

2017 Drug List for Qualified Health Plans

HAP Personal Alliance[®] and small group



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

Qualified health plans, or QHPs, are Affordable Care Act-compliant plans that cover essential health benefits and follow established limits on out-of-pocket costs. This includes HAP Personal Alliance and small group QHPs purchased through the Health Insurance Marketplace or directly from HAP.

This list is effective as of December 1, 2017. When this drug list refers to “we,” “us” or “our,” it means HAP. When it refers to “plan” it means QHP.

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/formulary.

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. 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: Generic** – Non-brand name drugs with the lowest 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: Specialty drugs** – Biologics or prescription drugs, including biosimilar and generic drugs approved by the FDA, used to treat complex or chronic illnesses and require special handling, provider coordination and patient education for safe and effective use. These are designated by us to be a specialty drug.
- **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 that they are obtained from a specialty pharmacy.

Tiers at a glance:

Tier Class (Description of Tier)	Tier Level
Generic	Tier 1
Preferred brand	Tier 2
Non-preferred brand	Tier 3
Specialty drugs	Tier 4
ACA Preventive	No copay or other out-of-pocket costs
Medical drugs	Covered under your plan’s medical benefit

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

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 this drug.
- **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. 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 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. 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. 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. How do I submit a request for a drug exception or prior authorization?

A. To request a drug exception* or coverage for a drug that requires prior authorization, fill out the appropriate form at hap.org/mrf, 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.

QHP 2017 Formulary

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QHP 2017 Formulary

CURRENT AS OF 12/1/2017

DRUG NAME	DRUG TIER	NOTES
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (30 tablets per 30 days)
*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>	1	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>	1	QL (60 capsules per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 tablets per 30 days)
*Amphetamines***		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	QL (120 capsules per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (120 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL (180 capsules per 30 days)
<i>methamphetamine hcl oral tablet 5 mg</i>	1	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	PA; QL (30 capsules per 30 days)
*Anorexiants Non-Amphetamine***		
<i>benzphetamine hcl oral tablet 50 mg</i>	1	
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	1	
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	
<i>phentermine hcl oral tablet 37.5 mg</i>	1	
*Lipase Inhibitors***		
XENICAL ORAL CAPSULE 120 MG	3	PA
*Serotonin 2C Receptor Agonists***		
BELVIQ ORAL TABLET 10 MG	3	PA

Tier 1= Generic, **Tier 2**= Preferred Brand, **Tier 3**= Non-Preferred Brand, **Tier 4**= Specialty,

Tier 0= Zero Cost Share, **Tier 6**= Medical

PA = Prior Authorization

QL = Quantity Limits

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

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DRUG NAME	DRUG TIER	NOTES
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	3	PA
*Stimulants - Misc.***		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	QL (30 tablets per 30 days)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	2	PA; QL (30 patches per 30 days)
<i>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</i>	1	PA; QL (30 capsules per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL (90 tablets per 30 days)
<i>metadate er oral tablet extended release 20 mg</i>	1	QL (30 tablets per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	1	QL (90 capsules per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	1	QL (60 capsules per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>	1	QL (60 capsules per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL (60 tablets per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	QL (30 tablets per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL (60 tablets per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	QL (10 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (210 tablets per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	QL (30 tablets per 30 days)
AMINOGLYCOSIDES		
*Aminoglycosides***		
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>paromomycin sulfate oral capsule 250 mg</i>	1	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	4	PA; SP; QL (2 nebulizers per 1 day)

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ANALGESICS - ANTI-INFLAMMATORY		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
XELJANZ ORAL TABLET 5 MG	4	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	4	PA; SP
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	4	PA; SP
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	4	PA; SP

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HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	4	PA; SP
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL (60 capsules per 30 days)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG	2	
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	4	PA
*Interleukin-1 Receptor Antagonist (IL-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	6	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	6	PA; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	4	PA; SP
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***		
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	

