



An Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Arizona’s Drug List for Aon Active Health

Exchange Effective 1/1/19

Your prescription medications fall into one of three categories or “tiers.” Each tier has different copay or out of pocket expense. Medications are categorized by tier —not by their generic, brand-name or specialty drug label. So, for this benefit each tier may contain a combination of generic, brand-name and specialty drugs. Specialty drugs are limited to a 30 day supply at the In-Network Specialty Pharmacies. If you purchase a brand name medication when a generic equivalent is available, you will pay the assigned tier copay plus the difference between the allowed amount for the generic and the brand name medication, even if the prescribing provider indicates on the prescription that the brand name medication should be dispensed.

Three Tier Drug Benefit	Description
Tier 1	Low Cost Share
Tier 2	Moderate Cost Share
Tier 3	Highest Cost Share

Additional information about your pharmacy benefits can be found under Forms and Resources. This includes:

- Precertification Guidelines and Forms
- Step Therapy
- Mail Order Enrollment Forms
- Claim Forms

The prescription drug benefit information provided through the use of this Web document is subject to all terms, conditions, limitations and exclusions of your benefit plan, including, but not limited to non-covered services. Please consult your Summary of Benefits for a complete description of your prescription drug benefit and a listing of exclusions and limitations. In the event of a discrepancy between information provided on this Web document and your benefit plan booklet, the terms of the benefit plan booklet will take precedence.

Blue Cross Blue Shield of Arizona
Aon Active Health Exchange

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List of Abbreviations

1: Low Cost Share

2: Moderate Cost Share

3: Highest Cost Share

\$0: \$0 cost share Prevention Drug

AI: Additional Information

F: Female Only

M: Male Only

MO: Mail Only

N: Notes

PA: PA Applies

QL: Quantity Limit

R&M: Retail & Mail

RO: Retail Only

SP: Specialty Pharmacy Only

ST: Step Therapy

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

Blue Cross Blue Shield of Arizona

Aon Active Health Exchange

CURRENT AS OF 1/1/2019

Drug Name	Brand	Generic	Additional Information
*5-Ht4 Receptor Agonists***			
*5-Ht4 Receptor Agonists***			
MOTEGRITY	3		PA; R
*Adenosine Receptor Antagonist***			
*Adenosine Receptor Antagonist***			
NOURIANZ	3		PA; R&M; QL (1 EA per 1 day)
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
<i>clonidine hcl er</i>		3	R&M; QL (2 EA per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 3 mg, 4 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>guanfacine hcl er oral tablet extended release 24 hour 2 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 3 MG, 4 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 6 Years)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 6 Years)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
STRATTERA ORAL CAPSULE (<i>Atomoxetine HCl</i>) 10 MG	3	1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
STRATTERA ORAL CAPSULE (<i>Atomoxetine HCl</i>) 100 MG, 60 MG, 80 MG	3	1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
STRATTERA ORAL CAPSULE (<i>Atomoxetine HCl</i>) 18 MG, 25 MG, 40 MG	3	1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
*Amphetamine Mixtures***			
ADDERALL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day); AG (Min 6 Years)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2		R&M; QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	2		R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>		1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
MYDAYIS	3		PA; ST; R&M; AI (ST: Adderall XR Brand); QL (1 EA per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
*Amphetamines***			
ADZENYS ER (<i>Amphetamine ER</i>)	3	3	PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
ADZENYS XR-ODT	3		PA; ST; R
DESOXYN	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day); AG (Min 6 Years)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 6 Years)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>		1	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
DYANAVAL XR	3		PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
EVEKEO (<i>Amphetamine Sulfate</i>)	3	3	PA; ST; R
EVEKEO ODT ORAL TABLET DISPERSIBLE 5 MG	3		PA; R
<i>methamphetamine hcl</i>		1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
PROCENTRA (<i>Dextroamphetamine Sulfate</i>)	3	1	R&M; QL (60 Mg per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
VYVANSE ORAL CAPSULE 70 MG	2		R&M; QL (2 EA per 1 day); AG (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	2		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
ZENZEDI ORAL TABLET (<i>Dextroamphetamine Sulfate</i>) 10 MG, 5 MG	1	1	R&M; QL (6 EA per 1 day)
*Analeptics***			
<i>caffeine anhydrous</i>		3	R
*Anorexiant Combinations***			
QSYMIA	3		R
*Anorexiants Non-Amphetamine***			
ADIPEX-P	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>benzphetamine hcl</i>		1	R
<i>diethylpropion hcl er</i>		3	R
<i>diethylpropion hcl oral</i>		1	R
LOMAIRA	3		R
<i>phendimetrazine tartrate</i>		1	R
<i>phendimetrazine tartrate er</i>		1	R
<i>phentermine hcl oral</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Lipase Inhibitors***			
XENICAL	3		R&M; AG (Min 12 Years)
*Serotonin 2C Receptor Agonists***			
BELVIQ	3		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
BELVIQ XR	3		R
*Stimulants - Misc.***			
ADHANSIA XR	3		PA; R
APTENSIO XR	3		PA; R
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 8.6 MG	3		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG	3		R&M; QL (2 EA per 1 day); AG (Min 6 Years)
DAYTRANA	3		PA; R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg</i>		3	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>		3	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>		1	R&M; QL (3 EA per 1 day)
FOCALIN ORAL TABLET 10 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
FOCALIN ORAL TABLET 2.5 MG, 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>Dexmethylphenidate HCl ER</i>) 10 MG	3	3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 6 Years)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day); AG (Min 6 Years)
JORNAY PM	3		PA; R
METADATE ER ORAL TABLET EXTENDED RELEASE (<i>Methylphenidate HCl ER</i>) 20 MG	3	1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
METHYLIN ORAL SOLUTION (<i>Methylphenidate HCl</i>) 10 MG/5ML	1	1	R&M; QL (30 ML per 1 day); AG (Min 6 Years)
METHYLIN ORAL SOLUTION (<i>Methylphenidate HCl</i>) 5 MG/5ML	1	1	R&M; QL (60 ML per 1 day); AG (Min 6 Years)

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Drug Name	Brand	Generic	Additional Information
<i>methylphenidate hcl er (cd)</i>		1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>		3	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>		3	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 36 mg, 54 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg</i>		1	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 20 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 5 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable</i>		3	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>modafinil</i>		1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
NUVIGIL	3		PA; R
PROVIGIL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 16 Years)
QUILLICHEW ER	3		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
QUILLIVANT XR	3		R&M; QL (10 ML per 1 day); AG (Min 6 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Methylphenidate HCl ER (LA)) 10 MG	3	1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 6 Years)
RITALIN ORAL TABLET 10 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day); AG (Min 6 Years)
RITALIN ORAL TABLET 20 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day); AG (Min 6 Years)
RITALIN ORAL TABLET 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
*Agents For Narcotic Withdrawal***			
*Agents For Narcotic Withdrawal***			
LUCEMYRA	3		PA; R&M; QL (224 EA per 14 days)
*Agents For Opioid Withdrawal***			
*Agents For Opioid Withdrawal***			
LUCEMYRA	3		PA; R&M; QL (224 EA per 14 days)
Alternative Medicines			
*Alternative Medicine - AI's***			
NEOKE RA LIPOIC	3		R
Amebicides			
*Amebicides***			
SOLOSEC	3		R&M; QL (1 EA per 6 Monthss)
Aminoglycosides			
*Aminoglycosides***			
ARIKAYCE	3		PA; SP; AI (Limited Distribution PantheRx)
BETHKIS	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>gentamicin sulfate injection solution 40 mg/ml</i>		1	R
KITABIS PAK (<i>Tobramycin</i>)	3	3	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>neomycin sulfate oral</i>		1	R
<i>paromomycin sulfate oral</i>		1	R
TOBI (<i>Tobramycin</i>)	3	3	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TOBI PODHALER	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Aminomethylcyclines***			
*Aminomethylcyclines***			
NUZYRA ORAL TABLET 150 MG	3		PA; R
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
OLUMIANT ORAL TABLET 1 MG	3		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
OLUMIANT ORAL TABLET 2 MG	3		PA; SP
RINVOQ	3		PA; SP
XELJANZ ORAL TABLET 10 MG	3		PA; R
XELJANZ ORAL TABLET 5 MG	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
XELJANZ XR	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antirheumatic Antimetabolites***			
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3		PA; R
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3		R
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2		PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		PA; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		PA; SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	2		PA; SP
SIMPONI ARIA	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2		PA; SP

Drug Name	Brand	Generic	Additional Information
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		PA; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		PA; SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	2		PA; SP
SIMPONI ARIA	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
CELEBREX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>celecoxib oral</i>		1	R
*Gold Compounds***			
RIDAURA	3		R
*Interleukin-1 Receptor Antagonist (Il-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3		PA; SP
*Interleukin-1Beta Blockers***			
ILARIS SUBCUTANEOUS SOLUTION	3		PA; SP; AI (Limited to 30 days supply)
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN	3		PA; SP
ACTEMRA SUBCUTANEOUS	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3		PA; SP

Drug Name	Brand	Generic	Additional Information
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
ARTHROTEC ORAL TABLET DELAYED RELEASE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>diclofenac-misoprostol oral tablet delayed release</i>		1	R
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***			
ADVIL JUNIOR STRENGTH ORAL TABLET	3		R
ANAPROX DS	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
DAYPRO	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>diclofenac sodium er</i>		1	R
<i>diclofenac sodium oral</i>		1	R
<i>etodolac er</i>		1	R
<i>etodolac oral</i>		1	R
FELDENE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>flurbiprofen oral</i>		1	R
<i>hm ibuprofen ib oral tablet</i>		3	R
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		1	R
INDOCIN ORAL	3		R
INDOCIN RECTAL	3		R
<i>indomethacin er</i>		1	R
<i>indomethacin oral</i>		1	R
INFANTS ADVIL	3		R
<i>ketoprofen er</i>		3	R&M; QL (1 EA per 1 day)
<i>ketoprofen oral capsule 25 mg</i>		3	R
<i>ketorolac tromethamine oral</i>		1	R&M; QL (20 EA per 5 days)
LODINE (Etodolac)	3	1	R
<i>mefenamic acid oral</i>		1	R
<i>meloxicam oral tablet</i>		1	R&M; QL (1 EA per 1 day)
MOBIC ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>nabumetone oral</i>		1	R
NALFON ORAL TABLET (Fenoprofen Calcium)	3	1	R
NAPROSYN ORAL TABLET 250 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>naproxen dr</i>		1	R
<i>naproxen oral tablet</i>		1	R
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>oxaprozin</i>		1	R
<i>piroxicam oral</i>		1	R
PONSTEL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
RELAFEN DS	3		PA; R
<i>sulindac oral</i>		1	R
TIVORBEX	3		R
<i>tolmetin sodium oral capsule</i>		1	R
*Pyrimidine Synthesis Inhibitors***			
ARAVA	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>leflunomide oral</i>		1	R&M; QL (1 EA per 1 day)
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ORENCIA INTRAVENOUS	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.14 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Analgesics - Nonnarcotic			
*Analgesic Combinations***			
<i>duraxin</i>		3	R
*Analgesics-Sedatives***			
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>butalbital-asa-caffeine</i>		1	R
ESGIC ORAL CAPSULE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day); AG (Min 12 Years)
ESGIC ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
FIORICET ORAL CAPSULE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day); AG (Min 12 Years)
PHRENILIN FORTE ORAL CAPSULE (<i>Butalbital-APAP-Caffeine</i>) 50-300-40 MG	1	1	R&M; QL (6 EA per 1 day); AG (Min 12 Years)
TENCON ORAL TABLET (<i>Butalbital-Acetaminophen</i>) 50-325 MG	3	1	R
*Salicylates***			
<i>aspirin 81 oral tablet delayed release</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin adult low dose</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin adult low strength oral tablet chewable</i>		1	R&M; \$0
<i>aspirin adult low strength oral tablet delayed release</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin childrens</i>		1	R&M; \$0
<i>aspirin ec low dose</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin ec low strength</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin low dose oral tablet chewable</i>		1	R&M; \$0
<i>aspirin low dose oral tablet delayed release</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin low strength</i>		1	R&M; \$0
ASPIR-LOW (<i>Aspirin</i>)	1	1	R&M; \$0; AG (Min 45 Years)
<i>aspirtab</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST (<i>Aspirin</i>)	1	1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET (<i>Aspirin</i>)	1	1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
BAYER LOW DOSE ORAL TABLET CHEWABLE (<i>Aspirin</i>)	1	1	R&M; \$0
<i>childrens aspirin</i>		1	R&M; \$0
<i>childrens aspirin low strength</i>		1	R&M; \$0
<i>cvs aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>cvs aspirin low dose</i>		1	R&M; \$0; AG (Min 45 Years)
<i>cvs aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
ECOTRIN (<i>Aspirin</i>)	3	1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)

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Drug Name	Brand	Generic	Additional Information
ECOTRIN LOW STRENGTH (<i>Aspirin</i>)	1	1	R&M; \$0; AG (Min 45 Years)
ECPIRIN (<i>Aspirin</i>)	1	1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet chewable</i>		1	R&M; \$0
<i>eq aspirin oral tablet</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>eq aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>eq childrens aspirin</i>		1	R&M; \$0
<i>eql aspirin</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>eql aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp adult aspirin low strength oral tablet chewable</i>		1	R&M; \$0
<i>gnp aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>hm aspirin ec</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin oral tablet chewable</i>		1	R&M; \$0
<i>kls aspirin ec</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>kls aspirin low dose</i>		1	R&M; \$0; AG (Min 45 Years)
<i>kp aspirin</i>		1	R&M; \$0; AG (Min 45 Years)
<i>meijer aspirin ec</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
MINIPRIN LOW DOSE (<i>Aspirin</i>)	1	1	R&M; \$0; AG (Min 45 Years)
<i>mm aspirin</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
NORWICH ASPIRIN ORAL TABLET (<i>HM Aspirin</i>) 325 MG	1	1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>px aspirin oral tablet</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>px aspirin oral tablet chewable</i>		1	R&M; \$0
<i>px enteric aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>qc aspirin oral tablet</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>qc aspirin oral tablet delayed release</i>		1	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>qc childrens aspirin</i>		1	R&M; \$0
<i>qc enteric aspirin</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>ra aspirin adult low dose</i>		1	R&M; \$0
<i>ra aspirin adult low strength oral tablet chewable</i>		1	R&M; \$0
<i>ra aspirin adult low strength oral tablet delayed release</i>		1	R&M; \$0; AG (Min 45 Years)
<i>ra aspirin childrens</i>		1	R&M; \$0
<i>ra aspirin ec adult low st</i>		1	R&M; \$0; AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>ra childrens aspirin</i>		1	R&M; \$0
<i>salsalate oral</i>		1	R
<i>sb aspirin ec</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>sb aspirin oral tablet</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>sb childrens aspirin</i>		1	R&M; \$0
<i>sm aspirin</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>sm aspirin adult low strength oral tablet chewable</i>		1	R&M; \$0
<i>sm aspirin adult low strength oral tablet delayed release</i>		1	R&M; \$0; AG (Min 45 Years)
<i>sm aspirin ec</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>sm aspirin ec low strength</i>		1	R&M; \$0; AG (Min 45 Years)
<i>sm childrens aspirin</i>		1	R&M; \$0
<i>tgt aspirin ec</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>tgt aspirin low dose oral tablet delayed release</i>		1	R&M; \$0; AG (Min 45 Years)
<i>tgt aspirin oral tablet</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>tgt aspirin oral tablet chewable</i>		1	R&M; \$0
<i>tgt aspirin oral tablet delayed release</i>		1	R&M; \$0; AG (Min 45 Years)
<i>tgt childrens aspirin</i>		1	R&M; \$0
Analgesics - Opioid			
*Codeine Combinations***			
<i>acetaminophen-codeine #2</i>		1	R
<i>acetaminophen-codeine #4</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (13 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>acetaminophen-codeine oral solution</i>		1	R&M; QL (136 ML per 1 day)
ASCOMP-CODEINE (<i>Butalbital-ASA-Caff-Codeine</i>)	1	1	R
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		1	R
FIORINAL/CODEINE #3	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
TYLENOL WITH CODEINE #3 (<i>Acetaminophen-Codeine #3</i>)	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (10 EA per 1 day)
TYLENOL WITH CODEINE #4 (<i>Acetaminophen-Codeine</i>)	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (13 EA per 1 day)
*Dihydrocodeine Combinations***			
TREZIX ORAL CAPSULE (<i>APAP-Caff-Dihydrocodeine</i>) 320.5-30-16 MG	3	3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12 EA per 1 day)
*Hydrocodone Combinations***			
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>		3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (73.5 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (98 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
LORCET (<i>HYDROcodone-Acetaminophen</i>)	1	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
LORCET HD (<i>HYDROcodone-Acetaminophen</i>)	1	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
LORCET PLUS ORAL TABLET (<i>HYDROcodone-Acetaminophen</i>) 7.5-325 MG	1	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
LORTAB ORAL ELIXIR 10-300 MG/15ML	3		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (73.5 ML per 1 day)
NORCO ORAL TABLET (HYDROcodone-Acetaminophen) 10-325 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
NORCO ORAL TABLET (HYDROcodone-Acetaminophen) 5-325 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
NORCO ORAL TABLET (HYDROcodone-Acetaminophen) 7.5-325 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
VICODIN ES ORAL TABLET (Hydrocodone-Acetaminophen) 7.5-300 MG	1	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
VICODIN HP ORAL TABLET (Hydrocodone-Acetaminophen) 10-300 MG	1	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
VICODIN ORAL TABLET 5-300 MG	1		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
XODOL ORAL TABLET 5-300 MG	3		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
*Opioid Agonists***			
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG	3		PA; RO; AG (Min 18 Years)
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 800 MCG	3		RO; AG (Min 18 Years)
ACTIQ	3		PA; RO; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (10 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day)
DILAUDID ORAL LIQUID (HYDROmorphone HCl)	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12.25 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
DILAUDID ORAL TABLET (HYDROmorphone HCl) 2 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
DILAUDID ORAL TABLET (HYDROmorphone HCl) 4 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
DILAUDID ORAL TABLET (HYDROmorphone HCl) 8 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
DOLOPHINE (Methadone HCl)	3	1	PA; R
DURAGESIC-100	3		RO; AI (Tier 3 Copay + Cost Differential Applies); QL (0.34 EA per 1 day)
DURAGESIC-12	3		RO; AI (Tier 3 Copay + Cost Differential Applies); QL (0.34 EA per 1 day)
DURAGESIC-25	3		RO; AI (Tier 3 Copay + Cost Differential Applies); QL (0.34 EA per 1 day)
DURAGESIC-50	3		RO; AI (Tier 3 Copay + Cost Differential Applies); QL (0.34 EA per 1 day)
DURAGESIC-75	3		RO; AI (Tier 3 Copay + Cost Differential Applies); QL (0.34 EA per 1 day)
EMBEDA	3		R
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml</i>		3	PA; RO; AI (Limited to 30 days supply)
<i>fentanyl citrate buccal lozenge on a handle</i>		3	PA; RO; QL (3 EA per 1 day)
<i>fentanyl citrate buccal tablet</i>		3	PA; R
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>		3	RO; QL (0.34 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		1	RO; QL (0.34 EA per 1 day)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3		PA; RO

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Drug Name	Brand	Generic	Additional Information
<i>hydromorphone hcl er</i>		3	PA; ST; R&M; QL (1 EA per 1 day)
<i>hydromorphone hcl rectal</i>		3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
HYSINGLA ER	2		R&M; QL (1 EA per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
LAZANDA	3		PA; RO; AI (Limited to 30 days supply)
<i>levorphanol tartrate oral</i>		3	PA; R
<i>meperidine hcl oral solution</i>		3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (49 ML per 1 day)
<i>meperidine hcl oral tablet 100 mg</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
METHADONE HCL INTENSOL (Methadone HCl)	1	1	PA; R
<i>methadone hcl oral solution 10 mg/5ml</i>		3	PA; R&M; AI (Brand and Generic share same name. Brand is L3 ; Generic is L1 both with PA.)
<i>methadone hcl oral solution 5 mg/5ml</i>		3	PA; R&M; AI (Brand and Generic share same name. Brand is L3 & Generic is L1 both with PA.)
<i>methadone hcl solution 10 mg/5ml oral</i>		1	PA; R&M; AI (Brand and Generic share same name. Brand is L3 ; Generic is L1 both with PA.)

Drug Name	Brand	Generic	Additional Information
<i>methadone hcl solution 10 mg/5ml oral</i>		3	PA; R&M; AI (Brand and Generic share same name. Brand is L3 ; Generic is L1 both with PA.)
<i>methadone hcl solution 5 mg/5ml oral</i>		1	PA; R
<i>methadone hcl solution 5 mg/5ml oral</i>		3	PA; R
METHADOSE ORAL CONCENTRATE (<i>Methadone HCl</i>)	3	1	PA; R
METHADOSE ORAL TABLET SOLUBLE (<i>Methadone HCl</i>)	1	1	PA; R
METHADOSE SUGAR-FREE (<i>Methadone HCl</i>)	3	1	PA; R
<i>morphine sulfate (concentrate) oral solution</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2.4 ML per 1 day)
<i>morphine sulfate er beads</i>		3	R&M; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release</i>		1	R
<i>morphine sulfate oral solution 10 mg/5ml</i>		1	R&M; QL (24.5 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12.5 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>		3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>		3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate rectal suppository 10 mg</i>		3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<i>morphine sulfate rectal suppository 20 mg</i>		3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>		3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
<i>morphine sulfate rectal suppository 5 mg</i>		3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
NUCYNTA ER	3		R&M; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 75 MG	3		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	3		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
OPANA ORAL TABLET (<i>Oxymorphone HCl</i>) 10 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
OPANA ORAL TABLET (<i>Oxymorphone HCl</i>) 5 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
OXAYDO	3		PA; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.)
<i>oxycodone hcl oral capsule</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<i>oxycodone hcl oral concentrate 10 mg/0.5ml</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1.6 EA per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1.6 ML per 1 day)
<i>oxycodone hcl oral solution</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (32.6 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>oxycodone hcl oral tablet 10 mg</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (<i>oxyCODONE HCl ER</i>)	3	3	R&M; QL (2 EA per 1 day)
<i>oxymorphone hcl er</i>		3	PA; R&M; QL (2 EA per 1 day)
ROXICODONE ORAL TABLET (<i>oxyCODONE HCl</i>) 15 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)
ROXICODONE ORAL TABLET 30 MG	3		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
ROXICODONE ORAL TABLET (<i>oxyCODONE HCl</i>) 5 MG	1	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ROXYBOND	3		PA; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.)
SUBSYS	3		PA; RO; AI (Limited to 30 days supply)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<i>tramadol hcl er oral tablet extended release 24 hour</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tramadol hcl oral</i>		1	R&M; QL (8 EA per 1 Days)
ULTRAM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (8 EA per 1 Days)
XTAMPZA ER	3		PA; R&M; QL (2 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3		R&M; QL (2 EA per 1 day)
*Opioid Combinations***			
<i>benzhydrocodone-acetaminophen</i>		3	R&M; QL (3 EA per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 10-325 MG	1	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
ENDOCET ORAL TABLET (Oxycodone-Acetaminophen) 2.5-325 MG	1	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12 EA per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 5-325 MG	1	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ENDOCET ORAL TABLET (<i>oxyCODONE-Acetaminophen</i>) 7.5-325 MG	1	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<i>oxycodone-ibuprofen</i>		3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
PERCOCET ORAL TABLET (<i>oxyCODONE-Acetaminophen</i>) 10-325 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
PERCOCET ORAL TABLET (<i>Oxycodone-Acetaminophen</i>) 2.5-325 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12 EA per 1 day)
PERCOCET ORAL TABLET (<i>oxyCODONE-Acetaminophen</i>) 5-325 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
PERCOCET ORAL TABLET (<i>oxyCODONE-Acetaminophen</i>) 7.5-325 MG	3	1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG	3		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG	3		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
PRIMLEV ORAL TABLET 7.5-300 MG	3		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
*Opioid Partial Agonists***			
BELBUCA	3		PA; R
BUNAVAIL	3		R
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		1	R&M; QL (8 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>		1	R&M; QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>		1	R
<i>butorphanol tartrate nasal</i>		1	R
BUTRANS (<i>Buprenorphine</i>)	3	1	R&M; QL (1 EA per 1 Week); AG (Min 18 Years)
<i>pentazocine-naloxone hcl</i>		1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
SUBOXONE SUBLINGUAL FILM (<i>Buprenorphine HCl-Naloxone HCl</i>) 12-3 MG	3	3	R&M; QL (2 EA per 1 day)
SUBOXONE SUBLINGUAL FILM (<i>Buprenorphine HCl-Naloxone HCl</i>) 2-0.5 MG	3	3	R&M; QL (8 EA per 1 day)
SUBOXONE SUBLINGUAL FILM (<i>Buprenorphine HCl-Naloxone HCl</i>) 4-1 MG	3	3	R&M; QL (6 EA per 1 day)
SUBOXONE SUBLINGUAL FILM (<i>Buprenorphine HCl-Naloxone HCl</i>) 8-2 MG	3	3	R&M; QL (3 EA per 1 day)
ZUBSOLV	2		R
*Tramadol Combinations***			
<i>tramadol-acetaminophen</i>		1	R&M; QL (8 EA per 1 Days)
ULTRACET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (8 EA per 1 Days)
Androgens-Anabolic			
*Anabolic Steroids***			
<i>oxandrolone oral</i>		1	R
*Androgens***			
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3		PA; R&M; M
ANDROGEL (<i>Testosterone</i>)	3	1	PA; R&M; M
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3		PA; R&M; M; QL (300 GM per 30 days)
AVEED	3		PA; R&M; M
<i>danazol oral capsule 200 mg</i>		1	R
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (<i>Testosterone Cypionate</i>)	3	1	R&M; M
FORTESTA (<i>Testosterone</i>)	3	3	PA; R&M; M; QL (60 GM per 30 days); AG (Min 18 Years)
JATENZO	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>methitest</i>		3	PA; R
<i>methyltestosterone oral</i>		3	PA; R
NATESTO	3		PA; R
STRIANT	3		PA; R&M; M; QL (2 EA per 1 day); AG (Min 18 Years)
TESTIM (<i>Testosterone</i>)	3	1	PA; R&M; M
<i>testosterone enanthate intramuscular solution</i>		1	R&M; M
<i>testosterone transdermal solution</i>		3	PA; R&M; M; QL (1 EA per 30 days)
VOGELXO PUMP (<i>Testosterone</i>)	3	1	PA; R&M; M
VOGELXO TRANSDERMAL GEL (<i>Testosterone</i>) 50 MG/5GM (1%)	3	1	PA; R&M; M
XYOSTED	3		PA; R

Drug Name	Brand	Generic	Additional Information
Anorectal Agents			
*Intrarectal Steroids***			
CORTIFOAM	3		R
<i>hydrocortisone rectal enema</i>		1	R
*Nitrate Vasodilating Agents***			
RECTIV	3		R
*Rectal Anesthetic/Steroids***			
ANALPRAM HC	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ANALPRAM HC SINGLES	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ANALPRAM-HC RECTAL CREAM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>hydrocortisone ace-pramoxine rectal cream</i>		1	R
<i>lidocaine-hydrocortisone ace rectal cream</i>		1	R
<i>lidocaine-hydrocortisone ace rectal gel</i>		3	R&M; QL (3.34 GM per 1 day)
PROCORT	3		R
PROCTOFOAM HC	3		R
*Rectal Steroids***			
ANUSOL-HC RECTAL CREAM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ANUSOL-HC RECTAL SUPPOSITORY	1		R&M; AI (Tier 3 Copay + Cost Differential Applies)
HEMMOREX-HC RECTAL SUPPOSITORY (Anucort-HC) 25 MG	1	1	R
<i>hydrocortisone acetate rectal suppository 25 mg</i>		1	R
PROCTOSOL HC	1		R
PROCTOZONE-HC RECTAL	1		R
Anthelmintics			
*Anthelmintics***			
ALBENZA (Albendazole)	3	3	PA; R
<i>benznidazole</i>		3	R&M; AI (limit of 2 fills in 6 months); AG (Min 2 Years and Max 12 Years)
BILTRICIDE (Praziquantel)	3	3	R
<i>ivermectin oral</i>		1	R
STROMEKTOL	3		PA; ST; R
Antianginal Agents			
*Antianginals-Other***			
RANEXA (Ranolazine ER)	2	2	R&M; QL (2 EA per 1 day); AG (Min 16 Years)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>		2	R&M; QL (2 EA per 1 Day); AG (Min 16 Years)
*Nitrates***			
DILATRATE-SR	3		R

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Drug Name	Brand	Generic	Additional Information
ISORDIL TITRADOSE (<i>Isosorbide Dinitrate</i>)	3	3	R
<i>isosorbide dinitrate er</i>		3	R
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg</i>		1	R
<i>isosorbide dinitrate oral tablet 30 mg</i>		3	R
<i>isosorbide mononitrate</i>		1	R
<i>isosorbide mononitrate er</i>		1	R
NITRO-BID	3		R
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.8 MG/HR	3		R&M; QL (1 EA per 1 day)
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr</i>		1	R&M; QL (1 EA per 1 day)
<i>nitroglycerin translingual solution</i>		1	R
NITROLINGUAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
NITROMIST	2		R&M; QL (0.6 GM per 1 day)
NITROSTAT (<i>Nitroglycerin</i>)	3	1	R
NITRO-TIME (<i>Nitroglycerin ER</i>)	1	1	R
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
<i>hydroxyzine hcl oral tablet</i>		1	R
<i>hydroxyzine pamoate oral capsule 100 mg</i>		3	R
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>		1	R
<i>meprobamate oral tablet 200 mg</i>		1	R
VISTARIL ORAL CAPSULE 25 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Benzodiazepines***			
<i>alprazolam er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
ALPRAZOLAM INTENSOL	3		R
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>		1	R&M; QL (4 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 1 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 2 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet dispersible 2 mg</i>		1	R&M; QL (5 EA per 1 day); AG (Min 18 Years)
<i>alprazolam xr oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>		1	R&M; QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>chlordiazepoxide hcl oral capsule 25 mg</i>		1	R&M; QL (8 EA per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg, 7.5 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 9 Years)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 9 Years)
<i>diazepam oral tablet 10 mg, 5 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>diazepam oral tablet 2 mg</i>		1	R&M; QL (4 EA per 1 day)
LORAZEPAM INTENSOL	1		R&M; QL (1 ML per 1 day); AG (Min 18 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>		1	R
<i>lorazepam oral tablet</i>		1	R&M; QL (4 EA per 1 day); AG (Min 18 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>		1	R&M; QL (5 EA per 1 day); AG (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>		3	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
TRANXENE-T ORAL TABLET 7.5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 9 Years)
VALIUM ORAL TABLET 10 MG, 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
VALIUM ORAL TABLET 2 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
XANAX ORAL TABLET 0.25 MG, 0.5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day); AG (Min 18 Years)
XANAX ORAL TABLET 1 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day); AG (Min 18 Years)
XANAX ORAL TABLET 2 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 18 Years)
XANAX XR	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
Antiarrhythmics			
*Antiarrhythmics Type I-A***			
NORPACE (<i>Disopyramide Phosphate</i>)	3	1	R
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	3		R
<i>quinidine sulfate oral</i>		1	R
*Antiarrhythmics Type I-B***			
<i>mexiletine hcl oral</i>		3	R
*Antiarrhythmics Type I-C***			
<i>flecainide acetate oral tablet 150 mg, 50 mg</i>		1	R
<i>propafenone hcl</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>propafenone hcl er</i>		1	R
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 425 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Antiarrhythmics Type Iii***			
MULTAQ	2		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
PACERONE ORAL TABLET (Amiodarone HCl) 100 MG, 200 MG	1	1	R
TIKOSYN (Dofetilide)	3	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
Antiasthmatic And Bronchodilator Agents			
*5-Lipoxygenase Inhibitors***			
<i>zileuton er</i>		3	PA; R&M; QL (4 EA per 1 day); AG (Min 12 Years)
ZYFLO	3		PA; R
*Adrenergic Combinations***			
ADVAIR DISKUS	2		R&M; QL (2 MCG per 1 day)
ADVAIR HFA	2		R&M; QL (1 EA per 30 days); AG (Min 3 Years)
AIRDUO RESPICLICK 113/14	3		ST; R&M; AI (EST: ST a trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (0.04 EA per 1 day); AG (Min 12 Years)
AIRDUO RESPICLICK 232/14	3		ST; R&M; AI (EST: ST a trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (0.04 EA per 1 day); AG (Min 12 Years)
AIRDUO RESPICLICK 55/14	3		ST; R&M; AI (EST: ST a trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (0.04 EA per 1 day); AG (Min 12 Years)
ANORO ELLIPTA	2		R
BEVESPI AEROSPHERE	3		PA; ST; R&M; AI (ST: Step through both Anoro Ellipta and Stiolto Respimat in last 12 mo); QL (0.36 GM per 1 day); AG (Min 15 Years)
BREO ELLIPTA	2		R
DUAKLIR PRESSAIR	3		PA; R

Drug Name	Brand	Generic	Additional Information
DULERA INHALATION AEROSOL 100-5 MCG/ACT	3		PA; ST; R&M; AI (EST: ST trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (1 EA per 30 days)
DULERA INHALATION AEROSOL 200-5 MCG/ACT	3		ST; R&M; AI (EST: ST trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol); QL (1 EA 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	R
<i>ipratropium-albuterol</i>		1	R
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2		R&M; QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT	2		R
TRELEGY ELLIPTA	2		R
UTIBRON NEOHALER	3		PA; ST; R&M; AI (ST: Step through both Anoro Ellipta and Stiolto Respimat within 12mo)
WIXELA INHUB (Fluticasone-Salmeterol)	2	2	ST; R&M; AI (ST: Step through brand Advair Diskus for 1 fill in last 3 months.); QL (2 MCG per 1 day)
*Anti-Ige Monoclonal Antibodies***			
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3		PA; R
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3		PA; SP; AI (10 bottles per copay retail or mail. Max 30.)
*Anti-Inflammatory Agents***			
<i>cromolyn sodium inhalation</i>		3	R
*Beta Adrenergics***			
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg</i>		3	R&M; QL (6 EA per 1 day)
<i>albuterol sulfate er oral tablet extended release 12 hour 8 mg</i>		3	R&M; QL (4 EA per 1 day)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>		3	ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%</i>		1	R
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>		1	R&M; QL (12.5 ML per 1 day); AG (Max 13 Years)
<i>albuterol sulfate inhalation nebulization solution 1.25 mg/3ml</i>		1	R&M; QL (375 ML per 30 days); AG (Max 13 Years)
<i>albuterol sulfate oral</i>		1	R
ARCAPTA NEOHALER	3		R

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Drug Name	Brand	Generic	Additional Information
BROVANA	3		R&M; AG (Max 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>		1	R
<i>levalbuterol tartrate</i>		3	ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day)
PERFOROMIST	3		R&M; QL (1 EA per 30 days); AG (Min 18 Years)
PROAIR DIGHALER	2		R
PROAIR HFA	2		R
PROAIR RESPICLICK	2		R
PROVENTIL HFA	3		PA; ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.)
SEREVENT DISKUS	2		R&M; QL (2 EA per 1 day)
STRIVERDI RESPIMAT	3		PA; ST; R&M; AI (ST with 3 in last 12 months: Arcapta, Serevent, Anoro Ellipta, Spiriva w/ Serevent, and Spiriva w/ Arcapta.)
<i>terbutaline sulfate oral</i>		1	R
VENTOLIN HFA	2		R
XOPENEX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
XOPENEX HFA	3		PA; ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day)
*Bronchodilators - Anticholinergics***			
ATROVENT HFA	2		R&M; QL (2 EA per 30 days)
INCRUSE ELLIPTA	2		R
<i>ipratropium bromide inhalation</i>		1	R
LONHALA MAGNAIR REFILL KIT	3		PA; ST; R&M; AI (ST: Step through at least two of the following x 3 mo in last 12 mo: Incruse Ellipta, Seebri, Spiriva or Tudorza.); AG (Min 18 Years)
LONHALA MAGNAIR STARTER KIT	3		PA; ST; R&M; AI (ST: Step through at least two of the following x 3 mo in last 12 mo: Incruse Ellipta, Seebri, Spiriva or Tudorza.); AG (Min 18 Years)
SEEBRI NEOHALER	3		R
SPIRIVA HANDHALER	3		R&M; QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	3		R
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3		R&M; QL (4 GM per 30 days)

