

Generic Premium Drug List

Drug list — Three Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA).

The following is a list of plan names to which this formulary may apply. Additional plans may be applicable. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call us at the Pharmacy Member Services number on your ID card.

\$5/\$15/\$25/\$45/30% to \$250	\$5/\$20/\$40/\$60/30% to \$250 Rx ded \$150
\$5/\$15/\$30/\$50/30% to \$250	\$5/\$20/\$40/\$75/30% to \$250
\$5/\$15/\$40/\$60/30% to \$250	\$5/\$20/\$40/\$75/30% to \$250 Rx ded \$250
\$5/\$15/\$50/\$65/30% to \$250 after deductible	\$5/\$20/\$50/\$65/30% to \$250 Rx ded \$500
\$5/\$20/\$30/\$50/30% to \$250	\$5/\$20/\$50/\$70/30% to \$250
\$5/\$20/\$40/\$60/30% to \$250	\$5/\$20/\$50/\$70/30% to \$250 after deductible

Here are a few things to remember:

- You can view and search our current drug lists when you visit anthem.com/ca and choose Prescription Benefits. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.
- Additional tools and resources are available for current Anthem members to view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more – by logging in at anthem.com/ca.
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. Already a member? You can view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at anthem.com/ca and go to **My Plan ->Benefits-> Plan Documents**.
- You and your doctor can use this list as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket. To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) in this document about how the list is set up and what to do if a drug you take isn't on it.

Generic Premium Drug List

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Generic Premium Drug List – Informational Section

Definitions

“\$0” next to a drug means this is a preventive drug. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

“**BRAND name drug**” means a drug that is marketed under a proprietary, trademark-protected name. A BRAND name drug is listed in this formulary in all CAPITAL letters.

“**Coinsurance**” means a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“**Copayment**” means a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“**Deductible**” means the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

“**Dose Optimization (DO)**” means dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

“**Drug Tier**” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

“**Enrollee**” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.

“**Exception request**” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

“**Exigent circumstances**” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

“**Formulary**” or “**prescription drug list**” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

“**Generic drug**” is the same drug as its BRAND name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in **bold** and *italicized* lowercase letters.

“**Limited Distribution (LD)**” means limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

“**Medically Necessary**” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

“**Nonformulary drug**” is a prescription drug that is not listed on the health plan’s formulary.

“**Oral Chemotherapy (OC)**” Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.



“Out-of-pocket costs” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

“Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription drug” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

“Prior Authorization (PA)” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“Quantity limit (QL)” means a restriction on the number of doses of a prescription drug covered by a health insurance product during a specific time period, or any other limitation on the quantity of a drug that is covered.

“Specialty Drugs (SP)” means specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

“Step therapy (ST)” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.



Frequently Asked Questions

How do I know what drugs are covered under my benefits?

This is a complete listing of all the drugs on the drug list. But, it's possible a drug(s) on this list may not be covered, depending on your plan's design.

Your pharmacy benefit covers prescription drugs, including Specialty Drugs, that may be administered to you as part of a doctor's visit, home care visit, or at an outpatient Facility when they are Covered Services. Benefits that are administered to you in your provider's office are typically covered under your medical benefit. This may include Drugs for infusion therapy, chemotherapy, blood products, certain injectables and any drug that must be administered by a Provider.

How can I find a drug on the list?

(A) A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the BRAND name or **generic** name of the drug in the alphabetical index; and

(B) If a **generic** equivalent for a BRAND name drug is not available on the market or is not covered, the drug will not be separately listed by its **generic** name.

You can search the PDF drug list by:

- Drug name, using Ctrl + F on your keyboard, then type in the name of the drug you're looking for.
- Drug class, using the categories listed in alphabetical order.

How are drugs shown on the list?

- A drug is listed alphabetically by its BRAND name and **generic** names in the therapeutic category and class to which it belongs;
- The **generic** name for a BRAND name drug is included after the BRAND name in parentheses and all **bold and italicized lowercase** letters;
- If a **generic** equivalent for a BRAND name drug is both available and covered, the **generic** drug will be listed separately from the BRAND name drug in all **bold and italicized lowercase letters**; and
- If a **generic** drug is marketed under a proprietary, trademark-protected BRAND name, the BRAND name will be listed after the **generic** name in parentheses and regular typeface with the first letter of each word capitalized.

The "Under Coverage Requirements and Limits" section will indicate if you need preapproval before you can take the drug (called prior authorization or PA), or if you need to try other drugs first for your treatment (called step therapy or ST).

Note: The presence of a prescription drug on the formulary does not guarantee that your doctor will prescribe that prescription drug for a particular medical condition.



What are my options for getting my prescriptions?

You have plenty of choices about how and where to get your prescription medicines, including local pharmacies in your plan, convenient home delivery or specialty pharmacies. Most plans include our home delivery program at no extra cost to you. Current Anthem members can find out more by logging in at [anthem.com/ca](https://www.anthem.com/ca) and choose Prescription Benefits or call 833-203-1739. For more details about your coverage, you can call the phone number on your member ID card.

What if my drug isn't on the list?

We understand that only you and your doctor know what is best for you. If you want to take a drug that's not on the drug list, you may have to pay the full cost for it. You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.

If a drug you're taking isn't covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization.

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan's benefit.

There are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermymeds.com/main/partners/anthem>.
2. Log in at [anthem.com/ca](https://www.anthem.com/ca) and choose **Pharmacy**.
 - o Go to **Pharmacy Resources** and **Search Your Drug List** for your medication.
 - o Choose the correct medication strength and form.
 - o Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
 - o Your doctor [completes and faxes the form](#) to us at 844-474-3347.
3. Calling Member Services number on the back of your member ID card.

Who decides what drugs are on the list?

The drugs on the list are reviewed through our Pharmacy and Therapeutics (P&T) process. In this process, a group of independent doctors, pharmacists and other health care professionals decides which drugs we include on our lists. This group meets regularly to look at new and existing drugs and recommends drugs based on how safe they are, how well they work and the value they offer our members.

What is a specialty drug and how do I get them?

If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered. Specialty drugs come in many forms like pills, liquids, injections (shots), infusions or inhalers and may need special storage and handling. Typically benefits for specialty drugs that are self-administered will be covered under the pharmacy benefit. Benefits for specialty drugs that are administered to you in your provider's office are typically covered under your medical benefit. If you use pharmacies that are not in the network, your medicine may not be covered and you may have to pay the full cost. For more details about your coverage, you can call the phone number on your member ID card.

Does the drug list change, and how will I know if it does?

Drugs on our list are reviewed and updated on a monthly basis. Sometimes, drugs are added, removed, change tiers or have updated requirements. The changes will usually go into effect the first day of the month. But don't worry, we'll let you know if a drug you take is taken off the list and, in some cases, if a drug you take is moved to a higher tier.

You can always check the drug list to make sure medicines you take are still on it. You'll find the most up-to-date drug list when you log in at [anthem.com/ca](https://www.anthem.com/ca).



What kind of drugs can I find on the formulary?

We cover FDA-approved preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA) and California state regulations. Your doctor may need to write a prescription for these preventive services to be covered by your plan, even if they are listed as over-the-counter. The availability or coverage of these medications without cost-sharing may be subject to criteria established by the health plan.

We cover FDA-approved equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary. Medication encompasses insulin, insulin pumps, and oral hypoglycemic agents. Covered supplies and equipment are limited to glucose monitors, test strips, syringes and lancets. Covered benefits also include outpatient self-management and educational services used to treat diabetes if services are provided through a program authorized by the State's Diabetes Control Project within the Bureau of Health.

What drugs can I find in each tier?

We place drugs on different tiers based on how well they work to improve health, whether there are over-the-counter (OTC) options and their costs compared to other drugs used for the same type of treatment. The lower the tier, the lower your share of the cost. Here's a breakdown of the tiers in your plan:

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.
- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
- Tier 3 drugs have the highest cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA or specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.

How will I know if my drug is covered and how much will it cost?

You can go online and with the [Price a Medication](#) tool, get pharmacy-specific drug coverage details and pricing from a number of local retail pharmacies in your zip code.

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

How does Anthem promote safety?

When you go to a pharmacy, the pharmacist will get an electronic message from Anthem if a drug needs prior authorization, requires step therapy or has a limit on the amount that can be given. Here's a closer look at all of the programs we've put into place to help make sure you get the care you need, while helping to keep you safe.¹

Our clinical edit programs are:

- Prior authorization, which requires you to get approval before taking a medicine. This helps make sure a drug is used properly and focuses on drugs that may have:
 - Risk of side effects.
 - Risk of harmful effects when taken with other drugs.
 - Potential for incorrect use or abuse.
 - Rules for use with certain conditions.
- Step therapy, which requires that other drugs be tried first. It focuses on whether a drug is right for your condition.
- Dose optimization, which involves changing from taking a dose twice a day to once a day, when medically appropriate. Taking fewer doses may lower your costs; a single higher dose of a drug taken once a day may cost less than a lower dose taken twice a day.
- Quantity Limits impose a limit on the amount in a prescription and how often it can be refilled.
 - If a refill request is submitted too soon or the doctor prescribes an amount that's higher than what is allowed, the drug won't be covered at that time.
 - If there are medical reasons to prescribe the drug as originally dosed, the doctor can ask for review by our Prior Authorization Center.



Also, If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered.

How does my doctor start the Prior Authorization process?

If your drug is on our formulary but requires a PA or Step Therapy, there are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermyeds.com/main/partners/anthem>.
2. Log in at [anthem.com/ca](https://www.anthem.com/ca) and choose Pharmacy.
 - Go to Pharmacy Resources and Search Your Drug List for your medication.
 - Choose the correct medication strength and form.
 - Scroll down to Definition of Restrictions and locate the applicable Fax Form in the table.
 - Your doctor completes the form and faxes it to Anthem at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

What is Step Therapy? How does it work?

Step therapy requires trying other drugs before certain medications may be covered. The pharmacy will let you know if step therapy is required and you must first try the drug or treatment included in the program. If the drug or treatment does not treat the condition well, the doctor can contact our Prior Authorization Center to ask that we approve the original drug.¹

A few more notes about the exception process:

- If we fail to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny any subsequent requests for this medication.
- Don't worry, if you've changed policies, we won't ask you to repeat an approved step therapy request that is already being used to treat a medical condition provided that the drug is still appropriately prescribed and is considered safe and effective.

A note about opioid analgesics. The member cost share for certain abuse-deterrent opioid analgesics may be lower in some states because of laws in those states. Opioid analgesics are a type of painkiller. In response to the global opioid epidemic, the U.S. Food and Drug Administration (FDA) has encouraged drug manufacturers to develop opioids with properties that help deter their misuse and abuse.

Drug(s) may be excluded from the list based on your plan's benefit design.

¹ If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process.



California Law-at-a-Glance

Cal. Code Regs. tit. 28 § 1300.67.205 - Standard Prescription Drug Formulary Template

"The following standards are minimum standards, and unless otherwise noted, apply to all health plan formularies subject to section 1367.205 of the Health and Safety Code. A health plan may implement additional provisions exceeding these requirements."

(d) Informational section. The informational section of the formulary shall include all of the following:

(11) Notice that the health plan shall cover nonformulary drugs when medically necessary and a detailed description of the process for requesting coverage of a nonformulary drug. Subject to the exception in subdivision (k) of section 1367.24 of the Health and Safety Code, the description shall state that:

(A) the health plan shall notify the enrollee or his or her designee and the enrollee's prescribing provider of its coverage determination within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests;

(B) the health plan shall provide coverage pursuant to a non-urgent request for the duration of the prescription, including refills; and

(C) the health plan shall provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency. The description shall also state an enrollee may file a grievance or complaint, pursuant to section 1368 of the Health and Safety Code, relating to denial of a coverage request and that the coverage documents provide information on appeal rights and procedures.

(12) Instructions on how to locate and fill a prescription through a network retail pharmacy, mail order pharmacy, and specialty pharmacy, as applicable.

(13) A detailed description of the process for requesting prior authorization or a step therapy exception. Subject to the exceptions in subdivision (b) of section 1367.241 of the Health and Safety Code, the description shall state that if a health plan fails to respond to a completed prior authorization or step therapy request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed granted.

(14) Notice of an enrollee's rights to step therapy as provided in subdivision (d)(2) of Rule 1300.67.24.

(15) Notice pursuant to section 1367.22 of the Health and Safety Code that a health plan may not limit or exclude coverage for a drug if the health plan previously approved coverage of the drug for the enrollee's medical condition and the prescribing provider continues to prescribe the drug for the medical condition, provided the drug is appropriately prescribed and safe and effective for treating the enrollee's medical condition."

KEY

Here are some terms and notes you'll find on the drug list.

BRAND name drugs are in **UPPER CASE**, plain type.

generic drugs are in lower case, **italic bold** type.

\$0 = preventive drugs. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

AL = age limits. Some drugs require a prior authorization if your age does not meet drug manufacturer, Food and Drug Administration (FDA), or clinical recommendations.

BE = benefit exclusion. This drug may not be covered depending on your plans design. To find out if your drug is covered, log into your member portal or use the Sydney app to [Price a Medication](#) and refer to your plan documents.

DO = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

LD = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

OC = oral chemotherapy. These drugs after deductible shall not exceed \$200 per an individual prescription for up to a 30 day supply.

PA = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.

QL = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.

SP = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

ST = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.

Tier 1 = drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 2 = drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

Tier 3 = drugs have the highest cost share. They often include brand and generic drugs that may cost more than drugs on lower tiers that are used to treat the same condition.

CURRENT AS OF 1/1/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	PA
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	1	PA
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>atomoxetine hcl oral capsule</i>	1	PA
*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	PA; DO
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	1	PA; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	1	PA; DO
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour</i>	1	PA; QL (1 capsule per 1 day)
*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>amphetamine sulfate oral tablet 10 mg</i>	1	QL (6 tablets per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	1	DO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	1	PA; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	PA; DO
<i>dextroamphetamine sulfate oral solution</i>	1	PA; QL (60 mL per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 7.5 mg</i>	1	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg</i>	1	PA; DO
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	1	PA; DO
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	1	PA; QL (1 capsule per 1 day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	1	PA; DO
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	1	PA; QL (1 tablet per 1 day)
<i>procentra oral solution</i>	1	PA; QL (60 mL per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zenzedi oral tablet 10 mg, 7.5 mg</i>	1	PA; QL (6 tablets per 1 day)
<i>zenzedi oral tablet 15 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>zenzedi oral tablet 2.5 mg, 5 mg</i>	1	PA; DO
<i>zenzedi oral tablet 20 mg, 30 mg</i>	1	PA; QL (2 tablets per 1 day)
*LIPASE INHIBITORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>orlistat oral capsule</i>	1	PA; BE; QL (3 capsules per 1 day)
*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg</i>	1	ST; DO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg</i>	1	ST; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg</i>	1	PA; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>	1	PA; DO
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	1	PA; DO
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	1	PA; DO
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	1	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	1	PA; DO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1	PA; QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	1	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	1	PA; DO
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	1	ST; QL (1 tablet per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	1	PA; QL (1 tablet per 1 day)
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 72 MG	1	PA; QL (1 tablet per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	1	PA; DO
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	1	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	PA; DO
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1	PA; DO
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	PA; QL (30 mL per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	PA; QL (60 mL per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	1	PA; DO

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<i>methylphenidate hcl oral tablet 20 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 2.5 mg</i>	1	ST; DO
<i>methylphenidate hcl oral tablet chewable 5 mg</i>	1	PA; DO
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr</i>	1	ST; DO
<i>methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr</i>	1	ST; QL (1 patch per 1 day)
<i>modafinil oral tablet 100 mg</i>	1	PA; DO
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (1 tablet per 1 day)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>neomycin sulfate oral tablet</i>	1	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	LD; QL (224 mL per 28 days); SP
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	LD; QL (10 mL per 1 day); SP
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 capsules per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 capsule per 1 day)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg</i>	1	QL (4 tablets per 1 day)
<i>diclofenac-misoprostol oral tablet delayed release 75-0.2 mg</i>	1	QL (2 tablets per 1 day)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS		
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (4 tablets per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1	QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	1	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	1	QL (4 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	QL (2 tablets per 1 day)
<i>ec-naproxen oral tablet delayed release</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i>	1	QL (2 tablets per 1 day)
<i>etodolac er oral tablet extended release 24 hour 600 mg</i>	1	QL (1 tablet per 1 day)
<i>etodolac oral capsule 200 mg</i>	1	QL (4 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>	1	QL (3 capsules per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 tablets per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 tablets per 1 day)
<i>flurbiprofen oral tablet 50 mg</i>	1	QL (4 tablets per 1 day)
<i>ibu oral tablet</i>	1	QL (4 tablets per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	QL (4 tablets per 1 day)
<i>indomethacin er oral capsule extended release</i>	1	QL (2 capsules per 1 day)

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<i>indomethacin oral capsule 25 mg</i>	1	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 capsule per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour</i>	1	QL (1 capsule per 1 day)
<i>ketorolac tromethamine oral tablet</i>	1	QL (20 tablets per 30 days)
<i>meclofenamate sodium oral capsule</i>	1	QL (4 capsules per 1 day)
<i>mefenamic acid oral capsule</i>	1	QL (29 capsule per 1 fill)
<i>meloxicam oral tablet</i>	1	QL (1 tablet per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 tablets per 1 day)
<i>naproxen dr oral tablet delayed release</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	QL (4 tablets per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (2 tablets per 1 day)
<i>naproxen oral tablet delayed release</i>	1	
<i>naproxen sodium oral tablet 275 mg</i>	1	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	1	QL (2 tablets per 1 day)
<i>oxaprozin oral tablet</i>	1	QL (2 tablets per 1 day)
<i>piroxicam oral capsule</i>	1	QL (1 capsule per 1 day)
<i>sulindac oral tablet</i>	1	QL (2 tablets per 1 day)
<i>tolmetin sodium oral capsule</i>	1	QL (3 capsules per 1 day)
*PYRIMIDINE SYNTHESIS INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<i>leflunomide oral tablet</i>	1	QL (1 tablet per 1 day)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>etanercept</i>)	2	PA; LD; QL (4 cartridge per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION (<i>etanercept</i>)	3	PA; LD; QL (8 injections per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	3	PA; LD; QL (8 syringes per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	3	PA; LD; QL (4 syringes per 28 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	3	PA; LD; QL (4 pens per 28 days); SP
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS		
<i>bac oral tablet</i>	1	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral capsule</i>	1	QL (6 capsules per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine oral tablet</i>	1	QL (6 tablets per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	QL (6 capsules per 1 day)

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<i>tencon oral tablet</i>	1	QL (6 tablets per 1 day)
*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS		
<i>diflunisal oral tablet</i>	1	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine oral solution</i>	1	AL; QL (30 mL per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	1	AL; QL (6 tablet per 1 day)
<i>ascomp-codeine oral capsule</i>	1	AL; QL (6 capsule per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	1	AL; QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	AL; QL (6 capsule per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	1	AL; QL (6 capsule per 1 day)
*DIHYDROCODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>apap-caff-dihydrocodeine oral capsule</i>	1	QL (6 capsules per 1 day)
<i>trezix oral capsule</i>	1	QL (6 capsules per 1 day)
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution</i>	1	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i>	1	QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	1	QL (5 tablets per 1 day)
*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
<i>codeine sulfate oral tablet 30 mg</i>	1	AL; QL (6 tablets per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL (4 lozenge per 1 day)
<i>fentanyl citrate buccal tablet</i>	1	PA; QL (4 tablet per 1 day)
<i>fentanyl transdermal patch 72 hour</i>	1	PA; QL (15 patches per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	1	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	1	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl oral liquid</i>	1	QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	1	QL (6 tablets per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>	1	PA; QL (6 tablets per 1 day)
<i>meperidine hcl oral solution</i>	1	QL (7 days per 1 fill)
<i>meperidine hcl oral tablet</i>	1	QL (6 tablets per 1 day)
<i>methadone hcl intensol oral concentrate</i>	1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	1	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	1	PA; QL (6 tablet per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	1	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	1	PA; QL (1 tablet per 1 day)
<i>methadose oral tablet soluble</i>	1	PA; QL (1 tablet per 1 day)

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<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	QL (6 mL per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	1	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	1	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	PA; QL (3 tablet per 1 day)
<i>morphine sulfate oral solution</i>	1	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	1	QL (6 tablets per 1 day)
<i>oxycodone hcl oral capsule</i>	1	QL (7 days per 1 fill)
<i>oxycodone hcl oral concentrate</i>	1	QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	1	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	1	QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet abuse-deterrent</i>	1	PA; QL (6 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	1	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	1	QL (6 tablet per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (6 tablets per 1 day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1	PA; QL (1 tablet per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	1	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	1	AL; QL (4 tablets per 1 day)
<i>tramadol hcl oral tablet 25 mg</i>	1	PA; QL (16 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1	AL; QL (8 tablets per 1 day)
*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1	QL (6 tablets per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1	QL (6 tablet per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	1	QL (30 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (6 tablet per 1 day)
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	QL (12 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (3 tablets per 90 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (16 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (8 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (4 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (16 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (4 tablets per 1 day)
<i>buprenorphine transdermal patch weekly</i>	1	PA; QL (1 package per 28 days)
<i>butorphanol tartrate nasal solution</i>	1	QL (2 bottles per 30 days)
<i>pentazocine-naloxone hcl oral tablet</i>	1	QL (6 tablets per 1 day)
*TRAMADOL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>tramadol-acetaminophen oral tablet</i>	1	AL; QL (8 tablet per 1 day)

