

2018 Drug List for Commercial Health Plans



Use this drug list – also known as a formulary – to learn about the prescription drugs we cover in all commercial health plans.

Commercial health plans are a type of private (non-government) health insurance. Typically, these are health plans that businesses offer to their employees as health benefits.

This list is current as of December 1, 2018. When it refers to “we,” “us” or “our,” it means HAP. When it refers to “plan” it means commercial health plans.

If you have questions about your health plan, please call Customer Service at the number on your ID card or log in at hap.org and send us a message.

Please note: A drug's coverage status may change prior to it being updated in this document. The listing of a drug does not imply coverage for all benefits. Some dosage forms or strengths of an existing drug may not be covered. Please contact Customer Service for more details.

Q&A

Q. What is the drug list?

A. The drug list, also known as a formulary, is a list of covered prescription drugs. Prescription drugs are medications you can obtain from pharmacies and administer to yourself. Our drug list is developed with a team of health care providers, including doctors and pharmacists. It contains the prescription drugs believed to be a necessary part of a quality treatment program. The prescription is then filled at an in-network pharmacy.

The status of covered drugs can change over time. For example:

- We may add new drugs to the list as they are approved by the Food and Drug Administration.
- We may remove drugs as we learn more about how safe they are and how well they work.
- We may change the tier levels of drugs on the list. Tier levels determine your copay and other out-of-pocket costs for drugs.
- From time to time, we may add or remove quantity limits, the need for prior authorization or other criteria for coverage.

Q. Where can I find the drug list?

A. The commercial drug list is available at hap.org/prescription-drug.

Q. How do I read the drug list?

A. The list is broken into three columns:

- **Drug name:** Brand name drugs are capitalized (e.g., ADVAIR DISKUS) and generic drugs are listed in lowercase (e.g., gabapentin). **When a generic drug is listed, only the generic drug is covered.**
- **Drug tier:** This is the drug’s out-of-pocket cost level, or **tier**. The number of tiers you have depends on your plan. Most drugs fall under one of the six tier classes, but some are classified as **preventive drugs** and others **medical drugs**. See the tier classes below to learn more.
- **Notes:** Lists the requirements or limits that must be met for coverage of your drug. This information is presented as abbreviated codes at the beginning of the drug list.

Tier classes:

- **Tier 1: Preferred Generic** – Non-brand name drugs with the lowest copay.
- **Tier 1A: Non-preferred generic** – Non-brand name drugs with a higher copay.
- **Tier 2: Preferred brand** – Brand name drugs with the lowest copay.
- **Tier 3: Non-preferred brand** – Brand name drugs with a higher copay.
- **Tier 4: Preferred specialty** – Biologics or prescription drugs, including biosimilar and generic drugs designated by us to be a specialty drug with the lowest specialty copay.
- **Tier 4A: Non-preferred specialty** – Specialty drugs with higher out-of-pocket costs.
- **Tier 0: ACA Preventive:** Generic preventive prescription drugs — used to prevent illnesses, diseases or other health problems — that the Affordable Care Act requires us to cover without charging you a copay or other out-of-pocket costs.
- **Medical drugs:** Drugs infused or administered in a doctor’s office or facility that are covered under your medical benefit. Some medical drugs are classified as specialty drugs, and we may require you to get them from a specialty pharmacy.

Tiers at a glance:

Description of Tier	Six-Tier Plan	Five-Tier Plan	Four-Tier Plan	Three-Tier Plan
Preferred generic	Tier 1	Tier 1	Tier 1	Tier 1
Non-preferred generic	Tier 1A			
Preferred brand	Tier 2	Tier 2	Tier 2	Tier 2
Non-preferred brand	Tier 3	Tier 3	Tier 3	Tier 3
Preferred specialty	Tier 4	Tier 4	Tier 4	
Non-preferred specialty	Tier 4A	Tier 4A		
ACA Preventive	No copay or other out-of-pocket costs	No copay or other out-of-pocket costs	No copay or other out-of-pocket costs	No copay or other out-of-pocket costs
Medical drugs	Covered under your plan’s medical benefit	Covered under your plan’s medical benefit	Covered under your plan’s medical benefit	Covered under your plan’s medical benefit

Note: The out-of-pocket costs for each tier class depends on your prescription drug benefit. Refer to your Summary of Benefits and Coverage for more details about your drug costs.

Q. How do I use the drug list?

- A. The drug list is organized by categories. It includes generic and brand name drugs. The categories are defined by the medical conditions the drugs are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” So, if you know what a drug is used for, look for the category name in the list. Then, look under the category name for the drug. If you don’t know which category to look under, search for the drug in the index at the end of the drug list.

If you are using a PC, search for a specific drug by pressing *Ctrl + F* (*Command + F* for Mac) and typing the drug’s name in the search box. If found, the drug name you searched for will be highlighted on your screen.

Q. Are there any restrictions on my coverage?

- A. Some covered drugs have extra requirements or limits on coverage, including:

- **Prior authorization (PA).** Some drugs on our drug list have criteria you must meet before we cover them. You or your doctor need to get approval from us before you fill your prescriptions for these drugs. Without prior approval, we may not cover these drugs.
- **Quantity limit (QL).** Some drugs have limits on the amount that can be dispensed on each fill, or on the number of fills allowed for treatment of certain conditions. Specialty and injectable drugs (except insulin) and select oral drugs (e.g. opioid analgesics) are limited up to a 30-day supply per fill. Some specialty drugs require a 15-day supply for the first fill.
- **Step therapy (ST).** In some cases we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if drug A and drug B both treat your medical condition, we may not cover drug B unless you have tried drug A first and it did not work for you.
- **Specialty pharmacy (SP).** This specialty drug can only be obtained from Pharmacy Advantage. You can contact them at (800) 456-2112.

Q. What are specialty drugs?

- A. Specialty drugs are biologics or prescription drugs that require special handling, provider coordination and patient education for safe and effective use. Specialty drugs are available from Pharmacy Advantage, a specialty pharmacy service that provides home delivery. Specialty drugs require prior authorization. For more information, you or your doctor can contact Pharmacy Advantage at (800) 456-2112.

Q. Are there any limits to my benefits?

- A. Our drug list applies to drugs used in an outpatient setting. It does not include drugs administered in a doctor’s office or hospital, which are known as **medical drugs**. Some medical drugs are on this list because they are part of our specialty program. Please refer to the “What are specialty drugs?” section for more information.

Here are some types of drugs we **do not** cover in any of our plans:

- Over-the-counter medications and their equivalents, unless specified in the drug list or on a rider
- Drug products used for cosmetic purposes
- Experimental drugs or any drug products used in an experimental manner
- Replacement of lost or stolen medication

Note: Your tier levels, out-of-pocket costs and drug benefit exclusions may vary based on your prescription drug benefit plan. Check your Summary of Benefits and Coverage for more details.

Q. What is a generic substitution?

- A. When an FDA-approved generic drug is available, your prescription will be filled with the generic version instead of the brand name version. Generic drugs contain the same active ingredients as brand name drugs. They also are equal in strength and dosage and cost less for you and your health plan.

Q. What if my drug is not on the drug list?

- A.** If your drug is not on the list, it is considered **non-formulary**. You or your doctor can ask us to make an exception and cover your drug. You or the prescribing doctor must provide a supporting statement that the requested drug is medically necessary to treat your condition. It must state that all of the covered drugs available for treatment of your condition on the drug list would either not be as effective for you as the non-formulary drug or would harm you.

A HAP clinical specialist will review your request to decide if the medication will be approved for coverage. The review is based on medical necessity and benefit determination.

It is best to first talk to your doctor or pharmacist about whether another drug on the covered drug list will work for you.

Q. How do I submit a request for a non-formulary drug exception or prior authorization?

- A.** To request a drug exception for a non-formulary drug* or coverage for a drug that requires prior authorization, fill out the appropriate form at hap.org/providers, and mail or fax it to us at:

Mail: HAP
Attn: Pharmacy Care Management
2850 W. Grand Blvd.
Detroit, MI 48202

Fax: (313) 664-8045

You also can call Customer Service at the number on your ID card or log in to hap.org if you need assistance with this process.

*If you or your doctor requests coverage for a drug that requires preauthorization, we must make a decision within 15 calendar days. If you or your doctor thinks that waiting for a standard decision could seriously harm your health or your ability to function, you can request an urgent decision. We must respond to your request for an urgent preauthorization decision within 72 hours.

If you or your doctor requests a non-formulary drug exception, we must make a decision within 72 hours. If the request is urgent, we must make a decision within 24 hours.

If we approve your exception request for a non-formulary generic or a brand drug, it will be billed at the highest copay for brand name drugs. If we approve your exception request for a non-formulary specialty drug, it will be billed at the highest copay for specialty drugs, and we may require it to be dispensed by Pharmacy Advantage.

HAP Commercial Formulary

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HAP Commercial Formulary

CURRENT AS OF 12/1/2018

DRUG NAME	DRUG TIER	NOTES
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1A	MDL
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1A	MDL; QL (1 tablet per 1 day)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1A	QL (60 capsules per 30 days)
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1A	MDL; QL (2 capsules per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1A	MDL
*Amphetamines***		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1A	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1A	
<i>methamphetamine hcl oral tablet 5 mg</i>	1A	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA; Covered Alternatives: Methylphenidate, Methylphenidate ER, Amphetamine/Dextroamphetamine ER
VYVANSE ORAL CAPSULE 70 MG	3	PA; Covered Alternatives: Methylphenidate, Methylphenidate ER, Amphetamine/Dextroamphetamine ER; MDL

Tier 1= Preferred Generic, **Tier 1A**= Non-Preferred Generic, **Tier 2**= Preferred Brand, **Tier 3**= Non-Preferred Brand, **Tier 4**= Preferred Specialty, **Tier 4A**= Non-Preferred Specialty, **Tier 0**= ACA Zero Cost Share, **Tier 6**= Medical

PA= Prior Authorization

QL= Quantity Limits Apply

SP= This drug can only be obtained at Pharmacy Advantage:(800) 456-2112; up to 30 day supply at a time

ST= Step Therapy Required

HCR= Health Care Reform rules apply

MDL= Maintenance Drug- can be obtained for 90 day supply at Retail Pharmacy

DRUG NAME	DRUG TIER	NOTES
zenedi oral tablet 10 mg, 5 mg	1A	
*Anorexiant Non-Amphetamine***		
benzphetamine hcl oral tablet 50 mg	1A	
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	1A	
diethylpropion hcl oral tablet 25 mg	1A	
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	1A	
phendimetrazine tartrate oral tablet 35 mg	1A	
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	1A	MDL
phentermine hcl oral tablet 37.5 mg	1	MDL
*Lipase Inhibitors***		
XENICAL ORAL CAPSULE 120 MG	3	PA
*Serotonin 2C Receptor Agonists***		
BELVIQ ORAL TABLET 10 MG	3	PA
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	3	PA
*Stimulants - Misc.***		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1A	QL (30 tablets per 30 days)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	3	PA; QL (1 patch per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1A	QL (1 capsule per 1 day)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1A	
metadate er oral tablet extended release 20 mg	1A	QL (2 tablets per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1A	MDL; QL (2 capsules per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg	1A	MDL; QL (60 capsules per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg, 40 mg, 60 mg	1A	QL (60 capsules per 30 days)

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DRUG NAME	DRUG TIER	NOTES
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1A	QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	1A	QL (2 tablets per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1A	QL (10 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1A	MDL
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	1A	QL (280 tablets per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	1A	MDL; QL (30 tablets per 30 days)
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>gentamicin sulfate injection solution 10 mg/ml</i>	1A	
<i>neomycin sulfate oral tablet 500 mg</i>	1A	
<i>paromomycin sulfate oral capsule 250 mg</i>	1A	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	4	PA; SP
ANALGESICS - ANTI-INFLAMMATORY		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
XELJANZ ORAL TABLET 5 MG	4A	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	4A	PA; SP
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP

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HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	4A	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	4A	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	4A	PA; SP
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	4A	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	4A	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	4A	PA; SP

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DRUG NAME	DRUG TIER	NOTES
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1A	MDL
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG	4	PA; SP
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	4A	PA
*Interleukin-1 Receptor Antagonist (IL-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	4	PA; SP
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	6	PA; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	4A	PA; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	4A	PA; SP
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1A	MDL
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>diclofenac potassium oral tablet 50 mg</i>	1A	MDL
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1A	MDL
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1A	MDL
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>etodolac oral capsule 200 mg, 300 mg</i>	1A	MDL; QL (3 capsules per 1 day)
<i>etodolac oral tablet 400 mg, 500 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>fenoprofen calcium oral capsule 400 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>fenoprofen calcium oral tablet 600 mg</i>	1A	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1A	MDL
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MDL
INDOCIN ORAL SUSPENSION 25 MG/5ML	3	
INDOCIN RECTAL SUPPOSITORY 50 MG	3	PA; MDL
<i>indomethacin er oral capsule extended release 75 mg</i>	1A	MDL
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1A	MDL
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	1A	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1A	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1A	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1A	MDL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1A	MDL
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	1A	MDL
<i>naproxen oral suspension 125 mg/5ml</i>	1A	MDL
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1A	MDL
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1A	MDL
<i>oxaprozin oral tablet 600 mg</i>	1A	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1A	MDL
<i>sulindac oral tablet 150 mg, 200 mg</i>	1A	MDL
<i>tolmetin sodium oral capsule 400 mg</i>	1A	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	1A	
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1A	MDL
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	4A	PA; SP
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	6	PA; SP

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ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	4A	PA; SP
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	4	PA; SP
ANALGESICS - NONNARCOTIC		
*Analgesic Combinations***		
<i>duraxin oral capsule 300-200-20 mg</i>	1A	
*Analgesics-Sedatives***		
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50- 325 mg</i>	1A	QL (60 tablets per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1A	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1A	
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	1A	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1A	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
*Salicylate Combinations***		
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>	1A	
*Salicylates***		
<i>aspirin ec oral tablet delayed release 325 mg, 81 mg</i>	0	HCR; MDL
<i>aspirin oral tablet 325 mg</i>	0	HCR
<i>aspirin oral tablet chewable 81 mg</i>	0	HCR; MDL
<i>diflunisal oral tablet 500 mg</i>	1A	QL (3 tablets per 1 day)
<i>salsalate oral tablet 500 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>salsalate oral tablet 750 mg</i>	1A	MDL
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	1A	
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	1A	QL (13 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	1A	QL (13 tablets per 1 day)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1A	
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1A	
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1A	QL (13 tablets per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1A	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1A	
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1A	QL (90 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1A	QL (12 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1A	QL (8 tablets per 1 day)
<i>ibudone oral tablet 5-200 mg</i>	1A	QL (8 tablets per 1 day)
<i>lorcet hd oral tablet 10-325 mg</i>	1A	QL (12 tablets per 1 day)
<i>lorcet oral tablet 5-325 mg</i>	1A	QL (12 tablets per 1 day)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1A	QL (12 tablets per 1 day)
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL (90 ML per 1 day)
<i>verdrocet oral tablet 2.5-325 mg</i>	1A	QL (12 tablets per 1 day)
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1A	QL (6 tablets per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1A	QL (10 patches per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1A	QL (31.5 ML per 1 day)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1A	QL (12 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>hydromorphone hcl rectal suppository 3 mg</i>	1A	QL (6 suppositories per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	1A	QL (6 tablets per 1 day)
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	1A	
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	1A	
<i>methadone hcl oral concentrate 10 mg/ml</i>	1A	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1A	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1A	QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble 40 mg</i>	1A	
<i>methadose oral tablet soluble 40 mg</i>	1A	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1A	QL (10 ML per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1A	QL (1 capsule 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>	1A	QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1A	QL (10 tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	1A	QL (10 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1A	QL (12 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1A	QL (6 suppositories per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1A	PA; QL (3 tablets per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	1A	QL (9 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1A	QL (5 ML per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1A	QL (500 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1A	QL (9 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 80 MG	3	PA; lower cost generic is available; QL (3 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG	3	PA; QL (3 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1A	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	1A	QL (6 tablets per 1 day)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1A	MDL; QL (12 tablets per 1 day)
*Opioid Combinations***		
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1A	QL (12 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1A	QL (12 tablets per 1 day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1A	
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	1A	
*Opioid Partial Agonists***		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1A	QL (Quantity Limits Apply)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1A	QL (3 tablets per 1 day)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	1A	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1A	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1A	QL (6 tablets per 1 day)
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	PA; QL (3 films per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL (3 films per 1 day)
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1A	QL (12 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
ANDROGENS-ANABOLIC		
*Anabolic Steroids***		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1A	MDL
*Androgens***		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1A	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	6	
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	1A	PA
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	1A	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	1A	PA; QL (60 packets per 30 days)
<i>testosterone transdermal gel 20.25 mg/lact (1.62%)</i>	1A	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	1A	PA; QL (2.5 GM per 1 day)
ANORECTAL AGENTS		
*Intrarectal Steroids***		
<i>colocort rectal enema 100 mg/60ml</i>	1A	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1A	
*Nitrate Vasodilating Agents***		
RECTIV RECTAL OINTMENT 0.4 %	3	QL (30GM per fill, 1 fill per 90 days.)
*Rectal Anesthetic/Steroids***		
ANALPRAM-HC RECTAL LOTION 2.5-1 %	2	
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	1A	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	1	
<i>lidocaine-hydrocortisone ace rectal cream 3-0.5 %</i>	1A	
<i>lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %</i>	1A	
<i>pramcort rectal cream 1-1 %</i>	1A	
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
*Rectal Steroids***		
<i>anucort-hc rectal suppository 25 mg</i>	1A	
<i>anusol-hc rectal suppository 25 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>hemmorex-hc rectal suppository 25 mg</i>	1A	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1A	
<i>hydrocortisone rectal cream 1 %, 2.5 %</i>	1A	
<i>procto-med hc rectal cream 2.5 %</i>	1A	
PROCTO-PAK RECTAL CREAM 1 %	1A	
<i>proctosol hc rectal cream 2.5 %</i>	1A	
<i>proctozone-hc rectal cream 2.5 %</i>	1A	
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole oral tablet 200 mg</i>	1A	PA
BILTRICIDE ORAL TABLET 600 MG	2	
EMVERM ORAL TABLET CHEWABLE 100 MG	3	PA
<i>ivermectin oral tablet 3 mg</i>	1A	
ANTIANGINAL AGENTS		
*Antianginals-Other***		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG	3	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG	3	MDL
*Nitrates***		
ISORDIL TITRADOSE ORAL TABLET 40 MG	2	PA
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	1A	MDL
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1A	MDL
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1A	MDL
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1A	MDL
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1A	MDL
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	MDL