Drug Name	Brand	Generic	Additional Information
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3		R
YUPELRI	3		PA; R
*Leukotriene Receptor Antagonists***			
ACCOLATE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>montelukast sodium oral packet</i>		1	R&M; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet</i>		1	R&M; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 5 mg</i>		1	R&M; QL (2 EA per 1 day)
SINGULAIR ORAL PACKET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
SINGULAIR ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
SINGULAIR ORAL TABLET CHEWABLE 4 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
SINGULAIR ORAL TABLET CHEWABLE 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>zafirlukast</i>		1	R&M; QL (2 EA per 1 day)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
DALIRESP	3		R
*Steroid Inhalants***			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	2		R&M; QL (2 EA per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	2		R&M; QL (1 EA per 30 days)
ARNUIITY ELLIPTA	2		R
ASMANEX (120 METERED DOSES)	2		R
ASMANEX (14 METERED DOSES)	2		R
ASMANEX (30 METERED DOSES)	2		R
ASMANEX (60 METERED DOSES)	2		R
ASMANEX (7 METERED DOSES)	2		R
ASMANEX HFA	2		R
<i>budesonide inhalation suspension 0.25 mg/2ml</i>		1	R&M; QL (240 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>		1	R&M; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>		1	R&M; QL (60 ML per 30 days)
FLOVENT DISKUS	2		R
FLOVENT HFA	2		R
PULMICORT FLEXHALER	2		R&M; QL (2 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (240 ML per 30 days)
PULMICORT INHALATION SUSPENSION 0.5 MG/2ML	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 1 MG/2ML	2		R&M; AI (Tier 2 copay + cost differential applies); QL (60 ML per 30 days)
PULMICORT SUSPENSION 0.25 MG/2ML INHALATION	3		R&M; QL (8 ML per 1 day)
PULMICORT SUSPENSION 0.5 MG/2ML INHALATION	3		R&M; QL (4 ML per 1 day)
QVAR REDHALER	2		R
*Xanthines***			
THEO-24	2		R
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG	1		R
<i>theophylline</i>		1	R
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>		1	R
<i>theophylline er oral tablet extended release 24 hour</i>		1	R
Anticoagulants			
*Coumarin Anticoagulants***			
COUMADIN ORAL (Warfarin Sodium)	2	1	R
JANTOVEN ORAL TABLET (Warfarin Sodium) 1 MG, 10 MG, 2 MG, 2.5 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	1	R
*Direct Factor Xa Inhibitors***			
BEVYXXA ORAL CAPSULE 40 MG	3		R&M; QL (1 EA per 1 day)
BEVYXXA ORAL CAPSULE 80 MG	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
ELIQUIS	2		R
ELIQUIS STARTER PACK	2		R
SAVAYSA	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
XARELTO	2		R
XARELTO STARTER PACK	2		R
*Heparins And Heparinoid-Like Agents***			
<i>heparin lock flush intravenous solution 1 unit/ml</i>		3	R
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		1	R
<i>heparin sodium (porcine) injection solution prefilled syringe</i>		3	R
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Low Molecular Weight Heparins***			
<i>enoxaparin sodium</i>		1	R
FRAGMIN SUBCUTANEOUS SOLUTION 12500 UNIT/0.5ML, 15000 UNIT/0.6ML	3		R
LOVENOX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Synthetic Heparinoid-Like Agents***			
ARIXTRA SUBCUTANEOUS SOLUTION 5 MG/0.4ML	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>fondaparinux sodium</i>		1	R
*Thrombin Inhibitors - Selective Direct & Reversible***			
PRADAXA	2		R
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION	2		R
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	2		R&M; QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	2		R&M; QL (2 EA per 1 day)
*Anticonvulsants - Benzodiazepines***			
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>		1	R&M; QL (4 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.25 mg, 0.5 mg</i>		1	R&M; QL (4 EA per 1 day)
DIASTAT ACUDIAL (DiazePAM)	3	3	R&M; QL (3 EA per 1 day)
DIASTAT PEDIATRIC (DiazePAM)	3	3	R&M; QL (3 EA per 1 day)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
KLONOPIN ORAL TABLET 2 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
NAYZILAM	3		PA; R
ONFI ORAL SUSPENSION (CloBAZam)	3	3	R&M; QL (8 ML per 1 day)
ONFI ORAL TABLET (CloBAZam) 10 MG, 20 MG	3	3	R&M; QL (2 EA per 1 day)
SYMPAZAN	3		PA; ST; R&M; AI (ST: Step through Onfi within 3mo); QL (2 EA per 1 Day)
*Anticonvulsants - Misc.***			
APTIOM ORAL TABLET 200 MG, 400 MG	3		PA; ST; R&M; AI (ST: Trial of 3 of the following in last yr-gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate or zonisamide.); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
APTIOM ORAL TABLET 600 MG, 800 MG	3		PA; ST; R&M; AI (ST: Trial of 3 of the following in last yr-gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate or zonisamide.); QL (2 EA per 1 day)
BANZEL	3		PA; R
BRIVIACT ORAL SOLUTION	3		PA; ST; R&M; AI (ST:Step through Levetiracetam (genericKeppra) for 2 months within 12 months); QL (20 ML per 1 day); AG (Min 4 Years)
BRIVIACT ORAL TABLET	3		PA; ST; R&M; AI (ST:Step through Levetiracetam (genericKeppra) for 2 months within 12 months); QL (2 EA per 1 day); AG (Min 4 Years)
<i>carbamazepine er</i>		1	R
<i>carbamazepine oral</i>		1	R
CARBATROL	2		R&M; AI (Tier 2 copay + cost differential applies)
DIACOMIT	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
EPIDIOLEX	3		PA; R
EPITOL (<i>carBAMazepine</i>)	1	1	R
<i>gabapentin oral capsule</i>		1	R
<i>gabapentin oral solution 250 mg/5ml</i>		1	R
<i>gabapentin oral tablet</i>		1	R
KEPPRA ORAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day); AG (Min 12 Years)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); AG (Min 12 Years)
LAMICTAL ODT ORAL KIT	3		R&M; AG (Max 6 Years)
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3		R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LAMICTAL ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
LAMICTAL XR ORAL KIT	3		R
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>lamotrigine er</i>		1	R
<i>lamotrigine oral tablet</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>lamotrigine oral tablet chewable</i>		1	R
<i>lamotrigine oral tablet dispersible</i>		1	R
<i>levetiracetam oral</i>		1	R
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3		R&M; QL (3 EA per 1 day); AG (Min 16 Years)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3		R&M; QL (2 EA per 1 day); AG (Min 16 Years)
LYRICA ORAL SOLUTION (<i>Pregabalin</i>)	3	1	R
NEURONTIN	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>oxcarbazepine</i>		1	R
OXTELLAR XR	3		R
<i>pregabalin oral capsule</i>		1	R&M; QL (3 EA per 1 day)
<i>primidone oral</i>		1	R
QUDEXY XR	3		PA; ST; R&M; AI (Step: topiramate); AG (Min 3 Years)
ROWEEPRA ORAL TABLET (<i>LevETIRAcetam</i>) 750 MG	1	1	R
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>LevETIRAcetam ER</i>) 500 MG	1	1	R&M; QL (6 EA per 1 day); AG (Min 12 Years)
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>LevETIRAcetam ER</i>) 750 MG	1	1	R&M; AG (Min 12 Years)
TEGRETOL ORAL SUSPENSION	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
TEGRETOL ORAL TABLET (<i>carBAMazepine</i>)	2	1	R
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>CarBAMazepine ER</i>) 100 MG	2	1	R
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG, 400 MG	2		R&M; AI (Tier 2 copay + cost differential applies)
TOPAMAX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>topiramate er</i>		2	ST; R&M; AI (Step: topiramate); AG (Min 3 Years)
<i>topiramate oral</i>		1	R
TRILEPTAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
TROKENDI XR	3		ST; R&M; AI (Step: Generic topiramate and topiramate ER.); AG (Min 6 Years)
VIMPAT	2		R
ZONEGRAN ORAL CAPSULE 100 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day)
<i>zonisamide oral capsule 100 mg</i>		1	R&M; QL (6 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Carbamates***			
<i>felbamate oral tablet 600 mg</i>		1	R
FELBATOL ORAL TABLET 600 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Gaba Modulators***			
GABITRIL (<i>TiaGABine HCl</i>)	3	3	R
SABRIL	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Hydantoins***			
DILANTIN (<i>Phenytoin Sodium Extended</i>)	2	1	R
DILANTIN INFATABS (<i>Phenytoin</i>)	2	1	R
PHENYTEK (<i>Phenytoin Sodium Extended</i>)	2	1	R&M; QL (2 EA per 1 day)
*Succinimides***			
<i>ethosuximide oral</i>		1	R
ZARONTIN ORAL CAPSULE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Valproic Acid***			
DEPAKOTE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
DEPAKOTE ER	2		R&M; AI (Tier 2 copay + cost differential applies)
<i>divalproex sodium er oral tablet extended release 24 hour</i>		1	R
<i>divalproex sodium oral tablet delayed release</i>		1	R
<i>valproic acid oral capsule</i>		1	R
<i>valproic acid oral solution</i>		1	R
*Antidementia Agent Combinations***			
*Antidementia Agent Combinations***			
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3		R
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	3		R
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
<i>mirtazapine oral tablet 15 mg, 45 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>		1	R
<i>mirtazapine oral tablet dispersible 15 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>mirtazapine oral tablet dispersible 30 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>mirtazapine oral tablet dispersible 45 mg</i>		1	R&M; QL (2 EA per 1 day)
REMERON ORAL TABLET 15 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
REMERON ORAL TABLET 30 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 45 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
*Antidepressants - Misc.***			
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>		1	R
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>bupropion hcl oral</i>		1	R
FORFIVO XL	3		R
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
*Modified Cyclics***			
<i>nefazodone hcl</i>		3	R
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		1	R
<i>trazodone hcl oral tablet 300 mg</i>		1	R&M; QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	3		ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (2 EA per 1 day); AG (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	3		ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (1 EA per 1 day); AG (Min 18 Years)
VIIBRYD ORAL TABLET	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
VIIBRYD STARTER PACK	3		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)

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Drug Name	Brand	Generic	Additional Information
*Monoamine Oxidase Inhibitors (Maois)***			
EMSAM	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 16 Years)
MARPLAN	3		R
NARDIL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
PARNATE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>phenelzine sulfate oral</i>		1	R
<i>tranylcypromine sulfate</i>		1	R
*Selective Serotonin Reuptake Inhibitors (SsrIs)***			
CELEXA ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>citalopram hydrobromide</i>		1	R
<i>escitalopram oxalate</i>		1	R
<i>fluoxetine hcl oral capsule</i>		1	R
<i>fluoxetine hcl oral solution</i>		1	R
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		1	R
<i>fluvoxamine maleate</i>		1	R
<i>fluvoxamine maleate er</i>		1	R&M; QL (2 EA per 1 day)
LEXAPRO ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>paroxetine hcl er tablet extended release 24 hour 12.5 mg oral</i>		3	R&M; QL (1 EA per 1 day)
<i>paroxetine hcl er tablet extended release 24 hour 25 mg oral</i>		3	R&M; QL (1 EA per 1 day)
<i>paroxetine hcl er tablet extended release 24 hour 25 mg oral</i>		3	R&M; QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>		1	R&M; QL (2 EA per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 37.5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
PAXIL ORAL SUSPENSION	3		R
PAXIL ORAL TABLET 10 MG, 40 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
PAXIL ORAL TABLET 20 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
PAXIL ORAL TABLET 30 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
PROZAC ORAL CAPSULE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>sertraline hcl oral</i>		1	R
ZOLOFT ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
DRIZALMA SPRINKLE	3		PA; R
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>		1	R
EFFEXOR XR	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
FETZIMA	3		PA; ST; R
FETZIMA TITRATION	3		PA; ST; R
KHEDEZLA (Desvenlafaxine ER)	3	3	R&M; QL (1 EA per 1 day)
PRISTIQ (Desvenlafaxine Succinate ER)	3	1	R&M; QL (1 EA per 1 day)
<i>venlafaxine hcl</i>		1	R
<i>venlafaxine hcl er</i>		1	R
*Tricyclic Agents***			
<i>amitriptyline hcl oral</i>		1	R
<i>amoxapine oral tablet 25 mg</i>		3	R
<i>clomipramine hcl oral</i>		1	R
<i>desipramine hcl oral</i>		1	R
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>		1	R
<i>doxepin hcl oral capsule 150 mg</i>		3	R
<i>doxepin hcl oral concentrate</i>		1	R
<i>imipramine hcl oral</i>		1	R
<i>imipramine pamoate oral capsule 100 mg, 125 mg</i>		1	R&M; QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>imipramine pamoate oral capsule 150 mg</i>		1	R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>imipramine pamoate oral capsule 75 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>nortriptyline hcl oral capsule</i>		1	R
<i>nortriptyline hcl oral solution</i>		3	R
PAMELOR ORAL CAPSULE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>protriptyline hcl oral tablet 10 mg</i>		1	R
TOFRANIL ORAL TABLET 25 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
<i>acarbose oral</i>		1	R
GLYSET	2		R
*Antidiabetic - Amylin Analogs***			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2		R&M; QL (4 EA per 30 days); AG (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2		R&M; QL (4 EA per 30 days); AG (Min 18 Years)
*Biguanides***			
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	3		ST; R&M; AI (ST: Both generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (4 EA per 1 day)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	3		ST; R&M; AI (ST: Both generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (2 EA per 1 day)
GLUCOPHAGE ORAL TABLET (MetFORMIN HCl) 1000 MG, 500 MG	3	1	R
GLUCOPHAGE ORAL TABLET 850 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	3		R&M; QL (2 EA per 1 day)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR (metFORMIN HCl ER) 750 MG	3	1	R&M; QL (3 EA per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>		1	ST; R&M; AI (ST: Generic Glucophage XR for 3 mo.); QL (4 EA per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>		1	ST; R&M; AI (ST: Generic Glucophage XR for 3 mo.); QL (2 EA per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		1	R&M; QL (5 EA per 1 day)
RIOMET (MetFORMIN HCl)	3	3	R
*Diabetic Other***			
BAQSIMI ONE PACK	2		R&M; QL (2 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
BAQSIMI TWO PACK	2		R&M; QL (1 EA per 30 days)
GLUCAGEN HYPOKIT	2		R
GLUCAGON EMERGENCY INJECTION KIT	2		R&M; QL (2 EA per 30 days)
PROGLYCEM	3		R
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
NESINA (Alogliptin Benzoate)	3	3	PA; ST; R&M; AI (Trial of one the following for 3 months in last 12 months: metformin with Onglyza or metformin with Januvia)
ONGLYZA	2		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
TRADJENTA	3		R
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
JANUMET	2		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
JANUMET XR	2		R
JENTADUETO	3		R
JENTADUETO XR	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
KAZANO (Alogliptin-Metformin HCl)	3	3	R
KOMBIGLYZE XR	2		R
*Dopamine Receptor Agonists - Ergot Derivatives***			
CYCLOSET	3		R
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***			
<i>alogliptin-pioglitazone</i>		3	R
OSENI ORAL TABLET (Alogliptin-Pioglitazone) 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	3	R
*Human Insulin***			
ADMELOG SOLOSTAR	3		PA; ST; R&M; QL (2 ML per 1 day)
ADMELOG SOLUTION 100 UNIT/ML SUBCUTANEOUS	3		R&M; QL (2 ML per 1 day)
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3		PA; ST; R&M; QL (2 ML per 1 day)
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3		PA; R&M; AG (Min 18 Years)
APIDRA	3		PA; ST; R&M; QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3		PA; ST; R&M; QL (2 ML per 1 day)
BASAGLAR KWIKPEN	3		PA; ST; R&M; AI (ST: Lantus); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
FIASP	3		PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
FIASP FLEXTOUCH	3		PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
FIASP PENFILL	3		ST; R&M; AI (Preferred products are Lilly MFG like Humalog, Humulin, etc.)
HUMALOG	2		R&M; QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN	2		R&M; QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	2		R&M; QL (2 ML per 1 day)
HUMALOG MIX 50/50	1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2		R&M; QL (2 ML per 1 day)
HUMALOG MIX 75/25	1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2		R&M; QL (2 ML per 1 day)
HUMULIN 70/30	2		R&M; QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3		PA; R&M; \$0; QL (2 ML per 1 day)
HUMULIN N	1		R&M; QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2		R&M; QL (2 ML per 1 day)
HUMULIN R	1		R&M; QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	2		ST; R&M; AI (ST: through Humulin R U 100 for 3 mo in last 6 mo); QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2		ST; R&M; AI (ST: through Humulin R U 100 for 3 mo in last 6 mo); QL (2 ML per 1 day)
<i>insulin asp prot & asp flexpen</i>		3	ST; R&M; QL (2 ML per 1 day)
<i>insulin aspart prot & aspart</i>		3	ST; R&M; QL (2 ML per 1 day)
<i>insulin lispro</i>		3	PA; R
LANTUS	1		R&M; QL (2 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2		R&M; QL (2 ML per 1 day)
LEVEMIR	3		PA; ST; R&M; AI (ST: LANTUS); QL (2 ML per 1 day)
LEVEMIR FLEXTOUCH	3		PA; ST; R&M; AI (ST: LANTUS); QL (2 ML per 1 day)
NOVOLIN 70/30	3		PA; ST; R&M; AI (ST: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN	3		PA; ST; R&M; AI (ST: Humulin 70/30); \$0; QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	3		PA; ST; R&M; AI (ST: Humulin 70/30); \$0; QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVOLIN 70/30 RELION	3		PA; ST; R&M; AI (ST: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN N	3		PA; ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	3		ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	3		ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day)
NOVOLIN N RELION	3		PA; ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day)
NOVOLIN R	3		PA; ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	3		ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	3		ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day)
NOVOLIN R RELION	3		PA; ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day)
NOVOLOG (<i>Insulin Aspart</i>)	3	3	ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Insulin Aspart FlexPen</i>)	3	3	ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
NOVOLOG MIX 70/30	3		ST; R&M; QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3		ST; R&M; QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>Insulin Aspart PenFill</i>)	3	3	ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR	2		R&M; QL (2 ML per 1 day)
TOUJEO SOLOSTAR	2		R&M; QL (2 ML per 1 day)
TRESIBA	3		PA; ST; R&M; AI (EST: Step through Lantus for 3 months in the last 12 months); QL (2 ML per 1 day); AG (Min 1 Years)
TRESIBA FLEXTOUCH	3		PA; ST; R&M; AI (EST: Step through Lantus for 3 months in the last 12 months); QL (2 ML per 1 day); AG (Min 1 Years)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
ADLYXIN	3		R&M; QL (0.22 ML per 1 day); AG (Min 18 Years)
ADLYXIN STARTER PACK	3		R&M; QL (6 ML per 1 Lifetime); AG (Min 18 Years)
BYDUREON BCISE	2		R&M; QL (0.13 ML per 1 day)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	2		R&M; QL (4 EA per 28 days); AG (Min 16 Years)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2		R&M; QL (0.08 ML per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2		R&M; QL (0.04 ML per 1 day); AG (Min 18 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3		PA; R&M; AI (Electronic Step: Through Trulicity and Victoza in last 12 months.)
OZEMPIC (1 MG/DOSE)	3		PA; R&M; AI (Electronic Step: Through Trulicity and Victoza in last 12 months.)
RYBELSUS	3		PA; R
TRULICITY	2		R&M; QL (0.07 ML per 1 day); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2		R&M; AI (Max 3 pens 90 day supply); QL (0.43 ML per 1 day); AG (Min 18 Years)
*Meglitinide Analogues***			
<i>nateglinide</i>		1	R&M; QL (3 EA per 1 day)
PRANDIN ORAL TABLET 2 MG	3		R&M; AI (Tier 2 copay + cost differential applies)
<i>repaglinide</i>		1	R
STARLIX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
*Progesterone Receptor Antagonists***			
KORLYM	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***			
FARXIGA	2		R&M; QL (1 EA per 1 day)
INVOKANA	2		R
JARDIANCE	3		R
STEGLATRO	3		PA; R
*Sulfonylurea-Biguanide Combinations***			
<i>glipizide-metformin hcl</i>		1	R
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>		1	R&M; QL (4 EA per 1 day)
*Sulfonylureas***			
AMARYL ORAL TABLET 1 MG, 2 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
AMARYL ORAL TABLET 4 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>glimepiride oral tablet 4 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>glipizide er</i>		1	R
<i>glipizide oral</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>glipizide xl</i>		1	R
GLUCOTROL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>glyburide micronized</i>		1	R
<i>glyburide oral</i>		1	R
*Thiazolidinedione-Biguanide Combinations***			
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day); AG (Min 16 Years)
ACTOPLUS MET TABLET 15-500 MG ORAL	3		R&M; QL (3 EA per 1 day)
ACTOPLUS MET TABLET 15-850 MG ORAL	3		R&M; QL (3 EA per 1 day)
<i>pioglitazone hcl-metformin hcl</i>		1	R&M; QL (3 EA per 1 day); AG (Min 16 Years)
*Thiazolidinediones***			
ACTOS ORAL TABLET (<i>Pioglitazone HCl</i>) 15 MG, 30 MG, 45 MG	3	1	R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
ACTOS TABLET 15 MG ORAL (<i>Pioglitazone HCl</i>)	3	1	R&M; QL (1 EA per 1 day)
ACTOS TABLET 30 MG ORAL (<i>Pioglitazone HCl</i>)	3	1	R&M; QL (1 EA per 1 day)
ACTOS TABLET 45 MG ORAL (<i>Pioglitazone HCl</i>)	3	1	R&M; QL (1 EA per 1 day)
AVANDIA ORAL TABLET 2 MG, 4 MG	2		R
Antidiarrheals			
*Antidiarrheal - Chloride Channel Antagonists***			
MYTESI	3		R
*Antiperistaltic Agents***			
<i>diphenoxylate-atropine oral liquid</i>		3	R
<i>diphenoxylate-atropine oral tablet</i>		1	R
LOMOTIL ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
MOTOFEN	3		R
<i>opium</i>		1	R
<i>paregoric</i>		3	R
Antidotes And Specific Antagonists			
*Antidotes And Specific Antagonists***			
<i>deferoxamine mesylate</i>		1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
DEFERAL INJECTION SOLUTION RECONSTITUTED (<i>Deferoxamine Mesylate</i>) 500 MG	3	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RADIOGARDASE	3		R&M; QL (18 EA per 1 day); AG (Min 2 Years)
VISTOGARD	3		RO; QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
Antidotes			
*Antidotes - Chelating Agents***			
EXJADE (<i>Deferasirox</i>)	3	3	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
FERRIPROX ORAL SOLUTION	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
FERRIPROX ORAL TABLET 500 MG	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
JADENU (<i>Deferasirox</i>)	3	3	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
JADENU SPRINKLE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antidotes***			
<i>deferoxamine mesylate</i>		1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
DESFERAL INJECTION SOLUTION RECONSTITUTED (<i>Deferoxamine Mesylate</i>) 500 MG	3	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RADIOGARDASE	3		R&M; QL (18 EA per 1 day); AG (Min 2 Years)
VISTOGARD	3		RO; QL (4 EA per 1 day)
*Opioid Antagonists***			
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		1	R
<i>naloxone hcl injection solution cartridge</i>		1	R
<i>naloxone hcl injection solution prefilled syringe</i>		1	R
<i>naltrexone hcl oral</i>		1	R
NARCAN	2		R&M; QL (1 box per 30 days)
VIVITROL	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Antiemetics			
*5-Ht3 Receptor Antagonists***			
ANZEMET ORAL TABLET 100 MG	3		R
<i>ondansetron hcl oral</i>		1	R
<i>ondansetron oral tablet dispersible 4 mg</i>		1	R&M; QL (4 EA per 1 day)
<i>ondansetron oral tablet dispersible 8 mg</i>		1	R
SANCUSO	3		RO; QL (0.67 EA per 1 day)
ZOFTRAN ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ZUPLENZ	3		R&M; QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
*Antiemetic Combinations***			
AKYNZEO ORAL	3		PA; ST; R&M; AI (ST: Trial of ondansetron with aprepitant in last 3 months.)
BONJESTA	3		PA; R&M; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
DICLEGIS (<i>Doxylamine-Pyridoxine</i>)	3	3	PA; R&M; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together)
*Antiemetics - Anticholinergic***			
TRANSDERM-SCOP (1.5 MG)	3		R&M; QL (0.34 EA per 1 day)
<i>trimethobenzamide hcl oral</i>		1	R
*Antiemetics - Miscellaneous***			
CESAMET	3		R&M; QL (6 EA per 1 day); AG (Min 18 Years)
<i>dronabinol</i>		1	R
SYNDROS	3		PA; R
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
CINVANTI	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
EMEND ORAL CAPSULE (<i>Aprepitant</i>) 125 MG, 40 MG, 80 MG	3	3	R
EMEND ORAL SUSPENSION RECONSTITUTED	3		R
VARUBI ORAL	3		RO; QL (0.14 EA per 1 day)
Antifungals			
*Antifungals***			
<i>griseofulvin microsize oral</i>		1	R
<i>griseofulvin ultramicrosize</i>		1	R
LAMISIL ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>nystatin oral tablet</i>		1	R
<i>terbinafine hcl oral</i>		1	R&M; QL (1 EA per 1 day)
*Imidazoles***			
<i>ketoconazole oral</i>		1	R
*Triazoles***			
CRESEMBA ORAL	3		PA; R
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>fluconazole oral</i>		1	R
<i>itraconazole oral capsule</i>		1	R
NOXAFIL ORAL	3		R

Drug Name	Brand	Generic	Additional Information
SPORANOX ORAL CAPSULE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
SPORANOX ORAL SOLUTION (<i>Itraconazole</i>)	3	3	R
SPORANOX PULSEPAK	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>tolsura</i>		3	PA; R&M; AI (STEP: Step through itraconazole 100mg capsule with 6 months)
VFEND (<i>Voriconazole</i>)	3	1	R
*Antihemophilic Products - Monoclonal Antibodies***			
*Antihemophilic Products - Monoclonal Antibodies***			
HEMLIBRA	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Antihistamines			
*Antihistamines - Ethanolamines***			
<i>carbinoxamine maleate oral solution</i>		1	R
<i>carbinoxamine maleate oral tablet 4 mg</i>		1	R
<i>clemastine fumarate oral tablet 2.68 mg</i>		3	R
<i>diphenhydramine hcl injection</i>		1	R
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3		PA; R&M; QL (20 1 per 1 day); AG (Min 2 Years)
*Antihistamines - Non-Sedating***			
CLARINEX ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>desloratadine</i>		3	R&M; QL (1 EA per 1 day)
*Antihistamines - Phenothiazines***			
PHENADOZ (<i>Promethazine HCl</i>)	1	1	R
<i>promethazine hcl oral</i>		1	R
PROMETHEGAN (<i>Promethazine HCl</i>)	1	1	R
*Antihistamines - Piperidines***			
<i>cyproheptadine hcl oral</i>		1	R
Antihyperlipidemics			
*Antihyperlipidemics - Misc.***			
VASCEPA	3		PA; R
*Bile Acid Sequestrants***			
<i>cholestyramine oral</i>		1	R
COLESTID ORAL GRANULES	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
COLESTID ORAL PACKET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
COLESTID ORAL TABLET (<i>Colestipol HCl</i>)	3	1	R

Drug Name	Brand	Generic	Additional Information
<i>colestipol hcl oral granules</i>		1	R
PREVALITE (<i>Cholestyramine Light</i>)	1	1	R
QUESTRAN ORAL POWDER	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
WELCHOL ORAL PACKET	2		R&M; QL (1 EA per 1 day)
WELCHOL ORAL TABLET (<i>Colesevelam HCl</i>)	2	1	R&M; QL (6 EA per 1 day)
*Fibric Acid Derivatives***			
ANTARA ORAL CAPSULE 30 MG, 90 MG	3		R
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		1	R
<i>fenofibrate oral tablet 120 mg, 40 mg</i>		1	R
<i>fenofibrate oral tablet 145 mg, 54 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>fenofibrate oral tablet 48 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>fenofibric acid oral capsule delayed release</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
FENOGLIDE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
FIBRICOR ORAL TABLET (<i>Fenofibric Acid</i>) 105 MG	3	3	R&M; QL (1 EA per 1 day)
FIBRICOR ORAL TABLET 35 MG	3		R&M; QL (2 EA per 1 day)
<i>gemfibrozil oral</i>		1	R
LIPOFEN (<i>Fenofibrate</i>)	3	3	R
LOPID	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
TRICOR ORAL TABLET 145 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
TRICOR ORAL TABLET 48 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
TRIGLIDE ORAL TABLET (<i>Fenofibrate</i>) 160 MG	3	1	R&M; QL (1 EA per 1 day)
TRILIPIX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
*Hmg Coa Reductase Inhibitors***			
ALTOPREV	3		R
<i>atorvastatin calcium oral tablet 20 mg, 40 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>		1	R&M; QL (1 EA per 1 day)
CRESTOR (<i>Rosuvastatin Calcium</i>)	3	1	R&M; QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 5 MG	3		R&M; QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>fluvastatin sodium oral capsule 40 mg</i>		1	R&M; QL (1 EA per 1 day)
LESCOL XL	3		R&M; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
LIPITOR ORAL TABLET (Atorvastatin Calcium) 10 MG	3	1	R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
LIPITOR ORAL TABLET 20 MG, 40 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
LIPITOR ORAL TABLET 80 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
LIPITOR TABLET 10 MG ORAL (Atorvastatin Calcium)	3	1	R&M; QL (1.5 EA per 1 day)
LIPITOR TABLET 20 MG ORAL	3		R&M; QL (2 EA per 1 day)
LIVALO	3		PA; ST; R
<i>lovastatin oral tablet 10 mg, 20 mg</i>		1	R
<i>lovastatin oral tablet 40 mg</i>		1	R&M; QL (2 EA per 1 day)
PRAVACHOL ORAL TABLET 20 MG, 80 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
PRAVACHOL ORAL TABLET 40 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg</i>		1	R
<i>pravastatin sodium oral tablet 20 mg, 80 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 40 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>		1	R&M; AI (Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 day)
ZOCOR ORAL TABLET (Simvastatin) 10 MG, 20 MG, 40 MG	3	1	R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
ZOCOR ORAL TABLET 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
ZOCOR ORAL TABLET 80 MG	3		PA; R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
ZOCOR TABLET 10 MG ORAL (Simvastatin)	3	1	R&M; QL (1 EA per 1 day)
ZOCOR TABLET 20 MG ORAL (Simvastatin)	3	1	R&M; QL (1 EA per 1 day)
ZOCOR TABLET 40 MG ORAL (Simvastatin)	3	1	R&M; QL (1 EA per 1 day)
ZOCOR TABLET 5 MG ORAL	3		R&M; QL (1 EA per 1 day)
ZYPITAMAG	3		ST; R
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
VYTORIN ORAL TABLET (Ezetimibe-Simvastatin) 10-10 MG, 10-20 MG, 10-40 MG	3	1	R&M; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
VYTORIN ORAL TABLET (Ezetimibe-Simvastatin) 10-80 MG	3	1	PA; R&M; AI (Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 day)
*Intestinal Cholesterol Absorption Inhibitors***			
ZETIA	3		R&M; QL (1 EA per 1 day)
*Microsomal Triglyceride Transfer Protein Inhibitors***			
JUXTAPID	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Nicotinic Acid Derivatives***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		2	R&M; QL (2 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		2	R&M; QL (3 EA per 1 day)
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 750 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
NIASPAN ORAL TABLET EXTENDED RELEASE 500 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
<i>amlodipine besy-benazepril hcl</i>		1	R
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>trandolapril-verapamil hcl er</i>		1	R
*Ace Inhibitors & Thiazide/Thiazide-Like***			
<i>benazepril-hydrochlorothiazide</i>		1	R
<i>captopril-hydrochlorothiazide oral tablet 50-25 mg</i>		3	R
<i>enalapril-hydrochlorothiazide</i>		1	R
<i>lisinopril-hydrochlorothiazide</i>		1	R
<i>quinapril-hydrochlorothiazide</i>		1	R
ZESTORETIC	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Ace Inhibitors***			
ACCUPRIL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ALTACE ORAL CAPSULE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>benazepril hcl oral</i>		1	R
<i>captopril oral</i>		1	R
<i>enalapril maleate oral</i>		1	R

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Drug Name	Brand	Generic	Additional Information
EPANED ORAL SOLUTION	3		R
<i>fosinopril sodium</i>		1	R
<i>lisinopril oral</i>		1	R
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>moexipril hcl</i>		1	R
<i>perindopril erbumine oral tablet 4 mg, 8 mg</i>		1	R
PRINIVIL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
QBRELIS	3		R
<i>quinapril hcl</i>		1	R
<i>ramipril</i>		1	R
<i>trandolapril</i>		1	R
VASOTEC	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ZESTRIL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Agents For Pheochromocytoma***			
DIBENZYLINE (<i>Phenoxybenzamine HCl</i>)	3	1	R
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***			
<i>amlodipine besylate-valsartan</i>		1	R&M; QL (1 EA per 1 day)
AZOR (<i>Amlodipine-Olmesartan</i>)	3	3	R&M; QL (1 EA per 1 day)
EXFORGE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>telmisartan-amlodipine</i>		1	R
TWYNSTA	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***			
ATACAND HCT	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
AVALIDE ORAL TABLET 150-12.5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
AVALIDE ORAL TABLET 300-12.5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
BENICAR HCT ORAL TABLET 20-12.5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>candesartan cilexetil-hctz</i>		1	R

Drug Name	Brand	Generic	Additional Information
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 80-12.5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
DIOVAN HCT ORAL TABLET 320-12.5 MG, 320-25 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
EDARBYCLOR	3		R
HYZAAR	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>losartan potassium-hctz</i>		1	R
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
MICARDIS HCT ORAL TABLET 80-25 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>		1	R
<i>telmisartan-hctz oral tablet 80-25 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>		1	R&M; QL (1 EA per 1 day)
*Angiotensin II Receptor Antagonists***			
ATACAND	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
AVAPRO ORAL TABLET 150 MG, 75 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
AVAPRO ORAL TABLET 300 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
BENICAR ORAL TABLET 20 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
BENICAR ORAL TABLET 40 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
BENICAR ORAL TABLET 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<i>candesartan cilexetil</i>		1	R
COZAAR	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
DIOVAN ORAL TABLET 320 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
EDARBI	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>eprosartan mesylate</i>		3	R&M; QL (1 EA per 1 day)
<i>irbesartan oral tablet 150 mg, 75 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>irbesartan oral tablet 300 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>losartan potassium</i>		1	R
MICARDIS	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>olmesartan medoxomil oral tablet 20 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>telmisartan</i>		1	R
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>valsartan oral tablet 320 mg</i>		1	R&M; QL (1 EA per 1 day)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***			
<i>amlodipine-valsartan-hctz</i>		1	R&M; QL (1 EA per 1 day)
EXFORGE HCT	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
TRIBENZOR (Olmesartan-Amlodipine-HCTZ)	3	3	R
*Antiadrenergics - Centrally Acting***			
CATAPRES	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
CATAPRES-TTS-2	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>clonidine hcl</i>		3	R
<i>clonidine hcl oral</i>		1	R
<i>guanfacine hcl oral</i>		1	R
<i>methyldopa oral</i>		1	R
*Antiadrenergics - Peripherally Acting***			
CARDURA	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>doxazosin mesylate oral</i>		1	R
<i>prazosin hcl oral</i>		1	R
<i>terazosin hcl oral</i>		1	R
*Antihypertensives - Misc.***			
VECAMYL	3		R

Drug Name	Brand	Generic	Additional Information
*Beta Blocker & Diuretic Combinations***			
<i>atenolol-chlorthalidone</i>		1	R
<i>bisoprolol-hydrochlorothiazide</i>		1	R
<i>metoprolol-hydrochlorothiazide</i>		1	R
<i>propranolol-hctz oral tablet 80-25 mg</i>		3	R
TENORETIC 100	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
TENORETIC 50	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***			
TEKTURNA HCT	2		R&M; QL (1 EA per 1 day)
*Direct Renin Inhibitors***			
<i>aliskiren fumarate</i>		2	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
TEKTURNA	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
*Selective Aldosterone Receptor Antagonists (Saras)***			
<i>eplerenone oral tablet 25 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>eplerenone oral tablet 50 mg</i>		1	R&M; QL (2 EA per 1 day)
INSPIRA ORAL TABLET 25 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
INSPIRA ORAL TABLET 50 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
*Vasodilators***			
<i>hydralazine hcl oral</i>		1	R
<i>minoxidil oral</i>		1	R
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
AEMCOLO	3		R&M; AI (Limited to two fills per year.); QL (12 EA per 3 days)
FLAGYL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
IMPAVIDO	3		R
<i>metronidazole oral</i>		1	R
NEBUPENT	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>pentamidine isethionate inhalation</i>		3	R
<i>tinidazole oral</i>		1	R
<i>trimethoprim oral</i>		1	R
XIFAXAN	3		PA; R

Drug Name	Brand	Generic	Additional Information
*Anti-Infective Misc. - Combinations***			
BACTRIM (<i>Sulfamethoxazole-Trimethoprim</i>)	3	1	R
BACTRIM DS	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>		1	R
*Antiprotozoal Agents***			
ALINIA ORAL SUSPENSION RECONSTITUTED	3		R&M; AI (30 days must pass before able to refill.); QL (60 ML per 3 days)
ALINIA ORAL TABLET	3		R&M; AI (30 days must pass before able to refill.); QL (6 EA per 3 days)
<i>atovaquone oral</i>		2	R
MEPRON	2		R&M; AI (Tier 2 copay + cost differential applies)
*Carbapenem Combinations***			
VABOMERE	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Leprostatics***			
<i>dapsone oral</i>		2	R
*Lincosamides***			
CLEOCIN ORAL CAPSULE 75 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>clindamycin hcl oral</i>		1	R
<i>clindamycin palmitate hcl</i>		1	R
*Oxazolidinones***			
<i>linezolid oral suspension reconstituted</i>		1	R
<i>linezolid oral tablet</i>		1	R&M; QL (2 EA per 1 day)
SIVEXTRO ORAL	3		PA; RO
ZYVOX ORAL	3		PA; R
Antimalarials			
*Antimalarial Combinations***			
<i>atovaquone-proguanil hcl</i>		1	R
COARTEM	3		R
MALARONE ORAL TABLET 250-100 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
MALARONE ORAL TABLET (<i>Atovaquone-Proguanil HCl</i>) 62.5-25 MG	3	1	R
*Antimalarials***			
ARAKODA	3		R&M; QL (16 EA per 90 Days)
<i>chloroquine phosphate oral</i>		1	R
DARAPRIM	3		PA; ST; R
<i>hydroxychloroquine sulfate oral</i>		1	R