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ANDROGENS-ANABOLIC - HORMONES		
*ANDROGENS*** - DRUGS FOR MEN		
<i>danazol oral capsule 100 mg, 50 mg</i>	1	QL (2 capsules per 1 day)
<i>danazol oral capsule 200 mg</i>	1	QL (4 capsules per 1 day)
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	1	PA; QL (1 bottle per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%)</i>	1	PA; QL (1 pump per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	1	PA; QL (2 bottles per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	1	PA; QL (2 packet per 1 day)
<i>testosterone transdermal solution</i>	1	PA; QL (1 pump bottle per 30 days)
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>budesonide rectal foam 2 mg</i>	1	QL (4.78 gm per 1 day)
<i>budesonide rectal foam 2 mg/act</i>	1	QL (4.78 grams per 1 day)
<i>hydrocortisone rectal enema</i>	1	
*NITRATE VASODILATING AGENTS*** - RECTAL PREPARATIONS		
<i>nitroglycerin rectal ointment</i>	1	QL (1 unit per 1 day)
*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
*RECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone (perianal) external cream</i>	1	
PROCTOCORT EXTERNAL CREAM (<i>hydrocortisone</i>)	1	
<i>procto-med hc external cream</i>	1	
<i>proctosol hc external cream</i>	1	
<i>proctozone-hc external cream</i>	1	
ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
<i>albendazole oral tablet</i>	1	PA; QL (4 tablets per 1 day)
<i>ivermectin oral tablet</i>	1	QL (9 tablets per 1 fill)
<i>praziquantel oral tablet</i>	1	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA		
<i>ranolazine er oral tablet extended release 12 hour</i>	1	QL (2 tablets per 1 day)
*NITRATES*** - DRUGS FOR ANGINA		
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>nitroglycerin sublingual tablet sublingual</i>	1	

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<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual solution</i>	1	
ANTIANKXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANKXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
<i>bupirone hcl oral tablet</i>	1	
<i>hydroxyzine hcl oral syrup</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
<i>meprobamate oral tablet</i>	2	
*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1	DO
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	1	QL (2 tablets per 1 day)
<i>alprazolam oral tablet</i>	1	QL (4 tablets per 1 day)
<i>alprazolam oral tablet dispersible</i>	1	QL (3 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1	DO
<i>alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg</i>	1	QL (2 tablets per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	1	QL (4 capsules per 1 day)
<i>clorazepate dipotassium oral tablet</i>	1	QL (4 tablets per 1 day)
<i>diazepam intensol oral concentrate</i>	1	QL (8 mL per 1 day)
<i>diazepam oral concentrate</i>	1	QL (8 mL per 1 day)
<i>diazepam oral solution</i>	1	
<i>diazepam oral tablet</i>	1	QL (4 tablets per 1 day)
<i>lorazepam intensol oral concentrate</i>	1	QL (3 mL per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (3 mL per 1 day)
<i>lorazepam oral tablet 0.5 mg</i>	1	DO
<i>lorazepam oral tablet 1 mg, 2 mg</i>	1	QL (3 tablets per 1 day)
<i>oxazepam oral capsule</i>	1	QL (4 capsules per 1 day)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule</i>	1	
<i>quinidine gluconate er oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>mexiletine hcl oral capsule</i>	1	
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg</i>	1	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	1	QL (2 tablets per 1 day)

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<i>flecainide acetate oral tablet 50 mg</i>	1	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	1	
<i>propafenone hcl oral tablet</i>	1	
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	1	
<i>amiodarone hcl oral tablet 200 mg</i>	1	QL (3 tablets per 1 day)
<i>dofetilide oral capsule</i>	1	LD
<i>pacerone oral tablet 100 mg, 400 mg</i>	1	
<i>pacerone oral tablet 200 mg</i>	1	QL (3 tablets per 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
<i>budesonide-formoterol fumarate (Breyna Inhalation Aerosol)</i>	1	QL (1.03 grams per 1 day)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	1	QL (1.03 grams per 1 day)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated</i>	1	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>	1	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	QL (1 package per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	1	QL (540 mL per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated</i>	1	QL (1 package per 30 days)
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution</i>	1	
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>albuterol sulfate hfa inhalation aerosol solution</i>	1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL (360 mL per 30 days)
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	1	QL (4 boxes per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	QL (4 boxes per 30 days)
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>arformoterol tartrate inhalation nebulization solution</i>	1	QL (60 vial per 30 days)
<i>formoterol fumarate inhalation nebulization solution</i>	1	QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL (90 vials per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	1	QL (90 mL per 30 days)
<i>levalbuterol tartrate inhalation aerosol</i>	1	ST; QL (2 inhalers per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>salmeterol xinafoate</i>)	2	QL (1 inhaler per 30 days)
<i>terbutaline sulfate oral tablet</i>	1	
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>ipratropium bromide inhalation solution</i>	1	QL (300 ML per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule</i>	1	QL (1 capsule per 1 day)
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
<i>montelukast sodium oral packet</i>	1	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	1	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	1	QL (1 tablet per 1 day)
<i>zafirlukast oral tablet</i>	1	QL (2 tablets per 1 day)
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
<i>roflumilast oral tablet</i>	1	PA; QL (1 tablet per 1 day)
*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	QL (60 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	1	QL (1 inhaler per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	1	QL (4 inhalers per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 44 mcg/act</i>	1	QL (1 inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1	QL (2 inhalers per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (1 inhaler per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (2 inhalers per 30 days)
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
ELIXOPHYLLIN ORAL ELIXIR (<i>theophylline</i>)	1	QL (112.5 mL per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>theophylline</i>)	2	QL (4 tablets per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>theophylline</i>)	2	QL (3 capsules per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (<i>theophylline</i>)	2	QL (2 capsules per 1 day)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	1	
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1	QL (2 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	1	QL (1 tablet per 1 day)
<i>theophylline er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
<i>theophylline oral elixir</i>	1	QL (112.5 mL per 1 day)
<i>theophylline oral solution</i>	1	QL (112.5 mL per 1 day)

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ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>jantoven oral tablet</i>	1	
<i>warfarin sodium oral tablet</i>	1	
*HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	1	
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin sodium injection solution</i>	1	QL (30 syringes per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe</i>	1	QL (2 syringes per 1 day)
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>fondaparinux sodium subcutaneous solution</i>	1	QL (30 syringes per 30 days)
ANTICONSULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTICONSULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clobazam oral suspension</i>	1	QL (16 mL per 1 day)
<i>clobazam oral tablet</i>	1	QL (2 tablets per 1 day)
<i>clonazepam oral tablet</i>	1	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	1	QL (3 tablets per 1 day)
<i>diazepam rectal gel</i>	1	QL (2 syringes per 1 fill)
*ANTICONSULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg</i>	1	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	1	QL (5 capsules per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	1	QL (2 tablets per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	1	QL (4 tablets per 1 day)
<i>carbamazepine oral suspension</i>	1	QL (50 mL per 1 day)
<i>carbamazepine oral tablet</i>	1	QL (8 tablets per 1 day)
<i>carbamazepine oral tablet chewable 100 mg</i>	1	QL (10 tablets per 1 day)
<i>carbamazepine oral tablet chewable 200 mg</i>	1	QL (8 tablets per 1 day)
<i>epitol oral tablet</i>	1	QL (8 tablets per 1 day)
<i>gabapentin oral capsule</i>	1	DO
<i>gabapentin oral solution</i>	1	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1	QL (6 tablets per 1 day)
<i>gabapentin oral tablet 800 mg</i>	1	QL (4 tablets per 1 day)
<i>lacosamide oral solution</i>	1	QL (40 mL per 1 day)
<i>lacosamide oral tablet</i>	1	QL (2 tablets per 1 day)

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<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	DO
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	1	QL (3 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	1	QL (2 tablets per 1 day)
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg</i>	1	QL (1 kit per 28 days)
<i>lamotrigine oral kit 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1	QL (1 kit per 35 days)
<i>lamotrigine oral tablet</i>	1	DO
<i>lamotrigine oral tablet chewable 25 mg</i>	1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 5 mg</i>	1	QL (4 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	1	QL (3 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	1	DO
<i>lamotrigine starter kit-blue oral kit</i>	1	QL (1 kit per 28 days)
<i>lamotrigine starter kit-green oral kit</i>	1	QL (1 kit per 35 days)
<i>lamotrigine starter kit-orange oral kit</i>	1	QL (1 kit per 35 days)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	1	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	1	QL (4 tablets per 1 day)
<i>levetiracetam oral solution</i>	1	QL (30 mL per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	1	QL (3 tablets per 1 day)
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	1	DO
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	DO
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	1	QL (4 tablets per 1 day)
<i>oxcarbazepine oral suspension</i>	1	QL (40 mL per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	1	QL (2 tablets per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	1	QL (4 tablets per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 capsule per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (2 capsules per 1 day)
<i>pregabalin oral capsule 75 mg</i>	1	QL (3 capsules per 1 day)
<i>pregabalin oral solution</i>	1	QL (30 mL per 1 day)
<i>primidone oral tablet 125 mg</i>	1	QL (3 tablets per 1 day)
<i>primidone oral tablet 250 mg</i>	1	QL (8 tablets per 1 day)
<i>primidone oral tablet 50 mg</i>	1	QL (4 tablets per 1 day)
<i>roweepra oral tablet</i>	1	DO
<i>rufinamide oral suspension</i>	1	QL (80 mL per 1 day)
<i>rufinamide oral tablet 200 mg</i>	1	DO
<i>rufinamide oral tablet 400 mg</i>	1	QL (8 tablets per 1 day)
<i>subvenite oral tablet</i>	1	DO
<i>subvenite starter kit-blue oral kit</i>	1	QL (1 kit per 28 days)
<i>subvenite starter kit-green oral kit</i>	1	QL (1 kit per 35 days)
<i>subvenite starter kit-orange oral kit</i>	1	QL (1 kit per 35 days)
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 50 mg</i>	1	QL (1 capsule per 1 day)

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<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	1	QL (2 capsules per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 25 mg</i>	1	DO
<i>topiramate er oral capsule extended release 24 hour 100 mg, 50 mg</i>	1	QL (1 capsule per 1 day)
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	1	QL (2 capsules per 1 day)
<i>topiramate er oral capsule extended release 24 hour 25 mg</i>	1	DO
<i>topiramate oral capsule sprinkle</i>	1	QL (2 capsules per 1 day)
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	1	DO
<i>topiramate oral tablet 200 mg</i>	1	QL (2 tablets per 1 day)
<i>zonisamide oral capsule</i>	1	QL (6 capsule per 1 day)
*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>felbamate oral suspension</i>	1	QL (30 mL per 1 day)
<i>felbamate oral tablet</i>	1	QL (6 tablets per 1 day)
*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>tiagabine hcl oral tablet</i>	1	QL (2 tablets per 1 day)
<i>vigabatrin oral packet</i>	1	LD; QL (6 packets per 1 day); SP
<i>vigabatrin oral tablet</i>	1	LD; QL (6 tablets per 1 day); SP
<i>vigadrone oral packet</i>	1	LD; QL (6 packets per 1 day)
<i>vigabatrin (Vigadrone Oral Tablet)</i>	1	LD; QL (6 tablets per 1 day); SP
<i>vigabatrin (Vigpoder Oral Packet)</i>	1	LD; QL (6 packets per 1 day)
*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	2	
PHENYTEK ORAL CAPSULE (<i>phenytoin sodium extended</i>)	1	
<i>phenytoin infatabs oral tablet chewable</i>	1	
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>ethosuximide oral capsule</i>	1	QL (6 capsules per 1 day)
<i>ethosuximide oral solution</i>	1	QL (30 mL per 1 day)
<i>methsuximide oral capsule</i>	1	QL (4 capsules per 1 day)
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	1	QL (2 tablets per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	1	QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	1	QL (2 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	1	QL (7 tablets per 1 day)

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<i>valproic acid oral capsule</i>	1	QL (4 capsules per 1 day)
<i>valproic acid oral solution</i>	1	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet dispersible</i>	1	
*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	DO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	DO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	1	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 tablet per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	DO
*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION		
<i>phenelzine sulfate oral tablet</i>	1	QL (6 tablets per 1 day)
<i>tranylcypromine sulfate oral tablet</i>	1	QL (6 tablets per 1 day)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
<i>citalopram hydrobromide oral solution</i>	1	
<i>citalopram hydrobromide oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral capsule delayed release</i>	1	
<i>fluoxetine hcl oral solution</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	1	
<i>fluvoxamine maleate oral tablet</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1	
<i>paroxetine hcl oral suspension</i>	1	
<i>paroxetine hcl oral tablet</i>	1	
<i>sertraline hcl oral concentrate</i>	1	
<i>sertraline hcl oral tablet</i>	1	
*SEROTONIN MODULATORS*** - DRUGS FOR DEPRESSION		
<i>nefazodone hcl oral tablet 100 mg, 50 mg</i>	1	DO
<i>nefazodone hcl oral tablet 150 mg, 250 mg</i>	1	QL (2 tablets per 1 day)
<i>nefazodone hcl oral tablet 200 mg</i>	1	QL (3 tablets per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	DO
<i>trazodone hcl oral tablet 300 mg</i>	1	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vilazodone hcl oral tablet 10 mg, 20 mg</i>	1	DO
<i>vilazodone hcl oral tablet 40 mg</i>	1	QL (1 tablet per 1 day)
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1	QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	DO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	1	QL (6 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (4 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	1	QL (3 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	1	QL (2 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (6 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (3 capsules per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1	QL (1 tablet per 1 day)
<i>venlafaxine hcl oral tablet</i>	1	QL (3 tablet per 1 day)
*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	1	DO
<i>amitriptyline hcl oral tablet 100 mg</i>	1	QL (3 tablets per 1 day)
<i>amitriptyline hcl oral tablet 150 mg</i>	1	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 100 mg</i>	1	QL (4 tablets per 1 day)
<i>amoxapine oral tablet 150 mg</i>	1	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	1	DO
<i>clomipramine hcl oral capsule 25 mg</i>	1	DO
<i>clomipramine hcl oral capsule 50 mg</i>	1	QL (5 capsules per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	1	QL (3 capsules per 1 day)
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	1	DO
<i>desipramine hcl oral tablet 100 mg</i>	1	QL (3 tablets per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	1	QL (2 tablets per 1 day)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	DO
<i>doxepin hcl oral capsule 100 mg</i>	1	QL (3 capsules per 1 day)
<i>doxepin hcl oral capsule 150 mg</i>	1	QL (2 capsules per 1 day)
<i>doxepin hcl oral concentrate</i>	1	QL (30 mL per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	1	DO
<i>imipramine hcl oral tablet 50 mg</i>	1	QL (6 tablets per 1 day)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	1	DO
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	1	QL (2 capsules per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	DO
<i>nortriptyline hcl oral capsule 50 mg</i>	1	QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	1	QL (2 capsules per 1 day)

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<i>nortriptyline hcl oral solution</i>	1	QL (75 mL per 1 day)
<i>protriptyline hcl oral tablet 10 mg</i>	1	QL (6 tablets per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	1	DO
<i>trimipramine maleate oral capsule 100 mg</i>	1	QL (2 capsules per 1 day)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	1	QL (3 capsules per 1 day)
ANTIDIABETICS - HORMONES		
*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES		
<i>acarbose oral tablet</i>	1	QL (3 tablets per 1 day)
<i>miglitol oral tablet</i>	1	QL (3 tablets per 1 day)
*BIGUANIDES*** - DRUGS FOR DIABETES		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (4 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (2 tablets per 1 day)
<i>metformin hcl oral solution</i>	2	PA; QL (2 bottles per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (5 tablets per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	1; \$0	QL (3 tablets per 1 day)
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
<i>diazoxide oral suspension</i>	1	
GLUCAGON EMERGENCY INJECTION KIT	1	QL (2 kits per 30 days)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES		
<i>alogliptin benzoate oral tablet</i>	1	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (<i>sitagliptin phosphate</i>)	2	ST; QL (1 tablet per 1 day)
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-metformin hcl oral tablet</i>	1	ST; QL (2 tablets per 1 day)
JANUMET ORAL TABLET (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-pioglitazone oral tablet</i>	1	ST; QL (1 tablet per 1 day)
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
HUMALOG INJECTION SOLUTION (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)

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HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (<i>insulin regular human</i>)	2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (<i>insulin regular human</i>)	2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	2	PA; QL (18 mL per 30 days)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL (30 mL per 30 days)
INSULIN LISPRO INJECTION SOLUTION	2	QL (30 mL per 30 days)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)
LYUMJEV INJECTION SOLUTION (<i>insulin lispro-aabc</i>)	2	QL (30 mL per 30 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro-aabc</i>)	2	QL (30 mL per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	2	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	2	ST; QL (30 mL per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	2	ST; QL (30 mL per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	2	ST; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	2	ST; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	2	ST; QL (30 mL per 30 days)
NOVOLIN R INJECTION SOLUTION (<i>insulin regular human</i>)	2	ST; QL (30 mL per 30 days)
NOVOLIN R RELION INJECTION SOLUTION (<i>insulin regular human</i>)	2	ST; QL (30 mL per 30 days)

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NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart</i>)	2	ST; QL (30 mL per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart</i>)	2	ST; QL (30 mL per 30 days)
NOVOLOG INJECTION SOLUTION (<i>insulin aspart</i>)	2	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin aspart prot & aspart</i>)	2	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin aspart prot & aspart</i>)	2	ST; QL (30 mL per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart</i>)	2	ST; QL (30 mL per 30 days)
*INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tirzepatide</i>)	2	PA; QL (4 pens per 28 days)
*MEGLITINIDE ANALOGUES**** - DRUGS FOR DIABETES		
<i>nateglinide oral tablet</i>	1	QL (3 tablets per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (4 tablets per 1 day)
<i>repaglinide oral tablet 2 mg</i>	1	QL (8 tablets per 1 day)
*PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR DIABETES		
<i>mifepristone oral tablet 300 mg</i>	3	PA; LD; QL (4 tablets per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB**** - DRUGS FOR DIABETES		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	ST; QL (1 tablet per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	ST; QL (2 tablets per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - DRUGS FOR DIABETES		
GLYXAMBI ORAL TABLET (<i>empagliflozin-linagliptin</i>)	2	ST; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES		
<i>dapagliflozin propanediol oral tablet</i>	2	ST; QL (1 tablet per 1 day)
FARXIGA ORAL TABLET (<i>dapagliflozin propanediol</i>)	2	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	2	ST; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB**** - DRUGS FOR DIABETES		
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>	2	ST; QL (1 tablet per 1 day)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	2	ST; QL (2 tablets per 1 day)
SYNJARDY ORAL TABLET (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)

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SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>dapagliflozin prop-metformin</i>)	2	ST; QL (2 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>dapagliflozin prop-metformin</i>)	2	ST; QL (2 tablets per 1 day)
*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	ST; QL (8 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	ST; QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	ST; QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	ST; QL (4 tablets per 1 day)
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
<i>glimepiride oral tablet 1 mg</i>	1	ST; QL (8 tablets per 1 day)
<i>glimepiride oral tablet 2 mg</i>	1	ST; QL (4 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>	1	ST; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	ST; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	ST; QL (8 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1	ST; QL (4 tablets per 1 day)
<i>glipizide oral tablet 10 mg</i>	1	ST; QL (4 tablets per 1 day)
<i>glipizide oral tablet 2.5 mg</i>	1	ST; QL (16 tablets per 1 day)
<i>glipizide oral tablet 5 mg</i>	1	ST; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1	ST; QL (2 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	ST; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1	ST; QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 1.5 mg</i>	1	ST; QL (8 tablets per 1 day)
<i>glyburide micronized oral tablet 3 mg</i>	1	ST; QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 6 mg</i>	1	ST; QL (2 tablets per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	1	ST; QL (16 tablets per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	1	ST; QL (8 tablets per 1 day)
<i>glyburide oral tablet 5 mg</i>	1	ST; QL (4 tablets per 1 day)
*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl-glimepiride oral tablet</i>	1	ST; QL (1 tablet per 1 day)
*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1	ST; QL (3 tablets per 1 day)
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl oral tablet</i>	1	ST; QL (1 tablet per 1 day)

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ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA		
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>loperamide hcl oral capsule</i>	1	QL (8 capsules per 1 day)
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>deferasirox granules oral packet</i>	1	PA; LD; SP
<i>deferasirox oral packet</i>	1	PA; LD; SP
<i>deferasirox oral tablet</i>	1	PA; LD; SP
<i>deferasirox oral tablet soluble</i>	1	PA; LD; SP
<i>deferiprone oral tablet</i>	1	PA; LD
*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
KLOXXADO NASAL LIQUID (<i>naloxone hcl</i>)	2	QL (6 nasal sprays per 3 monthss)
<i>naloxone hcl nasal liquid</i>	1	QL (6 nasal sprays per 3 monthss)
<i>naltrexone hcl oral tablet</i>	1	
OPVEE NASAL SOLUTION (<i>nalmefene hcl</i>)	2	QL (3 cartons per 90 days)
REXTOVY NASAL LIQUID (<i>naloxone hcl</i>)	2	QL (6 nasal sprays per 3 monthss)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE (<i>naloxone hcl</i>)	2	QL (6 syringes per 3 monthss)
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>granisetron hcl oral tablet</i>	3	LD; QL (10 tablets per 30 days)
<i>ondansetron hcl oral solution</i>	3	LD; QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	3	LD; QL (8 tablet per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	3	LD; QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	3	LD; QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 16 mg</i>	1	QL (4 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	1	LD; QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	3	LD; QL (24 tablets per 30 days)
*ANTIEMETIC COMBINATIONS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>doxylamine-pyridoxine oral tablet delayed release</i>	1	PA; QL (4 tablet per 1 day)
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
<i>meclizine hcl oral tablet 25 mg</i>	1	
<i>scopolamine transdermal patch 72 hour</i>	1	
<i>trimethobenzamide hcl oral capsule</i>	1	