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DRUG NAME	DRUG TIER	NOTES
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
<i>nitroglycerin er oral capsule extended release 2.5 mg, 6.5 mg, 9 mg</i>	1A	MDL
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1A	MDL
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	1A	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1A	MDL
<i>nitro-time oral capsule extended release 2.5 mg, 6.5 mg, 9 mg</i>	1A	
ANTI-ANXIETY AGENTS		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg, 5 mg</i>	1	MDL
<i>buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg</i>	1A	MDL
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1A	
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	1A	QL (Quantity Limits Apply)
<i>hydroxyzine hcl oral tablet 25 mg</i>	1A	MDL; QL (4 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg</i>	1A	MDL
<i>hydroxyzine pamoate oral capsule 50 mg</i>	1A	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1A	
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1A	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1A	MDL
<i>alprazolam oral tablet 2 mg</i>	1A	
<i>alprazolam oral tablet dispersible 0.25 mg, 1 mg, 2 mg</i>	1A	
<i>alprazolam oral tablet dispersible 0.5 mg</i>	1A	MDL
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1A	

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<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1A	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral tablet 10 mg, 5 mg</i>	1A	MDL
<i>diazepam oral tablet 2 mg</i>	1A	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1A	
<i>lorazepam oral concentrate 2 mg/ml</i>	1A	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1A	MDL
<i>lorazepam oral tablet 2 mg</i>	1A	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1A	
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1A	MDL
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	2	MDL
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1A	MDL
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1A	Covered for Malaria Treatment, not prophylaxis.; MDL
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1A	MDL
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1A	Covered for Malaria Treatment, not prophylaxis.; MDL
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral capsule 150 mg</i>	1A	MDL
<i>mexiletine hcl oral capsule 200 mg, 250 mg</i>	1A	MDL; QL (3 capsules per 1 day)
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1A	MDL
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1A	MDL; QL (2 capsules per 1 day)
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	1A	
<i>amiodarone hcl oral tablet 200 mg</i>	1A	MDL
<i>dofetilide oral capsule 125 mcg, 250 mcg</i>	1A	MDL; QL (4 capsules per 1 day)
<i>dofetilide oral capsule 500 mcg</i>	1A	QL (4 capsules per 1 day)
MULTAQ ORAL TABLET 400 MG	2	MDL; QL (2 tablets per 1 day)
<i>pacerone oral tablet 100 mg, 400 mg</i>	1A	
<i>pacerone oral tablet 200 mg</i>	1A	MDL
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*5-Lipoxygenase Inhibitors***		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	1A	PA; QL (4 tablets per 1 day)
ZYFLO ORAL TABLET 600 MG	3	PA; QL (4 tablets per 1 day)
*Adrenergic Combinations***		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	MDL; QL (1 inhaler per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2	MDL; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	Covered Alternatives: Advair, Spiriva, Stiolto; QL (1 inhaler per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	2	MDL; QL (2 inhalers per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	3	MDL; QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	1A	MDL; QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	MDL; QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	2	MDL; QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	PA
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	6	PA; SP
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1A	
*Beta Adrenergics***		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg</i>	1A	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1A	MDL
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	MDL
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1A	MDL
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	3	QL (30 capsules per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	3	PA; Covered Alternatives: Perforomist Inhalation Solution
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1A	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	1A	PA; Covered Alternatives: Proair
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	1A	MDL
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	1A	MDL
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	3	QL (2 vials per 1 day)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	3	QL (4 vials per 1 day)
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	2	MDL; QL (2 inhalers per 30 days)

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PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	2	MDL; QL (2 inhalers per 30 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	MDL; QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	2	MDL; QL (1 diskus per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1A	MDL
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	2	MDL; QL (2 inhalers per 30 days)
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	2	QL (2 inhalers per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1A	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	2	MDL; QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	2	MDL; QL (1 inhaler per 30 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	1A	MDL; QL (1 packet per 1 day)
<i>montelukast sodium oral tablet 10 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1A	MDL
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP ORAL TABLET 500 MCG	3	PA; QL (30 tablets per 30 days)
*Steroid Inhalants***		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT	3	QL (1 inhaler per 30 days)
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	MDL; QL (1 inhaler per 30 days)

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DRUG NAME	DRUG TIER	NOTES
ASMANEX 14 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	MDL; QL (1 inhaler per 30 days)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	MDL; QL (1 inhaler per 30 days)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	MDL; QL (1 inhaler per 30 days)
ASMANEX 7 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH	3	MDL; QL (1 inhaler per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	3	QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1A	MDL; QL (2 inhalations per 1 day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	1A	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	1A	MDL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	1A	MDL; QL (1 inhaler per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	1A	MDL
*Xanthines***		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	2	MDL
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	3	MDL
<i>theochron oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1A	MDL
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	1A	MDL
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1A	MDL
<i>theophylline oral solution 80 mg/15ml</i>	1A	MDL
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MDL
*Direct Factor Xa Inhibitors***		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	MDL; QL (2.5 tablets per 1 day)
ELIQUIS STARTER PACK ORAL TABLET 5 MG	2	MDL; QL (2.5 tablets per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	2	MDL; QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG	2	MDL; QL (2 tablets per 1 day)
XARELTO ORAL TABLET 2.5 MG	2	MDL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	2	QL (1 pack per fill, 1 fill per 180 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1A	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	1A	
*In Vitro Anticoagulants***		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION	2	
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1A	QL (3 vials per 180 days)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1A	QL (30 syringes per 180 days)

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FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	3	PA; QL (1 ML per 1 day)
*Thrombin Inhibitors - Selective Direct & Reversible***		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	2	MDL; QL (2.5 capsules per 1 day)
ANTICONVULSANTS		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension 2.5 mg/ml</i>	1A	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1A	QL (4 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1A	MDL
<i>clonazepam oral tablet 2 mg</i>	1A	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1A	QL (1 twinpack per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	3	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG	3	MDL; QL (4 tablets per 1 day)
ONFI ORAL TABLET 20 MG	3	QL (4 tablets per 1 day)
*Anticonvulsants - Misc.***		
BANZEL ORAL TABLET 200 MG, 400 MG	3	QL (280 tablets per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1A	QL (8 capsules per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1A	MDL
<i>carbamazepine oral suspension 100 mg/5ml</i>	1A	MDL
<i>carbamazepine oral tablet 200 mg</i>	1A	MDL
<i>carbamazepine oral tablet chewable 100 mg</i>	1A	MDL

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EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; This drug will only process as shown starting 1/1/19.
<i>epitol oral tablet 200 mg</i>	1A	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1A	MDL
<i>gabapentin oral solution 250 mg/5ml</i>	1A	MDL
<i>gabapentin oral solution 300 mg/6ml</i>	1A	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1A	MDL
LAMICTAL XR ORAL KIT 25 & 50 & 100 MG, 25 (21)-50 (7) MG, 50 & 100 & 200 MG	3	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1A	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1A	MDL
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1A	MDL
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	
<i>lamotrigine starter kit-blue oral kit 25 (35) mg</i>	1A	
<i>lamotrigine starter kit-green oral kit 25 (84)-100(14) mg</i>	1A	
<i>lamotrigine starter kit-orange oral kit 25 (42)-100 (7) mg</i>	1A	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	1A	MDL; QL (4 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	1A	QL (4 tablets per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	1A	MDL
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1A	MDL
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 300 MG, 50 MG	3	PA; QL (Quantity Limits Apply); Covered Alternatives: Gabapentin; MDL
LYRICA ORAL CAPSULE 225 MG, 25 MG, 75 MG	3	PA; QL (Quantity Limits Apply); Covered Alternatives: Gabapentin
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1A	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1A	MDL; QL (8 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>primidone oral tablet 250 mg, 50 mg</i>	1A	MDL
<i>roweepra oral tablet 500 mg</i>	1A	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1A	MDL; QL (8 capsules per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	MDL
VIMPAT ORAL SOLUTION 10 MG/ML	3	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 50 MG	3	QL (3 tablets per 1 day)
VIMPAT ORAL TABLET 200 MG	3	MDL; QL (3 tablets per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1A	MDL
*Carbamates***		
<i>felbamate oral suspension 600 mg/5ml</i>	1A	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1A	
*Gaba Modulators***		
SABRIL ORAL TABLET 500 MG	4	PA; QL (6 tablets per 1 day)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1A	
<i>vigabatrin oral packet 500 mg</i>	4	PA
*Hydantoins***		
DILANTIN ORAL CAPSULE 30 MG	2	MDL
PEGANONE ORAL TABLET 250 MG	2	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1A	
<i>phenytoin oral suspension 125 mg/5ml</i>	1A	MDL
<i>phenytoin oral tablet chewable 50 mg</i>	1A	MDL
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1A	MDL
*Succinimides***		
CELONTIN ORAL CAPSULE 300 MG	2	QL (120 capsules per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	1A	QL (7 capsules per 1 day)
<i>ethosuximide oral solution 250 mg/5ml</i>	1A	
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1A	MDL
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1A	

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<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1A	MDL
<i>valproic acid oral capsule 250 mg</i>	1A	MDL
<i>valproic acid oral solution 250 mg/5ml</i>	1A	MDL
ANTIDEPRESSANTS		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1A	MDL; QL (4 tablets per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1A	
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1A	MDL
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1A	MDL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1A	MDL
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	1A	
*Modified Cyclics***		
<i>nefazodone hcl oral tablet 100 mg</i>	1A	MDL
<i>nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1A	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1A	MDL
<i>trazodone hcl oral tablet 300 mg</i>	1A	
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	3	QL (1 patch per 1 day)
MARPLAN ORAL TABLET 10 MG	2	QL (180 tablets per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	1A	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1A	
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1A	MDL

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<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	MDL
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1A	MDL
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	MDL
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1A	MDL
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1A	MDL
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	1A	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1A	MDL
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1A	MDL
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	MDL
PAXIL ORAL SUSPENSION 10 MG/5ML	2	MDL
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1A	MDL
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1A	MDL
*Serotonin-Norepinephrine Reuptake Inhibitors (Snrts)***		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1A	QL (1 tablet per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1A	MDL; QL (2 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1A	MDL; QL (5 capsules per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1A	MDL
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1A	MDL
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1A	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1A	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>doxepin hcl oral capsule 10 mg, 50 mg</i>	1A	MDL
<i>doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 75 mg</i>	1A	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1A	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1A	MDL
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1A	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1A	MDL; QL (4 capsules per 1 day)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1A	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1A	
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1A	MDL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	PA
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	Generic for Glumetza /Fortamet not covered; MDL; QL (120 tablets per 30 days)
<i>metformin hcl oral solution 500 mg/5ml</i>	1A	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	MDL
*Diabetic Other***		
PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	MDL; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	2	MDL; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	2	MDL; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	2	QL (1 tablet per 1 day)
*Human Insulin***		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	PA; Covered Alternatives: Novolin; MDL; QL (42 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	PA; Covered Alternatives: Novolin; QL (42 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1A	MDL; QL (60 ML per 30 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1A	MDL; QL (60 ML per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1A	MDL; QL (60 ML per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1A	MDL; QL (60 ML per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1A	MDL; QL (60 ML per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1A	MDL; QL (60 ML per 30 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1A	MDL; QL (60 ML per 30 days)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	1A	MDL; QL (60 ML per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	MDL; QL (60 ML per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	2	MDL; QL (60 ML per 30 days)

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NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1A	MDL; QL (60 ML per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	MDL; QL (60 ML per 30 days)
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1A	MDL; QL (60 ML per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	2	MDL; QL (9 ML per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	2	MDL; QL (9 ML per 30 days)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	PA
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	PA; Covered Alternatives: Trulicity (PA); QL (6 ML per 30 days)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1A	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL; QL (240 tablets per 30 days)
*Meglitinide-Biguanide Combinations***		
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	1A	QL (150 tablets per 30 days)
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***		
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	Covered Alternatives: Metformin; MDL; QL (1 tablet per 1 day)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1A	MDL; QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1A	MDL
*Sulfonylureas***		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	1A	MDL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	MDL

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<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	MDL
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	MDL
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>tolazamide oral tablet 250 mg, 500 mg</i>	1A	MDL
<i>tolbutamide oral tablet 500 mg</i>	1A	MDL
*Sulfonylurea-Thiazolidinedione Combinations***		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1A	QL (1 tablet per 1 day)
*Thiazolidinedione-Biguanide Combinations***		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1A	MDL; QL (4 tablets per 1 day)
*Thiazolidinediones***		
AVANDIA ORAL TABLET 2 MG, 4 MG	2	QL (2 tablets per 1 day)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1A	MDL; QL (1 tablet per 1 day)
ANTIDIARRHEALS		
*Antidiarrheal - Chloride Channel Antagonists***		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	3	PA
*Antiperistaltic Agents***		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1A	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1A	
<i>loperamide hcl oral capsule 2 mg</i>	1A	MDL
ANTIDOTES		
*Antidotes - Chelating Agents***		
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	4	PA; SP
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	PA; SP

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DRUG NAME	DRUG TIER	NOTES
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	4	PA; SP
*Opioid Antagonists***		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1A	
<i>naltrexone hcl oral tablet 50 mg</i>	1A	MDL
NARCAN NASAL LIQUID 4 MG/0.1ML	2	QL (1 dose per 1 fill)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	6	PA; SP
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
ANZEMET ORAL TABLET 100 MG, 50 MG	3	
<i>granisetron hcl oral tablet 1 mg</i>	1A	QL (10 tablets per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1A	QL (15 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1A	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1A	
*Antiemetic Combinations***		
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG	4A	PA; QL (120 tablets per 30 days)
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg</i>	1A	
<i>meclizine hcl oral tablet 25 mg</i>	1A	MDL
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	3	QL (4 patches per 1 fill)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1A	QL (60 capsules per 30 days)
*Antiemetics - Miscellaneous***		
CESAMET ORAL CAPSULE 1 MG	3	PA
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1A	QL (2 capsules per 1 day)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1A	QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	1A	QL (1 pack per 1 fill)
<i>aprepitant oral capsule 80 mg</i>	1A	QL (2 capsules per 1 fill)

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DRUG NAME	DRUG TIER	NOTES
ANTIFUNGALS		
*Antifungal - Glucan Synthesis Inhibitors (Echinocandins)***		
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	6	QL (1 vial per 1 day)
*Antifungals***		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	4A	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1A	
<i>griseofulvin microsize oral tablet 500 mg</i>	1A	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1A	
<i>nystatin oral tablet 500000 unit</i>	1A	
<i>terbinafine hcl oral tablet 250 mg</i>	1A	MDL
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>	1A	
*Triazoles***		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	6	PA; SP
CRESEMBA ORAL CAPSULE 186 MG	3	70 capsules per 30 days, 3 fills per 365 days
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1A	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1A	
<i>itraconazole oral capsule 100 mg</i>	1A	
<i>itraconazole oral solution 10 mg/ml</i>	1A	QL (300 ML per 16 days)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1A	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1A	QL (60 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES***		
*Antihemophilic Products - Monoclonal Antibodies***		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	6	PA; SP
ANTIHISTAMINES		
*Antihistamines - Ethanolamines***		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1A	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1A	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1A	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1A	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1A	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	1A	
*Antihistamines - Non-Sedating***		
<i>cetirizine hcl oral solution 1 mg/ml</i>	1A	MDL
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	1A	MDL; QL (30 tablets per 30 days)
<i>childrens loratadine oral syrup 5 mg/5ml</i>	1A	QL (300 ML per 30 days)
<i>desloratadine oral tablet 5 mg</i>	1A	MDL
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	1A	
<i>kp cetirizine hcl oral tablet 5 mg</i>	1A	MDL; QL (30 tablets per 30 days)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1A	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1A	MDL
<i>loratadine childrens oral syrup 5 mg/5ml</i>	1A	
<i>loratadine childrens oral syrup 5 mg/5ml</i>	1A	QL (300 ML per 30 days)
<i>loratadine oral tablet 10 mg</i>	1A	MDL
*Antihistamines - Phenothiazines***		
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	1A	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1A	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	1A	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1A	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1A	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1A	MDL
ANTIHYPERLIPIDEMICS		
*Antihyperlipidemics - Misc.***		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1A	MDL; QL (4 capsules per 1 day)
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	1A	QL (4 packets per 1 day)
<i>cholestyramine light oral powder 4 gmdose</i>	1A	MDL; QL (8 GM per 1 day)
<i>cholestyramine oral packet 4 gm</i>	1A	MDL; QL (4 packets per 1 day)
<i>cholestyramine oral powder 4 gmdose</i>	1A	MDL; QL (13 GM per 1 day)
<i>colesevelam hcl oral packet 3.75 gm</i>	1A	MDL; QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet 625 mg</i>	1A	MDL; QL (6 tablets per 1 day)
<i>colestipol hcl oral granules 5 gm</i>	1A	MDL
<i>colestipol hcl oral packet 5 gm</i>	1A	MDL
<i>colestipol hcl oral tablet 1 gm</i>	1A	MDL
<i>prevalite oral packet 4 gm</i>	1A	MDL; QL (4 packets per 1 day)
<i>prevalite oral powder 4 gmdose</i>	1A	QL (8 GM per 1 day)
*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1A	MDL; QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	1A	MDL; QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1A	
<i>fenofibric acid oral tablet 105 mg</i>	1A	MDL
<i>fenofibric acid oral tablet 35 mg</i>	1A	
<i>gemfibrozil oral tablet 600 mg</i>	1A	MDL