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Drug Name	Brand	Generic	Additional Information
KRINTAFEL	3		R&M; QL (16 EA per 90 days)
<i>mefloquine hcl</i>		1	R
PLAQUENIL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>primaquine phosphate oral</i>		3	PA; R
<i>quinine sulfate oral</i>		1	R
Antimyasthenic Agents			
*Antimyasthenic Agents***			
FIRDAPSE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MESTINON ORAL SYRUP	3		R
MESTINON ORAL TABLET EXTENDED RELEASE	3		R
<i>pyridostigmine bromide oral solution</i>		3	R
<i>pyridostigmine bromide oral tablet 60 mg</i>		1	R
RUZURGI	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antimyasthenic/Cholinergic Agents***			
FIRDAPSE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MESTINON ORAL SYRUP	3		R
MESTINON ORAL TABLET EXTENDED RELEASE	3		R
<i>pyridostigmine bromide oral solution</i>		3	R
<i>pyridostigmine bromide oral tablet 60 mg</i>		1	R
RUZURGI	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Antimyasthenic/Cholinergic Agents			
FIRDAPSE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MESTINON ORAL SYRUP	3		R
MESTINON ORAL TABLET EXTENDED RELEASE	3		R
<i>pyridostigmine bromide oral solution</i>		3	R
<i>pyridostigmine bromide oral tablet 60 mg</i>		1	R
RUZURGI	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Antimycobacterial Agents			
*Antimycobacterial Agents***			
<i>cycloserine oral</i>		3	R
<i>ethambutol hcl oral tablet 400 mg</i>		1	R
<i>isoniazid oral tablet 100 mg</i>		1	R&M; QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>isoniazid oral tablet 300 mg</i>		1	R&M; QL (1 EA per 1 day)
MYAMBUTOL ORAL TABLET 400 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
MYCOBUTIN (<i>Rifabutin</i>)	3	1	R
<i>pretomanid</i>		3	PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PRIFTIN	3		R
<i>rifampin oral capsule 300 mg</i>		1	R
SIRTURO	2		R
*Antineoplastic - Bcl-2 Inhibitors***			
*Antineoplastic - Bcl-2 Inhibitors***			
VENCLEXTA	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VENCLEXTA STARTING PACK	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Fgfr Kinase Inhibitors***			
*Antineoplastic - Fgfr Kinase Inhibitors***			
BALVERSA ORAL TABLET 3 MG	1		PA; R
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
ROZLYTREK	1		PA; R
*Antineoplastic - Xpo1 Inhibitors***			
*Antineoplastic - Xpo1 Inhibitors***			
XPOVIO (80 MG TWICE WEEKLY)	1		PA; R
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
BELRAPZO (<i>Bendamustine HCl</i>)	1	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BENDEKA (<i>Bendamustine HCl</i>)	1	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MYLERAN	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Androgen Biosynthesis Inhibitors***			
YONSA	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZYTIGA ORAL TABLET (<i>Abiraterone Acetate</i>) 250 MG	1	1	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
ZYTIGA ORAL TABLET 500 MG	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antiadrenals***			
LYSODREN	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antiandrogens***			
<i>bicalutamide</i>		1	R
CASODEX	1		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ERLEADA	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>flutamide</i>		1	R
NILANDRON (<i>Nilutamide</i>)	1	1	R&M; M
XTANDI	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antiestrogens***			
FARESTON (<i>Toremifene Citrate</i>)	1	1	R&M; QL (1 EA per 1 day)
SOLTAMOX	1		R
<i>tamoxifen citrate oral</i>		1	R&M; \$0
*Antimetabolites***			
<i>mercaptopurine oral</i>		1	R
<i>methotrexate oral</i>		1	R
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>		1	R
<i>methotrexate sodium injection solution reconstituted</i>		1	R
PURIXAN	1		R&M; QL (100 ML per 30 days)
TABLOID	1		R
TREXALL	1		R
XATMEP	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
XELODA (<i>Capecitabine</i>)	1	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Braf Kinase Inhibitors***			
BRAFTOVI ORAL CAPSULE 75 MG	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TAFINLAR	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
ZELBORAF	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Hedgehog Pathway Inhibitors***			
ERIVEDGE	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ODOMZO	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
*Antineoplastic - Histone Deacetylase Inhibitors***			
FARYDAK	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZOLINZA	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day); AG (Min 16 Years)
*Antineoplastic - Immunomodulators***			
POMALYST	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Mek Inhibitors***			
COTELLIC	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MEKINIST	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MEKTOVI	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Monoclonal Antibodies***			
BAVENCIO	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LARTRUVO	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Mtor Kinase Inhibitors***			
AFINITOR	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
AFINITOR DISPERZ	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Multikinase Inhibitors***			
NEXAVAR	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day); AG (Min 16 Years)
RYDAPT	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
STIVARGA	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SUTENT	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day)
*Antineoplastic - Proteasome Inhibitors***			
NINLARO	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic - Tyrosine Kinase Inhibitors***			
ALECENSA	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (8 EA per 1 day); AG (Min 18 Years)
ALUNBRIG ORAL TABLET 30 MG	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BOSULIF ORAL TABLET 100 MG, 500 MG	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BRUKINSA	1		PA; R
CABOMETYX	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CALQUENCE	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CAPRELSA	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
COMETRIQ (100 MG DAILY DOSE)	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
COMETRIQ (140 MG DAILY DOSE)	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
COMETRIQ (60 MG DAILY DOSE)	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GILOTRIF	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
GLEEVEC ORAL TABLET (Imatinib Mesylate) 100 MG	1	1	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (6 EA per 1 day)
GLEEVEC ORAL TABLET (Imatinib Mesylate) 400 MG	1	1	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
ICLUSIG	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
IMBRUVICA ORAL CAPSULE 140 MG	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day); AG (Min 18 Years)
IMBRUVICA ORAL CAPSULE 70 MG	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
IMBRUVICA ORAL TABLET	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
INLYTA	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
IRESSA	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA (10 MG DAILY DOSE)	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA (14 MG DAILY DOSE)	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA (18 MG DAILY DOSE)	1		R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA (20 MG DAILY DOSE)	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA (24 MG DAILY DOSE)	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LENVIMA (8 MG DAILY DOSE)	1		R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LORBRENA	1		PA; R
NERLYNX	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
TAGRISSO	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TARCEVA (Erlotinib HCl)	1	1	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TASIGNA	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TURALIO	1		PA; R
TYKERB	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VIZIMPRO	1		PA; R
VOTRIENT	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
XALKORI	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 16 Years)
XOSPATA	1		PA; SP; AI (Limited distribution with Biologics are Diplomat Specialty in-network pharmacies. Limited to 30 day supply.)
ZYKADIA	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (5 EA per 1 day); AG (Min 16 Years)
*Antineoplastic Antibody-Drug Complexes***			
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic Combinations***			
LONSURF	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastics Misc.***			
ACTIMMUNE	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HYDREA	1		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>hydroxyurea oral</i>		1	R
INTRON A	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
MATULANE	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SYNRIBO	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Aromatase Inhibitors***			
ARIMIDEX (<i>Anastrozole</i>)	1	1	R&M; F; QL (1 EA per 1 day)
AROMASIN (<i>Exemestane</i>)	1	1	R&M; AI (Limited to 30 days supply); F; QL (1 EA per 1 day)
FEMARA (<i>Letrozole</i>)	1	1	R&M; AI (Limited to 30 days supply); F; QL (1 EA per 1 day)
*Chemotherapy Adjuncts - Hyperuricemia Agents***			
ELITEK	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Estrogen Receptor Antagonist***			
FASLODEX INTRAMUSCULAR SOLUTION (<i>Fulvestrant</i>) 250 MG/5ML	1	1	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Estrogens-Antineoplastic***			
EMCYT	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Folic Acid Antagonists Rescue Agents***			
<i>leucovorin calcium oral tablet 15 mg</i>		3	R
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>		1	R
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***			
FIRMAGON	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Imidazotetrazines***			
TEMODAR ORAL (<i>Temozolomide</i>)	1	1	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Janus Associated Kinase (Jak) Inhibitors***			
INREBIC	1		PA; R
JAKAFI	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Lhrh Analogs***			
ELIGARD SUBCUTANEOUS KIT 22.5 MG	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); M; QL (1 inj per 60 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 30 MG	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); M; QL (1 inj per 120 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 45 MG	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); M; QL (1 inj per 180 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); M; QL (1 inj per 30 days); AG (Min 18 Years)
<i>leuprolide acetate injection</i>		1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); M; QL (28 mg per 18 days); AG (Min 18 Years)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	3		PA; SP; AI (PA required. FDA approved only for endometriosis and fibroids.); QL (1 EA per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); M; QL (1 INJ per 30 days); AG (Min 18 Years)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	3		PA; SP; AI (PA required. FDA approved only for endometriosis and fibroids.); QL (1 EA per 90 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); M; QL (1 INJ per 60 days); AG (Min 18 Years)
LUPRON DEPOT (4-MONTH)	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); M; QL (1 INJ per 120 days); AG (Min 18 Years)
LUPRON DEPOT (6-MONTH)	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); M; QL (1 INJ per 180 days); AG (Min 18 Years)
TRELSTAR MIXJECT	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VANTAS	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZOLADEX	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
*Mitotic Inhibitors***			
<i>etoposide oral</i>		1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Nitrogen Mustards***			
ALKERAN ORAL (<i>Melphalan</i>)	1	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>cyclophosphamide oral capsule</i>		1	R
LEUKERAN	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Nitrosoureas***			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Progestins-Antineoplastic***			
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		1	R
<i>megestrol acetate oral tablet</i>		1	R
*Retinoids***			
<i>tretinoin oral</i>		1	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Selective Retinoid X Receptor Agonists***			
<i>bexarotene</i>		1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TARGRETIN ORAL	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Topoisomerase I Inhibitors***			
HYCAMTIN ORAL	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Urinary Tract Protective Agents***			
MESNEX ORAL	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Anti-Obesity - Glp-1 Receptor Agonists***			
*Anti-Obesity - Glp-1 Receptor Agonists***			
SAXENDA	3		R
*Anti-Obesity Agent Combinations**			
*Anti-Obesity Agent Combinations**			
CONTRACE	3		R

Drug Name	Brand	Generic	Additional Information
Antiparkinson Agents			
*Antiparkinson Anticholinergics***			
<i>benztropine mesylate oral</i>		1	R
<i>trihexyphenidyl hcl oral tablet</i>		1	R
*Antiparkinson Dopaminergics***			
<i>amantadine hcl oral</i>		1	R
<i>bromocriptine mesylate oral</i>		1	R
GOCOVRI	3		PA; R
INBRIJA	3		PA; R
*Antiparkinson Monoamine Oxidase Inhibitors***			
AZILECT (<i>Rasagiline Mesylate</i>)	3	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>selegiline hcl oral</i>		1	R
XADAGO	3		PA; R
*Central/Peripheral Comt Inhibitors***			
TASMAR ORAL TABLET (<i>Tolcapone</i>) 100 MG	3	1	PA; R
*Decarboxylase Inhibitors***			
<i>carbidopa oral</i>		1	R
LODOSYN	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Levodopa Combinations***			
<i>carbidopa-levodopa</i>		1	R
RYTARY	3		PA; R
SINEMET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
SINEMET CR (<i>Carbidopa-Levodopa ER</i>)	3	1	R
STALEVO 100 (<i>Carbidopa-Levodopa-Entacapone</i>)	3	3	R&M; QL (8 EA per 1 day)
STALEVO 125 (<i>Carbidopa-Levodopa-Entacapone</i>)	3	3	R&M; QL (8 EA per 1 day)
STALEVO 150 (<i>Carbidopa-Levodopa-Entacapone</i>)	3	3	R&M; QL (8 EA per 1 day)
STALEVO 200 (<i>Carbidopa-Levodopa-Entacapone</i>)	3	3	R&M; QL (8 EA per 1 day)
STALEVO 50 (<i>Carbidopa-Levodopa-Entacapone</i>)	3	3	R&M; QL (8 EA per 1 day)
STALEVO 75 (<i>Carbidopa-Levodopa-Entacapone</i>)	3	3	R&M; QL (8 EA per 1 day)
*Nonergoline Dopamine Receptor Agonists***			
MIRAPEX ER	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
NEUPRO	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>pramipexole dihydrochloride</i>		1	R
<i>pramipexole dihydrochloride er</i>		2	R&M; QL (1 EA per 1 day)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 Days)

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Drug Name	Brand	Generic	Additional Information
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 Days)
<i>ropinirole hcl</i>		1	R
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg</i>		1	R
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		1	R&M; QL (8 EA per 1 Days)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>		1	R&M; QL (4 EA per 1 Days)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		1	R&M; QL (3 EA per 1 Days)
*Peripheral Comt Inhibitors***			
COMTAN	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>entacapone</i>		1	R
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
<i>lithium carbonate er</i>		1	R
<i>lithium carbonate oral</i>		1	R
*Antipsychotics - Misc.***			
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	3		R&M; QL (3 EA per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	3		R&M; QL (8 EA per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	3		R&M; QL (5 EA per 1 day)
GEODON ORAL CAPSULE 20 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (10 EA per 1 day)
GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
LATUDA	3		R&M; QL (1 EA per 1 day); AG (Min 10 Years)
VRAYLAR ORAL CAPSULE	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK	3		R&M; QL (1 EA per 7 days); AG (Min 12 Years)
<i>ziprasidone hcl oral capsule 20 mg</i>		1	R&M; QL (10 EA per 1 day)
<i>ziprasidone hcl oral capsule 40 mg, 60 mg, 80 mg</i>		1	R&M; QL (2 EA per 1 day)
*Benzisoxazoles***			
FANAPT	3		R
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR (Paliperidone ER) 1.5 MG, 6 MG	3	3	R&M; QL (2 EA per 1 day); AG (Min 12 Years)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR (Paliperidone ER) 3 MG, 9 MG	3	3	R&M; QL (1 EA per 1 day); AG (Min 12 Years)

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Drug Name	Brand	Generic	Additional Information
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>risperidone oral solution</i>		1	R
<i>risperidone oral tablet</i>		1	R
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>		3	R
*Butyrophenones***			
<i>haloperidol lactate oral</i>		1	R
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>		1	R
*Dibenzodiazepines***			
<i>clozapine oral tablet</i>		1	R
FAZACLO (CloZAPine)	3	3	R
*Dibenzo-Oxepino Pyrroles***			
SAPHRIS	3		R
SECUADO	3		PA; R
*Dibenzothiazepines***			
SEROQUEL ORAL TABLET (QUetiapine Fumarate) 100 MG, 200 MG, 25 MG, 300 MG	3	1	R
SEROQUEL ORAL TABLET (QUetiapine Fumarate) 400 MG	3	1	R&M; QL (2 EA per 1 day)
SEROQUEL ORAL TABLET (QUetiapine Fumarate) 50 MG	3	1	R&M; QL (3 EA per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (QUetiapine Fumarate ER) 150 MG, 200 MG, 50 MG	3	1	R&M; QL (1 EA per 1 day); AG (Min 10 Years)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (QUetiapine Fumarate ER) 300 MG	3	1	R&M; QL (2 EA per 1 day); AG (Min 10 Years)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (QUetiapine Fumarate ER) 400 MG	3	3	R&M; QL (2 EA per 1 day); AG (Min 10 Years)
*Dibenzoxazepines***			
<i>loxapine succinate oral</i>		1	R
*Phenothiazines***			
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		1	R
COMPRO (Prochlorperazine)	1	1	R
<i>fluphenazine hcl oral tablet</i>		1	R
<i>perphenazine oral</i>		1	R
<i>prochlorperazine maleate oral</i>		1	R
<i>thioridazine hcl oral</i>		1	R
<i>trifluoperazine hcl oral tablet 2 mg, 5 mg</i>		1	R
*Quinolinone Derivatives***			
ABILIFY ORAL TABLET 10 MG, 2 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
ABILIFY ORAL TABLET 15 MG, 20 MG, 30 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
ABILIFY ORAL TABLET 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<i>aripiprazole oral solution</i>		1	R&M; QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 2 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>aripiprazole oral tablet 5 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>aripiprazole oral tablet dispersible</i>		3	R
REXULTI	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
*Thienbenzodiazepines***			
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 7.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>olanzapine oral tablet 5 mg</i>		1	R&M; QL (4 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 7.5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
ZYPREXA ORAL TABLET 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG, 20 MG, 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
*Thioxanthenes***			
<i>thiothixene oral</i>		3	R
*Antiretrovirals Adjuvants***			
*Antiretrovirals Adjuvants***			
TYBOST	3		R&M; QL (1 EA per 1 day)
Antiseptics & Disinfectants			
*Antiseptics & Disinfectants***			
<i>formaldehyde external solution 10 %</i>		1	R
<i>formaldehyde external solution 37 %</i>		3	R
<i>phenol liquid 89 %</i>		3	R
Antivirals			
*Antiretroviral Combinations***			
<i>abacavir sulfate-lamivudine</i>		1	R
ATRIPLA	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
BIKTARVY	3		R&M; QL (1 EA per 1 day)
CIMDUO	2		R&M; QL (1 EA per 1 day)
COMBIVIR (<i>Lamivudine-Zidovudine</i>)	3	1	R
COMPLERA	2		R
DELSTRIGO	3		ST; R
DESCOVY	3		R&M; QL (1 EA per 1 day)
DOVATO	3		PA; R
EPZICOM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
EVOTAZ	3		R
GENVOYA	2		R
JULUCA	3		PA; R
KALETRA ORAL SOLUTION (<i>Lopinavir-Ritonavir</i>)	2	1	R
KALETRA ORAL TABLET	2		R
ODEFSEY	2		R
PREZCOBIX	3		R
STRIBILD	2		R
SYMFI	2		R&M; QL (1 EA per 1 day)
SYMFI LO	2		R&M; QL (1 EA per 1 day)
SYMTUZA	3		PA; R
TEMIXYS	2		R&M; QL (1 EA per 1 day)
TRIUMEQ	3		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
TRIZIVIR (<i>Abacavir-Lamivudine-Zidovudine</i>)	3	1	R&M; QL (2 EA per 1 day)
TRUVADA	2		R&M; QL (1 EA per 1 day)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
SELZENTRY	2		R
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS	2		R
ISENTRESS HD	2		R
TIVICAY	2		R
*Antiretrovirals - Protease Inhibitors***			
APTIVUS	3		R
<i>atazanavir sulfate</i>		2	R&M; QL (2 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2		R
INVIRASE ORAL TABLET	2		R
LEXIVA (<i>Fosamprenavir Calcium</i>)	2	2	R
NORVIR ORAL PACKET	2		R

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Drug Name	Brand	Generic	Additional Information
NORVIR ORAL SOLUTION	2		R
NORVIR ORAL TABLET (<i>Ritonavir</i>)	2	2	R
PREZISTA ORAL SUSPENSION	2		R
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2		R
REYATAZ ORAL PACKET	2		R
VIRACEPT ORAL TABLET	2		R
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT	2		R&M; QL (1 EA per 1 day)
INTELENCE	2		R
PIFELTRO	3		ST; R&M; AI (STEP: No prior history of antiretroviral in 6 months-only approved for new starts)
RESCRIPTOR ORAL TABLET 200 MG	3		R
SUSTIVA ORAL CAPSULE (<i>Efavirenz</i>) 200 MG	3	2	R&M; QL (1 EA per 1 day)
SUSTIVA ORAL CAPSULE (<i>Efavirenz</i>) 50 MG	3	2	R&M; QL (2 EA per 1 day)
SUSTIVA ORAL TABLET (<i>Efavirenz</i>)	3	2	R&M; QL (1 EA per 1 day)
VIRAMUNE ORAL SUSPENSION (<i>Nevirapine</i>)	2	2	R
VIRAMUNE ORAL TABLET (<i>Nevirapine</i>)	3	1	R
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>Nevirapine ER</i>) 400 MG	3	1	R
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
VIDEX EC	3		R
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	2		R
ZIAGEN ORAL SOLUTION	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ZIAGEN ORAL TABLET (<i>Abacavir Sulfate</i>)	3	1	R
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
EMTRIVA ORAL CAPSULE	2		R&M; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	2		R&M; QL (720 ML per 30 days)
EPIVIR (<i>Lamivudine</i>)	3	1	R
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
RETROVIR ORAL CAPSULE (<i>Zidovudine</i>)	3	1	R
RETROVIR ORAL SYRUP (<i>Zidovudine</i>)	3	1	R
<i>stavudine oral capsule</i>		1	R
ZERIT ORAL CAPSULE (<i>Stavudine</i>) 30 MG, 40 MG	3	1	R
*Antiretrovirals - Rti-Nucleotide Analogues***			
VIREAD ORAL POWDER	2		R
VIREAD ORAL TABLET	2		R&M; QL (1 EA per 1 day)
*Cmv Agents***			
<i>ganciclovir sodium intravenous solution reconstituted</i>		1	R

Drug Name	Brand	Generic	Additional Information
PREVYMIS INTRAVENOUS	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PREVYMIS ORAL	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VALCYTE ORAL SOLUTION RECONSTITUTED <i>(ValGANciclovir HCl)</i>	3	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VALCYTE ORAL TABLET <i>(ValGANciclovir HCl)</i>	3	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day)
*Hepatitis B Agents***			
BARACLUDE ORAL SOLUTION	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (20 ML per 1 day); AG (Min 16 Years)
BARACLUDE ORAL TABLET <i>(Entecavir)</i>	3	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 16 Years)
EPIVIR HBV ORAL SOLUTION	2		R&M; AI (Limited to 30 days supply)
EPIVIR HBV ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
HEPSERA <i>(Adefovir Dipivoxil)</i>	3	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>lamivudine oral tablet 100 mg</i>		1	R&M; AI (Limited to 30 days supply)
VEMLIDY	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
*Hepatitis C Agents***			
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PEGASYS SUBCUTANEOUS SOLUTION	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RIBASPHERE ORAL CAPSULE <i>(Ribavirin)</i>	1	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RIBASPHERE ORAL TABLET <i>(Ribavirin) 200 MG</i>	1	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RIBASPHERE ORAL TABLET 400 MG, 600 MG	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
SOVALDI ORAL TABLET 200 MG	3		PA; R
SOVALDI ORAL TABLET 400 MG	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Herpes Agents - Purine Analogues***			
<i>acyclovir oral</i>		1	R
SITAVIG	3		PA; R&M; AI (Max #15 tablets retail or mail order); AG (Min 16 Years)
<i>valacyclovir hcl oral tablet 500 mg</i>		1	R
VALTREX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ZOVIRAX ORAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Herpes Agents - Thymidine Analogues***			
<i>famciclovir oral</i>		1	R
*Influenza Agents***			
FLUMADINE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Neuraminidase Inhibitors***			
RELENZA DISKHALER	3		R&M; QL (20 EA per 30 days)
TAMIFLU ORAL CAPSULE (<i>Oseltamivir Phosphate</i>)	3	1	RO; QL (10 EA per 5 Dayss)
TAMIFLU ORAL SUSPENSION RECONSTITUTED (<i>Oseltamivir Phosphate</i>) 6 MG/ML	3	1	RO; QL (24 ML per 5 days)
*Anti-Von Willebrand Factor Agents***			
*Anti-Von Willebrand Factor Agents***			
CABLIVI	3		PA; R
Assorted Classes			
*Antileprotics***			
THALOMID	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***			
BENLYSTA SUBCUTANEOUS	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Chelating Agents***			
CUPRIMINE ORAL CAPSULE (<i>penicillAMINE</i>) 250 MG	2	2	R
DEPEN TITRATABS	3		R
SYPRINE (<i>Trientine HCl</i>)	3	3	PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Cyclosporine Analogs***			
GENGRAF ORAL CAPSULE (<i>CycloSPORINE Modified</i>) 100 MG, 25 MG	1	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GENGRAF ORAL SOLUTION (<i>CycloSPORINE Modified</i>)	1	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NEORAL (<i>CycloSPORINE Modified</i>)	3	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SANDIMMUNE INTRAVENOUS (<i>CycloSPORINE</i>)	3	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SANDIMMUNE ORAL (<i>CycloSPORINE</i>)	2	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Enzymes***			
XIAFLEX	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Immunomodulators For Myelodysplastic Syndromes***			
REVLIMID	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
*Inosine Monophosphate Dehydrogenase Inhibitors***			
CELLCEPT	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>mycophenolate mofetil</i>		1	R
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>		1	R&M; QL (6 EA per 1 day)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>		1	R&M; QL (4 EA per 1 day)
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
*Macrolide Immunosuppressants***			
ASTAGRAF XL	3		R
ENVARUS XR	3		PA; R
PROGRAF ORAL (<i>Tacrolimus</i>)	3	1	R
RAPAMUNE ORAL SOLUTION (<i>Sirolimus</i>)	3	3	R
RAPAMUNE ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>sirolimus oral tablet</i>		1	R

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Drug Name	Brand	Generic	Additional Information
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Potassium Removing Resins***			
KIONEX ORAL SUSPENSION (<i>Sodium Polystyrene Sulfonate</i>)	1	1	R
LOKELMA	3		PA; R
<i>sodium polystyrene sulfonate oral</i>		1	R
SPS (<i>Sodium Polystyrene Sulfonate</i>)	1	1	R
VELTASSA	3		PA; R
*Purine Analogs***			
AZASAN	3		R
<i>azathioprine oral</i>		1	R
IMURAN	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Selective T-Cell Costimulation Blockers***			
NULOJIX	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Atopic Dermatitis - Monoclonal Antibodies***			
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	3		PA; SP
Beta Blockers			
*Alpha-Beta Blockers***			
<i>carvedilol</i>		1	R
COREG CR (<i>Carvedilol Phosphate ER</i>)	3	3	R
COREG ORAL TABLET 6.25 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>labetalol hcl oral</i>		1	R
*Beta Blockers Cardio-Selective***			
<i>acebutolol hcl oral</i>		1	R
<i>betaxolol hcl oral tablet 10 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>betaxolol hcl oral tablet 20 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>bisoprolol fumarate</i>		1	R
BYSTOLIC	2		R
KAPSPARGO SPRINKLE	3		ST; R&M; AI (Step: metoprolol succinate er)
LOPRESSOR ORAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>metoprolol succinate er</i>		1	R
<i>metoprolol tartrate oral</i>		1	R
TENORMIN (<i>Atenolol</i>)	3	1	R
TOPROL XL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
*Beta Blockers Non-Selective***			
BETAPACE AF	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
BETAPACE ORAL TABLET 160 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
CORGARD ORAL TABLET 40 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
HEMANGEOL	3		R
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		1	R
<i>pindolol oral tablet 10 mg</i>		1	R
<i>propranolol hcl er</i>		1	R
<i>propranolol hcl oral</i>		1	R
<i>sotalol hcl (af)</i>		1	R
<i>sotalol hcl oral</i>		1	R
SOTYLIZE	3		R
<i>timolol maleate oral tablet 10 mg, 5 mg</i>		3	R
*Bile Acid Synthesis Disorder Agents***			
*Bile Acid Synthesis Disorder Agents***			
CHOLBAM	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Biologicals Misc			
*Allergenic Extracts***			
GRASTEK	3		PA; R
RAGWITEK	3		PA; R
*Bulk Chemicals - Ny***			
*Bulk Chemicals - Ny***			
<i>nystatin</i>		3	R
*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***			
*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***			
AIMOVIG	3		PA; R&M; AI (Limited to 30 days supply)
AIMOVIG (140 MG DOSE)	3		PA; R&M; AI (Limited to 30 days supply)
AJOVY	3		PA; SP; AI (Limited to 30 days supply); QL (0.05 ML per 1 day)
EMGALITY	3		PA; SP; AI (Limited to 30 days supply)
EMGALITY (300 MG DOSE)	3		PA; SP; AI (Limited to 30 days supply)

Drug Name	Brand	Generic	Additional Information
*Calcium Channel Blocker-Nsaid Combinations***			
*Calcium Channel Blocker-Nsaid Combinations***			
CONSENSI	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Calcium Channel Blockers			
*Calcium Channel Blockers***			
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 90 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>amlodipine besylate oral</i>		1	R
CALAN SR ORAL TABLET EXTENDED RELEASE 240 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Coated Beads) 360 MG	3	1	R
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 300 MG, 360 MG, 420 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
CARTIA XT (Diltiazem HCl ER Coated Beads)	1	1	R
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg</i>		1	R
<i>diltiazem hcl oral</i>		1	R
<i>dilt-xr</i>		1	R
<i>felodipine er</i>		1	R
<i>isradipine</i>		1	R
KATERZIA	3		R&M; QL (5 ML per 1 day); AG (Max 10 Years)
<i>nicardipine hcl oral</i>		1	R
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	1		R
<i>nifedipine er oral tablet extended release 24 hour 30 mg</i>		1	R
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>		1	R
<i>nifedipine oral</i>		1	R
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 40 mg</i>		3	R&M; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>		3	R&M; QL (2 EA per 1 day)
NORVASC	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
PROCARDIA	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
TAZTIA XT (<i>Diltiazem HCl ER Beads</i>)	1	1	R
TIADYLT ER (<i>Diltiazem HCl ER Beads</i>)	1	1	R
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 240 mg</i>		1	R
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		1	R
<i>verapamil hcl oral</i>		1	R
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>Verapamil HCl ER</i>) 360 MG	3	3	R
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>Verapamil HCl ER</i>) 200 MG	1	1	R
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>Verapamil HCl ER</i>) 300 MG	3	1	R
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK (<i>Digoxin</i>)	1	2	R
DIGOX (<i>Digoxin</i>)	1	2	R
<i>digoxin oral solution</i>		3	R
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2		R&M; AI (Tier 2 copay + cost differential applies)
LANOXIN ORAL TABLET 62.5 MCG	2		R
LANOXIN PEDIATRIC	2		R
Cardiovascular Agents - Misc.			
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***			
<i>amlodipine-atorvastatin oral tablet 10-80 mg</i>		3	R&M; QL (1 EA per 1 day)
*Nitrate & Vasodilator Combinations***			
BIDIL	3		R&M; AG (Max 16 Years)
*Prostaglandin - Impotence Agents***			
CAVERJECT	3		R&M; M; QL (6 EA per 30 days)
CAVERJECT IMPULSE	3		R&M; M
EDEX	3		R&M; M
MUSE	3		R&M; M; QL (6 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
*Prostaglandin Vasodilators***			
ORENITRAM	3		PA; SP
VENTAVIS	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
ADEMPAS ORAL TABLET 0.5 MG	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day)
ADEMPAS ORAL TABLET 1 MG, 1.5 MG, 2 MG, 2.5 MG	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day); AG (Min 18 Years)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
LETAIRIS (<i>Ambrisentan</i>)	3	3	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
OPSUMIT	3		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TRACLEER ORAL TABLET	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ADCIRCA (<i>Tadalafil (PAH)</i>)	3	3	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ALYQ (<i>Tadalafil (PAH)</i>)	3	3	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REVATIO ORAL SUSPENSION RECONSTITUTED (<i>Sildenafil Citrate</i>)	3	3	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REVATIO ORAL TABLET	3		PA; ST; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 18 Years)
<i>sildenafil citrate oral tablet 20 mg</i>		1	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 18 Years)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
CIALIS ORAL TABLET 10 MG, 20 MG	3		R&M; M; QL (24 EA per 84 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
CIALIS ORAL TABLET 2.5 MG, 5 MG	3		R&M; M; QL (1 EA per 1 day); AG (Min 18 Years)
LEVITRA ORAL TABLET 10 MG, 20 MG	3		R&M; M; QL (8 EA per 30 days)
STAXYN (<i>Vardenafil HCl</i>)	3	3	R&M; M; QL (8 EA per 30 days)
STENDRA	3		R&M; M; QL (8 EA per 30 days)
<i>tadalafil oral</i>		1	R&M; QL (1 EA per 1 day)
<i>vardenafil hcl oral tablet</i>		3	R&M; QL (8 EA per 30 Days)
VIAGRA (<i>Sildenafil Citrate</i>)	3	1	R&M; M; QL (8 EA per 30 days)
Cephalosporins			
*Cephalosporins - 1St Generation***			
<i>cefadroxil</i>		1	R
<i>cephalexin oral capsule 250 mg, 500 mg</i>		1	R
<i>cephalexin oral suspension reconstituted</i>		1	R
<i>cephalexin oral tablet</i>		3	R
KEFLEX ORAL CAPSULE 250 MG, 500 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Cephalosporins - 2Nd Generation***			
<i>cefaclor er</i>		3	R
<i>cefaclor oral capsule</i>		1	R
<i>cefaclor oral suspension reconstituted</i>		3	R
<i>cefprozil</i>		1	R
<i>cefuroxime axetil oral tablet</i>		1	R
*Cephalosporins - 3Rd Generation***			
<i>cefdinir</i>		1	R
<i>cefditoren pivoxil</i>		3	R
<i>cefixime oral suspension reconstituted</i>		1	R
<i>cefpodoxime proxetil</i>		1	R
SPECTRACEF ORAL TABLET (<i>Cefditoren Pivoxil</i>) 400 MG	3	3	R
SUPRAX ORAL CAPSULE (<i>Cefixime</i>)	3	3	R
SUPRAX ORAL SUSPENSION RECONSTITUTED	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
SUPRAX ORAL TABLET CHEWABLE	3		R
Chemicals			
*Bulk Chemicals - Am's***			
<i>amoxicillin-pot clavulanate</i>		3	R
*Bulk Chemicals - Cy's***			
<i>cyclobenzaprine hcl</i>		3	R
*Bulk Chemicals - Di's***			
<i>diclofenac sodium powder</i>		3	R
*Bulk Chemicals - Es's***			
<i>estradiol micronized</i>		3	R

Drug Name	Brand	Generic	Additional Information
*Bulk Chemicals - Et's***			
<i>etoposide</i>		2	R
*Bulk Chemicals - Gr's***			
<i>gramicidin d</i>		3	R
*Bulk Chemicals - Io's***			
<i>iodine strong (Iugol's)</i>		3	R
*Bulk Chemicals - Ke's***			
<i>ketamine hcl</i>		2	R
<i>ketoprofen powder</i>		3	R
*Bulk Chemicals - Ox's***			
<i>oxybutynin chloride</i>		3	R
*Bulk Chemicals - Pr's***			
<i>progesterone micronized</i>		3	R
<i>progesterone milled</i>		3	R
<i>progesterone powder</i>		3	R
<i>progesterone wettable</i>		3	R
*Bulk Chemicals - Te's***			
<i>testosterone cypionate</i>		3	R
<i>testosterone micronized crystals</i>		3	R
<i>testosterone powder</i>		3	R
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***			
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***			
TRULANCE	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE (<i>Desogestrel-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
BEKYREE (<i>Desogestrel-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
KARIVA (<i>Desogestrel-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LO LOESTRIN FE	3		R&M; F; \$0; QL (1.25 EA per 1 day)
MIRCETTE	3		R&M; F; QL (1.25 EA per 1 day)
PIMTREA (<i>Desogestrel-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<i>viorele</i>		1	R&M; F; \$0; QL (1.25 EA per 1 day)
*Combination Contraceptives - Oral***			
AFIRMELLE (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
ALTAVERA (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
APRI (<i>Desogestrel-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
AUBRA (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
AUROVELA 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
AUROVELA 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
AUROVELA FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
AVIANE (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
BALCOLTRA	3		R&M; F; QL (1.34 EA per 1 day)
BALZIVA (<i>Briellyn</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
BEYAZ (<i>Drospiren-Eth Estrad-Levomefol</i>)	2	3	R&M; F; \$0; QL (1.34 EA per 1 day)
BLISOVI 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
BLISOVI FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
BLISOVI FE 1/20	1		R&M; QL (1.34 EA per 1 day)
CHATEAL (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
CRYSSELLE-28	1		R&M; F; \$0; QL (1.34 EA per 1 day)
CYCLAFEM 1/35 (<i>Alyacen 1/35</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
CYRED (<i>Desogestrel-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
DASETTA 1/35 (<i>Alyacen 1/35</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
DELYLA (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
ELINEST	1		R&M; F; \$0; QL (1.34 EA per 1 day)
EMOQUETTE (<i>Desogestrel-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
ENSKYCE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
ESTARYLLA (<i>Norgestimate-Eth Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
FALMINA (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
FEMYNOR (<i>Norgestimate-Eth Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
GENERESS FE	3		R&M; F; QL (1.34 EA per 1 day)
GIANVI (<i>Drospirenone-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
HAILEY 1.5/30	1		R&M; F; QL (1.34 EA per 1 day)
HAILEY 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
ISIBLOOM (<i>Desogestrel-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
JASMIEL (<i>Drospirenone-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
JULEBER (<i>Desogestrel-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
JUNEL 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
JUNEL 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
JUNEL FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
JUNEL FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
JUNEL FE 24 (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
KAITLIB FE (<i>Norethin-Eth Estradiol-Fe</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
KALLIGA	1		R&M; F; QL (1.34 EA per 1 Day)
KELNOR 1/35 (<i>Ethinodiol Diac-Eth Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
KELNOR 1/50 (<i>Ethinodiol Diac-Eth Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
KURVELO (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
LARIN 1.5/30	1		R&M; F; QL (1.34 EA per 1 day)
LARIN 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
LARIN 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
LARIN FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
LARIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
LARISSIA	1		R&M; F; QL (1.34 EA per 1 day)
LAYOLIS FE (<i>Norethin-Eth Estradiol-Fe</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
LESSINA (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
LEVORA 0.15/30 (28) (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
LILLOW (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
LOESTRIN 1.5/30 (21) (<i>Norethindrone Acet-Ethinyl Est</i>)	3	1	R&M; F; \$0; QL (1.34 EA per 1 day)
LOESTRIN 1/20 (21)	3		R&M; F; QL (1.34 EA per 1 day)
LORYNA (<i>Drospirenone-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
LOW-OGESTREL	1		R&M; F; \$0; QL (1.34 EA per 1 day)
LO-ZUMANDIMINE	1		R&M; F; QL (1.34 EA per 1 day)
LUTERA (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
<i>marlissa</i>		1	R&M; F; \$0; QL (1.34 EA per 1 day)
MELODETTA 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; F; \$0; QL (1.34 EA per 1 day)
MIBELAS 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; F; \$0; QL (1.34 EA per 1 day)
MICROGESTIN 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
MICROGESTIN 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
MICROGESTIN FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
MICROGESTIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
MINASTRIN 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; F; \$0; QL (1.34 EA per 1 day)
MONO-LINYAH (<i>Norgestimate-Eth Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
MONONESSA (<i>Norgestimate-Eth Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
NECON 0.5/35 (28)	1		R&M; F; \$0; QL (1.34 EA per 1 day)
NECON 1/35 (28) (<i>Alyacen 1/35</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
NIKKI (<i>Drospirenone-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>		1	R&M; F; QL (1.34 EA per 1 day)
NORTREL 0.5/35 (28)	1		R&M; F; \$0; QL (1.34 EA per 1 day)
NORTREL 1/35 (21) (<i>Alyacen 1/35</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
NORTREL 1/35 (28) (<i>Alyacen 1/35</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
OCELLA (<i>Drospirenone-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
OGESTREL	3		R&M; F; \$0; QL (1.34 EA per 1 day)
ORSYTHIA (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
ORTHO-NOVUM 1/35 (28) (<i>Alyacen 1/35</i>)	3	1	R&M; F; \$0; QL (1.34 EA per 1 day)
PHILITH (<i>Briellyn</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
PIRMELLA 1/35 (<i>Alyacen 1/35</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
PORTIA-28 (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
PREVIFEM (<i>Norgestimate-Eth Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
RECLIPSEN (<i>Desogestrel-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
SAFYRAL (<i>Drospiren-Eth Estrad-Levomefol</i>)	3	3	R&M; F; QL (1.34 EA per 1 day)
SOLIA (<i>Desogestrel-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
SPRINTEC 28 (<i>Norgestimate-Eth Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
SRONYX (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
SYEDA (<i>Drospirenone-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
TARINA 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
TARINA FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
TAYTULLA	3		R&M; F; QL (1.34 EA per 1 day)
TYDEMY (<i>Drospiren-Eth Estrad-Levomefol</i>)	3	3	R&M; F; QL (1.34 EA per 1 day)
VIENVA (<i>Levonorgestrel-Ethinyl Estrad</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
VYFEMLA (<i>Briellyn</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
VYLIBRA	1		R&M; F; QL (1.34 EA per 1 day)
WERA	1		R&M; F; \$0; QL (1.34 EA per 1 day)
WYMZYA FE	1		R&M; F; \$0; QL (1.34 EA per 1 day)
YASMIN 28	3		R&M; F; QL (1.34 EA per 1 day)
YAZ	3		R&M; F; QL (1.34 EA per 1 day)
ZARAH (<i>Drospirenone-Ethinyl Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
ZOVIA 1/35E (28) (<i>Ethinodiol Diac-Eth Estradiol</i>)	1	1	R&M; F; \$0; QL (1.34 EA per 1 day)
ZUMANDIMINE	1		R&M; F; QL (1.34 EA per 1 day)
*Combination Contraceptives - Transdermal***			
XULANE	1		R&M; F; \$0; QL (3 EA per 30 days)
*Combination Contraceptives - Vaginal***			
ELURYNG	3		R&M; AI (Max #3 Mail Order); F; \$0; QL (1 EA per 30 days)
NUVARING	3		R&M; F; \$0; QL (1 EA per 30 days)
*Continuous Contraceptives - Oral***			
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>		1	R&M; F; \$0; QL (1.25 EA per 1 day); AG (Min 12 Years)
*Emergency Contraceptives***			
AFTERA (<i>Levonorgestrel</i>)	1	1	R&M; F; \$0; QL (3 EA per 30 days)
ECONTRA EZ (<i>Levonorgestrel</i>)	1	1	R&M; F; \$0; QL (3 EA per 30 days)
ECONTRA ONE-STEP (<i>Levonorgestrel</i>)	1	1	R&M; F; \$0; QL (3 EA per 30 days)
ELLA	3		RO; F; \$0; QL (3 EA per 30 days)
MY CHOICE (<i>Levonorgestrel</i>)	1	1	R&M; F; \$0; QL (3 EA per 30 days)
MY WAY (<i>Levonorgestrel</i>)	1	1	R&M; F; \$0; QL (3 EA per 30 days)
OPCICON ONE-STEP (<i>Levonorgestrel</i>)	1	1	R&M; F; \$0; QL (3 EA per 30 days)
OPTION 2 (<i>Levonorgestrel</i>)	1	1	R&M; F; \$0; QL (3 EA per 30 days)
PLAN B ONE-STEP (<i>Levonorgestrel</i>)	3	1	R&M; F; \$0; QL (3 EA per 30 days)
REACT (<i>Levonorgestrel</i>)	1	1	R&M; F; \$0; QL (3 EA per 30 days)
TAKE ACTION (<i>Levonorgestrel</i>)	1	1	R&M; F; \$0; QL (3 EA per 30 days)
*Extended-Cycle Contraceptives - Oral***			
AMETHIA (<i>Levonorgest-Eth Estrad 91-Day</i>)	1	1	R&M; F; \$0; QL (91 EA per 90 days)
AMETHIA LO (<i>Levonorgest-Eth Estrad 91-Day</i>)	1	1	R&M; F; \$0; QL (91 EA per 91 days)
ASHLYNA (<i>Levonorgest-Eth Estrad 91-Day</i>)	1	1	R&M; F; \$0; QL (91 EA per 90 days)