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*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>dronabinol oral capsule</i>	1	QL (4 capsules per 1 day)
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>aprepitant oral</i>	1	LD; QL (15 capsules per 25 days)
<i>aprepitant oral capsule 125 mg</i>	1	LD; QL (5 capsules per 25 days)
<i>aprepitant oral capsule 40 mg</i>	1	LD; QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	LD; QL (15 capsules per 25 days)
<i>aprepitant oral capsule 80 mg</i>	1	LD; QL (10 capsules per 25 days)
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
<i>flucytosine oral capsule</i>	1	PA
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>nystatin oral tablet</i>	1	
<i>terbinafine hcl oral tablet</i>	1	QL (1 tablet per 1 day)
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet</i>	1	QL (2 tablets per 1 day)
*TRIAZOLES*** - DRUGS FOR FUNGUS		
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	1	QL (40 mL per 1 day)
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	1	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	1	QL (4 tablet per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	1	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	1	QL (8 tablet per 1 day)
<i>itraconazole oral capsule</i>	1	PA; QL (4.2 capsules per 1 day)
<i>itraconazole oral solution</i>	1	PA; QL (20 mL per 1 day)
<i>posaconazole oral suspension</i>	1	PA; QL (20 mL per 1 day)
<i>posaconazole oral tablet delayed release</i>	1	PA; QL (93 tablets per 30 days)
<i>voriconazole oral suspension reconstituted</i>	1	PA; QL (17.5 mL per 1 day)
<i>voriconazole oral tablet 200 mg</i>	1	PA; QL (2 tablets per 1 day)
<i>voriconazole oral tablet 50 mg</i>	1	PA; QL (6 tablets per 1 day)
ANTI-HISTAMINES - DRUGS FOR THE LUNGS		
*ANTI-HISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>carbinoxamine maleate er oral suspension extended release</i>	1	ST; QL (40 mL per 1 day)
<i>carbinoxamine maleate oral solution</i>	1	ST
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	ST
<i>clemastine fumarate oral tablet</i>	1	ST; QL (3 tablets per 1 day)
<i>diphenhydramine hcl oral elixir</i>	1	QL (4 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIHISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
<i>desloratadine oral tablet</i>	1	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible</i>	1	QL (1 tablet per 1 day)
<i>levocetirizine dihydrochloride oral solution</i>	1	BE; QL (10 mL per 1 day)
<i>levocetirizine dihydrochloride oral tablet</i>	1	BE; QL (1 tablet per 1 day)
*ANTIHISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
<i>promethazine hcl oral solution</i>	1	QL (40 mL per 1 day)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	1	QL (4 tablets per 1 day)
<i>promethazine hcl oral tablet 50 mg</i>	1	QL (1 tablet per 1 day)
<i>promethazine hcl rectal suppository</i>	1	QL (6 suppositories per 1 day)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	1	QL (6 suppositories per 1 day)
<i>promethegan rectal suppository 50 mg</i>	1	QL (1 suppository per 1 day)
*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>ciproheptadine hcl oral syrup</i>	1	
<i>ciproheptadine hcl oral tablet</i>	1	
ANTHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ANTHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm</i>	1	PA; QL (8 capsules per 1 day)
<i>icosapent ethyl oral capsule 1 gm</i>	1	PA; QL (4 capsule per 1 day)
<i>omega-3-acid ethyl esters oral capsule</i>	1	PA; QL (4 capsule per 1 day)
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>cholestyramine light oral packet</i>	1	QL (24 grams per 1 day)
<i>cholestyramine light oral powder</i>	1	QL (30 grams per 1 day)
<i>cholestyramine oral packet</i>	1	QL (6 packets per 1 day)
<i>cholestyramine oral powder</i>	1	QL (54 gm per 1 day)
<i>colesevelam hcl oral packet</i>	2	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	1	QL (6 tablets per 1 day)
<i>colestipol hcl oral granules</i>	1	QL (45 grams per 1 day)
<i>colestipol hcl oral packet</i>	1	QL (30 grams per 1 day)
<i>colestipol hcl oral tablet</i>	1	QL (16 tablets per 1 day)
<i>prevalite oral packet</i>	1	QL (24 grams per 1 day)
<i>prevalite oral powder</i>	1	QL (30 grams per 1 day)
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>fenofibrate micronized oral capsule</i>	1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	2	ST; QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release</i>	1	QL (1 capsule per 1 day)

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<i>fenofibric acid oral tablet</i>	1	QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	1	QL (2 tablets per 1 day)
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1; \$0	DO
<i>atorvastatin calcium oral tablet 40 mg</i>	1	DO
<i>atorvastatin calcium oral tablet 80 mg</i>	1	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule</i>	1; \$0	DO
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1; \$0	DO
<i>lovastatin oral tablet 40 mg</i>	1; \$0	QL (2 tablets per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1; \$0	DO
<i>pravastatin sodium oral tablet 80 mg</i>	1; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	1; \$0	DO
<i>rosuvastatin calcium oral tablet 20 mg</i>	1	DO
<i>rosuvastatin calcium oral tablet 40 mg</i>	1	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1; \$0	DO
<i>simvastatin oral tablet 40 mg</i>	1; \$0	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 80 mg</i>	1	PA; QL (1 tablet per 1 day)
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet</i>	1	ST; QL (1 tablet per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet</i>	1	QL (1 tablet per 1 day)
*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>niacin (antihyperlipidemic) oral tablet</i>	1	ST; QL (12 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	1	ST; QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	1	ST; QL (1 tablet per 1 day)
<i>niacor oral tablet</i>	1	ST; QL (12 tablets per 1 day)
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1	QL (1 capsule per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg</i>	1	DO
<i>amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg</i>	1	QL (2 capsules per 1 day)
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1	QL (1 tablet per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	QL (1 tablet per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	DO

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<i>captopril-hydrochlorothiazide oral tablet</i>	1	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	QL (4 tablets per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	1	DO
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	1	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1	DO
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	1	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	1	QL (2 tablets per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1	DO
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	QL (2 tablets per 1 day)
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 5 mg</i>	1	DO
<i>benazepril hcl oral tablet 20 mg</i>	1	QL (4 tablets per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	1	QL (2 tablets per 1 day)
<i>captopril oral tablet 100 mg</i>	1	QL (3 tablets per 1 day)
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	DO
<i>captopril oral tablet 50 mg</i>	1	QL (6 tablets per 1 day)
<i>enalapril maleate oral solution</i>	1	QL (40 mg per 1 day)
<i>enalapril maleate oral tablet 10 mg</i>	1	QL (4 tablets per 1 day)
<i>enalapril maleate oral tablet 2.5 mg, 5 mg</i>	1	DO
<i>enalapril maleate oral tablet 20 mg</i>	1	QL (2 tablets per 1 day)
<i>fosinopril sodium oral tablet 10 mg</i>	1	DO
<i>fosinopril sodium oral tablet 20 mg</i>	1	QL (4 tablets per 1 day)
<i>fosinopril sodium oral tablet 40 mg</i>	1	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 20 mg</i>	1	QL (4 tablets per 1 day)
<i>lisinopril oral tablet 2.5 mg, 5 mg</i>	1	DO
<i>lisinopril oral tablet 30 mg, 40 mg</i>	1	QL (2 tablets per 1 day)
<i>moexipril hcl oral tablet 15 mg</i>	1	QL (4 tablets per 1 day)
<i>moexipril hcl oral tablet 7.5 mg</i>	1	DO
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	1	DO
<i>perindopril erbumine oral tablet 8 mg</i>	1	QL (2 tablets per 1 day)
<i>quinapril hcl oral tablet 10 mg, 5 mg</i>	1	DO
<i>quinapril hcl oral tablet 20 mg</i>	1	QL (4 tablets per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	1	QL (2 tablets per 1 day)
<i>ramipril oral capsule 1.25 mg, 2.5 mg</i>	1	DO
<i>ramipril oral capsule 10 mg</i>	1	QL (2 capsules per 1 day)
<i>ramipril oral capsule 5 mg</i>	1	QL (4 tablets per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg</i>	1	DO
<i>trandolapril oral tablet 4 mg</i>	1	QL (2 tablets per 1 day)

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*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>metyrosine oral capsule</i>	1	PA; LD; QL (16 capsules per 1 day); SP
<i>phenoxybenzamine hcl oral capsule</i>	1	PA; QL (12 capsules per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	1	QL (1 tablet per 1 day)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	1	QL (2 tablets per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i>	1	QL (1 tablet per 1 day)
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	1	QL (2 tablets per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg</i>	1	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-5 mg</i>	1	QL (2 tablets per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1	QL (1 tablet per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>telmisartan-hctz oral tablet 80-25 mg</i>	1	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1	QL (1 tablet per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>candesartan cilexetil oral tablet 16 mg</i>	1	QL (2 tablets per 1 day)
<i>candesartan cilexetil oral tablet 32 mg</i>	1	QL (1 tablet per 1 day)
<i>candesartan cilexetil oral tablet 4 mg, 8 mg</i>	1	DO
<i>irbesartan oral tablet 150 mg, 75 mg</i>	1	DO
<i>irbesartan oral tablet 300 mg</i>	1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 25 mg</i>	1	DO
<i>losartan potassium oral tablet 50 mg</i>	1	QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 5 mg</i>	1	DO
<i>olmesartan medoxomil oral tablet 40 mg</i>	1	QL (1 tablet per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1	DO
<i>telmisartan oral tablet 80 mg</i>	1	QL (2 tablets per 1 day)

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VALSARTAN ORAL SOLUTION	1	PA; QL (80 mL per 1 day)
<i>valsartan oral tablet 160 mg</i>	1	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	1	QL (1 tablet per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1	DO
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	1	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	1	QL (2 tablets per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	QL (1 tablet per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>clonidine hcl oral tablet 0.1 mg</i>	1	DO
<i>clonidine hcl oral tablet 0.2 mg</i>	1	QL (6 tablets per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	1	QL (4 tablets per 1 day)
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1	QL (12 patches per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	1	QL (0.29 patches per 1 day)
<i>guanfacine hcl oral tablet</i>	1	
<i>methyldopa oral tablet 250 mg</i>	1	DO
<i>methyldopa oral tablet 500 mg</i>	1	QL (6 tablets per 1 day)
*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	1	QL (2 tablets per 1 day)
<i>prazosin hcl oral capsule</i>	1	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (1 capsule per 1 day)
<i>terazosin hcl oral capsule 10 mg</i>	1	QL (2 capsules per 1 day)
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet</i>	1	QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	1	QL (1 tablet per 1 day)
*DIRECT RENIN INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>aliskiren fumarate oral tablet 150 mg</i>	1	DO
<i>aliskiren fumarate oral tablet 300 mg</i>	1	QL (1 tablet per 1 day)
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet</i>	1	

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*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl oral tablet</i>	1	
<i>minoxidil oral tablet</i>	1	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	LD
<i>tinidazole oral tablet 250 mg</i>	1	QL (5 tablets per 28 days)
<i>tinidazole oral tablet 500 mg</i>	1	QL (20 tablets per 1 fill)
TRIMETHOPRIM ORAL TABLET	1	
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim pediatric oral suspension</i>	1	
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
<i>atovaquone oral suspension</i>	1	
<i>nitazoxanide oral tablet</i>	1	QL (6 tablets per 1 fill)
*GLYCOPEPTIDES*** - ANTIBIOTICS		
<i>vancomycin hcl oral capsule</i>	1	PA; QL (240 capsules per 30 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	1	PA; QL (1200 mL per 30 days)
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML	1	PA; QL (1200 mL per 30 days)
*LEPROSTATICS*** - ANTIBIOTICS		
<i>dapsone oral tablet</i>	1	
*LINCOSAMIDES*** - ANTIBIOTICS		
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1	
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid oral suspension reconstituted</i>	1	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	1	PA; QL (28 tablet per 30 days)
*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>fosfomycin tromethamine oral packet</i>	1	
<i>methenamine hippurate oral tablet</i>	1	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd macro oral capsule</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	1	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES		
<i>atovaquone-proguanil hcl oral tablet</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
<i>chloroquine phosphate oral tablet</i>	1	
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG	1	QL (2 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	QL (3 tablets per 1 day)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 400 MG	1	QL (1 tablet per 1 day)
<i>mefloquine hcl oral tablet</i>	1	QL (5 tablets per 28 days)
<i>pyrimethamine oral tablet</i>	1	PA; QL (3 tablets per 1 day)
<i>quinine sulfate oral capsule</i>	1	PA; QL (60 capsule per 30 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>pyridostigmine bromide er oral tablet extended release</i>	1	
<i>pyridostigmine bromide oral solution</i>	1	
<i>pyridostigmine bromide oral tablet</i>	1	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
<i>ethambutol hcl oral tablet</i>	1	
<i>isoniazid oral syrup</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>pyrazinamide oral tablet</i>	1	
<i>rifabutin oral capsule</i>	1	
<i>rifampin oral capsule</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ALKYLATING AGENTS*** - DRUGS FOR CANCER		
MYLERAN ORAL TABLET (<i>busulfan</i>)	3; OC	LD; OC
*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	1; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
<i>abiraterone acetate oral tablet 500 mg</i>	1; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (<i>mitotane</i>)	3; OC	LD; QL (38 tablet per 1 day); OC
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	3; OC	LD; QL (1 tablet per 1 day); OC
<i>nilutamide oral tablet</i>	3; OC	LD; QL (1 tablet per 1 day); OC
XTANDI ORAL CAPSULE (<i>enzalutamide</i>)	2; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	2; OC	PA; LD; QL (4 tablets per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	2; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*ANTIESTROGENS*** - DRUGS FOR CANCER		
SOLTAMOX ORAL SOLUTION (<i>tamoxifen citrate</i>)	3; OC; \$0	LD; OC
<i>tamoxifen citrate oral tablet</i>	3; OC; \$0	LD; OC
<i>toremifene citrate oral tablet</i>	3; OC	LD; QL (1 tablet per 1 day); OC
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
<i>capecitabine oral tablet</i>	3; OC	PA; LD; SP; OC
<i>mercaptopurine oral tablet</i>	3; OC	LD; OC
<i>methotrexate sodium oral tablet</i>	1; OC	LD; OC
TABLOID ORAL TABLET (<i>thioguanine</i>)	2; OC	LD; OC
TREXALL ORAL TABLET (<i>methotrexate sodium</i>)	3; OC	ST; LD; OC
*ANTINEOPLASTIC - ALK INHIBITORS*** - DRUGS FOR CANCER		
XALKORI ORAL CAPSULE (<i>crizotinib</i>)	2; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** - DRUGS FOR CANCER		
BOSULIF ORAL CAPSULE 100 MG (<i>bosutinib</i>)	2; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
BOSULIF ORAL CAPSULE 50 MG (<i>bosutinib</i>)	2; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	2; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
<i>dasatinib oral tablet</i>	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	2; OC	PA; LD; QL (2 tablets per 1 day); OC
<i>imatinib mesylate oral tablet</i>	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
TASIGNA ORAL CAPSULE (<i>nilotinib hcl</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER		
ZELBORAF ORAL TABLET (<i>vemurafenib</i>)	2; OC	PA; LD; QL (8 tablet per 1 day); SP; OC
*ANTINEOPLASTIC - EGFR INHIBITORS*** - DRUGS FOR CANCER		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
<i>erlotinib hcl oral tablet 25 mg</i>	1; OC	PA; LD; QL (3 tablets per 1 day); SP; OC

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<i>gefitinib oral tablet</i>	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
ERIVEDGE ORAL CAPSULE (<i>vismodegib</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
ZOLINZA ORAL CAPSULE (<i>vorinostat</i>)	3; OC	PA; LD; QL (4 capsule per 1 day); SP; OC
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3; OC	PA; LD; SP; OC
<i>everolimus oral tablet soluble</i>	3; OC	PA; LD; SP; OC
<i>everolimus</i> (Torpenz Oral Tablet)	3; OC	PA; LD; SP; OC
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER		
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	2; OC	PA; LD; QL (3 tablet per 1 day); OC
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
<i>lapatinib ditosylate oral tablet</i>	3; OC	PA; LD; QL (6 tablet per 1 day); SP; OC
<i>pazopanib hcl oral tablet</i>	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
STIVARGA ORAL TABLET (<i>regorafenib</i>)	2; OC	PA; LD; QL (84 tablets per 28 days); SP; OC
<i>sunitinib malate oral capsule</i>	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
ACTIMMUNE SUBCUTANEOUS SOLUTION (<i>interferon gamma-1b</i>)	3	PA; LD; SP
<i>hydroxyurea oral capsule</i>	3; OC	LD; OC
MATULANE ORAL CAPSULE (<i>procarbazine hcl</i>)	3; OC	LD; OC
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet</i>	3; OC; \$0	LD; QL (1 tablet per 1 day); OC
<i>exemestane oral tablet</i>	3; OC; \$0	LD; QL (2 tablets per 1 day); OC
<i>letrozole oral tablet</i>	3; OC; \$0	LD; QL (1 tablet per 1 day); OC
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE (<i>palbociclib</i>)	2; OC	PA; LD; QL (21 capsules per 28 days); SP; OC
IBRANCE ORAL TABLET 100 MG, 75 MG (<i>palbociclib</i>)	2; OC	PA; LD; QL (21 tablets per 28 days); SP; OC
IBRANCE ORAL TABLET 125 MG (<i>palbociclib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; LD; QL (0.75 tablet per 1 day); SP; OC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; LD; QL (1.5 tablets per 1 day); SP; OC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; LD; QL (2.25 tablets per 1 day); SP; OC
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
<i>leucovorin calcium oral tablet</i>	1	
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	3; OC	PA; LD; QL (2 capsules per 1 day); SP; OC
<i>temozolomide oral capsule 20 mg</i>	3; OC	PA; LD; QL (4 capsule per 1 day); SP; OC
<i>temozolomide oral capsule 5 mg</i>	3; OC	PA; LD; QL (3 capsule per 1 day); SP; OC
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER		
JAKAFI ORAL TABLET (<i>ruxolitinib phosphate</i>)	2; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*LHRH ANALOGS*** - DRUGS FOR CANCER		
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	2	PA; LD; QL (1 syringe per 84 days); SP
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	2	PA; LD; QL (1 syringe per 112 days); SP
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	2	PA; LD; QL (1 syringe per 168 days); SP
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
<i>leuprolide acetate injection kit</i>	3	PA; LD; SP
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
<i>etoposide oral capsule</i>	1; OC	LD; SP; OC
*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER		
<i>cyclophosphamide oral capsule</i>	1; OC	LD; SP; OC
LEUKERAN ORAL TABLET (<i>chlorambucil</i>)	3; OC	LD; OC
*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	3; OC	LD; OC
<i>megestrol acetate oral tablet</i>	3; OC	LD; OC
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	3; OC	LD; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER		
<i>bexarotene oral capsule</i>	3; OC	PA; LD; QL (10 capsules per 1 day); SP; OC
*URINARY TRACT PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
MESNEX ORAL TABLET (<i>mesna</i>)	2	PA; LD
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER		
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	3; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON		
<i>benztropine mesylate oral tablet</i>	1	
<i>trihexyphenidyl hcl oral solution</i>	1	
<i>trihexyphenidyl hcl oral tablet</i>	1	
*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule</i>	1	QL (4 capsule per 1 day)
<i>amantadine hcl oral solution</i>	1	QL (40 mL per 1 day)
<i>amantadine hcl oral tablet</i>	1	QL (4 tablet per 1 day)
<i>bromocriptine mesylate oral capsule</i>	1	
<i>bromocriptine mesylate oral tablet</i>	1	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	1	QL (2 tablets per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	1	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
*CENTRAL/PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
<i>tolcapone oral tablet</i>	1	PA; QL (6 tablet per 1 day)
*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>carbidopa oral tablet</i>	1	
*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet dispersible</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	

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*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	1	QL (3 tablet per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1	
<i>ropinirole hcl oral tablet</i>	1	
*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
<i>entacapone oral tablet</i>	1	QL (8 tablet per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	1	QL (6 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	1	QL (4 tablets per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	DO
<i>lithium carbonate oral capsule 600 mg</i>	1	QL (3 capsules per 1 day)
<i>lithium carbonate oral tablet</i>	1	DO
<i>lithium oral solution</i>	1	
*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>lurasidone hcl oral tablet 120 mg</i>	1	AL
<i>lurasidone hcl oral tablet 20 mg, 40 mg</i>	1	DO; AL
<i>lurasidone hcl oral tablet 60 mg</i>	1	AL; QL (1 tablet per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	1	AL; QL (2 tablets per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	1	DO; AL
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	AL; QL (2 capsules per 1 day)
*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1	DO; AL
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	AL; QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	1	AL; QL (1 tablet per 1 day)
<i>risperidone oral solution</i>	1	AL; QL (8 mL per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	DO; AL
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	AL; QL (4 tablets per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	DO; AL
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	1	AL; QL (4 tablets per 1 day)
*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	AL; QL (30 mL per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	DO; AL
<i>haloperidol oral tablet 10 mg, 20 mg, 5 mg</i>	1	AL; QL (3 tablets per 1 day)

