 5MG	0	PA
IRESSA TAB 250MG	0	PA
JAKAFI TAB 5MG	0	PA
JAKAFI TAB 10MG	0	PA
JAKAFI TAB 15MG	0	PA
JAKAFI TAB 20MG	0	PA
JAKAFI TAB 25MG	0	PA
KISQALI 200 PAK FEMARA	0	PA
KISQALI 400 PAK FEMARA	0	PA
KISQALI 600 PAK FEMARA	0	PA
KISQALI TAB 200DOSE	0	PA
KISQALI TAB 400DOSE	0	PA
KISQALI TAB 600DOSE	0	PA

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 4MG	0	PA
LENVIMA CAP 8 MG	0	PA
LENVIMA CAP 10 MG	0	PA
LENVIMA CAP 12MG	0	PA
LENVIMA CAP 14 MG	0	PA
LENVIMA CAP 18 MG	0	PA
LENVIMA CAP 20 MG	0	PA
LENVIMA CAP 24 MG	0	PA
LORBRENA TAB 25MG	5	PA
LORBRENA TAB 100MG	5	PA
MEKINIST TAB 0.5MG	0	PA
MEKINIST TAB 2MG	0	PA
MEKTOVI TAB 15MG	0	
NERLYNX TAB 40MG	0	
NEXAVAR TAB 200MG	0	PA
RYDAPT CAP 25MG	0	PA
SPRYCEL TAB 20MG	0	PA
SPRYCEL TAB 50MG	0	PA
SPRYCEL TAB 70MG	0	PA
SPRYCEL TAB 80MG	0	PA
SPRYCEL TAB 100MG	0	PA
SPRYCEL TAB 140MG	0	PA
STIVARGA TAB 40MG	0	PA
SUTENT CAP 12.5MG	0	PA
SUTENT CAP 25MG	0	PA
SUTENT CAP 37.5MG	0	PA
SUTENT CAP 50MG	0	PA
TAFINLAR CAP 50MG	0	PA
TAFINLAR CAP 75MG	0	PA
TAGRISSE TAB 40MG	0	PA
TAGRISSE TAB 80MG	0	PA
TARCEVA TAB 25MG	0	PA
TARCEVA TAB 100MG	0	PA
TARCEVA TAB 150MG	0	PA
TYKERB TAB 250MG	0	PA
VERZENIO TAB 50MG	0	PA
VERZENIO TAB 100MG	0	PA
VERZENIO TAB 150MG	0	PA
VERZENIO TAB 200MG	0	PA
VITRAKVI CAP 25MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAP 100MG	5	PA
VITRAKVI SOL 20MG/ML	5	PA
VOTRIENT TAB 200MG	0	PA
XALKORI CAP 200MG	0	PA
XALKORI CAP 250MG	0	PA
ZELBORAF TAB 240MG	0	PA
ZYDELIG TAB 100MG	0	PA
ZYDELIG TAB 150MG	0	PA
ZYKADIA CAP 150MG	0	PA
ZYKADIA TAB 150MG	0	PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	0	PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ERIVEDGE CAP 150MG	0	PA
HYDREA CAP 500MG	0	
<i>hydroxyurea cap 500 mg</i>	0	
IDHIFA TAB 50MG	0	PA
IDHIFA TAB 100MG	0	PA
<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	
LONSURF TAB 15-6.14	0	PA
LONSURF TAB 20-8.19	0	PA
LYNPARZA CAP 50MG	0	PA
LYNPARZA TAB 100MG	0	PA
LYNPARZA TAB 150MG	0	PA
LYSODREN TAB 500MG	0	
MATULANE CAP 50MG	0	
NINLARO CAP 2.3MG	0	PA
NINLARO CAP 3MG	0	PA
NINLARO CAP 4MG	0	PA
ODOMZO CAP 200MG	0	PA
RUBRACA TAB 200MG	0	PA
RUBRACA TAB 250MG	0	PA
RUBRACA TAB 300MG	0	PA
SIKLOS TAB 100MG	3	

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Drug Name	Drug Tier	Requirements/Limits
SIKLOS TAB 1000MG	3	
TIBSOVO TAB 250MG	0	PA
<i>tretinoin cap 10 mg</i>	0	
VENCLEXTA TAB 10MG	0	PA
VENCLEXTA TAB 50MG	0	PA
VENCLEXTA TAB 100MG	0	PA
VENCLEXTA TAB START PK	0	PA
ZEJULA CAP 100MG	0	PA
ZOLINZA CAP 100MG	0	PA
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
TOPOISOMERASE INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS		
<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>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
ACE INHIBITOR/DIURETIC COMBINATIONS		
ACCURETIC TAB 20-25MG	3	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide tab 15-25 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	
ZESTORETIC TAB 20-12.5	3	

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Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ALTACE CAP 1.25MG	3	
ALTACE CAP 10MG	3	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
EPANED SOL 1MG/ML	3	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 40MG	3	
MAVIK TAB 2MG	3	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
PRINIVIL TAB 10MG	3	
QBRELIS SOL 1MG/ML	3	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 40MG	3	
ADRENOLYTICS, CENTRAL		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>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	
ADRENOLYTICS, CENTRAL/DIURETIC COMBINATIONS		
<i>clonidine & chlorthalidone tab 0.1-15 mg</i>	1	
<i>clonidine & chlorthalidone tab 0.2-15 mg</i>	1	
<i>clonidine & chlorthalidone tab 0.3-15 mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate tab 1 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
MINIPRESS CAP 1MG	3	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
AZOR TAB 5-20MG	3	
AZOR TAB 5-40MG	3	
AZOR TAB 10-20MG	3	
AZOR TAB 10-40MG	3	
<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	
TWYNSTA TAB 40-5MG	3	

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS		
<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>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	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
ANGIOTENSIN II RECEPTOR ANTAGONIST/DIURETIC COMBINATIONS		
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
<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	
HYZAAR TAB 50-12.5	3	
HYZAAR TAB 100-12.5	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
MICARDIS HCT TAB 40/12.5	3	
MICARDIS HCT TAB 80/12.5	3	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>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>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	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
AVAPRO TAB 150MG	3	
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
COZAAR TAB 25MG	3	
<i>eprosartan mesylate tab 600 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<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	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<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>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 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
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
MULTAQ TAB 400MG	2	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/afI) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTYLIZE SOL 5MG/ML	3	
ANTILIPEMICS, BILE ACID RESINS		
<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 tab 625 mg</i>	1	
COLESTID POW 5GM	3	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
QUESTRAN POW 4GM	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
ANTILIPEMICS, FIBRATES		
ANTARA CAP 30MG	3	
ANTARA CAP 90MG	3	
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 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 120 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
FENOGLIDE TAB 120MG	3	
FIBRICOR TAB 35MG	3	
<i>gemfibrozil tab 600 mg</i>	1	
LOFIBRA CAP 67MG	3	
TRILIPIX CAP 45MG	3	

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

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<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	
<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
MEVACOR TAB 40MG	3	
PRAVACHOL TAB 20MG	3	
PRAVACHOL TAB 80MG	3	
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<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	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ZOCOR TAB 5MG	3	
ZOCOR TAB 10MG	3	
ZOCOR TAB 40MG	3	
ZOCOR TAB 80MG	3	

ANTILIPEMICS, MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS

JUXTAPID CAP 5MG	5	PA
JUXTAPID CAP 10MG	5	PA
JUXTAPID CAP 20MG	5	PA
JUXTAPID CAP 30MG	5	PA
JUXTAPID CAP 40MG	5	PA
JUXTAPID CAP 60MG	5	PA

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

KYNAMRO INJ 200MG/ML	5	PA
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PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, NIACINS		
<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	
NIASPAN TAB 500MG ER	3	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA
REPATHA PUSH INJ 420/3.5	2	PA
REPATHA SURE INJ 140MG/ML	2	PA
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
CORZIDE TAB 40-5MG	3	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	1	
<i>nadolol & bendroflumethiazide tab 80-5 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
COREG TAB 6.25MG	3	
CORGARD TAB 40MG	3	
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 120MG	3	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>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	

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<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	
TENORMIN TAB 50MG	3	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	
ZEBETA TAB 10MG	3	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
CADUET TAB 5-80MG	3	
CALCIUM CHANNEL BLOCKERS, DIHYDROPYRIDINES		
ADALAT CC TAB 60MG ER	3	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
ADALAT CC TAB 90MG ER	3	
<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	
<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 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	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
NYMALIZE SOL 60/20ML	3	
PROCARDIA XL TAB 60MG CR	3	
CALCIUM CHANNEL BLOCKERS, NON-DIHYDROPYRIDINES		
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<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 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	
TIAZAC CAP 240MG/24	3	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	
<i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
LANOXIN TAB 0.0625MG	3	
LANOXIN TAB 0.1875MG	3	
<i>DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS</i>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
TEKTURNA TAB 150MG	2	
TEKTURNA TAB 300MG	2	
<i>DIURETICS, CARBONIC ANHYDRASE INHIBITORS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
KEVEYIS TAB 50MG	5	PA
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
NEPTAZANE TAB 25MG	3	
NEPTAZANE TAB 50MG	3	
<i>DIURETICS, DIURETIC COMBINATIONS</i>		
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
MAXZIDE-25 TAB	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
DIURETICS, LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
EDECIN TAB 25MG	3	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
DIURETICS, POTASSIUM-SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	1	
DIURETICS, THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide tab 250 mg</i>	1	
<i>chlorothiazide tab 500 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>chlorthalidone tab 100 mg</i>	1	
DIURIL SUS 250/5ML	3	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>methyclothiazide tab 5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
HEART FAILURE		
BIDIL TAB	2	
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
MISCELLANEOUS		
<i>alprostadil inj 500 mcg/ml</i>	1	
DEMSER CAP 250MG	3	
<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	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
<i>reserpine tab 0.1 mg</i>	1	
<i>reserpine tab 0.25 mg</i>	1	
NITRATES, ORAL		
DILATRATE SR CAP 40MG	3	
ISORDIL TAB 40MG	3	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab er 40 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin cap er 2.5 mg</i>	1	
<i>nitroglycerin cap er 6.5 mg</i>	1	
<i>nitroglycerin cap er 9 mg</i>	1	
NITRATES, SUBLINGUAL/TRANSLINGUAL		
<i>nitroglycerin lingual aerosol 400 mcg/spray</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
NITROLINGUAL SPR PUMPSRA	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	
NITRATES, TRANSDERMAL		
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
<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	
PULMONARY ARTERIAL HYPERTENSION, ENDOTHELIN RECEPTOR ANTAGONISTS		
LETAIRIS TAB 5MG	4	PA
LETAIRIS TAB 10MG	4	PA
OPSUMIT TAB 10MG	4	PA
TRACLEER TAB 32MG	4	PA
TRACLEER TAB 62.5MG	4	PA
TRACLEER TAB 125MG	4	PA
PULMONARY ARTERIAL HYPERTENSION, PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate tab 20 mg</i>	1	PA
PULMONARY ARTERIAL HYPERTENSION, PROSTACYCLIN RECEPTOR AGONISTS		
UPTRAVI TAB 200/800	4	PA
UPTRAVI TAB 200MCG	4	PA
UPTRAVI TAB 400MCG	4	PA
UPTRAVI TAB 600MCG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 800MCG	4	PA
UPTRAVI TAB 1000MCG	4	PA
UPTRAVI TAB 1200MCG	4	PA
UPTRAVI TAB 1400MCG	4	PA
UPTRAVI TAB 1600MCG	4	PA