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<i>fenoprofen calcium oral tablet 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin sodium oral capsule 400 mg</i>	1	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	1	
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	6	PA; SP
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	6	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	4	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

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DRUG NAME	DRUG TIER	NOTES
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	4	PA; SP
ANALGESICS - NONNARCOTIC		
*Analgesics-Sedatives***		
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	QL (150 capsules per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	QL (120 tablets per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
*Salicylate Combinations***		
<i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>	1	
*Salicylates***		
<i>aspirin childrens oral tablet chewable 81 mg</i>	0	HCR; QL (30 tablets per 30 days)
<i>aspirin ec oral tablet delayed release 325 mg</i>	0	HCR; QL (30 tablets per 30 days)
<i>aspirin low dose oral tablet chewable 81 mg</i>	0	HCR; QL (30 tablets per 30 days)
<i>aspirin oral tablet 325 mg</i>	0	HCR
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	0	HCR; QL (30 tablets per 30 days)
<i>diflunisal oral tablet 500 mg</i>	1	
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	1	QL (300 tablets per 30 days)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	1	QL (300 tablets per 30 days)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	1	QL (300 tablets per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	QL (4500 ML per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	QL (180 capsules per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (240 tablets per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (240 tablets per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	1	QL (240 tablets per 30 days)
<i>lorcet oral tablet 5-325 mg</i>	1	QL (240 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	QL (240 tablets per 30 days)
<i>xylon oral tablet 10-200 mg</i>	3	PA
*Opioid Agonists***		
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL (10 patches per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 8 mg</i>	3	PA
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	PA
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (120 tablets per 30 days)
<i>hydromorphone hcl rectal suppository 3 mg</i>	1	PA
<i>levorphanol tartrate oral tablet 2 mg</i>	1	
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	1	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	QL (450 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; QL (30 capsules per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg</i>	1	PA; QL (60 capsules per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL (90 capsules per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL (90 tablets per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	QL (2700 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	1	QL (1350 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	QL (120 tablets per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	2	PA; QL (60 tablets per 30 days)
<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>	1	PA; QL (60 tablets per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	QL (500 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (120 tablets per 30 days)

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<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>	1	PA; QL (60 tablets per 30 days)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	1	PA; QL (60 tablets per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>tramadol hcl oral tablet 50 mg</i>	1	
*Opioid Combinations***		
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (180 tablets per 30 days)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	1	QL (300 tablets per 30 days)
*Opioid Partial Agonists***		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	PA
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	PA; QL (4 patches per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	QL (5 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	2	PA; QL (4 patches per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	
*Tramadol Combinations***		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (240 tablets per 30 days)
ANDROGENS-ANABOLIC		
*Anabolic Steroids***		
ANADROL-50 ORAL TABLET 50 MG	3	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
*Androgens***		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	3	PA; QL (60 GM per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	6	QL (10 ML per 90 days)

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<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	6	QL (2 ML per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	1	PA; QL (2 bottles per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	1	PA; QL (60 packets per 30 days)
ANORECTAL AGENTS		
*Nitrate Vasodilating Agents***		
RECTIV RECTAL OINTMENT 0.4 %	2	PA
*Rectal Steroids***		
<i>hydrocortisone rectal cream 2.5 %</i>	1	QL (30 GM per 30 days)
<i>procto-pak rectal cream 1 %</i>	1	QL (30 GM per 30 days)
<i>proctosol hc rectal cream 2.5 %</i>	1	QL (30 GM per 30 days)
ANTHELMINTICS		
*Anthelmintics***		
ALBENZA ORAL TABLET 200 MG	3	PA
BILTRICIDE ORAL TABLET 600 MG	3	
EMVERM ORAL TABLET CHEWABLE 100 MG	3	PA
ANTIANGINAL AGENTS		
*Nitrates***		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	
<i>nitroglycerin er oral capsule extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin translingual aerosol solution 400 mcg/spray</i>	1	
<i>nitro-time oral capsule extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	