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Drug Name	Brand	Generic	Additional Information
CAMRESE (<i>Levonorgest-Eth Estrad 91-Day</i>)	1	1	R&M; F; \$0; QL (91 EA per 90 days)
CAMRESE LO (<i>Levonorgest-Eth Estrad 91-Day</i>)	1	1	R&M; F; \$0; QL (91 EA per 91 days)
DAYSEE (<i>Levonorgest-Eth Estrad 91-Day</i>)	1	1	R&M; F; \$0; QL (91 EA per 90 days)
FAYOSIM (<i>Levonorgest-Eth Est & Eth Est</i>)	1	1	R&M; F; \$0; QL (91 EA per 91 days)
INTROVALE (<i>Levonorgest-Eth Estrad 91-Day</i>)	1	1	R&M; F; \$0; QL (91 EA per 91 days)
JOLESSA (<i>Levonorgest-Eth Estrad 91-Day</i>)	1	1	R&M; F; \$0; QL (91 EA per 91 days)
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3		R&M; F; QL (91 EA per 91 days)
LOSEASONIQUE TABLET 0.1-0.02 & 0.01 MG ORAL	1		R&M; QL (91 EA per 91 days)
QUARTETTE (<i>Levonorgest-Eth Est & Eth Est</i>)	3	1	R&M; F; \$0; QL (91 EA per 91 days)
RIVELSA (<i>Levonorgest-Eth Est & Eth Est</i>)	1	1	R&M; F; \$0; QL (91 EA per 91 days)
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	3		R&M; F; QL (91 EA per 90 days)
SEASONIQUE TABLET 0.15-0.03 & 0.01 MG ORAL	1		R&M; QL (91 EA per 91 days)
SETLAKIN (<i>Levonorgest-Eth Estrad 91-Day</i>)	1	1	R&M; F; \$0; QL (91 EA per 91 days)
*Four Phase Contraceptives - Oral***			
NATAZIA	3		R&M; F; \$0; QL (1.25 EA per 1 day)
*Progestin Contraceptives - Injectable***			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION (<i>MedroxyPROGESTERone Acetate</i>) 150 MG/ML	3	1	R&M; F; \$0; QL (1 EA per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>MedroxyPROGESTERone Acetate</i>)	3	1	R&M; F; \$0; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3		R&M; AI (10 bottles per copay retail or mail. Max 30.); F; \$0; QL (1 ML per 90 days)
*Progestin Contraceptives - Oral***			
CAMILA (<i>Norethindrone</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
DEBLITANE (<i>Norethindrone</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ERRIN (<i>Norethindrone</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
HEATHER (<i>Norethindrone</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
INCASSIA (<i>Norethindrone</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
JENCYCLA (<i>Norethindrone</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LYZA (<i>Norethindrone</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NORA-BE (<i>Norethindrone</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NORLYDA (<i>Norethindrone</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NORLYROC (<i>Norethindrone</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ORTHO MICRONOR	3		R&M; F; QL (1.25 EA per 1 day)
SHAROBEL (<i>Norethindrone</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
SLYND	3		R&M; F; \$0; QL (1.34 EA per 1 day)
TULANA (<i>Norethindrone</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
*Triphasic Contraceptives - Oral***			
ARANELLE	1		R&M; F; \$0; QL (1.25 EA per 1 day)
CAZIAN	1		R&M; F; \$0; QL (1.25 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
CESIA	1		R&M; F; \$0; QL (1.25 EA per 1 day)
CYCLAFEM 7/7/7 (<i>Alyacen 7/7/7</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
DASETTA 7/7/7 (<i>Alyacen 7/7/7</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ENPRESSE-28 (<i>Levonorg-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ESTROSTEP FE	3		R&M; F; QL (1.25 EA per 1 day)
LEENA	1		R&M; F; \$0; QL (1.25 EA per 1 day)
LEVONEST (<i>Levonorg-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NORTREL 7/7/7 (<i>Alyacen 7/7/7</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ORTHO TRI-CYCLEN LO	3		R&M; F; QL (1.25 EA per 1 day)
ORTHO-NOVUM 7/7/7 (28)	3		R&M; F; QL (1.25 EA per 1 day)
PIRMELLA 7/7/7 (<i>Alyacen 7/7/7</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TILIA FE	1		R&M; F; \$0; QL (1.25 EA per 1 day)
TRI FEMYNOR (<i>Norgestim-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-ESTARYLLA (<i>Norgestim-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-LEGEST FE	1		R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-LINYAH (<i>Norgestim-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-LO-ESTARYLLA (<i>Norgestim-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-LO-MARZIA (<i>Norgestim-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-LO-MILI	1		R&M; F; QL (1.25 EA per 1 day)
TRI-LO-SPRINTEC (<i>Norgestim-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRINESSA (28) (<i>Norgestim-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-PREVIFEM (<i>Norgestim-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-SPRINTEC (<i>Norgestim-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRIVORA (28) (<i>Levonorg-Eth Estrad Triphasic</i>)	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
TRI-VYLIBRA	1		R&M; F; QL (1.25 EA per 1 day)
VELIVET	1		R&M; F; \$0; QL (1.25 EA per 1 day)
Corticosteroids			
*Glucocorticosteroids***			
<i>budesonide oral</i>		3	R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
CORTEF	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
DEXAMETHASONE INTENSOL	3		R
<i>dexamethasone oral solution</i>		3	R
<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg</i>		1	R
EMFLAZA	3		PA; R&M; AG (Min 5 Years)
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	1		R&M; QL (3 EA per 1 day)
<i>hydrocortisone oral</i>		1	R
MEDROL ORAL TABLET 2 MG	3		R
<i>methylprednisolone oral tablet</i>		1	R

Drug Name	Brand	Generic	Additional Information
MILLIPRED ORAL TABLET	3		R
ORAPRED ODT	2		R&M; AI (Tier 2 copay + cost differential applies)
<i>prednisolone oral solution</i>		3	R
<i>prednisolone oral syrup 15 mg/5ml</i>		3	R
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>		3	R
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>		1	R
<i>prednisolone sodium phosphate oral tablet dispersible</i>		1	R
<i>prednisone oral solution</i>		3	R
<i>prednisone oral tablet</i>		1	R
<i>prednisone oral tablet therapy pack</i>		1	R
UCERIS ORAL (Budesonide ER)	3	3	R
*Mineralocorticoids***			
<i>fludrocortisone acetate oral</i>		1	R
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		1	R
TESSALON PERLES	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Antitussive - Opioid***			
<i>hydrocodone-homatropine</i>		1	R
<i>hydromet</i>		1	R
*Antitussive-Expectorant***			
<i>guaifenesin-codeine oral solution</i>		1	R
*Decongestant & Antihistamine***			
CLARINEX-D 12 HOUR	3		R&M; QL (2 EA per 1 day)
<i>promethazine vc</i>		1	R
<i>promethazine-phenylephrine</i>		1	R
SEMPREX-D	3		R&M; QL (4 EA per 1 day)
*Iodine Expectorants***			
SSKI	3		R
*Misc. Respiratory Inhalants***			
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>sodium chloride inhalation nebulization solution 3 %, 7 %</i>		1	R
*Mucolytics***			
<i>acetylcysteine inhalation</i>		1	R
*Non-Narc Antitussive-Antihistamine***			
<i>promethazine-dm oral syrup</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Non-Narc Antitussive-Decongestant-Antihistamine***			
BROMFED DM	1		R
*Opioid Antitussive-Antihistamine***			
<i>promethazine-codeine oral syrup</i>		1	R
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3		R&M; QL (20 ML per 1 day); AG (Min 18 Years)
*Opioid Antitussive-Decongestant-Antihistamine***			
<i>promethazine vclcodeine</i>		1	R
<i>promethazine-phenyleph-codeine</i>		1	R
<i>pseudoeph-chlorphen-hydrocod</i>		1	R
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VERZENIO	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Cystic Fibrosis Agent - Combinations***			
*Cystic Fibrosis Agent - Combinations***			
ORKAMBI ORAL PACKET	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ORKAMBI ORAL TABLET 100-125 MG	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	3		PA; SP
TRIKAFTA	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Dermatologicals			
*Acne Antibiotics***			
ACZONE (<i>Dapsone</i>)	3	3	R
AMZEEQ	3		PA; R
CLINDACIN ETZ EXTERNAL SWAB (<i>Clindamycin Phosphate</i>)	1	1	R
CLINDACIN-P (<i>Clindamycin Phosphate</i>)	1	1	R
<i>clindamycin phosphate external gel</i>		1	R
<i>ery</i>		3	R
ERYGEL (<i>Erythromycin</i>)	3	1	R

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Drug Name	Brand	Generic	Additional Information
*Acne Combinations***			
AVAR CLEANSER (<i>Sulfacetamide Sodium-Sulfur</i>)	1	1	R
AVAR EXTERNAL PAD	3		R
AVAR LS CLEANSER	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
AVAR LS EXTERNAL PAD	3		R
AVAR-E EMOLLIENT (<i>Sulfacetamide Sodium-Sulfur</i>)	1	1	R
AVAR-E GREEN (<i>Sulfacetamide Sodium-Sulfur</i>)	1	1	R
AVAR-E LS	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>sss 10-5 external cream</i>		1	R
<i>sss 10-5 external foam</i>		3	R&M; QL (4 GM per 1 day); AG (Min 12 Years)
<i>sulfacetamide sodium-sulfur external cream 10-2 %</i>		1	R
<i>sulfacetamide sodium-sulfur external liquid 10-2 %</i>		1	R
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>		1	R
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>		3	R
<i>sulfacetamide sodium-sulfur pad 10-4 % external</i>		1	R&M; QL (2 EA per 1 day)
<i>sulfacetamide-sulfur in urea external emulsion</i>		3	R
*Acne Products***			
<i>adapalene external gel 0.1 %</i>		2	R
AKLIEF	3		PA; R
ALTRENO	3		R
AMNESTEEM (<i>ISOtretinoin</i>)	3	3	R
AZELEX	3		R
BENZEPRO SHORT CONTACT (<i>Benzoyl Peroxide</i>)	1	1	R
BENZIQ	3		R&M; QL (1.67 GM per 1 day); AG (Min 12 Years)
BENZIQ LS	3		R&M; QL (1.67 GM per 1 day); AG (Min 12 Years)
<i>bp foam external foam 9.8 %</i>		1	R
<i>bpo foaming cloths external 6 %</i>		1	R
CLARAVIS ORAL CAPSULE (<i>ISOtretinoin</i>) 10 MG	3	3	R
MYORISAN (<i>ISOtretinoin</i>)	3	3	R
PR BENZOYL PEROXIDE WASH (<i>BP Wash</i>)	1	1	R
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	3		R
<i>tretinoin</i>		3	R
<i>tretinoin microsphere gel 0.04 % external</i>		1	R&M; QL (1.5 GM per 1 day)
<i>tretinoin microsphere gel 0.04 % external</i>		1	R&M; QL (1.67 GM per 1 day)
<i>tretinoin microsphere pump gel 0.04 % external</i>		1	R&M; QL (1.67 GM per 1 day)
ZENATANE (<i>ISOtretinoin</i>)	3	3	R

Drug Name	Brand	Generic	Additional Information
*Agents For External Genital And Perianal Warts***			
VEREGEN	3		R&M; QL (1 GM per 1 day)
*Antibiotic Steroid Combinations - Topical***			
CORTISPORIN EXTERNAL	3		R
*Antibiotics - Topical***			
ALTABAX	3		R&M; QL (1 GM per 1 day)
CENTANY (<i>Mupirocin</i>)	3	1	R
<i>gentamicin sulfate external cream</i>		3	R
<i>gentamicin sulfate external ointment</i>		1	R
XEPI	3		PA; ST; R&M; AI (ST: Trial of mupirocin ointment 2% x3 mo in the last 12 mo)
*Antifungals - Topical Combinations***			
<i>clotrimazole-betamethasone</i>		1	R
DERMAZENE (<i>Hydrocortisone-Iodoquinol</i>)	1	1	R
EXODERM EXTERNAL LOTION	3		R
LOTRISONE EXTERNAL CREAM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>nystatin-triamcinolone</i>		1	R
*Antifungals - Topical***			
<i>ciclopirox</i>		1	R
<i>ciclopirox olamine external</i>		1	R
LOPROX EXTERNAL SHAMPOO	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
LOPROX EXTERNAL SUSPENSION (<i>Ciclopirox Olamine</i>)	3	1	R
MENTAX	3		R
<i>naftifine hcl external cream</i>		1	R
NAFTIN EXTERNAL CREAM (<i>Naftifine HCl</i>) 2 %	3	1	R
NAFTIN EXTERNAL GEL	3		R
NYAMYC (<i>Nystatin</i>)	1	1	R
<i>nystatin external</i>		1	R
NYSTOP (<i>Nystatin</i>)	1	1	R
PENLAC	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Anti-Inflammatory Agents - Topical***			
<i>diclofenac epolamine</i>		3	R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
<i>diclofenac sodium transdermal solution</i>		1	R&M; QL (5 ML per 1 day)
FLECTOR	3		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
VOLTAREN TRANSDERMAL (<i>Diclofenac Sodium</i>)	3	1	R&M; AI (1-100gm tube per copay); QL (20 GM per 1 day)

Drug Name	Brand	Generic	Additional Information
*Antineoplastic Alkylating Agents - Topical***			
VALCHLOR	1		PA; R&M; QL (60 GM per 1 Copay)
*Antineoplastic Antimetabolites - Topical***			
CARAC (<i>Fluorouracil</i>)	1	1	PA; R&M; AI (Step either Tolak 4% and Fluorouracil 2% soln.); QL (1 GM per 1 day)
EFUDEX EXTERNAL CREAM	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
FLUOROPLEX	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>fluorouracil external cream 5 %</i>		1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>fluorouracil external solution</i>		1	R
TOLAK	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antineoplastic Or Premalignant Lesions - Topical Misc.***			
PICATO	1		PA; R
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***			
<i>diclofenac sodium transdermal gel 3 %</i>		1	PA; R&M; QL (3.34 GM per 1 day)
*Antineoplastic Retinoids - Topical***			
PANRETIN	1		PA; R
*Antipruritics - Topical***			
PRUDOXIN (<i>Doxepin HCl</i>)	3	3	PA; R
ZONALON (<i>Doxepin HCl</i>)	3	3	PA; R
*Antipsoriatics - Systemic***			
<i>acitretin oral capsule 10 mg, 25 mg</i>		1	R
COSENTYX	3		PA; ST; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
COSENTYX (300 MG DOSE)	3		PA; ST; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
COSENTYX SENSOREADY (300 MG)	3		PA; ST; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3		PA; ST; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>methoxsalen rapid</i>		1	R
OXSORALEN ULTRA	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
SILIQ	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SKYRIZI (150 MG DOSE)	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SORIATANE ORAL CAPSULE 25 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TALTZ	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TREMFYA	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Antipsoriatics***			
CALCITRENE (<i>Calcipotriene</i>)	1	1	R
DOVONEX EXTERNAL CREAM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
DRITHO-CREME HP	3		R
SORILUX	3		R&M; AI (120gm can is not covered at retail.); QL (2.67 GM per 1 day); AG (Min 18 Years)
TAZORAC EXTERNAL CREAM 0.05 %	3		R
TAZORAC EXTERNAL CREAM (<i>Tazarotene</i>) 0.1 %	3	1	R&M; QL (30 GM per 30 days)
TAZORAC EXTERNAL GEL	3		R
VECTICAL (<i>Calcitriol</i>)	3	3	R&M; QL (1 EA per 30 days)
ZITHRANOL	3		R&M; AI (1-85gm tube per copay); QL (2.84 GM per 1 day); AG (Min 12 Years)
*Antiseborrheic Products***			
OVACE PLUS EXTERNAL SHAMPOO	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
OVACE PLUS WASH EXTERNAL GEL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
OVACE WASH	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>selenium sulfide external lotion</i>		1	R
<i>selenium sulfide external shampoo 2.25 %</i>		1	R
<i>sulfacetamide sodium external gel</i>		1	R
<i>sulfacetamide sodium external liquid</i>		1	R
*Antiviral Topical Combinations***			
XERESE	3		R

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Drug Name	Brand	Generic	Additional Information
*Antivirals - Topical***			
<i>acyclovir external ointment</i>		1	R
DENA VIR	3		R
ZOVIRAX EXTERNAL CREAM (<i>Acyclovir</i>)	3	3	R
ZOVIRAX EXTERNAL OINTMENT	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Burn Products***			
SILVADENE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
SSD (<i>Silver Sulfadiazine</i>)	1	1	R
SULFAMYLON EXTERNAL CREAM	3		R
*Cauterizing Agents***			
<i>silver nitrate external solution 25 %</i>		3	R
*Corticosteroids - Topical***			
<i>ala-cort external cream 2.5 %</i>		1	R
<i>alclometasone dipropionate</i>		1	R
<i>amcinonide external cream</i>		1	R
<i>amcinonide external lotion</i>		3	R
APEXICON E	3		R
<i>betamethasone dipropionate aug external cream</i>		1	R
<i>betamethasone dipropionate aug external gel</i>		3	R
<i>betamethasone dipropionate aug external lotion</i>		1	R
<i>betamethasone dipropionate aug external ointment</i>		1	R
<i>betamethasone dipropionate external</i>		1	R
<i>betamethasone valerate external</i>		1	R
BRYHALI	3		R&M; QL (2 GM per 1 day)
CAPEX	3		R
<i>clobetasol propionate e</i>		1	R
<i>clobetasol propionate emulsion</i>		1	R&M; AI (1 - 100gm unit per copay); QL (300 GM per 30 days); AG (Min 12 Years)
<i>clobetasol propionate external cream</i>		1	R
<i>clobetasol propionate external gel</i>		1	R
<i>clobetasol propionate external liquid</i>		1	R&M; AG (Min 18 Years)
<i>clobetasol propionate external ointment</i>		1	R
<i>clobetasol propionate external shampoo</i>		1	R
CLOBEX EXTERNAL LOTION (<i>Clobetasol Propionate</i>)	3	3	R
CLOBEX EXTERNAL SHAMPOO	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
CLOBEX SPRAY	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); AG (Min 18 Years)
CLODERM	3		R

Drug Name	Brand	Generic	Additional Information
CORDRAN EXTERNAL CREAM (<i>Flurandrenolide</i>)	3	3	R
CORDRAN EXTERNAL LOTION (<i>Flurandrenolide</i>)	3	3	R
CORDRAN EXTERNAL OINTMENT (<i>Flurandrenolide</i>)	3	3	R&M; QL (2 GM per 1 day)
CORDRAN EXTERNAL TAPE	3		R
DERMA-SMOOTHIE/FS BODY	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
DERMA-SMOOTHIE/FS SCALP	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
DESONATE	3		R
<i>desonide external lotion</i>		1	R
<i>desonide external ointment</i>		1	R
<i>desoximetasone external gel</i>		1	R
<i>desoximetasone external ointment 0.25 %</i>		1	R
<i>diflorasone diacetate external</i>		3	ST; RO; AI (EST through at least 2 of the following in the last 3 months: Betamethasone, Clobetasol, Hydrocortisone, Triamcinolone); QL (60 GM per 30 days)
ELOCON EXTERNAL CREAM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>fluocinolone acetonide body</i>		1	R
<i>fluocinolone acetonide external</i>		1	R
<i>fluocinolone acetonide scalp</i>		1	R
<i>fluocinonide external cream 0.05 %</i>		1	R
<i>fluocinonide external gel</i>		1	R
<i>fluocinonide external ointment</i>		1	R
<i>fluocinonide external solution</i>		1	R
<i>fluticasone propionate external</i>		1	R
<i>halobetasol propionate external cream</i>		1	R&M; QL (1 GM per 1 day)
<i>halobetasol propionate external ointment</i>		1	R&M; QL (1 GM per 1 day)
HALOG EXTERNAL CREAM (<i>Halcinonide</i>)	3	3	R
<i>hydrocortisone butyrate external cream</i>		1	R
<i>hydrocortisone external cream 2.5 %</i>		1	R
<i>hydrocortisone external lotion 2.5 %</i>		1	R
<i>hydrocortisone external ointment 2.5 %</i>		1	R
<i>hydrocortisone valerate</i>		1	R
KENALOG EXTERNAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>kp hydrocortisone max st</i>		1	R
LOCOID EXTERNAL CREAM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
LOCOID EXTERNAL LOTION (<i>Hydrocortisone Butyrate</i>)	3	3	R&M; QL (1.97 ML per 1 day)
LUXIQ	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
MICORT-HC	3		R
<i>mometasone furoate external</i>		1	R
NOLIX (Flurandrenolide)	3	3	R
NUCORT	3		R&M; QL (60 ML per 30 days)
OLUX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
OLUX-E	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (300 GM per 30 days); AG (Min 12 Years)
<i>prednicarbate external cream</i>		1	R
<i>prednicarbate external ointment</i>		3	R
<i>psorcon</i>		3	ST; RO; AI (EST through at least 2 of the following in the last 3 months: Betamethasone, Clobetasol, Hydrocortisone, Triamcinolone); QL (60 GM per 30 days)
SERNIVO	3		RO; QL (4 ML per 1 day); AG (Min 18 Years)
<i>sm hydrocortisone external ointment</i>		1	R
SYNALAR	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
TEMOVATE EXTERNAL CREAM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
TEMOVATE EXTERNAL OINTMENT	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
TOPICORT EXTERNAL CREAM (Desoximetasone) 0.05 %	1	1	R
TOPICORT EXTERNAL OINTMENT 0.25 %	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>triamcinolone acetonide external aerosol solution</i>		1	R
<i>triamcinolone acetonide external cream</i>		1	R
<i>triamcinolone acetonide external lotion</i>		1	R
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>		1	R
<i>triamcinolone acetonide external ointment 0.5 %</i>		3	R
TRIANEX	3		R
TRIDERM EXTERNAL CREAM (Triamcinolone Acetonide) 0.1 %	1	1	R
VERDESO	3		R
*Emollient/Keratolytic Agents***			
CEROVEL EXTERNAL LOTION (Urea)	1	1	R
HYDRO 40	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
URAMAXIN EXTERNAL GEL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>urea external cream 40 %, 45 %</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>urea external suspension 40 %</i>		3	R
<i>urea nail external gel 45 %</i>		1	R
*Emollients***			
<i>lactic acid external lotion</i>		1	R
*Enzymes - Topical***			
SANTYL	3		R
*Imidazole-Related Antifungals - Topical***			
ERTACZO	3		R&M; QL (60 GM per 28 Dayss)
EXELDERM (<i>Sulconazole Nitrate</i>)	3	3	R
JUBLIA	3		PA; R&M; AI (Max 6-4ml bottles or Max 3-8ml bottles for up to 90ds); QL (0.27 ML per 1 day); AG (Min 18 Years)
<i>ketoconazole external cream</i>		1	R
<i>ketoconazole external shampoo 2 %</i>		1	R
<i>miconazole nitrate powder</i>		3	R
OXISTAT EXTERNAL CREAM (<i>Oxiconazole Nitrate</i>)	3	1	R&M; AI (60gm and 90gm tubes are not covered.); QL (30 GM per 30 days)
*Immunomodulators Imidazoquinolinamines - Topical***			
ALDARA	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>imiquimod external</i>		1	R
*Keratolytic/Antimitotic Agents***			
CONDYLOX EXTERNAL GEL	2		R
<i>podocon</i>		3	R
<i>podofilox external</i>		1	R
SALEX EXTERNAL SHAMPOO	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>salicylic acid external cream</i>		1	R
<i>salicylic acid external lotion</i>		1	R
<i>salicylic acid external shampoo</i>		1	R
<i>salicylic acid wart remover</i>		1	R
SALVAX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
VIRASAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Liniments***			
ASPERCREME	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ASPERCREME NIGHTTIME	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
TRU-MICIN EXTERNAL LOTION	1		R
ULTRACIN T	1		R

Drug Name	Brand	Generic	Additional Information
*Local Anesthetics - Topical***			
GLYDO EXTERNAL GEL	1		R
<i>lidocaine external ointment</i>		1	R
<i>lidocaine external patch 5 %</i>		1	R
<i>lidocaine hcl external lotion</i>		3	R
<i>lidocaine hcl external solution</i>		1	R
LIDODERM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>lidorx</i>		3	R
*Macrolide Immunosuppressants - Topical***			
ELIDEL (<i>Pimecrolimus</i>)	3	3	PA; R&M; QL (1 GM per 1 day); AG (Min 2 Years)
PROTOPIC	3		PA; R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (30 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external</i>		1	R&M; QL (30 GM per 30 days); AG (Min 2 Years)
*Photodynamic Therapy Agents - Topical***			
AMELUZ	3		R
*Rosacea Agents***			
FINACEA EXTERNAL GEL	3		R
MIRVASO	3		PA; R
ROSADAN EXTERNAL GEL (<i>MetroNIDAZOLE</i>)	1	1	R
SOOLANTRA	3		R
*Scabicide Combinations***			
LICEMD EXTERNAL GEL 0.33-4 %	3		R
*Scabicides & Pediculicides***			
ELIMITE	3		PA; ST; R
EURAX	3		PA; ST; R
<i>lindane external shampoo</i>		3	R
<i>malathion external</i>		1	R&M; QL (2.7 ML per 1 day)
NATROBA	3		PA; R
OVIDE	3		PA; ST; R&M; QL (2.7 ML per 1 day)
<i>permethrin external cream</i>		1	R
SKLICE	3		PA; ST; RO; QL (117 GM per 30 days)
<i>spinosad</i>		3	PA; R&M; AG (Max 18 Years)
ULESFIA	3		PA; R
*Steroid-Local Anesthetic Combinations***			
EPIFOAM	3		R
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>		1	R
PRAMOSONE EXTERNAL CREAM 1-1 %	3		R
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
PRAMOSONE EXTERNAL LOTION	3		R
PRAMOSONE EXTERNAL OINTMENT	3		R
*Topical Anesthetic Combinations***			
CETACAINE EXTERNAL AEROSOL	3		R
<i>lidocaine-prilocaine external cream</i>		1	R
*Topical Selective Retinoid X Receptor Agonists***			
TARGRETIN EXTERNAL	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (120 GM per 30 days)
*Topical Steroid Combinations***			
<i>calcipotriene-betameth diprop</i>		1	R&M; QL (360 GM per 30 days); AG (Min 16 Years)
TACLONEX EXTERNAL OINTMENT	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (360 GM per 30 days); AG (Min 16 Years)
TACLONEX EXTERNAL SUSPENSION	3		R&M; AI (1 bottle per copay); QL (2 GM per 1 day); AG (Min 18 Years)
*Wound Care - Growth Factor Agents***			
REGRANEX	3		PA; R&M; AI (Limited to 30 days supply)
Diagnostic Products			
*Diagnostic Drugs***			
THYROGEN	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Diagnostic Tests***			
ACCU-CHEK AVIVA PLUS IN VITRO (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ACCU-CHEK COMPACT PLUS (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ACCU-CHEK GUIDE IN VITRO	3		R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ACCU-CHEK SMARTVIEW (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ACCUTREND GLUCOSE (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ADVANCE INTUITION TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ADVANCE MICRO-DRAW TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ADVOCATE REDI-CODE+ TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ADVOCATE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
AGAMATRIX AMP TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
AGAMATRIX JAZZ TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
AGAMATRIX KEYNOTE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
AGAMATRIX PRESTO TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ASSURE 3 TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ASSURE 4 TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ASSURE II (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ASSURE II CHECK (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ASSURE PLATINUM (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ASSURE PRISM MULTI TEST	3		R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ASSURE PRO TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
BIOSCANNER GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
CAREONE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
CARESENS N GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
CHEMSTRIP MICRAL	3		R
CLEVER CHEK AUTO-CODE TEST	3		R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
CLEVER CHEK AUTO-CODE VOICE IN VITRO (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
CLEVER CHEK TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
CLEVER CHOICE AUTO-CODE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
CLEVER CHOICE MICRO TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
COOL BLOOD GLUCOSE TEST STRIPS	3		R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
CVS ADVANCED GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
D-CARE BLOOD GLUCOSE	3		R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>diatrue plus test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
DUO-CARE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>easy plus ii glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
EASY STEP TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>easy talk blood glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
EASY TOUCH HEALTHPRO TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
EASY TOUCH TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>easy trak blood glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
EASYGLUCO IN VITRO (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
EASYGLUCO PLUS IN VITRO	3		R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
EASYMAX 15 TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
EASYMAX TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>easyplus blood glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
EASYPRO BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
EASYPRO PLUS IN VITRO (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>element compact test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ELEMENT TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
EMBRACE BLOOD GLUCOSE TEST (<i>EQ Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EMBRACE EVO BLOOD GLUCOSE TEST (<i>EQ Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EMBRACE PRO GLUCOSE TEST (<i>EQ Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EVENCARE + BLOOD GLUCOSE TEST (<i>EQ Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EVENCARE BLOOD GLUCOSE TEST (<i>EQ Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EVENCARE G2 TEST (<i>EQ Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EVENCARE G3 TEST (<i>EQ Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EVENCARE MINI GLUCOSE TEST (<i>EQ Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)
EVOLUTION AUTOCODE IN VITRO (<i>EQ Blood Glucose Test</i>)	3	3	PA; R&M; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
EXACTECH R-S-G TEST (EQ Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)
EXACTECH TEST (EQ Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)
EZ SMART BLOOD GLUCOSE TEST (EQ Blood Glucose Test)	3	3	PA; R&M; QL (10 EA per 1 day)
EZ SMART PLUS GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FIFTY50 GLUCOSE TEST 2.0 (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA BLOOD GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA D15G BLOOD GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA D20 BLOOD GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA D40/G31 BLOOD GLUCOSE (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA G20 BLOOD GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA G30/PREM V10 GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA GD20 TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA GD50 BLOOD GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA TN'G/TN'G VOICE (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA V10 BLOOD GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA V12 BLOOD GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA V20 BLOOD GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORA V30A BLOOD GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORACARE GD40 TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORACARE PREMIUM V10 TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORACARE TEST N GO TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FORTISCARE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FREESTYLE INSULINX TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FREESTYLE LITE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
FREESTYLE PRECISION NEO TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
FREESTYLE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>ge100 blood glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
GENSTRIP 50 (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
GENULTIMATE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>ght test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
GLUCO PERFECT 3 TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
GLUCOCARD 01 SENSOR PLUS (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
GLUCOCARD EXPRESSION TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
GLUCOCARD SHINE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
GLUCOCARD VITAL TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
GLUCOCARD X-SENSOR (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
GLUCOCOM TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
GLUCONAVII BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>glucose meter test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>gnp easy touch glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
IN TOUCH BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
INFINITY BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
KETOSTIX	1		R
<i> Kroger blood glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i> Kroger premium glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i> Kroger test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
LIBERTY NEXT GENERATION TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>liberty test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>meijer blood glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>meijer essential glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>meijer premium glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
MEIJER TRUETEST TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
MEIJER TRUETRACK TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
MICRODOT TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
MYGLUCOHEALTH TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
NEUTEK 2TEK TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
NOVA MAX GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ON CALL EXPRESS BLOOD GLUCOSE (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ON CALL PLUS BLOOD GLUCOSE (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ON CALL VIVID BLOOD GLUCOSE (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ONETOUCH ULTRA BLUE	1		R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ONETOUCH VERIO IN VITRO STRIP	1		R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ONETOUCH VERIO STRIP IN VITRO	3		R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
OPTIUM TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
OPTIUMEZ TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
OPTUMRX BLOOD GLUCOSE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
PHARMACIST CHOICE AUTOCODE (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>pharmacist choice no coding</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
POCKETCHEM EZ TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
PRECISION PCX (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
PRECISION PCX PLUS TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
PRECISION POINT OF CARE TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
PRECISION QID TEST (Blood Glucose Test)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
PRECISION SOF-TACT TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
PRECISION XTRA BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
PRECISION XTRA KETONE	1		R
<i>premium blood glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
PRODIGY NO CODING BLOOD GLUC IN VITRO (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
PTS PANELS GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
QUICKTEK TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
QUINTET AC BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
QUINTET BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
RA TRUETEST TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
REFUAH PLUS BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
RELION BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
RELION CONFIRM/MICRO TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
RELION PRIME TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
RELION ULTIMA TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
REVEAL BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
REXALL BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
RIGHTEST GS100 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
RIGHTEST GS300 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
RIGHTEST GS550 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
SMART SENSE PREMIUM TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
SMART SENSE VALUE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
SMARTEST BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
SOLUS V2 TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
SUPREME TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
SURE EDGE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
SURECHEK BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
SURE-TEST EASYPLUS MINI TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
TELCARE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
<i>tgt blood glucose test</i>		3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
TRUE METRIX BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
TRUETEST TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
TRUETRACK TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ULTIMA TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ULTRATRAK PRO TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
ULTRATRAK ULTIMATE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
UNISTRIP1 GENERIC (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
VICTORY AGM-4000 TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
VOCAL POINT BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
WAVESENSE PRESTO (<i>Blood Glucose Test</i>)	3	3	PA; R&M; AI (Limited to 30 days supply); QL (10 EA per 1 day)
*Multiple Urine Tests***			
CHEMSTRIP 2 GP	3		R
KETO-DIASTIX	3		R
Digestive Aids			
*Digestive Enzymes***			
CREON	2		R
PANCREAZE	3		PA; R&M; AI (Electronic Step through Creon and Zenpep)
PERTZYE	3		PA; R&M; AI (Electronic Step through Creon and Zenpep)
SUCRAID	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VIOKACE	3		PA; R&M; AI (Step through both Creon and Zenpep)

Drug Name	Brand	Generic	Additional Information
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2		R
*Direct-Acting P2y12 Inhibitors***			
*Direct-Acting P2y12 Inhibitors***			
BRILINTA	2		R
Diuretics			
*Carbonic Anhydrase Inhibitors***			
acetazolamide oral tablet 125 mg		1	R
KEVEYIS	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day); AG (Min 18 Years)
methazolamide oral		1	R
*Diuretic Combinations***			
DYAZIDE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
MAXZIDE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
spironolactone-hctz		1	R
triamterene-hctz oral capsule 37.5-25 mg		1	R
triamterene-hctz oral tablet		1	R
*Loop Diuretics***			
bumetanide oral		1	R
EDECRIN	3		R
furosemide oral solution 10 mg/ml		1	R
furosemide oral tablet		1	R
LASIX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
toremide oral tablet 10 mg, 100 mg, 20 mg		1	R
*Potassium Sparing Diuretics***			
ALDACTONE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
amiloride hcl oral		1	R
DYRENIUM (Triamterene)	3	3	R
spironolactone oral		1	R
*Thiazides And Thiazide-Like Diuretics***			
chlorothiazide oral tablet 250 mg		3	R
chlorothiazide oral tablet 500 mg		1	R
chlorthalidone oral tablet 25 mg		3	R
chlorthalidone oral tablet 50 mg		1	R
DIURIL	3		R
hydrochlorothiazide oral		1	R
indapamide oral		1	R

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Drug Name	Brand	Generic	Additional Information
<i>metolazone</i>		1	R
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
SUNOSI	3		PA; R
Endocrine And Metabolic Agents - Misc.			
*Bisphosphonates***			
ACTONEL ORAL TABLET 150 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 30 days)
ACTONEL ORAL TABLET 30 MG, 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
ACTONEL ORAL TABLET (<i>Risedronate Sodium</i>) 35 MG	3	1	R&M; QL (4 EA per 30 days)
<i>alendronate sodium oral solution</i>		3	R&M; QL (10 ML per 1 day)
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>		1	R
<i>alendronate sodium oral tablet 40 mg</i>		3	R
<i>alendronate sodium oral tablet 70 mg</i>		1	R&M; QL (0.14 EA per 1 day)
BONIVA ORAL TABLET 150 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 30 days)
<i>etidronate disodium oral tablet 400 mg</i>		3	R
FOSAMAX ORAL TABLET 70 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 30 days)
<i>ibandronate sodium oral</i>		1	R&M; QL (1 EA per 30 days)
<i>pamidronate disodium</i>		3	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>risedronate sodium oral tablet 150 mg</i>		1	R&M; QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
*Calcimimetic Agents***			
SENSIPAR ORAL TABLET 30 MG, 60 MG	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (5 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day)
*Calcitonins***			
<i>calcitonin (salmon)</i>		1	R&M; QL (3.7 ML per 30 days)
MIACALCIN INJECTION	3		R
MIACALCIN NASAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3.7 ML per 30 days)