**PULMONARY ARTERIAL HYPERTENSION, PROSTAGLANDIN
VASODILATORS**

ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
TYVASO START SOL 0.6MG/ML	5	PA
VENTAVIS SOL 10MCG/ML	5	PA
VENTAVIS SOL 20MCG/ML	5	PA

**PULMONARY ARTERIAL HYPERTENSION, SOLUBLE GUANYLATE
CYCLASE STIMULATORS**

ADEMPAS TAB 0.5MG	5	PA
ADEMPAS TAB 1.5MG	5	PA
ADEMPAS TAB 1MG	5	PA
ADEMPAS TAB 2.5MG	5	PA
ADEMPAS TAB 2MG	5	PA

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	

**CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM
DISORDERS**

ANESTHETICS - DRUGS FOR NUMBING

<i>isoflurane inhal soln</i>	1	
<i>sevoflurane inhal soln</i>	1	
SUPRANE INH	3	

ANTIANSXIETY, BENZODIAZEPINES

ALPRAZOLAM CON 1 MG/ML	3	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
NIRAVAM TAB 0.25MG	3	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	
TRANXENE T TAB 15MG	3	
VALIUM TAB 2MG	3	

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Drug Name	Drug Tier	Requirements/Limits
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	
XANAX XR TAB 1MG	3	
XANAX XR TAB 2MG	3	
ANTIANXIETY, MISCELLANEOUS		
<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 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>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>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
BANZEL SUS 40MG/ML	3	
BANZEL TAB 200MG	3	
BANZEL TAB 400MG	3	
BRIVIACT SOL 10MG/ML	3	
BRIVIACT TAB 10MG	3	
BRIVIACT TAB 25MG	3	
BRIVIACT TAB 50MG	3	
BRIVIACT TAB 75MG	3	
BRIVIACT TAB 100MG	3	
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
CARBATROL CAP 200MG	3	
CELONTIN CAP 300MG	3	
DEPAKENE CAP 250MG	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
DIACOMIT CAP 250MG	5	PA
DIACOMIT CAP 500MG	5	PA
DIACOMIT PAK 250MG	5	PA
DIACOMIT PAK 500MG	5	PA
DIASTAT ACDL GEL 5-10MG	3	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
EPIDIOLEX SOL 100MG/ML	5	PA
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 25 mg (35) starter kit</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 25 mg (84) & 100 mg (14) starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit</i>	1	
<i>lamotrigine tab disint 50 mg (42)- 100 mg(14) titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tab er 24hr 750 mg</i>	1	
NEURONTIN CAP 400MG	3	
NEURONTIN TAB 800MG	3	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
PEGANONE TAB 250MG	3	
<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	
PHENYTEK CAP 300MG	3	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
TEGRETOL SUS 100/5ML	3	
TEGRETOL-XR TAB 100MG	3	
<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	

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Drug Name	Drug Tier	Requirements/Limits
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
<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	
<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	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	1	PA
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 23MG	3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
EXELON CAP 1.5MG	3	
EXELON CAP 6MG	3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
NAMENDA SOL 10MG/5ML	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS, MISCELLANEOUS		
APLENZIN TAB 174MG	3	
APLENZIN TAB 348MG	3	
APLENZIN TAB 522MG	3	
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
FORFIVO XL TAB 450MG	3	
<i>maprotiline hcl tab 25 mg</i>	1	
<i>maprotiline hcl tab 50 mg</i>	1	
<i>maprotiline hcl tab 75 mg</i>	1	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
REMERON SLTB TAB 15MG	3	
REMERON TAB 15MG	3	
<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	
WELLBUTRIN TAB 75MG	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	3	
ANTIDEPRESSANTS, MONOAMINE OXIDASE INHIBITORS (MAOIs)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	

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Drug Name	Drug Tier	Requirements/Limits
MARPLAN TAB 10MG	3	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	

**ANTIDEPRESSANTS, SELECTIVE SEROTONIN REUPTAKE
INHIBITORS (SSRIs)**

CELEXA TAB 40MG	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl (pmdd) cap 10 mg</i>	1	
<i>fluoxetine hcl (pmdd) cap 20 mg</i>	1	
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	1	
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluoxetine hcl tab 60 mg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
PROZAC WEEKL CAP 90MG	3	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
VIIBRYD KIT	2	
VIIBRYD KIT STARTER	2	
VIIBRYD TAB 10MG	2	
VIIBRYD TAB 20MG	2	
VIIBRYD TAB 40MG	2	
ZOLOFT TAB 25MG	3	
ZOLOFT TAB 50MG	3	

ANTIDEPRESSANTS, SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

<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>desvenlafaxine tab er 24hr 50 mg</i>	1	
<i>desvenlafaxine tab er 24hr 100 mg</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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	
ANTIDEPRESSANTS, TRICYCLIC ANTIDEPRESSANTS (TCAs)		
<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>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	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
TOFRANIL-PM CAP 125MG	3	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<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	
APOKYN INJ 10MG/ML	5	PA
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
<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>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa tab 25 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	
<i>entacapone tab 200 mg</i>	1	
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.25MG	3	
MIRAPEX TAB 0.125MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
REQUIP XL TAB 8MG	3	
<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	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
SINEMET CR TAB 25-100MG	3	
SINEMET TAB 25-100MG	3	
SINEMET TAB 25-250MG	3	
STALEVO 200 TAB	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ZELAPAR TAB 1.25MG	3	

ANTIPSYCHOTICS, ATYPICALS

<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	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
CLOZARIL TAB 25MG	3	
INVEGA TAB 6MG	3	
NUPLAZID CAP 34MG	5	PA
NUPLAZID TAB 10MG	5	PA
NUPLAZID TAB 17MG	5	PA
<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>paliperidone tab er 24hr 1.5 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<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>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	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
RISPERDAL M TAB 2MG	3	
RISPERDAL M TAB 4MG	3	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.25MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
ZYPREXA TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
ANTIPSYCHOTICS, MISCELLANEOUS		
ADASUVE INH 10MG	3	
<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 hcl elixir 2.5 mg/5ml</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>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	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<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>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 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>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	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 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>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	
<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	

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

ADDERALL TAB 5MG	3	QL (90 tabs / 25 days)
ADDERALL TAB 10MG	3	QL (90 tabs / 25 days)
ADDERALL TAB 12.5MG	3	QL (90 tabs / 25 days)
ADDERALL TAB 15MG	3	QL (60 tabs / 25 days)

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
ADDERALL TAB 20MG	3	QL (60 tabs / 25 days)
ADDERALL TAB 30MG	3	QL (30 tabs / 25 days)
ADZENYS ER SUS 1.25MG	3	QL (450 mL / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 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 ea / 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>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	
CONCERTA TAB 36MG	3	QL (60 tabs / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
DAYTRANA DIS 10MG/9HR	3	QL (30 patches / 25 days)
DAYTRANA DIS 15MG/9HR	3	QL (30 patches / 25 days)
DAYTRANA DIS 20MG/9HR	3	QL (30 patches / 25 days)
DAYTRANA DIS 30MG/9HR	3	QL (30 patches / 25 days)
DESOXYN TAB 5MG	3	QL (150 tabs / 25 days)
<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>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 10 mg</i>	1	QL (120 ea / 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)
<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)

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<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)
DYANAVEL XR SUS 2.5MG/ML	3	QL (240 mL / 25 days)
FOCALIN XR CAP 5MG	3	QL (60 caps / 25 days)
FOCALIN XR CAP 10MG	3	QL (60 caps / 25 days)
FOCALIN XR CAP 15MG	3	QL (60 caps / 25 days)
FOCALIN XR CAP 20MG	3	QL (60 caps / 25 days)
FOCALIN XR CAP 25MG	3	QL (30 caps / 25 days)
FOCALIN XR CAP 30MG	3	QL (30 caps / 25 days)
FOCALIN XR CAP 35MG	3	QL (30 caps / 25 days)
FOCALIN XR CAP 40MG	3	QL (30 caps / 25 days)
<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	
<i>methylphenid tab 72mg er</i>	3	QL (30 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 20 mg (la)</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 40 mg (la)</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 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)