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LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	QL (1 capsule per 1 day)
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	0	HCR; MDL
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	0	HCR; MDL
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	0	HCR; MDL
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	HCR; MDL; QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	0	HCR; MDL
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1A	MDL; QL (30 tablets per 30 days)
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	1A	MDL; QL (1 tablet per 1 day)
*Nicotinic Acid Derivatives***		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1A	MDL
NIACOR ORAL TABLET 500 MG	1A	
ANTIHYPERTENSIVES		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	MDL
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1A	MDL
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1A	MDL
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1A	MDL
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MDL

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<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1A	MDL
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MDL
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1A	MDL
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1A	MDL
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MDL
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1A	MDL
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MDL
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1A	MDL
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MDL
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1A	MDL
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	1A	
<i>perindopril erbumine oral tablet 8 mg</i>	1A	MDL
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MDL
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1A	MDL
*Adrenolytics-Central & Thiazide/Thiazide-Like Comb***		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1A	MDL
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1A	MDL
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MDL
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1A	MDL
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1A	MDL
*Angiotensin II Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg</i>	1A	MDL
<i>candesartan cilexetil oral tablet 32 mg, 8 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1A	MDL
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	1A	MDL
<i>olmesartan medoxomil oral tablet 5 mg</i>	1A	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1A	MDL
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1A	MDL; QL (1 tablet per 1 day)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	MDL
<i>amlodipine-valsartan-hctz oral tablet 5-160-25 mg</i>	1A	MDL; QL (2 tablets per 1 day)
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MDL
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1A	MDL
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1A	MDL

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*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1A	MDL
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1A	MDL
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MDL
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1A	MDL
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MDL
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1A	MDL
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	1A	MDL
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	1A	MDL
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	PA; Covered Alternatives: Metoprolol, lisinopril, losartan
*Direct Renin Inhibitors***		
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	PA; MDL
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1A	MDL
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1A	MDL
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1A	
PRIMSOL ORAL SOLUTION 50 MG/5ML	3	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1A	QL (20 tablets per 5 days)
<i>trimethoprim oral tablet 100 mg</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
XIFAXAN ORAL TABLET 200 MG, 550 MG	3	PA
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	6	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1A	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MDL
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1A	
*Antiprotozoal Agents***		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	3	QL (60 ML per 3 days)
ALINIA ORAL TABLET 500 MG	3	QL (6 tablets per 1 fill)
<i>atovaquone oral suspension 750 mg/5ml</i>	1A	PA
*Carbapenems***		
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	6	
*Leprostatics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1A	
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1A	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1A	
*Oxazolidinones***		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1A	QL (840 ML per 14 days)
<i>linezolid oral tablet 600 mg</i>	1A	QL (28 tablets per 14 days)
ANTIMALARIALS		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	1A	QL (12 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	1A	QL (9 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.

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DRUG NAME	DRUG TIER	NOTES
COARTEM ORAL TABLET 20-120 MG	3	QL (24 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1A	Covered for Malaria Treatment, not prophylaxis.
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1A	MDL; QL (6 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1A	Covered for Malaria Treatment, not prophylaxis.; MDL; QL (6 tablets per 1 day)
<i>mefloquine hcl oral tablet 250 mg</i>	1A	QL (5 tablets per 30 days, 1 fill in 180 days); Covered for Malaria Treatment, not prophylaxis.
<i>primaquine phosphate oral tablet 26.3 mg</i>	1A	Covered for Malaria Treatment, not prophylaxis.
<i>quinine sulfate oral capsule 324 mg</i>	1A	PA; Covered for Malaria Treatment, not prophylaxis.
ANTIMYASTHENIC AGENTS		
*Antimyasthenic Agents***		
<i>guanidine hcl oral tablet 125 mg</i>	1A	
MESTINON ORAL SYRUP 60 MG/5ML	2	PA
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1A	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	1A	
*Antimyasthenic/Cholinergic Agents***		
<i>guanidine hcl oral tablet 125 mg</i>	1A	
MESTINON ORAL SYRUP 60 MG/5ML	2	PA
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1A	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	1A	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>guanidine hcl oral tablet 125 mg</i>	1A	
MESTINON ORAL SYRUP 60 MG/5ML	2	PA

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DRUG NAME	DRUG TIER	NOTES
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1A	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	1A	
ANTIMYCOBACTERIAL AGENTS		
*Anti Tb Combinations***		
RIFAMATE ORAL CAPSULE 150-300 MG	2	
RIFATER ORAL TABLET 50-120-300 MG	2	
*Antimycobacterial Agents***		
<i>cycloserine oral capsule 250 mg</i>	1A	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1A	
<i>isoniazid oral syrup 50 mg/5ml</i>	1A	MDL
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1A	MDL
PASER ORAL PACKET 4 GM	2	
PRIFTIN ORAL TABLET 150 MG	2	
<i>pyrazinamide oral tablet 500 mg</i>	1A	
<i>rifabutin oral capsule 150 mg</i>	1A	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1A	MDL
SIRTURO ORAL TABLET 100 MG	4	PA; SP
TRECTOR ORAL TABLET 250 MG	2	
*ANTINEOPLASTIC - BCL-2 INHIBITORS***		
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; SP
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	4	PA; SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
*Alkylating Agents***		
MYLERAN ORAL TABLET 2 MG	2	PA; SP
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	1A	PA; SP
ZYTIGA ORAL TABLET 500 MG	4A	PA; SP

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*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	2	PA; SP
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	1A	
ERLEADA ORAL TABLET 60 MG	4A	PA; SP
<i>flutamide oral capsule 125 mg</i>	1A	
XTANDI ORAL CAPSULE 40 MG	4	PA; SP
*Antiestrogens***		
FARESTON ORAL TABLET 60 MG	2	PA; SP
<i>tamoxifen citrate oral tablet 10 mg</i>	0	HCR; MDL
<i>tamoxifen citrate oral tablet 20 mg</i>	0	HCR; MDL; QL (1 tablet per 1 day)
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1A	PA; SP; QL (140 tablets per 16 days)
<i>mercaptopurine oral tablet 50 mg</i>	1A	MDL
<i>methotrexate oral tablet 2.5 mg</i>	1A	MDL
<i>methotrexate sodium (pf) injection solution 1 gml/40ml, 250 mg/10ml, 50 mg/2ml</i>	1A	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1A	
TABLOID ORAL TABLET 40 MG	2	PA; SP
*Antineoplastic - Braf Kinase Inhibitors***		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	4A	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; SP
ZELBORAF ORAL TABLET 240 MG	4	PA; SP
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; SP
ODOMZO ORAL CAPSULE 200 MG	4	PA; SP

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DRUG NAME	DRUG TIER	NOTES
*Antineoplastic - Histone Deacetylase Inhibitors***		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	4	PA; SP
*Antineoplastic - Immunomodulators***		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4A	PA; SP
*Antineoplastic - Mek Inhibitors***		
COTELLIC ORAL TABLET 20 MG	4	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; SP
MEKTOVI ORAL TABLET 15 MG	4A	PA; SP
*Antineoplastic - Monoclonal Antibodies***		
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	6	PA; SP; QL (200 ML per 30 days)
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4A	PA; SP
*Antineoplastic - Multikinase Inhibitors***		
NEXAVAR ORAL TABLET 200 MG	4	PA; SP
RYDAPT ORAL CAPSULE 25 MG	4A	PA; SP
STIVARGA ORAL TABLET 40 MG	4	PA; SP
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4A	PA; SP
*Antineoplastic - Proteasome Inhibitors***		
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG	6	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; SP
*Antineoplastic - Tyrosine Kinase Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG	4	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	4	PA; SP

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ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	4	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4A	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; SP
CALQUENCE ORAL CAPSULE 100 MG	4	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	4	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	4	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	4	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; SP
ICLUSIG ORAL TABLET 15 MG, 45 MG	4A	PA; SP
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	1A	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	4A	PA; SP; QL (4 tablets per 1 day)
IRESSA ORAL TABLET 250 MG	4	PA; SP
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	4A	PA; SP
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	4A	PA; SP
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 (2) MG	4A	PA; SP
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	4A	PA; SP
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	4A	PA; SP
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG	4A	PA; SP

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DRUG NAME	DRUG TIER	NOTES
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4A	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; SP
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	4	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4A	PA; SP
TYKERB ORAL TABLET 250 MG	4	PA; SP
VOTRIENT ORAL TABLET 200 MG	4	PA; SP; QL (4 tablets per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; SP
ZYKADIA ORAL CAPSULE 150 MG	4	PA; SP
*Antineoplastic Combinations***		
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	4	PA; SP
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	4	PA; SP
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	4	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; SP
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	3	QL (1.5 ML per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	1A	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	4	PA; SP
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	4	PA; SP
MATULANE ORAL CAPSULE 50 MG	2	PA; SP
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	4	PA; SP
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	1A	MDL
<i>exemestane oral tablet 25 mg</i>	1A	
<i>letrozole oral tablet 2.5 mg</i>	1A	MDL; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG	2	PA; SP
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1A	MDL
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1A	PA; SP
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; SP
*Lhrh Analogs***		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1A	QL (Quantity Limits Apply)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	3	
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>	1A	
*Nitrogen Mustards***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1A	PA; QL (2 capsules per 1 day)
LEUKERAN ORAL TABLET 2 MG	4	
*Nitrosoureas***		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA; SP
*Progestins-Antineoplastic***		
<i>hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml</i>	4A	PA; SP
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	1A	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1A	
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>	1A	PA

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DRUG NAME	DRUG TIER	NOTES
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	4A	PA; SP
*Topoisomerase I Inhibitors***		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	PA; SP; QL (1 capsule per 1 day)
*Urinary Tract Protective Agents***		
MESNEX ORAL TABLET 400 MG	2	QL (6 tablets per 1 fill)
ANTIPARKINSON AGENTS		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	1A	MDL
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1A	MDL
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule 100 mg</i>	1A	MDL
<i>amantadine hcl oral syrup 50 mg/5ml</i>	1A	MDL
<i>amantadine hcl oral tablet 100 mg</i>	1A	MDL
<i>bromocriptine mesylate oral capsule 5 mg</i>	1A	MDL
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1A	MDL
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	1A	QL (1 tablet per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	1A	MDL
<i>selegiline hcl oral tablet 5 mg</i>	1A	MDL
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	3	QL (2 tablets per 1 day)
*Decarboxylase Inhibitors***		
<i>carbidopa oral tablet 25 mg</i>	1A	
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1A	MDL
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1A	QL (8 tablets per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1A	QL (280 tablets per 30 days)
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	4	PA; SP
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1A	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1A	MDL
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1A	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1A	MDL
<i>ropinirole hcl oral tablet 5 mg</i>	1A	
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	1A	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	1A	
<i>lithium carbonate er oral tablet extended release 450 mg</i>	1A	MDL
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1A	
<i>lithium carbonate oral tablet 300 mg</i>	1A	
<i>lithium oral solution 8 meq/5ml</i>	1A	
*Antipsychotics - Misc.***		
LATUDA ORAL TABLET 120 MG, 20 MG, 60 MG	3	PA; Covered Alternatives: Aripiprazole, risperidone, quetiapine, olanzapine, ziprasidone; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
LATUDA ORAL TABLET 40 MG, 80 MG	3	PA; Covered Alternatives: Aripiprazole, risperidone, quetiapine, olanzapine, ziprasidone; MDL; QL (1 tablet per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	4A	PA; SP
NUPLAZID ORAL TABLET 10 MG, 17 MG	4A	PA; SP
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1A	MDL; QL (3 capsules per 1 day)
*Benzisoxazoles***		
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	1A	QL (30 tablets per 30 days)
risperidone m-tab oral tablet dispersible 0.5 mg, 1 mg, 2 mg	1A	QL (280 tablets per 30 days)
risperidone oral solution 1 mg/ml	1A	MDL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1A	MDL; QL (280 tablets per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1A	QL (280 tablets per 30 days)
*Butyrophenones***		
haloperidol lactate oral concentrate 2 mg/ml	1A	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1A	
*Dibenzodiazepines***		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1A	QL (5 tablets per 1 day)
clozapine oral tablet dispersible 100 mg, 25 mg	1A	
*Dibenzothiazepines***		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 400 mg, 50 mg	1A	QL (30 tablets per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg	1A	MDL; QL (30 tablets per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1A	MDL; QL (4 tablets per 1 day)
*Dibenzoxazepines***		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1A	

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*Phenothiazines***		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	
<i>compro rectal suppository 25 mg</i>	1A	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 5 mg</i>	1A	
<i>fluphenazine hcl oral tablet 2.5 mg</i>	1A	MDL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1A	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1A	
<i>prochlorperazine rectal suppository 25 mg</i>	1A	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1A	
<i>trifluoperazine hcl oral tablet 1 mg</i>	1A	MDL
<i>trifluoperazine hcl oral tablet 10 mg, 2 mg, 5 mg</i>	1A	
*Quinolinone Derivatives***		
<i>aripiprazole oral solution 1 mg/ml</i>	1A	PA; QL (20 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1A	MDL; QL (1 tablet per 1 day)
*Thienbenzodiazepines***		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1A	MDL; QL (1 tablet per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1A	QL (2 tablets per 1 day)
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1A	
*ANTIRETROVIRALS ADJUVANTS***		
*Antiretrovirals Adjuvants***		
TYBOST ORAL TABLET 150 MG	4A	QL (2 tablets per 1 day)
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (1 tablet per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	4	QL (Quantity Limits Apply)
ATRIPLA ORAL TABLET 600-200-300 MG	4	QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
BIKTARVY ORAL TABLET 50-200-25 MG	4A	QL (1 tablet per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	4A	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG	4	QL (1 tablet per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	4A	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (1 tablet per 1 day)
JULUCA ORAL TABLET 50-25 MG	4A	QL (1 tablet per 1 day)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	4	QL (6 tablets per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1A	QL (60 tablets per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	QL (320 ML per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	4	QL (1 tablet per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG	4A	QL (2 tablets per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	4A	QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4A	SP
TRIUMEQ ORAL TABLET 600-50-300 MG	4A	QL (1 tablet per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	4	PA; QL (1 tablet per 1 day)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	QL (2 tablets per 1 day)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	4A	PA; QL (Quantity Limits Apply)
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS HD ORAL TABLET 600 MG	4	QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET 100 MG	4	QL (2 tablets per 1 day)
ISENTRESS ORAL TABLET 400 MG	4	QL (2 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	QL (2 tablets per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	4	QL (2 tablets per 1 day)
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE 250 MG	4	QL (4 capsules per 1 day)

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APTIVUS ORAL SOLUTION 100 MG/ML	4	QL (14 ML per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1A	QL (2 capsules per 1 day)
CRIVAN ORAL CAPSULE 200 MG, 400 MG	4	QL (6 capsules per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	4	QL (4 tablets per 1 day)
INVIRASE ORAL CAPSULE 200 MG	4	QL (4 capsules per 1 day)
INVIRASE ORAL TABLET 500 MG	4	QL (4 tablets per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (60 ML per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (2 ML per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	4	QL (2 ML per 1 day)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	QL (2 tablets per 1 day)
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	QL (2 capsules per 1 day)
REYATAZ ORAL PACKET 50 MG	4	
<i>ritonavir oral tablet 100 mg</i>	4	QL (2 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	QL (4 tablets per 1 day)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG	4	QL (2 tablets per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	4	QL (1 capsule per 1 day)
<i>efavirenz oral tablet 600 mg</i>	4	QL (1 tablet per 1 day)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	4	QL (4 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	1A	QL (30 tablets per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1A	QL (2 tablets per 1 day)
RESCRIPTOR ORAL TABLET 200 MG	4	QL (6 tablets per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	4	QL (1 capsule per 1 day)
SUSTIVA ORAL TABLET 600 MG	4	QL (1 tablet per 1 day)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	4	QL (2 ML per 1 day)