Drug Name	Brand	Generic	Additional Information
*Carnitine Replenisher - Agents***			
CARNITOR ORAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
CARNITOR SF	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>levocarnitine oral solution</i>		1	R
<i>levocarnitine oral tablet</i>		1	R
*Corticotropin***			
ACTHAR	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Dopamine Receptor Agonists***			
<i>cabergoline</i>		1	R
*Fabry Disease - Agents***			
GALAFOLD	3		PA; R&M; AI (limited distribution Accredo Pharmacy.)
*Gaa Deficiency Treatment - Agents***			
LUMIZYME	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Gnrh/Lhrh Antagonists***			
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3		R&M; AI (\$5000 lifetime benefit applies); F
<i>ganirelix acetate subcutaneous solution</i>		3	R&M; AI (\$5000 lifetime benefit applies); F
ORLISSA	3		PA; R
*Growth Hormone Receptor Antagonists***			
SOMAVERT	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Growth Hormone Releasing Hormones (Ghrh)***			
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	3		PA; R
EGRIFTA SV	3		PA; R
*Growth Hormones***			
GENOTROPIN	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GENOTROPIN MINIQUICK	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HUMATROPE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NORDITROPIN FLEXPPO	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
NUTROPIN AQ NUSPIN 10	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NUTROPIN AQ NUSPIN 20	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NUTROPIN AQ NUSPIN 5	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
OMNITROPE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SAIZEN	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZOMACTON	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZORBTIVE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
NITYR	3		PA; R
ORFADIN ORAL CAPSULE 10 MG	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); \$0
ORFADIN ORAL CAPSULE (<i>Nitisinone</i>) 2 MG, 5 MG	3	3	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ORFADIN ORAL CAPSULE 20 MG	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ORFADIN ORAL SUSPENSION	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Homocystinuria Treatment - Agents***			
CYSTADANE	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Hyperammonemia Treatment - Agents***			
CARBAGLU	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Hyperparathyroid Treatment - Vitamin D Analogs***			
<i>calcitriol oral</i>		1	R
<i>doxercalciferol oral</i>		1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>		1	SP; QL (1 EA per 1 day); AG (Min 18 Years)
<i>paricalcitol oral capsule 4 mcg</i>		1	SP; QL (0.4 EA per 1 day); AG (Min 18 Years)
RAYALDEE	3		PA; R
ROCALTROL ORAL CAPSULE 0.25 MCG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ZEMPLAR ORAL CAPSULE 2 MCG	3		SP; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
*Insulin-Like Growth Factors (Somatomedins)***			
INCRELEX	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
LUPRON DEPOT-PED (1-MONTH)	3		PA; SP; AI (PA Required: FDA approved only for CPP. Briova is preferred Specialty Pharmacy.); QL (1 EA per 30 days)
LUPRON DEPOT-PED (3-MONTH)	3		PA; SP; AI (PA Required: FDA approved only for CPP. Briova is preferred Specialty Pharmacy.); QL (1 EA per 90 days)
SYNAREL	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Mucopolysaccharidosis Ii (Mps Ii) - Agents***			
ELAPRASE	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Mucopolysaccharidosis Vi (Mps Vi) - Agents***			
NAGLAZYME	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Ovulation Stimulants-Gonadotropins***			
FOLLISTIM AQ SUBCUTANEOUS	3		R&M; AI (\$5000 lifetime benefit applies)
GONAL-F	3		R&M; AI (\$5000 lifetime benefit applies)
GONAL-F RFF	3		R&M; AI (\$5000 lifetime benefit applies)

Drug Name	Brand	Generic	Additional Information
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 900 UNIT/1.5ML	3		R&M; AI (\$5000 lifetime benefit applies)
MENOPUR	3		R&M; AI (\$5000 lifetime benefit applies)
OVIDREL	3		R&M; AI (\$5000 lifetime benefit applies)
PREGNYL (<i>Chorionic Gonadotropin</i>)	3	3	R&M; AI (\$5000 lifetime benefit applies)
*Ovulation Stimulants-Synthetic***			
<i>clomiphene citrate</i>		3	R&M; AI (\$5000 lifetime benefit applies)
<i>clomiphene citrate oral</i>		3	R&M; AI (\$5000 lifetime benefit applies); F
*Parathyroid Hormone And Derivatives***			
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NATPARA	3		PA; SP
TYMLOS	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Phenylketonuria Treatment - Agents***			
KUVAN	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PALYNZIQ	3		PA; SP; AI (Limited to 30 days supply)
*Rank Ligand (Rankl) Inhibitors***			
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3		PA; SP; AI (Limited to 30 days supply)
*Selective Estrogen Receptor Modulators (Serms)***			
EVISTA	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); F; QL (1 EA per 1 day)
OSPHENA	3		PA; R
<i>raloxifene hcl</i>		1	R&M; F; \$0; QL (1 EA per 1 day)
*Selective Vasopressin V2-Receptor Antagonists***			
JYNARQUE ORAL TABLET	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
JYNARQUE ORAL TABLET THERAPY PACK	3		PA; SP; AI (LIMITED SPECIALTY DISTRIBUTION BY DIPLOMAT, AVELLA OR BIOLOGICS.)
SAMSCA	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
*Somatostatic Agents***			
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SANDOSTATIN INJECTION SOLUTION (Octreotide Acetate) 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SANDOSTATIN LAR DEPOT	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Urea Cycle Disorder - Agents***			
BUPHENYL ORAL POWDER (Sodium Phenylbutyrate) 3 GM/TSP	2	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BUPHENYL ORAL TABLET (Sodium Phenylbutyrate)	2	2	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RAVICTI	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Vasopressin***			
DDAVP INJECTION SOLUTION 4 MCG/ML	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
DDAVP ORAL TABLET 0.1 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (8 EA per 1 day)
DDAVP ORAL TABLET 0.2 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
DDAVP RHINAL TUBE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (15 ML per 30 days)
<i>desmopressin ace spray refrig</i>		1	R&M; QL (15 ML per 30 days)
<i>desmopressin acetate injection</i>		1	R
<i>desmopressin acetate oral tablet 0.1 mg</i>		1	R&M; QL (8 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>		1	R&M; QL (4 EA per 1 day)
NOCDURNA	3		PA; R
NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML	3		PA; R
STIMATE	3		R
Estrogens			
*Estrogen & Androgen***			
COVARYX (Est Estrogens-Methyltest)	1	1	R
COVARYX HS (Est Estrogens-Methyltest HS)	1	1	R
EEMT (Est Estrogens-Methyltest)	1	1	R
EEMT HS (Est Estrogens-Methyltest HS)	1	1	R

Drug Name	Brand	Generic	Additional Information
*Estrogen & Progestin***			
ACTIVELLA	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); F
AMABELZ (<i>Estradiol-Norethindrone Acet</i>)	1	1	R&M; F
ANGELIQ ORAL TABLET 0.25-0.5 MG	3		R
ANGELIQ ORAL TABLET 0.5-1 MG	3		R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
CLIMARA PRO	3		R&M; F; QL (4 EA per 30 days)
COMBIPATCH	3		R&M; F
FEMHRT LOW DOSE (<i>Norethindrone-Eth Estradiol</i>)	3	1	R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
FYAVOLV (<i>Norethindrone-Eth Estradiol</i>)	1	1	R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
JINTELI	3		R
MIMVEY (<i>Estradiol-Norethindrone Acet</i>)	1	1	R&M; F
MIMVEY LO (<i>Estradiol-Norethindrone Acet</i>)	1	1	R&M; F
PREFEST	3		R&M; F; QL (1 EA per 1 day)
PREMPHASE	2		R&M; F; QL (1 EA per 1 day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	2		R&M; F; QL (1 EA per 1 day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	2		R&M; F; QL (2 EA per 1 day)
*Estrogens***			
ALORA TRANSDERMAL PATCH TWICE WEEKLY (<i>Estradiol</i>) 0.025 MG/24HR, 0.05 MG/24HR	3	1	R&M; QL (2 EA per 1 Week)
ALORA TRANSDERMAL PATCH TWICE WEEKLY (<i>Estradiol</i>) 0.075 MG/24HR	3	3	R&M; QL (2 EA per 1 Week)
ALORA TRANSDERMAL PATCH TWICE WEEKLY (<i>Estradiol</i>) 0.1 MG/24HR	1	3	R&M; QL (2 EA per 1 Week)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (0.14 mg per 1 day)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 30 days)
DELESTROGEN	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
DEPO-ESTRADIOL	3		R
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3		R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	3		R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	3		R&M; M; QL (1 GM per 1 day); AG (Min 18 Years)
DOTTI (<i>Estradiol</i>)	1	1	R&M; QL (2 EA per 1 Week)
ELESTRIN	3		R

Drug Name	Brand	Generic	Additional Information
ESTRACE ORAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>estradiol oral</i>		1	R
<i>estradiol transdermal patch weekly 0.025 mg/24hr</i>		1	R&M; QL (0.14 mg per 1 day)
<i>estradiol transdermal patch weekly 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>		1	R&M; QL (4 EA per 30 days)
ESTROGEL	3		R
EVAMIST	3		R&M; F
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3		R
MENOSTAR	3		R&M; F; QL (4 EA per 30 days)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.025 MG/24HR	3	1	R&M; QL (2 EA per 1 Week)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.0375 MG/24HR, 0.05 MG/24HR	3	1	R&M; QL (2 EA per 1 week)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.075 MG/24HR, 0.1 MG/24HR	3	3	R&M; QL (2 EA per 1 week)
PREMARIN INJECTION	2		R
PREMARIN ORAL	2		R
VIVELLE-DOT	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 Week)
*Estrogen-Selective Estrogen Receptor Modulator Comb***			
*Estrogen-Selective Estrogen Receptor Modulator Comb***			
DUAVEE	3		PA; R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
*Farnesoid X Receptor (Fxr) Agonists***			
*Farnesoid X Receptor (Fxr) Agonists***			
OCALIVA	3		PA; SP
Fluoroquinolones			
*Fluoroquinolones***			
BAXDELA ORAL	3		PA; R
CIPRO ORAL SUSPENSION RECONSTITUTED	3		R
CIPRO ORAL TABLET 250 MG, 500 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 100 mg</i>		3	R
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 750 mg</i>		1	R
LEVAQUIN ORAL TABLET 250 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>levofloxacin oral solution</i>		3	R
<i>levofloxacin oral tablet 250 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>moxifloxacin hcl oral</i>		1	R
<i>ofloxacin oral tablet 300 mg</i>		1	R
<i>ofloxacin oral tablet 400 mg</i>		1	R&M; QL (2 EA per 1 day)
Gastrointestinal Agents - Misc.			
*Gallstone Solubilizing Agents***			
URSO 250	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>ursodiol oral</i>		1	R
*Gastrointestinal Antiallergy Agents***			
<i>cromolyn sodium oral</i>		1	R
GASTROCROM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Gastrointestinal Chloride Channel Activators***			
AMITIZA ORAL CAPSULE 24 MCG	3		R&M; QL (2 EA per 1 day); AG (Min 16 Years)
AMITIZA ORAL CAPSULE 8 MCG	3		R&M; F; QL (2 EA per 1 day); AG (Min 18 Years)
*Gastrointestinal Stimulants***			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		1	R
<i>metoclopramide hcl oral tablet</i>		1	R
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>		3	R
*Glucagon-Like Peptide-2 (Glp-2) Analogs***			
GATTEX	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS	2		R
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***			
<i>alosetron hcl</i>		1	R
LOTRONEX ORAL TABLET 0.5 MG	3		R&M; F
LOTRONEX ORAL TABLET 1 MG	3		R&M; F; QL (2 EA per 1 day); AG (Min 12 Years)
*Inflammatory Bowel Agents***			
APRISO	3		R&M; QL (4 EA per 1 day)
ASACOL HD (Mesalamine)	2	1	R
AZULFIDINE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
AZULFIDINE EN-TABS (<i>SulfaSALazine</i>)	3	1	R
<i>balsalazide disodium</i>		1	R
CANASA (<i>Mesalamine</i>)	2	2	R&M; QL (1 EA per 1 day)
DELZICOL (<i>Mesalamine</i>)	2	2	R
DIPENTUM	2		R&M; QL (4 EA per 1 day)
LIALDA	3		R&M; QL (4 EA per 1 day); AG (Min 18 Years)
<i>mesalamine er</i>		3	R
<i>mesalamine rectal enema</i>		1	R
<i>mesalamine-cleanser</i>		1	R
PENTASA	2		R
SULFAZINE (<i>SulfaSALazine</i>)	1	1	R
*Intestinal Acidifiers***			
<i>enulose</i>		1	R
<i>generlac</i>		1	R
*Peripheral Opioid Receptor Antagonists***			
MOVANTIK	3		R
RELISTOR ORAL	3		PA; R
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3		PA; R
SYMPROIC	3		PA; R
*Phosphate Binder Agents***			
CALPHRON (<i>Calcium Acetate (Phos Binder)</i>)	1	1	R
FOSRENOL ORAL PACKET	3		R
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 750 MG	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day); AG (Min 16 Years)
FOSRENOL ORAL TABLET CHEWABLE (<i>Lanthanum Carbonate</i>) 500 MG	3	2	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day); AG (Min 16 Years)
RENAGEL ORAL TABLET 800 MG	3		R&M; QL (20 EA per 1 day)
RENVELA ORAL PACKET (<i>Sevelamer Carbonate</i>) 0.8 GM	3	3	R&M; QL (15 EA per 1 day)
RENVELA ORAL PACKET (<i>Sevelamer Carbonate</i>) 2.4 GM	3	3	R&M; QL (5 EA per 1 day)
RENVELA ORAL TABLET (<i>Sevelamer Carbonate</i>)	3	1	R&M; QL (15 EA per 1 day)
VELPHORO	3		PA; R
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA PREFILLED	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CIMZIA STARTER KIT	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Genitourinary Agents - Miscellaneous			
*5-Alpha Reductase Inhibitors***			
AVODART	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); M; QL (1 EA per 1 day)
<i>dutasteride oral</i>		1	R&M; M; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>		1	R&M; QL (1 EA per 1 day)
PROSCAR	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
*Alpha 1-Adrenoceptor Antagonists***			
<i>alfuzosin hcl er</i>		1	R&M; QL (1 EA per 1 day)
CARDURA XL	3		R
FLOMAX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
RAPAFLO (Silodosin)	3	3	R
<i>tamsulosin hcl</i>		1	R
UROXATRAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
*Citrates***			
<i>cytra-2</i>		1	R
CYTRA-3	3		R
<i>cytra-k</i>		1	R
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)</i>		3	R
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>		1	R
<i>potassium citrate-citric acid oral solution</i>		1	R
<i>sod citrate-citric acid</i>		1	R
TARON-CRYSTALS (Cytra K Crystals)	1	1	R
<i>tricitrates</i>		3	R
UROCIT-K 10	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
UROCIT-K 15	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
UROCIT-K 5	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Cystinosis Agents***			
CYSTAGON	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
PROCYSBI	3		PA; ST; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Genitourinary Irrigants***			
<i>sodium chloride irrigation solution 0.9 %</i>		1	R
*Interstitial Cystitis Agents***			
ELMIRON	3		R&M; QL (3 EA per 1 day)
*Prostatic Hypertrophy Agent Combinations***			
JALYN (Dutasteride-Tamsulosin HCl)	3	1	R&M; M
*Urinary Analgesics***			
PHENAZO ORAL TABLET (Phenazopyridine HCl) 200 MG	1	1	R
<i>phenazopyridine hcl oral tablet 100 mg</i>		1	R
PYRIDIUM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Urinary Stone Agents***			
THIOLA	3		PA; R
THIOLA EC	3		PA; R
*Glycopeptides***			
*Glycopeptides***			
VANCOCIN HCL ORAL CAPSULE 125 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>vancomycin hcl oral capsule</i>		1	R
Gout Agents			
*Gout Agent Combinations***			
<i>colchicine-probenecid</i>		1	R
*Gout Agents***			
<i>allopurinol oral</i>		1	R
COLCRYS (Colchicine)	3	3	R
<i>febuxostat</i>		3	ST; R&M; AI (STEP: Through the following for 3 months in last 6 months: Allopurinol); QL (1 EA per 1 Day); AG (Min 18 Years)
GLOPERBA	3		PA; R
MITIGARE	3		R
ULORIC	3		ST; R&M; AI (through both of STEP: Through the following for 3 months each in last 12 months : Allopurinol and Febuxostat); QL (1 EA per 1 day); AG (Min 18 Years)
*Uricosurics***			
<i>probenecid oral</i>		1	R

Drug Name	Brand	Generic	Additional Information
Hematological Agents - Misc.			
*Bradykinin B2 Receptor Antagonists***			
FIRAZYR (<i>Icatibant Acetate</i>)	3	3	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*C1 Inhibitors***			
HAEGARDA	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Cyclopentyltriazolopyrimidine (Ctp) Derivatives***			
BRILINTA	2		R
*Hematorheologic Agents***			
<i>pentoxifylline er</i>		1	R
*Phosphodiesterase Iii Inhibitors***			
<i>cilostazol</i>		1	R&M; QL (2 EA per 1 Days)
*Plasma Kallikrein Inhibitors***			
KALBITOR	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Platelet Aggregation Inhibitor Combinations***			
AGGRENOX (<i>Aspirin-Dipyridamole ER</i>)	2	1	R
*Platelet Aggregation Inhibitors***			
<i>dipyridamole oral</i>		1	R
*Quinazoline Agents***			
<i>anagrelide hcl</i>		1	R
*Thienopyridine Derivatives***			
<i>clopidogrel bisulfate oral tablet 300 mg</i>		1	R&M; QL (1 EA per 30 days)
EFFIENT (<i>Prasugrel HCl</i>)	3	1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
PLAVIX ORAL TABLET (<i>Clopidogrel Bisulfate</i>) 75 MG	3	1	R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
PLAVIX TABLET 75 MG ORAL (<i>Clopidogrel Bisulfate</i>)	3	1	R&M; QL (1 EA per 1 day)
Hematopoietic Agents			
*Agents For Gaucher Disease***			
CERDELGA	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZAVESCA (<i>Miglustat</i>)	3	3	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Cobalamins***			
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		1	R
NASCOBAL	3		R

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Drug Name	Brand	Generic	Additional Information
*Cxcr4 Receptor Antagonist***			
MOZOBIL	3		R
*Cytotoxic Agents***			
DROXIA	2		ST; SP; AI (Step applies; step through Siklos and Hydroxyurea for 3mo in last year)
SIKLOS ORAL TABLET 100 MG	2		SP; QL (10 EA per 1 day); AG (Min 2 Years and Max 17 Years)
SIKLOS ORAL TABLET 1000 MG	2		SP; QL (1 EA per 1 day); AG (Min 2 Years and Max 17 Years)
*Erythropoiesis-Stimulating Agents (Esas)***			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PROCRIT	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Folic Acid/Folates***			
<i>folic acid oral tablet 1 mg</i>		1	R&M; \$0; QL (2 EA per 1 day)
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
NEULASTA ONPRO	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
NIVESTYM INJECTION SOLUTION	2		SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	2		SP
UDENYCA	2		SP
ZARXIO	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
*Iron***			
BPROTECTED PEDIA IRON (<i>Ferrous Sulfate</i>)	1	1	R&M; \$0; AG (Min 1 Years)
FER-IN-SOL (<i>Ferrous Sulfate</i>)	3	1	R&M; \$0; AG (Min 1 Years)
FERRLECIT (<i>Na Ferric Gluc Cplx in Sucrose</i>)	3	1	SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>iron supplement childrens</i>		1	R&M; \$0; AG (Min 1 Years)
SPATONE PUR-ABSORB IRON	3		R&M; \$0; QL (60 ML per 1 day); AG (Min 1 Years)
*Thrombopoietin (Tpo) Receptor Agonists***			
DOPTELET ORAL TABLET 20 MG	3		PA; SP
MULPLETA	3		PA; SP
NPLATE	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PROMACTA	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Hemoglobin S (Hbs) Polymerization Inhibitors***			
*Hemoglobin S (Hbs) Polymerization Inhibitors***			
OXBRYTA	3		PA; R
Hemostatics			
*Hemostatics - Systemic***			
AMICAR ORAL SOLUTION	3		R
LYSTEDA	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); F
<i>tranexamic acid oral</i>		1	R
*Hepatitis C Agent - Combinations***			
*Hepatitis C Agent - Combinations***			
EPCLUSA (<i>Sofosbuvir-Velpatasvir</i>)	2	2	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
HARVONI ORAL TABLET 45-200 MG	3		PA; R
HARVONI ORAL TABLET (<i>Ledipasvir-Sofosbuvir</i>) 90-400 MG	2	2	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day)
MAVYRET	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VIEKIRA PAK	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VOSEVI	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
ZEPATIER	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Hereditary Orotic Aciduria Treatment - Agents**			
*Hereditary Orotic Aciduria Treatment - Agents**			
XURIDEN	3		PA; SP
*Histamine H3-Receptor Antagonist/Inverse Agonists***			
*Histamine H3-Receptor Antagonist/Inverse Agonists***			
WAKIX	3		PA; R
Hypnotics			
*Barbiturate Hypnotics***			
<i>phenobarbital oral elixir</i>		1	R
<i>phenobarbital oral solution</i>		1	R
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>		3	R
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>		1	R
SECONAL	3		R
*Benzodiazepine Hypnotics***			
<i>estazolam</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg</i>		3	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 30 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
HALCION	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 18 Years)
<i>midazolam hcl oral</i>		1	R&M; QL (10 ML per 1 day); AG (Min 6 Months and Max 16 Years)
RESTORIL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
<i>temazepam</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
*Hypnotics - Tricyclic Agents***			
SILENOR (<i>Doxepin HCl</i>)	3	3	ST; R&M; AI (ST: doxepin HCL 10mg capsule); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
AMBIEN	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
AMBIEN CR (<i>Zolpidem Tartrate ER</i>)	3	1	R&M; QL (1 EA per 1 day)
LUNESTA (<i>Eszopiclone</i>)	3	1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>zaleplon oral capsule 10 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>zaleplon oral capsule 5 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>zolpidem tartrate oral</i>		1	R
*Selective Melatonin Receptor Agonists***			
HETLIOZ	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
ROZEREM	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
*Hypophosphatasia (Hpp) Agents***			
*Hypophosphatasia (Hpp) Agents***			
STRENSIQ	3		PA; SP; AI (Limited Distribution PantheRx)
*Ibs Agent - 5-Ht4 Receptor Partial Agonists***			
*Ibs Agent - 5-Ht4 Receptor Partial Agonists***			
ZELNORM	3		R&M; F; QL (2 EA per 2 days); AG (Max 65 Years)
*Ibs Agent - Mu-Opioid Receptor Agonists***			
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI	3		PA; ST; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
*Insulin-Incretin Mimetic Combinations***			
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA	2		R&M; QL (0.5 ML per 1 day); AG (Min 18 Years)
XULTOPHY	3		R&M; QL (0.5 ML per 1 day); AG (Min 18 Years)
*Interleukin-5 Antagonists (Igg1 Kappa)***			
*Interleukin-5 Antagonists (Igg1 Kappa)***			
FASENRA	3		PA; R
FASENRA PEN	3		PA; R
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3		PA; SP; AI (Limited to 30 days supply)
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
TIBSOVO	1		PA; R

Drug Name	Brand	Generic	Additional Information
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
IDHIFA	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Laxatives			
*Bowel Evacuant Combinations***			
CLENPIQ	3		R
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	3		R
GAVILYTE-C (PEG 3350/Electrolytes)	1	1	R&M; \$0
GAVILYTE-G (PEG-3350/Electrolytes)	1	1	R&M; \$0
GAVILYTE-H	1		R&M; \$0
GAVILYTE-N WITH FLAVOR PACK (PEG 3350-KCl-Na Bicarb-NaCl)	1	1	R&M; \$0
GOLYTELY	3		R
MOVIPREP	3		R
NULYTELY WITH FLAVOR PACKS	3		R
PCP 100	3		R
PEG-PREP	1		R&M; \$0
PLENVU	3		R
PREPOPIK	3		R
SUPREP BOWEL PREP KIT	3		R
TRILYTE (PEG 3350-KCl-Na Bicarb-NaCl)	1	1	R&M; \$0
*Laxatives - Miscellaneous***			
<i>constulose</i>		1	R
KRISTALOSE (Lactulose)	3	3	PA; R
<i>lactulose oral solution</i>		1	R
*Saline Laxative Mixtures***			
OSMOPREP	3		R
*Leptin Analogues***			
*Leptin Analogues***			
MYALEPT	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA	3		PA; R
Macrolides			
*Azithromycin***			
<i>azithromycin oral suspension reconstituted</i>		1	R
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
ZITHROMAX ORAL PACKET (<i>Azithromycin</i>)	3	3	R
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ZITHROMAX Z-PAK	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Clarithromycin***			
<i>clarithromycin er</i>		1	R&M; QL (2 EA per 1 day)
<i>clarithromycin oral suspension reconstituted</i>		1	R
<i>clarithromycin oral tablet 250 mg</i>		1	R
<i>clarithromycin oral tablet 500 mg</i>		1	R&M; QL (3 EA per 1 day)
*Erythromycins***			
E.E.S. 400 ORAL TABLET (<i>Erythromycin Ethylsuccinate</i>)	3	3	R
E.E.S. GRANULES (<i>Erythromycin Ethylsuccinate</i>)	3	1	R
ERYPED 200 (<i>Erythromycin Ethylsuccinate</i>)	3	1	R
ERYPED 400 (<i>Erythromycin Ethylsuccinate</i>)	3	3	R
ERY-TAB	3		R
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3		R
<i>erythromycin base oral capsule delayed release particles</i>		1	R
<i>erythromycin base oral tablet</i>		3	R
*Fidaxomicin***			
DIFICID	3		PA; RO; QL (4 EA per 1 day)
Medical Devices			
*Cervical Caps***			
FEMCAP	3		R&M; F; \$0; QL (3 EA per 30 days)
*Condoms - Female***			
FC FEMALE CONDOM	3		R&M; F; \$0; QL (12 EA per 30 days)
FC2 FEMALE CONDOM	3		R&M; F; \$0; QL (12 EA per 30 days)
*Diaphragms***			
CAYA	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 60	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 65	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 70	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 75	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 80	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 85	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 90	3		R&M; F; \$0
WIDE-SEAL DIAPHRAGM 95	3		R&M; F; \$0

Drug Name	Brand	Generic	Additional Information
*Glucose Monitoring Test Supplies***			
ACCU-CHEK FASTCLIX LANCETS (<i>Aimsco Twist Lancets 32G</i>)	3	1	R
ACCU-CHEK MULTICLIX LANCETS (<i>Aimsco Twist Lancets 32G</i>)	3	1	R
ACCU-CHEK SOFT TOUCH LANCETS (<i>Aimsco Twist Lancets 32G</i>)	3	1	R
ACCU-CHEK SOFTCLIX LANCETS (<i>Aimsco Twist Lancets 32G</i>)	3	1	R
AIMSCO TWIST LANCETS 33G (<i>Aimsco Twist Lancets 32G</i>)	1	1	R
BD LANCET ULTRAFINE 30G (<i>Aimsco Twist Lancets 32G</i>)	3	1	R
BD LANCET ULTRAFINE 33G (<i>Aimsco Twist Lancets 32G</i>)	3	1	R
<i>comfort assured lancets 28g</i>		3	R
<i>cvs lancets micro thin 33g</i>		3	R
<i>cvs lancets ultra thin 30g</i>		3	R
DEXCOM G6 RECEIVER	3		PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days); QL (1 EA per 1 Lifetime)
DEXCOM G6 SENSOR	3		PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days); QL (3 EA per 1 month)
DEXCOM G6 TRANSMITTER	3		PA; ST; R&M; AI (ST: Covered if history of any insulin within last 90 days); QL (1 EA per 3 months)
<i>easy comfort lancets</i>		3	R
EASY TOUCH LANCETS 30G/TWIST (<i>Aimsco Twist Lancets 32G</i>)	3	1	R
EASY TOUCH LANCETS 32G/TWIST (<i>Aimsco Twist Lancets 32G</i>)	3	1	R
EASY TOUCH LANCETS 33G/TWIST (<i>Aimsco Twist Lancets 32G</i>)	3	1	R
FIFTY50 SAFETY SEAL LANCETS (<i>Aimsco Twist Lancets 32G</i>)	3	1	R
FINGERSTIX LANCETS (<i>Aimsco Twist Lancets 32G</i>)	3	1	R
FREESTYLE LANCETS (<i>Aimsco Twist Lancets 32G</i>)	3	1	R
FREESTYLE LIBRE 14 DAY READER	2		ST; R&M; AI (ST: History of diabetic med w/hypoglycemia potential.); QL (1 EA per 1 lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	2		ST; R&M; AI (ST: History of diabetic med w/hypoglycemia potential.); QL (2 EA per 28 days)
FREESTYLE LIBRE READER	2		ST; RO; AI (ST: History of diabetic med w/hypoglycemia potential.); QL (1 EA per 1 lifetime)

Drug Name	Brand	Generic	Additional Information
FREESTYLE LIBRE SENSOR SYSTEM	2		ST; RO; AI (ST: History of diabetic med w/hypoglycemia potential.); QL (3 EA per 30 days)
<i>kroger lancets ultrathin 30g</i>		3	R
<i>lancets</i>		3	R
<i>lancets micro thin 33g</i>		3	R
<i>lancets super thin 28g</i>		3	R
<i>lancets thin</i>		3	R
<i>lite touch lancets</i>		3	R
MICROLET LANCETS (Aimsco Twist Lancets 32G)	3	1	R
ONETOUCH COMBO PACK (Aimsco Twist Lancets 32G)	3	1	R
ONETOUCH DELICA LANCETS FINE (Aimsco Twist Lancets 32G)	3	1	R
ONETOUCH SURESOFT LANCING DEV	3		R
ONETOUCH ULTRASOFT LANCETS (Aimsco Twist Lancets 32G)	3	1	R
PHARMACIST CHOICE LANCETS (Aimsco Twist Lancets 32G)	3	1	R
RELION LANCET DEVICES 30G	1		R
RELION LANCETS THIN 26G (Aimsco Twist Lancets 32G)	3	1	R
RELION LANCETS ULTRA-THIN 30G (Aimsco Twist Lancets 32G)	3	1	R
<i>sm lancets 33g</i>		3	R
SOLUS V2 TWIST LANCETS 30G (Aimsco Twist Lancets 32G)	3	1	R
<i>tgt lancet micro thin 33g</i>		3	R
TRUEPLUS LANCETS 28G (Aimsco Twist Lancets 32G)	3	1	R
TRUEPLUS LANCETS 30G (Aimsco Twist Lancets 32G)	3	1	R
TRUEPLUS LANCETS 33G (Aimsco Twist Lancets 32G)	3	1	R
<i>value plus lancets thin 26g</i>		3	R
VIVAGUARD LANCING DEVICE	1		R
WALGREENS LANCETS (Aimsco Twist Lancets 32G)	3	1	R
WALGREENS THIN LANCETS (Aimsco Twist Lancets 32G)	3	1	R
WALGREENS ULTRA THIN LANCETS (Aimsco Twist Lancets 32G)	3	1	R
*Needles & Syringes***			
BD INSULIN SYRINGE U-500	1		R

Drug Name	Brand	Generic	Additional Information
<i>insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 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" 0.5 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>		1	R&M; AI (\$0 cost share if purchase insulin vial first, otherwise L1 copay.)
<i>insulin syringe/needle</i>		1	R&M; AI (\$0 cost share if purchase insulin vial first, otherwise L1 copay.)
MAXICOMFORT II PEN NEEDLE (Pen Needles)	1	1	R
MAXICOMFORT SYR 27G X 1/2" (Insulin Syringe/Needle) 27G X 1/2" 0.5 ML	1	1	R&M; AI (\$0 cost share if purchase insulin vial first, otherwise L1 copay.)
OMNITROPE PEN 10 INJ DEVICE	3		PA; R
<i>pen needles 1/2"</i>		1	R
<i>pen needles 29g x 12mm</i>		1	R
<i>pen needles 3/16"</i>		1	R
<i>pen needles 5/16"</i>		1	R
SECURESAFE INSULIN SYRINGE	1		R
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML	1		R
UNIFINE PENTIPS 30G X 5 MM	1		R
UNIFINE PENTIPS PLUS 30G X 5 MM	1		R
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER MINI CHAMBER (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER MV (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLOW VU (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER W/FLOWSIGNAL (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/LARGE (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 Year)

Drug Name	Brand	Generic	Additional Information
AEROCHAMBER Z-STAT PLUS/SMALL (Valved Holding Chamber)	3	1	R&M; QL (2 EA per 1 Year)
AEROVENT PLUS (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
ARIAL CHAMBER (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
BREATHERITE (Valved Holding Chamber)	3	1	R&M; QL (2 EA per 1 Year)
BREATHERITE COLL SPACER ADULT (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
BREATHERITE COLL SPACER CHILD (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
BREATHERITE COLL SPACER INFANT (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
BREATHERITE RIGID SPACER/MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
BREATHERITE SPACER NEONATE (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
BREATHERITE SPACER SMALL CHILD (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
BREATHERITE/LARGE MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
BREATHERITE/MEDIUM MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
BREATHERITE/SMALL MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
CLEVER CHOICE HOLDING CHAMBER (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
COMPACT SPACE CHAMBER (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/LG MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/MED MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/SM MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
EASIVENT (Valved Holding Chamber)	3	1	R&M; QL (2 EA per 1 Year)
EASIVENT MASK LARGE (Valved Holding Chamber)	3	1	R&M; QL (2 EA per 1 Year)
EASIVENT MASK MEDIUM (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
EASIVENT MASK SMALL (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
FLEXICHAMBER (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	1		R&M; QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/LARGE	1		R&M; QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/SMALL	1		R&M; QL (2 EA per 1 Year)
INSPIRACHAMBER/LARGE (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
INSPIRACHAMBER/MEDIUM (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)

Drug Name	Brand	Generic	Additional Information
INSPIRACHAMBER/MOUTHPIECE (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
INSPIRACHAMBER/SMALL (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
INSPIREASE (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
INSPIREASE RESERVOIR BAGS	1		R&M; QL (2 EA per 1 Year)
LITEAIRE (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
MASK VORTEX	1		R&M; QL (2 EA per 1 Year)
MICROCHAMBER (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
MICROSPACER (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER ADVANTAGE-LG MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER ADVANTAGE-MED MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER ADVANTAGE-SM MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-LG MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-MD MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-SM MASK (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-LARGE (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-MEDIUM (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-SMALL (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
OPTIHALER (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
PANDA MASK LARGE	1		R&M; QL (2 EA per 1 Year)
PANDA MASK MEDIUM	1		R&M; QL (2 EA per 1 Year)
PANDA MASK SMALL	1		R&M; QL (2 EA per 1 Year)
PEDIATRIC PANDA MASK	1		R&M; QL (2 EA per 1 Year)
POCKET CHAMBER (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
POCKET SPACER (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
<i>procare spacer/adult mask</i>		1	R&M; QL (2 EA per 1 year)
<i>procare spacer/child mask</i>		1	R&M; QL (2 EA per 1 year)
RITEFLO (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
VORTEX VALVED HOLDING CHAMBER (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)
WATCHHALER (Valved Holding Chamber)	1	1	R&M; QL (2 EA per 1 year)

Drug Name	Brand	Generic	Additional Information
Migraine Products			
*Ergot Combinations***			
CAFERGOT (<i>Ergotamine-Caffeine</i>)	3	3	R
MIGERGOT	3		R
*Migraine Products***			
<i>dihydroergotamine mesylate injection</i>		3	PA; R
ERGOMAR	3		R&M; QL (20 EA per 30 days)
MIGRANAL (<i>Dihydroergotamine Mesylate</i>)	3	3	PA; R&M; QL (0.54 ML per 1 day)
*Selective Serotonin Agonists 5-Ht(1)***			
<i>almotriptan malate</i>		3	R&M; QL (4 EA per 30 Dayss)
AMERGE ORAL TABLET (<i>Naratriptan HCl</i>) 1 MG	3	1	R&M; QL (5 EA per 1 day)
AMERGE ORAL TABLET (<i>Naratriptan HCl</i>) 2.5 MG	3	1	R&M; QL (2 EA per 1 day)
<i>frovatriptan succinate</i>		1	ST; R&M; AI (ST: 2 of the following in last 12 mo-almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan or zolmitriptan.); QL (12 EA per 30 days)
IMITREX NASAL SOLUTION (<i>SUMAtriptan</i>) 20 MG/ACT	2	2	R&M; QL (6 EA per 30 days)
IMITREX NASAL SOLUTION (<i>SUMAtriptan</i>) 5 MG/ACT	2	2	R&M; QL (12 EA per 30 days)
IMITREX ORAL TABLET 100 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (10 tabs per 1 month)
IMITREX ORAL TABLET 25 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (40 tabs per 1 month)
IMITREX ORAL TABLET 50 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (20 tabs per 1 month)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>SUMAtriptan Succinate Refill</i>)	3	3	R&M; QL (10 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>SUMAtriptan Succinate</i>)	3	3	R&M; QL (10 ML per 30 days)
IMITREX SUBCUTANEOUS (<i>SUMAtriptan Succinate</i>)	3	3	R&M; QL (10 ML per 30 days)
MAXALT ORAL TABLET (<i>Rizatriptan Benzoate</i>) 10 MG	3	1	R&M; QL (3 EA per 1 day)
MAXALT-MLT ORAL TABLET DISPERSIBLE (<i>Rizatriptan Benzoate</i>) 10 MG	3	1	R&M; QL (3 EA per 1 day)
MAXALT-MLT ORAL TABLET DISPERSIBLE (<i>Rizatriptan Benzoate</i>) 5 MG	3	1	R&M; QL (6 EA per 1 day)
RELPAK ORAL TABLET (<i>Eletriptan Hydrobromide</i>) 20 MG	3	1	R&M; QL (4 EA per 1 day)
RELPAK ORAL TABLET (<i>Eletriptan Hydrobromide</i>) 40 MG	3	1	R&M; QL (2 EA per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>		1	R&M; QL (6 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>sumatriptan succinate oral tablet 100 mg</i>		1	R&M; QL (10 tabs per 1 month)
<i>sumatriptan succinate oral tablet 25 mg</i>		1	R&M; QL (40 tabs per 1 month)
<i>sumatriptan succinate oral tablet 50 mg</i>		1	R&M; QL (20 tabs per 1 month)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>		3	R&M; QL (10 ML per 30 days)
TOSYMRA	3		R&M; QL (30 EA per 30 days)
ZEMBRACE SYMTOUCH	3		R&M; QL (0.5 ML per 1 day)
ZOMIG NASAL SOLUTION 2.5 MG	2		R&M; QL (4 EA per 1 day)
ZOMIG NASAL SOLUTION 5 MG	2		R&M; QL (2 EA per 1 day)
ZOMIG ORAL TABLET (ZOLMitriptan) 2.5 MG	3	1	R&M; QL (4 EA per 1 day)
ZOMIG ORAL TABLET (ZOLMitriptan) 5 MG	3	1	R&M; QL (2 EA per 1 day)
ZOMIG ZMT ORAL TABLET DISPERSIBLE (ZOLMitriptan) 2.5 MG	3	1	R&M; QL (4 EA per 1 day)
ZOMIG ZMT ORAL TABLET DISPERSIBLE (ZOLMitriptan) 5 MG	3	1	R&M; QL (2 EA per 1 day)
Minerals & Electrolytes			
*Fluoride***			
FLUORABON	3		R&M; \$0; AG (Max 6 Years)
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	3		R&M; \$0; AG (Max 6 Years)
LUDENT (Fluoritab)	1	1	R&M; \$0; AG (Max 6 Years)
NAFRINSE (Fluoritab)	1	1	R&M; \$0; AG (Max 6 Years)
NAFRINSE DROPS (Fluoritab)	1	1	R&M; \$0; AG (Max 6 Years)
<i>sodium fluoride oral solution</i>		1	R&M; \$0; AG (Max 6 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>		3	R&M; \$0; AG (Max 6 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>		3	R&M; \$0; AG (Min 6 Years)
<i>sodium fluoride oral tablet chewable</i>		1	R&M; \$0; AG (Max 6 Years)
*Phosphate***			
K-PHOS	2		R
K-PHOS-NEUTRAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
PHOSPHA 250 NEUTRAL (Av-Phos 250 Neutral)	1	1	R
*Potassium Combinations***			
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3		R
<i>pot bicarb-pot chloride</i>		1	R
*Potassium***			
KLOR-CON 10 (Potassium Chloride ER)	1	1	R
KLOR-CON M10 (Potassium Chloride Crys ER)	1	1	R
KLOR-CON M15	3		R
KLOR-CON M20 (Potassium Chloride Crys ER)	1	1	R
KLOR-CON ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER)	1	1	R
KLOR-CON/EF	1		R