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*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>clozapine oral tablet 100 mg</i>	1	AL; QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>	1	AL; QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	DO; AL
<i>clozapine oral tablet dispersible 100 mg</i>	1	AL; QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	1	DO; AL
<i>clozapine oral tablet dispersible 150 mg</i>	1	AL; QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	1	AL; QL (4 tablets per 1 day)
*DIBENZO-OXEPINO PYRROLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	1	AL; QL (2 tablets per 1 day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	1	DO; AL
*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	DO; AL
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	AL; QL (2 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	DO; AL
<i>quetiapine fumarate oral tablet 150 mg</i>	1	AL; QL (5 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	AL; QL (2 tablets per 1 day)
*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg</i>	1	DO; AL
<i>loxapine succinate oral capsule 50 mg</i>	1	AL; QL (4 capsules per 1 day)
*DIHYDROINDOLONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>molindone hcl oral tablet 10 mg, 5 mg</i>	1	DO; AL
<i>molindone hcl oral tablet 25 mg</i>	1	AL; QL (4 tablets per 1 day)
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML	1	AL; QL (8 mL per 1 day)
CHLORPROMAZINE HCL ORAL CONCENTRATE 30 MG/ML	1	AL; QL (26 mL per 1 day)
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	DO; AL
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg</i>	1	AL; QL (4 tablets per 1 day)
<i>compro rectal suppository</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	AL; QL (8 mL per 1 day)
<i>fluphenazine hcl oral elixir</i>	1	AL; QL (80 mL per 1 day)
<i>fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg</i>	1	DO; AL
<i>fluphenazine hcl oral tablet 10 mg</i>	1	AL; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1	AL; QL (1 tablet per 1 day)
<i>perphenazine oral tablet 2 mg</i>	1	DO; AL

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<i>perphenazine oral tablet 4 mg</i>	1	AL; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 8 mg</i>	1	AL; QL (3 tablets per 1 day)
<i>prochlorperazine maleate oral tablet</i>	1	AL
<i>prochlorperazine rectal suppository</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	DO; AL
<i>thioridazine hcl oral tablet 100 mg</i>	1	AL; QL (8 tablets per 1 day)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg</i>	1	DO; AL
<i>trifluoperazine hcl oral tablet 10 mg, 5 mg</i>	1	AL; QL (4 tablets per 1 day)
*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>aripiprazole oral solution</i>	1	AL; QL (30 mL per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	DO; AL
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	AL; QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	AL; QL (3 tablets per 1 day)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	AL; QL (2 tablets per 1 day)
*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	DO; AL
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1	AL; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1	DO; AL
<i>olanzapine oral tablet dispersible 15 mg</i>	1	AL; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 20 mg</i>	1	AL; QL (1 tablet per 1 day)
*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	1	PA; DO
<i>thiothixene oral capsule 10 mg</i>	1	PA; QL (6 capsules per 1 day)
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS		
*ANTISEPTICS & DISINFECTANTS*** - ANTISEPTICS AND DISINFECTANTS		
<i>formaldehyde external solution 10 %</i>	1	
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate-lamivudine oral tablet</i>	3	LD; QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET (<i>bictegravir-emtricitab-tenofovir</i>)	2	LD; QL (1 tablet per 1 day)
COMPLERA ORAL TABLET (<i>emtricitab-rilpivir-tenofovir</i>)	2	PA; LD; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	3	LD; QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	3; \$0	LD; QL (1 tablet per 1 day)
DOVATO ORAL TABLET (<i>dolutegravir-lamivudine</i>)	2	LD; QL (1 tablet per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	3	LD; QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	3	LD; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	3	LD; QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	3; \$0	LD; QL (1 tablet per 1 day)
<i>lamivudine-zidovudine oral tablet</i>	3	LD; QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution</i>	3	LD; QL (16 mL per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	LD; QL (10 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	LD; QL (4 tablets per 1 day)
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	LD; QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	2	LD; QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE	2	LD; QL (6 tablets per 1 day)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
<i>maraviroc oral tablet</i>	3	LD; QL (4 tablets per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	3	PA; LD; QL (2 vials per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	3	PA; LD; QL (4 capsules per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	3	LD; QL (2 capsules per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	3	LD; QL (1 capsule per 1 day)
<i>darunavir oral tablet 600 mg</i>	3	LD; QL (2 tablets per 1 day)
<i>darunavir oral tablet 800 mg</i>	3	LD; QL (1 tablet per 1 day)
<i>fosamprenavir calcium oral tablet</i>	3	LD; QL (4 tablets per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	2	LD; QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	2	LD; QL (10 tablets per 1 day)
<i>ritonavir oral tablet</i>	1	LD; QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	3	LD; QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	3	LD; QL (4 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET (<i>rilpivirine hcl</i>)	2	PA; LD; QL (1 tablet per 1 day)
<i>efavirenz oral tablet</i>	3	LD; QL (1 tablet per 1 day)
<i>etravirine oral tablet 100 mg</i>	3	PA; LD; QL (4 tablets per 1 day)
<i>etravirine oral tablet 200 mg</i>	3	PA; LD; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	PA; LD; QL (16 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour</i>	1	LD; QL (1 tablet per 1 day)
<i>nevirapine oral suspension</i>	3	LD; QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	3	LD; QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	3	LD; QL (32 mL per 1 day)

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<i>abacavir sulfate oral tablet</i>	3	LD; QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	3; \$0	LD; QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	2	LD; QL (29 mL per 1 day)
<i>lamivudine oral solution</i>	3	LD; QL (32 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	1	PA; LD; QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	1	PA; LD; QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>zidovudine oral capsule</i>	3	LD; QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	3	LD; QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	3	LD; QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	3; \$0	LD; QL (1 tablet per 1 day)
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	2	LD; QL (8 grams per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	2	LD; QL (1 tablet per 1 day)
*ANTIVIRAL COMBINATIONS*** - DRUGS FOR INFECTIONS		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	2	QL (1 pack per 90 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	2	QL (1 pack per 90 days)
*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>valganciclovir hcl oral solution reconstituted</i>	1	LD
<i>valganciclovir hcl oral tablet</i>	3	LD
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	1	PA; LD; QL (1 tablet per 1 day); SP
<i>entecavir oral tablet</i>	1	PA; LD; QL (1 tablet per 1 day)
<i>lamivudine oral tablet 100 mg</i>	3	PA; LD; QL (1 tablet per 1 day)
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; LD; QL (1 packet per 1 day); SP
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; LD; QL (2 packets per 1 day); SP
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
PEGASYS SUBCUTANEOUS SOLUTION (<i>peginterferon alfa-2a</i>)	3	LD; QL (4 vials per 28 days); SP

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PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon alfa-2a</i>)	3	LD; QL (4 syringes per 28 days); SP
<i>ribavirin oral capsule</i>	3	LD; QL (6 capsules per 1 day); SP
<i>ribavirin oral tablet</i>	1	LD; QL (6 tablets per 1 day); SP
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (30 tablets per 1 fill)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 tablets per 30 days)
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1	QL (60 tablets per 1 fill)
<i>famciclovir oral tablet 500 mg</i>	1	QL (21 tablets per 1 fill)
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet</i>	1	
*MISC. ANTIVIRALS*** - DRUGS FOR VIRAL INFECTIONS		
LAGEVRIO ORAL CAPSULE (<i>molnupiravir</i>)	3	QL (40 capsules per 90 days)
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (20 capsule per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (10 capsule per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (20 Ml per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>zanamivir</i>)	2	QL (1 unit per 90 days)
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	2	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	2	QL (1 dose pack per 90 days)
*RSV AGENTS - NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin inhalation solution reconstituted</i>	3	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED (<i>ribavirin</i>)	3	
BETA BLOCKERS - DRUGS FOR THE HEART		
*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	1	DO
<i>carvedilol oral tablet 25 mg</i>	1	QL (4 tablets per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg</i>	1	DO
<i>carvedilol phosphate er oral capsule extended release 24 hour 20 mg</i>	1	QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carvedilol phosphate er oral capsule extended release 24 hour 40 mg</i>	1	QL (2 capsules per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour 80 mg</i>	1	QL (1 capsule per 1 day)
<i>labetalol hcl oral tablet 100 mg</i>	1	DO
<i>labetalol hcl oral tablet 200 mg</i>	1	QL (12 tablets per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	1	QL (8 tablets per 1 day)
*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acebutolol hcl oral capsule</i>	1	
<i>atenolol oral tablet</i>	1	
<i>betaxolol hcl oral tablet</i>	1	
<i>bisoprolol fumarate oral tablet</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	
<i>nebivolol hcl oral tablet</i>	1	
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>nadolol oral tablet 20 mg, 40 mg</i>	1	DO
<i>nadolol oral tablet 80 mg</i>	1	QL (4 tablets per 1 day)
<i>pindolol oral tablet 10 mg</i>	1	QL (6 tablets per 1 day)
<i>pindolol oral tablet 5 mg</i>	1	DO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg</i>	1	DO
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	1	QL (4 capsules per 1 day)
<i>propranolol hcl oral solution</i>	1	QL (80 mL per 1 day)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	1	DO
<i>propranolol hcl oral tablet 80 mg</i>	1	QL (8 tablets per 1 day)
<i>sotalol hcl (af) oral tablet</i>	1	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	1	QL (3 tablets per 1 day)
<i>sotalol hcl oral tablet 160 mg</i>	1	QL (4 tablets per 1 day)
<i>sotalol hcl oral tablet 240 mg</i>	1	QL (2 tablets per 1 day)
<i>timolol maleate oral tablet 10 mg</i>	1	QL (6 tablets per 1 day)
<i>timolol maleate oral tablet 20 mg</i>	1	QL (3 tablets per 1 day)
<i>timolol maleate oral tablet 5 mg</i>	1	DO
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate oral tablet 10 mg</i>	1	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	1	DO
<i>cartia xt oral capsule extended release 24 hour 120 mg</i>	1	DO
<i>cartia xt oral capsule extended release 24 hour 180 mg</i>	1	QL (3 capsules per 1 day)
<i>cartia xt oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cartia xt oral capsule extended release 24 hour 300 mg</i>	1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg</i>	1	DO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	1	DO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	1	QL (3 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg</i>	1	QL (1 capsule per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	1	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg</i>	1	DO
<i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i>	1	QL (4 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	1	DO
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	1	QL (3 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	1	DO
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg</i>	1	QL (3 tablets per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg</i>	1	QL (2 tablets per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1	QL (1 tablet per 1 day)
<i>diltiazem hcl oral tablet 120 mg</i>	1	QL (3 tablet per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1	DO
<i>diltiazem hcl oral tablet 90 mg</i>	1	QL (4 tablet per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	1	DO
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	1	QL (3 capsules per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	1	QL (1 tablet per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	DO
<i>isradipine oral capsule 2.5 mg</i>	1	DO
<i>isradipine oral capsule 5 mg</i>	1	QL (4 capsule per 1 day)
<i>levamlodipine maleate oral tablet 2.5 mg</i>	1	ST; DO
<i>levamlodipine maleate oral tablet 5 mg</i>	1	ST; QL (1 tablet per 1 day)
<i>matzim la oral tablet extended release 24 hour 180 mg</i>	1	QL (3 tablets per 1 day)
<i>matzim la oral tablet extended release 24 hour 240 mg</i>	1	QL (2 tablets per 1 day)
<i>matzim la oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1	QL (1 tablet per 1 day)
<i>nicardipine hcl oral capsule 20 mg</i>	1	QL (6 capsule per 1 day)
<i>nicardipine hcl oral capsule 30 mg</i>	1	QL (4 capsule per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	1	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	1	QL (2 tablets per 1 day)

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<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	1	DO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	1	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1	QL (1 tablet per 1 day)
<i>nifedipine oral capsule 10 mg</i>	1	DO
<i>nifedipine oral capsule 20 mg</i>	1	QL (4 capsule per 1 day)
<i>nimodipine oral capsule</i>	1	QL (12 capsule per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</i>	1	DO
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</i>	1	QL (1 tablet per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 120 mg</i>	1	DO
<i>tiadylt er oral capsule extended release 24 hour 180 mg</i>	1	QL (3 capsules per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	1	DO
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	1	QL (2 capsules per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	1	DO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1	QL (2 tablets per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	1	QL (4 tablet per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	1	DO
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
<i>digoxin oral solution</i>	1	QL (10 mL per 1 day)
<i>digoxin oral tablet 125 mcg, 62.5 mcg</i>	1	DO
<i>digoxin oral tablet 250 mcg</i>	1	QL (2 tablets per 1 day)
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB*** - DRUGS FOR CHOLESTEROL		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</i>	1	QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	DO
*NITRATE & VASODILATOR COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>isosorb dinitrate-hydralazine oral tablet</i>	1	QL (6 tablets per 1 day)
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet</i>	1	PA; LD; QL (1 tablet per 1 day); SP
<i>bosentan oral tablet</i>	1	PA; LD; QL (2 tablets per 1 day); SP

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*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>alyq oral tablet</i>	1	PA; LD; QL (2 tablets per 1 day); SP
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; LD; QL (24 mL per 1 day); SP
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; LD; QL (12 tablets per 1 day); SP
<i>tadalafil (pah) oral tablet</i>	1	PA; LD; QL (2 tablets per 1 day); SP
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR THE HEART		
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	PA
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 tablets per 30 days)
<i>vardenafil hcl oral tablet dispersible</i>	1	PA
*SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ivabradine hcl oral tablet</i>	1	PA; QL (2 tablets per 1 day)
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension reconstituted</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
<i>cephalexin oral tablet</i>	1	
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension reconstituted</i>	1	
<i>cefprozil oral suspension reconstituted</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension reconstituted</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension reconstituted</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	1	
<i>cefpodoxime proxetil oral tablet</i>	1	

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Effective 01012025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>azurette oral tablet</i>	1; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1; \$0	
<i>kariva oral tablet</i>	1; \$0	
LO LOESTRIN FE ORAL TABLET (<i>norethin-eth estrad-fe biphas</i>)	2	\$0
<i>pimtrea oral tablet</i>	1; \$0	
<i>simliya oral tablet</i>	1; \$0	
<i>viorele oral tablet</i>	1; \$0	
<i>volnea oral tablet</i>	1; \$0	
*COMBINATION CONTRACEPTIVES - ORAL**** - BIRTH CONTROL PILLS		
<i>afirmelle oral tablet</i>	1; \$0	
<i>altavera oral tablet</i>	1; \$0	
<i>alyacen 1/35 oral tablet</i>	1; \$0	
<i>apri oral tablet</i>	1; \$0	
<i>aubra eq oral tablet</i>	1; \$0	
<i>aurovela 1.5/30 oral tablet</i>	1; \$0	
<i>aurovela 1/20 oral tablet</i>	1; \$0	
<i>aurovela 24 fe oral tablet</i>	1; \$0	
<i>aurovela fe 1.5/30 oral tablet</i>	1; \$0	
<i>aurovela fe 1/20 oral tablet</i>	1; \$0	
<i>aviane oral tablet</i>	1; \$0	
<i>ayuna oral tablet</i>	1; \$0	
<i>balziva oral tablet</i>	1; \$0	
<i>blisovi 24 fe oral tablet</i>	1; \$0	
<i>blisovi fe 1.5/30 oral tablet</i>	1; \$0	
<i>blisovi fe 1/20 oral tablet</i>	1; \$0	
<i>briellyn oral tablet</i>	1; \$0	
<i>charlotte 24 fe oral tablet chewable</i>	1; \$0	
<i>chateal eq oral tablet</i>	1; \$0	
<i>cryselle-28 oral tablet</i>	1; \$0	
<i>cyred eq oral tablet</i>	1; \$0	
<i>dasetta 1/35 oral tablet</i>	1; \$0	
<i>delyla oral tablet</i>	1; \$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	1; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1; \$0	
<i>elinest oral tablet</i>	1; \$0	
<i>enskyce oral tablet</i>	1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estarylla oral tablet</i>	1; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1; \$0	
<i>falmina oral tablet</i>	1; \$0	
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable)	1; \$0	
<i>gemmily oral capsule</i>	1; \$0	
<i>hailey 1.5/30 oral tablet</i>	1; \$0	
<i>hailey 24 fe oral tablet</i>	1; \$0	
<i>hailey fe 1.5/30 oral tablet</i>	1; \$0	
<i>hailey fe 1/20 oral tablet</i>	1; \$0	
<i>isibloom oral tablet</i>	1; \$0	
<i>jasmiel oral tablet</i>	1; \$0	
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet)	1; \$0	
<i>juleber oral tablet</i>	1; \$0	
<i>junel 1.5/30 oral tablet</i>	1; \$0	
<i>junel 1/20 oral tablet</i>	1; \$0	
<i>junel fe 1.5/30 oral tablet</i>	1; \$0	
<i>junel fe 1/20 oral tablet</i>	1; \$0	
<i>junel fe 24 oral tablet</i>	1; \$0	
<i>kaitlib fe oral tablet chewable</i>	1; \$0	
<i>kalliga oral tablet</i>	1; \$0	
<i>kelnor 1/35 oral tablet</i>	1; \$0	
<i>kelnor 1/50 oral tablet</i>	1; \$0	
<i>kurvelo oral tablet</i>	1; \$0	
<i>larin 1.5/30 oral tablet</i>	1; \$0	
<i>larin 1/20 oral tablet</i>	1; \$0	
<i>larin 24 fe oral tablet</i>	1; \$0	
<i>larin fe 1.5/30 oral tablet</i>	1; \$0	
<i>larin fe 1/20 oral tablet</i>	1; \$0	
<i>layolis fe oral tablet chewable</i>	1; \$0	
<i>lessina oral tablet</i>	1; \$0	
<i>levonorgest-eth estradiol-iron oral tablet</i>	1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1; \$0	
<i>levora 0.15/30 (28) oral tablet</i>	1; \$0	
<i>loestrin 1.5/30 (21) oral tablet</i>	1; \$0	
<i>loestrin 1/20 (21) oral tablet</i>	1; \$0	
<i>loestrin fe 1.5/30 oral tablet</i>	1; \$0	
<i>loestrin fe 1/20 oral tablet</i>	1; \$0	
<i>loryna oral tablet</i>	1; \$0	
<i>low-ogestrel oral tablet</i>	1; \$0	
<i>lo-zumandimine oral tablet</i>	1; \$0	

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<i>luter</i> oral tablet	1; \$0	
<i>marlissa</i> oral tablet	1; \$0	
<i>merzee</i> oral capsule	1; \$0	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable)	1; \$0	
<i>microgestin 1.5/30</i> oral tablet	1; \$0	
<i>microgestin 1/20</i> oral tablet	1; \$0	
<i>microgestin fe 1.5/30</i> oral tablet	1; \$0	
<i>microgestin fe 1/20</i> oral tablet	1; \$0	
<i>mili</i> oral tablet	1; \$0	
<i>mono-lynyah</i> oral tablet	1; \$0	
<i>necon 0.5/35 (28)</i> oral tablet	1; \$0	
<i>nikki</i> oral tablet	1; \$0	
<i>norethin ace-eth estrad-fe</i> oral capsule	1; \$0	
<i>norethin ace-eth estrad-fe</i> oral tablet	1; \$0	
<i>norethin ace-eth estrad-fe</i> oral tablet chewable	1; \$0	
<i>norethindrone acet-ethinyl est</i> oral tablet	1; \$0	
<i>norethin-eth estradiol-fe</i> oral tablet chewable	1; \$0	
<i>norgestimate-eth estradiol</i> oral tablet 0.25-35 mg-mcg	1; \$0	
<i>nortrel 0.5/35 (28)</i> oral tablet	1; \$0	
<i>nortrel 1/35 (21)</i> oral tablet	1; \$0	
<i>nortrel 1/35 (28)</i> oral tablet	1; \$0	
<i>nylia 1/35</i> oral tablet	1; \$0	
<i>ocella</i> oral tablet	1; \$0	
<i>philith</i> oral tablet	1; \$0	
<i>portia-28</i> oral tablet	1; \$0	
<i>reclipsen</i> oral tablet	1; \$0	
<i>sprintec 28</i> oral tablet	1; \$0	
<i>sronyx</i> oral tablet	1; \$0	
<i>syeda</i> oral tablet	1; \$0	
<i>tarina 24 fe</i> oral tablet	1; \$0	
<i>tarina fe 1/20 eq</i> oral tablet	1; \$0	
<i>taysofy</i> oral capsule	1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet)	1; \$0	
<i>tydemy</i> oral tablet	1; \$0	
<i>vestura</i> oral tablet	1; \$0	
<i>vienva</i> oral tablet	1; \$0	
<i>vyfemla</i> oral tablet	1; \$0	
<i>vylibra</i> oral tablet	1; \$0	
<i>wera</i> oral tablet	1; \$0	
<i>wymzya fe</i> oral tablet chewable	1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zovia 1/35 (28) oral tablet</i>	1; \$0	
<i>zumandimine oral tablet</i>	1; \$0	
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	1; \$0	
<i>xulane transdermal patch weekly</i>	1; \$0	
<i>zafemy transdermal patch weekly</i>	1; \$0	
*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
<i>eluryng vaginal ring</i>	1; \$0	
<i>etonogestrel-ethinyl estradiol (Enilloring Vaginal Ring)</i>	1; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1; \$0	
<i>etonogestrel-ethinyl estradiol (Haloette Vaginal Ring)</i>	1; \$0	
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>amethyst oral tablet</i>	1; \$0	
<i>dolishale oral tablet</i>	1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	1; \$0	
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>ashlyna oral tablet</i>	1; \$0	
<i>camrese lo oral tablet</i>	1; \$0	
<i>camrese oral tablet</i>	1; \$0	
<i>daysee oral tablet</i>	1; \$0	
<i>iclevia oral tablet</i>	1; \$0	
<i>introvale oral tablet</i>	1; \$0	
<i>jaimiess oral tablet</i>	1; \$0	
<i>jolessa oral tablet</i>	1; \$0	
<i>levonorgest-eth est & eth est oral tablet</i>	1; \$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	1; \$0	
<i>lojaimiess oral tablet</i>	1; \$0	
<i>rivelsa oral tablet</i>	1; \$0	
<i>setlakin oral tablet</i>	1; \$0	
<i>simpesse oral tablet</i>	1; \$0	
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	2; \$0	
<i>medroxyprogesterone acetate intramuscular suspension</i>	1; \$0	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1; \$0	