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DRUG NAME	DRUG TIER	NOTES
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (16 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	1A	QL (2 tablets per 1 day)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	1A	QL (2 capsules per 1 day)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	4	QL (20 ML per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
EMTRIVA ORAL CAPSULE 200 MG	4	QL (2 capsules per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (22.67 ML per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	1A	SP; QL (2 ML per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1A	SP; QL (2 tablets per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1A	QL (2 capsules per 1 day)
<i>zidovudine oral capsule 100 mg</i>	1A	QL (3 capsules per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	1A	QL (16 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	1A	QL (2 tablets per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1A	QL (1 tablet per 1 day)
VIREAD ORAL POWDER 40 MG/GM	4	QL (Quantity Limits Apply)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (1 tablet per 1 day)
*Cmv Agents***		
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	6	
<i>valganciclovir hcl oral tablet 450 mg</i>	1A	PA
*Hepatitis B Agents***		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	PA; SP
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	PA; SP; QL (700 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1A	PA; SP; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	PA; QL (2 ML per 1 day)
<i>lamivudine oral tablet 100 mg</i>	1A	PA; SP; QL (2 tablets per 1 day)
*Hepatitis C Agents***		
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG	4	PA; SP
<i>moderiba oral tablet 200 mg</i>	1A	PA; SP
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	4	PA; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	4	PA; SP
REBETOL ORAL SOLUTION 40 MG/ML	4	PA; SP
RIBASPHERE ORAL CAPSULE 200 MG	4	PA; SP
RIBASPHERE ORAL TABLET 200 MG, 400 MG, 600 MG	4	PA; SP
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	4	PA; SP
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 200 & 400 MG, 400 & 600 MG	2	PA; SP
<i>ribavirin oral capsule 200 mg</i>	1A	PA; SP
<i>ribavirin oral tablet 200 mg</i>	1A	PA; SP
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>	1A	MDL
<i>acyclovir oral suspension 200 mg/5ml</i>	1A	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1A	MDL
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1A	MDL
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1A	
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	1A	
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	1A	QL (10 capsules per fill ; 2 fills per 365 days)

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DRUG NAME	DRUG TIER	NOTES
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1A	QL (120 ML per fill ; 2 fills per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (20 blisters per 1 fill)
ASSORTED CLASSES		
*Antileprotics***		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; SP; QL (1 capsule per 1 day)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	6	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	4A	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	4A	PA; SP
*Chelating Agents***		
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA
<i>trientine hcl oral capsule 250 mg</i>	4A	PA; SP
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	1A	MDL
<i>cyclosporine modified oral solution 100 mg/ml</i>	1A	MDL
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1A	MDL
<i>gengraf oral capsule 100 mg, 25 mg</i>	1A	
<i>gengraf oral solution 100 mg/ml</i>	1A	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	MDL
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4A	PA; SP

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*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	1A	MDL; QL (8 capsules per 1 day)
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1A	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1A	MDL; QL (8 tablets per 1 day)
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1A	MDL
*Macrolide Immunosuppressants***		
RAPAMUNE ORAL SOLUTION 1 MG/ML	2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1A	MDL
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	PA
*Potassium Removing Resins***		
<i>kionex oral suspension 15 gml/60ml</i>	1A	
<i>sodium polystyrene sulfonate oral powder</i>	1A	
<i>sodium polystyrene sulfonate oral suspension 15 gml/60ml</i>	1A	
<i>sps oral suspension 15 gml/60ml</i>	1A	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	PA
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	1A	MDL
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
*Atopic Dermatitis - Monoclonal Antibodies***		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4A	PA; SP
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MDL
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1A	MDL
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1A	MDL
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1A	MDL
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; Covered Alternatives: Metoprolol, carvedilol; MDL
BYSTOLIC ORAL TABLET 20 MG	3	PA; Covered Alternatives: Metoprolol, carvedilol
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	MDL
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	1	MDL
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1A	MDL
*Beta Blockers Non-Selective***		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1A	MDL
<i>pindolol oral tablet 10 mg, 5 mg</i>	1A	MDL
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1A	MDL
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1A	MDL
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1A	MDL
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1A	MDL
<i>sorine oral tablet 240 mg</i>	1A	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1A	MDL
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	1A	MDL
<i>sotalol hcl oral tablet 240 mg</i>	1A	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	MDL
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***		
*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***		
AIMOVIQ 140 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	4A	PA; SP

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AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	4A	PA; SP
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
<i>afeditab cr oral tablet extended release 24 hour 30 mg</i>	1A	MDL
<i>afeditab cr oral tablet extended release 24 hour 60 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1A	MDL
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	MDL
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1A	MDL
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 360 mg, 420 mg</i>	1A	MDL
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1A	MDL
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1A	MDL
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1A	MDL
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1A	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1A	MDL
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1A	MDL
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 360 mg, 420 mg</i>	1A	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1A	MDL
<i>nifedical xl oral tablet extended release 24 hour 60 mg</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
<i>nifedipine er oral tablet extended release 24 hour 30 mg</i>	1A	MDL
<i>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1A	MDL
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1A	MDL
<i>nimodipine oral capsule 30 mg</i>	1A	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1A	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1A	MDL
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1A	MDL
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	MDL
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digitek oral tablet 125 mcg, 250 mcg</i>	1A	
<i>digox oral tablet 125 mcg, 250 mcg</i>	1A	
<i>digoxin oral solution 0.05 mg/ml</i>	1A	MDL
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1A	MDL
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC.		
*Nitrate & Vasodilator Combinations***		
BIDIL ORAL TABLET 20-37.5 MG	3	
*Peripheral Vasodilators***		
<i>isoxsuprine hcl oral tablet 10 mg, 20 mg</i>	1A	
*Prostaglandin - Impotence Agents***		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	3	ST; Covered Alternatives: sildenafil 20mg; QL (6 ML per 30 days)

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DRUG NAME	DRUG TIER	NOTES
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	3	ST; Covered Alternatives: sildenafil 20mg; QL (6 ML per 30 days)
MUSE URETHRAL PELLETT 1000 MCG, 125 MCG, 250 MCG, 500 MCG	3	ST; Covered Alternatives: sildenafil 20mg; QL (6 ML per 30 days)
*Prostaglandin Vasodilators***		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	6	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML	4	PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	4	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	4	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	4	PA; QL (270 ampules per 30 days)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4A	PA; QL (3 tablets per 1 day)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
LETAIRIS ORAL TABLET 10 MG, 5 MG	4	PA; QL (30 tablets per 30 days)
OPSUMIT ORAL TABLET 10 MG	4	PA; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; QL (60 tablets per 30 days)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
<i>sildenafil citrate oral tablet 20 mg</i>	1A	MDL; QL (30 tablets per 30 days)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>	1A	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1A	
<i>cefadroxil oral tablet 1 gm</i>	1A	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1A	

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<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1A	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1A	
*Cephalosporins - 2Nd Generation***		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1A	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1A	
<i>cefprozil oral suspension reconstituted 125 mg/5ml</i>	1	
<i>cefprozil oral suspension reconstituted 250 mg/5ml</i>	1A	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1A	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1A	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>	1A	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1A	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1A	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1A	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1A	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1A	
SPECTRACEF ORAL TABLET 400 MG	2	
SUPRAX ORAL CAPSULE 400 MG	3	QL (2 capsules per 1 day)
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG	3	QL (2 tablets per 1 day)
CHEMICALS		
*Bases***		
<i>potassium hydroxide external solution 5 %</i>	1A	
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	0	HCR; MDL

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<i>bekyree oral tablet 0.15-0.02/0.01 mg (21/5)</i>	0	HCR; MDL
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	0	HCR; MDL
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	0	HCR; MDL
<i>pimtree oral tablet 0.15-0.02/0.01 mg (21/5)</i>	0	HCR; MDL
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	0	HCR; MDL
*Combination Contraceptives - Oral***		
<i>altavera oral tablet 0.15-30 mg-mcg</i>	0	HCR; MDL
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	0	HCR; MDL
<i>apri oral tablet 0.15-30 mg-mcg</i>	0	HCR; MDL
<i>aubra oral tablet 0.1-20 mg-mcg</i>	0	HCR; MDL
<i>aviane oral tablet 0.1-20 mg-mcg</i>	0	HCR; MDL
<i>balziva oral tablet 0.4-35 mg-mcg</i>	0	HCR; MDL
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	0	HCR; MDL
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; MDL
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; MDL
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	0	HCR; MDL
<i>chateal oral tablet 0.15-30 mg-mcg</i>	0	HCR; MDL
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	0	HCR; MDL
<i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i>	0	HCR; MDL
<i>cyred oral tablet 0.15-30 mg-mcg</i>	0	HCR; MDL
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	0	HCR; MDL
<i>delyla oral tablet 0.1-20 mg-mcg</i>	0	HCR; MDL
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	0	MDL
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	0	HCR; MDL
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	0	MDL
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	0	HCR; MDL
<i>elinest oral tablet 0.3-30 mg-mcg</i>	0	HCR; MDL
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	0	HCR; MDL

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<i>enskyce oral tablet 0.15-30 mg-mcg</i>	0	HCR; MDL
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	0	HCR; MDL
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	0	MDL
<i>falmina oral tablet 0.1-20 mg-mcg</i>	0	HCR; MDL
<i>gianvi oral tablet 3-0.02 mg</i>	0	HCR; MDL
<i>gildess fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; MDL
<i>gildess fe 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; MDL
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	0	MDL
<i>juleber oral tablet 0.15-30 mg-mcg</i>	0	HCR; MDL
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; MDL
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; MDL
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; MDL
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; MDL
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	0	HCR; MDL
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	0	HCR; MDL
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	0	HCR; MDL
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	0	MDL
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	0	HCR; MDL
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; MDL
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; MDL
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	0	HCR; MDL
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; MDL
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; MDL
<i>larissia oral tablet 0.1-20 mg-mcg</i>	0	HCR; MDL
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	0	HCR; MDL
<i>lessina oral tablet 0.1-20 mg-mcg</i>	0	HCR; MDL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	0	HCR; MDL
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	0	HCR; MDL
<i>loryna oral tablet 3-0.02 mg</i>	0	HCR; MDL
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	0	HCR; MDL
<i>lutera oral tablet 0.1-20 mg-mcg</i>	0	HCR; MDL

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<i>marlissa oral tablet 0.15-30 mg-mcg</i>	0	HCR; MDL
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	0	HCR; MDL
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; MDL
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; MDL
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; MDL
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; MDL
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	0	HCR; MDL
<i>mononessa oral tablet 0.25-35 mg-mcg</i>	0	HCR; MDL
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	HCR; MDL
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	HCR; MDL
<i>nikki oral tablet 3-0.02 mg</i>	0	HCR; MDL
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i>	0	HCR; MDL
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	0	HCR; MDL
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	0	HCR; MDL; QL (1 tablet per 1 day)
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	0	HCR; MDL
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	0	HCR; MDL
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	HCR; MDL
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	0	HCR; MDL
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	HCR; MDL
<i>ocella oral tablet 3-0.03 mg</i>	0	HCR; MDL
OGESTREL ORAL TABLET 0.5-50 MG-MCG	0	HCR; MDL
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	0	HCR; MDL
<i>philith oral tablet 0.4-35 mg-mcg</i>	0	HCR; MDL
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	0	HCR; MDL
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	0	HCR; MDL
<i>previfem oral tablet 0.25-35 mg-mcg</i>	0	HCR; MDL
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	0	HCR; MDL
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	0	HCR; MDL

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<i>sronyx oral tablet 0.1-20 mg-mcg</i>	0	HCR; MDL
<i>syeda oral tablet 3-0.03 mg</i>	0	HCR; MDL
<i>tarina fe 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; MDL
<i>vestura oral tablet 3-0.02 mg</i>	0	HCR; MDL
<i>vienva oral tablet 0.1-20 mg-mcg</i>	0	HCR; MDL
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	0	HCR; MDL
<i>wera oral tablet 0.5-35 mg-mcg</i>	0	HCR; MDL
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	0	HCR; MDL; QL (1 tablet per 1 day)
<i>zarah oral tablet 3-0.03 mg</i>	0	HCR; MDL
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	0	HCR; MDL
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	0	HCR; MDL; QL (3 patches per 28 days)
*Combination Contraceptives - Vaginal***		
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	0	HCR; MDL; QL (1 ring per 30 days)
*Continuous Contraceptives - Oral***		
AMETHYST ORAL TABLET 90-20 MCG	0	MDL
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	0	HCR; MDL; QL (30 tablets per 30 days)
*Emergency Contraceptives***		
ELLA ORAL TABLET 30 MG	0	QL (1 tablet per fill, 3 fills per 365 days); HCR
<i>levonorgestrel oral tablet 1.5 mg</i>	0	HCR; QL (2 tablets per 365 days)
*Extended-Cycle Contraceptives - Oral***		
<i>amethia lo oral tablet 0.1-0.02 & 0.01 mg</i>	0	HCR; MDL; QL (30 tablets per 30 days)
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	0	HCR; MDL; QL (30 tablets per 30 days)
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	0	HCR; MDL; QL (30 tablets per 30 days)
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	0	HCR; MDL; QL (30 tablets per 30 days)

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<i>camrese oral tablet 0.15-0.03 &0.01 mg</i>	0	HCR; MDL; QL (30 tablets per 30 days)
<i>daysee oral tablet 0.15-0.03 &0.01 mg</i>	0	HCR; MDL; QL (30 tablets per 30 days)
<i>introvale oral tablet 0.15-0.03 mg</i>	0	HCR; MDL; QL (30 tablets per 30 days)
<i>jolessa oral tablet 0.15-0.03 mg</i>	0	HCR; MDL; QL (30 tablets per 30 days)
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	0	HCR; MDL
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg</i>	0	HCR; MDL; QL (30 tablets per 30 days)
<i>quasense oral tablet 0.15-0.03 mg</i>	0	HCR; MDL; QL (30 tablets per 30 days)
<i>setlakin oral tablet 0.15-0.03 mg</i>	0	HCR; MDL; QL (30 tablets per 30 days)
*Progestin Contraceptives - Injectable***		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	0	MDL
*Progestin Contraceptives - Oral***		
<i>camila oral tablet 0.35 mg</i>	0	HCR; MDL
<i>deblitane oral tablet 0.35 mg</i>	0	HCR; MDL
<i>errin oral tablet 0.35 mg</i>	0	HCR; MDL
<i>heather oral tablet 0.35 mg</i>	0	HCR; MDL
<i>jencycla oral tablet 0.35 mg</i>	0	HCR; MDL
<i>jolivette oral tablet 0.35 mg</i>	0	HCR; MDL
<i>lyza oral tablet 0.35 mg</i>	0	HCR; MDL
<i>nora-be oral tablet 0.35 mg</i>	0	HCR; MDL
<i>norethindrone oral tablet 0.35 mg</i>	0	HCR; MDL
NORLYDA ORAL TABLET 0.35 MG	0	
<i>norlyroc oral tablet 0.35 mg</i>	0	HCR; MDL
<i>sharobel oral tablet 0.35 mg</i>	0	HCR; MDL
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	0	HCR; MDL

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<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	HCR; MDL
<i>caziant oral tablet 0.1/0.125/0.15 -0.025 mg</i>	0	HCR; MDL
<i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	0	HCR; MDL
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	0	HCR; MDL
<i>enpresse-28 oral tablet</i>	0	HCR; MDL
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	HCR; MDL
<i>levonest oral tablet</i>	0	HCR; MDL
<i>levonorg-eth estrad triphasic oral tablet</i>	0	HCR; MDL
<i>myzilra oral tablet</i>	0	HCR; MDL
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	0	HCR; MDL
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	0	HCR; MDL
<i>pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	0	HCR; MDL
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	0	HCR; MDL
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	0	MDL
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	0	HCR; MDL
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	0	HCR; MDL
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	0	HCR; MDL
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	HCR; MDL
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	HCR; MDL
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	HCR; MDL
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	0	HCR; MDL
<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	0	HCR; MDL
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	0	HCR; MDL
<i>trivora (28) oral tablet</i>	0	HCR; MDL
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	0	HCR; MDL
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1A	PA

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DRUG NAME	DRUG TIER	NOTES
<i>budesonide oral capsule delayed release particles 3 mg</i>	1A	PA; MDL
<i>cortisone acetate oral tablet 25 mg</i>	1A	
<i>deltasone oral tablet 20 mg</i>	1A	MDL
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	2	QL (30 ML per 1 fill)
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1A	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1A	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1A	
DEXPAK 10 DAY ORAL TABLET THERAPY PACK 1.5 MG (35)	3	
DEXPAK 13 DAY ORAL TABLET THERAPY PACK 1.5 MG (51)	3	
DEXPAK 6 DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1A	
MEDROL ORAL TABLET 2 MG	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1A	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1A	
<i>prednisolone oral solution 15 mg/5ml</i>	1A	
<i>prednisolone oral syrup 15 mg/5ml</i>	1A	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1A	QL (16 ML per 1 day)
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1A	QL (48 tablets per 30 days)
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	MDL
<i>prednisone oral solution 5 mg/5ml</i>	1A	MDL
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg</i>	1A	MDL
<i>prednisone oral tablet 20 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	3	PA
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1A	MDL
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1A	
*Antitussive - Opioid***		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>	1A	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5ml</i>	1A	
*Antitussive-Expectorant***		
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	1A	
*Antitussive-Expectorants-Decongestant***		
<i>biotuss oral liquid 10-15-300 mg/5ml</i>	1A	
<i>biotuss pediatric oral liquid 2.5-5-50 mg/ml</i>	1A	
<i>giltuss pediatric oral liquid 2.5-7.5-88 mg/ml</i>	1A	
<i>guaifenesin dac oral solution 30-10-100 mg/5ml</i>	1A	
*Decongestant & Antihistamine***		
<i>alavert allergy/sinus oral tablet extended release 12 hour 5-120 mg</i>	1A	QL (2 tablets per 1 day)
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	1A	QL (2 tablets per 1 day)
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	1	MDL
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	1A	
*Decongestant W/ Expectorant***		
GILPHEX TR ORAL TABLET 10-388 MG	3	QL (180 tablets per 7 days)
<i>phenylephrine-guaifenesin oral liquid 1.5-20 mg/ml</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
*Misc. Respiratory Inhalants***		
<i>nebusal inhalation nebulization solution 3 %</i>	1	
<i>pulmosal inhalation nebulization solution 7 %</i>	1A	
<i>sodium chloride inhalation nebulization solution 0.9 % , 10 % , 3 % , 7 %</i>	1A	
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 % , 20 %</i>	1A	QL (12 ML per 1 day)
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1A	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>bromfed dm oral syrup 30-2-10 mg/5ml</i>	1A	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML	2	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1A	
*Opioid Antitussive-Antihistamine***		
<i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i>	1A	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	1A	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG	3	QL (20 capsules per 5 days)
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	1A	
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; SP
KISQALI 200 DOSE ORAL TABLET 200 MG	4	PA; SP
KISQALI 400 DOSE ORAL TABLET 200 MG	4	PA; SP
KISQALI 600 DOSE ORAL TABLET 200 MG	4	PA; SP