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Drug Name	Brand	Generic	Additional Information
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
K-TAB ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER) 20 MEQ	3	1	R
K-TAB ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER) 8 MEQ	1	1	R
<i>potassium chloride oral packet</i>		1	R
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>		1	R
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>		3	R
*Mixed Allergenic Extracts***			
*Mixed Allergenic Extracts***			
ODACTRA	3		PA; R
ORALAIR	3		PA; R
*Monobactams***			
*Monobactams***			
CAYSTON	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Mouth/Throat/Dental Agents			
*Anti-Infectives - Throat***			
<i>amphotericin b powder</i>		3	R
<i>clotrimazole mouth/throat</i>		1	R
<i>nystatin mouth/throat</i>		1	R
ORAVIG	3		R&M; F; QL (0.94 EA per 1 day); AG (Min 16 Years)
*Antiseptics - Mouth/Throat***			
PAROEX (Chlorhexidine Gluconate)	1	1	R
PERIDEX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Dental Products - Combinations***			
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	1		R
PREVIDENT 5000 ENAMEL PROTECT	3		R
PREVIDENT 5000 SENSITIVE	3		R
*Fluoride Dental Products***			
ACT ANTICAVITY FLUORIDE RINSE (RA Anticavity Fluoride Rinse)	1	1	R&M; \$0; AG (Max 6 Years)
ACT RESTORING FLUORIDE RINSE (RA Anticavity Fluoride Rinse)	1	1	R&M; \$0; AG (Max 6 Years)
ACT TOTAL CARE (RA Anticavity Fluoride Rinse)	1	1	R&M; \$0; AG (Max 6 Years)
CAVAREST (SF)	1	1	R&M; \$0; AG (Max 6 Years)
CLINPRO 5000 (Sodium Fluoride)	1	1	R&M; \$0; AG (Max 6 Years)
DENTA 5000 PLUS (SF 5000 Plus)	1	1	R&M; \$0; AG (Max 6 Years)
DENTAGEL (SF)	1	1	R&M; \$0; AG (Max 6 Years)
FLUORIDEX ENHANCED WHITENING DENTAL PASTE (Sodium Fluoride)	1	1	R&M; \$0; AG (Max 6 Years)

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Drug Name	Brand	Generic	Additional Information
NAFRINSE DAILY/NEUTRAL	3		R&M; \$0; AG (Max 6 Years)
NAFRINSE WEEKLY	3		R&M; \$0; AG (Max 6 Years)
PREVIDENT (SF)	3	1	R&M; \$0; AG (Max 6 Years)
PREVIDENT 5000 BOOSTER PLUS (Sodium Fluoride)	3	1	R&M; \$0; AG (Max 6 Years)
PREVIDENT 5000 DRY MOUTH DENTAL GEL (SF)	3	1	R&M; \$0; AG (Max 6 Years)
PREVIDENT 5000 PLUS (SF 5000 Plus)	3	1	R&M; \$0; AG (Max 6 Years)
sm anticavity fluoride rinse		1	R&M; \$0; AG (Max 6 Years)
THERABREATH ORAL RINSE MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse)	1	1	R&M; \$0; AG (Max 6 Years)
*Periodontal Anti-Infectives***			
ARESTIN	3		PA; R
*Saliva Stimulants***			
cevimeline hcl		1	R&M; QL (3 EA per 1 day)
EVOXAC	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
pilocarpine hcl oral		1	R
*Steroids - Mouth/Throat***			
ORALONE (Triamcinolone Acetonide)	1	1	R
*Multiple Sclerosis Agents - Antimetabolites***			
*Multiple Sclerosis Agents - Antimetabolites***			
MAVENCLAD (10 TABS)	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MAVENCLAD (4 TABS)	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MAVENCLAD (5 TABS)	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MAVENCLAD (6 TABS)	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MAVENCLAD (7 TABS)	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MAVENCLAD (8 TABS)	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MAVENCLAD (9 TABS)	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
Multivitamins			
*Prenatal Mv & Min W/Fe-Fa***			
azesco		3	R
CITRANATAL B-CALM	3		R&M; F

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Drug Name	Brand	Generic	Additional Information
CITRANATAL BLOOM	3		R&M; F
CITRANATAL RX	3		R&M; F
CLINICAL NUTRIENTS PRENATAL	3		R
<i>completenate</i>		3	R&M; F
CO-NATAL FA (PreTAB)	3	3	R&M; F
CONCEPT DHA	3		R&M; F
DUET DHA BALANCED ORAL 25-1 & 267 MG	3		R&M; F
ELITE-OB	3		R
ENBRACE HR	3		R
FOLIVANE-OB	3		R&M; F
<i>kosher prenatal plus iron</i>		3	R
M-VIT (Prenatal PlusIron)	3	3	R&M; F
MYNATAL ORAL CAPSULE	3		R
<i>mynatal plus</i>		3	R
NATALVIT	3		R
NATELLE ONE ORAL CAPSULE 28-1-250 MG	3		R&M; F
NEEVO DHA ORAL CAPSULE 27-1.13 MG	3		R&M; F
<i>neonatal complete</i>		3	R
NESTABS DHA	3		R&M; F
NIVA-PLUS (Prenatal PlusIron)	3	3	R&M; F
OB COMPLETE ORAL TABLET	3		R
OB COMPLETE PETITE	3		R&M; F
OB COMPLETE PREMIER	3		R
OB COMPLETE/DHA	3		R
O-CAL FA (Prenatal PlusIron)	3	3	R&M; F
O-CAL PRENATAL	3		R
<i>pnv folic acid + iron</i>		3	R&M; F
<i>pnv prenatal plus multivitamin</i>		3	R&M; F
<i>pnv tabs 29-1</i>		3	R&M; F
<i>pnv-select</i>		3	R&M; F
<i>pregenna</i>		3	R
PRENATA	3		R&M; F
PRENATABS RX (Vol-Tab Rx)	3	3	R&M; F
<i>prenatal 19 oral tablet</i>		3	R&M; F
<i>prenatal 19 oral tablet chewable</i>		3	R&M; F
<i>prenatal low iron oral tablet 27-1 mg</i>		3	R&M; F
<i>prenatal oral tablet 27-1 mg</i>		3	R&M; F
<i>prenatal plus</i>		3	R&M; F
<i>prenatal plus iron</i>		3	R&M; F
PRENATAL/FOLIC ACID (Prenatal PlusIron)	3	3	R&M; F
PRENATAL-U	3		R&M; F
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	3		R

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Drug Name	Brand	Generic	Additional Information
<i>preplus</i>		3	R&M; F
SELECT-OB	3		R
<i>se-natal 19</i>		3	R&M; F
TARON-C DHA	3		R&M; F
THERANATAL CORE NUTRITION (Prenatal Plus/Iron)	3	3	R&M; F
<i>thrivite rx</i>		3	R&M; F
<i>tl folate</i>		3	R&M; F
TRICARE (Prenatal Plus/Iron)	3	3	R&M; F
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	3		R&M; F
TRINATE (Vol-Nate)	3	3	R&M; F
<i>ultimatecare one</i>		3	R&M; F
VINATE ONE (Trinatal Rx 1)	3	3	R&M; F
<i>virt-nate dha</i>		3	R&M; F
<i>virt-pn plus</i>		3	R&M; F
VITAFOL GUMMIES	3		R
VITAFOL-OB (Mynatal-Z)	3	3	R
VITAPEARL (Prena1 Pearl)	3	3	R&M; F
VITATHELY WITH GINGER (M-Natal Plus)	3	3	R
VIVA DHA (C-Nate DHA)	3	3	R&M; F
<i>vol-plus</i>		3	R&M; F
<i>vp-pnv-dha</i>		3	R&M; F
<i>zalvit</i>		3	R
ZATEAN-PN PLUS (PNV-Omega)	3	3	R&M; F
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
<i>complete natal dha</i>		3	R
PR NATAL 430 EC	3		R
*Prenatal Mv & Min W/Fe-Fa-Dha***			
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	3		R&M; F
CITRANATAL ASSURE ORAL 35-1 & 300 MG	3		R&M; F
CITRANATAL DHA	3		R&M; F
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	3		R
NESTABS ONE	3		R&M; F
NEXA PLUS	3		R
OBSTETRIX ONE	3		R&M; F
<i>pnv-dha+docusate</i>		3	R&M; F
<i>prena 1 true</i>		3	R
<i>prenaissance</i>		3	R&M; F
PRENATE ENHANCE	3		R&M; F
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG	3		R

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Drug Name	Brand	Generic	Additional Information
PROVIDA DHA	3		R
<i>tristart dha</i>		3	R
TRISTART ONE	3		R
<i>virt-pn dha</i>		3	R&M; F
VITAFOL FE+	3		R&M; F
VITAFOL-OB+DHA	3		R
VITAFOL-ONE	3		R
VITAMEDMD ONE RX/QUATREFOLIC	3		R&M; F
VITATRUE	3		R&M; F
ZATEAN-PN DHA (PNV-DHA)	3	3	R&M; F
*Prenatal Mv & Minerals W/Fa***			
PRENATE	3		R&M; F
*Prenatal Vitamins***			
PRENATE AM	3		R&M; F
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
<i>baclofen oral tablet 10 mg, 20 mg</i>		1	R
<i>baclofen oral tablet 5 mg</i>		3	R
<i>carisoprodol oral tablet 350 mg</i>		1	RO; QL (84 EA per 21 days)
<i>chlorzoxazone oral</i>		3	R
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		1	R
LORZONE (Chlorzoxazone)	3	3	R
<i>metaxalone oral tablet 800 mg</i>		1	R&M; QL (4 EA per 1 Days)
<i>methocarbamol oral</i>		1	R
<i>orphenadrine citrate er</i>		1	R
OZOBAX	3		PA; R
ROBAXIN-750	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
SKELAXIN	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 Days)
SOMA ORAL TABLET 350 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (84 EA per 21 days)
<i>tizanidine hcl oral tablet 2 mg</i>		1	R&M; QL (18 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>		1	R&M; QL (9 EA per 1 Days)
ZANAFLEX ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Days)
*Direct Muscle Relaxants***			
DANTRIUM ORAL CAPSULE (Dantrolene Sodium) 25 MG, 50 MG	3	2	R
<i>dantrolene sodium oral</i>		2	R

Drug Name	Brand	Generic	Additional Information
*Muscle Relaxant Combinations***			
<i>carisoprodol-aspirin</i>		3	R
<i>carisoprodol-aspirin-codeine</i>		3	R
Nasal Agents - Systemic And Topical			
*Antihistamine-Steroid***			
DYMISTA	3		R&M; QL (0.78 GM per 1 day); AG (Min 6 Years)
*Nasal Anticholinergics***			
<i>ipratropium bromide nasal</i>		1	R
*Nasal Antihistamines***			
ASTEPRO NASAL SOLUTION 0.15 %	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>		1	R
<i>olopatadine hcl nasal</i>		3	R&M; QL (30.5 GM per 30 days); AG (Min 6 Years)
PATANASE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (30.5 GM per 30 days); AG (Min 6 Years)
*Nasal Steroids***			
BECONASE AQ	3		R
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>		1	R&M; AI (Tier 3 Copay + Cost Differential Applies)
NASONEX (Mometasone Furoate)	3	1	R
OMNARIS	3		R&M; QL (1 EA per 30 days); AG (Max 6 Years)
QNASL	3		R&M; QL (1 EA per 30 days); AG (Min 12 Years)
QNASL CHILDRENS	3		R
ZETONNA	3		R&M; QL (1 EA per 30 days); AG (Min 12 Years)
*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***			
*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***			
ENTRESTO	3		PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***			
*Neurogenic Orthostatic Hypotension (Noh) - Agents***			
NORTHERA ORAL CAPSULE 100 MG	3		ST; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
NORTHERA ORAL CAPSULE 200 MG, 300 MG	3		ST; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (6 EA per 1 day); AG (Min 18 Years)
Neuromuscular Agents			
*Benzothiazoles***			
<i>riluzole</i>		1	R
TIGLUTIK	3		PA; SP
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA	3		R
*Artificial Tear Inserts***			
LACRISERT	3		R
*Beta-Blockers - Ophthalmic Combinations***			
COMBIGAN	2		R
COSOPT	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>dorzolamide hcl-timolol mal</i>		1	R
<i>dorzolamide hcl-timolol mal pf</i>		1	R
*Beta-Blockers - Ophthalmic***			
<i>betaxolol hcl ophthalmic</i>		1	R
BETOPTIC-S	3		R
<i>carteolol hcl</i>		1	R
ISTALOL	3		R
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		1	R
TIMOPTIC (<i>Timolol Maleate</i>)	3	1	R
TIMOPTIC OCUDOSE	3		R
TIMOPTIC-XE (<i>Timolol Maleate</i>)	3	3	R
*Cycloplegic Mydriatics***			
<i>atropine sulfate ophthalmic solution</i>		1	R
CYCLOGYL (<i>Cyclopentolate HCl</i>)	3	2	R
<i>homatropine hbr ophthalmic</i>		1	R
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>		1	R
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE	3		R
*Miotics - Direct Acting***			
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		1	R
*Ophthalmic Antiallergic***			
ALOMIDE	3		R
<i>azelastine hcl ophthalmic</i>		1	R&M; QL (1 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
BEPREVE	3		R
<i>cromolyn sodium ophthalmic</i>		1	R
<i>epinastine hcl</i>		2	R
LASTACFT	3		R&M; QL (1 EA per 30 days); AG (Min 2 Years)
PATADAY (<i>Olopatadine HCl</i>)	3	3	R
PATANOL (<i>Olopatadine HCl</i>)	3	3	R&M; QL (0.45 ML per 1 day)
PAZEO	3		R&M; QL (0.6 ML per 1 day)
*Ophthalmic Antibiotics***			
AZASITE	3		R
<i>bacitracin ophthalmic</i>		3	R
BESIVANCE	3		R
CILOXAN OPHTHALMIC OINTMENT	3		R
CILOXAN OPHTHALMIC SOLUTION	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>ciprofloxacin hcl ophthalmic</i>		1	R
<i>erythromycin ophthalmic</i>		1	R
<i>gatifloxacin ophthalmic</i>		1	R
GENTAK OPHTHALMIC OINTMENT	3		R
<i>gentamicin sulfate ophthalmic solution</i>		1	R
<i>levofloxacin ophthalmic</i>		1	R
MOXEZA	3		R
<i>ofloxacin ophthalmic</i>		1	R
<i>tobramycin ophthalmic</i>		1	R
TOBREX OPHTHALMIC OINTMENT	2		R
VIGAMOX (<i>Moxifloxacin HCl</i>)	3	1	R
ZYMAXID	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Ophthalmic Anti-Infective Combinations***			
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		1	R
NEO-POLYCIN (<i>Neomycin-Bacitracin Zn-Polymyx</i>)	1	1	R
POLYCIN (<i>Bacitracin-Polymyxin B</i>)	1	1	R
POLYTRIM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Ophthalmic Antivirals***			
<i>trifluridine ophthalmic</i>		3	R
ZIRGAN	3		R
*Ophthalmic Carbonic Anhydrase Inhibitors***			
AZOPT OPHTHALMIC SUSPENSION 1 %	3		R&M; QL (10 ML per 30 days)
AZOPT SUSPENSION 1 % OPHTHALMIC	3		R&M; QL (0.34 ML per 1 day)
<i>dorzolamide hcl ophthalmic</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Ophthalmic Immunomodulators***			
CEQUA	2		R&M; QL (2 EA per 1 day)
RESTASIS	2		R&M; QL (2 EA per 1 day)
*Ophthalmic Local Anesthetics***			
<i>proparacaine hcl ophthalmic</i>		1	R
<i>tetracaine hcl ophthalmic</i>		1	R
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
ACULAR	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ACULAR LS	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
ACUVAIL	3		R
<i>bromfenac sodium (once-daily)</i>		2	R
BROMSITE	3		R
<i>diclofenac sodium ophthalmic</i>		1	R
<i>flurbiprofen sodium</i>		1	R
ILEVRO	3		R
<i>ketorolac tromethamine ophthalmic</i>		1	R
NEVANAC	3		R&M; QL (0.2 ML per 1 day); AG (Min 10 Years)
PROLENSA	3		R
*Ophthalmic Selective Alpha Adrenergic Agonists***			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2		R
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>apraclonidine hcl</i>		1	R
<i>brimonidine tartrate ophthalmic</i>		1	R
*Ophthalmic Steroid Combinations***			
BLEPHAMIDE	3		R
BLEPHAMIDE S.O.P.	3		R
MAXITROL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>		1	R
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		1	R
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		3	R
NEO-POLYCIN HC (<i>Bacitra-Neomycin-Polymyxin-HC</i>)	1	1	R
PRED-G	3		R
<i>sulfacetamide-prednisolone ophthalmic solution</i>		3	R
TOBRADEX OPHTHALMIC OINTMENT	3		R
TOBRADEX OPHTHALMIC SUSPENSION	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
TOBRADEX ST	3		R
<i>tobramycin-dexamethasone</i>		1	R
ZYLET	3		R&M; QL (20 ML per 30 days)
*Ophthalmic Steroids***			
ALREX	3		R
<i>dexamethasone sodium phosphate ophthalmic</i>		3	R
DUREZOL	3		R
FLAREX	3		R
<i>fluorometholone ophthalmic</i>		1	R
FML	3		R
FML FORTE	3		R
FML LIQUIFILM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
INVELTYS	3		R
LOTEMAX (<i>Loteprednol Etabonate</i>)	3	3	R
LOTEMAX SM	3		R
MAXIDEX	3		R
PRED FORTE (<i>prednisolONE Acetate</i>)	1	1	R
PRED MILD	2		R
<i>prednisolone acetate p-f</i>		1	R
<i>prednisolone sodium phosphate ophthalmic</i>		3	R
*Ophthalmic Sulfonamides***			
BLEPH-10	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>sulfacetamide sodium ophthalmic ointment</i>		3	R
<i>sulfacetamide sodium ophthalmic solution</i>		1	R
*Ophthalmics - Cystinosis Agents**			
CYSTARAN	3		PA; R
*Prostaglandins - Ophthalmic***			
<i>bimatoprost ophthalmic</i>		2	R&M; QL (5 ML per 30 days)
<i>latanoprost ophthalmic</i>		1	R
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2		R
TRAVATAN Z (<i>Travoprost (BAK Free)</i>)	2	2	R
VYZULTA	3		PA; R&M; AI (Electronic Step: Step through 2 of Lumigan, Xalatan and/or Zioptan)
XELPROS	3		R
ZIOPTAN	3		R
*Ophthalmic Kinase Inhibitors - Combinations***			
*Ophthalmic Kinase Inhibitors - Combinations***			
ROCKLATAN	3		R&M; QL (0.09 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
*Ophthalmic Nerve Growth Factors***			
*Ophthalmic Nerve Growth Factors***			
OXERVATE	3		PA; SP
*Ophthalmic Rho Kinase Inhibitors***			
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA	3		PA; R
*Orexin Receptor Antagonists***			
*Orexin Receptor Antagonists***			
BELSOMRA	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
Otic Agents			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic</i>		1	R
*Otic Anti-Infectives***			
<i>ciprofloxacin hcl otic</i>		3	R
<i>ofloxacin otic</i>		1	R
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC	3		R
CIPRODEX	2		R&M; QL (7.5 ML per 30 days)
COLY-MYCIN S	3		R
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		1	R
<i>neomycin-polymyxin-hc otic suspension</i>		1	R
OTOVEL (<i>Ciprofloxacin-Fluocinolone PF</i>)	3	3	R
*Otic Steroids***			
ACETASOL HC (<i>Hydrocortisone-Acetic Acid</i>)	1	1	R
DERMOTIC	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (40 ML per 30 days)
<i>fluocinolone acetonide otic</i>		1	R&M; QL (40 ML per 30 days)
*Oxaborole-Related Antifungals - Topical***			
*Oxaborole-Related Antifungals - Topical***			
KERYDIN	3		PA; R
Oxytocics			
*Oxytocics***			
METHERGINE ORAL (<i>Methylergonovine Maleate</i>)	1	1	R
*Pa Endonuclease Inhibitors***			
*Pa Endonuclease Inhibitors***			
XOFLUZA	3		R
Passive Immunizing Agents			
*Immune Serums***			
ASCENIV	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
CYTOGAM	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
WINRHO SDF	3		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Pcsk9 Inhibitors***			
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.08 ML per 1 day); AG (Min 18 Years)
REPATHA	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.08 ML per 1 day); AG (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.13 ML per 1 day); AG (Min 13 Years)
REPATHA SURECLICK	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.08 ML per 1 day); AG (Min 13 Years)
Penicillins			
*Aminopenicillins***			
<i>amoxicillin oral capsule</i>		1	R
<i>amoxicillin oral suspension reconstituted</i>		1	R
<i>amoxicillin oral tablet</i>		1	R
<i>amoxicillin oral tablet chewable 125 mg</i>		3	R
<i>amoxicillin oral tablet chewable 250 mg</i>		1	R
<i>ampicillin oral capsule 500 mg</i>		1	R
*Natural Penicillins***			
<i>penicillin v potassium</i>		1	R
*Penicillin Combinations***			
<i>amoxicillin-pot clavulanate er</i>		3	R

Drug Name	Brand	Generic	Additional Information
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>		1	R
<i>amoxicillin-pot clavulanate oral tablet</i>		1	R
<i>amoxicillin-pot clavulanate oral tablet chewable</i>		3	R
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3		R
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
AUGMENTIN ORAL TABLET (<i>Amoxicillin-Pot Clavulanate</i>) 500-125 MG	3	1	R
*Penicillinase-Resistant Penicillins***			
<i>dicloxacillin sodium</i>		1	R
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
COPIKTRA	1		PA; R
PIQRAY (200 MG DAILY DOSE)	1		PA; RO; AI (Limited to 30 days supply)
PIQRAY (250 MG DAILY DOSE)	1		PA; RO; AI (Limited to 30 days supply)
PIQRAY (300 MG DAILY DOSE)	1		PA; RO; AI (Limited to 30 days supply)
ZYDELIG	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA	3		PA; R&M; QL (2 GM per 1 day); AG (Min 2 Years)
*Phosphodiesterase 4 (Pde4) Inhibitors***			
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Year); AG (Min 18 Years)
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***			
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***			
TAKHZYRO	3		PA; SP
*Pleuromutilins***			
*Pleuromutilins***			
XENLETA ORAL	3		R&M; AI (Max one fill per month); QL (2 EA per 5 days)

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Drug Name	Brand	Generic	Additional Information
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
LYNPARZA ORAL TABLET	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RUBRACA ORAL TABLET 200 MG	1		PA; ST; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RUBRACA ORAL TABLET 300 MG	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TALZENNA	1		PA; R
ZEJULA	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL TABLET	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RUBRACA ORAL TABLET 200 MG	1		PA; ST; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RUBRACA ORAL TABLET 300 MG	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZEJULA	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***			
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***			
LYRICA CR	3		PA; ST; R&M; AI (Step with pregabalin or Lyrica); QL (1 EA per 1 day)
*Potassium Removing Agents***			
*Potassium Removing Agents***			
KIONEX ORAL SUSPENSION (<i>Sodium Polystyrene Sulfonate</i>)	1	1	R
<i>sodium polystyrene sulfonate oral</i>		1	R
SPS (<i>Sodium Polystyrene Sulfonate</i>)	1	1	R
VELTASSA	3		PA; R
*Prenatal Mv & Minerals W/Fa Without Iron***			
*Prenatal Mv & Minerals W/Fa Without Iron***			
PRENATE	3		R&M; F

Drug Name	Brand	Generic	Additional Information
Progestins			
*Progestins***			
AYGESTIN	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); F
MAKENA SUBCUTANEOUS	3		PA; SP
<i>medroxyprogesterone acetate oral</i>		1	R
MEGACE ES	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (5 ML per 1 day)
<i>megestrol acetate oral suspension 625 mg/5ml</i>		1	R&M; QL (5 ML per 1 day)
<i>norethindrone acetate oral</i>		1	R&M; F
<i>progesterone intramuscular</i>		1	R&M; F
<i>progesterone micronized oral</i>		1	R&M; F
PROMETRIUM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); F
PROVERA	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY	2		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
Psychotherapeutic And Neurological Agents - Misc.			
*Alcohol Deterrents***			
<i>acamprosate calcium</i>		1	R&M; QL (6 EA per 1 day)
ANTABUSE ORAL TABLET 500 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>disulfiram oral</i>		1	R
*Anti-Cataleptic Agents***			
XYREM	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (540 ML per 30 days); AG (Min 18 Years and Max 65 Years)
*Benzodiazepines & Tricyclic Agents***			
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>		3	R
*Cholinomimetics - Ache Inhibitors***			
ARICEPT ORAL TABLET 10 MG, 5 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
ARICEPT ORAL TABLET 23 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>donepezil hcl oral tablet 23 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>donepezil hcl oral tablet dispersible</i>		1	R
EXELON TRANSDERMAL (<i>Rivastigmine</i>)	2	2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>galantamine hydrobromide er</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>galantamine hydrobromide oral solution</i>		3	R
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>		1	R&M; QL (3 EA per 1 Days)
RAZADYNE ER	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
RAZADYNE ORAL TABLET 12 MG, 8 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
RAZADYNE ORAL TABLET 4 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 Days)
<i>rivastigmine tartrate</i>		1	R&M; QL (2 EA per 1 day)
*Fibromyalgia Agent - Snris***			
SAVELLA	3		R
SAVELLA TITRATION PACK	3		R
*Movement Disorder Drug Therapy***			
AUSTEDO	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
INGREZZA ORAL CAPSULE	3		PA; R
INGREZZA ORAL CAPSULE THERAPY PACK	3		PA; R&M; QL (1 EA per 1 day)
XENAZINE (<i>Tetrabenazine</i>)	3	1	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Ms Agents - Pyrimidine Synthesis Inhibitors***			
AUBAGIO ORAL TABLET 14 MG	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
AUBAGIO ORAL TABLET 7 MG	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Multiple Sclerosis Agents - Interferons***			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BETASERON SUBCUTANEOUS KIT	2		PA; SP
EXTAVIA SUBCUTANEOUS KIT	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
PLEGRIDY	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PLEGRIDY STARTER PACK	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
TECFIDERA	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VUMERITY	3		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VUMERITY (STARTER)	3		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
AMPYRA (<i>Dalfampridine ER</i>)	3	3	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 18 Years)
*Multiple Sclerosis Agents***			
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>Glatiramer Acetate</i>)	2	2	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>Glatiramer Acetate</i>) 20 MG/ML	2	2	PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
<i>memantine hcl oral solution 2 mg/ml</i>		1	R&M; QL (12 ML per 1 day); AG (Min 12 Years)
NAMENDA ORAL TABLET (<i>Memantine HCl</i>) 10 MG	3	1	R&M; QL (2 EA per 1 day); AG (Min 12 Years)
NAMENDA ORAL TABLET (<i>Memantine HCl</i>) 5 MG	3	1	R&M; QL (3 EA per 1 day); AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
NAMENDA TITRATION PAK (<i>Memantine HCl</i>)	3	1	R
NAMENDA XR (<i>Memantine HCl ER</i>)	3	2	R
NAMENDA XR TITRATION PACK	3		R
*Phenothiazines & Tricyclic Agents***			
<i>perphenazine-amitriptyline oral tablet 2-25 mg</i>		3	R
*Postherpetic Neuralgia (Phn) Agents***			
LYRICA CR	3		PA; ST; R&M; AI (Step with pregabalin or Lyrica); QL (1 EA per 1 day)
*Premenstrual Dysphoric Disorder (Pmdd) Agents - SsrIs***			
<i>fluoxetine hcl (pmdd)</i>		3	R&M; F; QL (1 EA per 1 day)
SARAFEM ORAL TABLET (<i>FLUoxetine HCl (PMDD)</i>) 10 MG, 20 MG	3	3	R&M; F; QL (1 EA per 1 day)
*Pseudobulbar Affect Agent Combinations***			
NUDEXTA	3		PA; R
*Psychotherapeutic And Neurological Agents - Misc.***			
<i>pimozide</i>		2	R
*Smoking Deterrents***			
<i>bupropion hcl er (smoking det)</i>		1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
CHANTIX	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 18 Years)
CHANTIX STARTING MONTH PAK	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 18 Years)
<i>cvs nicotine polacrilex</i>		1	R&M; \$0; AG (Min 18 Years)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine mouth/throat lozenge</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine polacrilex</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine step 3</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine transdermal</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eql nicotine polacrilex</i>		1	R&M; \$0; AG (Min 18 Years)
<i>gnp nicotine mini</i>		1	R&M; \$0; AG (Min 18 Years)
<i>gnp nicotine polacrilex</i>		1	R&M; \$0; AG (Min 18 Years)
<i>hm nicotine</i>		1	R&M; \$0; AG (Min 18 Years)
<i>hm nicotine polacrilex</i>		1	R&M; \$0; AG (Min 18 Years)
KLS QUIT2 (<i>Nicotine Polacrilex</i>)	1	1	R&M; \$0; AG (Min 18 Years)
KLS QUIT4 (<i>Nicotine Polacrilex</i>)	1	1	R&M; \$0; AG (Min 18 Years)
NICODERM CQ (<i>Nicotine</i>)	1	1	R&M; \$0; AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
NICORELIEF MOUTH/THROAT GUM (<i>Nicotine Polacrilex</i>) 2 MG	1	1	R&M; \$0; AG (Min 18 Years)
NICORETTE (<i>Nicotine Polacrilex</i>)	3	1	R&M; \$0; AG (Min 18 Years)
NICORETTE MINI (<i>Nicotine Polacrilex</i>)	3	1	R&M; \$0; AG (Min 18 Years)
NICORETTE STARTER KIT (<i>Nicotine Polacrilex</i>)	3	1	R&M; \$0; AG (Min 18 Years)
<i>nicotine mini mouth/throat lozenge 2 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine step 1</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine step 2</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine step 3</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine transdermal kit</i>		3	R&M; \$0; AG (Min 18 Years)
NICOTROL	3		R&M; \$0; AG (Min 18 Years)
NICOTROL NS	3		R&M; \$0; AG (Min 18 Years)
<i>px stop smoking aid</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra mini nicotine</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra nicotine</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra nicotine polacrilex</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sm nicotine</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sm nicotine polacrilex</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sr nicotine</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine polacrilex</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine step one</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine step three</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine step two</i>		1	R&M; \$0; AG (Min 18 Years)
THRIVE MOUTH/THROAT GUM (<i>Nicotine Polacrilex</i>) 2 MG	1	1	R&M; \$0; AG (Min 18 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
GILENYA	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MAYZENT	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MAYZENT STARTER PACK	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
*Thienbenzodiazepines & Ssris***			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>		1	R&M; QL (3 EA per 1 Days)
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-50 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
SYMBYAX ORAL CAPSULE 6-25 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 Days)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
OFEV	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
*Pulmonary Fibrosis Agents***			
*Pulmonary Fibrosis Agents***			
ESBRIET ORAL CAPSULE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (9 EA per 1 day)
ESBRIET ORAL TABLET 267 MG	3		R&M; QL (9 EA per 1 day)
ESBRIET ORAL TABLET 801 MG	3		R&M; QL (3 EA per 1 day)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI ORAL TABLET	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 18 Years)
UPTRAVI ORAL TABLET THERAPY PACK	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Lifetime); AG (Min 18 Years)
Respiratory Agents - Misc.			
*Cftr Potentiators***			
KALYDECO ORAL PACKET	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
KALYDECO ORAL TABLET	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 6 Years)
*Hydrolytic Enzymes***			
PULMOZYME	2		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (180 ML per 30 days)
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
ADDYI	3		R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Serotonin Modulators***			
*Serotonin Modulators***			
<i>nefazodone hcl</i>		3	R
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		1	R
<i>trazodone hcl oral tablet 300 mg</i>		1	R&M; QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	3		R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (2 EA per 1 day); AG (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	3		R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (1 EA per 1 day); AG (Min 18 Years)
VIIBRYD ORAL TABLET	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
VIIBRYD STARTER PACK	3		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***			
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
QTERN ORAL TABLET 10-5 MG	3		PA; R&M; AI (Electronic Step through both Farxiga & Januvia in last 6 months.)
QTERN ORAL TABLET 5-5 MG	3		PA; ST; R&M; AI (Trial of both of the following in last 6 months: Farxiga Januvia)
STEGLUJAN	3		PA; R
*Sinus Node Inhibitors**			
*Sinus Node Inhibitors**			
CORLANOR	3		PA; R
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
INVOKAMET	2		R
INVOKAMET XR	2		R
SEGLUROMET	3		R
SYNJARDY	3		R
SYNJARDY XR	3		R

Drug Name	Brand	Generic	Additional Information
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG	2		R
*Spleen Tyrosine Kinase (Syk) Inhibitors***			
*Spleen Tyrosine Kinase (Syk) Inhibitors***			
TAVALISSE	3		PA; SP
*Steroids - Mouth/Throat/Dental***			
*Steroids - Mouth/Throat/Dental***			
ORALONE (Triamcinolone Acetonide)	1	1	R
Sulfonamides			
*Sulfonamides***			
<i>sulfadiazine oral</i>		3	R
Tetracyclines			
*Tetracyclines***			
<i>avidoxy</i>		1	R&M; QL (3 EA per 1 day)
<i>demeclocycline hcl oral</i>		1	R
<i>doxycycline hyclate oral capsule</i>		1	R
<i>doxycycline hyclate oral tablet 100 mg</i>		1	R
<i>doxycycline hyclate oral tablet 20 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 75 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>		1	R
<i>doxycycline monohydrate oral suspension reconstituted</i>		1	R
MINOCIN ORAL CAPSULE 100 MG, 50 MG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>minocycline hcl oral</i>		1	R
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 135 MG	3		PA; R
MORGIDOX ORAL CAPSULE (Doxycycline Hyclate) 50 MG	1	1	R
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 80 MG	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR (Minocycline HCl ER) 65 MG	3	3	R&M; QL (1 EA per 1 day); AG (Min 12 Years)
<i>tetracycline hcl oral</i>		1	R
VIBRAMYCIN ORAL CAPSULE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
VIBRAMYCIN ORAL SYRUP	3		R
Thyroid Agents			
*Antithyroid Agents***			
<i>methimazole oral</i>		1	R
<i>propylthiouracil oral</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Thyroid Hormones***			
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG	1		R
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3		R
CYTOMEL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
EUTHYROX (<i>Levothyroxine Sodium</i>)	1	1	R
LEVO-T	1		R
LEVOXYL ORAL TABLET (<i>Levothyroxine Sodium</i>) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R
LEVOXYL ORAL TABLET 112 MCG, 125 MCG, 137 MCG, 175 MCG, 200 MCG	1		R
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg</i>		1	R
NATURE-THROID	3		R
SYNTHROID (<i>Levothyroxine Sodium</i>)	2	1	R
<i>thyroid powder</i>		3	R
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3		R
UNITHROID ORAL TABLET (<i>Levothyroxine Sodium</i>) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R
UNITHROID ORAL TABLET 112 MCG, 150 MCG	1		R
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3		R
WP THYROID	3		R
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3		RO; \$0
<i>diphtheria-tetanus toxoids dt</i>		3	RO; \$0
INFANRIX	3		RO; \$0
KINRIX INTRAMUSCULAR SUSPENSION	3		RO; \$0
PEDIARIX	3		RO; \$0
QUADRACEL	3		RO; \$0
TENIVAC	3		RO; \$0
*Tranthyretin Stabilizers***			
*Tranthyretin Stabilizers***			
VYNDAMAX	3		PA; R
VYNDAQEL	3		PA; SP
*Tryptophan Hydroxylase Inhibitors***			
*Tryptophan Hydroxylase Inhibitors***			
XERMELO	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
Ulcer Drugs			
*Anticholinergic Combinations***			
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>		3	R
<i>chlordiazepoxide-clidinium</i>		1	R
DONNATAL (<i>Phenobarbital-Belladonna Alk</i>)	3	1	R
LIBRAX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
PHENOHYTRO ORAL TABLET	1		R
*Antispasmodics***			
<i>dicyclomine hcl oral capsule</i>		1	R
<i>dicyclomine hcl oral solution</i>		3	R
<i>dicyclomine hcl oral tablet</i>		1	R
*Belladonna Alkaloids***			
ANASPAZ	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); QL (12 EA per 1 day)
<i>hyoscyamine sulfate oral elixir</i>		1	R
<i>hyoscyamine sulfate oral solution</i>		1	R
<i>hyoscyamine sulfate oral tablet</i>		1	R
<i>hyoscyamine sulfate sublingual</i>		1	R
<i>hyosyne</i>		1	R
LEVSIN ORAL TABLET	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
LEVSIN/SL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
NULEV (<i>Hyoscyamine Sulfate</i>)	1	1	R&M; QL (12 EA per 1 day)
*H-2 Antagonists***			
<i>cimetidine hcl oral</i>		1	R
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		1	R
<i>famotidine oral tablet 40 mg</i>		1	R
<i>nizatidine oral capsule 150 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>nizatidine oral capsule 300 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>nizatidine oral solution</i>		2	R
<i>ranitidine hcl oral capsule</i>		1	R
<i>ranitidine hcl oral syrup 15 mg/ml, 75 mg/5ml</i>		1	R
<i>ranitidine hcl oral tablet 300 mg</i>		1	R
*Misc. Anti-Ulcer***			
CARAFATE ORAL SUSPENSION (<i>Sucralfate</i>)	2	2	R
<i>sucralfate oral tablet</i>		1	R
*Proton Pump Inhibitors***			
DEXILANT	3		R&M; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>		1	R&M; QL (4 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>		1	R&M; QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE	2		RO
FIRST-OMEPRAZOLE	2		RO
<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>		3	R&M; QL (2 EA per 1 day)
<i>lansoprazole capsule delayed release 15 mg oral (rx)</i>		3	R&M; QL (2 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA	2		RO
<i>pantoprazole sodium tablet delayed release 20 mg oral</i>		1	R&M; QL (3 EA per 1 day)
<i>pantoprazole sodium tablet delayed release 40 mg oral</i>		1	R&M; QL (6 EA per 1 day)
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE (Lansoprazole) 15 MG	3	3	R&M; AI (Excluded Drugs List applies if over maximum age of 1.); QL (1 EA per 1 day); AG (Max 1 Years)
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE (Lansoprazole) 30 MG	3	3	R&M; AI (Excluded Drugs List applies if over maximum age of 1.); AG (Max 1 Years)
*Quaternary Anticholinergics***			
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		1	R
<i>methscopolamine bromide oral tablet 2.5 mg</i>		1	R&M; QL (12 EA per 1 day)
<i>propantheline bromide oral</i>		3	R
*Ulcer Drugs - Prostaglandins***			
CYTOTEC ORAL TABLET 200 MCG	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
<i>misoprostol oral</i>		1	R
Urinary Anti-Infectives			
*Urinary Anti-Infectives***			
HIPREX	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
MACROBID	3		R&M; AI (Tier 3 Copay + Cost Differential Applies)
MACRODANTIN ORAL CAPSULE (Nitrofurantoin Macrocrystal) 25 MG	3	1	R
<i>methenamine hippurate</i>		1	R
<i>methenamine mandelate oral tablet 0.5 gm</i>		3	R
<i>methenamine mandelate oral tablet 1 gm</i>		1	R
MONUROL	3		R
<i>nitrofurantoin macrocrystal oral</i>		1	R
<i>nitrofurantoin monohyd macro</i>		1	R
<i>nitrofurantoin oral suspension</i>		1	R
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***			
HYOPHEN	3		R&M; QL (56 EA per 1 Copay); AG (Min 12 Years)
PHOSPHASAL	1		R