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*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>camila oral tablet</i>	1; \$0	
<i>deblitane oral tablet</i>	1; \$0	
<i>norethindrone</i> (Emzahh Oral Tablet)	1; \$0	
<i>errin oral tablet</i>	1; \$0	
<i>heather oral tablet</i>	1; \$0	
<i>incassia oral tablet</i>	1; \$0	
<i>jencycla oral tablet</i>	1; \$0	
<i>lyleq oral tablet</i>	1; \$0	
<i>lyza oral tablet</i>	1; \$0	
<i>nora-be oral tablet</i>	1; \$0	
<i>norethindrone oral tablet</i>	1; \$0	
<i>norlyroc oral tablet</i>	1; \$0	
<i>sharobel oral tablet</i>	1; \$0	
*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet</i>	1; \$0	
<i>aranelle oral tablet</i>	1; \$0	
<i>dasetta 7/7/7 oral tablet</i>	1; \$0	
<i>enpresse-28 oral tablet</i>	1; \$0	
<i>leena oral tablet</i>	1; \$0	
<i>levonest oral tablet</i>	1; \$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	1; \$0	
<i>norethindron-ethinyl estrad-fe oral tablet</i>	1; \$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	1; \$0	
<i>nortrel 7/7/7 oral tablet</i>	1; \$0	
<i>nylia 7/7/7 oral tablet</i>	1; \$0	
<i>tilia fe oral tablet</i>	1; \$0	
<i>tri-estarylla oral tablet</i>	1; \$0	
<i>tri-legest fe oral tablet</i>	1; \$0	
<i>tri-linyah oral tablet</i>	1; \$0	
<i>tri-lo-estarylla oral tablet</i>	1; \$0	
<i>tri-lo-marzia oral tablet</i>	1; \$0	
<i>tri-lo-mili oral tablet</i>	1; \$0	
<i>tri-lo-sprintec oral tablet</i>	1; \$0	
<i>tri-mili oral tablet</i>	1; \$0	
<i>tri-sprintec oral tablet</i>	1; \$0	
<i>trivora (28) oral tablet</i>	1; \$0	
<i>tri-vylibra lo oral tablet</i>	1; \$0	

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<i>tri-vylibra oral tablet</i>	1; \$0	
<i>velivet oral tablet</i>	1; \$0	
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
<i>budesonide er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles</i>	1	QL (3 capsule per 1 day)
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	1	
<i>hidex 6-day oral tablet therapy pack</i>	1	
<i>hydrocortisone oral tablet</i>	1	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablet therapy pack</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	1	
<i>prednisolone sodium phosphate oral solution</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg</i>	1	QL (2 tablets per 1 day)
<i>prednisolone sodium phosphate oral tablet dispersible 15 mg</i>	1	DO
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
<i>taperdex 12-day oral tablet therapy pack</i>	1	
<i>taperdex 6-day oral tablet therapy pack</i>	1	
<i>taperdex 7-day oral tablet therapy pack</i>	1	
*MINERALOCORTICIDS*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	1	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule</i>	1	
*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD		
<i>hydrocodone bit-homatrop mbr oral solution</i>	1	AL; QL (150 mL per 5 days)
<i>hydrocodone bit-homatrop mbr oral tablet</i>	1	PA; QL (30 tablets per 5 days)
<i>hydromet oral solution</i>	1	AL; QL (150 mL per 5 days)
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine vc oral syrup</i>	1	QL (2 fills per 30 days)
<i>promethazine-phenylephrine oral syrup</i>	1	QL (2 fills per 30 days)
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution</i>	1	

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*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral syrup</i>	1	QL (2 fills per 30 days)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>pseudoeph-bromphen-dm oral syrup</i>	1	
*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i>	1	AL; QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	1	AL; QL (100 mL per 5 days)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
<i>clindacin etz external swab</i>	1	QL (2 pads per 1 day)
<i>clindamycin phosphate</i> (Clindacin External Foam)	1	QL (100 grams per 30 days)
<i>clindacin-p external swab</i>	1	QL (2 pads per 1 day)
<i>clindamycin phosphate external foam</i>	1	QL (100 grams per 30 days)
<i>clindamycin phosphate external gel</i>	1	QL (75 ml/gm per 30 days)
<i>clindamycin phosphate external lotion</i>	1	QL (4 mL per 1 day)
<i>clindamycin phosphate external solution</i>	1	QL (4 mL per 1 day)
<i>clindamycin phosphate external swab</i>	1	QL (2 pads per 1 day)
<i>dapsone external gel</i>	2	ST; QL (90 grams per 30 days)
<i>ery external pad</i>	1	QL (2 pads per 1 day)
<i>erythromycin external gel</i>	1	QL (60 grams per 30 days)
<i>erythromycin external solution</i>	1	QL (60 mL per 30 days)
<i>sulfacetamide sodium (acne) external lotion</i>	1	
*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	PA; QL (45 grams per 30 days)
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	1	PA; QL (60 grams per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	1	QL (46.6 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	QL (45 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %</i>	1	QL (50 grams per 30 days)
<i>clindamycin-tretinoin external gel</i>	2	PA; QL (60 grams per 30 days)
<i>neuac external gel</i>	1	QL (45 grams per 30 days)
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
<i>accutane oral capsule</i>	2	PA
<i>adapalene external cream</i>	1	PA; QL (1.5 grams per 1 day)
<i>adapalene external gel</i>	1	PA; QL (45 grams per 30 days)
<i>adapalene external pad</i>	1	PA; QL (1 swab per 1 day)
<i>amnesteem oral capsule</i>	2	PA
<i>claravis oral capsule</i>	2	PA
<i>isotretinoin oral capsule</i>	2	PA

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<i>tretinoin external cream</i>	1	PA; QL (45 grams per 30 days)
<i>tretinoin external gel</i>	1	PA; QL (45 grams per 30 days)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	1	PA; QL (50 grams per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	1	PA; QL (50 grams per 30 days)
<i>zenatane oral capsule</i>	2	PA
*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>gentamicin sulfate external cream</i>	1	QL (30 grams per 1 fill)
<i>gentamicin sulfate external ointment</i>	1	QL (30 grams per 1 fill)
<i>mupirocin external ointment</i>	1	QL (30 grams per 1 fill)
*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>clotrimazole-betamethasone external cream</i>	1	QL (180 grams per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	1	QL (120 mL per 30 days)
<i>nystatin-triamcinolone external cream</i>	1	QL (120 grams per 30 days)
<i>nystatin-triamcinolone external ointment</i>	1	QL (120 grams per 30 days)
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ciclodan external solution</i>	1	QL (7 mL per 30 days)
<i>ciclopirox external gel</i>	1	QL (100 grams per 30 days)
<i>ciclopirox external shampoo</i>	1	QL (120 mL per 30 days)
<i>ciclopirox external solution</i>	1	QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	1	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	1	QL (60 mL per 30 days)
<i>nystatin (Klayesta External Powder)</i>	1	QL (60 grams per 30 days)
<i>naftifine hcl external cream 1 %</i>	1	ST; QL (90 grams per 30 days)
<i>naftifine hcl external cream 2 %</i>	1	ST; QL (60 grams per 30 days)
<i>naftifine hcl external gel</i>	1	ST; QL (60 grams per 30 days)
<i>nyamyc external powder</i>	1	QL (60 grams per 30 days)
<i>nystatin external cream</i>	1	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	1	QL (120 grams per 30 days)
<i>nystatin external powder</i>	1	QL (60 grams per 30 days)
<i>nystop external powder</i>	1	QL (60 grams per 30 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel 1 %</i>	1	BE; QL (1000 gm per 30 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>fluorouracil external cream</i>	1	AL; QL (40 gm per 365 days)
<i>fluorouracil external solution</i>	1	AL; QL (10 mL per 365 days)
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel 3 %</i>	1	PA; QL (300 grams per 1 year)

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*ANTIPRURITICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>doxepin hcl external cream</i>	1	PA; QL (1 tube per 1 fill)
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
<i>acitretin oral capsule 10 mg, 17.5 mg</i>	1	QL (1 capsule per 1 day)
<i>acitretin oral capsule 25 mg</i>	1	QL (2 capsules per 1 day)
<i>methoxsalen rapid oral capsule</i>	1	LD; SP
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
<i>calcipotriene external cream</i>	1	QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	1	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	1	QL (60 mL per 30 days)
<i>calcitrene external ointment</i>	1	QL (120 grams per 30 days)
<i>calcitriol external ointment</i>	1	QL (800 grams per 28 days)
<i>tazarotene external cream</i>	1	QL (60 grams per 30 days)
<i>tazarotene external gel</i>	1	QL (100 grams per 30 days)
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	2	PA; QL (60 grams per 30 days)
*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN		
<i>selenium sulfide external lotion</i>	1	QL (120 mL per 30 days)
*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>acyclovir external cream</i>	1	PA; QL (5 gm per 30 days)
<i>acyclovir external ointment</i>	1	QL (30 gm per 30 days)
<i>penciclovir external cream</i>	1	PA; QL (5 gm per 30 days)
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>mafenide acetate external packet</i>	1	
<i>silver sulfadiazine external cream</i>	1	
<i>ssd external cream</i>	1	
*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ala-cort external cream</i>	1	QL (454 grams per 30 days)
<i>alclometasone dipropionate external cream</i>	1	QL (60 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	1	QL (2 grams per 1 day)
<i>betamethasone dipropionate aug external cream</i>	1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external gel</i>	1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	1	QL (60 mL per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	1	QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	1	QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	1	QL (60 mL per 30 days)
<i>betamethasone dipropionate external ointment</i>	1	QL (45 grams per 30 days)
<i>betamethasone valerate external cream</i>	1	QL (45 grams per 30 days)
<i>betamethasone valerate external lotion</i>	1	QL (60 mL per 30 days)
<i>betamethasone valerate external ointment</i>	1	QL (45 grams per 30 days)
<i>clobetasol propionate e external cream</i>	1	QL (60 grams per 30 days)

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<i>clobetasol propionate emulsion external foam</i>	1	QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	1	QL (60 grams per 30 days)
<i>clobetasol propionate external foam</i>	1	QL (100 mL per 30 days)
<i>clobetasol propionate external gel</i>	1	QL (60 grams per 30 days)
<i>clobetasol propionate external liquid</i>	1	QL (125 mL per 30 days)
<i>clobetasol propionate external lotion</i>	1	QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	1	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	1	QL (3.94 mL per 1 day)
<i>clobetasol propionate external solution</i>	1	QL (50 mL per 30 days)
<i>clodan external shampoo</i>	1	QL (3.94 mL per 1 day)
<i>desonide external cream</i>	1	QL (60 grams per 30 days)
<i>desonide external gel</i>	1	QL (2 grams per 1 day)
<i>desonide external lotion</i>	1	QL (118 mL per 30 days)
<i>desonide external ointment</i>	1	QL (60 grams per 30 days)
<i>fluocinolone acetonide body external oil</i>	1	QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	1	QL (60 grams per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	1	QL (120 grams per 30 days)
<i>fluocinolone acetonide external ointment</i>	1	QL (120 grams per 30 days)
<i>fluocinolone acetonide external solution</i>	1	QL (90 mL per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	1	QL (120 mL per 30 days)
<i>fluocinonide emulsified base external cream</i>	1	QL (60 grams per 30 days)
<i>fluocinonide external cream</i>	1	QL (120 grams per 30 days)
<i>fluocinonide external gel</i>	1	QL (60 grams per 30 days)
<i>fluocinonide external ointment</i>	1	QL (60 grams per 30 days)
<i>fluocinonide external solution</i>	1	QL (60 mL per 30 days)
<i>fluticasone propionate external cream</i>	1	QL (60 grams per 30 days)
<i>fluticasone propionate external lotion</i>	1	QL (120 mL per 30 days)
<i>fluticasone propionate external ointment</i>	1	QL (60 grams per 30 days)
<i>halobetasol propionate external cream</i>	1	QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	1	QL (50 grams per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	1	QL (454 grams per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	1	QL (118 mL per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	1	QL (454 grams per 30 days)
<i>mometasone furoate external cream</i>	1	QL (50 grams per 30 days)
<i>mometasone furoate external ointment</i>	1	QL (50 grams per 30 days)
<i>mometasone furoate external solution</i>	1	QL (60 mL per 30 days)
<i>tovet external foam</i>	1	QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream</i>	1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external lotion</i>	1	QL (60 mL per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	1	QL (454 grams per 30 days)

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<i>triamcinolone acetonide external ointment 0.5 %</i>	1	QL (30 grams per 30 days)
<i>triderm external cream</i>	1	QL (454 grams per 30 days)
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>econazole nitrate external cream</i>	1	QL (85 grams per 30 days)
<i>ketoconazole external cream</i>	1	QL (120 grams per 30 days)
<i>ketoconazole external foam</i>	2	QL (100 grams per 30 days)
<i>ketoconazole external shampoo</i>	1	QL (120 mL per 30 days)
<i>ketodan external foam</i>	2	QL (100 grams per 30 days)
<i>oxiconazole nitrate external cream</i>	2	ST; QL (90 grams per 30 days)
<i>sulconazole nitrate external cream</i>	1	ST; QL (60 grams per 30 days)
<i>sulconazole nitrate external solution</i>	1	ST; QL (60 mL per 30 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>imiquimod external cream 5 %</i>	1	QL (48 packet per 365 days)
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** - DRUGS FOR THE SKIN		
<i>podofilox external gel</i>	1	QL (7 grams per 28 days)
<i>podofilox external solution</i>	1	QL (7 mL per 28 days)
*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>glydo external prefilled syringe</i>	1	
<i>lidocaine external ointment 5 %</i>	1	
<i>lidocaine external patch 5 %</i>	1	PA; QL (3 patches per 1 day)
<i>lidocaine hcl external solution</i>	1	QL (10 mL per 1 day)
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1	
<i>lidocaine</i> (Tridacaine Ii External Patch)	1	PA; QL (3 patches per 1 day)
<i>lidocaine</i> (Tridacaine Iii External Patch)	1	PA; QL (3 patches per 1 day)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>pimecrolimus external cream</i>	1	ST; QL (100 grams per 30 days)
<i>tacrolimus external ointment</i>	1	ST; QL (100 grams per 30 days)
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>tavaborole external solution</i>	1	ST; QL (1 bottle per 30 days)
*PROSTAGLANDINS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>bimatoprost external solution</i>	1	
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
<i>azelaic acid external gel</i>	1	QL (50 grams per 30 days)
<i>brimonidine tartrate external gel</i>	1	QL (30 grams per 30 days)
<i>ivermectin external cream</i>	1	QL (45 grams per 30 days)
<i>metronidazole external cream</i>	1	QL (45 grams per 30 days)

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<i>metronidazole external gel 0.75 %</i>	1	QL (45 grams per 30 days)
<i>metronidazole external gel 1 %</i>	1	QL (60 grams per 30 days)
<i>metronidazole external lotion</i>	1	QL (59 mL per 30 days)
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
<i>crotan external lotion</i>	1	QL (60 grams per 30 days)
<i>malathion external lotion</i>	1	QL (4 mL per 1 day)
<i>permethrin external cream</i>	1	QL (120 grams per 30 days)
<i>spinosad external suspension</i>	1	QL (120 mL per 7 days)
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lidocaine-prilocaine external cream</i>	1	QL (30 grams per 30 days)
<i>lidocaine-prilocaine external kit</i>	1	QL (1 kit per 30 days)
*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>calcipotriene-betameth diprop external ointment</i>	2	ST; QL (400 grams per 28 days)
<i>calcipotriene-betameth diprop external suspension</i>	2	ST; QL (420 grams per 28 days)
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	QL (25 capsules per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	QL (25 capsules per 1 day)
DIURETICS - DRUGS FOR THE HEART		
*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acetazolamide er oral capsule extended release 12 hour</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>dichlorphenamide oral tablet</i>	3	PA; LD; QL (4 tablet per 1 day)
<i>methazolamide oral tablet</i>	1	
<i>dichlorphenamide</i> (Ormalvi Oral Tablet)	3	PA; LD; QL (4 tablet per 1 day)

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*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>spironolactone-hctz oral tablet</i>	1	
<i>triamterene-hctz oral capsule</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>bumetanide oral tablet</i>	1	
<i>ethacrynic acid oral tablet</i>	1	
<i>furosemide oral solution</i>	1	
<i>furosemide oral tablet</i>	1	
<i>toremide oral tablet</i>	1	
*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride hcl oral tablet</i>	1	
<i>spironolactone oral suspension</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>triamterene oral capsule</i>	1	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorthalidone oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
<i>metolazone oral tablet</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR WOMEN		
<i>mifepristone oral tablet 200 mg</i>	1	\$0 for Fully insured members in California
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>alendronate sodium oral solution</i>	1	QL (10.72 mg per 1 day)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 tablets per 28 days)
<i>ibandronate sodium oral tablet</i>	1	QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (0.04 tablets per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	1	QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	1	QL (4 tablets per 28 days)

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*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1	PA; LD; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	PA; LD; QL (4 tablets per 1 day)
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) nasal solution</i>	1	QL (0.13 mL per 1 day)
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>levocarnitine sf oral solution</i>	1	
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet</i>	1	QL (0.58 tablets per 1 day)
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG (<i>somatropin (non-refrigerated)</i>)	3	PA; LD; QL (1 vial per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	3	PA; LD; QL (1 solution per 1 day)
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	3	PA; LD; SP
<i>nitisinone oral capsule 20 mg</i>	3	PA; LD
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>betaine oral powder</i>	1	LD
*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>carglumic acid oral tablet soluble</i>	3	PA; LD
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitriol oral capsule</i>	1	PA
<i>calcitriol oral solution</i>	1	PA
<i>doxercalciferol oral capsule</i>	1	PA
<i>paricalcitol oral capsule</i>	1	PA
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** - DRUGS FOR WOMEN		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT (<i>leuprolide acetate (6 month)</i>)	2	PA; LD; QL (1 kit per 24 weeks); SP
*OVULATION STIMULANTS-SYNTHETIC*** - DRUGS FOR WOMEN		
<i>clomiphene citrate (Clomid Oral Tablet)</i>	1	PA
<i>clomiphene citrate oral tablet</i>	1	PA

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*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Packet)	1	PA; LD
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet)	1	PA; LD
<i>sapropterin dihydrochloride oral packet</i>	1	PA; LD; SP
<i>sapropterin dihydrochloride oral tablet</i>	1	PA; LD; SP
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>raloxifene hcl oral tablet</i>	1; \$0	QL (1 tablet per 1 day)
*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** - HORMONES		
<i>tolvaptan oral tablet 15 mg</i>	1	PA; LD; QL (1 tablet per 1 day); SP
<i>tolvaptan oral tablet 30 mg</i>	1	PA; LD; QL (2 tablets per 1 day); SP
*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sodium phenylbutyrate oral powder</i>	1	PA; LD; QL (25 GM per 1 day); SP
<i>sodium phenylbutyrate oral tablet</i>	1	PA; LD; QL (40 tablets per 1 day); SP
*VASOPRESSIN*** - HORMONES		
<i>desmopressin ace spray refrig nasal solution</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg</i>	1	LD; DO
<i>desmopressin acetate oral tablet 0.2 mg</i>	1	LD; QL (6 tablets per 1 day)
<i>desmopressin acetate spray nasal solution</i>	1	
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
BIJUVA ORAL CAPSULE (<i>estradiol-progesterone</i>)	2	QL (1 capsule per 1 day)
<i>estradiol-norethindrone acet oral tablet</i>	1	
<i>fyavolv oral tablet</i>	1	
<i>jinteli oral tablet</i>	1	
<i>mimvey oral tablet</i>	1	
<i>norethindrone-eth estradiol oral tablet</i>	1	
PREMPHASE ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	2	
PREMPRO ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	2	
*ESTROGENS*** - DRUGS FOR WOMEN		
<i>dotti transdermal patch twice weekly</i>	1	QL (8 patch per 28 days)
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm</i>	1	QL (1 packet per 1 day)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	1	QL (50 grams per 30 days)
<i>estradiol transdermal gel 1.25 mg/1.25gm</i>	1	QL (30 packets per 30 days)
<i>estradiol transdermal patch twice weekly</i>	1	QL (8 patch per 28 days)

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<i>estradiol transdermal patch weekly</i>	1	QL (4 patches per 28 days)
<i>lyllana transdermal patch twice weekly</i>	1	QL (8 patch per 28 days)
PREMARIN ORAL TABLET (<i>estrogens conjugated</i>)	2	QL (1 tablet per 1 day)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin hcl oral tablet</i>	1	
<i>ofloxacin oral tablet</i>	1	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH		
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	
*GASTROINTESTINAL ANTIALLERGY AGENTS*** - DRUGS FOR THE STOMACH		
<i>cromolyn sodium oral concentrate</i>	1	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>lubiprostone oral capsule</i>	1	QL (2 capsules per 1 day)
*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
<i>metoclopramide hcl oral solution</i>	1	QL (60 mL per 1 day)
<i>metoclopramide hcl oral tablet 10 mg</i>	1	QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet 5 mg</i>	1	QL (12 tablets per 1 day)
<i>metoclopramide hcl oral tablet dispersible</i>	1	ST; QL (12 tablets per 1 day)
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>alosetron hcl oral tablet</i>	1	PA; QL (2 tablets per 1 day)
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium oral capsule</i>	1	QL (9 capsule per 1 day)
<i>mesalamine er oral capsule extended release</i>	1	QL (8 capsule per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	1	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>	1	QL (6 tablets per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	QL (4 tablets per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	1	QL (6 tablet per 1 day)
<i>mesalamine rectal enema</i>	1	QL (60 mL per 1 day)
<i>mesalamine rectal suppository</i>	1	QL (1 suppository per 1 day)
<i>mesalamine-cleanser rectal kit</i>	1	QL (1 kit per 30 days)