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<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 (900 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>methylphenidate hcl tab er 24hr 18 mg</i>	1	
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 ea / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs / 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (30 tabs / 25 days)
MYDAYIS CAP 12.5MG	2	QL (60 caps / 25 days)
MYDAYIS CAP 25MG	2	QL (60 caps / 25 days)
MYDAYIS CAP 37.5MG	2	QL (30 caps / 25 days)
MYDAYIS CAP 50MG	2	QL (30 caps / 25 days)
QUILLICHEW CHW 20MG ER	3	QL (60 tabs / 25 days)
QUILLICHEW CHW 30MG ER	3	QL (60 tabs / 25 days)
QUILLICHEW CHW 40MG ER	3	QL (30 tabs / 25 days)
QUILLIVANT SUS 25MG/5ML	3	QL (360 mL / 25 days)
RITALIN LA CAP 10MG	3	QL (60 caps / 25 days)
RITALIN TAB 20MG	3	QL (900 tabs / 25 days)
STRATTERA CAP 10MG	3	QL (120 caps / 25 days)
STRATTERA CAP 18MG	3	QL (120 caps / 25 days)
STRATTERA CAP 25MG	3	QL (120 caps / 25 days)
STRATTERA CAP 40MG	3	QL (60 caps / 25 days)
STRATTERA CAP 60MG	3	QL (30 caps / 25 days)
STRATTERA CAP 80MG	3	QL (30 caps / 25 days)
STRATTERA CAP 100MG	3	QL (30 caps / 25 days)
VYVANSE CAP 10MG	2	QL (60 caps / 25 days)
VYVANSE CAP 20MG	2	QL (60 caps / 25 days)
VYVANSE CAP 30MG	2	QL (60 caps / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 40MG	2	QL (30 caps / 25 days)
VYVANSE CAP 50MG	2	QL (30 caps / 25 days)
VYVANSE CAP 60MG	2	QL (30 caps / 25 days)
VYVANSE CAP 70MG	2	QL (30 caps / 25 days)
VYVANSE CHW 10MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 20MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 30MG	2	QL (60 tabs / 25 days)
VYVANSE CHW 40MG	2	QL (30 tabs / 25 days)
VYVANSE CHW 50MG	2	QL (30 tabs / 25 days)
VYVANSE CHW 60MG	2	QL (30 tabs / 25 days)
FIBROMYALGIA		
LYRICA CAP 25MG	2	
LYRICA CAP 50MG	2	
LYRICA CAP 75MG	2	
LYRICA CAP 100MG	2	
LYRICA CAP 150MG	2	
LYRICA CAP 200MG	2	
LYRICA CAP 225MG	2	
LYRICA CAP 300MG	2	
LYRICA SOL 20MG/ML	2	
<i>pregabalin cap 50 mg</i>	1	
<i>pregabalin cap 75 mg</i>	1	
<i>pregabalin cap 100 mg</i>	1	
<i>pregabalin cap 150 mg</i>	1	
<i>pregabalin cap 200 mg</i>	1	
<i>pregabalin cap 225 mg</i>	1	
<i>pregabalin cap 300 mg</i>	1	
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
HUNTINGTON'S DISEASE AGENTS		
AUSTEDO TAB 6MG	4	PA
AUSTEDO TAB 9MG	4	PA
AUSTEDO TAB 12MG	4	PA
<i>tetrabenazine tab 12.5 mg</i>	1	PA
<i>tetrabenazine tab 25 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS, BENZODIAZEPINES		
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
HYPNOTICS, NON-BENZODIAZEPINES		
AMBIEN TAB 5MG	3	
BUTISOL SOD TAB 30MG	3	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
HETLIOZ CAP 20MG	5	PA
<i>ramelteon tab 8 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate sl tab 1.75 mg</i>	1	
<i>zolpidem tartrate sl tab 3.5 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
MIGRAINE, ERGOTAMINE DERIVATIVES		
ERGOMAR SUB 2MG	3	
<i>ergotamine w/ caffeine suppos 2-100 mg</i>	1	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
MIGRAINE, MISCELLANEOUS		
<i>isometheptene-caffeine-acetaminophen tab 65-20-325 mg</i>	1	
<i>isometheptene-dichloral-acetaminophen cap 65-100-325 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MIGRAINE, MONOCLONAL ANTIBODIES		
AJOVY INJ 225/1.5	2	
EMGALITY INJ 120MG/ML	2	
MIGRAINE, SELECTIVE SEROTONIN AGONIST/NSAID COMBINATIONS		
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	1	QL (9 tabs per month)
MIGRAINE, SELECTIVE SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs per month)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs per month)
ALSUMA INJ 6MG/0.5	3	QL (12 inj per month)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs per month)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs per month)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs per month)
IMITREX INJ 4MG/0.5	3	QL (12 inj per month)
IMITREX INJ 6MG/0.5	3	QL (12 inj per month)
IMITREX SPR 20MG/ACT	3	QL (12 per month)
MAXALT TAB 5MG	3	QL (18 tabs per month)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs per month)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs per month)
ONZETRA XSAI MIS 11MG	3	QL (1 kit per month)
RELPAK TAB 20MG	3	QL (12 tabs per month)
RELPAK TAB 40MG	3	QL (12 tabs per month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs per month)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs per month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs per month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs per month)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 per month)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 per month)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 inj per month)

PA - Prior Authorization QL - Quantity Limits

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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) and click on Drug & Pharmacy Resources under Quick Links.

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 inj per month)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	1	QL (12 inj per month)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs per month)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs per month)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs per month)
ZEMBRACE SYM INJ 3/0.5ML	3	QL (24 inj per month)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs per month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs per month)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs per month)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs per month)
ZOMIG SPR 2.5MG	2	QL (12 per month)
ZOMIG SPR 5MG	2	QL (12 per month)
ZOMIG TAB 5MG	3	QL (12 tabs per month)
MISCELLANEOUS		
FIRDAPSE TAB 10MG	5	PA
GUANIDINE TAB 125MG	3	
<i>riluzole tab 50 mg</i>	1	
RUZURGI TAB 10MG	3	
MOOD STABILIZERS		
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
LITHIUM SOL 8MEQ/5ML	3	
MULTIPLE SCLEROSIS		
AMPYRA TAB 10MG	5	PA
AUBAGIO TAB 7MG	4	PA
AUBAGIO TAB 14MG	4	PA

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
AVONEX KIT 30MCG	5	PA
AVONEX PEN KIT 30MCG	5	PA
AVONEX PREFL KIT 30MCG	5	PA
BETASERON INJ 0.3MG	4	PA
COPAXONE INJ 20MG/ML	4	PA
COPAXONE INJ 40MG/ML	4	PA
GILENYA CAP 0.5MG	4	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	1	PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	1	PA
MAYZENT TAB 0.25MG	4	
MAYZENT TAB 2MG	4	
PLEGRIDY INJ	5	PA
PLEGRIDY INJ PEN	5	PA
PLEGRIDY INJ STARTER	5	PA
PLEGRIDY PEN INJ STARTER	5	PA
REBIF INJ 22/0.5	4	PA
REBIF INJ 44/0.5	4	PA
REBIF REBIDO INJ 22/0.5	4	PA
REBIF REBIDO INJ 44/0.5	4	PA
REBIF REBIDO INJ TITRATN	4	PA
REBIF TITRTN INJ PACK	4	PA
TECFIDERA CAP 120MG	4	PA
TECFIDERA CAP 240MG	4	PA
TECFIDERA MIS STARTER	4	PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

MAVENCLAD PAK 10MG (4)	5	PA
MAVENCLAD PAK 10MG (5)	5	PA
MAVENCLAD PAK 10MG (6)	5	PA
MAVENCLAD PAK 10MG (7)	5	PA
MAVENCLAD PAK 10MG (8)	5	PA
MAVENCLAD PAK 10MG (9)	5	PA
MAVENCLAD PAK 10MG(4)	5	PA
MAVENCLAD PAK 10MG(5)	5	PA
MAVENCLAD PAK 10MG(6)	5	PA
MAVENCLAD PAK 10MG(7)	5	PA
MAVENCLAD PAK 10MG(8)	5	PA
MAVENCLAD PAK 10MG(9)	5	PA

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD PAK 10MG(10)	5	PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
BACLOFEN TAB 5MG	3	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 250 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1	
<i>carisoprodol w/ aspirin tab 200-325 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>	1	
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 7.5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
FEXMID TAB 7.5MG	3	
LORZONE TAB 375MG	3	
LORZONE TAB 750MG	3	
<i>metaxalone tab 400 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	
MYASTHENIA GRAVIS		
MESTINON SOL 60MG/5ML	3	
MESTINON TAB TIMESPAN	3	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<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
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA
XYREM SOL 500MG/ML	5	PA
POSTHERPETIC NEURALGIA (PHN)		
GRALISE STAR MIS 300/600	2	
GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, ALCOHOL DETERRENTS		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, OPIOID ANTAGONISTS		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
NARCAN SPR	2	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONIST/OPIOID ANTAGONIST COMBINATIONS		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 11.4-2.9	2	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, PARTIAL OPIOID AGONISTS		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, PSEUDOBULBAR AFFECT AGENTS		
NUEDEXTA CAP 20-10MG	3	
PSYCHOTHERAPEUTIC-MISCELLANEOUS, SMOKING DETERRENTS		
<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	\$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG	0	\$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG	0	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex lozenge 4 mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine td patch 24hr 21 mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INH	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	OTC; \$0 limited to 2 treatment cycles/year
PSYCHOTHERAPEUTIC-MISCELLANEOUS, VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP 7.5MG	3	
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	1	
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	1	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	1	PA

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	1	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	1	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	1	PA
SANDOSTATIN INJ 100MCG	5	PA
SANDOSTATIN INJ 200MCG	5	PA
SANDOSTATIN INJ 500MCG	5	PA
SOMAVERT INJ 10MG	4	PA
SOMAVERT INJ 15MG	4	PA
SOMAVERT INJ 20MG	4	PA
SOMAVERT INJ 25MG	4	PA
SOMAVERT INJ 30MG	4	PA
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM DIS 2MG/24HR	2	
ANDRODERM DIS 4MG/24HR	2	
ANDROGEL GEL 1.62%	3	
AXIRON SOL 30MG/ACT	3	
OXANDRIN TAB 2.5MG	3	
<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	
STRIANT MIS 30MG	3	
<i>testosterone td gel 10mg/act (2%)</i>	1	
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	
XYOSTED INJ 50/0.5	3	
XYOSTED INJ 75/0.5	3	
XYOSTED INJ 100/0.5	3	
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	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	
SYMLNPEN 120 INJ 1000MCG	2	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, BIGUANIDE/SULFONYLUREA COMBINATIONS		
<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	
GLUCOVANCE TAB 2.5-500	3	
<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	
ANTIDIABETICS, BIGUANIDES		
GLUCOPHAGE TAB 500MG	3	
GLUCOPHAGE TAB 850MG	3	
<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	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/BIGUANIDE COMBINATIONS		
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
ANTIDIABETICS, INCRETIN MIMETIC AGENT/INSULIN COMBINATIONS		
SOLIQUA INJ 100/33	2	
XULTOPHY INJ 100/3.6	3	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2/1.5ML	2	QL (1 Pen Per Month); Starter Pen
OZEMPIC INJ 2/1.5ML	2	QL (3 Pens Per Month)
TRULICITY INJ 0.75/0.5	2	QL (4 Pens Per Month)
TRULICITY INJ 1.5/0.5	2	QL (4 Pens Per Month)
VICTOZA INJ 18MG/3ML	2	QL (3 Pens Per Month)