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DRUG NAME	DRUG TIER	NOTES
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4A	PA; SP
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	4	PA; SP
DERMATOLOGICALS		
*Acne Antibiotics***		
ACZONE EXTERNAL GEL 7.5 %	3	PA; Covered Alternatives: Topical clindamycin, erythromycin/benzoyl peroxide, tretinoin or adapalene; QL (2.1 GM per 1 day)
<i>clindacin etz external swab 1 %</i>	1A	QL (2 swabs per 1 day)
<i>clindacin-p external swab 1 %</i>	1A	QL (2 swabs per 1 day)
<i>clindamycin phosphate external foam 1 %</i>	1A	
<i>clindamycin phosphate external gel 1 %</i>	1A	
<i>clindamycin phosphate external lotion 1 %</i>	1A	
<i>clindamycin phosphate external solution 1 %</i>	1A	
<i>clindamycin phosphate external swab 1 %</i>	1A	MDL; QL (2 swabs per 1 day)
<i>dapsone external gel 5 %</i>	1A	PA; Covered Alternatives: Topical clindamycin, erythromycin/benzoyl peroxide, tretinoin or adapalene; QL (2.1 GM per 1 day)
<i>ery external pad 2 %</i>	1A	
<i>erythromycin external gel 2 %</i>	1A	
<i>erythromycin external pad 2 %</i>	1A	
<i>erythromycin external solution 2 %</i>	1A	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1A	
*Acne Combinations***		
AVAR CLEANSER EXTERNAL EMULSION 10-5 %	1A	

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<i>avar-e emollient external cream 10-5 %</i>	1A	
<i>avar-e green external cream 10-5 %</i>	1A	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1A	
<i>bp 10-1 external emulsion 10-1 %</i>	1A	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	1A	QL (Quantity Limits Apply); MDL
<i>neuac external gel 1.2-5 %</i>	1A	QL (Quantity Limits Apply)
ROSANIL CLEANSER EXTERNAL EMULSION 10-5 %	1A	
<i>sss 10-5 external cream 10-5 %</i>	1A	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %</i>	1A	
<i>sulfacetamide sodium-sulfur external emulsion 10-5 %</i>	1A	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %</i>	1A	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	1A	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	1A	
*Acne Products***		
<i>adapalene external cream 0.1 %</i>	1A	QL (45 GM per 30 days)
<i>adapalene external gel 0.1 %</i>	1A	MDL; QL (45 GM per 30 days)
<i>adapalene external gel 0.3 %</i>	1A	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1A	QL (2 capsules per 1 day)
<i>avita external cream 0.025 %</i>	1A	QL (45 GM per 30 days)
<i>avita external gel 0.025 %</i>	1A	QL (45 GM per 30 days)
AZELEX EXTERNAL CREAM 20 %	3	PA
<i>benzepro foaming cloths external 6 %</i>	1A	
<i>benzoyl peroxide external gel 10 %</i>	1A	
<i>bpo foaming cloths external 6 %</i>	1A	
<i>claravis oral capsule 10 mg</i>	1A	QL (2 capsules per 1 day)

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DRUG NAME	DRUG TIER	NOTES
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	1A	QL (2 capsules per 1 day)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1A	QL (2 capsules per 1 day)
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1A	QL (2 capsules per 1 day)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1A	PA; QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1A	PA; QL (45 GM per 30 days)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	1A	PA; QL (45 GM per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	1A	PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1A	QL (2 capsules per 1 day)
*Agents For External Genital And Perianal Warts***		
VEREGEN EXTERNAL OINTMENT 15 %	3	PA; QL (60 GM per 365 days)
*Antibiotic Steroid Combinations - Topical***		
CORTISPORIN EXTERNAL OINTMENT 1 %	2	
*Antibiotics - Topical***		
ALTABAX EXTERNAL OINTMENT 1 %	3	QL (15 GM per 12 days)
CENTANY EXTERNAL OINTMENT 2 %	3	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>mupirocin calcium external cream 2 %</i>	1A	QL (30 GM per 30 days)
<i>mupirocin external ointment 2 %</i>	1A	QL (100 GM per 30 days)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1A	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1A	
<i>dermazene external cream 1-1 %</i>	1A	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1A	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1A	QL (1.4 GM per 1 day)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1A	QL (1.4 GM per 1 day)
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	3	QL (50 GM per 30 days)

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*Antifungals - Topical***		
<i>ciclodan external solution 8 %</i>	1A	MDL
<i>ciclopirox external gel 0.77 %</i>	1A	
<i>ciclopirox external shampoo 1 %</i>	1A	
<i>ciclopirox external solution 8 %</i>	1A	MDL
<i>ciclopirox olamine external cream 0.77 %</i>	1A	
<i>ciclopirox olamine external suspension 0.77 %</i>	1A	
MENTAX EXTERNAL CREAM 1 %	3	PA; QL (30 GM per 1 fill)
<i>naftifine hcl external cream 1 %</i>	1A	
<i>naftifine hcl external cream 2 %</i>	1A	QL (1.5 GM per 1 day)
<i>nyamyc external powder 100000 unit/gm</i>	1A	
<i>nystatin external cream 100000 unit/gm</i>	1A	
<i>nystatin external ointment 100000 unit/gm</i>	1A	
<i>nystatin external powder 100000 unit/gm</i>	1A	
<i>nystop external powder 100000 unit/gm</i>	1A	
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium transdermal gel 1 %</i>	1A	QL (10 GM per 1 day)
<i>diclofenac sodium transdermal solution 1.5 %</i>	1A	
<i>klofensaid ii transdermal solution 1.5 %</i>	1A	
*Antineoplastic Antimetabolites - Topical***		
FLUOROPLEX EXTERNAL CREAM 1 %	2	
<i>fluorouracil external cream 5 %</i>	1A	
<i>fluorouracil external solution 2 %, 5 %</i>	1A	
*Antineoplastic Or Premalignant Lesions - Topical Misc.***		
PICATO EXTERNAL GEL 0.015 %, 0.05 %	3	PA
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium transdermal gel 3 %</i>	1A	PA
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL 0.1 %	3	

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DRUG NAME	DRUG TIER	NOTES
*Antipsoriatics - Systemic***		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1A	QL (2 capsules per 1 day)
COSENTYX 300 DOSE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4A	PA; SP
COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4A	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4A	PA; SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4A	PA; SP
<i>methoxsalen oral capsule 10 mg</i>	1A	
<i>methoxsalen rapid oral capsule 10 mg</i>	1A	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	4A	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	6	PA; SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	4A	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4A	PA; SP
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>	1A	MDL; QL (60 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	1A	QL (60 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	1A	QL (60 ML per 30 days)
DRITHO-CREME HP EXTERNAL CREAM 1 %	1A	
<i>tazarotene external cream 0.1 %</i>	1A	PA; MDL; QL (30 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	3	PA; QL (30 GM per 30 days)
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	3	PA; QL (30 GM per 30 days)
*Antiseborrheic Products***		
<i>selenium sulfide external lotion 2.5 %</i>	1A	

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<i>selenium sulfide external shampoo 2.25 %</i>	1A	
<i>sulfacetamide sodium external gel 10 % (cleans)</i>	1A	
<i>sulfacetamide sodium external liquid 10 %</i>	1A	
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	1A	
DENAVIR EXTERNAL CREAM 1 %	3	QL (5 GM per 1 fill)
*Burn Products***		
<i>silver sulfadiazine external cream 1 %</i>	1A	
<i>ssd external cream 1 %</i>	1A	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	3	
<i>thermazene external cream 1 %</i>	1A	
*Cauterizing Agents***		
<i>silver nitrate external ointment 10 %</i>	1A	
<i>silver nitrate external solution 0.5 %, 10 %, 25 %, 50 %</i>	1A	
*Corticosteroids - Topical***		
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate external cream 0.05 %</i>	1A	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1A	
<i>amcinonide external cream 0.1 %</i>	1A	PA; Covered Alternatives: : betamethasone dipropionate 0.05% cream/lotion/ointment; betamethasone dipropionate (augmented) 0.05% cream; desoximetasone 0.25% cream
<i>amcinonide external lotion 0.1 %</i>	1A	PA; Covered Alternatives: : betamethasone dipropionate 0.05% cream/lotion/ointment; betamethasone dipropionate (augmented) 0.05% cream; desoximetasone 0.25% cream

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<i>amcinonide external ointment 0.1 %</i>	1A	PA; Covered Alternatives: : betamethasone dipropionate 0.05% cream/lotion/ointment; betamethasone dipropionate (augmented) 0.05% cream; desoximetasone 0.25% cream
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	QL (60 GM per 1 fill)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1A	QL (60 ML per 1 fill)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1A	QL (60 GM per 1 fill)
<i>betamethasone dipropionate external cream 0.05 %</i>	1A	QL (60 GM per 1 fill)
<i>betamethasone dipropionate external lotion 0.05 %</i>	1A	QL (60 ML per 1 fill)
<i>betamethasone dipropionate external ointment 0.05 %</i>	1A	QL (60 GM per 1 fill)
<i>betamethasone valerate external cream 0.1 %</i>	1A	QL (60 GM per 1 fill)
<i>betamethasone valerate external lotion 0.1 %</i>	1A	QL (60 ML per 1 fill)
<i>betamethasone valerate external ointment 0.1 %</i>	1A	QL (60 GM per 1 fill)
<i>clobetasol propionate e external cream 0.05 %</i>	1A	
<i>clobetasol propionate external cream 0.05 %</i>	1A	QL (2.1 GM per 1 day)
<i>clobetasol propionate external foam 0.05 %</i>	1A	
<i>clobetasol propionate external liquid 0.05 %</i>	1A	PA; Covered Alternatives: betamethasone valerate 0.1% cream/lotion/ointment; betamethasone dipropionate 0.05% cream/lotion/ointment
<i>clobetasol propionate external lotion 0.05 %</i>	1A	
<i>clobetasol propionate external ointment 0.05 %</i>	1A	
<i>clobetasol propionate external solution 0.05 %</i>	1A	QL (60 ML per 30 days)
<i>cortizone-10 external ointment 1 %</i>	1A	
<i>desonide external cream 0.05 %</i>	1A	
<i>desonide external lotion 0.05 %</i>	1A	
<i>desonide external ointment 0.05 %</i>	1A	QL (2 GM per 1 day)
<i>desoximetasone external cream 0.25 %</i>	1A	QL (15 GM per 30 days)

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<i>diflorasone diacetate external cream 0.05 %</i>	1A	PA; Covered Alternatives: betamethasone dipropionate 0.05% cream/lotion/ointment; QL (30 GM per 30 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	1A	PA; Covered Alternatives: betamethasone dipropionate (augmented) 0.05% ointment; QL (15 GM per 30 days)
<i>eql anti-itch maximum strength external ointment 1 %</i>	1A	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1A	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1A	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1A	
<i>fluocinolone acetonide external solution 0.01 %</i>	1A	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1A	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	1A	QL (60 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	1A	QL (90 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	1A	
<i>fluticasone propionate external cream 0.05 %</i>	1A	
<i>fluticasone propionate external lotion 0.05 %</i>	1A	
<i>fluticasone propionate external ointment 0.005 %</i>	1A	
<i>gnp hydrocortisone max st external ointment 1 %</i>	1A	
<i>halobetasol propionate external cream 0.05 %</i>	1A	
<i>halobetasol propionate external ointment 0.05 %</i>	1A	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1A	
<i>hydrocortisone external lotion 2.5 %</i>	1A	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1A	
<i>hydrocortisone valerate external cream 0.2 %</i>	1A	
<i>kp hydrocortisone max st external ointment 1 %</i>	1A	
<i>mometasone furoate external cream 0.1 %</i>	1A	
<i>mometasone furoate external ointment 0.1 %</i>	1A	
<i>mometasone furoate external solution 0.1 %</i>	1A	

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<i>prednicarbate external cream 0.1 %</i>	1A	
<i>ra anti-itch maximum strength external ointment 1 %</i>	1A	
<i>sb hydrocortisone max st external ointment 1 %</i>	1A	
<i>sm hydrocortisone max st external ointment 1 %</i>	1A	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1A	MDL
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1A	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1A	
VERDESO EXTERNAL FOAM 0.05 %	3	PA
*Emollient Combinations***		
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
*Emollient/Keratolytic Agents***		
<i>cerovel external lotion 40 %</i>	1A	
<i>umecta mousse external foam 40 %</i>	1A	
<i>urea external cream 39 %, 40 %</i>	1A	
<i>urea external lotion 40 %</i>	1A	
<i>ure-k external cream 50 %</i>	1A	
*Emollients***		
<i>ammonium lactate external cream 12 %</i>	1A	
<i>ammonium lactate external lotion 12 %</i>	1A	MDL
<i>geri-hydrolac 5 external lotion 5 %</i>	1	
<i>lac-hydrin five external lotion 5 %</i>	1	
<i>lactic acid external lotion 10 %</i>	1	
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	2	QL (30GM per fill, 2 fills per 30 days)
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream 1 %</i>	1A	
<i>clotrimazole external solution 1 %</i>	1A	
<i>econazole nitrate external cream 1 %</i>	1A	

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EXELDERM EXTERNAL SOLUTION 1 %	3	QL (30 ML per 1 fill)
<i>fungicure intensivelnailguard external solution 1 %</i>	1A	
<i>ketoconazole external cream 2 %</i>	1A	
<i>ketoconazole external shampoo 2 %</i>	1A	MDL
<i>oxiconazole nitrate external cream 1 %</i>	1A	QL (2 GM per 1 day)
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	1A	QL (1 box per 30 days)
*Keratolytic And/Or Antimitotic Combinations***		
<i>pyrogalllic acid external ointment 25-2 %</i>	1A	
*Keratolytic/Antimitotic Agents***		
CONDYLOX EXTERNAL GEL 0.5 %	3	
<i>podocon external solution 25 %</i>	1A	
<i>podofilox external solution 0.5 %</i>	1A	
<i>salicylic acid external cream 6 %</i>	1A	
<i>salicylic acid external foam 6 %</i>	1A	
<i>salicylic acid external gel 6 %</i>	1A	
<i>salicylic acid external liquid 27.5 %</i>	1A	
<i>salicylic acid external lotion 6 %</i>	1	
<i>salicylic acid external shampoo 6 %</i>	1A	
<i>salicylic acid wart remover external liquid 27.5 %</i>	1A	
<i>salicylic acid-cleanser external kit 6 % (cream), 6 % (lotion)</i>	1A	
*Local Anesthetics - Topical***		
<i>cocaine hcl external solution 4 %</i>	1A	
<i>lidocaine external ointment 5 %</i>	1A	QL (1.3 GM per 1 day)
<i>lidocaine external patch 5 %</i>	1A	PA; Covered Alternatives: Topical lidocaine (PA), celecoxib, meloxicam
<i>lidocaine hcl external cream 3 %</i>	1A	QL (1.06 GM per 1 day)
<i>lidocaine hcl external gel 2 %</i>	1A	
<i>lidocaine hcl external solution 4 %</i>	1A	

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<i>lidocaine pak external ointment 5 %</i>	1A	QL (1.3 GM per 1 day)
<i>lidopin external cream 3 %</i>	1A	QL (1.06 GM per 1 day)
*Macrolide Immunosuppressants - Topical***		
ELIDEL EXTERNAL CREAM 1 %	3	PA; Covered Alternatives: Topical augmented betamethasone, clobetasol, halobetasol, diflorasone; QL (30 GM per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1A	
*Misc. Topical***		
QBREXZA EXTERNAL PAD 2.4 %	4A	PA; This drug will only process as shown starting 1/1/19.; QL (1 packet per 1 day)
*Rosacea Agents***		
FINACEA EXTERNAL GEL 15 %	3	QL (50 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	1A	
<i>metronidazole external gel 0.75 %, 1 %</i>	1A	
<i>metronidazole external lotion 0.75 %</i>	1A	
MIRVASO EXTERNAL GEL 0.33 %	3	PA
<i>rosadan external cream 0.75 %</i>	1A	
<i>rosadan external gel 0.75 %</i>	1A	
*Scabicides & Pediculicides***		
EURAX EXTERNAL CREAM 10 %	2	
EURAX EXTERNAL LOTION 10 %	2	QL (454 GM per 30 days)
<i>lindane external shampoo 1 %</i>	1A	
<i>malathion external lotion 0.5 %</i>	1A	
<i>permethrin external cream 5 %</i>	1A	QL (60 GM per 7 days)
<i>spinosad external suspension 0.9 %</i>	1A	
ULESFIA EXTERNAL LOTION 5 %	3	QL (227 GM per 7 days)
*Steroid-Local Anesthetic Combinations***		
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	1A	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 %	3	