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ANTIANKXIETY AGENTS		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	1	
<i>hydroxyzine hcl oral tablet 25 mg</i>	1	QL (120 tablets per 30 days)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>diazepam oral solution 1 mg/ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
ANTIARRHYTHMICS		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	Covered for Malaria Treatment, not prophylaxis.
QUINIDINE SULFATE ORAL TABLET 200 MG, 300 MG	3	Covered for Malaria Treatment, not prophylaxis.
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	QL (90 capsules per 30 days)
*Antiarrhythmics Type I-C***		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 425 mg</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	1	
<i>amiodarone hcl oral tablet 400 mg</i>	1	QL (30 tablets per 30 days)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	QL (120 capsules per 30 days)
MULTAQ ORAL TABLET 400 MG	2	QL (60 tablets per 30 days)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
*5-Lipoxygenase Inhibitors***		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	1	QL (120 tablets per 30 days)
*Adrenergic Combinations***		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (1 inhaler per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2	QL (1 inhaler per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	PA; Covered Alternatives: Breo Ellipta, Arcapta Neohaler, Advair, Symbicort
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	ST; QL (1 inhaler per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	2	QL (1 inhaler per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	2	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1	QL (1 inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	2	QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	2	QL (1 inhaler per 30 days)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	6	PA; SP

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*Beta Adrenergics***		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg</i>	1	
<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>	1	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	2	QL (30 capsules per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	2	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>	1	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	1	PA; Covered Alternatives: ProAir HFA
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	1	
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	1	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	2	QL (120 ML per 30 days)
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	2	QL (2 inhalers per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	2	QL (2 inhalers per 30 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	2	QL (1 diskus per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	2	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>	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	2	QL (1 inhaler per 30 days)

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SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	QL (1 inhaler per 30 days)
*Leukotriene Receptor Antagonists***		
<i>montelukast sodium oral packet 4 mg</i>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP ORAL TABLET 500 MCG	2	PA; QL (30 tablets per 30 days)
*Steroid Inhalants***		
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	2	QL (1 inhaler per 30 days)
ASMANEX 14 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	2	QL (1 inhaler per 30 days)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	2	QL (1 inhaler per 30 days)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	2	QL (1 inhaler per 30 days)
ASMANEX 7 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH	2	QL (1 inhaler per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	2	QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	2	QL (1 inhaler per 30 days)

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*Xanthines***		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	2	
<i>theochron oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
ANTICOAGULANTS		
*Coumarin Anticoagulants***		
<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	
*Direct Factor Xa Inhibitors***		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL (75 tablets per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 tablets per 30 days)
XARELTO ORAL TABLET 15 MG	2	QL (60 tablets per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	2	QL (51 tablets per fill & 1 fill per 180 days)
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	QL (15 doses per fill and 1 fill per 6 months)
<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>	1	QL (15 doses per fill and 1 fill per 6 months)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML	3	PA; QL (Quantity Limits Apply)
*Synthetic Heparinoid-Like Agents***		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	QL (15 doses per fill and 1 fill per 6 months)
*Thrombin Inhibitors - Selective Direct & Reversible***		
PRADAXA ORAL CAPSULE 150 MG, 75 MG	2	QL (75 capsules per 30 days)
ANTICONVULSANTS		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA

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*Anticonvulsants - Benzodiazepines***		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
ONFI ORAL TABLET 10 MG, 20 MG	2	PA; QL (60 tablets per 30 days)
*Anticonvulsants - Misc.***		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	PA
BANZEL ORAL TABLET 200 MG, 400 MG	2	QL (240 tablets per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	QL (30 tablets per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	PA
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	QL (120 tablets per 30 days)
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 500 mg</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	PA; Covered Alternatives: Gabapentin; QL (60 capsules per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	QL (240 tablets per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