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATIONS		
ACTOPLUS MET TAB XR	3	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATIONS		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZERS		
<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	
ANTIDIABETICS, INSULINS		
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTouc	2	
NOVOLIN INJ 70/30	2	
<i>novolin inj flexpen</i>	2	
NOVOLIN N INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATIONS		
<i>repaglinide-metformin hcl tab 1-500 mg</i>	1	
<i>repaglinide-metformin hcl tab 2-500 mg</i>	1	
ANTIDIABETICS, MEGLITINIDES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
STARLIX TAB 120MG	3	
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR/BIGUANIDE COMBINATIONS		
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
QTERN TAB 5-5MG	2	
QTERN TAB 10MG/5MG	2	
ANTIDIABETICS, SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 4MG	3	
<i>chlorpropamide tab 100 mg</i>	1	
<i>chlorpropamide tab 250 mg</i>	1	
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
GLUCOTROL XL TAB 5MG	3	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
GLYNASE TAB 3MG	3	
<i>tolbutamide tab 500 mg</i>	1	
ANTIDIABETICS, SUPPLIES		
ACCU-CHEK TES AVIVA PL	0	QL (204 test strips per month)
ACCU-CHEK TES COMPACT	0	QL (204 test strips per month)
ACCU-CHEK TES GUIDE	0	QL (204 test strips per month)
ACCU-CHEK TES SMART	0	QL (204 test strips per month)
AUTOSHIELD MIS 29X3/16"	0	
AUTOSHIELD MIS 29X5/16"	0	
AUTOSHIELD MIS 30GX5MM	0	
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
DEXCOM G5 MIS RECEIVER	2	
DEXCOM G5 MIS TRANSMIT	2	
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	
DEXCOM G6 MIS TRANSMIT	2	
FINGERSTIX MIS LANCETS	0	
FORA LANCETS MIS 30G	0	

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
FREESTYLE TES	0	QL (204 test strips per month), PA
FREESTYLE TES INSULINX	0	QL (204 test strips per month), PA
FREESTYLE TES LITE	0	QL (204 test strips per month), PA
G4 PLAT PED MIS RVC/SHAR	2	
G4 PLATINUM MIS PEDIATRC	2	
G4 PLATINUM MIS RCV/SHAR	2	
G4 PLATINUM MIS RECEIVER	2	
G4 PLATINUM MIS TRANSMIT	2	
G4 SENSOR MIS	2	
G5/G4 MIS SENSOR	2	
MONOJECTOR MIS END CAPS	0	
READYLANCE MIS 30G	0	
RELION KETON TES	0	
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	

CALCIUM RECEPTOR ANTAGONISTS - DRUGS TO MANAGE

PARATHYROID LEVELS

SENSIPAR TAB 30MG	4	PA
SENSIPAR TAB 60MG	4	PA
SENSIPAR TAB 90MG	4	PA

CALCIUM REGULATORS, BISPHOSPHONATES

ACTONEL TAB 30MG	3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
AELVIA TAB	3	
BINOSTO TAB 70MG	3	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
<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	
CALCIUM REGULATORS, CALCITONINS		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
CALCIUM REGULATORS, PARATHYROID HORMONES		
FORTEO SOL 600/2.4	4	PA
NATPARA INJ 25MCG	5	PA
NATPARA INJ 50MCG	5	PA
NATPARA INJ 75MCG	5	PA
NATPARA INJ 100MCG	5	PA
TYMLOS INJ	4	PA
CARNITINE DEFICIENCY AGENTS		
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
CONTRACEPTIVES, BIPHASIC		
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
LO LOESTRIN TAB 1-10-10	0	
NECON TAB 10/11-28	0	
CONTRACEPTIVES, CONTINUOUS		
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
CONTRACEPTIVES, EMERGENCY CONTRACEPTION		
ELLA TAB 30MG	0	
<i>levonorgestrel tab 1.5 mg</i>	0	
CONTRACEPTIVES, EXTENDED CYCLE		
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
CONTRACEPTIVES, INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	3	
DEPO-SQ PROV INJ 104	0	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	
CONTRACEPTIVES, MISCELLANEOUS		
WIDE-SEAL DPR KIT 70	0	
CONTRACEPTIVES, MONOPHASIC, 20 mcg Estrogen		
BALCOLTRA TAB 0.1-20	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 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	
CONTRACEPTIVES, MONOPHASIC, 25 mcg Estrogen		
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
CONTRACEPTIVES, MONOPHASIC, 30 mcg Estrogen		
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
LOESTRIN FE TAB 1.5/30	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
SAFYRAL TAB	2	
CONTRACEPTIVES, MONOPHASIC, 35 mcg Estrogen		
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
MODICON TAB 0.5/35	3	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
ORTHO-CYCLEN TAB 0.25/35	3	
CONTRACEPTIVES, MONOPHASIC, 50 mcg Estrogen		
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>norethindrone & mestranol tab 1 mg-50 mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg</i>	0	
CONTRACEPTIVES, PROGESTIN ONLY		
<i>norethindrone tab 0.35 mg</i>	0	
CONTRACEPTIVES, TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
CONTRACEPTIVES, TRIPHASIC		
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate-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	
ORTHO TRI- TAB CYCLEN	3	
ORTHO-NOVUM TAB 7/7/7	3	
CONTRACEPTIVES, VAGINAL		
NUVARING MIS	0	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
SYNAREL SOL 2MG/ML	3	
ESTROGEN/PROGESTIN, ORAL		
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & 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	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGEN/PROGESTIN, TRANSDERMAL		
CLIMARA PRO DIS WEEKLY	2	
ESTROGEN/SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS		
DUAVEE TAB 0.45-20	2	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
ESTROGENS, ORAL		
ESTRACE TAB 2MG	3	
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estropipate tab 0.75 mg</i>	1	
<i>estropipate tab 1.5 mg</i>	1	
<i>estropipate tab 3 mg</i>	1	
PREMARIN TAB 0.3MG	2	
PREMARIN TAB 0.9MG	2	
PREMARIN TAB 0.45MG	2	
PREMARIN TAB 0.625MG	2	
PREMARIN TAB 1.25MG	2	
ESTROGENS, TRANSDERMAL		
CLIMARA DIS 0.05MG	3	
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1MG/GM	2	
<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	
EVAMIST SPR 1.53MG	2	
ESTROGENS, VAGINAL		
ESTRACE VAG CRE 0.01%	3	
<i>estradiol vaginal tab 10 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN VAG CRE 0.625MG	2	
VAGIFEM TAB 10MCG	3	
FERTILITY REGULATORS, GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	4	PA
GANIRELIX AC INJ 250/0.5	5	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	1	PA
FERTILITY REGULATORS, OVULATION STIMULANTS, GONADOTROPINS		
GONAL-F INJ 450UNIT	4	PA
GONAL-F INJ 1050UNIT	4	PA
GONAL-F RFF INJ 75UNIT	4	PA
GONAL-F RFF INJ 300	4	PA
GONAL-F RFF INJ 450	4	PA
GONAL-F RFF INJ 900	4	PA
MENOPUR INJ 75UNIT	5	PA
OVIDREL INJ	4	PA
FERTILITY REGULATORS, OVULATION STIMULANTS, SYNTHETIC		
<i>clomiphene citrate tab 50 mg</i>	1	PA
GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA
<i>miglustat cap 100 mg</i>	1	PA
ZAVESCA CAP 100MG	5	PA
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
CORTEF TAB 20MG	3	
<i>cortisone acetate tab 25 mg</i>	1	
DEXAMETHASON CON 1MG/ML	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MEDROL TAB 2MG	3	
MEDROL TAB 8MG	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	1	
PREDNISON CON 5MG/ML	3	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
PROGLYCEM SUS 50MG/ML	3	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
NITYR TAB 2MG	5	PA
NITYR TAB 5MG	5	PA
NITYR TAB 10MG	5	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
HUMATROPE INJ 5MG	4	PA
SEROSTIM INJ 4MG	5	PA
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA
ZORBTIVE INJ 8.8MG	5	PA
HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS		
<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>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
RAYALDEE CAP 30MCG	3	
INSULIN-LIKE GROWTH FACTORS		
INCRELEX INJ 40MG/4ML	5	PA
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	1	
CARBAGLU TAB 200MG	5	PA
CERVIDIL VAG MIS 10MG INS	3	

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Drug Name	Drug Tier	Requirements/Limits
CYSTADANE POW	5	
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
EGRIFTA SOL 1MG	5	PA
EGRIFTA SOL 2MG	5	PA
GALAFOLD CAP 123MG	5	PA
KORLYM TAB 300MG	5	PA
<i>methylergonovine maleate tab 0.2 mg</i>	1	
MIFEPREX TAB 200MG	3	
MYALEPT INJ 11.3MG	5	PA
PREPIDIL GEL 0.5MG/3G	3	
PROSTIN E2 SUP 20MG	3	
REVCIVI INJ 1.6MG/ML	5	
SIGNIFOR INJ 0.3MG/ML	5	PA
SIGNIFOR INJ 0.6MG/ML	5	PA
SIGNIFOR INJ 0.9MG/ML	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	1	PA
<i>sodium phenylbutyrate tab 500 mg</i>	1	PA
STRENSIQ INJ 18/0.45	5	PA
STRENSIQ INJ 28/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80/0.8ML	5	PA
<i>trientine hcl cap 250 mg</i>	1	
XURIDEN POW 2GM	5	
PHENYLKETONURIA TREATMENT AGENTS		
KUVAN POW 100MG	5	PA
KUVAN POW 500MG	5	PA
KUVAN TAB 100MG	5	PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG	3	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	1	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	1	

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	1	
PHOSLYRA SOL	2	
RENAGEL TAB 400MG	3	
RENAGEL TAB 800MG	3	
RENVELA POW 0.8GM	3	
RENVELA POW 2.4GM	3	
RENVELA TAB 800MG	3	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer tab 400mg</i>	1	
VELPHORO CHW 500MG	2	
POTASSIUM-REMOVING AGENTS		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>*sodium polystyrene sulfonate powder**</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGESTINS, ORAL		
<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	
MEGACE ES SUS 625/5ML	0	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate susp 625 mg/5ml</i>	0	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone micronized cap 100 mg</i>	1	
<i>progesterone micronized cap 200 mg</i>	1	
PROMETRIUM CAP 200MG	3	
PROVERA TAB 2.5MG	3	
PROGESTINS, VAGINAL		
ENDOMETRIN SUP 100MG	2	