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Drug Name	Brand	Generic	Additional Information
URELLE (<i>UroAv-81</i>)	1	1	R
URIBEL (<i>Uro-MP</i>)	1	1	R
<i>uro-458</i>		1	R
<i>uroav-b</i>		1	R
UROGESIC-BLUE	3		R
URYL	3		R
USTELL (<i>Uticap</i>)	1	1	R
UTIRA-C	1		R
VILAMIT MB (<i>Uro-MP</i>)	1	1	R
VILEVEV MB (<i>UroAv-81</i>)	1	1	R
Urinary Antispasmodics			
*Beta-3 Adrenergic Agonists***			
MYRBETRIQ	2		R
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
<i>darifenacin hydrobromide er</i>		2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
ENABLEX	3		PA; ST; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>oxybutynin chloride oral</i>		1	R
TOVIAZ	3		PA; ST; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tropium chloride</i>		1	R
<i>tropium chloride er</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
VESICARE (<i>Solifenacin Succinate</i>)	2	2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)			
<i>darifenacin hydrobromide er</i>		2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
ENABLEX	3		PA; ST; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>oxybutynin chloride oral</i>		1	R
TOVIAZ	3		PA; ST; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tropium chloride</i>		1	R
<i>tropium chloride er</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
VESICARE (<i>Solifenacin Succinate</i>)	2	2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
MYRBETRIQ	2		R

Drug Name	Brand	Generic	Additional Information
*Urinary Antispasmodics - Cholinergic Agonists***			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		1	R
*Urinary Antispasmodics - Cholinergic Agonists*** (New)			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		1	R
*Urinary Antispasmodics - Direct Muscle Relaxants***			
<i>flavoxate hcl</i>		1	R
*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)			
<i>flavoxate hcl</i>		1	R
Vaccines			
*Bacterial Vaccines***			
MENACTRA	3		R&M; \$0
MENVEO	3		R&M; \$0
PNEUMOVAX 23	3		R&M; \$0
PREVNAR 13	3		R&M; \$0; QL (0.5 ML per 1 Lifetime)
TRUMENBA	3		RO; \$0; AG (Max 26 Years)
*Viral Vaccine Combinations***			
M-M-R II SUBCUTANEOUS	3		R&M; \$0
*Viral Vaccines***			
AFLURIA	3		RO; \$0
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		RO; \$0
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3		RO; \$0
ENGERIX-B INTRAMUSCULAR	3		RO; \$0
FLUAD	3		RO; \$0; AG (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		RO; \$0
FLUBLOK QUADRIVALENT	3		RO; \$0
FLUCELVAX QUADRIVALENT	3		RO; \$0
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	3		RO; \$0
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		RO; \$0
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		RO; \$0; AG (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	3		RO; \$0
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		RO; \$0
GARDASIL 9	3		RO; \$0; AG (Max 45 Years)

Drug Name	Brand	Generic	Additional Information
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3		RO; \$0
HEPLISAV-B INTRAMUSCULAR SOLUTION	3		R&M; \$0
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3		RO; \$0
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3		RO; \$0
VARIVAX	3		RO; \$0
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3		RO; \$0; AG (Min 50 Years)
Vaginal Products			
*Imidazole-Related Antifungals***			
GYNAZOLE-1	3		R&M; F
<i>miconazole 3 vaginal suppository</i>		3	R
TERAZOL 7	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); F
<i>terconazole</i>		1	R&M; F
*Miscellaneous Vaginal Combinations***			
FEM PH	3		R&M; F
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY	3		R&M; F; \$0
OPTIONS CONCEPTROL	3		R&M; F; \$0
OPTIONS GYNOL II CONTRACEPTIVE	3		R&M; F; \$0
SHUR-SEAL CONTRACEPTIVE	3		R&M; F; \$0
TODAY SPONGE	3		R&M; F; \$0; QL (12 EA per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	3		R&M; F; \$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3		R&M; F; \$0
*Vaginal Anti-Infectives***			
AVC VAGINAL	3		R&M; F
CLEOCIN VAGINAL CREAM	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); F; QL (40 GM per 7 days)
CLEOCIN VAGINAL SUPPOSITORY	3		R&M; F; QL (3 EA per 30 days)
<i>clindamycin phosphate cream 2 % vaginal</i>		1	R&M; QL (5.72 GM per 7 days)
<i>clindamycin phosphate vaginal cream 2 %</i>		1	R&M; F; QL (40 GM per 7 days)
CLINDESSE	3		R
METROGEL-VAGINAL	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); F; QL (70 GM per 30 days)
NUVESSA	3		R
VANDAZOLE (MetroNIDAZOLE)	1	1	R&M; F; QL (70 GM per 30 days)
*Vaginal Estrogens***			
ESTRACE VAGINAL (Estradiol)	2	1	R&M; F
ESTRING	3		R&M; F; QL (1 EA per 90 days)

Drug Name	Brand	Generic	Additional Information
FEMRING	3		R&M; F; QL (1 EA per 90 days)
PREMARIN VAGINAL	2		R&M; F
VAGIFEM VAGINAL TABLET (Estradiol) 10 MCG	3	1	R&M; F
YUVAFEM (Estradiol)	1	1	R&M; F
*Vaginal Progestins***			
CRINONE	3		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); F
ENDOMETRIN	3		R&M; AI (\$5000 lifetime benefit applies); F
Vasopressors			
*Anaphylaxis Therapy Agents***			
ADRENALIN INJECTION	3		R
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3		R&M; AI (Limited to one fill in 30 days.); QL (2 EA per 2 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>		3	R&M; QL (4 EA per 1 Copay)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR (EPINEPHrine)	3	2	R&M; AI (Non Mylan Epinephrine Pens are L3. Refill limit 1 (2 pens for 2 day supply) in one month); QL (2 EA per 2 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (EPINEPHrine)	3	2	R&M; AI (Non Mylan Epinephrine Pens are L3. Refill limit 1 (2 pens for 2 day supply) in one month); QL (2 EA per 2 days)
SYMJEPI	2		R&M; AI (Limited to one fill in 30 days.); QL (2 EA per 2 days)
*Vasopressors***			
<i>epinephrine injection solution 30 mg/30ml</i>		3	R&M; AI (Limited to one fill in 30 days.); QL (2 ML per 2 days)
<i>epinephrine pf injection solution</i>		3	R&M; AI (Limited to one fill in 30 days.); QL (2 ML per 2 days)
<i>epinephrine pf injection solution prefilled syringe</i>		1	R&M; AI (Limited to one fill in 30 days.); QL (2 ML per 2 days)
<i>midodrine hcl</i>		1	R
Vitamins			
*Vitamin B-3***			
<i>niacin er oral capsule extended release</i>		2	R
*Vitamin D***			
<i>aqueous vitamin d oral liquid 400 unit/ml</i>		1	R&M; \$0; AG (Min 65 Years)
BABY DDROPS ORAL LIQUID 400 UNT/0.03ML	3		R&M; \$0; AG (Min 65 Years)
<i>baby super daily d3 oral liquid 400 ut/0.028ml</i>		3	R&M; \$0
BPROTECTED PEDIA D-VITE ORAL LIQUID (Vitamin D3) 400 UNIT/ML	1	1	R&M; \$0; AG (Min 65 Years)
CALCIDOL ORAL SOLUTION (Ergocalciferol) 8000 UNIT/ML	1	1	R

Drug Name	Brand	Generic	Additional Information
CALCIFEROL ORAL SOLUTION (Ergocalciferol) 8000 UNIT/ML	1	1	R
<i>cvx d3 oral capsule</i>		1	R&M; \$0; AG (Min 65 Years)
<i>cvx vitamin d3 oral tablet chewable</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 1000</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 10000</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 400 oral tablet</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 5000</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-1000</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-1000 extra strength</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-2000 maximum strength</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d2000 ultra strength</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 adult</i>		1	R&M; \$0; AG (Min 65 Years)
D3 DOTS	3		R&M; \$0; AG (Min 65 Years)
<i>d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut)</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 kids</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 maximum strength oral capsule</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 maximum strength oral liquid 5000 unit/ml</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 super strength</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3-1000</i>		1	R&M; \$0; AG (Min 65 Years)
D3-50 (Vitamin D3)	1	1	R&M; \$0; AG (Min 65 Years)
<i>d-400</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-5000</i>		1	R&M; \$0; AG (Min 65 Years)
DDROPS ORAL LIQUID (Super Daily D3) 1000 UNT/0.03ML	3	3	R&M; \$0; AG (Min 65 Years)
DDROPS ORAL LIQUID 2000 UNT/0.03ML	3		R&M; \$0; AG (Min 65 Years)
DECARA ORAL CAPSULE (Vitamin D3) 1.25 MG (50000 UT)	1	1	R&M; \$0; AG (Min 65 Years)
DECARA ORAL CAPSULE 625 MCG (25000 UT)	3		R&M; \$0; AG (Min 65 Years)
<i>delta d3</i>		1	R&M; \$0; AG (Min 65 Years)
DIALYVITE VITAMIN D 5000 (D-3-5)	1	1	R&M; \$0; AG (Min 65 Years)
DIALYVITE VITAMIN D3 MAX	3		R&M; \$0; AG (Min 65 Years)
DRISDOL ORAL CAPSULE	3		R&M; AI (Tier 3 Copay + Cost Differential Applies); AG (Min 65 Years)
D-VI-SOL ORAL LIQUID (Vitamin D3) 400 UNIT/ML	3	1	R&M; \$0; AG (Min 65 Years)
<i>eql vitamin d3 oral capsule 125 mcg (5000 ut)</i>		1	R&M; \$0; AG (Min 65 Years)
<i>ergocalciferol oral capsule</i>		1	R&M; AG (Min 65 Years)
<i>gnp vitamin d maximum strength</i>		1	R&M; \$0; AG (Min 65 Years)
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>		1	R&M; \$0; AG (Min 65 Years)
<i>gnp vitamin d oral tablet chewable</i>		1	R&M; \$0; AG (Min 65 Years)
<i>gnp vitamin d super strength</i>		1	R&M; \$0; AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
<i>gnp vitamin d3 extra strength</i>		1	R&M; \$0; AG (Min 65 Years)
HEALTHY KIDS VITAMIN D3 (D 400)	1	1	R&M; \$0; AG (Min 65 Years)
<i>hm vitamin d</i>		1	R&M; \$0; AG (Min 65 Years)
<i>hm vitamin d3 oral capsule 100 mcg (4000 ut)</i>		3	R&M; \$0; AG (Min 65 Years)
<i>hm vitamin d3 oral capsule 50 mcg (2000 ut)</i>		1	R&M; \$0; AG (Min 65 Years)
JUST D ORAL LIQUID (Vitamin D3) 400 UNIT/ML	1	1	R&M; \$0; AG (Min 65 Years)
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>		1	R&M; \$0; AG (Min 65 Years)
<i>kp vitamin d oral tablet chewable</i>		1	R&M; \$0; AG (Min 65 Years)
MAXIMUM D3 (Vitamin D3)	1	1	R&M; \$0; AG (Min 65 Years)
<i>nat-rul vitamin d</i>		1	R&M; \$0; AG (Min 65 Years)
OPTIMAL-D (Vitamin D3)	1	1	R&M; \$0; AG (Min 65 Years)
OPURITY VITAMIN D (Vitamin D3)	1	1	R&M; \$0; AG (Min 65 Years)
<i>pa vitamin d-3</i>		1	R&M; \$0; AG (Min 65 Years)
<i>pa vitamin d-3 gummy</i>		1	R&M; \$0; AG (Min 65 Years)
<i>qc vitamin d3 oral capsule</i>		1	R&M; AG (Min 65 Years)
<i>qc vitamin d3 oral tablet 10 mcg (400 unit)</i>		1	R&M; AG (Min 65 Years)
<i>ra vitamin d-3</i>		1	R&M; \$0; AG (Min 65 Years)
REPLESTA	3		R&M; \$0; AG (Min 65 Years)
REPLESTA CHILDRENS	3		R&M; \$0; AG (Min 65 Years)
REPLESTA NX	3		R&M; \$0; AG (Min 65 Years)
<i>sm vitamin d</i>		1	R&M; \$0; AG (Min 65 Years)
<i>sm vitamin d3 oral capsule 100 mcg (4000 ut)</i>		3	R&M; \$0; AG (Min 65 Years)
<i>sm vitamin d3 oral capsule 50 mcg (2000 ut)</i>		1	R&M; \$0; AG (Min 65 Years)
<i>sm vitamin d3 oral tablet</i>		1	R&M; \$0; AG (Min 65 Years)
<i>super daily d3 oral liquid 2000 ut/0.028ml</i>		3	R&M; \$0
THERA-D 2000 (Vitamin D)	1	1	R&M; \$0; AG (Min 65 Years)
THERA-D 4000	3		R&M; \$0; AG (Min 65 Years)
THERA-D RAPID REPLETION (Vitamin D)	1	1	R&M; \$0; AG (Min 65 Years)
VITAMELTS VITAMIN D	3		R&M; \$0; AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet chewable</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>		1	R&M; AG (Min 65 Years)
<i>vitamin d high potency</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d oral liquid 400 unit/ml</i>		1	R&M; \$0; AG (Min 65 Years)
VITAMIN D-1000 MAX ST (Vitamin D)	1	1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 adult gummies</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 maximum strength</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral capsule</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d-3 oral capsule</i>		1	R&M; \$0; AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
<i>vitamin d3 oral liquid 1000 unit/spray, 1200 unit/15ml</i>		3	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral liquid 5000 unit/ml</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral tablet 75 mcg (3000 ut)</i>		3	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral tablet chewable</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral tablet dispersible</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 super strength oral tablet</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 ultra strength</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d-400</i>		1	R&M; \$0; AG (Min 65 Years)
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BREATHERITE SPACER SMALL		CARAC	101	CHANTIX STARTING MONTH	
CHILD	139	CARAFATE	166	PAK	160
BREATHERITE/LARGE MASK ...	139	CARBAGLU	119	CHATEAL	92
BREATHERITE/MEDIUM MASK ..	139	<i>carbamazepine</i>	43	CHEMSTRIP 2 GP	115
BREATHERITE/SMALL MASK ...	139	<i>carbamazepine er</i>	43	CHEMSTRIP MICRAL	109
BREO ELLIPTA	37	CARBATROL	43	<i>childrens aspirin</i>	17
BRILINTA	116, 129	<i>carbidopa</i>	76	<i>childrens aspirin low strength</i>	17
<i>brimonidine tartrate</i>	151	<i>carbidopa-levodopa</i>	76	<i>chlordiazepoxide hcl</i>	35, 36
BRIVIACT	43	<i>carbinoxamine maleate</i>	57	<i>chlordiazepoxide-amitriptyline</i>	157
BROMFED DM	98	CARDIZEM	87	<i>chlordiazepoxide-clidinium</i>	166
<i>bromfenac sodium (once-daily)</i>	151	CARDIZEM CD	87	<i>chloroquine phosphate</i>	65
<i>bromocriptine mesylate</i>	76	CARDIZEM LA	87	<i>chlorothiazide</i>	116

<i>chlorpromazine hcl</i>	78	<i>clobetasol propionate emulsion</i>	103	CORTISPORIN	100
<i>chlorthalidone</i>	116	CLOBEX	103	COSENTYX	101
<i>chlorzoxazone</i>	147	CLOBEX SPRAY	103	COSENTYX (300 MG DOSE)	101
CHOLBAM	86	CLODERM	103	COSENTYX SENSOREADY (300	
<i>cholestyramine</i>	57	<i>clomiphene citrate</i>	121	MG)	101
CIALIS	89, 90	<i>clomipramine hcl</i>	48	COSENTYX SENSOREADY PEN	101
<i>ciclopirox</i>	100	<i>clonazepam</i>	42	COSOPT	149
<i>ciclopirox olamine</i>	100	<i>clonidine hcl</i>	63	COTELLIC	69
<i>cilostazol</i>	129	<i>clonidine hcl er</i>	8	COTEMPLA XR-ODT	10
CILOXAN	150	<i>clopidogrel bisulfate</i>	129	COUMADIN	41
CIMDUO	80	<i>clorazepate dipotassium</i>	36	COVARYX	122
<i>cimetidine</i>	166	<i>clotrimazole</i>	143	COVARYX HS	122
<i>cimetidine hcl</i>	166	<i>clotrimazole-betamethasone</i>	100	COZAAR	62
CIMZIA	127	<i>clozapine</i>	78	CREON	115
CIMZIA PREFILLED	126	COARTEM	65	CRESEMBA	56
CIMZIA STARTER KIT	126	<i>codeine sulfate</i>	23	CRESTOR	58
CINVANTI	56	<i>colchicine-probenecid</i>	128	CRINONE	171
CIPRO	124	COLCRYS	128	CRIXIVAN	80
CIPRO HC	153	COLESTID	57	<i>cromolyn sodium</i>	38, 125, 150
CIPRODEX	153	<i>colestipol hcl</i>	58	CRYSSELLE-28	92
<i>ciprofloxacin hcl</i>	124, 150, 153	COLY-MYCIN S	153	CUPRIMINE	83
<i>citalopram hydrobromide</i>	47	COLYTE WITH FLAVOR PACKS	134	CVS ADVANCED GLUCOSE	
CITRANATAL 90 DHA	146	COMBIGAN	149	TEST	109
CITRANATAL ASSURE	146	COMBIPATCH	123	<i>cvx aspirin</i>	17
CITRANATAL B-CALM	144	COMBIVIR	80	<i>cvx aspirin ec</i>	17
CITRANATAL BLOOM	145	COMETRIQ (100 MG DAILY		<i>cvx aspirin low dose</i>	17
CITRANATAL DHA	146	DOSE)	70	<i>cvx d3</i>	172
CITRANATAL HARMONY	146	COMETRIQ (140 MG DAILY		<i>cvx lancets micro thin 33g</i>	136
CITRANATAL RX	145	DOSE)	70	<i>cvx lancets ultra thin 30g</i>	136
CLARAVIS	99	COMETRIQ (60 MG DAILY DOSE)	70	<i>cvx nicotine</i>	160
CLARINEX	57	<i>comfort assured lancets 28g</i>	136	<i>cvx nicotine polacrilex</i>	160
CLARINEX-D 12 HOUR	97	COMPACT SPACE CHAMBER	139	<i>cvx vitamin d3</i>	172
<i>clarithromycin</i>	135	COMPACT SPACE		<i>cyanocobalamin</i>	129
<i>clarithromycin er</i>	135	CHAMBER/LG MASK	139	CYCLAFEM 1/35	92
<i>clemastine fumarate</i>	57	COMPACT SPACE		CYCLAFEM 7/7/7	96
CLENPIQ	134	CHAMBER/MED MASK	139	<i>cyclobenzaprine hcl</i>	90, 147
CLEOCIN	65, 170	COMPACT SPACE		CYCLOGYL	149
CLEVER CHEK AUTO-CODE		CHAMBER/SM MASK	139	<i>cyclophosphamide</i>	75
TEST	109	COMPLERA	80	<i>cycloserine</i>	66
CLEVER CHEK AUTO-CODE		<i>complete natal dha</i>	146	CYCLOSET	50
VOICE	109	<i>completenate</i>	145	CYMBALTA	48
CLEVER CHEK TEST	109	COMPRO	78	<i>cyproheptadine hcl</i>	57
CLEVER CHOICE AUTO-CODE		COMTAN	77	CYRED	92
TEST	109	CO-NATAL FA	145	CYSTADANE	119
CLEVER CHOICE HOLDING		CONCEPT DHA	145	CYSTAGON	127
CHAMBER	139	CONDYLOX	106	CYSTARAN	152
CLEVER CHOICE MICRO TEST	109	CONSENSI	87	CYTOGAM	154
CLIMARA	123	<i>constulose</i>	134	CYTOMEL	165
CLIMARA PRO	123	CONTRAVE	75	CYTOTEC	167
CLINDACIN ETZ	98	COOL BLOOD GLUCOSE TEST		<i>cytra-2</i>	127
CLINDACIN-P	98	STRIPS	109	CYTRA-3	127
<i>clindamycin hcl</i>	65	COPAXONE	159	<i>cytra-k</i>	127
<i>clindamycin palmitate hcl</i>	65	COPIKTRA	155	<i>d 1000</i>	172
<i>clindamycin phosphate</i>	98, 170	CORDRAN	104	<i>d 10000</i>	172
CLINDESSE	170	COREG	85	<i>d 400</i>	172
CLINICAL NUTRIENTS		COREG CR	85	<i>d 5000</i>	172
PRENATAL	145	CORGARD	86	<i>d-1000</i>	172
CLINPRO 5000	143	CORLANOR	163	<i>d-1000 extra strength</i>	172
<i>clobetasol propionate</i>	103	CORTEF	96	<i>d-2000 maximum strength</i>	172
<i>clobetasol propionate e</i>	103	CORTIFOAM	34	<i>d2000 ultra strength</i>	172

<i>d3 adult</i>	172	DEXAMETHASONE INTENSOL	96	<i>dorzolamide hcl-timolol mal</i>	149
D3 DOTS	172	<i>dexamethasone sodium phosphate</i>		<i>dorzolamide hcl-timolol mal pf</i>	149
<i>d3 high potency</i>	172	.....	152	DOTTI	123
<i>d3 kids</i>	172	DEXCOM G6 RECEIVER	136	DOVATO	80
<i>d3 maximum strength</i>	172	DEXCOM G6 SENSOR	136	DOVONEX	102
<i>d3 super strength</i>	172	DEXCOM G6 TRANSMITTER	136	<i>doxazosin mesylate</i>	63
<i>d3-1000</i>	172	DEXEDRINE	9	<i>doxepin hcl</i>	48
D3-50	172	DEXILANT	166	<i>doxercalciferol</i>	120
<i>d-400</i>	172	<i>dexmethylphenidate hcl</i>	10	<i>doxycycline hyclate</i>	164
<i>d-5000</i>	172	<i>dexmethylphenidate hcl er</i>	10	<i>doxycycline monohydrate</i>	164
DALIRESP	40	<i>dextroamphetamine sulfate er</i>	9	DRISDOL	172
<i>danazol</i>	33	DIACOMIT	43	DRITHO-CREME HP	102
DANTRIUM	147	DIALYVITE VITAMIN D 5000	172	DRIZALMA SPRINKLE	48
<i>dantrolene sodium</i>	147	DIALYVITE VITAMIN D3 MAX	172	<i>dronabinol</i>	56
<i>dapsone</i>	65	DIASTAT ACUDIAL	42	DROXIA	130
DARAPRIM	65	DIASTAT PEDIATRIC	42	DUAKLIR PRESSAIR	37
<i>darifenacin hydrobromide er</i>	168	<i>diatrue plus test</i>	109	DUAVEE	124
DASETTA 1/35	92	<i>diazepam</i>	36	DUET DHA BALANCED	145
DASETTA 7/7/7	96	DIBENZYLIN	61	DULERA	38
DAYPRO	15	DICLEGIS	56	<i>duloxetine hcl</i>	48
DAYSEE	95	<i>diclofenac epolamine</i>	100	DUO-CARE TEST	110
DAYTRANA	10	<i>diclofenac sodium</i>		DUPIXENT	85
D-CARE BLOOD GLUCOSE	109	.....	15, 90, 100, 101, 151	DURAGESIC-100	24
DDAVP	122	<i>diclofenac sodium er</i>	15	DURAGESIC-12	24
DDAVP RHINAL TUBE	122	<i>diclofenac-misoprostol</i>	15	DURAGESIC-25	24
DDROPS	172	<i>dicloxacillin sodium</i>	155	DURAGESIC-50	24
DEBLITANE	95	<i>dicyclomine hcl</i>	166	DURAGESIC-75	24
DECARA	172	<i>diethylpropion hcl</i>	9	<i>duraxin</i>	16
<i>deferoxamine mesylate</i>	54, 55	<i>diethylpropion hcl er</i>	9	DUREZOL	152
DELESTROGEN	123	DIFICID	135	<i>dutasteride</i>	127
DELSTRIGO	80	<i>diflorasone diacetate</i>	104	D-VI-SOL	172
<i>delta d3</i>	172	DIFLUCAN	56	DYANAVEL XR	9
DELYLA	92	DIGITEK	88	DYAZIDE	116
DELZICOL	126	DIGOX	88	DYMISTA	148
<i>demeclocycline hcl</i>	164	<i>digoxin</i>	88	DYRENIUM	116
DENAVIR	103	<i>dihydroergotamine mesylate</i>	141	E.E.S. 400	135
DENTA 5000 PLUS	143	DILANTIN	45	E.E.S. GRANULES	135
DENTAGEL	143	DILANTIN INFATABS	45	EASIVENT	139
DEPAKOTE	45	DILATRATE-SR	34	EASIVENT MASK LARGE	139
DEPAKOTE ER	45	DILAUDID	23, 24	EASIVENT MASK MEDIUM	139
DEPEN TITRATABS	83	<i>diltiazem hcl</i>	87	EASIVENT MASK SMALL	139
DEPO-ESTRADIOL	123	<i>diltiazem hcl er</i>	87	<i>easy comfort lancets</i>	136
DEPO-PROVERA	95	<i>dilt-xr</i>	87	<i>easy plus ii glucose test</i>	110
DEPO-SUBQ PROVERA 104	95	DIOVAN	63	EASY STEP TEST	110
DEPO-TESTOSTERONE	33	DIOVAN HCT	62	<i>easy talk blood glucose test</i>	110
DERMA-SMOOTH/FS BODY	104	DIPENTUM	126	EASY TOUCH HEALTHPRO	
DERMA-SMOOTH/FS SCALP	104	<i>diphenhydramine hcl</i>	57	TEST	110
DERMAZENE	100	<i>diphenoxylate-atropine</i>	54	EASY TOUCH LANCETS	
DERMOTIC	153	<i>diphtheria-tetanus toxoids dt</i>	165	30G/TWIST	136
DESCOVY	80	<i>dipyridamole</i>	129	EASY TOUCH LANCETS	
DESFERAL	54, 55	<i>disulfiram</i>	157	32G/TWIST	136
<i>desipramine hcl</i>	48	DIURIL	116	EASY TOUCH LANCETS	
<i>desloratadine</i>	57	<i>divalproex sodium</i>	45	33G/TWIST	136
<i>desmopressin ace spray refrag</i>	122	<i>divalproex sodium er</i>	45	EASY TOUCH TEST	110
<i>desmopressin acetate</i>	122	DIVIGEL	123	<i>easy trak blood glucose test</i>	110
DESONATE	104	DOLOPHINE	24	EASYGLUCO	110
<i>desonide</i>	104	<i>donepezil hcl</i>	157, 158	EASYGLUCO PLUS	110
<i>desoximetasone</i>	104	DONNATAL	166	EASYMAX 15 TEST	110
DESOXYN	9	DOPTELET	131	EASYMAX TEST	110
<i>dexamethasone</i>	96	<i>dorzolamide hcl</i>	150	<i>easyplus blood glucose test</i>	110

EASYPRO BLOOD GLUCOSE TEST	110	ENDOCET	30, 31	<i>estradiol micronized</i>	90
EASYPRO PLUS	110	ENDOMETRIN	171	ESTRING	170
ECONTRA EZ	94	ENGERIX-B	169	ESTROGEL	124
ECONTRA ONE-STEP	94	<i>enoxaparin sodium</i>	42	ESTROSTEP FE	96
ECOTRIN	17	ENPRESSE-28	96	<i>ethambutol hcl</i>	66
ECOTRIN LOW STRENGTH	18	ENSKYCE	92	<i>ethosuximide</i>	45
ECPirin	18	<i>entacapone</i>	77	<i>etidronate disodium</i>	117
EDARBI	63	ENTOCORT EC	96	<i>etodolac</i>	15
EDARBYCLOR	62	ENTRESTO	148	<i>etodolac er</i>	15
EDECIN	116	<i>enulose</i>	126	<i>etoposide</i>	75, 91
EDEX	88	ENVARBUS XR	84	EUCRISA	155
EDURANT	81	EPANED	61	EURAX	107
EEMT	122	EPCLUSA	131	EUTHYROX	165
EEMT HS	122	EPIDIOLEX	43	EVAMIST	124
EFFER-K	142	EPIFOAM	107	EVEKEO	9
EFFEXOR XR	48	<i>epinastine hcl</i>	150	EVEKEO ODT	9
EFFIENT	129	<i>epinephrine</i>	171	EVENCARE + BLOOD GLUCOSE TEST	110
EFUDEX	101	<i>epinephrine pf</i>	171	EVENCARE BLOOD GLUCOSE TEST	110
EGRIFTA	118	EPIPEN 2-PAK	171	EVENCARE G2 TEST	110
EGRIFTA SV	118	EPIPEN JR 2-PAK	171	EVENCARE G3 TEST	110
ELAPRASE	120	EPITOL	43	EVENCARE MINI GLUCOSE TEST	110
<i>element compact test</i>	110	EPIVIR	81	EVISTA	121
ELEMENT TEST	110	EPIVIR HBV	82	EVOLUTION AUTOCODE	110
ELESTRIN	123	<i>eplerenone</i>	64	EVOTAZ	80
ELIDEL	107	EPOGEN	130	EVOXAC	144
ELIGARD	74	<i>eprosartan mesylate</i>	63	EXACTECH R-S-G TEST	111
ELIMITE	107	EPZICOM	80	EXACTECH TEST	111
ELINEST	92	<i>eq aspirin</i>	18	EXELDERM	106
ELIQUIS	41	<i>eq aspirin low dose</i>	18	EXELON	158
ELIQUIS STARTER PACK	41	<i>eq childrens aspirin</i>	18	EXFORGE	61
ELITEK	73	<i>eq nicotine</i>	160	EXFORGE HCT	63
ELITE-OB	145	<i>eq nicotine polacrilex</i>	160	EXJADE	55
ELLA	94	<i>eq nicotine step 3</i>	160	EXODERM	100
ELMIRON	128	<i>eq aspirin</i>	18	EXTAVIA	158
ELOCON	104	<i>eq aspirin ec</i>	18	EZ SMART BLOOD GLUCOSE TEST	111
ELURYNG	94	<i>eq nicotine polacrilex</i>	160	EZ SMART PLUS GLUCOSE TEST	111
EMBEDA	24	<i>eq vitamin d3</i>	172	EZALLOR SPRINKLE	58
EMBRACE BLOOD GLUCOSE TEST	110	EQUETRO	77	FALMINA	92
EMBRACE EVO BLOOD GLUCOSE TEST	110	<i>ergocalciferol</i>	172	<i>famciclovir</i>	83
EMBRACE PRO GLUCOSE TEST	110	ERGOMAR	141	<i>famotidine</i>	166
EMCYT	73	ERIVEDGE	69	FANAPT	77
EMEND	56	ERLEADA	68	FARESTON	68
EMFLAZA	96	ERRIN	95	FARXIGA	53
EMGALITY	86	ERTACZO	106	FARYDAK	69
EMGALITY (300 MG DOSE)	86	<i>ery</i>	98	FASENRA	133
EMOQUETTE	92	ERYGEL	98	FASENRA PEN	133
EMSAM	47	ERYPED 200	135	FASLODEX	73
EMTRIVA	81	ERYPED 400	135	FAYOSIM	95
ENABLEX	168	ERY-TAB	135	FAZACLO	78
<i>enalapril maleate</i>	60	ERYTHROCIN STEARATE	135	FC FEMALE CONDOM	135
<i>enalapril-hydrochlorothiazide</i>	60	<i>erythromycin</i>	150	FC2 FEMALE CONDOM	135
ENBRACE HR	145	<i>erythromycin base</i>	135	<i>febuxostat</i>	128
ENBREL	16	ESBRIET	162	<i>felbamate</i>	45
ENBREL MINI	16	<i>escitalopram oxalate</i>	47	FELBATOL	45
ENBREL SURECLICK	16	ESGIC	17	FELDENE	15
ENCARE	170	<i>esomeprazole magnesium</i>	166, 167		
		ESTARYLLA	92		
		<i>estazolam</i>	132		
		ESTRACE	124, 170		
		<i>estradiol</i>	124		

<i>felodipine er</i>	87	<i>flunisolide</i>	148	FORACARE GD40 TEST	111
FEM PH	170	<i>fluocinolone acetonide</i>	104, 153	FORACARE PREMIUM V10 TEST	
FEMARA	73	<i>fluocinolone acetonide body</i>	104	.....	111
FEMCAP	135	<i>fluocinolone acetonide scalp</i>	104	FORACARE TEST N GO TEST	111
FEMHRT LOW DOSE	123	<i>fluocinonide</i>	104	FORFIVO XL	46
FEMRING	171	FLUORABON	142	<i>formaldehyde</i>	79
FEMYNOR	92	FLUORIDEX ENHANCED		FORTAMET	49
<i>fenofibrate</i>	58	WHITENING	143	FORTEO	121
<i>fenofibrate micronized</i>	58	FLUORIDEX SENSITIVITY		FORTESTA	33
<i>fenofibric acid</i>	58	RELIEF	143	FORTISCARE TEST	111
FENOGLIDE	58	<i>fluorometholone</i>	152	FOSAMAX	117
<i>fentanyl</i>	24	FLUOROPLEX	101	<i>fosinopril sodium</i>	61
<i>fentanyl citrate</i>	24	<i>fluorouracil</i>	101	FOSRENOL	126
<i>fentanyl citrate (pf)</i>	24	<i>fluoxetine hcl</i>	47	FRAGMIN	42
FENTORA	24	<i>fluoxetine hcl (pmd)</i>	160	FREESTYLE INSULINX TEST	111
FER-IN-SOL	131	<i>fluphenazine hcl</i>	78	FREESTYLE LANCETS	136
FERRIPROX	55	FLURA-DROPS	142	FREESTYLE LIBRE 14 DAY	
FERRLECIT	131	<i>flurazepam hcl</i>	132	READER	136
FETZIMA	48	<i>flurbiprofen</i>	15	FREESTYLE LIBRE 14 DAY	
FETZIMA TITRATION	48	<i>flurbiprofen sodium</i>	151	SENSOR	136
FIASP	51	<i>flutamide</i>	68	FREESTYLE LIBRE READER	136
FIASP FLEXTOUCH	51	<i>fluticasone propionate</i>	104	FREESTYLE LIBRE SENSOR	
FIASP PENFILL	51	<i>fluticasone-salmeterol</i>	38	SYSTEM	137
FIBRICOR	58	<i>fluvastatin sodium</i>	58	FREESTYLE LITE TEST	111
FIFTY50 GLUCOSE TEST 2.0	111	<i>fluvoxamine maleate</i>	47	FREESTYLE PRECISION NEO	
FIFTY50 SAFETY SEAL		<i>fluvoxamine maleate er</i>	47	TEST	111
LANCETS	136	FLUZONE HIGH-DOSE	169	FREESTYLE TEST	112
FINACEA	107	FLUZONE QUADRIVALENT	169	<i>frovatriptan succinate</i>	141
<i>finasteride</i>	127	FML	152	<i>furosemide</i>	116
FINGERSTIX LANCETS	136	FML FORTE	152	FUZEON	80
FIORICET	17	FML LIQUIFILM	152	FYAVOLV	123
FIORINAL/CODEINE #3	20	FOCALIN	10	FYCOMPA	42
FIRAZYR	129	FOCALIN XR	10	<i>gabapentin</i>	43
FIRDAPSE	66	<i>folic acid</i>	130	GABITRIL	45
FIRMAGON	73	FOLIVANE-OB	145	GALAFOLD	118
FIRST-LANSOPRAZOLE	167	FOLLISTIM AQ	120	<i>galantamine hydrobromide</i>	158
FIRST-OMEPRAZOLE	167	<i>fondaparinux sodium</i>	42	<i>galantamine hydrobromide er</i>	158
FLAGYL	64	FORA BLOOD GLUCOSE TEST ..	111	<i>ganciclovir sodium</i>	81
FLAREX	152	FORA D15G BLOOD GLUCOSE		<i>ganirelix acetate</i>	118
<i>flavoxate hcl</i>	169	TEST	111	GARDASIL 9	169
<i>flecainide acetate</i>	36	FORA D20 BLOOD GLUCOSE		GASTROCROM	125
FLECTOR	100	TEST	111	<i>gatifloxacin</i>	150
FLEXICHAMBER	139	FORA D40/G31 BLOOD		GATTEX	125
FLEXICHAMBER ADULT		GLUCOSE	111	GAVILYTE-C	134
MASK/SMALL	139	FORA G20 BLOOD GLUCOSE		GAVILYTE-G	134
FLEXICHAMBER CHILD		TEST	111	GAVILYTE-H	134
MASK/LARGE	139	FORA G30/PREM V10 GLUCOSE		GAVILYTE-N WITH FLAVOR	
FLEXICHAMBER CHILD		TEST	111	PACK	134
MASK/SMALL	139	FORA GD20 TEST	111	<i>ge100 blood glucose test</i>	112
FLOMAX	127	FORA GD50 BLOOD GLUCOSE		<i>gemfibrozil</i>	58
FLOVENT DISKUS	40	TEST	111	GENERESS FE	92
FLOVENT HFA	40	FORA TN'G/TN'G VOICE	111	<i>generlac</i>	126
FLUAD	169	FORA V10 BLOOD GLUCOSE		GENGRAF	84
FLUARIX QUADRIVALENT	169	TEST	111	GENOTROPIN	118
FLUBLOK QUADRIVALENT	169	FORA V12 BLOOD GLUCOSE		GENOTROPIN MINIQUICK	118
FLUCELVAX QUADRIVALENT	169	TEST	111	GENSTRIP 50	112
<i>fluconazole</i>	56	FORA V20 BLOOD GLUCOSE		GENTAK	150
<i>fludrocortisone acetate</i>	97	TEST	111	<i>gentamicin sulfate</i>	12, 100, 150
FLULAVAL QUADRIVALENT	169	FORA V30A BLOOD GLUCOSE		GENULTIMATE TEST	112
FLUMADINE	83	TEST	111	GENVOYA	80