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DRUG NAME	DRUG TIER	NOTES
VIMPAT ORAL SOLUTION 10 MG/ML	2	QL (120 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	QL (60 tablets per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
*Carbamates***		
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
*Gaba Modulators***		
SABRIL ORAL TABLET 500 MG	2	QL (6 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	1	
<i>vigabatrin oral packet 500 mg</i>	1	QL (6 packets per 30 days)
*Hydantoins***		
DILANTIN ORAL CAPSULE 30 MG	2	
PEGANONE ORAL TABLET 250 MG	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
*Succinimides***		
CELONTIN ORAL CAPSULE 300 MG	2	QL (120 capsules per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	1	QL (210 capsules per 30 days)
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
*Valproic Acid***		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
ANTIDEPRESSANTS		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (120 tablets per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	QL (60 tablets per 30 days)

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<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	1	
*Modified Cyclics***		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	PA; Covered Alternatives: citalopram, fluoxetine, sertraline, paroxetine; QL (30 tablets per 30 days)
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	2	PA; QL (30 patches per 30 days)
MARPLAN ORAL TABLET 10 MG	2	QL (180 tablets per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>fluoxetine hcl oral capsule 40 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>paroxetine hcl oral tablet 20 mg, 30 mg, 40 mg</i>	1	QL (30 tablets per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	QL (1 tablet per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	QL (60 capsules per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	PA
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	QL (60 capsules per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 tablets per 30 days)
*Tricyclic Agents***		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
<i>imipramine hcl oral tablet 10 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120 capsules per 30 days)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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*Antidiabetic - Amylin Analogs***		
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	2	PA
*Biguanides***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	Generic for Glumetza /Fortamet not covered
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
*Diabetic Other***		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	2	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 tablets per 30 days)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	PA
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	2	PA; QL (30 tablets per 30 days)
TRADJENTA ORAL TABLET 5 MG	2	PA; QL (30 tablets per 30 days)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	2	QL (30 tablets per 30 days)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET ORAL TABLET 0.8 MG	2	PA; QL (180 tablets per 30 days)
*Human Insulin***		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	ST; Covered Alternatives: Novolin/Novolog; QL (60 ML per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	ST; Covered Alternatives: Novolog; QL (60 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	ST; Covered Alternatives: Novolin/Novolog; QL (60 ML per 30 days)

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DRUG NAME	DRUG TIER	NOTES
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	3	ST; Covered Alternatives: Novolog; QL (60 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	ST; Covered Alternatives: Novolin/Novolog; QL (60 ML per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	ST; Covered Alternatives: Novolog; QL (60 ML per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST; Covered Alternatives: Novolog; QL (60 ML per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	ST; Covered Alternatives: Novolog
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	PA; Covered Alternatives: Novolin N, Novolin R; 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	1	QL (60 ML per 30 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (60 ML per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2	QL (60 ML per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2	QL (60 ML per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (60 ML per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (60 ML per 30 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	QL (60 ML per 30 days)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	2	QL (60 ML per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	QL (60 ML per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	2	QL (60 ML per 30 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	2	QL (60 ML per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	QL (60 ML per 30 days)

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NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (60 ML per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	2	QL (9 ML per 30 days)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	2	PA; Covered Alternatives: Trulicity (PA), Victoza (PA)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	2	PA; Covered Alternatives: Trulicity (PA), Victoza (PA)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	PA; Covered Alternatives: Trulicity (PA), Victoza (PA); QL (1 cartridge per 1 month)
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG	3	PA; Covered Alternatives: Trulicity (PA), Victoza (PA)
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	2	PA; QL (2 pens per 30 days)
*Meglitinide Analogues***		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL (240 tablets per 30 days)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
FARXIGA ORAL TABLET 10 MG, 5 MG	3	ST; Covered Alternatives: Jardiance, Synjardy XR
INVOKANA ORAL TABLET 100 MG, 300 MG	3	ST; Covered Alternatives: Jardiance (ST), Synjardy XR (ST)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	Covered Alternatives: Metformin; 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>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
*Sulfonylureas***		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	1	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	