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Drug Name	Drug Tier	Requirements/Limits
SELECTIVE ESTROGEN RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS		
OSPHENA TAB 60MG	2	
<i>raloxifene hcl tab 60 mg</i>	0	
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 AGENTS, THYROID SUPPLEMENTS		
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
CYTOMEL TAB 5MCG	3	
CYTOMEL TAB 25MCG	3	
CYTOMEL TAB 50MCG	3	
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
THYROLAR-1 TAB 60MG	3	
THYROLAR-1/2 TAB 30MG	3	
THYROLAR-1/4 TAB 15MG	3	
THYROLAR-2 TAB 120MG	3	
THYROLAR-3 TAB 180MG	3	
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 45-15MG	5	PA
JYNARQUE PAK 60-30MG	5	PA
JYNARQUE PAK 90-30MG	5	PA
SAMSCA TAB 15MG	5	PA
SAMSCA TAB 30MG	5	PA
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP INJ 4MCG/ML	3	
<i>desmopressin acetate nasal soln 0.01% (refrigerated)</i>	1	
<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	
STIMATE SOL 1.5MG/ML	5	PA
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTIDIARRHEALS		
<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>paregoric tincture 2 mg/5ml (morphine equivalent)</i>	1	
PA - Prior Authorization	QL - Quantity Limits	

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Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO CAP 300-0.5	3	QL (2 caps per 21 days)
ANZEMET TAB 50MG	3	QL (6 tabs per 21 days)
ANZEMET TAB 100MG	3	QL (6 tabs per 21 days)
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps per 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps per 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps per 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (2 packs per 21 days)
CESAMET CAP 1MG	3	
DICLEGIS TAB 10-10MG	3	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
EMEND CAP 40MG	3	QL (3 caps per 180 days)
EMEND CAP 80MG	3	QL (4 caps per 21 days)
EMEND CAP 125MG	3	QL (2 caps per 21 days)
EMEND SOL 150MG	3	QL (2 vials per 21 days)
EMEND SUS 125MG	3	QL (6 kits per 21 days)
EMEND TRIPAC PAK 80 & 125	3	QL (2 packs per 21 days)
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs per 21 days)
MARINOL CAP 2.5MG	3	
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<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	
METOZOLV ODT TAB 5MG	3	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200ml per 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs per 21 days)

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs per 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs per 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs per 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs per 21 days)
<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>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	
REGLAN TAB 10MG	3	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
VARUBI TAB 90MG	2	QL (4 tabs per 21 days)
ZOFRAN SOL 4MG/5ML	3	QL (200ml per 21 days)
ZOFRAN TAB 4MG	3	QL (18 tabs per 21 days)
ZOFRAN TAB 4MG ODT	3	QL (18 tabs per 21 days)
ZOFRAN TAB 8MG	3	QL (18 tabs per 21 days)
ZOFRAN TAB 8MG ODT	3	QL (18 tabs per 21 days)

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<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	
DONNATAL ELX	3	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<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>pb-hyoscy-atrop-scopol tab</i>	1	
<i>16.2-0.1037-0.0194-0.0065 mg</i>		
<i>propantheline bromide tab 15 mg</i>	1	
SYMAX DUOTAB TAB	3	
CHOLELITHOLYTICS		
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<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	
PEPCID SUS 40MG/5ML	3	
<i>ranitidine hcl cap 150 mg</i>	1	
<i>ranitidine hcl cap 300 mg</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	1	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	
INFLAMMATORY BOWEL DISEASE, ORAL AGENTS		
APRISO CAP 0.375GM	2	
<i>balsalazide disodium cap 750 mg</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide delayed release particles cap 3 mg</i>	1	
DIPENTUM CAP 250MG	3	
GIAZO TAB 1.1GM	3	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	2	
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
UCERIS TAB 9MG	3	
INFLAMMATORY BOWEL DISEASE, RECTAL AGENTS		
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>*mesalamine rectal enema 4 gm & cleanser wipe kit**</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
SFROWASA ENE 4GM	3	
UCERIS AER 2MG/ACT	3	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION/CHRONIC IDIOPATHIC CONSTIPATION		
AMITIZA CAP 8MCG	2	
AMITIZA CAP 24MCG	2	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
TRULANCE TAB 3MG	3	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alose tron hcl tab 1 mg (base equiv)</i>	1	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LAXATIVES		
<i>bisacodyl tab & peg 3350-kcl-sod</i>	0	\$0 copay for members age 50 through 74
<i>bicarb-nacl for soln kit</i>		
GOLYTELY SOL	3	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
KRISTALOSE PAK 10GM	3	
KRISTALOSE PAK 20GM	3	
<i>lactulose solution 10 gm/15ml</i>	1	
<i>mineral oil</i>	1	
NULYTELY SOL FLAV PKS	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>polyethylene glycol 3350 oral packet</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	1	
SUPREP BOWEL SOL PREP KIT	0	\$0 copay for members age 50 through 74
MISCELLANEOUS		
CHOLBAM CAP 50MG	5	PA
CHOLBAM CAP 250MG	5	PA
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
CUVPOSA SOL 1MG/5ML	3	
ENTEREG CAP 12MG	3	
GASTROCROM CON 100/5ML	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
OICALIVA TAB 5MG	5	PA
OICALIVA TAB 10MG	5	PA
RECTIV OIN 0.4%	3	
SUCRAID SOL 8500/ML	3	
<i>sucrafate tab 1 gm</i>	1	
XERMELO TAB 250MG	3	PA
OPIOID-INDUCED CONSTIPATION		
MOVANTIK TAB 12.5MG	2	
MOVANTIK TAB 25MG	2	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>pancrelipase (lip-prot-amyl) dr cap 5000-17000-27000 unit</i>	1	
ULTRESA CAP 13800UNT	2	
ULTRESA CAP 20700UNT	2	
ULTRESA CAP 23000UNT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000	2	
ZENPEP CAP 40000UNT	2	
PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
DEXILANT CAP 30MG DR	2	QL (90 units per 365 days)
DEXILANT CAP 60MG DR	2	QL (90 units per 365 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 units per 365 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 units per 365 days)
<i>esomeprazole strontium cap delayed release 49.3 mg</i>	1	QL (90 units per 365 days)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 units per 365 days)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 units per 365 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 units per 365 days)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 units per 365 days)

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 units per 365 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 units per 365 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 units per 365 days)
PRILOSEC CAP 20MG	3	QL (90 units per 365 days)
PRILOSEC CAP 40MG	3	QL (90 units per 365 days)
PRILOSEC POW 2.5MG	3	QL (90 units per 365 days)
PRILOSEC POW 10MG	3	QL (90 units per 365 days)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 units per 365 days)
SALIVA STIMULANTS		
<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	
STEROIDS, RECTAL		
ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
ANALPRM SNGL CRE HC 2.5-1	3	
ANUSOL-HC CRE 2.5%	3	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone acetate suppos 30 mg</i>	1	
<i>hydrocortisone acetate w/ pramoxine rectal cream 1-1%</i>	1	
<i>hydrocortisone acetate w/ pramoxine rectal cream 2.5-1%</i>	1	
<i>hydrocortisone rectal cream 1%</i>	1	
<i>hydrocortisone rectal cream 2.5%</i>	1	
PROCTOCORT CRE 1%	3	
PROCTOCORT SUP 30MG	3	
PROCTOFOAM AER HC 1%	2	
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	1	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
OMECLAMOX- MIS PAK	3	
PYLERA CAP	2	

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

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

ERECTILE DYSFUNCTION, ALPROSTADIL AGENTS

MUSE SUP 125MCG	2	QL (6 per month)
MUSE SUP 250MCG	2	QL (6 per month)
MUSE SUP 500MCG	2	QL (6 per month)
MUSE SUP 1000MCG	2	QL (6 per month)

ERECTILE DYSFUNCTION, PHOSPHODIESTERASE INHIBITORS

<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	QL (30 tabs per month)
<i>tadalafil tab 5 mg</i>	1	QL (30 tabs per month for BPH, 6 tabs for ED)
<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>vardeafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 ea per month)

MISCELLANEOUS

<i>acetic acid-oxyquinoline vaginal gel 0.9-0.025%</i>	1	
<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	
ELMIRON CAP 100MG	3	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
INTRAROSA SUP 6.5MG	3	
K-PHOS TAB	3	
K-PHOS TAB NEUTRAL	3	
K-PHOS TAB NO 2	3	
LITHOSTAT TAB 250MG	3	
<i>methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg</i>	1	
<i>*methenamine-hyoscamine-meth blue-sod phos cap 120 mg***</i>	1	
ORACIT SOL	3	
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
PYRIDIDIUM TAB 100MG	3	
PYRIDIDIUM TAB 200MG	3	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
THIOLA EC TAB 100MG	3	
THIOLA EC TAB 300MG	3	
THIOLA TAB 100MG	3	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

<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	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
<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	

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
VAGINAL ANTI-INFECTIVES		
AVC CRE 15%	3	
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS, INJECTABLE		
<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>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	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
ANTICOAGULANTS, ORAL		
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
<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	
XARELTO STAR TAB 15/20MG	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
NEULASTA INJ 6MG/0.6M	4	PA
NEULASTA KIT 6MG/0.6M	4	PA
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 40000UNT	4	PA
UDENYCA INJ 6MG/.6ML	4	PA