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*Topical Anesthetic Combinations***		
CETACAINE EXTERNAL AEROSOL 2-2-14 %	2	
<i>dermacinrx prizopak external kit 2.5-2.5 %</i>	1A	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1A	
<i>lidocaine-prilocaine external kit 2.5-2.5 %</i>	1A	
<i>lidopril external kit 2.5-2.5 %</i>	1A	
<i>lidopril xr external kit 2.5-2.5 %</i>	1A	
<i>livixil pak external kit 2.5-2.5 %</i>	1A	
<i>relador pak external kit 2.5-2.5 %</i>	1A	
<i>relador pak plus external kit 2.5-2.5 %</i>	1A	
*Topical Anesthetic Gasses***		
<i>ethyl chloride external aerosol</i>	1A	
*Topical Selective Retinoid X Receptor Agonists***		
TARGRETIN EXTERNAL GEL 1 %	4A	PA; SP
*Topical Steroid Combinations***		
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1A	QL (60 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	3	QL (2 ML per 1 day)
*Wound Care - Growth Factor Agents***		
REGRANEX EXTERNAL GEL 0.01 %	3	PA
DIAGNOSTIC PRODUCTS		
*Diagnostic Drugs***		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 1.1 MG	4A	PA; SP
*Diagnostic Tests***		
FREESTYLE INSULINX TEST IN VITRO STRIP	1A	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= ;18: 720/90, 18 and older: 600/90 days); 1 meter per 3 years

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FREESTYLE LITE TEST IN VITRO STRIP	1A	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= ;18: 720/90, 18 and older: 600/90 days); 1 meter per year
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	0	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= ;18: 720/90, 18 and older: 600/90 days); 1 meter per year
FREESTYLE TEST IN VITRO STRIP	1A	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= ;18: 720/90, 18 and older: 600/90 days); 1 meter per year
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	1A	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= ;18: 720/90, 18 and older: 600/90 days); 1 meter per year
PRECISION XTRA KETONE IN VITRO STRIP	1A	QL (1 strip per 1 day)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
*Dietary Management Product Combinations***		
<i>av-vite fb forte oral tablet 2.5-25-2 mg</i>	1A	
DIGESTIVE AIDS		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 2600 UNIT, 4200 UNIT	2	

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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	
*DIRECT-ACTING P2Y12 INHIBITORS***		
*Direct-Acting P2y12 Inhibitors***		
BRILINTA ORAL TABLET 60 MG, 90 MG	3	PA; Covered Alternatives: Clopidogrel; QL (1 tablet per 1 day)
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1A	MDL
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1A	MDL
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1A	MDL
*Diuretic Combinations***		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MDL
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MDL
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1A	MDL
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1A	MDL
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1A	MDL
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
<i>ethacrynic acid oral tablet 25 mg</i>	1A	QL (2 tablets per 1 day)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1A	MDL
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MDL
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1A	MDL
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	1A	MDL
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	2	MDL; QL (120 capsules per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MDL

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*Thiazides And Thiazide-Like Diuretics***		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1A	MDL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1A	MDL
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MDL
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MDL
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MDL
<i>methyclothiazide oral tablet 5 mg</i>	1A	MDL
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1A	MDL
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
<i>alendronate sodium oral solution 70 mg/75ml</i>	1A	MDL
<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	1A	MDL
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	1A	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	2	ST; Covered Alternatives: alendronate & Ibandronate; MDL; QL (4 tablet per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1A	MDL; QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>	1A	QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1A	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	1A	MDL; QL (4 tablet per 30 days)
*Calcimimetic Agents***		
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	3	PA; QL (4 tablets per 1 day)
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	1A	
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	1A	
<i>levocarnitine oral tablet 330 mg</i>	1A	
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
*Gnrh/Lhrh Antagonists***		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA; SP
<i>ganirelix acetate subcutaneous solution 250 mcg/0.5ml</i>	4	PA; SP
*Growth Hormones***		
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML	4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML	4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML	4	PA; SP
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; SP
*Homocystinuria Treatment - Agents***		
CYSTADANE ORAL POWDER	2	
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1A	MDL
<i>calcitriol oral solution 1 mcg/ml</i>	1A	MDL
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1A	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1A	QL (2 capsules per 1 day)
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	4A	PA
*Ovulation Stimulants-Gonadotropins***		
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	1A	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT	4	PA; SP

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GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML	4	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	4	PA; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	4	PA; SP
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML	3	QL (0.5 ML per 30 days)
*Ovulation Stimulants-Synthetic***		
<i>clomiphene citrate oral tablet 50 mg</i>	1A	QL (60 tablets per 30 days)
*Parathyroid Hormone And Derivatives***		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	4A	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	4	PA; SP
*Phenylketonuria Treatment - Agents***		
KUVAN ORAL PACKET 100 MG, 500 MG	3	PA; SP
KUVAN ORAL TABLET SOLUBLE 100 MG	3	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	4A	SP
*Rank Ligand (Rankl) Inhibitors***		
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	6	PA; SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	6	PA; SP
*Selective Estrogen Receptor Modulators (Serms)***		
OSPHENA ORAL TABLET 60 MG	3	PA
<i>raloxifene hcl oral tablet 60 mg</i>	0	HCR; MDL; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
*Selective Vasopressin V2-Receptor Antagonists***		
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	4A	SP
*Somatostatic Agents***		
<i>octreotide acetate injection solution 100 mcg/ml</i>	1A	PA; QL (2 ML per 1 day)
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1A	PA; QL (Quantity Limits Apply)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	4	PA; SP
*Urea Cycle Disorder - Agents***		
RAVICTI ORAL LIQUID 1.1 GM/ML	4	PA; SP
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	4	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA; SP
*Vasopressin***		
<i>desmopressin acetate injection solution 4 mcg/ml</i>	6	SP
<i>desmopressin acetate oral tablet 0.1 mg</i>	1A	
<i>desmopressin acetate oral tablet 0.2 mg</i>	1A	MDL
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1A	
STIMATE NASAL SOLUTION 1.5 MG/ML	4	PA
ESTROGENS		
*Estrogen & Androgen***		
<i>covaryx hs oral tablet 0.625-1.25 mg</i>	1A	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1A	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1A	MDL
<i>eemt oral tablet 1.25-2.5 mg</i>	1A	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	1A	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	1A	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1A	MDL
*Estrogen & Progestin***		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1A	MDL
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	QL (30 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	3	QL (4 patches per 30 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY	3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY	3	QL (8 patches per 30 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.25 MG/DAY	3	MDL
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.25 MG/DAY	3	MDL; QL (8 patches per 30 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1A	MDL
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1A	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1A	
LOPREEZA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	1A	MDL
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	1A	MDL
<i>mimvey oral tablet 1-0.5 mg</i>	1A	MDL
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	1A	
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	1A	MDL
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	3	
PREMPHASE ORAL TABLET 0.625-5 MG	2	MDL
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	MDL
*Estrogens***		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR	3	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	MDL
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	QL (30 packets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	3	QL (1 bottle per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	MDL
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr</i>	1A	MDL
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1A	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1A	MDL
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1A	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	3	QL (1 bottle per 30 days)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	3	QL (8.1 ML per 1 fill)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	MDL
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	MDL; QL (1 tablet per 1 day)
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
*Farnesoid X Receptor (Fxr) Agonists***		
OCALIVA ORAL TABLET 10 MG, 5 MG	4A	PA; SP
FLUOROQUINOLONES		
*Fluoroquinolones***		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1A	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	1A	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg</i>	1A	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	1A	QL (14 tablets per 1 fill)

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<i>levofloxacin oral solution 25 mg/ml</i>	1A	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1A	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1A	
<i>ofloxacin oral tablet 300 mg</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1A	
GASTROINTESTINAL AGENTS - MISC.		
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	1A	
<i>ursodiol oral tablet 250 mg</i>	1A	
<i>ursodiol oral tablet 500 mg</i>	1A	MDL
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1A	MDL; QL (1200 ML per 30 days)
*Gastrointestinal Chloride Channel Activators***		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	PA; Covered Alternatives: Movantik (PA); QL (60 capsules per 30 days)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1A	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1A	MDL; QL (3 tablets per 1 day)
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX SUBCUTANEOUS KIT 5 MG	4	PA
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	PA; Covered Alternatives: Amitiza (PA); MDL; QL (1 capsule per 1 day)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1A	PA
*Inflammatory Bowel Agents***		
<i>balsalazide disodium oral capsule 750 mg</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
CANASA RECTAL SUPPOSITORY 1000 MG	3	QL (1 suppository per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG	2	QL (6 capsules per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	1A	MDL; QL (12 tablets per 1 day)
<i>mesalamine rectal enema 4 gm</i>	1A	MDL; QL (60 ML per 1 day)
<i>mesalamine-cleanser rectal kit 4 gm</i>	1A	QL (4 kits per 28 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	3	MDL; QL (8 capsules per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	1A	MDL
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1A	MDL
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA
*Phosphate Binder Agents***		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	3	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1A	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1A	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1A	QL (5 tablets per 1 day)
RENAGEL ORAL TABLET 800 MG	3	QL (7 tablets per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1A	QL (3.5 packets per 1 day)
<i>sevelamer carbonate oral tablet 800 mg</i>	1A	QL (3.5 tablets per 1 day)
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	4A	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	4A	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	4A	PA; SP

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DRUG NAME	DRUG TIER	NOTES
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride oral capsule 0.5 mg</i>	1A	MDL; QL (1 capsule per 1 day)
<i>finasteride oral tablet 5 mg</i>	1A	MDL; QL (2 tablets per 1 day)
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1A	MDL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	QL (1 tablet per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1A	MDL; QL (2 capsule per 1 day)
*Citrates***		
<i>cytra k crystals oral packet 3300-1002 mg</i>	1A	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)</i>	1A	MDL
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	1A	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	1A	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	1	
<i>taron-crystals oral packet 3300-1002 mg</i>	1A	
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG	2	PA
*Phosphates***		
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
*Urinary Analgesics***		
<i>phenazo oral tablet 200 mg</i>	1A	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1A	
*Urinary Stone Agents***		
LITHOSTAT ORAL TABLET 250 MG	2	QL (4 tablets per 1 day)

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*GLYCOPEPTIDES***		
*Glycopeptides***		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	2	QL (400mL per fill, 3 fills per year)
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1A	MDL
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1A	MDL
<i>colchicine oral capsule 0.6 mg</i>	1A	MDL
<i>colchicine oral tablet 0.6 mg</i>	1A	MDL; QL (4 tablets per 1 day)
COLCRYS ORAL TABLET 0.6 MG	3	MDL; QL (4 tablets per 1 day)
ULORIC ORAL TABLET 40 MG, 80 MG	3	PA
ZURAMPIC ORAL TABLET 200 MG	3	PA
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>	1A	MDL
HEMATOLOGICAL AGENTS - MISC.		
*Antihemophilic Products***		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	6	PA; SP
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 250 UNIT, 500 UNIT	6	PA; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	6	PA; SP
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	6	PA; SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	6	PA; SP

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ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	6	PA; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED	6	PA; SP
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	6	PA; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	6	PA; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 500-1200 UNIT	6	PA; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	6	PA; SP
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT	6	PA; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	6	PA; SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	6	PA; SP
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT	6	PA; SP
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	6	PA; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	6	PA; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	6	PA; SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	6	PA; SP

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DRUG NAME	DRUG TIER	NOTES
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	6	PA; SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	6	PA; SP
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	6	PA; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	6	PA; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	6	PA; SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	6	PA; SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT	6	PA; SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	6	PA; SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	6	PA; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	6	PA; SP
*Bradykinin B2 Receptor Antagonists***		
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	4A	PA; SP
*C1 Inhibitors***		
BERINERT INTRAVENOUS KIT 500 UNIT	6	PA; SP
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	6	PA; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	4A	PA; SP

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DRUG NAME	DRUG TIER	NOTES
*Cyclopentyltriazolopyrimidine (Ctp) Derivatives***		
BRILINTA ORAL TABLET 60 MG, 90 MG	3	PA; Covered Alternatives: Clopidogrel; QL (1 tablet per 1 day)
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1A	MDL
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1A	
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1A	MDL
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1A	MDL; QL (90 tablets per 30 days)
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1A	MDL
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1A	
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1A	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1A	MDL
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1A	Covered Alternatives: Clopidogrel; MDL
HEMATOPOIETIC AGENTS		
*Agents For Gaucher Disease***		
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	6	PA
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	6	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	3	PA

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DRUG NAME	DRUG TIER	NOTES
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	PA; SP
*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	3	QL (4 vials per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	3	QL (4 syringes per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL (4 vials per 30 days)
*Erythropoietins***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	QL (4 vials per 30 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	3	QL (4 syringes per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL (4 vials per 30 days)
*Folic Acid/Folate Combinations***		
<i>fabb oral tablet 2.2-25-1 mg</i>	1A	MDL
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>	1A	MDL
<i>folbee oral tablet 2.5-25-1 mg</i>	1A	MDL

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*Folic Acid/Folates***		
<i>folic acid oral capsule 0.8 mg</i>	0	HCR
<i>folic acid oral tablet 1 mg</i>	1A	MDL
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	HCR; MDL
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	QL (3.5 ML per 30 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	6	QL (1 syringe per 30 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	6	QL (1 syringe per 30 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	QL (16 ML per 1 fill)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	QL (3.5 ML per 30 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	3	QL (3.5 ML per 30 days)
*Iron Combinations***		
<i>corvita 150 oral tablet 150-1.25 mg</i>	1A	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG	1A	QL (1 tablet per 1 day)
NEPHRON FA ORAL TABLET	2	QL (2 tablets per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	1A	
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	1A	
*Iron W/ Folic Acid***		
<i>hematiniolfolic acid oral tablet 324-1 mg</i>	1A	MDL
PROFERRIN-FORTE ORAL TABLET 12-1 MG	2	QL (1 tablet per 1 day)
*Iron***		
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>	0	HCR; Covered at \$0 for ages 12 months and under

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DRUG NAME	DRUG TIER	NOTES
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	0	HCR; Covered at \$0 for ages 12 months and under
<i>ferrous sulfate oral syrup 300 (60 fe) mg/5ml</i>	0	HCR; Covered at \$0 for ages 12 months and under
*Thrombopoietin (Tpo) Receptor Agonists***		
DOPTELET ORAL TABLET 20 MG	4A	PA; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG	4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
HEMOSTATICS		
*Hemostatics - Systemic***		
AMICAR ORAL SOLUTION 0.25 GM/ML	3	QL (236.5mL per fill, 1 fill per 60 days)
AMICAR ORAL TABLET 1000 MG, 500 MG	2	QL (100 tablets per fill, 1 fill per 60 days)
<i>tranexamic acid oral tablet 650 mg</i>	1A	
*HEPATITIS C AGENT - COMBINATIONS***		
*Hepatitis C Agent - Combinations***		
MAVYRET ORAL TABLET 100-40 MG	4	PA; SP
ZEPATIER ORAL TABLET 50-100 MG	4	PA; SP
HYPNOTICS		
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml</i>	1A	
<i>phenobarbital oral solution 20 mg/5ml</i>	1A	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1A	
<i>phenobarbital oral tablet 30 mg</i>	1A	MDL
SECONAL ORAL CAPSULE 100 MG	2	
*Benzodiazepine Hypnotics***		
DORAL ORAL TABLET 15 MG	2	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	1A	
<i>midazolam hcl oral syrup 2 mg/ml</i>	1	
<i>quazepam oral tablet 15 mg</i>	1A	
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i>	1A	MDL
<i>temazepam oral capsule 22.5 mg</i>	1A	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1A	
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1A	QL (1 tablet per 1 day)
<i>zaleplon oral capsule 10 mg</i>	1A	MDL
<i>zaleplon oral capsule 5 mg</i>	1A	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	1A	MDL
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	1A	MDL; QL (30 tablets per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1A	MDL; QL (30 tablets per 30 days)
*Selective Melatonin Receptor Agonists***		
ROZEREM ORAL TABLET 8 MG	3	PA
*IN VITRO/LOCK ANTICOAGULANTS***		
*In Vitro/Lock Anticoagulants***		
ANTICOAGULANT COMPOUND IN VITRO SOLUTION	2	
*INTEGRIN RECEPTOR ANTAGONISTS***		
*Integrin Receptor Antagonists***		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	6	PA; SP
*INTERLEUKIN ANTAGONISTS***		
*Interleukin Antagonists***		
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	6	PA; SP

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DRUG NAME	DRUG TIER	NOTES
*INTERLEUKIN-4 ALPHA ANTAGONISTS***		
*Interleukin-4 Alpha Antagonists***		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	4A	PA; SP
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
*Interleukin-5 Antagonists (Igg1 Kappa)***		
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	6	PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	6	PA; SP
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)***		
*Interleukin-5 Antagonists (Igg4 Kappa)***		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	6	PA; SP
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS***		
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***		
TIBSOVO ORAL TABLET 250 MG	4A	PA; SP
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS***		
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA ORAL TABLET 100 MG, 50 MG	4A	PA; SP
LAXATIVES		
*Bowel Evacuant Combinations***		
<i>gavilyte-c oral solution reconstituted 240 gm</i>	0	HCR; QL (1 fill per 1 year)
<i>gavilyte-g oral solution reconstituted 236 gm</i>	0	HCR; QL (1 fill per 1 year)
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	0	HCR; QL (1 fill per 1 year)