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<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	1	
<i>tolbutamide oral tablet 500 mg</i>	1	
*Thiazolidinedione-Biguanide Combinations***		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	QL (120 tablets per 30 days)
*Thiazolidinediones***		
AVANDIA ORAL TABLET 2 MG, 4 MG	2	QL (60 tablets per 30 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 tablets per 30 days)
ANTIDIARRHEALS		
*Antiperistaltic Agents***		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>loperamide hcl oral capsule 2 mg</i>	1	QL (60 capsules per 30 days)
ANTIDOTES		
*Antidotes - Chelating Agents***		
CHEMET ORAL CAPSULE 100 MG	2	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	4	PA; SP
FERRIPROX ORAL TABLET 500 MG	4	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	PA; SP
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>	2	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	QL (1 fill per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	6	PA; SP

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ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
ANZEMET ORAL TABLET 100 MG, 50 MG	2	ST; QL (3 tablets per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	1	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet dispersible 4 mg</i>	1	
*Antiemetic Combinations***		
AKYNZEO ORAL CAPSULE 300-0.5 MG	3	PA
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG	4	PA; QL (120 tablets per 30 days)
*Antiemetics - Anticholinergic***		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	QL (4 patches per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	QL (60 capsules per 30 days)
*Antiemetics - Miscellaneous***		
CESAMET ORAL CAPSULE 1 MG	2	PA
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 capsules per 30 days)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	QL (1 pack per 1 fill)
<i>aprepitant oral capsule 80 mg</i>	1	QL (2 capsules per 1 fill)
ANTIFUNGALS		
*Antifungals***		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	4	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>	1	
*Triazoles***		
CRESEMBA ORAL CAPSULE 186 MG	3	QL (70 capsules per 30 days)

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<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
NOXAFIL ORAL SUSPENSION 40 MG/ML	2	QL (2 bottles per 1 fill)
SPORANOX ORAL SOLUTION 10 MG/ML	2	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
ANTIHIISTAMINES		
*Antihistamines - Ethanolamines***		
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
*Antihistamines - Phenothiazines***		
<i>phenadoz rectal suppository 25 mg</i>	1	
<i>phenergan rectal suppository 25 mg, 50 mg</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 50 mg</i>	1	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	1	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
ANTIHYPERLIPIDEMICS		
*Antihyperlipidemics - Misc.***		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	PA; QL (120 capsules per 30 days)
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
WELCHOL ORAL PACKET 3.75 GM	3	ST; QL (30 packets per 30 days)
WELCHOL ORAL TABLET 625 MG	3	ST; QL (210 tablets per 30 days)

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*Fibric Acid Derivatives***		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	0	HCR
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	1	PA; QL (30 tablets per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	PA; Covered Alternatives: atorvastatin, rosuvastatin, pravastatin, simvastatin; QL (30 tablets per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	0	HCR
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	0	HCR
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	HCR; QL (30 tablets per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	0	HCR
*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>	1	QL (Quantity Limits Apply)
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	1	QL (1 tablet per 1 day)
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>	1	QL (60 capsules per 30 days)
*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>	1	

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DRUG NAME	DRUG TIER	NOTES
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
*Ace Inhibitors***		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (60 tablets per 30 days)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
*Agents For Pheochromocytoma***		
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	PA
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	QL (30 tablets per 30 days)
*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>	1	QL (60 tablets per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	QL (30 tablets per 30 days)

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<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	QL (30 tablets per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	QL (30 tablets per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL (60 tablets per 30 days)
*Angiotensin Ii Receptor Antagonists***		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg</i>	1	PA; QL (30 tablets per 30 days)
<i>candesartan cilexetil oral tablet 16 mg, 32 mg</i>	1	PA; QL (60 tablets per 30 days)
<i>eprosartan mesylate oral tablet 600 mg</i>	1	QL (30 tablets per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30 tablets per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (30 tablets per 30 days)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	QL (30 tablets per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	PA; QL (30 tablets per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	QL (30 tablets per 30 days)
*Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides***		
<i>amlodipine-valsartan-hctz oral tablet 5-160-25 mg</i>	1	QL (60 tablets per 30 days)
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	QL (60 tablets per 30 days)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	QL (60 tablets per 30 days)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	QL (30 tablets per 30 days)