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
HEMOSTATICS, SYSTEMIC		
<i>aminocaproic acid tab 500 mg</i>	1	
<i>aminocaproic acid tab 1000 mg</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
HEREDITARY ANGIOEDEMA AGENTS		
FIRAZYR INJ 30MG/3ML	4	PA
HAEGARDA INJ 2000UNIT	5	PA
HAEGARDA INJ 3000UNIT	5	PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	1	PA
KALBITOR INJ 10MG/ML	5	PA
RUCONEST INJ 2100UNIT	4	PA
IRON CHELATING AGENTS		
<i>deferasirox tab for oral susp 125 mg</i>	1	PA
<i>deferasirox tab for oral susp 250 mg</i>	1	PA
<i>deferasirox tab for oral susp 500 mg</i>	1	PA
EXJADE TAB 250MG	5	PA
EXJADE TAB 500MG	5	PA
FERRIPROX TAB 500MG	5	PA
FERRIPROX TAB 1000MG	5	PA
JADENU SPRKL GRA 90MG	5	PA
JADENU SPRKL GRA 180MG	5	PA
JADENU SPRKL GRA 360MG	5	PA
JADENU TAB 90MG	5	PA
JADENU TAB 180MG	5	PA
JADENU TAB 360MG	5	PA
MISCELLANEOUS		
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
ENDARI POW 5GM	5	PA
<i>pentoxifylline tab er 400 mg</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin tab delayed release 81 mg</i>	0	OTC; \$0 copay-age and gender restrictions apply
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
ZONTIVITY TAB 2.08MG	3	
PLATELET SYNTHESIS INHIBITOR		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
THROMBOCYTOPENIA AGENTS		
MULPLETA TAB 3MG	4	
NPLATE INJ 250MCG	5	PA
NPLATE INJ 500MCG	5	PA
PROMACTA POW 12.5MG	5	PA
PROMACTA TAB 12.5MG	5	PA
PROMACTA TAB 25MG	5	PA
PROMACTA TAB 50MG	5	PA
PROMACTA TAB 75MG	5	PA
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUB 2800BAU	2	
ODACTRA SUB	3	
ORALAIR SUB 300 IR	2	
RAGWITEK SUB	2	
AUTOIMMUNE AGENTS		
COSENTYX INJ 150MG/ML	4	PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	4	PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 25/0.5ML	4	PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG	4	PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 50MG/ML	4	PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML	4	PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML	4	PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML	4	PA; Preferred agent for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA INJ 10MG/0.2	4	PA; Preferred agent for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA INJ 20/0.2ML	4	PA; Preferred agent for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 40/0.4ML	4	PA; Preferred agent for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA KIT 20MG/0.4	4	PA; Preferred agent for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA KIT 40MG/0.8	4	PA; Preferred agent for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA PEDIA INJ CROHNS	4	PA; Preferred agent for Crohn's Disease
HUMIRA PEN INJ 40/0.4ML	4	PA; Preferred agent for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA PEN INJ 40MG/0.8	4	PA; Preferred agent for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis
HUMIRA PEN INJ CD/UC/HS	4	PA; Preferred agent for Crohn's Disease
HUMIRA PEN INJ PS/UV	4	PA; Preferred agent for Psoriasis
HUMIRA PEN KIT CD/UC/HS	4	PA; Preferred agent for Crohn's Disease

PA - Prior Authorization **QL** - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV	4	PA; Preferred agent for Crohn's Disease
KEVZARA INJ 150/1.14	4	PA; Preferred agent for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	4	PA; Preferred agent for Rheumatoid Arthritis
ORENCIA CLCK INJ 125MG/ML	4	PA; Preferred agent for Rheumatoid Arthritis
ORENCIA INJ 50/0.4	4	PA; Preferred agent for Rheumatoid Arthritis
ORENCIA INJ 87.5/0.7	4	PA; Preferred agent for Rheumatoid Arthritis
ORENCIA INJ 125MG/ML	4	PA; Preferred agent for Rheumatoid Arthritis
OTEZLA TAB 10/20/30	4	PA; Preferred agent for Psoriatic Arthritis
OTEZLA TAB 30MG	4	PA; Preferred agent for Psoriatic Arthritis
SIMPONI INJ 50/0.5ML	4	PA; Preferred agent for Ulcerative Colitis after failure of Humira
SIMPONI INJ 100MG/ML	4	PA; Preferred agent for Ulcerative Colitis after failure of Humira
STELARA INJ 45MG/0.5	4	PA; Preferred agent for Psoriasis after failure of Humira
STELARA INJ 90MG/ML	4	PA; Preferred agent for Psoriasis after failure of Humira
TALTZ INJ 80MG/ML	4	PA; Preferred agent for Psoriasis after failure of Humira
XELJANZ TAB 5MG	4	PA
XELJANZ TAB 10MG	4	PA
XELJANZ XR TAB 11MG	4	PA
<i>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDS)</i>		
CUPRIMINE CAP 250MG	3	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 7.5MG	4	PA
RASUVO INJ 10MG	4	PA
RASUVO INJ 12.5MG	4	PA
RASUVO INJ 15MG	4	PA
RASUVO INJ 17.5MG	4	PA
RASUVO INJ 20MG	4	PA
RASUVO INJ 22.5MG	4	PA
RASUVO INJ 25MG	4	PA
RASUVO INJ 27.5MG	4	PA
RASUVO INJ 30MG	4	PA
RHEUMATREX TAB 2.5MG	3	
IMMUNOMODULATORS, INTERFERONS		
PEGINTRON KIT 50MCG	4	PA
PEGINTRON KIT 80MCG	4	PA
PEGINTRON KIT 120MCG	4	PA
PEGINTRON KIT 150MCG	4	PA
IMMUNOMODULATORS, MISCELLANEOUS		
ARCALYST INJ 220MG	5	PA
IMMUNOSUPPRESSANTS, ANTIMETABOLITES		
AZASAN TAB 75 MG	3	
AZASAN TAB 100MG	3	
<i>azathioprine tab 50 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	
IMMUNOSUPPRESSANTS, CALCINEURIN INHIBITORS		
<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	
CYCLOSPORINE MODIFIED CAP 50 MG	3	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
SANDIMMUNE SOL 100MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
IMMUNOSUPPRESSANTS, RAPAMYCIN DERIVATIVE		
RAPAMUNE SOL 1MG/ML	2	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
MISCELLANEOUS		
DIAGNOSTIC AGENTS		
<i>diatrizoate meglumine & sodium oral soln 66-10%</i>	1	
MEDICAL DEVICES AND SUPPLIES		
HUMATROPEN MIS FOR 6MG	2	
HUMATROPEN MIS FOR 12MG	2	
HUMATROPEN MIS FOR 24MG	2	
NUTRITIONAL / SUPPLEMENTS		
ELECTROLYTES, POTASSIUM		
K-TAB TAB 20MEQ	3	
<i>pot bicarbonate & chloride effer tab 25 meq</i>	1	
<i>potassium bicarbonate effer tab 25 meq</i>	1	
<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	
POTASSIUM CHLORIDE MICROENCAPSULATED CRYs ER TAB 15 MEQ	3	
<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	
PA - Prior Authorization	QL - Quantity Limits	

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Drug Name	Drug Tier	Requirements/Limits
VITAMINS AND MINERALS, FOLIC ACID AGENTS		
<i>folic acid tab 1 mg</i>	1	
<i>folic acid tab 400 mcg</i>	0	OTC; \$0 copay for women ages 55 and under
VITAMINS AND MINERALS, MISCELLANEOUS		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
LURIDE CHW 0.25MG F	0	\$0 applies for ages 5 and under
LURIDE DRO 0.5MG/ML	0	\$0 applies for ages 5 and under
MEPHYTON TAB 5MG	3	
NASCOBAL SPR 500MCG	3	
<i>phytonadione tab 5 mg</i>	1	
POTABA CAP 500MG	3	
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	0	\$0 applies for ages 5 and under
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	\$0 applies for ages 5 and under
VITAMINS AND MINERALS, PRENATAL VITAMINS		
ACTIVE OB CAP	3	
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
COMPLETENATE CHW	3	
DUET DHA 400 MIS 25-1-400	3	
DUET DHA MIS BALANCED	3	

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Drug Name	Drug Tier	Requirements/Limits
FOLET ONE CAP 38-1-225	3	
INFANATE CAP BALANCE	3	
LEVOMEFOLATE CAP DHA	3	
MARNATAL-F CAP	3	
MYNATAL CAP	3	
OB COMPLETE CAP ONE	3	
OBSTETRIX EC TAB	3	
OBSTETRIX PAK DHA	3	
PAIRE OB MIS	3	
PR NATAL 430 PAK	3	
PREMESISRX TAB	3	
PRENAISSANCE CAP PLUS	3	
PRENAISSANCE TAB NEXT	3	
PRENAISSANCE TAB NEXT-B	3	
<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-fe fumarate-fa tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>	1	
<i>*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa tab 27-1 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa tab 28-1 mg***</i>	1	
<i>*prenatal vit w/ fe fumarate-fa tab 29-1 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	
<i>*prenatal w/ calcium carbonate-b6-b12-fa tab 1 mg***</i>	1	
<i>*prenatal w/o a vit w/ fe fum-fa tab chew 40-1 mg***</i>	1	
<i>*prenatal w/o a vit w/ fe fumarate-fa tab 30-1 mg***</i>	1	
PRENATE CAP ESSENTIA	3	

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Drug Name	Drug Tier	Requirements/Limits
PRENATE MINI CAP	3	
REDICHEW RX CHW	3	
RELNATE DHA CAP	3	
SE-NATAL 19 TAB	3	
SELECT-OB+ PAK DHA	3	
TL-CARE DHA CAP 27-1-500	3	
TRI-TABS DHA MIS	3	
VIL-RX TAB 29-1MG	3	
VINATE C TAB	3	
VINATE II TAB	3	
VITA-PREN TAB	3	
VITAFOL-OB TAB 65-1MG	3	
VITAFOL-ONE CAP	3	
VITAMEDMD CAP ONE RX	3	
VOL-NATE TAB	3	
ZATEAN-CH CAP	3	

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS***ANAPHYLAXIS TREATMENT AGENTS***

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	
EIPEN 2-PAK INJ 0.3MG	2	
EIPEN-JR INJ 0.15MG	2	

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, LONG ACTING

ANORO ELLIPT AER 62.5-25	2	
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ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, Long Acting

BEVESPI AER 9-4.8MCG	2	
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ANTICHOLINERGIC/BETA AGONIST COMBINATIONS, SHORT ACTING