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GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	0	QL (Quantity Limits Apply)
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	0	QL (1 fill per 1 year)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	0	HCR; QL (1 fill per 1 year)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	0	HCR; QL (1 fill per 1 year)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	0	QL (1 fill per 1 year)
<i>trilyte oral solution reconstituted 420 gm</i>	0	HCR; QL (1 fill per 1 year)
*Laxatives - Miscellaneous***		
<i>constulose oral solution 10 gm/15ml</i>	0	HCR
KRISTALOSE ORAL PACKET 10 GM, 20 GM	2	
<i>lactulose oral solution 10 gm/15ml</i>	0	HCR; MDL
<i>lactulose oral solution 20 gm/30ml</i>	0	HCR
<i>polyethylene glycol 3350 oral packet</i>	0	QL (Quantity Limits Apply); HCR; MDL
<i>polyethylene glycol 3350 oral powder</i>	0	HCR; QL (1 fill per 1 year)
*Saline Laxative Mixtures***		
OSMOPREP ORAL TABLET 1.102-0.398 GM	2	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA OPHTHALMIC SOLUTION 5 %	3	PA; Covered Alternatives: Restasis (PA)
MACROLIDES		
*Azithromycin***		
<i>azithromycin oral packet 1 gm</i>	1A	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1A	QL (120 ML per 1 fill)
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1A	QL (8 tablets per 1 fill)

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DRUG NAME	DRUG TIER	NOTES
ZITHROMAX ORAL PACKET 1 GM	2	
*Clarithromycin***		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1A	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1A	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1A	
*Erythromycins***		
E.E.S. 400 ORAL TABLET 400 MG	1A	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	3	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1A	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1A	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	1A	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1A	
MEDICAL DEVICES		
*Glucose Monitoring Test Supplies***		
FREESTYLE CONTROL SOLUTION IN VITRO LIQUID	0	QL (1 bottle per 90 days)
FREESTYLE FREEDOM LITE KIT W/DEVICE	0	QL (1 meter per 1 year)
FREESTYLE INSULINX SYSTEM KIT W/DEVICE	0	QL (1 meter per 1 year)
FREESTYLE LANCETS	0	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx=
FREESTYLE LITE DEVICE	0	QL (1 meter per 1 year)
<i>lancets</i>	0	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx=
MEDISENSE GLUCOSE KETONE CONTR IN VITRO LIQUID	0	QL (1 bottle per 90 days)
PRECISION XTRA DEVICE	0	QL (1 meter per 1 year)

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DRUG NAME	DRUG TIER	NOTES
*Needles & Syringes***		
BD INSULIN SYRINGE 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML	2	QL (Quantity Limits Apply); MDL
BD PEN NEEDLE MINI U/F 31G X 5 MM	2	QL (Quantity Limits Apply); MDL
BD PEN NEEDLE NANO U/F 32G X 4 MM	2	QL (Quantity Limits Apply); MDL
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	2	QL (Quantity Limits Apply); MDL
BD PEN NEEDLE SHORT U/F 31G X 8 MM	2	QL (Quantity Limits Apply); MDL
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	2	QL (Quantity Limits Apply); MDL
<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>	1A	QL (Quantity Limits Apply); MDL
NOVOFINE 32G X 6 MM	1A	
NOVOFINE AUTOCOVER 30G X 8 MM	1A	
NOVOFINE PLUS 32G X 4 MM	1A	
NOVOTWIST 32G X 5 MM	1A	
<i>pen needles 29g x 12mm , 31g x 6 mm , 32g x 4 mm</i>	1A	QL (Quantity Limits Apply); MDL
<i>pen needles 3/16" 31g x 5 mm</i>	1A	QL (Quantity Limits Apply); MDL
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>	1A	QL (Quantity Limits Apply); MDL
MIGRAINE PRODUCTS		
*Ergot Combinations***		
CAFERGOT ORAL TABLET 1-100 MG	2	QL (24 tablets per 1 fill)
CAFERGOT ORAL TABLET 1-100 MG	3	QL (24 tablets per 1 fill)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1A	QL (24 tablets per 1 fill)
*Migraine Products***		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1A	PA
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1A	PA; QL (8 vials per 30 days)
*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1A	Covered Alternatives: Sumatriptan; QL (12 tablets per 30 days)

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<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	1A	QL (12 tablets per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1A	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1A	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1A	QL (12 tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	1A	QL (12 nasal sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 50 mg</i>	1A	MDL
<i>sumatriptan succinate oral tablet 25 mg</i>	1A	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1A	QL (12 units per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1A	QL (12 injections per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1A	QL (12 injections per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1A	QL (12 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	1A	QL (12 tablets per 30 days)
MINERALS & ELECTROLYTES		
*Fluoride***		
<i>fluoritab oral solution 0.275 (0.125 f) mg/drop</i>	0	HCR; MDL
<i>fluoritab oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	0	HCR; MDL; QL (1 tablet per 1 day)
<i>ludent oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	0	HCR; QL (1 tablet per 1 day)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	0	HCR; MDL
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	0	HCR
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	0	HCR; MDL
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg</i>	0	HCR; MDL; QL (1 tablet per 1 day)
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	0	HCR; QL (1 tablet per 1 day)
*Iodine Products***		
<i>iodine strong oral solution 5 %</i>	1	
*Phosphate***		
<i>av-phos 250 neutral oral tablet 155-852-130 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
K-PHOS ORAL TABLET 500 MG	2	
<i>phospha 250 neutral oral tablet 155-852-130 mg</i>	1A	
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	1A	
*Potassium Combinations***		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>	1A	MDL
<i>pot bicarb-pot chloride oral tablet effervescent 25 meq</i>	1A	
*Potassium***		
<i>klor-con 10 oral tablet extended release 10 meq</i>	1A	MDL
<i>klor-con m10 oral tablet extended release 10 meq</i>	1A	MDL
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1A	MDL
<i>klor-con oral tablet extended release 8 meq</i>	1A	MDL
<i>klor-con sprinkle oral capsule extended release 10 meq</i>	1A	
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	1A	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1A	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1A	MDL
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1A	MDL
<i>potassium chloride oral packet 20 meq</i>	1A	MDL
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1A	
*Zinc***		
GALZIN ORAL CAPSULE 25 MG, 50 MG	2	

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MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
<i>lidocaine hcl mouth/throat solution 4 %</i>	1A	
<i>lidocaine viscous mouth/throat solution 2 %</i>	1A	
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat lozenge 10 mg</i>	1A	
<i>clotrimazole mouth/throat troche 10 mg</i>	1A	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1A	
*Antiseptic Combinations - Mouth/Throat***		
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	3	
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1A	MDL
<i>paroex mouth/throat solution 0.12 %</i>	1A	
*Fluoride Dental Products***		
<i>cavarest dental gel 1.1 %</i>	1A	
<i>clinpro 5000 dental paste 1.1 %</i>	1A	QL (100 GM per 30 days)
<i>denta 5000 plus dental cream 1.1 %</i>	1A	MDL
<i>dentagel dental gel 1.1 %</i>	1A	
<i>sf 5000 plus dental cream 1.1 %</i>	1A	MDL
<i>sf dental gel 1.1 %</i>	1A	
*Saliva Stimulants***		
<i>cevimeline hcl oral capsule 30 mg</i>	1A	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1A	MDL
*Steroids - Mouth/Throat***		
<i>oralone mouth/throat paste 0.1 %</i>	1A	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1A	
MULTIVITAMINS		
*B-Complex W/ C & Folic Acid***		
<i>b-plex oral tablet</i>	1A	MDL
<i>folbee plus oral tablet</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>mynephrocaps oral capsule 1 mg</i>	1A	
<i>nephronex oral tablet</i>	1A	
RENAL ORAL CAPSULE 1 MG	1A	
<i>reno caps oral capsule 1 mg</i>	1A	
<i>triphrocaps oral capsule 1 mg</i>	1A	
<i>virt-caps oral capsule 1 mg</i>	1A	
*Multiple Vitamins W/ Minerals & Folic Acid***		
<i>corvita oral tablet 1.25 mg</i>	1A	MDL
*Multiple Vitamins W/ Minerals***		
<i>lysiplex plus oral tablet</i>	1	
<i>multi vitamin/minerals oral tablet</i>	1A	MDL
<i>v-c forte oral capsule</i>	1A	MDL
*Ped Multiple Vitamins W/ Minerals & C***		
<i>vitamax pediatric oral solution</i>	1A	
*Ped Mv W/ Fluoride***		
<i>multi-vit/fluoride oral solution 0.25 mg/ml</i>	1A	MDL
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1A	MDL
*Ped Vitamins Acid W/ Fluoride***		
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	1A	MDL
<i>tri-vitamin/fluoride oral solution 0.5 mg/ml</i>	1A	
*Prenatal Mv & Min W/Fe-Fa***		
NIVA-PLUS ORAL TABLET 27-1 MG	1	
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	1	
PRENATABS RX ORAL TABLET 29-1 MG	1A	
<i>preplus oral tablet 27-1 mg</i>	1	
<i>vol-plus oral tablet 27-1 mg</i>	1	
*Prenatal Mv & Min W/Fe-Fa-Dha***		
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	1A	QL (1 capsule per 1 day)
*Specialty Vitamins Products***		
<i>urosex oral tablet</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
<i>baclofen oral tablet 10 mg</i>	1A	MDL; QL (8 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	1A	MDL
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1A	
<i>chlorzoxazone oral tablet 500 mg</i>	1A	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	1A	MDL
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	6	PA; QL (40 ML per 1 fill)
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML	6	PA; QL (40 ML per 1 fill)
LIORESAL INTRATHECAL INTRATHECAL SOLUTION 40 MG/20ML, 500 MCG/ML	6	PA; QL (40 ML per 1 fill)
<i>metaxall oral tablet 800 mg</i>	1A	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1A	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1A	MDL
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1A	MDL
<i>tizanidine hcl oral capsule 2 mg</i>	1A	QL (10 tablets per 1 day)
<i>tizanidine hcl oral capsule 4 mg</i>	1A	QL (9 tablets per 1 day)
<i>tizanidine hcl oral capsule 6 mg</i>	1A	QL (6 tablets per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	1A	QL (10 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	1A	QL (9 tablets per 1 day)
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1A	
*Muscle Relaxant Combinations***		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1A	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1A	MDL
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %</i>	1A	MDL
<i>azelastine hcl nasal solution 0.15 %</i>	1A	
<i>olopatadine hcl nasal solution 0.6 %</i>	1A	
*Nasal Steroids***		
<i>budesonide nasal suspension 32 mcglact</i>	1A	ST; Covered Alternatives: Fluticasone Nasal Spray
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	1A	MDL
<i>fluticasone propionate nasal suspension 50 mcglact</i>	1A	MDL
<i>mometasone furoate nasal suspension 50 mcglact</i>	1A	ST; QL (Quantity Limits Apply); Covered Alternatives: Fluticasone & Triamcinolone Nasal Spray
<i>mometasone furoate nasal suspension 50 mcglact</i>	1A	ST; QL (Quantity Limits Apply); Covered Alternatives: Fluticasone ; Triamcinolone Nasal Spray
*NEPRILYSIN INHIB (ARNI)- ANGIOTENSIN II RECEPT ANTAG COMB***		
*Nepriylsin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG	3	PA; Covered Alternatives: Lisinopril, losartan; QL (2 tablets per 1 day)
ENTRESTO ORAL TABLET 97-103 MG	3	PA; Covered Alternatives: Lisinopril, losartan; MDL; QL (2 tablets per 1 day)
NEUROMUSCULAR AGENTS		
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>	1A	QL (4 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
NUTRIENTS		
*Misc. Nutritional Substances Combinations***		
CARDIOVID PLUS ORAL CAPSULE	2	
OPHTHALMIC AGENTS		
*Beta-Blockers - Ophthalmic Combinations***		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	MDL; QL (10 ML per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	1A	MDL
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1A	MDL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	2	MDL
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	QL (10 ML per 1 fill)
<i>carteolol hcl ophthalmic solution 1 %</i>	1A	MDL; QL (1 ML per 1 day)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1A	MDL; QL (1 ML per 1 day)
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1A	MDL
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	MDL
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %</i>	1A	
<i>homatropaire ophthalmic solution 5 %</i>	1	
<i>homatropine hbr ophthalmic solution 5 %</i>	1	
<i>tropicamide ophthalmic solution 1 %</i>	1A	
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1A	MDL
*Ophthalmic Antiallergic***		
ALOCRIAL OPHTHALMIC SOLUTION 2 %	3	QL (5 ML per 1 fill)

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DRUG NAME	DRUG TIER	NOTES
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	2	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1A	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	3	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1A	MDL
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1A	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	1A	MDL; QL (5 ML per 1 fill)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1A	QL (2.5 ML per 1 fill)
*Ophthalmic Antibiotics***		
AZASITE OPHTHALMIC SOLUTION 1 %	2	QL (2.5 ML per 7 days)
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1A	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	3	QL (5 ML per 30 days)
CILOXAN OPHTHALMIC OINTMENT 0.3 %	2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1A	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1A	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1A	
<i>gentak ophthalmic ointment 0.3 %</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1A	
<i>levofloxacin ophthalmic solution 0.5 %</i>	1A	QL (5 ML per 30 days)
MOXEZA OPHTHALMIC SOLUTION 0.5 %	2	QL (3 ML per 1 fill)
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1A	QL (3 ML per 1 fill)
<i>ofloxacin ophthalmic solution 0.3 %</i>	1A	
<i>tobramycin ophthalmic solution 0.3 %</i>	1A	
TOBREX OPHTHALMIC OINTMENT 0.3 %	2	QL (1 tube per 1 fill)
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1A	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1A	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1A	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	1A	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	1A	

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<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1A	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>	1A	
ZIRGAN OPHTHALMIC GEL 0.15 %	3	QL (5 GM per 1 fill)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT OPHTHALMIC SUSPENSION 1 %	2	QL (10 ML per 1 fill)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1A	MDL
*Ophthalmic Decongestants***		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1A	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1A	
*Ophthalmic Immunomodulators***		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	PA; Covered Alternatives: Systance-Balance, Soothe XP, Retaine; QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	PA; Covered Alternatives: Systance-Balance, Soothe XP, Retaine; MDL; QL (2 dropperettes per 1 day)
*Ophthalmic Local Anesthetics***		
<i>altacaine ophthalmic solution 0.5 %</i>	1A	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1A	
<i>tetacaine ophthalmic solution 0.5 %</i>	1A	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	1A	
<i>tetravisc forte ophthalmic solution 0.5 %</i>	1A	
<i>tetravisc ophthalmic solution 0.5 %</i>	1A	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	2	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1A	QL (3.4 ML per 30 days)
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1A	MDL
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	2	QL (1.7 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1A	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	2	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL (15 ML per 30 days)
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1A	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1A	MDL; QL (15 ML per 30 days)
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1A	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1A	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1A	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1A	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1A	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1A	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	3	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1A	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	2	

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*Ophthalmic Steroids***		
ALREX OPHTHALMIC SUSPENSION 0.2 %	2	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1A	
DUREZOL OPHTHALMIC EMULSION 0.05 %	2	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	2	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1A	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	2	
FML OPHTHALMIC OINTMENT 0.1 %	2	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	2	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	2	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	QL (5 ML per 1 fill)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1A	MDL
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1A	
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1A	ST; Covered Alternatives: Latanoprost; MDL; QL (7.5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	1A	MDL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	ST; Covered Alternatives: Latanoprost; MDL; QL (7.5 ML per 30 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	2	ST; Covered Alternatives: Latanoprost; QL (7.5 ML per 30 days)
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
*Otic Analgesic Combinations***		
CORTANE-B AQUEOUS OTIC SOLUTION 10-10-1 MG/ML	3	
<i>exotic-hc otic solution 10-10-1 mg/ml</i>	1A	
*Otic Anti-Infectives***		
CETRAXAL OTIC SOLUTION 0.2 %	3	QL (14 applicators per 7 days)
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1A	QL (14 applicators per 7 days)
<i>ofloxacin otic solution 0.3 %</i>	1A	
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC OTIC SUSPENSION 0.2-1 %	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	2	QL (7.5 ML per 1 fill)
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	2	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1A	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1A	
*Otic Steroids***		
<i>acetasol hc otic solution 2-1 %</i>	1A	
<i>fluocinolone acetonide otic oil 0.01 %</i>	1A	QL (20 ML per 30 days)
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1A	
OXYTOLICS		
*Oxytolics***		
<i>methergine oral tablet 0.2 mg</i>	1A	QL (28 tablets per 365 days)
PASSIVE IMMUNIZING AGENTS		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	6	PA; SP
*Immune Serums***		
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	6	PA; SP
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	6	PA; SP

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CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	6	PA; SP
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML	6	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	6	PA; SP
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	6	PA; SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	6	PA; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	6	PA; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	6	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	6	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	6	PA; SP
HEPAGAM B INJECTION SOLUTION	0	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	6	PA; SP
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	0	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	6	
NABI-HB INTRAMUSCULAR SOLUTION	0	

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DRUG NAME	DRUG TIER	NOTES
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	6	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	6	PA; SP
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	0	
*PCSK9 INHIBITORS***		
*Pcsk9 Inhibitors***		
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	4	PA; SP
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	4	PA; SP
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA; SP
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA; SP; Covered NDC's: 72511-0760-01, 72511-0760-02
PENICILLINS		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg</i>	1A	
<i>amoxicillin oral tablet chewable 250 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	