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<i>sulfasalazine oral tablet</i>	1	QL (8 tablet per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	1	QL (8 tablet per 1 day)
*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>enulose oral solution</i>	1	QL (60 mL per 30 days)
<i>generlac oral solution</i>	1	QL (60 mL per 30 days)
<i>lactulose encephalopathy oral solution</i>	1	QL (60 mL per 30 days)
*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
<i>alvimopan oral capsule</i>	1	
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
<i>calcium acetate (phos binder) oral capsule</i>	1	QL (12 capsules per 1 day)
<i>calcium acetate oral tablet 667 mg</i>	1	QL (12 tablets per 1 day)
<i>lanthanum carbonate oral tablet chewable</i>	1	QL (3 tablets per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>	1	QL (6 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>	1	QL (3 packets per 1 day)
<i>sevelamer carbonate oral tablet</i>	1	QL (9 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	1	QL (15 tablets per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	1	QL (9 tablets per 1 day)
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER		
*VOLATILE ANESTHETICS*** - DRUGS FOR SEDATION		
<i>desflurane inhalation solution</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride oral capsule</i>	1	QL (1 capsule per 1 day)
<i>finasteride oral tablet 5 mg</i>	1	QL (1 tablet per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
<i>silodosin oral capsule</i>	1	QL (1 capsule per 1 day)
<i>tamsulosin hcl oral capsule</i>	1	QL (2 capsules per 1 day)
*CITRATES*** - DRUGS FOR INFECTIONS		
<i>potassium citrate er oral tablet extended release</i>	1	
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride-tamsulosin hcl oral capsule</i>	1	QL (1 capsule per 1 day)
*URINARY STONE AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>tiopronin oral tablet</i>	1	PA; LD; QL (10 tablet per 1 day)
<i>tiopronin oral tablet delayed release</i>	1	PA; LD; QL (10 tablet per 1 day)

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GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet</i>	1	
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet 100 mg</i>	1	QL (8 tablets per 1 day)
<i>allopurinol oral tablet 300 mg</i>	1	QL (2 tablets per 1 day)
<i>colchicine oral tablet</i>	1	QL (2.3 tablet per 1 day)
<i>febuxostat oral tablet</i>	1	ST; QL (1 tablet per 1 day)
*URICOSURICS*** - GOUT DRUGS		
<i>probenecid oral tablet</i>	1	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release</i>	1	
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet</i>	1	
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1	QL (2 capsules per 1 day)
*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet</i>	1	
*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD		
<i>anagrelide hcl oral capsule 0.5 mg</i>	1	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 1 mg</i>	1	QL (10 capsules per 1 day)
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet</i>	1	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet</i>	1	QL (1 tablet per 1 day)
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*AGENTS FOR GAUCHER DISEASE*** - DRUGS FOR NUTRITION		
<i>miglustat oral capsule</i>	1	PA; LD; QL (3 capsules per 1 day); SP
<i>miglustat (Yargesa Oral Capsule)</i>	1	PA; LD; QL (3 capsules per 1 day); SP
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
<i>l-glutamine oral packet</i>	3	PA; LD; SP
*COBALAMINS*** - DRUGS FOR NUTRITION		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>dodex injection solution</i>	1	
*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION		
<i>DROXIA ORAL CAPSULE (hydroxyurea)</i>	2	

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*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
PROCRIT INJECTION SOLUTION (<i>epoetin alfa</i>)	3	PA; LD; QL (12 mL per 28 days); SP
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>folic acid oral tablet 1 mg</i>	1	
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
NEUPOGEN INJECTION SOLUTION 300 MCG/ML (<i>filgrastim</i>)	3	PA; LD; SP
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML (<i>filgrastim</i>)	2	PA; LD; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim</i>)	2	PA; LD; SP
HEMOSTATICS - DRUGS FOR THE BLOOD		
*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING		
<i>aminocaproic acid oral solution</i>	3	QL (120 mL per 1 day)
<i>aminocaproic acid oral tablet 1000 mg</i>	3	
<i>aminocaproic acid oral tablet 500 mg</i>	3	QL (60 tablets per 1 day)
<i>tranexamic acid oral tablet</i>	1	QL (6 tablets per 1 day)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>phenobarbital oral elixir</i>	1	QL (100 mL per 1 day)
<i>phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	QL (4 tablets per 1 day)
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg</i>	1	DO
*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>estazolam oral tablet</i>	1	QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule</i>	1	QL (1 capsule per 1 day)
<i>midazolam hcl oral syrup</i>	1	QL (10 mL per 1 fill)
<i>quazepam oral tablet</i>	1	QL (1 tablet per 1 day)
<i>temazepam oral capsule</i>	1	QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	1	QL (1 tablet per 1 day)
*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA		
<i>doxepin hcl oral tablet</i>	1	ST; QL (1 tablet per 1 day)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA		
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	1	QL (1 tablet per 1 day)
<i>eszopiclone oral tablet 3 mg</i>	1	AL; QL (1 tablet per 1 day)
<i>zaleplon oral capsule</i>	1	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	1	QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>	1	QL (1 tablet per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	1	ST; QL (1 tablet per 1 day)

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*SELECTIVE MELATONIN RECEPTOR AGONISTS*** - DRUGS FOR INSOMNIA		
<i>ramelteon oral tablet</i>	1	QL (1 tablet per 1 day)
<i>tasimelteon oral capsule</i>	3	PA; LD; QL (1 capsule per 1 day)
LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	1; \$0	QL (1 bottle per 30 days)
<i>gavilyte-g oral solution reconstituted</i>	1; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	1; \$0	QL (4000 grams per 30 days)
<i>na sulfate-k sulfate-mg sulf oral solution</i>	1; \$0	QL (1 kit per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	1; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	1; \$0	QL (1 gram per 30 days)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	1; \$0	QL (1 gram per 30 days)
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
<i>constulose oral solution</i>	1	QL (120 mL per 1 day)
<i>lactulose oral solution</i>	1	QL (120 mL per 1 day)
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet</i>	1	
*CLARITHROMYCIN*** - ANTIBIOTICS		
<i>clarithromycin er oral tablet extended release 24 hour</i>	1	
<i>clarithromycin oral suspension reconstituted</i>	1	
<i>clarithromycin oral tablet</i>	1	
*ERYTHROMYCINS*** - ANTIBIOTICS		
<i>e.e.s. 400 oral tablet</i>	1	
<i>ery-tab oral tablet delayed release</i>	1	
<i>erythromycin base oral capsule delayed release particles</i>	1	
<i>erythromycin base oral tablet</i>	1	
<i>erythromycin base oral tablet delayed release</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral tablet delayed release</i>	1	

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MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ACTI-LANCE 28G	2	QL (204 lancets per 30 days)
ACTI-LANCE LITE LANCETS 28G	2	QL (204 lancets per 30 days)
ACTI-LANCE SPECIAL LANCETS 17G	2	QL (204 lancets per 30 days)
ACTI-LANCE UNIVERSAL 23G	2	QL (204 lancets per 30 days)
ADVANCED MOBILE LANCET	2	QL (204 lancets per 30 days)
ADVOCATE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ADVOCATE LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 32G	2	QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
AQUALANCE LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ASSURE COMFORT LANCETS 28G	2	QL (204 lancets per 30 days)
ASSURE LANCE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ASSURE LANCE LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 25G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ASSURE LANCE SAFETY LANCET 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
AURORA LANCET SUPER THIN 30G	2	QL (204 lancets per 30 days)
AURORA LANCET THIN 23G	2	QL (204 lancets per 30 days)
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
AUTOLET PLATFORMS (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
BD MICROTAINER LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CAREONE LANCET THIN 23G	2	QL (204 lancets per 30 days)
CARESENS LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARESENS LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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CARETOUCH SAFETY LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST MC LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CHOSEN LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CHOSEN SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEANLET LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHEK LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COAGUCHEK LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COMFORT ASSURED LANCETS 28G	2	QL (204 lancets per 30 days)
COMFORT ASSURED LANCETS 33G	2	QL (204 lancets per 30 days)
COMFORT TOUCH LANCETS 31G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COMFORT TOUCH TWIST LANCET 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CVS LANCETS 21G	2	QL (204 lancets per 30 days)
CVS LANCETS MICRO THIN 33G	2	QL (204 lancets per 30 days)
CVS LANCETS ORIGINAL	2	QL (204 lancets per 30 days)
CVS LANCETS THIN 26G	2	QL (204 lancets per 30 days)
CVS LANCETS ULTRA THIN 30G	2	QL (204 lancets per 30 days)
CVS LANCETS ULTRA-THIN 30G	2	QL (204 lancets per 30 days)
CVS ULTRA THIN LANCETS	2	QL (204 lancets per 30 days)
DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DIATHRIVE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DRUG MART LANCETS THIN 26G	2	QL (204 lancets per 30 days)
DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY COMFORT LANCETS	2	QL (204 lancets per 30 days)
EASY COMFORT LANCETS TWIST TOP	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EMBRACE LANCETS ULTRA THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EQL COLOR LANCETS 21G	2	QL (204 lancets per 30 days)
EQL COLOR LANCETS MICRO 33G	2	QL (204 lancets per 30 days)
EQL SUPER THIN LANCETS 30G	2	QL (204 lancets per 30 days)
EQL THIN LANCETS 26G	2	QL (204 lancets per 30 days)
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
E-Z JECT LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
E-Z JECT LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FINGERSTIX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FORA LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FREESTYLE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)

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GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL NOZZLES (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GLOBAL INJECT EASE LANCETS 28G	2	QL (204 lancets per 30 days)
GLOBAL INJECT EASE LANCETS 30G	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GNP LANCETS 21G	2	QL (204 lancets per 30 days)
GNP LANCETS THIN 26G	2	QL (204 lancets per 30 days)
GNP STERILE LANCETS 28G	2	QL (204 lancets per 30 days)
GNP STERILE LANCETS 30G	2	QL (204 lancets per 30 days)
GNP STERILE LANCETS 33G	2	QL (204 lancets per 30 days)
GOJJI STERILE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GOODSENSE COLOR LANCETS 33G	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 26G UNIV	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 30G	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 30G UNIV	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 33G	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 33G UNIV	2	QL (204 lancets per 30 days)
HAEMOLANCE (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	2	QL (204 lancets per 30 days)
H-E-B INCONTROL LANCETS 28G	2	QL (204 lancets per 30 days)
H-E-B INCONTROL LANCETS 30G	2	QL (204 lancets per 30 days)
H-E-B INCONTROL LANCETS 33G	2	QL (204 lancets per 30 days)
HYPOLANCE AST LANCING KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
HY-VEE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HY-VEE THIN LANCETS	2	QL (204 lancets per 30 days)
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
KINNEY LANCETS	2	QL (204 lancets per 30 days)
KINNEY THIN LANCETS	2	QL (204 lancets per 30 days)
KROGER HEALTHPRO LANCET 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
KROGER LANCETS	2	QL (204 lancets per 30 days)
KROGER LANCETS 21G	2	QL (204 lancets per 30 days)

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KROGER LANCETS MICRO THIN 33G	2	QL (204 lancets per 30 days)
KROGER LANCETS SUPER THIN	2	QL (204 lancets per 30 days)
KROGER LANCETS THIN	2	QL (204 lancets per 30 days)
KROGER LANCETS THIN 26G	2	QL (204 lancets per 30 days)
KROGER LANCETS ULTRATHIN 30G	2	QL (204 lancets per 30 days)
LANCETS	2	QL (204 lancets per 30 days)
LANCETS 30G	2	QL (204 lancets per 30 days)
LANCETS 33G	2	QL (204 lancets per 30 days)
LANCETS MICRO THIN 33G	2	QL (204 lancets per 30 days)
LANCETS SUPER THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
LANCETS SUPER THIN 28G	2	QL (204 lancets per 30 days)
LANCETS THIN	2	QL (204 lancets per 30 days)
LANCETS ULTRA THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
LANCETS ULTRA THIN 30G	2	QL (204 lancets per 30 days)
LIBERTY MEDICAL LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
LITE TOUCH LANCETS	2	QL (204 lancets per 30 days)
LITETOUCH LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
LIVE BETTER LANCET SUPER THIN	2	QL (204 lancets per 30 days)
LONGS LANCETS STANDARD	2	QL (204 lancets per 30 days)
LONGS LANCETS THIN	2	QL (204 lancets per 30 days)
LONGS LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET EXTRA	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET NORM	2	QL (204 lancets per 30 days)
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MICROLET LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MM TWIST LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MONOLET LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MONOLET OPD LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
NOVA SUREFLEX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PERFECT LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PERFECT LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PERFECT POINT SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PHARMACY COUNTER LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PIP LANCETS 28G	2	QL (204 lancets per 30 days)
PIP LANCETS 30G	2	QL (204 lancets per 30 days)
PREFERRED PLUS LANCETS COLORED	2	QL (204 lancets per 30 days)
PREFERRED PLUS LANCETS THIN	2	QL (204 lancets per 30 days)
PRO COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
PRO COMFORT LANCETS 31G	2	QL (204 lancets per 30 days)
<i>pro comfort safety lancets 30g</i>	2	QL (204 lancets per 30 days)
PRODIGY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PRODIGY SAFETY LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PURE COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
PX LANCETS MICROTHIN 33G	2	QL (204 lancets per 30 days)
PX LANCETS ULTRA THIN 28G	2	QL (204 lancets per 30 days)
QC LANCETS SUPER THIN 30G	2	QL (204 lancets per 30 days)
QC LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
QC UNILET LANCETS 28G	2	QL (204 lancets per 30 days)
QC UNILET LANCETS MICRO THIN	2	QL (204 lancets per 30 days)
RA E-ZJECT LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
READYLANCE SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
REALITY LANCETS	2	QL (204 lancets per 30 days)
REALITY TRIGGER LANCETS	2	QL (204 lancets per 30 days)
RELION LANCET DEVICES 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION LANCETS THIN 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION LANCING DEVICE KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
REXALL LANCETS ULTRA THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
RIGHTEST GL300 LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFETY LANCET 30G/PRESSURE ACT	2	QL (204 lancets per 30 days)
SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 28G	2	QL (204 lancets per 30 days)
<i>saps health plus lancets</i>	2	QL (204 lancets per 30 days)
SAPS HEALTH TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SAPS TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SAPSCARE TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SB LANCETS THIN	2	QL (204 lancets per 30 days)
SB LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
<i>select-lite device/lancets kit</i>	2	QL (200 units per 30 days)
SINGLE-LET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SM LANCETS 33G	2	QL (204 lancets per 30 days)
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SMARTEST LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SOLUS V2 LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
STERILANCE TL (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SUPER THIN LANCETS	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 18G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 21G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 23G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 28G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
SURELITE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TECHLITE AST LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TECHLITE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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TECHLITE LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TGT LANCET MICRO THIN 33G	2	QL (204 lancets per 30 days)
TGT LANCET THIN 26G	2	QL (204 lancets per 30 days)
TGT LANCET ULTRA THIN 30G	2	QL (204 lancets per 30 days)
TODAYS HEALTH THIN LANCETS 28G	2	QL (204 lancets per 30 days)
TODAYS HEALTH THIN LANCETS 30G	2	QL (204 lancets per 30 days)
TOPCARE LANCETS MICRO-THIN 33G	2	QL (204 lancets per 30 days)
TRAVEL LANCETS ADVANCED 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
<i>true comfort safety lancets</i>	2	QL (204 lancets per 30 days)
TRUE COMFORT TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
<i>twist top lancets 30g</i>	2	QL (204 lancets per 30 days)
ULTILET CLASSIC LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ULTILET LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ULTRA THIN LANCETS 31G	2	QL (204 lancets per 30 days)
ULTRA-CARE LANCETS 30G	2	QL (204 lancets per 30 days)
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ULTRA-THIN II LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET EXCELITE (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET EXCELITE II (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET G.P. LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET MICRO-THIN 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET SUPERLITE LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET SUPER-THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNILET ULTRA-THIN 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK 1 (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 2 (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 2 COMFORT (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 2 EXTRA (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 2 NEONATAL (<i>lancets</i>)	2	QL (200 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 2 NORMAL (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 2 SUPER (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 3 (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 3 COMFORT (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 3 EXTRA (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 3 GENTLE (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK 3 NEONATAL (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK 3 NORMAL (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK CZT COMFORT (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK CZT NORMAL (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK NORMAL (<i>lancets</i>)	2	QL (200 units per 30 days)
UNISTIK PRO SAFETY LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VALUE PLUS LANCET STANDARD 21G	2	QL (204 lancets per 30 days)
VALUE PLUS LANCETS SUPER THIN	2	QL (204 lancets per 30 days)
VALUE PLUS LANCETS THIN 26G	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VIVAGUARD LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VIVAGUARD LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
VIVAGUARD SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
WALGREENS LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
WALGREENS LANCETS MICRO THIN	2	QL (204 lancets per 30 days)
WALGREENS LANCETS SUPER THIN	2	QL (204 lancets per 30 days)
WALGREENS THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ZEV RX TWIST TOP LANCETS 30G	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*INSULIN ADMINISTRATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
*NEEDLES & SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
1ST TIER UNIFINE PENTIPS	2	ST; QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS	2	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
<i>aq insulin syringe</i>	2	ST; QL (200 syringes per 30 days)
<i>aqinject pen needle</i>	2	ST; QL (200 needles per 30 days)
ASSURE ID DUO PRO PEN NEEDLES (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
ASSURE ID PRO PEN NEEDLES (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
ASSURE ID SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
<i>aum insulin safety pen needle</i>	2	ST; QL (200 needles per 30 days)
AUM MINI INSULIN PEN NEEDLE	2	ST; QL (200 needles per 30 days)
<i>aum pen needle</i>	2	ST; QL (200 needles per 30 days)
AUM READYGARD DUO PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
AUM SAFETY PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
AURORA PEN NEEDLES	2	ST; QL (200 needles per 30 days)
BD AUTOSHIELD DUO (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD INSULIN SYR ULTRAFINE II (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)

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BD PEN NEEDLE NANO U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE ORIGINAL U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
CAREONE INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
CAREONE UNIFINE PENTIPS PLUS	2	ST; QL (200 needles per 30 days)
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
CLICKFINE PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
DIATHRIVE PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 15/64" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
DROPLET MICRON (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
DROPLET PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)

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DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	2	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM	2	QL (200 needles per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS	2	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS PLUS	2	ST; QL (200 needles per 30 days)
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	ST; QL (200 syringes per 30 days)
<i>easy comfort insulin syringe 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml</i>	2	ST; QL (200 syringes per 30 days)
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	ST; QL (200 needles per 30 days)
EASY COMFORT PEN NEEDLES 31G X 8 MM	2	QL (200 needles per 30 days)
EASY GLIDE PEN NEEDLES	2	ST; QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
EMBRACE PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
EQL INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
FIFTY50 PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
GLOBAL EASE INJECT PEN NEEDLES	2	ST; QL (200 needles per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML	2	QL (200 syringes per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	2	ST; QL (200 syringes per 30 days)
GLOBAL EASY GLIDE PEN NEEDLES	2	ST; QL (200 needles per 30 days)
GLOBAL INJECT EASE INSULIN SYR	2	ST; QL (200 syringes per 30 days)
GLOBAL INSULIN SYRINGES	2	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
GNP CLICKFINE PEN NEEDLES	2	ST; QL (200 needles per 30 days)

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GNP INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES	2	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 28GX1/2"	2	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 29GX1/2"	2	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 30GX5/16"	2	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 31GX5/16"	2	ST; QL (200 syringes per 30 days)
GNP ULTICARE PEN NEEDLES	2	ST; QL (200 needles per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
GNP ULTRA COM INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
GOODSENSE CLICKFINE PEN NEEDLE	2	ST; QL (200 needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
HEALTHWISE INSULIN SYR/NEEDLE	2	QL (200 syringes per 30 days)
HEALTHWISE MICRON PEN NEEDLES	2	QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	2	QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	2	ST; QL (200 needles per 30 days)
H-E-B INCONTROL PEN NEEDLES	2	ST; QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
HM ULTICARE MINI PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
HM ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
<i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml</i>	2	ST; QL (200 syringes per 30 days)
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	ST; QL (200 syringes per 30 days)
INSUPEN PEN NEEDLES	2	ST; QL (200 needles per 30 days)
KINRAY INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
KMART VALU INSULIN SYRINGE 29G	2	ST; QL (200 syringes per 30 days)
KMART VALU INSULIN SYRINGE 30G	2	ST; QL (200 syringes per 30 days)
KROGER INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
KROGER PEN NEEDLES	2	ST; QL (200 needles per 30 days)
LEADER INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
LONGS INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MARATHON MEDICAL PENTIPS (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
MAXICOMFORT SYR 27G X 1/2" (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
MEDIC INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
MEDICINE SHOPPE PEN NEEDLES	2	ST; QL (200 needles per 30 days)
MEIJER PEN NEEDLES	2	ST; QL (200 needles per 30 days)
MICRODOT PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
MM INSULIN SYRINGE/NEEDLE	2	ST; QL (200 syringes per 30 days)
MM PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
MS INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
NOVOFINE PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
NOVOFINE PLUS PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
PC UNIFINE PENTIPS	2	ST; QL (200 needles per 30 days)
<i>pen needle/5-bevel tip</i>	2	ST; QL (200 needles per 30 days)
PEN NEEDLES	2	ST; QL (200 needles per 30 days)
PEN NEEDLES 5/16"	2	ST; QL (200 needles per 30 days)
PENTIPS (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
<i>pip pen needles 31g x 5mm</i>	2	ST; QL (200 needles per 30 days)
<i>pip pen needles 32g x 4mm</i>	2	ST; QL (200 needles per 30 days)
PRECISION SURE-DOSE SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
PREFERRED PLUS INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
PREFERRED PLUS UNIFINE PENTIPS	2	ST; QL (200 needles per 30 days)
PREVENT DROPSAFE PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
PRO COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	2	ST; QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
PURE COMFORT PEN NEEDLE	2	ST; QL (200 needles per 30 days)
<i>pure comfort safety pen needle</i>	2	QL (200 needles per 30 days)
PX EXTRA SHORT PEN NEEDLES	2	ST; QL (200 needles per 30 days)
PX INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
PX MINI PEN NEEDLES	2	ST; QL (200 needles per 30 days)
PX PEN NEEDLE	2	ST; QL (200 needles per 30 days)
QC PEN NEEDLES	2	ST; QL (200 needles per 30 days)