COMBIVENT AER 20-100	2	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	

ANTICHOLINERGIC/BETA AGONIST/STEROID INHALANT COMBINATIONS

TRELEGY AER ELLIPTA	2	
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ANTICHOLINERGICS - DRUGS TO TREAT COPD

INCRUSE ELPT INH 62.5MCG	2	
<i>ipratropium bromide inhal soln 0.02%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA AER 1.25MCG	2	
SPIRIVA CAP HANDIHLR	2	
SPIRIVA SPR 2.5MCG	2	
ANTIHIISTAMINE/DECONGESTANT COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
DECON-A ELX 2-5MG/5M	3	
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
RELHIST CHW	3	
SEMPREX-D CAP 8-60MG	3	
ANTIHIISTAMINES, LOW SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
ANTIHIISTAMINES, NONSEDATING		
CLARINEX SYP 0.5MG/ML	3	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
ANTIHIISTAMINES, SEDATING		
<i>brompheniramine tannate chew tab 12 mg</i>	1	
<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>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i>	1	
<i>diphenhydramine hcl cap 50 mg</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</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	
KARBINAL ER SUS 4MG/5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
RESPA-BR TAB 11MG	3	
ANTITUSSIVE COMBINATIONS, NON-OPIOID		
CARBAPHEN 12 LIQ	3	
CARBAPHEN 12 SUS PED	3	
DECON-G DRO 2-1-40MG	3	
GILTUSS LIQ	3	
GILTUSS TR TAB	3	
NEOTUSS PLUS LIQ	3	
NORTUSS-EX LIQ 200-20/5	3	
PEDIATEX TDM SUS	3	
<i>phenylephrine w/ dm-gg liqd 2.5-5-50 mg/ml</i>	1	
<i>phenylephrine w/ dm-gg liqd 2.5-7.5-88 mg/ml</i>	1	
<i>phenylephrine w/ dm-gg liqd 10-15-300 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 50-3-30 mg/5ml</i>	1	
TGQ 15DM/5PE SYP H/2CPM	3	
TGQ 30/ SYP 150/15	3	
TGQ 30/PSE/3 SYP BRM/15DM	3	
ANTITUSSIVE COMBINATIONS, OPIOID		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</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	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	
<i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i>	1	
TUSSICAPS CAP 10-8MG	3	
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
BETA AGONISTS, INHALANTS, Long Acting: Hand-held Active Inhalation		
STRIVERDI AER 2.5MCG	2	
BETA AGONISTS, INHALANTS, Long Acting: Nebulized Passive Inhalation		
PERFOROMIST NEB 20MCG	2	
BETA AGONISTS, INHALANTS, SHORT ACTING		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	
PROAIR HFA AER	2	
PROAIR RESPI AER	2	
XOPENEX NEB 0.31MG	3	
XOPENEX NEB 1.25/3ML	3	
BETA AGONISTS, ORAL AGENTS		
<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	
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1	
<i>metaproterenol sulfate tab 10 mg</i>	1	
<i>metaproterenol sulfate tab 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
CYSTIC FIBROSIS		
BETHKIS NEB 300/4ML	4	PA
KALYDECO PAK 25MG	5	PA
KALYDECO PAK 50MG	5	PA
KALYDECO PAK 75MG	5	PA
KALYDECO TAB 150MG	5	PA
KITABIS PAK NEB 300/5ML	5	PA
ORKAMBI GRA 100-125	5	PA
ORKAMBI GRA 150-188	5	PA
ORKAMBI TAB 100-125	5	PA
ORKAMBI TAB 200-125	5	PA
PULMOZYME SOL 1MG/ML	5	PA
SYMDEKO TAB 50-75MG	5	PA
SYMDEKO TAB 100-150	3	PA
<i>tobramycin nebu soln 300 mg/5ml</i>	1	PA
DECONGESTANT/EXPECTORANT COMBINATIONS		
GILPHEX TR TAB 10-388MG	3	
<i>phenylephrine-guaifenesin liqd 7.5-100 mg/5ml (1.5-20 mg/ml)</i>	1	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
<i>zileuton tab er 12hr 600 mg</i>	1	
ZYFLO TAB 600MG	3	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
HYPERSAL NEB 3.5%	3	
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NEBUSAL NEB 6%	3	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
NASAL ANTIHISTAMINES		
ASTEPRO SPR 0.15%	3	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	
PATANASE SPR 0.6%	3	
NASAL DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
TYZINE SOL 0.1%	3	
NASAL STEROIDS/COMBINATIONS		
<i>budesonide nasal susp 32 mcg/act</i>	1	
DYMISTA SPR 137-50	2	
FLONASE SPR 0.05%	3	
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	
NASONEX SPR 50MCG/AC	3	
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	1	
XHANCE MIS 93MCG	3	
PHOSPHODIESTERASE-4 INHIBITORS		
DALIRESP TAB 250MCG	2	
DALIRESP TAB 500MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>PULMONARY FIBROSIS AGENTS</i>		
ESBRIET CAP 267MG	4	PA
ESBRIET TAB 267MG	4	PA
ESBRIET TAB 801MG	4	PA
OFEV CAP 100MG	4	PA
OFEV CAP 150MG	4	PA
<i>SEVERE ASTHMA AGENTS</i>		
DUPIXENT INJ 200/1.14	4	PA
FASENRA PEN INJ 30MG/ML	4	PA
NUCALA INJ 100MG/ML	4	PA
<i>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</i>		
ARNUITY ELPT INH 50MCG	2	
ARNUITY ELPT INH 100MCG	2	
ARNUITY ELPT INH 200MCG	2	
ASMANEX 7 AER 110MCG	2	
ASMANEX 14 AER 220MCG	2	
ASMANEX 30 AER 110MCG	2	
ASMANEX 30 AER 220MCG	2	
ASMANEX 60 AER 220MCG	2	
ASMANEX 120 AER 220MCG	2	
ASMANEX HFA AER 100 MCG	2	
ASMANEX HFA AER 200 MCG	2	
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	
<i>budesonide inhalation susp 1 mg/2ml</i>	1	
PULMICORT INH 90MCG	3	
PULMICORT INH 180MCG	3	
QVAR REDIHA AER 80MCG	2	
QVAR REDIHAL AER 40MCG	2	
<i>STEROID/BETA AGONIST COMBINATIONS</i>		
ADVAIR DISKU AER 100/50	1	
ADVAIR DISKU AER 250/50	1	
ADVAIR DISKU AER 500/50	1	
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
SYMBICORT AER 80-4.5	2	

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Drug Name	Drug Tier	Requirements/Limits
SYMBICORT AER 160-4.5	2	
XANTHINES - DRUGS TO TREAT COPD		
<i>dyphylline-guaifenesin liqd 100-100 mg/5ml</i>	1	
ELIXOPHYLLIN ELX 80/15ML	3	
THEO-24 CAP 100MG CR	3	
THEO-24 CAP 200MG CR	3	
THEO-24 CAP 300MG CR	3	
THEO-24 CAP 400MG ER	3	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 100 mg</i>	1	
<i>theophylline tab er 12hr 200 mg</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	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE, Oral		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 35MG	3	
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
DERMATOLOGY, ACNE, Topical		
ACZONE GEL 5%	3	
ACZONE GEL 7.5%	3	
<i>adapalene cream 0.1%</i>	1	
<i>adapalene gel 0.1%</i>	1	
<i>adapalene gel 0.3%</i>	1	
<i>adapalene lotion 0.1%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
ATRALIN GEL 0.05%	3	PA
BENZAC AC LIQ 5% WASH	3	
BENZI Q GEL 5.25%	3	
BENZI Q LS GEL 2.75%	3	
<i>benzoyl peroxide gel 10%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide liq 2.5%</i>	1	
<i>benzoyl peroxide liq 5.25%</i>	1	
<i>benzoyl peroxide liq 7%</i>	1	
<i>benzoyl peroxide liq 10%</i>	1	
<i>benzoyl peroxide lotion 6%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
CLEOCIN-T GEL 1%	3	
CLEOCIN-T PAD 1%	3	
CLEOCIN-T SOL 1%	3	
CLINDAGEL GEL 1%	3	
<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	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
DIFFERIN CRE 0.1%	3	
DIFFERIN GEL 0.3%	3	
DIFFERIN LOT 0.1%	3	
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A MICR GEL 0.1%	2	PA
RETIN-A MICR GEL 0.1%PUMP	2	PA
RETIN-A MICR GEL 0.04%	2	PA
RETIN-A MICR GEL 0.04%PMP	2	PA
RETIN-A MICR GEL 0.06%	2	PA
RETIN-A MICR GEL 0.08%	2	PA

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Drug Name	Drug Tier	Requirements/Limits
SOD SUL/SULF EMU 10-5%	3	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i>	1	
<i>sulfacetamide sodium-sulfur in urea gel 10-5%</i>	1	
<i>tazarotene cream 0.1%</i>	1	
TAZORAC CRE 0.1%	2	
TAZORAC CRE 0.05%	2	
TAZORAC GEL 0.1%	2	
TAZORAC GEL 0.05%	2	
TRETIN-X CRE 0.075%	3	
TRETIN-X CRE 0.0375%	3	PA
<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
ZACLIR LOT 8%	3	
DERMATOLOGY, ACTINIC KERATOSIS		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
TOLAK CRE 4%	2	
DERMATOLOGY, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS		
CORTISPORIN CRE 0.5%	3	
CORTISPORIN OIN 1%	3	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OIN 1%	3	
BACTROBAN OIN NASAL 2%	3	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin oint 2%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLON PAK 5%	3	
XEPI CRE 1%	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>clotrimazole cream 1%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
EXELDERM CRE 1%	3	
EXELDERM SOL 1%	3	
HALOTIN CRE 1%	3	
<i>iodoquinol-hc cream 1%</i>	1	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole foam 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
LUZU CRE 1%	3	
MENTAX CRE 1%	3	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
NAFTIN CRE 1%	2	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>oxiconazole nitrate cream 1%</i>	1	
DERMATOLOGY, ANTIPSORIATICS, ORAL		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	
<i>acitretin cap 25 mg</i>	1	
<i>methoxsalen rapid cap 10 mg</i>	1	
SKYRIZI INJ 150DOSE	4	PA
SORIATANE CAP 10MG	3	
SORIATANE CAP 17.5MG	3	
SORIATANE CAP 25MG	3	