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DRUG NAME	DRUG TIER	NOTES
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1A	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1A	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1A	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1A	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	6	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	6	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	2	
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1A	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; SP
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL***		
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 %	4A	PA; SP
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 30 MG	4A	PA; SP; QL (60 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	4A	PA; SP; QL (1 kit per 365 days)
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	4A	PA; SP; This drug will only process as shown starting 1/1/19.; QL (2 vials per 30 days)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL TABLET 100 MG, 150 MG	4A	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4A	PA; SP
ZEJULA ORAL CAPSULE 100 MG	4A	PA; SP
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG	4A	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4A	PA; SP
ZEJULA ORAL CAPSULE 100 MG	4A	PA; SP
*POTASSIUM REMOVING AGENTS***		
*Potassium Removing Agents***		
<i>kionex oral suspension 15 gml/60ml</i>	1A	
<i>sodium polystyrene sulfonate oral powder</i>	1A	
<i>sodium polystyrene sulfonate oral suspension 15 gml/60ml</i>	1A	
<i>sps oral suspension 15 gml/60ml</i>	1A	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	PA

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DRUG NAME	DRUG TIER	NOTES
PROGESTINS		
*Progestins***		
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	4A	PA; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML	4A	PA; SP
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML	4A	PA; SP
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MDL
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1A	QL (175 ML per 30 days)
<i>norethindrone acetate oral tablet 5 mg</i>	1A	
<i>progesterone intramuscular oil 50 mg/ml</i>	6	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1A	MDL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1A	QL (6 tablets per 1 day)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1A	MDL
*Anti-Cataplectic Agents***		
XYREM ORAL SOLUTION 500 MG/ML	3	PA; QL (18 ML per 1 day)
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	1A	
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>donepezil hcl oral tablet 23 mg</i>	1A	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1A	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1A	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1A	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1A	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1A	QL (1 patch per 1 day)
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	MDL; QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	QL (55 tablets per fill, 1 fill per 365 days)
*Movement Disorder Drug Therapy***		
TETRABENAZINE ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; QL (30 tablets per 30 days)
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4A	PA; SP
*Multiple Sclerosis Agents - Interferons***		
AVONEX INTRAMUSCULAR KIT 30 MCG	4A	PA; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	4A	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	4A	PA; SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	4A	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	4A	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	4A	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	4A	PA; SP

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DRUG NAME	DRUG TIER	NOTES
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	6	PA; SP
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	6	PA; SP
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
TECFIDERA ORAL 120 & 240 MG	4	PA; SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	4	PA; SP
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	4A	PA; SP
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1A	PA; SP
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	1A	PA; SP
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1A	PA; SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	1A	PA; SP
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral solution 2 mg/ml</i>	1A	
<i>memantine hcl oral tablet 10 mg</i>	1A	MDL; QL (60 tablets per 30 days)
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	1A	QL (1 pack per 365 days)
<i>memantine hcl oral tablet 5 mg</i>	1A	QL (60 tablets per 30 days)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1A	

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*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***		
<i>fluoxetine hcl (pmdd) oral capsule 10 mg</i>	1A	MDL
<i>fluoxetine hcl (pmdd) oral capsule 20 mg</i>	1	MDL
*Pseudobulbar Affect Agent Combinations***		
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (60 capsules per 30 days)
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>ergoloid mesylates oral tablet 1 mg</i>	1A	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1A	
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	0	QL (60 tablets per fill, 6 fills per 365 days); HCR; MDL
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	0	QL (56 tablets per fill, 6 fills per 365 days.); HCR
CHANTIX ORAL TABLET 0.5 MG, 1 MG	0	QL (56 tablets per fill, 6 fills per 365 days.); HCR
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	0	QL (Quantity Limits Apply); HCR; QL (56 tablets per 30 days)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	0	QL (360 units per 30 days, 6 fills per 365 days); HCR
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	0	QL (360 units per 30 days, 6 fills per 365 days); HCR
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	0	QL (14 patches per 14 days, 12 fills per 365 days); HCR
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	0	QL (14 patches per 14 days, 12 fills per 365 days); HCR
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	0	QL (14 patches per 14 days, 12 fills per 365 days); HCR; MDL
NICOTROL INHALATION INHALER 10 MG	0	QL (340 cartridges per fill, 6 fills per 365 days.); HCR
NICOTROL NS NASAL SOLUTION 10 MG/ML	0	QL (4 bottles per fill, 12 fills per 365 days); HCR

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DRUG NAME	DRUG TIER	NOTES
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP
*Thienbenzodiazepines & Ssrís***		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1A	QL (1 capsule per 1 day)
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA
*PULMONARY FIBROSIS AGENTS***		
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE 267 MG	4	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	4	PA; SP
RESPIRATORY AGENTS - MISC.		
*Alpha-Proteinase Inhibitor (Human)***		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	6	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	6	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	6	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	6	PA
*Cftr Potentiators***		
KALYDECO ORAL PACKET 50 MG, 75 MG	4	PA; SP
KALYDECO ORAL TABLET 150 MG	4	PA; SP
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; SP

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DRUG NAME	DRUG TIER	NOTES
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG***		
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***		
ADDYI ORAL TABLET 100 MG	4	PA; SP
*SEROTONIN MODULATORS***		
*Serotonin Modulators***		
<i>nefazodone hcl oral tablet 100 mg</i>	1A	MDL
<i>nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1A	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1A	MDL
<i>trazodone hcl oral tablet 300 mg</i>	1A	
*SINUS NODE INHIBITORS**		
*Sinus Node Inhibitors**		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	2	Covered Alternatives: Metformin; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	2	Covered Alternatives: Metformin; QL (1 tablet per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	2	Covered Alternatives: Metformin; QL (2 tablets per 1 day)
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS***		
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE ORAL TABLET 100 MG, 150 MG	4A	PA; SP
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
TETRACYCLINES		
*Tetracyclines***		
<i>avidoxy oral tablet 100 mg</i>	1A	QL (2 tablets per 1 day)
COREMINO ORAL TABLET EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	1A	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1A	
<i>doxycycline hyclate oral capsule 100 mg</i>	1A	MDL
<i>doxycycline hyclate oral capsule 50 mg</i>	1A	MDL; QL (90 capsules per 30 days)
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg</i>	1A	MDL; QL (3 tablets per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i>	1A	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg, 50 mg, 75 mg</i>	1A	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1A	
<i>doxycycline monohydrate oral tablet 100 mg</i>	1A	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg</i>	1A	QL (3 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 75 mg</i>	1A	
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 65 mg, 90 mg</i>	1A	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1A	MDL
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1A	
<i>mondoxyne nl oral capsule 50 mg</i>	1A	
<i>morgidox oral capsule 100 mg</i>	1A	MDL
<i>morgidox oral capsule 50 mg</i>	1A	MDL; QL (90 capsules per 30 days)
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1A	
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1A	MDL
<i>propylthiouracil oral tablet 50 mg</i>	1A	MDL

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DRUG NAME	DRUG TIER	NOTES
*Thyroid Hormones***		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	MDL; QL (2 tablets per 1 day)
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MDL
<i>levo-t oral tablet 137 mcg</i>	1A	MDL
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1A	MDL
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MDL
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1A	MDL
NATURE-THROID ORAL TABLET 113.75 MG, 146.25 MG, 162.5 MG, 260 MG, 325 MG, 48.75 MG, 81.25 MG, 97.5 MG	2	MDL
NATURE-THROID ORAL TABLET 130 MG, 16.25 MG, 195 MG, 32.5 MG, 65 MG	1A	MDL
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1A	MDL; QL (2 tablets per 1 day)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	MDL
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MDL
WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG	1A	MDL
WESTHROID ORAL TABLET 195 MG, 97.5 MG	2	MDL
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	2	MDL

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DRUG NAME	DRUG TIER	NOTES
*TOPICAL ANESTHETIC GASES***		
*Topical Anesthetic Gases***		
<i>ethyl chloride external aerosol</i>	1A	
TOXOIDS		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	0	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lful/0.5ml</i>	0	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	0	
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lfl/0.5ml</i>	0	
*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
*Tryptophan Hydroxylase Inhibitors***		
XERMELO ORAL TABLET 250 MG	4A	PA; SP
ULCER DRUGS		
*Anticholinergic Combinations***		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1A	
*Antispasmodics***		
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	1A	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	MDL; QL (8 capsules per 1 day)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1A	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	MDL; QL (8 tablets per 1 day)
*Belladonna Alkaloids***		
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	1A	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1A	MDL
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1A	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	1A	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1A	MDL
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1A	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1A	
<i>hyosyne oral solution 0.125 mg/ml</i>	1A	
<i>nulev oral tablet dispersible 0.125 mg</i>	1A	
<i>symax-sl sublingual tablet sublingual 0.125 mg</i>	1A	
<i>symax-sr oral tablet extended release 12 hour 0.375 mg</i>	1A	
*H-2 Antagonists***		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1A	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1A	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1A	
<i>famotidine oral tablet 20 mg</i>	1	MDL; QL (4 tablets per 1 day)
<i>famotidine oral tablet 40 mg</i>	1	MDL; QL (3 tablets per 1 day)
<i>nizatidine oral capsule 150 mg</i>	1A	MDL
<i>nizatidine oral capsule 300 mg</i>	1A	
<i>nizatidine oral solution 15 mg/ml</i>	1A	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1A	MDL; QL (600 ML per 30 days)
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MDL
*Misc. Anti-Ulcer***		
CARAFATE ORAL SUSPENSION 1 GM/10ML	2	
<i>sucralfate oral tablet 1 gm</i>	1A	MDL; QL (4 tablets per 1 day)
*Proton Pump Inhibitors***		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1A	MDL; QL (1 capsule per 1 day)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	3	QL (10 ML per 1 day)
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	1A	Covered for 5 years of age or younger only; QL (10 ML per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1A	MDL; QL (2 capsules per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1A	MDL; QL (2 capsules per 1 day)
<i>omeprazole oral tablet delayed release 20 mg</i>	1	MDL; QL (42 tablets per 90 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1A	MDL; QL (2 tablets per 1 day)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	2	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1A	MDL; QL (2 tablets per 1 day)
*Quaternary Anticholinergics***		
CUVPOSA ORAL SOLUTION 1 MG/5ML	3	PA
<i>glycopyrrolate oral tablet 1 mg</i>	1A	
<i>glycopyrrolate oral tablet 2 mg</i>	1A	MDL
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	1A	
<i>propantheline bromide oral tablet 15 mg</i>	1A	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
<i>amoxicill-clarithro-lansopraz oral</i>	1A	
*Ulcer Drugs - Prostaglandins***		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1A	
URINARY ANTI-INFECTIVES		
*Urinary Anti-Infectives***		
<i>methenamine hippurate oral tablet 1 gm</i>	1A	MDL
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	1A	
MONUROL ORAL PACKET 3 GM	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1A	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	1A	QL (Quantity Limits Apply)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1A	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1A	
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
<i>phosphasal oral tablet 81.6 mg</i>	1A	
<i>uretron dls oral tablet</i>	1A	
URIMAR-T ORAL TABLET 120 MG	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>urin ds oral tablet</i>	1A	
<i>utira-c oral tablet 81.6 mg</i>	1A	
<i>utrona-c oral tablet 81.6 mg</i>	1A	
URINARY ANTISPASMODICS		
*Beta-3 Adrenergic Agonists***		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	ST; Covered Alternatives: oxybutynin ER & tolterodine ER
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; Covered Alternatives: oxybutynin ER & tolterodine ER; MDL
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1A	MDL; QL (90 tablets per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	MDL
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MDL; QL (2 tablets per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1A	MDL; QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet 1 mg</i>	1A	MDL
<i>tolterodine tartrate oral tablet 2 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1A	QL (1 capsule per 1 day)
<i>tropium chloride oral tablet 20 mg</i>	1A	
VESICARE ORAL TABLET 10 MG, 5 MG	3	ST; Covered Alternatives: oxybutynin ER ; tolterodine ER; MDL
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1A	MDL; QL (90 tablets per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	MDL
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MDL; QL (2 tablets per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1A	MDL; QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet 1 mg</i>	1A	MDL

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<i>tolterodine tartrate oral tablet 2 mg</i>	1A	MDL; QL (2 tablets per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1A	QL (1 capsule per 1 day)
<i>tropium chloride oral tablet 20 mg</i>	1A	
VESICARE ORAL TABLET 10 MG, 5 MG	3	ST; Covered Alternatives: oxybutynin ER ; tolterodine ER; MDL
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	ST; Covered Alternatives: oxybutynin ER & tolterodine ER
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST; Covered Alternatives: oxybutynin ER & tolterodine ER; MDL
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral tablet 10 mg, 5 mg, 50 mg</i>	1A	
<i>bethanechol chloride oral tablet 25 mg</i>	1A	MDL
*Urinary Antispasmodics - Cholinergic Agonists*** (New)		
<i>bethanechol chloride oral tablet 10 mg, 5 mg, 50 mg</i>	1A	
<i>bethanechol chloride oral tablet 25 mg</i>	1A	MDL
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl oral tablet 100 mg</i>	1A	
*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)		
<i>flavoxate hcl oral tablet 100 mg</i>	1A	
VACCINES		
*Bacterial Vaccines***		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	0	

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HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	0	
MENACTRA INTRAMUSCULAR INJECTABLE	0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	0	
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	0	
PREVNAR 13 INTRAMUSCULAR SUSPENSION	0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	0	
*Viral Vaccine Combinations***		
M-M-R II SUBCUTANEOUS INJECTABLE	0	
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	0	
*Viral Vaccines***		
AFLURIA INTRAMUSCULAR SUSPENSION	0	HCR
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	HCR
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	HCR
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	HCR
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	HCR
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	HCR
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	HCR

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FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	HCR
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	0	HCR
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	0	HCR
GARDASIL 9 INTRAMUSCULAR SUSPENSION	0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	0	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	0	
IPOL INJECTION INJECTABLE	0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	6	QL (2 injections per 1 lifetime)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	0	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	0	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	0	Covered for 50 years of age and older; QL (1 mL per 1 fill)
VAGINAL PRODUCTS		
*Imidazole-Related Antifungals***		
<i>miconazole 3 vaginal suppository 200 mg</i>	1A	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1A	
<i>terconazole vaginal suppository 80 mg</i>	1A	
*Miscellaneous Vaginal Combinations***		
FEM PH VAGINAL GEL 0.9-0.025 %	2	
RELAGARD VAGINAL GEL 0.9-0.025 %	2	
*Spermicides***		
ENCARE VAGINAL SUPPOSITORY 100 MG	0	HCR
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %	0	HCR
<i>vcf vaginal contraceptive vaginal gel 4 %</i>	0	HCR

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DRUG NAME	DRUG TIER	NOTES
*Vaginal Anti-Infectives***		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1A	
<i>metronidazole vaginal gel 0.75 %</i>	1A	
<i>vandazole vaginal gel 0.75 %</i>	1A	
*Vaginal Estrogens***		
ESTRACE VAGINAL CREAM 0.1 MG/GM	3	QL (42.5 GM per 1 fill)
<i>estradiol vaginal cream 0.1 mg/gm</i>	1A	QL (42.5 GM per 1 fill)
ESTRING VAGINAL RING 2 MG	3	MDL; QL (1 ring per 90 days)
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	3	MDL; QL (1 ring per 90 days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	2	MDL
<i>yuvafem vaginal tablet 10 mcg</i>	1A	MDL
*Vaginal Progestins***		
CRINONE VAGINAL GEL 4 %, 8 %	2	Covered for 3 months per year; QL (60 applicators per 30 days)
ENDOMETRIN VAGINAL INSERT 100 MG	3	Covered for 3 months per year; QL (90 inserts per 30 days)
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	1A	QL (4 pens per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (4 pens per 30 days)
*Vasopressors***		
<i>dobutamine hcl intravenous solution 250 mg/20ml, 500 mg/40ml</i>	6	
<i>epinephrine injection solution 30 mg/30ml</i>	1	
<i>epinephrine pf injection solution 1 mg/ml</i>	1	
<i>epinephrine pf injection solution prefilled syringe 1 mg/10ml</i>	1A	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1A	MDL

Tier 1= Preferred Generic, **Tier 1A**= Non-Preferred Generic, **Tier 2**= Preferred Brand, **Tier 3**= Non-Preferred Brand, **Tier 4**= Preferred Specialty, **Tier 4A**= Non-Preferred Specialty, **Tier 0**= ACA Zero Cost Share, **Tier 6**= Medical

PA= Prior Authorization

QL= Quantity Limits Apply

SP= This drug can only be obtained at Pharmacy Advantage:(800) 456-2112; up to 30 day supply at a time

ST= Step Therapy Required

HCR= Health Care Reform rules apply

MDL= Maintenance Drug- can be obtained for 90 day supply at Retail Pharmacy

DRUG NAME	DRUG TIER	NOTES
VITAMINS		
*Paba***		
<i>aminobenzoate potassium oral packet 2 gm</i>	1A	
*Vitamin D***		
<i>baby vitamin d3 oral liquid 400 ut/0.028ml</i>	0	HCR
<i>dialyvite vitamin d3 max oral tablet 50000 unit</i>	0	HCR
<i>ergocalciferol oral solution 8000 unit/ml</i>	1A	
<i>vitamin d (cholecalciferol) oral capsule 1000 unit, 400 unit</i>	0	HCR
<i>vitamin d (cholecalciferol) oral tablet 400 unit</i>	0	HCR
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	1	MDL
<i>vitamin d oral liquid 400 unit/ml</i>	0	HCR
<i>vitamin d3 oral capsule 10000 unit, 2000 unit, 5000 unit, 50000 unit</i>	0	HCR
<i>vitamin d3 oral liquid 1000 unit/spray, 1200 unit/15ml, 5000 unit/ml</i>	0	HCR
<i>vitamin d3 oral tablet 1000 unit, 10000 unit, 2000 unit, 3000 unit, 5000 unit</i>	0	HCR
<i>vitamin d3 oral tablet chewable 1000 unit, 400 unit</i>	0	HCR

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