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QC UNIFINE PENTIPS	2	ST; QL (200 needles per 30 days)
RA INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
RA PEN NEEDLES	2	ST; QL (200 needles per 30 days)
<i>raya sure pen needle</i>	2	ST; QL (200 needles per 30 days)
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	2	QL (200 syringes per 30 days)
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	2	ST; QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
RELION PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
RELION SHORT PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
<i>safety pen needles</i>	2	ST; QL (200 needles per 30 days)
SB INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
SECURES SAFE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
SECURES SAFE SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
SURE COMFORT INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	2	ST; QL (200 needles per 30 days)
<i>sure comfort pen needles 31g x 6 mm</i>	2	ST; QL (200 needles per 30 days)
TECHLITE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	2	ST; QL (200 syringes per 30 days)
TECHLITE INSULIN SYRINGE 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML	2	QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	
TECHLITE PEN NEEDLES 31G X 8 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
TECHLITE PLUS PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
TODAYS HEALTH PEN NEEDLES	2	ST; QL (200 needles per 30 days)
TODAYS HEALTH SHORT PEN NEEDLE	2	ST; QL (200 needles per 30 days)
TOPCARE CLICKFINE PEN NEEDLES	2	ST; QL (200 needles per 30 days)
TOPCARE ULTRA COMFORT INS SYR	2	ST; QL (200 syringes per 30 days)
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml</i>	2	ST; QL (200 syringes per 30 days)
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	2	ST; QL (200 needles per 30 days)
TRUE COMFORT PRO INSULIN SYR	2	ST; QL (200 syringes per 30 days)
TRUE COMFORT PRO PEN NEEDLES	2	ST; QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)

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TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
TRUEPLUS PEN NEEDLES 31G X 6 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
ULTICARE INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
ULTICARE PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
ULTRA COMFORT INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
ULTRACARE INSULIN SYRINGE	2	QL (200 syringes per 30 days)
ULTRACARE PEN NEEDLES	2	ST; QL (200 needles per 30 days)
ULTRA-THIN II INS SYR SHORT (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLES (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
VALUE HEALTH INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)

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VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	2	ST; QL (200 syringes per 30 days)
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
VERIFINE PLUS PEN NEEDLE (<i>insulin pen needle</i>)	2	ST; QL (200 needles per 30 days)
VP INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
WEGMANS UNIFINE PENTIPS PLUS	2	ST; QL (200 needles per 30 days)
ZEV RX INSULIN SYRINGE	2	ST; QL (200 syringes per 30 days)
ZEV RX PEN NEEDLES	2	ST; QL (200 needles per 30 days)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>ergotamine-caffeine oral tablet</i>	1	
<i>migergot rectal suppository</i>	1	
*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>dihydroergotamine mesylate injection solution</i>	1	PA; QL (24 mL per 28 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>almotriptan malate oral tablet</i>	1	QL (9 tablets per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	1	QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet</i>	1	ST; QL (9 tablets per 30 days)
<i>naratriptan hcl oral tablet</i>	1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution</i>	1	QL (6 nasal inhalers per 30 days)
<i>sumatriptan succinate oral tablet</i>	1	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (5 vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1	QL (6 syringes (2 ML) per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1	QL (6 cartridges per 30 days)
<i>zolmitriptan nasal solution</i>	1	ST; QL (6 nasal inhalers per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (9 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	1	QL (9 tablets per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*FLUORIDE*** - DRUGS FOR NUTRITION		
<i>sodium fluoride oral solution</i>	1; \$0	
<i>sodium fluoride oral tablet chewable</i>	1; \$0	
*PHOSPHATE*** - DRUGS FOR NUTRITION		
<i>phospha 250 neutral oral tablet</i>	1	
<i>phosphorous oral tablet</i>	1	

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<i>phospho-trin 250 neutral oral tablet</i>	1	
<i>phospho-trin k500 oral tablet</i>	1	
<i>wes-phos 250 neutral oral tablet</i>	1	
*POTASSIUM*** - DRUGS FOR NUTRITION		
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet extended release</i>	1	
<i>klor-con m15 oral tablet extended release</i>	1	
<i>klor-con m20 oral tablet extended release</i>	1	
<i>klor-con oral packet</i>	1	
<i>klor-con oral tablet extended release</i>	1	
<i>potassium chloride crys er oral tablet extended release</i>	1	
<i>potassium chloride er oral capsule extended release</i>	1	
<i>potassium chloride er oral tablet extended release</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral solution</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
*ANTILEPTOTICS*** - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE (<i>thalidomide</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*CHELATING AGENTS*** - VITAMINS AND MINERALS		
<i>penicillamine oral tablet</i>	1	PA; LD; QL (8 tablets per 1 day); SP
<i>trientine hcl oral capsule 250 mg</i>	1	PA; LD; QL (8 capsules per 1 day); SP
*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	3	LD
<i>cyclosporine modified oral capsule 50 mg</i>	1	LD
<i>cyclosporine modified oral solution</i>	3	LD
<i>cyclosporine oral capsule</i>	3	LD
<i>gengraf oral capsule</i>	3	LD
<i>gengraf oral solution</i>	3	LD
*IMMUNOMODULATORS FOR MYELOYDYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS		
<i>lenalidomide oral capsule</i>	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
REVLIMID ORAL CAPSULE (<i>lenalidomide</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS		
<i>mycophenolate mofetil oral capsule</i>	3	LD
<i>mycophenolate mofetil oral suspension reconstituted</i>	3	LD

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<i>mycophenolate mofetil oral tablet</i>	3	LD
<i>mycophenolate sodium oral tablet delayed release</i>	3	LD
<i>mycophenolic acid oral tablet delayed release</i>	3	LD
*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	3	LD
<i>sirolimus oral solution</i>	3	LD
<i>sirolimus oral tablet 0.5 mg</i>	1	LD
<i>sirolimus oral tablet 1 mg, 2 mg</i>	3	LD
<i>tacrolimus oral capsule</i>	3	LD
*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS		
LOKELMA ORAL PACKET 10 GM (<i>sodium zirconium cyclosilicate</i>)	2	QL (34 packets per 30 days)
LOKELMA ORAL PACKET 5 GM (<i>sodium zirconium cyclosilicate</i>)	2	QL (3 packets per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (sodium polystyrene sulf) rectal suspension</i>	1	
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
<i>azasan oral tablet</i>	3	LD
<i>azathioprine oral tablet</i>	3	LD
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine hcl mouth/throat solution</i>	1	QL (10 mL per 1 day)
<i>lidocaine viscous hcl mouth/throat solution</i>	1	QL (10 mL per 1 day)
*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat troche</i>	1	QL (5 tablet per 1 day)
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	1	QL (480 mL per 30 days)
<i>perlogard mouth/throat solution</i>	1	QL (480 mL per 30 days)
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>denta 5000 plus dental cream</i>	1	QL (3.4 grams per 1 day)
<i>dentagel dental gel</i>	1	QL (100 grams per 30 days)
<i>easygel dental gel</i>	1	
<i>fluoridex daily renewal mouth/throat concentrate</i>	1	
<i>fraiche 5000 dental dental gel</i>	1	QL (100 grams per 30 days)
<i>sf 5000 plus dental cream</i>	1	QL (3.4 grams per 1 day)
<i>sf dental gel</i>	1	QL (100 grams per 30 days)
<i>sodium fluoride 5000 plus dental cream</i>	1	QL (3.4 grams per 1 day)

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<i>sodium fluoride 5000 ppm dental cream</i>	1	QL (3.4 grams per 1 day)
<i>sodium fluoride dental cream</i>	1	QL (3.4 grams per 1 day)
<i>sodium fluoride mouth/throat solution</i>	1	
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	1	
<i>pilocarpine hcl oral tablet</i>	1	QL (4 tablets per 1 day)
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Kourzeq Mouth/Throat Paste)	1	
<i>oralone mouth/throat paste</i>	1	
<i>triamcinolone acetonide mouth/throat paste</i>	1	
MULTIVITAMINS - DRUGS FOR NUTRITION		
*PED MULTI VITAMINS W/FL & FE*** - DRUGS FOR NUTRITION		
<i>multi-vitamin/fluoride/iron oral solution</i>	1	
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>multivitamin w/fluoride oral tablet chewable</i>	1; \$0	
<i>multi-vitamin/fluoride oral solution</i>	1; \$0	
*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>tri-vite/fluoride oral solution</i>	1; \$0	
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
<i>elite-ob oral tablet</i>	1	QL (1 tablet per 1 day)
<i>inatal gt oral tablet</i>	1	QL (1 tablet per 1 day)
<i>pnv-select oral tablet</i>	1	ST; QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>	1	QL (1 tablet per 1 day)
<i>trinate oral tablet</i>	1	QL (1 tablet per 1 day)
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	ST; QL (1 tablet per 1 day)
*PRENATAL MV & MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION		
<i>pnv-dha oral capsule</i>	1	QL (1 capsule per 1 day)
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	QL (3 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	1	QL (4 tablets per 1 day)
<i>carisoprodol oral tablet</i>	1	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1	ST; QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	1	QL (4 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	1	QL (3 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	1	QL (6 tablets per 1 day)

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<i>methocarbamol oral tablet 500 mg</i>	1	QL (8 tablets per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	1	QL (6 tablets per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	1	QL (2 tablets per 1 day)
<i>tizanidine hcl oral capsule 6 mg</i>	1	QL (6 capsules per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	1	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	1	QL (9 tablets per 1 day)
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>dantrolene sodium oral capsule</i>	1	
*MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>norgesic oral tablet</i>	1	ST; QL (8 tablets per 1 day)
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET	1	ST; QL (8 tablets per 1 day)
<i>orphengesic forte oral tablet</i>	1	ST; QL (4 tablets per 1 day)
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*ANTI HISTAMINE-STEROID*** - ALLERGY		
<i>azelastine-fluticasone nasal suspension</i>	2	QL (1 bottle per 30 days)
*NASAL ANTICHOLINERGICS*** - ALLERGY		
<i>ipratropium bromide nasal solution 0.03 %</i>	1	QL (2 bottles per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1	QL (1 mL per 1 day)
*NASAL ANTIHISTAMINES*** - ALLERGY		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	QL (1 package per 25 days)
<i>azelastine hcl nasal solution 0.15 %</i>	1	QL (1 bottle per 25 days)
<i>olopatadine hcl nasal solution</i>	1	QL (1 bottle per 30 days)
*NASAL STEROIDS*** - ALLERGY		
<i>fluticasone propionate nasal suspension</i>	1	BE; QL (1 bottle per 30 days)
<i>mometasone furoate nasal suspension</i>	3	ST; BE; QL (1 bottle per 30 days)
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
*BENZATHIAZOLES*** - DRUGS FOR NERVES AND MUSCLES		
<i>riluzole oral tablet</i>	1	PA; LD; QL (4 tablets per 1 day); SP
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	1	QL (15 mL per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1	QL (10 mL per 30 days)
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1	QL (60 units per 30 days)
*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>betaxolol hcl ophthalmic solution</i>	1	QL (0.5 mL per 1 day)
<i>carteolol hcl ophthalmic solution</i>	1	

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<i>levobunolol hcl ophthalmic solution</i>	1	
<i>timolol hemihydrate ophthalmic solution</i>	1	QL (15 mL per 30 days)
<i>timolol maleate (once-daily) ophthalmic solution</i>	1	QL (5 mL per 30 days)
<i>timolol maleate ocudose ophthalmic solution</i>	1	QL (20 mL per 30 days)
<i>timolol maleate ophthalmic gel forming solution</i>	1	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution</i>	1	QL (20 mL per 30 days)
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	1	QL (18 mL per 30 days)
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1	QL (20 mL per 30 days)
*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE		
<i>cyclopentolate hcl ophthalmic solution</i>	1	QL (15 mL per 30 days)
<i>phenylephrine hcl ophthalmic solution</i>	1	
<i>tropicamide ophthalmic solution</i>	1	
*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA		
<i>pilocarpine hcl ophthalmic solution</i>	1	
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
<i>azelastine hcl ophthalmic solution</i>	1	QL (1 bottle per 24 days)
<i>cromolyn sodium ophthalmic solution</i>	1	QL (2 bottles per 30 days)
<i>epinastine hcl ophthalmic solution</i>	1	QL (1 bottle per 30 days)
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin ophthalmic ointment</i>	1	QL (7 grams per 30 days)
<i>ciprofloxacin hcl ophthalmic solution</i>	1	QL (10 mL per 30 days)
<i>gatifloxacin ophthalmic solution</i>	1	QL (2.5 mL per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	1	QL (10 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	1	QL (5 mL per 30 days)
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	1	QL (3 mL per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	1	QL (3 mL per 30 days)
<i>ofloxacin ophthalmic solution</i>	1	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	1	QL (20 mL per 30 days)
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1	QL (3.5 grams per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	1	QL (3.5 grams per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	1	QL (10 mL per 30 days)
<i>neo-polycin ophthalmic ointment</i>	1	QL (3.5 grams per 30 days)
<i>polycin ophthalmic ointment</i>	1	QL (3.5 grams per 30 days)
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	QL (10 mL per 30 days)
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>trifluridine ophthalmic solution</i>	1	QL (7.5 mL per 30 days)

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*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
<i>brinzolamide ophthalmic suspension</i>	1	QL (15 mL per 30 days)
<i>dorzolamide hcl ophthalmic solution</i>	1	QL (10 mL per 30 days)
*OPHTHALMIC DIAGNOSTIC PRODUCTS*** - DRUGS FOR THE EYE		
<i>altafluor benox ophthalmic solution</i>	1	
<i>fluorescein-benoxinate ophthalmic solution</i>	1	
*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>cyclosporine ophthalmic emulsion</i>	1	PA; QL (2 vials per 1 day)
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
<i>proparacaine hcl ophthalmic solution</i>	1	
<i>tetracaine hcl ophthalmic solution</i>	1	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	1	QL (1.7 mL per 30 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	1	QL (3 mL per 30 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	1	QL (5 mL per 30 days)
<i>diclofenac sodium ophthalmic solution</i>	1	QL (5 mL per 30 days)
<i>flurbiprofen sodium ophthalmic solution</i>	1	QL (2.5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	1	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	1	QL (10 mL per 30 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
<i>apraclonidine hcl ophthalmic solution</i>	1	
<i>brimonidine tartrate ophthalmic solution</i>	1	QL (30 mL per 30 days)
*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1	QL (7 mL per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	QL (7 mL per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	QL (20 mL per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	1	
<i>neo-polycin hc ophthalmic ointment</i>	1	QL (7 mL per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	QL (15 mL per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1	QL (10 mL per 30 days)
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	
<i>difluprednate ophthalmic emulsion</i>	1	QL (10 mL per 30 days)
<i>fluorometholone ophthalmic suspension</i>	1	
<i>loteprednol etabonate ophthalmic gel</i>	1	QL (10 grams per 30 days)

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<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	QL (30 mL per 30 days)
<i>prednisolone acetate ophthalmic suspension</i>	1	QL (20 mL per 30 days)
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>sulfacetamide sodium ophthalmic ointment</i>	1	QL (3.5 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	1	QL (15 mL per 30 days)
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution</i>	1	
<i>latanoprost ophthalmic solution</i>	1	QL (5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION (<i>bimatoprost</i>)	2	QL (7.5 mL per 30 days)
<i>tafluprost (pf) ophthalmic solution</i>	1	QL (9 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	1	QL (10 mL per 30 days)
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution</i>	1	
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl otic solution</i>	1	QL (28 containers per 1 fill)
<i>ofloxacin otic solution</i>	1	QL (10 mL per 1 fill)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>ciprofloxacin-dexamethasone otic suspension</i>	1	QL (7.5 mL per 1 fill)
<i>ciprofloxacin-fluocinolone pf otic solution</i>	1	QL (28 vials per 1 fill)
<i>neomycin-polymyxin-hc otic solution</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	QL (15 mL per 30 days)
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide otic oil</i>	1	
<i>hydrocortisone-acetic acid otic solution</i>	1	QL (10 mL per 1 fill)
OXYTOCICS - HORMONES		
*OXYTOCICS*** - DRUGS FOR WOMEN		
<i>methergine oral tablet</i>	1	
<i>methylergonovine maleate oral tablet</i>	1	
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable</i>	1	
<i>ampicillin oral capsule</i>	1	

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*NATURAL PENICILLINS*** - ANTIBIOTICS		
<i>penicillin v potassium oral solution reconstituted</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	1	
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule</i>	1	
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
<i>norethindrone acetate</i> (Gallifrey Oral Tablet)	1	
<i>medroxyprogesterone acetate oral tablet</i>	1	QL (1 tablet per 1 day)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	3	
<i>norethindrone acetate oral tablet</i>	1	
<i>progesterone oral capsule 100 mg</i>	1	QL (2 capsules per 1 day)
<i>progesterone oral capsule 200 mg</i>	1	QL (2 capsule per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>lofexidine hcl oral tablet</i>	1	QL (16 tablets per 1 day)
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release</i>	1	QL (6 tablet per 1 day)
<i>disulfiram oral tablet</i>	1	
*BENZODIAZEPINES & TRICYCLIC AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	1	
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet 10 mg, 23 mg</i>	1	QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 5 mg</i>	1	DO
<i>donepezil hcl oral tablet dispersible</i>	1	QL (1 tablet per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i>	1	QL (1 capsule per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	1	DO
<i>galantamine hydrobromide oral solution</i>	1	QL (6 mL per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	1	QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	1	DO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	1	DO

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<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	1	QL (2 capsules per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr</i>	1	QL (1 patch per 1 day)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24hr</i>	1	QL (1 gram per 1 day)
*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; LD; QL (8 tablets per 1 day); SP
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; LD; QL (4 tablets per 1 day); SP
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>teriflunomide oral tablet</i>	3	PA; LD; QL (1 tablet per 1 day); SP
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	3	PA; LD; QL (4 kits per 28 days); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	3	PA; LD; QL (4 kits per 28 days); SP
BETASERON SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	3	PA; LD; QL (15 kits per 30 days); SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (2 syringes per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (1 ML per 28 days); SP
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dalfampridine er oral tablet extended release 12 hour</i>	1	PA; LD; QL (2 tablets per 1 day); SP
*MULTIPLE SCLEROSIS AGENTS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; LD; QL (1 syringe per 1 day); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; LD; QL (12 syringe per 28 days); SP
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; LD; QL (1 syringe per 1 day); SP
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; LD; QL (12 syringe per 28 days); SP

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*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg</i>	1	DO
<i>memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg</i>	1	QL (1 capsule per 1 day)
<i>memantine hcl oral solution</i>	1	QL (10 mL per 1 day)
<i>memantine hcl oral tablet 10 mg</i>	1	QL (2 tablets per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	QL (1 tablet per 6 months)
<i>memantine hcl oral tablet 5 mg</i>	1	DO
*PHENOTHIAZINES & TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>perphenazine-amitriptyline oral tablet</i>	1	
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>gabapentin (once-daily) oral tablet</i>	1	PA; DO
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	1	PA; DO
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	1	PA; QL (2 tablets per 1 day)
*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** - DRUGS FOR DEPRESSION		
<i>fluoxetine hcl (pmd) oral tablet 10 mg</i>	1	DO
<i>fluoxetine hcl (pmd) oral tablet 20 mg</i>	1	QL (4 tablets per 1 day)
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>ergoloid mesylates oral tablet</i>	1	QL (3 tablets per 1 day)
<i>pimozide oral tablet 1 mg</i>	1	AL; QL (10 tablets per 1 day)
<i>pimozide oral tablet 2 mg</i>	1	AL; QL (5 tablets per 1 day)
*SMOKING DETERRENENTS*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1; \$0	QL (2 tablets per 1 day)
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	1; \$0	QL (53 dose pack per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg</i>	1; \$0	QL (2 tablets per 1 day)
<i>varenicline tartrate oral tablet 1 mg</i>	1; \$0	QL (2 tablet per 1 day)
<i>varenicline tartrate(continue) oral tablet</i>	1; \$0	QL (2 tablet per 1 day)
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>fingolimod hcl oral capsule</i>	3	PA; LD; QL (1 capsule per 1 day); SP
*THIENBENZODIAZEPINES & SSRIS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	AL; QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	DO; AL
*VASOMOTOR SYMPTOM AGENTS - SSRIS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>paroxetine mesylate oral capsule</i>	1	