GEODON	77	HAILEY 1.5/30	92	<i>hydrocodone-ibuprofen</i>	21
<i>ght test</i>	112	HAILEY 24 FE	92	<i>hydrocortisone</i>	34, 96, 104
GIANVI	92	HALCION	132	<i>hydrocortisone ace-pramoxine</i>	34, 107
GILENYA	161	<i>halobetasol propionate</i>	104	<i>hydrocortisone acetate</i>	34
GILOTRIF	70	HALOG	104	<i>hydrocortisone butyrate</i>	104
GLATOPA	159	<i>haloperidol</i>	78	<i>hydrocortisone valerate</i>	104
GLEEVEC	71	<i>haloperidol lactate</i>	78	<i>hydromet</i>	97
GLEOSTINE	75	HARVONI	131	<i>hydromorphone hcl</i>	25
<i>glimepiride</i>	53	HAVRIX	170	<i>hydromorphone hcl er</i>	25
<i>glipizide</i>	53	HEALTHY KIDS VITAMIN D3	173	<i>hydroxychloroquine sulfate</i>	65
<i>glipizide er</i>	53	HEATHER	95	<i>hydroxyurea</i>	72
<i>glipizide xl</i>	54	HEMANGEOL	86	<i>hydroxyzine hcl</i>	35
<i>glipizide-metformin hcl</i>	53	HEMLIBRA	57	<i>hydroxyzine pamoate</i>	35
GLOPERBA	128	HEMMOREX-HC	34	HYOPHEN	167
GLUCAGEN HYPOKIT	50	<i>heparin lock flush</i>	41	<i>hyoscyamine sulfate</i>	166
GLUCAGON EMERGENCY	50	<i>heparin sodium (porcine)</i>	41	<i>hyosyne</i>	166
GLUCO PERFECT 3 TEST	112	<i>heparin sodium (porcine) pf</i>	41	HYPERRHO S/D	154
GLUCOCARD 01 SENSOR PLUS	112	HEPLISAV-B	170	HYPERSAL	97
GLUCOCARD EXPRESSION		HEPSERA	82	HYSINGLA ER	25
TEST	112	HETLIOZ	133	HYZAAR	62
GLUCOCARD SHINE TEST	112	HIPREX	167	<i>ibandronate sodium</i>	117
GLUCOCARD VITAL TEST	112	<i>hm aspirin</i>	18	IBRANCE	98
GLUCOCARD X-SENSOR	112	<i>hm aspirin ec</i>	18	<i>ibuprofen</i>	15
GLUCOCOM TEST	112	<i>hm ibuprofen ib</i>	15	ICLUSIG	71
GLUCONAVII BLOOD GLUCOSE		<i>hm nicotine</i>	160	IDHIFA	134
TEST	112	<i>hm nicotine polacrilex</i>	160	ILARIS	14
GLUCOPHAGE	49	<i>hm vitamin d</i>	173	ILEVRO	151
GLUCOPHAGE XR	49	<i>hm vitamin d3</i>	173	IMBRUVICA	71
<i>glucose meter test</i>	112	<i>homatropine hbr</i>	149	<i>imipramine hcl</i>	48
GLUCOTROL	54	HUMALOG	51	<i>imipramine pamoate</i>	48, 49
<i>glyburide</i>	54	HUMALOG JUNIOR KWIKPEN	51	<i>imiquimod</i>	106
<i>glyburide micronized</i>	54	HUMALOG KWIKPEN	51	IMITREX	141
<i>glyburide-metformin</i>	53	HUMALOG MIX 50/50	51	IMITREX STATDOSE REFILL	141
<i>glycopyrrolate</i>	167	HUMALOG MIX 50/50 KWIKPEN	51	IMITREX STATDOSE SYSTEM	141
GLYDO	107	HUMALOG MIX 75/25	51	IMPAVIDO	64
GLYSET	49	HUMALOG MIX 75/25 KWIKPEN	51	IMURAN	85
GLYXAMBI	163	HUMATROPE	118	IN TOUCH BLOOD GLUCOSE	
<i>gnp adult aspirin low strength</i>	18	HUMIRA	13, 14	TEST	112
<i>gnp aspirin</i>	18	HUMIRA PEDIATRIC CROHNS		INBRIJA	76
<i>gnp easy touch glucose test</i>	112	START	13, 14	INCASSIA	95
<i>gnp nicotine mini</i>	160	HUMIRA PEN	13, 14	INCRELEX	120
<i>gnp nicotine polacrilex</i>	160	HUMIRA PEN-CD/UC/HS		INCRUSE ELLIPTA	39
<i>gnp vitamin d</i>	172	STARTER	13, 14	<i>indapamide</i>	116
<i>gnp vitamin d maximum strength</i>	172	HUMIRA PEN-PS/UV/ADOL HS		INDOCIN	15
<i>gnp vitamin d super strength</i>	172	START	13, 14	<i>indomethacin</i>	15
<i>gnp vitamin d3 extra strength</i>	173	HUMULIN 70/30	51	<i>indomethacin er</i>	15
GOCOVRI	76	HUMULIN 70/30 KWIKPEN	51	INFANRIX	165
GOLYTELY	134	HUMULIN N	51	INFANTS ADVIL	15
GONAL-F	120	HUMULIN N KWIKPEN	51	INFINITY BLOOD GLUCOSE	
GONAL-F RFF	120	HUMULIN R	51	TEST	112
GONAL-F RFF REDIJECT	121	HUMULIN R U-500		INGREZZA	158
<i>gramicidin d</i>	91	(CONCENTRATED)	51	INLYTA	71
GRASTEK	86	HUMULIN R U-500 KWIKPEN	51	INREBIC	73
<i>griseofulvin microsize</i>	56	HYCAMTIN	75	INSPIRACHAMBER/LARGE	139
<i>griseofulvin ultramicrosize</i>	56	<i>hydralazine hcl</i>	64	INSPIRACHAMBER/MEDIUM	139
<i>guaifenesin-codeine</i>	97	HYDREA	72	INSPIRACHAMBER/MOUTHPIEC	
<i>guanfacine hcl</i>	63	HYDRO 40	105	E	140
<i>guanfacine hcl er</i>	8	<i>hydrochlorothiazide</i>	116	INSPIRACHAMBER/SMALL	140
GYNAZOLE-1	170	<i>hydrocodone-acetaminophen</i>	20	INSPIREASE	140
HAEGARDA	129	<i>hydrocodone-homatropine</i>	97	INSPIREASE RESERVOIR BAGS	140

INSPRA	64	JUNEL FE 1/20	92	<i> kroger premium glucose test</i>	112
<i> insulin asp prot & asp flexpen</i>	51	JUNEL FE 24	92	<i> kroger test</i>	112
<i> insulin aspart prot & aspart</i>	51	JUST D	173	K-TAB	143
<i> insulin lispro</i>	51	JUXTAPID	60	KURVELO	92
<i> insulin syringe</i>	138	JYNARQUE	121	KUVAN	121
<i> insulin syringe/needle</i>	138	KADIAN	25	<i> labetalol hcl</i>	85
INTELENCE	81	KAITLIB FE	92	LACRISERT	149
INTRON A	72	KALBITOR	129	<i> lactic acid</i>	106
INTROVALE	95	KALETRA	80	<i> lactulose</i>	134
INTUNIV	8	KALLIGA	92	LAMICTAL	43
INVEGA	77	KALYDECO	162	LAMICTAL ODT	43
INVELTYS	152	KAPSPARGO SPRINKLE	85	LAMICTAL XR	43
INVIRASE	80	KARBINAL ER	57	LAMISIL	56
INVOKAMET	163	KARIVA	91	<i> lamivudine</i>	82
INVOKAMET XR	163	KATERZIA	87	<i> lamotrigine</i>	43, 44
INVOKANA	53	KAZANO	50	<i> lamotrigine er</i>	43
<i> iodine strong (lugol's)</i>	91	KEFLEX	90	<i> lancets</i>	137
<i> ipratropium bromide</i>	39, 148	KELNOR 1/35	92	<i> lancets micro thin 33g</i>	137
<i> ipratropium-albuterol</i>	38	KELNOR 1/50	92	<i> lancets super thin 28g</i>	137
<i> irbesartan</i>	63	KENALOG	104	<i> lancets thin</i>	137
<i> irbesartan-hydrochlorothiazide</i>	62	KEPPRA	43	LANOXIN	88
IRESSA	71	KEPPRA XR	43	LANOXIN PEDIATRIC	88
<i> iron supplement childrens</i>	131	KERYDIN	153	<i> lansoprazole</i>	167
ISENTRESS	80	<i> ketamine hcl</i>	91	LANTUS	51
ISENTRESS HD	80	<i> ketoconazole</i>	56, 106	LANTUS SOLOSTAR	51
ISIBLOOM	92	KETO-DIASTIX	115	LARIN 1.5/30	92
<i> isoniazid</i>	66, 67	<i> ketoprofen</i>	15, 91	LARIN 1/20	92
ISOPTO CARPINE	149	<i> ketoprofen er</i>	15	LARIN 24 FE	92
ISORDIL TITRADOSE	35	<i> ketorolac tromethamine</i>	15, 151	LARIN FE 1.5/30	92
<i> isosorbide dinitrate</i>	35	KETOSTIX	112	LARIN FE 1/20	92
<i> isosorbide dinitrate er</i>	35	KEVEYIS	116	LARISSIA	93
<i> isosorbide mononitrate</i>	35	KEVZARA	14, 15	LARTRUVO	69
<i> isosorbide mononitrate er</i>	35	KHEDEZLA	48	LASIX	116
<i> isradipine</i>	87	KINERET	14	LASTACFT	150
ISTALOL	149	KINRIX	165	<i> latanoprost</i>	152
<i> itraconazole</i>	56	KIONEX	85, 156	LATUDA	77
<i> ivermectin</i>	34	KITABIS PAK	12	LAYOLIS FE	93
JADENU	55	KLONOPIN	42	LAZANDA	25
JADENU SPRINKLE	55	KLOR-CON	142	LEENA	96
JAKAFI	73	KLOR-CON 10	142	<i> leflunomide</i>	16
JALYN	128	KLOR-CON M10	142	LENVIMA (10 MG DAILY DOSE)	71
JANTOVEN	41	KLOR-CON M15	142	LENVIMA (14 MG DAILY DOSE)	71
JANUMET	50	KLOR-CON M20	142	LENVIMA (18 MG DAILY DOSE)	71
JANUMET XR	50	KLOR-CON/EF	142	LENVIMA (20 MG DAILY DOSE)	71
JANUVIA	50	<i> kls aspirin ec</i>	18	LENVIMA (24 MG DAILY DOSE)	71
JARDIANCE	53	<i> kls aspirin low dose</i>	18	LENVIMA (8 MG DAILY DOSE)	71
JASMIEL	92	KLS QUIT2	160	LESCOL XL	58
JATENZO	33	KLS QUIT4	160	LESSINA	93
JENCYCLA	95	KOMBIGLYZE XR	50	LETAIRIS	89
JENTADUETO	50	KORLYM	53	<i> leucovorin calcium</i>	73
JENTADUETO XR	50	<i> kosher prenatal plus iron</i>	145	LEUKERAN	75
JINTELI	123	<i> kp aspirin</i>	18	<i> leuprolide acetate</i>	74
JOLESSA	95	<i> kp hydrocortisone max st</i>	104	<i> levalbuterol hcl</i>	39
JORNAY PM	10	<i> kp vitamin d</i>	173	<i> levalbuterol tartrate</i>	39
JUBLIA	106	K-PHOS	142	LEVAQUIN	124, 125
JULEBER	92	K-PHOS-NEUTRAL	142	LEVEMIR	51
JULUCA	80	KRINTAFEL	66	LEVEMIR FLEXTOUCH	51
JUNEL 1.5/30	92	KRISTALOSE	134	<i> levetiracetam</i>	44
JUNEL 1/20	92	<i> kroger blood glucose test</i>	112	LEVITRA	90
JUNEL FE 1.5/30	92	<i> kroger lancets ultrathin 30g</i>	137	<i> levobunolol hcl</i>	149

<i>levocarnitine</i>	118	LORTAB	22	MAXIMUM D3	173
<i>levofloxacin</i>	125, 150	LORYNA	93	MAXITROL	151
LEVONEST	96	LORZONE	147	MAXZIDE	116
<i>levonorgestrel-ethinyl estrad</i>	94	<i>losartan potassium</i>	63	MAYZENT	161
LEVORA 0.15/30 (28)	93	<i>losartan potassium-hctz</i>	62	MAYZENT STARTER PACK	161
<i>levorphanol tartrate</i>	25	LOSEASONIQUE	95	MEDROL	96
LEVO-T	165	LOTEMAX	152	<i>medroxyprogesterone acetate</i>	157
LEVOXYL	165	LOTEMAX SM	152	<i>mefenamic acid</i>	15
LEVSIN	166	LOTENSIN	61	<i>mefloquine hcl</i>	66
LEVSIN/SL	166	LOTREL	60	MEGACE ES	157
LEXAPRO	47	LOTRISONE	100	<i>megestrol acetate</i>	75, 157
LEXIVA	80	LOTRONEX	125	<i>meijer aspirin ec</i>	18
LIALDA	126	<i>lovastatin</i>	59	<i>meijer blood glucose test</i>	112
LIBERTY NEXT GENERATION		LOVENOX	42	<i>meijer essential glucose test</i>	113
TEST	112	LOW-OGESTREL	93	<i>meijer premium glucose test</i>	113
<i>liberty test</i>	112	<i>loxapine succinate</i>	78	MEIJER TRUETEST TEST	113
LIBRAX	166	LO-ZUMANDIMINE	93	MEIJER TRUETRACK TEST	113
LICEMD	107	LUCEMYRA	12	MEKINIST	69
<i>lidocaine</i>	107	LUDENT	142	MEKTOVI	69
<i>lidocaine hcl</i>	107	LUMIGAN	152	MELODETTA 24 FE	93
<i>lidocaine-hydrocortisone ace</i>	34	LUMIZYME	118	<i>meloxicam</i>	15
<i>lidocaine-prilocaine</i>	108	LUNESTA	133	<i>memantine hcl</i>	159
LIDODERM	107	LUPRON DEPOT (1-MONTH)	74	MENACTRA	169
<i>lidorx</i>	107	LUPRON DEPOT (3-MONTH)	74	MENEST	124
LILLOW	93	LUPRON DEPOT (4-MONTH)	74	MENOPUR	121
<i>lindane</i>	107	LUPRON DEPOT (6-MONTH)	74	MENOSTAR	124
<i>linezolid</i>	65	LUPRON DEPOT-PED (1-		MENTAX	100
LINZESS	125	MONTH)	120	MENVEO	169
<i>liothyronine sodium</i>	165	LUPRON DEPOT-PED (3-		<i>meperidine hcl</i>	25
LIPITOR	59	MONTH)	120	MEPHYTON	174
LIPOFEN	58	LUTERA	93	<i>meprobamate</i>	35
<i>lisinopril</i>	61	LUXIQ	104	MEPRON	65
<i>lisinopril-hydrochlorothiazide</i>	60	LYNPARZA	156	<i>mercaptapurine</i>	68
<i>lite touch lancets</i>	137	LYRICA	44	<i>mesalamine</i>	126
LITEAIRE	140	LYRICA CR	156, 160	<i>mesalamine er</i>	126
<i>lithium carbonate</i>	77	LYSODREN	68	<i>mesalamine-cleanser</i>	126
<i>lithium carbonate er</i>	77	LYSTEDA	131	MESNEX	75
LIVALO	59	LYZA	95	MESTINON	66
LO LOESTRIN FE	91	MACROBID	167	METADATE ER	10
LOCOID	104	MACRODANTIN	167	<i>metaxalone</i>	147
LODINE	15	MAKENA	157	<i>metformin hcl er</i>	49
LODOSYN	76	MALARONE	65	<i>metformin hcl er (osm)</i>	49
LOESTRIN 1.5/30 (21)	93	<i>malathion</i>	107	<i>methadone hcl</i>	25, 26
LOESTRIN 1/20 (21)	93	<i>marlissa</i>	93	METHADONE HCL INTENSOL	25
LOKELMA	85	MARPLAN	47	METHADOSE	26
LOMAIRA	9	MASK VORTEX	140	METHADOSE SUGAR-FREE	26
LOMOTIL	54	MATULANE	73	<i>methamphetamine hcl</i>	9
LONHALA MAGNAIR REFILL KIT	39	MAVENCLAD (10 TABS)	144	<i>methazolamide</i>	116
LONHALA MAGNAIR STARTER		MAVENCLAD (4 TABS)	144	<i>methenamine hippurate</i>	167
KIT	39	MAVENCLAD (5 TABS)	144	<i>methenamine mandelate</i>	167
LONSURF	72	MAVENCLAD (6 TABS)	144	METHERGINE	153
LOPID	58	MAVENCLAD (7 TABS)	144	<i>methimazole</i>	164
LOPRESSOR	85	MAVENCLAD (8 TABS)	144	<i>methitest</i>	33
LOPROX	100	MAVENCLAD (9 TABS)	144	<i>methocarbamol</i>	147
<i>lorazepam</i>	36	MAVYRET	131	<i>methotrexate</i>	68
LORAZEPAM INTENSOL	36	MAXALT	141	<i>methotrexate sodium</i>	68
LORBRENA	71	MAXALT-MLT	141	<i>methotrexate sodium (pf)</i>	68
LORCET	21	MAXICOMFORT II PEN NEEDLE	138	<i>methoxsalen rapid</i>	101
LORCET HD	21	MAXICOMFORT SYR 27G X 1/2"	138	<i>methscopolamine bromide</i>	167
LORCET PLUS	21	MAXIDEX	152	<i>methylropa</i>	63

METHYLIN	10	MONONESSA	93	NASCOBAL	129
<i>methylphenidate hcl</i>	11	<i>montelukast sodium</i>	40	NASONEX	148
<i>methylphenidate hcl er</i>	11	MONUROL	167	NATALVIT	145
<i>methylphenidate hcl er (cd)</i>	11	MORGIDOX	164	NATAZIA	95
<i>methylphenidate hcl er (la)</i>	11	<i>morphine sulfate</i>	26, 27	<i>nateglinide</i>	53
<i>methylprednisolone</i>	96	<i>morphine sulfate (concentrate)</i>	26	NATELLE ONE	145
<i>methyltestosterone</i>	33	<i>morphine sulfate er</i>	26	NATESTO	33
<i>metoclopramide hcl</i>	125	<i>morphine sulfate er beads</i>	26	NATPARA	121
<i>metolazone</i>	117	MOTTEGRITY	8	NATROBA	107
<i>metoprolol succinate er</i>	85	MOTOFEN	54	<i>nat-rul vitamin d</i>	173
<i>metoprolol tartrate</i>	85	MOVANTI	126	NATURE-THROID	165
<i>metoprolol-hydrochlorothiazide</i>	64	MOVIPREP	134	NAYZILAM	42
METROGEL-VAGINAL	170	MOXEZA	150	NEBUPENT	64
<i>metronidazole</i>	64	<i>moxifloxacin hcl</i>	125	NECON 0.5/35 (28)	93
<i>mexiletine hcl</i>	36	MOZOBIL	130	NECON 1/35 (28)	93
MIACALCIN	117	MS CONTIN	27	NEEVO DHA	145
MIBELAS 24 FE	93	MULPLETA	131	<i>nefazodone hcl</i>	46, 163
MICARDIS	63	MULTAQ	37	NEOKE RA LIPOIC	12
MICARDIS HCT	62	MUSE	88	<i>neomycin sulfate</i>	12
<i>miconazole 3</i>	170	M-VIT	145	<i>neomycin-polymyxin-dexameth</i>	151
<i>miconazole nitrate</i>	106	MY CHOICE	94	<i>neomycin-polymyxin-gramicidin</i>	150
MICORT-HC	105	MY WAY	94	<i>neomycin-polymyxin-hc</i>	151, 153
MICRHOGAM ULTRA-FILTERED PLUS	154	MYALEPT	134	<i>neonatal complete</i>	145
MICROCHAMBER	140	MYAMBTOL	67	NEO-POLYCIN	150
MICRODOT TEST	113	MYCOBUTIN	67	NEO-POLYCIN HC	151
MICROGESTIN 1.5/30	93	<i>mycophenolate mofetil</i>	84	NEORAL	84
MICROGESTIN 1/20	93	<i>mycophenolate sodium</i>	84	NERLYNX	71
MICROGESTIN FE 1.5/30	93	MYDAYIS	8	NESINA	50
MICROGESTIN FE 1/20	93	MYFORTIC	84	NESTABS DHA	145
MICROLET LANCETS	137	MYGLUCOHEALTH TEST	113	NESTABS ONE	146
MICROSPACER	140	MYLERAN	67	NEULASTA	130
<i>midazolam hcl</i>	132	MYLOTARG	72	NEULASTA ONPRO	130
<i>midodrine hcl</i>	171	MYNATAL	145	NEUPOGEN	130
MIGERGOT	141	<i>mynatal plus</i>	145	NEUPRO	76
MIGRANAL	141	MYORISAN	99	NEURONTIN	44
MILLIPRED	97	MYRBETRIQ	168	NEUTEK 2TEK TEST	113
MIMVEY	123	MYTESI	54	NEVANAC	151
MIMVEY LO	123	<i>nabumetone</i>	15	NEXA PLUS	146
MINASTRIN 24 FE	93	<i>nadolol</i>	86	NEXAVAR	70
MINIPRIN LOW DOSE	18	NAFRINSE	142	<i>niacin er</i>	171
MINIVELLE	124	NAFRINSE DAILY/NEUTRAL	144	<i>niacin er (antihyperlipidemic)</i>	60
MINOCIN	164	NAFRINSE DROPS	142	NIASPAN	60
<i>minocycline hcl</i>	164	NAFRINSE WEEKLY	144	<i>nicardipine hcl</i>	87
MINOLIRA	164	<i>naftifine hcl</i>	100	NICODERM CQ	160
<i>minoxidil</i>	64	NAFTIN	100	NICORELIEF	161
MIRAPEX ER	76	NAGLAZYME	120	NICORETTE	161
MIRCERA	130	NALFON	15	NICORETTE MINI	161
MIRCETTE	91	<i>naloxone hcl</i>	55	NICORETTE STARTER KIT	161
<i>mirtazapine</i>	45	<i>naltrexone hcl</i>	55	<i>nicotine</i>	161
MIRVASO	107	NAMENDA	159	<i>nicotine mini</i>	161
<i>misoprostol</i>	167	NAMENDA TITRATION PAK	160	<i>nicotine step 1</i>	161
MITIGARE	128	NAMENDA XR	160	<i>nicotine step 2</i>	161
<i>mm aspirin</i>	18	NAMENDA XR TITRATION PACK	160	<i>nicotine step 3</i>	161
M-M-R II	169	NAMZARIC	45	NICOTROL	161
MOBIC	15	NAPROSYN	15	NICOTROL NS	161
<i>modafinil</i>	11	<i>naproxen</i>	15	NIFEDICAL XL	87
<i>moexipril hcl</i>	61	<i>naproxen dr</i>	15	<i>nifedipine</i>	87
<i>mometasone furoate</i>	105	<i>naproxen sodium</i>	15	<i>nifedipine er</i>	87
MONO-LINYAH	93	NARCAN	55	<i>nifedipine er osmotic release</i>	87
		NARDIL	47	NIKKI	93

NILANDRON	68	NUCALA	133	ONETOUCH DELICA LANCETS	
NINLARO	70	NUCORT	105	FINE	137
<i>nisoldipine er</i>	87, 88	NUCYNTA	27	ONETOUCH SURESOFT	
NITRO-BID	35	NUCYNTA ER	27	LANCING DEV	137
NITRO-DUR	35	NUDEXTA	160	ONETOUCH ULTRA BLUE	113
<i>nitrofurantoin</i>	167	NULEV	166	ONETOUCH ULTRASOFT	
<i>nitrofurantoin macrocrystal</i>	167	NULOJIX	85	LANCETS	137
<i>nitrofurantoin monohyd macro</i>	167	NULYTELY WITH FLAVOR		ONETOUCH VERIO	113
<i>nitroglycerin</i>	35	PACKS	134	ONFI	42
NITROLINGUAL	35	NUTROPIN AQ NUSPIN 10	119	ONGLYZA	50
NITROMIST	35	NUTROPIN AQ NUSPIN 20	119	OPANA	28
NITROSTAT	35	NUTROPIN AQ NUSPIN 5	119	OPICON ONE-STEP	94
NITRO-TIME	35	NUVARING	94	<i>opium</i>	54
NITYR	119	NUVESSA	170	OPSUMIT	89
NIVA-PLUS	145	NUVIGIL	11	OPTICHAMBER ADVANTAGE-LG	
NIVESTYM	130	NUZYRA	12	MASK	140
<i>nizatidine</i>	166	NYAMYC	100	OPTICHAMBER ADVANTAGE-	
NOCDURNA	122	<i>nystatin</i>	56, 86, 100, 143	MED MASK	140
NOCTIVA	122	<i>nystatin-triamcinolone</i>	100	OPTICHAMBER ADVANTAGE-	
NOLIX	105	NYSTOP	100	SM MASK	140
NORA-BE	95	OB COMPLETE	145	OPTICHAMBER DIAMOND	140
NORCO	22	OB COMPLETE PETITE	145	OPTICHAMBER DIAMOND-LG	
NORDITROPIN FLEXPEN	118	OB COMPLETE PREMIER	145	MASK	140
<i>norethindrone acetate</i>	157	OB COMPLETE/DHA	145	OPTICHAMBER DIAMOND-MD	
<i>norethin-eth estradiol-fe</i>	93	OBSTETRIX ONE	146	MASK	140
NORLYDA	95	O-CAL FA	145	OPTICHAMBER DIAMOND-SM	
NORLYROC	95	O-CAL PRENATAL	145	MASK	140
NORPACE	36	OCALIVA	124	OPTICHAMBER FACE MASK-	
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TEST	115	<i>telmisartan-amlodipine</i>	61	<i>timolol maleate</i>	86
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TEST	115	<i>temazepam</i>	132	TIMOPTIC OCUDOSE	149
SUSTIVA	81	TEMIXYS	80	TIMOPTIC-XE	149
SUTENT	70	TEMODAR	73	<i>tinidazole</i>	64
SYEDA	94	TEMOVATE	105	TIROSINT	165
SYLATRON	73	TENCON	17	TIVICAY	80

TIVORBEX	16	TRI-ESTARYLLA	96	<i>ultimatecare one</i>	146
<i>tizanidine hcl</i>	147	<i>trifluoperazine hcl</i>	78	ULTRACET	33
<i>tl folate</i>	146	<i>trifluridine</i>	150	ULTRACIN T	106
TOBI	12	TRIGLIDE	58	ULTRAM	30
TOBI PODHALER	12	<i>trihexyphenidyl hcl</i>	76	ULTRATRAK PRO TEST	115
TOBRADEX	151	TRIKAFTA	98	ULTRATRAK ULTIMATE TEST ...	115
TOBRADEX ST	152	TRI-LEGEST FE	96	UNIFINE PENTIPS	138
<i>tobramycin</i>	150	TRILEPTAL	44	UNIFINE PENTIPS PLUS	138
<i>tobramycin-dexamethasone</i>	152	TRI-LINYAH	96	UNISTRIP1 GENERIC	115
TOBREX	150	TRILIPIX	58	UNITHROID	165
TODAY SPONGE	170	TRI-LO-ESTARYLLA	96	UPTRAVI	162
TOFRANIL	49	TRI-LO-MARZIA	96	URAMAXIN	105
TOLAK	101	TRI-LO-MILI	96	<i>urea</i>	105, 106
<i>tolmetin sodium</i>	16	TRI-LO-SPRINTEC	96	<i>urea nail</i>	106
<i>tolsura</i>	57	TRILYTE	134	URELLE	168
TOPAMAX	44	<i>trimethobenzamide hcl</i>	56	URIBEL	168
TOPICORT	105	<i>trimethoprim</i>	64	<i>uro-458</i>	168
<i>topiramate</i>	44	TRINATE	146	<i>uroav-b</i>	168
<i>topiramate er</i>	44	TRINESSA (28)	96	UROCIT-K 10	127
TOPROL XL	85	TRINTELLIX	46, 163	UROCIT-K 15	127
<i>toremide</i>	116	TRI-PREVIFEM	96	UROCIT-K 5	127
TOSYMRA	142	TRI-SPRINTEC	96	UROGESIC-BLUE	168
TOUJEO MAX SOLOSTAR	52	<i>tristart dha</i>	147	UROXATRAL	127
TOUJEO SOLOSTAR	52	TRISTART ONE	147	URSO 250	125
TOVIAZ	168	TRIUMEQ	80	<i>ursodiol</i>	125
TRACLEER	89	TRIVORA (28)	96	URL	168
TRADJENTA	50	TRI-VYLIBRA	96	USTELL	168
<i>tramadol hcl</i>	30	TRIZIVIR	80	UTIBRON NEOHALER	38
<i>tramadol hcl er</i>	30	TROKENDI XR	44	UTIRA-C	168
<i>tramadol hcl er (biphasic)</i>	30	<i>tropium chloride</i>	168	VABOMERE	65
<i>tramadol-acetaminophen</i>	33	<i>tropium chloride er</i>	168	VAGIFEM	171
<i>trandolapril</i>	61	TRUE METRIX BLOOD		<i>valacyclovir hcl</i>	83
<i>trandolapril-verapamil hcl er</i>	60	GLUCOSE TEST	115	VALCHLOR	101
<i>tranexamic acid</i>	131	TRUEPLUS LANCETS 28G	137	VALCYTE	82
TRANSDERM-SCOP (1.5 MG)	56	TRUEPLUS LANCETS 30G	137	VALIUM	36
TRANXENE-T	36	TRUEPLUS LANCETS 33G	137	<i>valproic acid</i>	45
<i>tranylcypromine sulfate</i>	47	TRUETEST TEST	115	<i>valsartan</i>	63
TRAVATAN Z	152	TRUETRACK TEST	115	<i>valsartan-hydrochlorothiazide</i>	62
<i>trazodone hcl</i>	46, 163	TRULANCE	91	VALTRESX	83
TRELEGY ELLIPTA	38	TRULICITY	53	<i>value plus lancets thin 26g</i>	137
TRELSTAR MIXJECT	74	TRUMENBA	169	VANCOCIN HCL	128
TREMFYA	102	TRU-MICIN	106	<i>vancomycin hcl</i>	128
TRESIBA	52	TRUVADA	80	VANDAZOLE	170
TRESIBA FLEXTOUCH	52	TUDORZA PRESSAIR	40	VANTAS	74
<i>tretinoin</i>	75, 99	TULANA	95	VAQTA	170
<i>tretinoin microsphere</i>	99	TURALIO	72	<i>vardenafil hcl</i>	90
<i>tretinoin microsphere pump</i>	99	TUZISTRA XR	98	VARIVAX	170
TREXALL	68	TWYNSTA	61	VARUBI	56
TREZIX	20	TYBOST	79	VASCEPA	57
TRI FEMYNOR	96	TYDEMY	94	VASOTEC	61
<i>triamcinolone acetonide</i>	105	TYKERB	72	VCF VAGINAL CONTRACEPTIVE	
<i>triamterene-hctz</i>	116	TYLENOL WITH CODEINE #3	20	.....	170
TRIANEX	105	TYLENOL WITH CODEINE #4	20	VECAMYL	63
<i>triazolam</i>	132	TYMLOS	121	VECTICAL	102
TRIBENZOR	63	UCERIS	97	VELIVET	96
TRICARE	146	UDENYCA	130	VELPHORO	126
TRICARE PRENATAL DHA ONE	146	ULESFIA	107	VELTASSA	85, 156
<i>tricitrates</i>	127	ULORIC	128	VELMIDY	82
TRICOR	58	ULTICARE INSULIN SYRINGE	138	VENCLEXTA	67
TRIDERM	105	ULTIMA TEST	115	VENCLEXTA STARTING PACK	67

<i>venlafaxine hcl</i>	48	<i>vitamin d3 maximum strength</i>	173	XARELTO	41
<i>venlafaxine hcl er</i>	48	<i>vitamin d3 super strength</i>	174	XARELTO STARTER PACK	41
VENTAVIS	89	<i>vitamin d3 ultra strength</i>	174	XATMEP	68
VENTOLIN HFA	39	<i>vitamin d-400</i>	174	XELJANZ	12
<i>verapamil hcl</i>	88	VITAPEARL	146	XELJANZ XR	13
<i>verapamil hcl er</i>	88	VITATHELY WITH GINGER	146	XELODA	68
VERDESO	105	VITATRUE	147	XELPROS	152
VEREGEN	100	VIVA DHA	146	XENAZINE	158
VERELAN	88	VIVAGUARD LANCING DEVICE	137	XENICAL	10
VERELAN PM	88	VIVELLE-DOT	124	XENLETA	155
VERZENIO	98	VIVITROL	55	XEPI	100
VESICARE	168	VIZIMPRO	72	XERESE	102
VFEND	57	VOCAL POINT BLOOD		XERMELO	165
VIAGRA	90	GLUCOSE TEST	115	XIAFLEX	84
VIBERZI	133	VOGELXO	33	XIFAXAN	64
VIBRAMYCIN	164	VOGELXO PUMP	33	XIGDUO XR	164
VICODIN	23	<i>vol-plus</i>	146	XIIDRA	134
VICODIN ES	22	VOLTAREN	100	XODOL	23
VICODIN HP	22	VORTEX VALVED HOLDING		XOFLUZA	153
VICTORY AGM-4000 TEST	115	CHAMBER	140	XOLAIR	38
VICTOZA	53	VOSEVI	131	XOPENEX	39
VIDEX	81	VOTRIENT	72	XOPENEX HFA	39
VIDEX EC	81	<i>vp-pnv-dha</i>	146	XOSPATA	72
VIEKIRA PAK	131	VRAYLAR	77	XPOVIO (80 MG TWICE	
VIENVA	94	VUMERITY	159	WEEKLY)	67
VIGAMOX	150	VUMERITY (STARTER)	159	XTAMPZA ER	30
VIIBRYD	46, 163	VYFEMLA	94	XTANDI	68
VIIBRYD STARTER PACK	46, 163	VYLIBRA	94	XULANE	94
VILAMIT MB	168	VYNDAMAX	165	XULTOPHY	133
VILEVEV MB	168	VYNDAQEL	165	XURIDEN	132
VIMPAT	44	VYTORIN	59, 60	XYOSTED	33
VINATE ONE	146	VYVANSE	9	XYREM	157
VIOKACE	115	VYZULTA	152	YASMIN 28	94
<i>viorele</i>	91	WAKIX	132	YAZ	94
VIRACEPT	81	WALGREENS LANCETS	137	YONSA	67
VIRAMUNE	81	WALGREENS THIN LANCETS	137	YUPELRI	40
VIRAMUNE XR	81	WALGREENS ULTRA THIN		YUVAFEM	171
VIRASAL	106	LANCETS	137	<i>zafirlukast</i>	40
VIREAD	81	WATCHHALER	140	<i>zaleplon</i>	133
<i>virt-nate dha</i>	146	WAVESENSE PRESTO	115	<i>zalvit</i>	146
<i>virt-pn dha</i>	147	WELCHOL	58	ZANAFLEX	147
<i>virt-pn plus</i>	146	WELLBUTRIN SR	46	ZARAH	94
VISTARIL	35	WERA	94	ZARONTIN	45
VISTOGARD	54, 55	WESTHROID	165	ZARXIO	130
VITAFOL FE+	147	WIDE-SEAL DIAPHRAGM 60	135	ZATEAN-PN DHA	147
VITAFOL GUMMIES	146	WIDE-SEAL DIAPHRAGM 65	135	ZATEAN-PN PLUS	146
VITAFOL-OB	146	WIDE-SEAL DIAPHRAGM 70	135	ZAVESCA	129
VITAFOL-OB+DHA	147	WIDE-SEAL DIAPHRAGM 75	135	ZEJULA	156
VITAFOL-ONE	147	WIDE-SEAL DIAPHRAGM 80	135	ZELBORAF	69
VITAMEDMD ONE		WIDE-SEAL DIAPHRAGM 85	135	ZELNORM	133
RX/QUATREFOLIC	147	WIDE-SEAL DIAPHRAGM 90	135	ZEMBRACE SYMTOUCH	142
VITAMELTS VITAMIN D	173	WIDE-SEAL DIAPHRAGM 95	135	ZEMPLAR	120
<i>vitamin d</i>	173	WINRHO SDF	154	ZENATANE	99
<i>vitamin d (cholecalciferol)</i>	173	WIXELA INHUB	38	ZENPEP	116
<i>vitamin d (ergocalciferol)</i>	173	WP THYROID	165	ZENZEDI	9
<i>vitamin d high potency</i>	173	WYMZYA FE	94	ZEPATIER	132
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<i>vitamin d-3</i>	173	XANAX	36	ZESTRIL	61
<i>vitamin d3 adult gummies</i>	173	XANAX XR	36	ZETIA	60

ZETONNA	148
ZIAGEN	81
<i>zileuton er</i>	37
ZIOPTAN	152
<i>ziprasidone hcl</i>	77
ZIRGAN	150
ZITHRANOL	102
ZITHROMAX	135
ZITHROMAX Z-PAK	135
ZOCOR	59
ZOFRAN	55
ZOHYDRO ER	30
ZOLADEX	74
ZOLINZA	69
ZOLOFT	48
<i>zolpidem tartrate</i>	133
ZOMACTON	119
ZOMIG	142
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