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS, TOPICAL		
<i>calcipotriene oint 0.005%</i>	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	1	
ENSTILAR AER	3	
TACLONEX OIN	3	
TACLONEX SUS	3	
DERMATOLOGY, ANTISEBORRHEICS		
<i>selenium sulfide lotion 2.5%</i>	1	
<i>sulfacetamide sodium cleansing gel 10%</i>	1	
<i>sulfacetamide sodium shampoo 10%</i>	1	
DERMATOLOGY, ANTISEPTICS/DISINFECTANTS		
CHLORHEX GLU SOL 20%	3	
<i>triple dye solution</i>	1	
DERMATOLOGY, ATOPIC DERMATITIS, Injectable		
DUPIXENT INJ 300/2ML	4	PA
DERMATOLOGY, ATOPIC DERMATITIS, Topical		
ELIDEL CRE 1%	2	
EUCRISA OIN 2%	2	
<i>pimecrolimus cream 1%</i>	1	
<i>tacrolimus oint 0.1%</i>	1	
<i>tacrolimus oint 0.03%</i>	1	
DERMATOLOGY, CORTICOSTEROID COMBINATIONS		
CORTANE-B LOT	3	
EPIFOAM AER 1%	3	
PRAMOSONE E CRE 1-2.5%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 2.5%	3	
<i>pramoxine-hc cream 1-2.5%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS, High Potency		
<i>amcinonide cream 0.1%</i>	1	
<i>amcinonide lotion 0.1%</i>	1	
AMCINONIDE OIN 0.1%	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
DIPROLENE LOT 0.05%	3	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
TOPICORT SPR 0.25%	3	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS, Low Potency		
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
DESONATE GEL 0.05%	3	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS, Medium Potency		
<i>betamethasone valerate aerosol foam 0.12%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
<i>clocortolone pivalate cream 0.1%</i>	1	
CLODERM CRE 0.1%	3	
CLODERM CRE 0.1% PMP	3	
CORDRAN CRE 0.025%	3	
CORDRAN LOT 0.05%	3	
DERMATOP CRE 0.1%	3	
DERMATOP OIN 0.1%	3	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone oint 0.05%</i>	1	
ELOCON LOT 0.1%	3	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>flurandrenolide cream 0.05%</i>	1	
<i>flurandrenolide lotion 0.05%</i>	1	
<i>flurandrenolide oint 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	1	
<i>hydrocortisone butyrate lotion 0.1%</i>	1	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
LOCOID LOT 0.1%	3	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
PANDEL CRE 0.1%	3	
<i>prednicarbate cream 0.1%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	
SYNALAR OIN 0.025%	3	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
DERMATOLOGY, CORTICOSTEROIDS, Very High Potency		
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
BRYHALI LOT 0.01%	3	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate emulsion foam 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
OLUX AER 0.05%	3	
TEMOVATE SOL 0.05%	3	
DERMATOLOGY, EMOLLIENTS		
<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	
URE-K CRE 50%	3	
<i>urea in zinc undecylenate-lactic acid vehicle emulsion 50%</i>	1	
DERMATOLOGY, LOCAL ANALGESICS		
<i>lidocaine patch 5%</i>	1	PA
LIDODERM DIS 5%	3	PA
QUTENZA KIT 8% 1-PCH	3	

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
ANACAINE OIN	3	
<i>cocaine hcl soln 4%</i>	1	
EMLA CRE 2.5-2.5%	3	QL (30 gms per month)
<i>lidocaine hcl soln 4%</i>	1	QL (50 ml per month)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	
<i>lidocaine oint 5%</i>	1	QL (50 gms per month)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gms per month)
<i>pramoxine hcl gel 1%</i>	1	
SYNERA DIS 70-70MG	3	QL (2 patches per month)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir cream 5%</i>	1	
<i>acyclovir oint 5%</i>	1	
ALDARA CRE 5%	3	
<i>aluminum chloride soln 20%</i>	1	
CONDYLOX GEL 0.5%	3	
<i>*dermatological products misc - cream**</i>	1	
DRYSOL SOL 20%	3	
<i>finasteride tab 1 mg</i>	1	
<i>hydroquinone cream 4%</i>	1	
<i>*hydroquinone cream 4% w/ sunscreens***</i>	1	
<i>hydroquinone microspheres cream 4%</i>	1	
<i>hydroquinone soln 3%</i>	1	
HYLATOPIC AER	3	
<i>imiquimod cream 5%</i>	1	
OXSORALEN LOT 1%	3	
PODOCON SOL 25%	3	
<i>podofilox soln 0.5%</i>	1	
<i>salicylic acid cream 6%</i>	1	
<i>salicylic acid film forming liquid 27.5%</i>	1	
<i>salicylic acid foam 6%</i>	1	
<i>salicylic acid gel 6%</i>	1	
<i>salicylic acid lotion 6%</i>	1	
<i>salicylic acid shampoo 6%</i>	1	
<i>salicylic acid soln 26%</i>	1	
SANTYL OIN 250/GM	3	
<i>*scar treatment products - gel**</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>silver nitrate-potassium nitrate applicator 75-25%</i>	1	
<i>trypsin w/ castor oil & peruvian balsam oint</i>	1	
<i>trypsin w/ castor oil & peruvian balsam spray</i>	1	
VANIQA CRE 13.9%	3	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
DERMATOLOGY, ROSACEA		
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	1	
FINACEA AER 15%	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
MIRVASO GEL 0.33%	3	
ORACEA CAP 40MG	3	
RHOFADE CRE 1%	3	
SOOLANTRA CRE 1%	3	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
SKLICE LOT 0.5%	3	
<i>spinosad susp 0.9%</i>	1	
SULF LIME SOL	3	
DERMATOLOGY, WOUND CARE PRODUCTS		
REGANEX GEL 0.01%	3	
MOUTH/THROAT/DENTAL AGENTS, MISCELLANEOUS		
AQUORAL AER	3	
<i>benzocaine mouth/throat aerosol 20%</i>	1	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
FLUORIDEX GEL SENSITIV	3	
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
NAFRINSE DLY SOL /NEUTRAL	3	
NAFRINSE WK SOL 0.2%	3	
<i>prevident sol 0.2%</i>	3	

PA - Prior Authorization QL - Quantity Limits

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride cream 1.1%</i>	1	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	
<i>sodium fluoride paste 1.1%</i>	1	
<i>sodium fluoride rinse 0.2%</i>	1	
<i>sodium fluoride-potassium nitrate paste 1.1-5%</i>	1	
<i>stannous fluoride conc 0.63%</i>	1	
<i>stannous fluoride gel 0.4%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
MOUTH/THROAT/DENTAL AGENTS, PROTECTANTS		
MUGARD LIQ	4	
OPHTHALMIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	2	
OPHTHALMIC, ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
BLEPH-10 SOL 10% OP	3	
CILOXAN OIN 0.3% OP	3	

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Drug Name	Drug Tier	Requirements/Limits
<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	
MOXEZA SOL 0.5%	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX DRO 0.3% OP	3	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TOBEX OIN 0.3% OP	3	
TOBEX SOL 0.3% OP	3	
VIGAMOX DRO 0.5%	3	
OPHTHALMIC, ANTI-INFLAMMATORY, Nonsteroidal		
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	1	
<i>diclofenac sodium ophth soln 0.1%</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	
PROLENSA SOL 0.07%	2	
OPHTHALMIC, ANTI-INFLAMMATORY, Steroidal		
ALREX SUS 0.2%	2	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
FLAREX SUS 0.1% OP	3	
<i>fluorometholone ophth susp 0.1%</i>	1	
LOTEMAX GEL 0.5%	2	
LOTEMAX OIN 0.5%	2	

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Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SUS 0.5%	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
MAXIDEX SUS 0.1% OP	3	
OMNIPRED SUS 1% OP	3	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
VEXOL SUS 1% OP	3	
OPHTHALMIC, ANTIALLERGICS		
ALOCRI SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
EMADINE SOL 0.05% OP	3	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
PATADAY SOL 0.2%	3	
PAZEO DRO 0.7%	2	
OPHTHALMIC, ANTIFUNGALS		
NATACYN SUS 5% OP	3	
OPHTHALMIC, ANTIVIRALS		
<i>trifluridine ophth soln 1%</i>	1	
ZIRGAN GEL 0.15%	3	
OPHTHALMIC, ARTIFICIAL TEARS/LUBRICANTS		
LACRISERT MIS 5MG OP	3	
OPHTHALMIC, BETA-BLOCKERS, Nonselective		
BETAGAN SOL 0.5% OP	3	
BETIMOL SOL 0.5%	2	
BETIMOL SOL 0.25%	2	
<i>carteolol hcl ophth soln 1%</i>	1	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>metipranolol ophth soln 0.3%</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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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
TIMOPTIC OCU SOL 0.5% OP	3	
TIMOPTIC OCU SOL 0.25% OP	3	
TIMOPTIC SOL 0.5% OP	3	
TIMOPTIC SOL 0.25% OP	3	
TIMOPTIC-XE SOL 0.5% OP	3	
OPHTHALMIC, BETA-BLOCKERS, Selective		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP	2	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS		
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITOR/SYMPATHOMIMETIC COMBINATIONS		
SIMBRINZA SUS 1-0.2%	3	
OPHTHALMIC, CARBONIC ANHYDRASE INHIBITORS		
AZOPT SUS 1% OP	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
TRUSOPT SOL 2% OP	3	
OPHTHALMIC, DIAGNOSTIC PRODUCTS		
<i>fluorescein sodium ophth strips 1 mg</i>	1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	
OPHTHALMIC, DRY EYE DISEASE		
XIIDRA DRO 5%	2	
OPHTHALMIC, MISCELLANEOUS		
AKTEN GEL 3.5%	3	
CYSTARAN SOL 0.44%	5	PA
<i>naphazoline hcl ophth soln 0.1%</i>	1	
OXERVATE SOL 20MCG/ML	5	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC, MYDRIATICS		
<i>atropine sulfate ophth soln 1%</i>	1	
CYCLOMYDRIL SOL OP	3	
MYDRIACYL SOL 1% OP	3	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
OPHTHALMIC, PARASYMPATHOMIMETICS		
ISOPTO CARP SOL 1% OP	3	
ISOPTO CARP SOL 4% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC, PROSTAGLANDIN/RHO KINASE INHIBITOR COMBINATIONS		
ROCKLATAN DRO	2	
OPHTHALMIC, PROSTAGLANDINS		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>bimatoprost soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
TRAVATAN Z DRO 0.004%	2	
<i>travoprost ophth soln 0.004%</i>	1	
ZIOPTAN DRO 0.0015%	2	
OPHTHALMIC, SYMPATHOMIMETIC/BETA-BLOCKER COMBINATIONS		
COMBIGAN SOL 0.2/0.5%	2	
OPHTHALMIC, SYMPATHOMIMETICS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
OTIC, ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS		
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
COLY-MYCIN S SUS OTIC	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</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	

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Drug Name	Drug Tier	Requirements/Limits
<i>OTIC, ANTI-INFECTIVES</i>		
<i>acetic acid 2% in aluminum acetate otic soln</i>	1	
<i>acetic acid otic soln 2%</i>	1	
CETRAXAL SOL 0.2%	3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
<i>OTIC, MISCELLANEOUS</i>		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	

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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

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 pátó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nóm̀bà fòd̀nù tó wà lẹ̀yìn káàdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijíròrò tí tí a ó fì sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mó ògbufò kan.

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

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

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

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

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

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

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

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

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

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

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

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozu niile nwere ike ikpo 855-258-6518 wee chere ububu 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 naasbaqas bíł adidiilchíł. Áká'ánidaalwó'ígíí neidiitáágo, saad bee yáníłt'í'ígíí yíi diikił dóo ata' halne'é lá níká'ádoowól.