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RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
<i>pirfenidone oral capsule</i>	3	PA; LD; QL (9 capsule per 1 day); SP
<i>pirfenidone oral tablet 267 mg</i>	3	PA; LD; QL (9 tablets per 1 day); SP
<i>pirfenidone oral tablet 534 mg</i>	3	PA; LD; QL (3 tablets per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	3	PA; LD; QL (3 tablets per 1 day); SP
SULFONAMIDES - DRUGS FOR INFECTIONS		
*SULFONAMIDES*** - ANTIBIOTICS		
<i>sulfadiazine oral tablet</i>	1	
TETRACYCLINES - DRUGS FOR INFECTIONS		
*TETRACYCLINES*** - ANTIBIOTICS		
<i>demeclocycline hcl oral tablet</i>	1	
<i>doxycycline hyclate oral capsule 100 mg</i>	1	QL (2 capsules per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	ST; QL (1 capsule per 1 day)
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	QL (600 mL per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	1	QL (1 capsule per 1 day)
<i>minocycline hcl oral capsule 100 mg, 75 mg</i>	1	QL (2 capsules per 1 day)
<i>minocycline hcl oral capsule 50 mg</i>	1	QL (4 capsules per 1 day)
<i>minocycline hcl oral tablet 100 mg, 75 mg</i>	1	QL (2 tablets per 1 day)
<i>minocycline hcl oral tablet 50 mg</i>	1	QL (4 tablets per 1 day)
<i>mondoxylene nl oral capsule</i>	1	QL (2 capsules per 1 day)
<i>tetracycline hcl oral capsule</i>	1	QL (4 capsules per 1 day)
THYROID AGENTS - HORMONES		
*ANTITHYROID AGENTS*** - DRUGS FOR THYROID		
<i>methimazole oral tablet</i>	1	
<i>propylthiouracil oral tablet</i>	1	
*THYROID HORMONES*** - DRUGS FOR THYROID		
<i>euthyrox oral tablet</i>	1	
<i>levo-t oral tablet</i>	1	
<i>levothyroxine sodium oral capsule</i>	1	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl oral tablet</i>	1	
<i>liothyronine sodium oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	

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<i>unithroid oral tablet</i>	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH		
*ANTICHOLINERGIC COMBINATIONS*** - DRUGS FOR STOMACH CRAMPS		
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS		
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution</i>	1	
<i>dicyclomine hcl oral tablet</i>	1	
*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution</i>	1	QL (90 mL per 1 day)
<i>cimetidine oral tablet 300 mg, 400 mg</i>	1	QL (4 tablets per 1 day)
<i>cimetidine oral tablet 800 mg</i>	1	QL (3 tablets per 1 day)
<i>famotidine oral suspension reconstituted</i>	1	QL (5 mL per 1 day)
<i>famotidine oral tablet 40 mg</i>	1	QL (2 tablets per 1 day)
<i>nizatidine oral capsule 150 mg</i>	1	QL (2 capsules per 1 day)
<i>nizatidine oral capsule 300 mg</i>	1	QL (1 capsule per 1 day)
*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium oral capsule delayed release</i>	1	
<i>esomeprazole magnesium oral packet</i>	1	
<i>lansoprazole oral capsule delayed release 15 mg</i>	1	ST; BE; QL (1 capsule per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	1	
<i>omeprazole oral capsule delayed release</i>	1	
<i>pantoprazole sodium oral tablet delayed release</i>	1	
*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS		
<i>glycopyrrolate oral solution</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>methscopolamine bromide oral tablet</i>	1	
*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>bis subcit-metronid-tetracyc oral capsule</i>	1	ST; QL (1 pack per 1 fill)
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	1	ST; QL (1 pack per 1 fill)

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*ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	1	ST; QL (1 pack per 1 fill)
*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>misoprostol oral tablet</i>	1	\$0 for Fully insured members in California
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral solution</i>	1	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	1	QL (3 tablets per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QL (4 tablets per 1 day)
<i>solifenacin succinate oral tablet</i>	1	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	1	QL (2 tablets per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour</i>	1	QL (1 capsule per 1 day)
<i>tropium chloride oral tablet</i>	1	QL (2 tablets per 1 day)
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>mirabegron er oral tablet extended release 24 hour</i>	1	QL (1 tablet per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	1	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER		
<i>flavoxate hcl oral tablet</i>	1	
VACCINES - BIOLOGICAL AGENTS		
*VIRAL VACCINES*** - VACCINES		
AFLURIA INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	2; \$0	QL (1 mL per 1 one-time fill)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
AUDENZ INTRAMUSCULAR EMULSION (<i>influenza a (h5n1) subunit adj</i>)	2; \$0	
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE (<i>influenza a (h5n1) subunit adj</i>)	2; \$0	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	

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FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac a&b surf ant adj</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>influenza vac recombinant ha</i>)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION (<i>influenza vac tiss-cult subunt</i>)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac tiss-cult subunt</i>)	2; \$0	QL (1 fill per 180 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUMIST NASAL LIQUID (<i>influenza virus vaccine live</i>)	2; \$0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split high-dose</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe</i>	2; \$0	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension</i>	2; \$0	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
<i>miconazole 3 vaginal suppository</i>	1	
<i>terconazole vaginal cream 0.4 %</i>	1	QL (90 grams per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	1	QL (40 grams per 30 days)
<i>terconazole vaginal suppository</i>	1	QL (6 suppositories per 30 days)
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
<i>clindamycin phosphate vaginal cream</i>	1	
<i>metronidazole vaginal gel</i>	1	
VANDAZOLE VAGINAL GEL (<i>metronidazole</i>)	1	
*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
<i>estradiol vaginal cream</i>	1	QL (42.5 grams per 30 days)
<i>estradiol vaginal tablet</i>	1	QL (18 tablet per 28 days)
PREMARIN VAGINAL CREAM (<i>estrogens, conjugated</i>)	2	QL (1 gm per 1 day)
<i>yuvafem vaginal tablet</i>	1	QL (18 tablet per 28 days)

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VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>epinephrine injection solution auto-injector</i>	1	QL (2 pens per 1 fill)
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>droxidopa oral capsule 100 mg</i>	1	PA; LD; QL (3 capsules per 1 day); SP
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	PA; LD; QL (6 capsules per 1 day); SP
*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>midodrine hcl oral tablet</i>	1	
VITAMINS - DRUGS FOR NUTRITION		
*VITAMIN D*** - DRUGS FOR NUTRITION		
<i>ergocalciferol oral capsule</i>	1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	
*VITAMIN K*** - DRUGS FOR NUTRITION		
<i>phytonadione oral tablet</i>	1	

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CVS LANCETS ORIGINAL	75	<i>dicyclomine hcl</i>	102	<i>dutasteride-tamsulosin hcl</i>	70
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<i>cyanocobalamin</i>	71	DILANTIN	24	EASY COMFORT LANCETS	75
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<i>danazol</i>	18	<i>disopyramide phosphate</i>	19	EASY TOUCH INSULIN SYRINGE	85
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<i>levabuterol tartrate</i>	20		
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<i>lidocaine viscous hcl</i>	92		
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<i>losartan potassium</i>	36	<i>memantine hcl er</i>	100	<i>misoprostol</i>	103
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<i>malathion</i>	65	<i>methoxsalen rapid</i>	62	<i>morphine sulfate (concentrate)</i>	17
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<i>marlissa</i>	56	<i>methyldopa</i>	37	MOUNJARO	29
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<i>norethin ace-eth estrad-fe</i>	56	OMNIPOD DASH PODS (GEN 4)	83	PERFECT LANCETS 28G	79
<i>norethindrone</i>	58	<i>ondansetron</i>	31	PERFECT LANCETS 30G	79
<i>norethindrone acetate</i>	98	<i>ondansetron hcl</i>	31	PERFECT POINT SAFETY	
<i>norethindrone acet-ethinyl est</i>	56	ONETOUCH DELICA PLUS		LANCETS	79
<i>norethindrone-eth estradiol</i>	68	LANCET30G	79	<i>perindopril erbumine</i>	35
<i>norethindron-ethinyl estrad-fe</i>	58	ONETOUCH DELICA PLUS		<i>perio-gard</i>	92
<i>norethin-eth estradiol-fe</i>	56	LANCET33G	79	<i>permethrin</i>	65
<i>norgesic</i>	94	ONETOUCH DELICA SAFETY		<i>perphenazine</i>	45, 46
<i>norgestimate-eth estradiol</i>	56	LANCING	79	<i>perphenazine-amitriptyline</i>	100
<i>norgestim-eth estrad triphasic</i>	58	ONETOUCH ULTRA	65	PFIZER COVID-19 VAC-TRIS 5-11Y	
<i>norlyroc</i>	58	ONETOUCH ULTRA BLUE TEST	65	104
<i>nortrel 0.5/35 (28)</i>	56	ONETOUCH ULTRA TEST	65	<i>pfizer covid-19 vac-tris 6m-4y</i>	104
<i>nortrel 1/35 (21)</i>	56	ONETOUCH ULTRASOFT 2		PHARMACIST CHOICE LANCETS	79
<i>nortrel 1/35 (28)</i>	56	LANCETS	79	PHARMACY COUNTER LANCETS	79
<i>nortrel 7/7/7</i>	58	ONETOUCH VERIO	65	<i>phenelzine sulfate</i>	25
<i>nortriptyline hcl</i>	26, 27	OPVEE	31	<i>phenobarbital</i>	72
NOVA SAFETY LANCETS 23G	79	<i>oralone</i>	93	<i>phenoxybenzamine hcl</i>	36
NOVA SAFETY LANCETS 28G	79	<i>orlistat</i>	13	<i>phenylephrine hcl</i>	95
NOVA SUREFLEX LANCETS	79	Ormalvi	65	PHENYTEK	24
<i>novavax covid-19 vaccine</i>	104	<i>orphenadrine citrate er</i>	94	<i>phenytoin</i>	24
NOVOFINE PEN NEEDLE	87	ORPHENADRINE-ASPIRIN-		<i>phenytoin infatabs</i>	24
NOVOFINE PLUS PEN NEEDLE	87	CAFFEINE	94	<i>phenytoin sodium extended</i>	24
NOVOLIN 70/30	28	<i>orphengesic forte</i>	94	<i>philith</i>	56
NOVOLIN 70/30 RELION	28	<i>oseltamivir phosphate</i>	49	<i>phospha 250 neutral</i>	90
NOVOLIN N	28	<i>oxaprozin</i>	15	<i>phosphorous</i>	90
NOVOLIN N RELION	28	<i>oxazepam</i>	19	<i>phospho-trin 250 neutral</i>	91
NOVOLIN R	28	<i>oxcarbazepine</i>	23	<i>phospho-trin k500</i>	91
NOVOLIN R FLEXPEN	28	<i>oxcarbazepine er</i>	23	<i>phytonadione</i>	105
NOVOLIN R FLEXPEN RELION	28	<i>oxiconazole nitrate</i>	64	<i>pilocarpine hcl</i>	93, 95
NOVOLIN R RELION	28	<i>oxybutynin chloride</i>	103	<i>pimecrolimus</i>	64
NOVOLOG	29	<i>oxybutynin chloride er</i>	103	<i>pimozide</i>	100
NOVOLOG FLEXPEN	29	<i>oxycodone hcl</i>	17	<i>pimtrea</i>	54
NOVOLOG FLEXPEN RELION	29	OXYCODONE-ACETAMINOPHEN	17	<i>pindolol</i>	50
NOVOLOG MIX 70/30	29	<i>oxycodone-acetaminophen</i>	17	<i>pioglitazone hcl</i>	30
NOVOLOG MIX 70/30 FLEXPEN	29	<i>oxymorphone hcl</i>	17	<i>pioglitazone hcl-glimepiride</i>	30
NOVOLOG PENFILL	29	<i>oxymorphone hcl er</i>	17	<i>pioglitazone hcl-metformin hcl</i>	30
<i>np thyroid</i>	101	<i>pacerone</i>	20	PIP LANCETS 28G	79
<i>nyamyc</i>	61	<i>paliperidone er</i>	44	PIP LANCETS 30G	79

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<i>piroxicam</i>	15	<i>progesterone</i>	98	RELION INSULIN SYRINGE.....	88
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<i>pnv-select</i>	93	<i>promethazine-dm</i>	60	33G.....	80
<i>podofilox</i>	64	<i>promethazine-phenylephrine</i>	59	RELION LANCETS THIN 26G.....	80
<i>polycin</i>	95	<i>promethegan</i>	33	RELION LANCETS ULTRA-THIN	
<i>polymyxin b-trimethoprim</i>	95	<i>propafenone hcl</i>	20	30G.....	80
<i>portia-28</i>	56	<i>propafenone hcl er</i>	20	RELION LANCING DEVICE.....	80
<i>posaconazole</i>	32	<i>propracaine hcl</i>	96	RELION MINI PEN NEEDLES.....	88
<i>potassium chloride</i>	91	<i>propranolol hcl</i>	50	RELION PEN NEEDLES.....	88
<i>potassium chloride crys er</i>	91	<i>propranolol hcl er</i>	50	RELION SHORT PEN NEEDLES.....	88
<i>potassium chloride er</i>	91	<i>propylthiouracil</i>	101	RELION ULTRA THIN LANCETS	
<i>potassium citrate er</i>	70	<i>protriptyline hcl</i>	27	30G.....	80
<i>pramipexole dihydrochloride</i>	44	<i>pseudoeph-bromphen-dm</i>	60	RELION ULTRA THIN PLUS	
<i>pramipexole dihydrochloride er</i>	44	PURE COMFORT LANCETS 30G.....	79	LANCETS.....	80
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<i>pravastatin sodium</i>	34	<i>pure comfort safety pen needle</i>	87	REVLIMID.....	91
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<i>prednisolone acetate</i>	97	PX MINI PEN NEEDLES.....	87	<i>rifabutin</i>	39
<i>prednisolone sodium phosphate</i>	59	PX PEN NEEDLE.....	87	<i>rifampin</i>	39
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<i>pregabalin</i>	23	QC UNILET LANCETS 28G.....	79	<i>rivastigmine</i>	99
<i>pregabalin er</i>	100	QC UNILET LANCETS MICRO		<i>rivastigmine tartrate</i>	98, 99
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PREMPRO.....	68	<i>quetiapine fumarate</i>	45	<i>roflumilast</i>	21
<i>prenatal 19</i>	93	<i>quetiapine fumarate er</i>	45	<i>ropinirole hcl</i>	44
<i>prevalite</i>	33	<i>quinapril hcl</i>	35	<i>ropinirole hcl er</i>	44
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<i>prochlorperazine maleate</i>	46	<i>ramelteon</i>	73	LANCETS.....	80
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<i>proctosol hc</i>	18	<i>raya sure pen needle</i>	88	SB LANCETS THIN.....	80
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<i>selegiline hcl</i>	43	THEO-24	21
<i>selenium sulfide</i>	62	<i>theophylline</i>	21
SEREVENT DISKUS	21	<i>theophylline er</i>	21
SEROSTIM	67	<i>thioridazine hcl</i>	46
<i>sertraline hcl</i>	25	<i>thiothixene</i>	46
<i>setlakin</i>	57	<i>tiadylt er</i>	52
<i>sevelamer carbonate</i>	70	<i>tiagabine hcl</i>	24
<i>sevelamer hcl</i>	70	<i>tilia fe</i>	58
<i>sf</i>	92	<i>timolol hemihydrate</i>	95
<i>sf 5000 plus</i>	92	<i>timolol maleate</i>	50, 95
<i>sharobel</i>	58	<i>timolol maleate (once-daily)</i>	95
<i>sildenafil citrate</i>	53	<i>timolol maleate ocudose</i>	95
<i>silodosin</i>	70	<i>timolol maleate pf</i>	95
<i>silver sulfadiazine</i>	62	<i>tinidazole</i>	38
<i>simliya</i>	54	<i>tiopronin</i>	70
<i>simpesse</i>	57	<i>tiotropium bromide monohydrate</i>	21
<i>simvastatin</i>	34	<i>tizanidine hcl</i>	94
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<i>sodium fluoride</i>	90, 93	<i>tolterodine tartrate er</i>	103
<i>sodium fluoride 5000 plus</i>	92	<i>tolvaptan</i>	68
<i>sodium fluoride 5000 ppm</i>	93	TOPCARE CLICKFINE PEN	
<i>sodium phenylbutyrate</i>	68	NEEDLES	88
<i>sodium polystyrene sulfonate</i>	92	TOPCARE LANCETS MICRO-THIN	
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<i>sotalol hcl</i>	50	<i>topiramate er</i>	23, 24
<i>sotalol hcl (af)</i>	50	<i>toremifene citrate</i>	40
SPIKEVAX	104	Torpenz	41
<i>spinosad</i>	65	<i>torseamide</i>	66
<i>spironolactone</i>	66	<i>tovet</i>	63
<i>spironolactone-hctz</i>	66	<i>tramadol hcl</i>	17
<i>sprintec 28</i>	56	<i>tramadol hcl (er biphasic)</i>	17
<i>sps (sodium polystyrene sulf)</i>	92	<i>tramadol hcl er</i>	17
<i>sronyx</i>	56	<i>tramadol-acetaminophen</i>	17
<i>ssd</i>	62	<i>trandolapril</i>	35
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<i>subvenite starter kit-green</i>	23	<i>travoprost (bak free)</i>	97
<i>subvenite starter kit-orange</i>	23	<i>trazodone hcl</i>	25
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<i>sulfacetamide sodium</i>	97	<i>tretinoin microsphere pump</i>	61
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<i>sulfacetamide-prednisolone</i>	96	<i>trezix</i>	16
<i>sulfadiazine</i>	101		
<i>sulfamethoxazole-trimethoprim</i>	38		
<i>sulfasalazine</i>	70		
<i>sulfatrim pediatric</i>	38		
<i>sulindac</i>	15		
<i>sumatriptan</i>	90		
<i>sumatriptan succinate</i>	90		
<i>sumatriptan succinate refill</i>	90		
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<i>tadalafil</i>	53		
<i>tadalafil (pah)</i>	53		
<i>tafluprost (pf)</i>	97		
<i>tamoxifen citrate</i>	40		
<i>tamsulosin hcl</i>	70		
<i>taperdex 12-day</i>	59		
<i>taperdex 6-day</i>	59		
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<i>tarina 24 fe</i>	56		
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<i>telmisartan-hctz</i>	36		
<i>temazepam</i>	72		
<i>temozolomide</i>	42		
<i>tencon</i>	16		
<i>tenofovir disoproxil fumarate</i>	48		
<i>terazosin hcl</i>	37		
<i>terbinafine hcl</i>	32		
<i>terbutaline sulfate</i>	21		
<i>terconazole</i>	104		
<i>teriflunomide</i>	99		
<i>testosterone</i>	18		
<i>tetrabenzazine</i>	99		
<i>tetracaine hcl</i>	96		
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<i>tri-lo-mili</i>	58	ULTRA THIN LANCETS 31G.....	<i>valacyclovir hcl</i>	49
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<i>trimethobenzamide hcl</i>	31	ULTRACARE INSULIN SYRINGE.....	<i>valproic acid</i>	25
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TRUEPLUS 5-BEVEL PEN		UNILET SUPER-THIN 30G.....	VERIFINE PLUS PEN NEEDLE.....	90
NEEDLES.....	88	UNILET ULTRA-THIN 28G.....	VERIFINE SAFE LANCET MINI 21G	82
TRUEPLUS INSULIN SYRINGE.....	88	UNISTIK 1.....	VERIFINE SAFE LANCET MINI 23G	82
TRUEPLUS LANCETS 26G.....	81	UNISTIK 2.....	VERIFINE SAFE LANCET MINI 28G	82
TRUEPLUS LANCETS 28G.....	81	UNISTIK 2 COMFORT.....	VERIFINE SAFE LANCET MINI 30G	82
TRUEPLUS LANCETS 30G.....	81	UNISTIK 2 EXTRA.....	VERIFINE UNIVERSAL LANCETS	
TRUEPLUS LANCETS 33G.....	81	UNISTIK 2 NEONATAL.....	28G.....	82
TRUEPLUS PEN NEEDLES.....	89	UNISTIK 2 NORMAL.....	VERIFINE UNIVERSAL LANCETS	
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<i>voriconazole</i>	32
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<i>vylibra</i>	56
VYVANSE	12
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WALGREENS LANCETS MICRO THIN	82
WALGREENS LANCETS SUPER THIN	82
WALGREENS THIN LANCETS	82
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WEGMANS UNIFINE PENTIPS PLUS	90
<i>wera</i>	56
<i>wes-phos 250 neutral</i>	91
<i>wixela inhub</i>	20
<i>wymzya fe</i>	56
XALKORI	40
XIGDUO XR	30
XOFLUZA (40 MG DOSE)	49
XOFLUZA (80 MG DOSE)	49
XTANDI	39, 40
<i>xulane</i>	57
Yargesa	71
<i>yuvaferm</i>	104
<i>zafemy</i>	57
<i>zafirlukast</i>	21
<i>zaleplon</i>	72
ZELBORAF	40
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<i>zenzedi</i>	13
ZEV RX INSULIN SYRINGE	90
ZEV RX PEN NEEDLES	90
ZEV RX TWIST TOP LANCETS 30G ..	82
<i>zidovudine</i>	48
ZIMHI	31
<i>ziprasidone hcl</i>	44
ZOLINZA	41
<i>zolmitriptan</i>	90
<i>zolpidem tartrate</i>	72
<i>zolpidem tartrate er</i>	72
<i>zonisamide</i>	24
ZORYVE	62
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<i>zumandimine</i>	57

For information about your pharmacy benefit, log in at [anthem.com/ca](https://www.anthem.com/ca).

You'll find the most up-to-date drug list and details about your benefits.

If you still have questions, we're here. Just call the Member Services number on your ID card.

Speech and hearing impaired (TDD/TTY) users

Call 1-800-221-6915, Monday through Friday, 8:30 a.m. to 5 p.m.ET.



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Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowó t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áá jì' hodiílnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áá jì' hodiílnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.