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*Direct Renin Inhibitors***		
TEKTURNA ORAL TABLET 150 MG, 300 MG	2	PA; QL (30 tablets per 30 days)
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
*Vasodilators***		
<i>hydralazine hcl oral tablet 100 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	4	PA; QL (1 kit per 28 days)
IMPAVIDO ORAL CAPSULE 50 MG	3	PA
<i>metronidazole oral capsule 375 mg</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
XIFAXAN ORAL TABLET 200 MG, 550 MG	3	PA
*Anti-Infective Misc. - Combinations***		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
*Antiprotozoal Agents***		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	2	PA; QL (150 ML per 3 days)
ALINIA ORAL TABLET 500 MG	2	PA; QL (6 tablets per 3 days)
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
*Leprostics***		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
*Oxazolidinones***		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	QL (1800 ML per 30 days)

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<i>linezolid oral tablet 600 mg</i>	1	QL (60 tablets per 30 days)
ANTIMALARIALS		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	1	QL (12 tablets per fill, 1 fill per 180 days); Covered for Malaria Treatment, not prophylaxis.
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	1	QL (9 tablets per fill, 1 fill per 180 days); Covered for Malaria Treatment, not prophylaxis.
COARTEM ORAL TABLET 20-120 MG	2	QL (24 tablets per fill, 1 fill per 180 days); Covered for Malaria Treatment, not prophylaxis.
*Antimalarials***		
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	Covered for Malaria Treatment, not prophylaxis.
DARAPRIM ORAL TABLET 25 MG	2	PA; Covered for Malaria Treatment, not prophylaxis.; QL (90 tablets per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	Covered for Malaria Treatment, not prophylaxis.
<i>mefloquine hcl oral tablet 250 mg</i>	1	QL (5 tablets per fill, 1 fill per 180 days); Covered for Malaria Treatment, not prophylaxis.
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 MG	2	Covered for Malaria Treatment, not prophylaxis.
<i>quinine sulfate oral capsule 324 mg</i>	1	Covered for Malaria Treatment, not prophylaxis.
ANTIMYASTHENIC AGENTS		
*Antimyasthenic Agents***		
<i>guanidine hcl oral tablet 125 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
*Antimyasthenic/Cholinergic Agents***		
<i>guanidine hcl oral tablet 125 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>guanidine hcl oral tablet 125 mg</i>	1	

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<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
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>	1	
<i>ethambutol hcl oral tablet 400 mg</i>	1	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	2	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG	4	PA
*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***		
HEXALEN ORAL CAPSULE 50 MG	4	SP
MYLERAN ORAL TABLET 2 MG	4	PA; SP
*Androgen Biosynthesis Inhibitors***		
ZYTIGA ORAL TABLET 250 MG, 500 MG	4	PA; SP
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG	2	
*Antiandrogens***		
<i>bicalutamide oral tablet 50 mg</i>	1	
<i>flutamide oral capsule 125 mg</i>	1	
XTANDI ORAL CAPSULE 40 MG	4	PA; SP

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*Antiestrogens***		
FARESTON ORAL TABLET 60 MG	2	SP
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	0	HCR; QL (30 tablets per 30 days)
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	PA; SP
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate oral tablet 2.5 mg</i>	1	
TABLOID ORAL TABLET 40 MG	2	
*Antineoplastic - Braf Kinase Inhibitors***		
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
*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	4	PA; SP
*Antineoplastic - Mek Inhibitors***		
COTELLIC ORAL TABLET 20 MG	4	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; SP
*Antineoplastic - Monoclonal Antibodies***		
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	6	PA; SP
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; SP
*Antineoplastic - Multikinase Inhibitors***		
NEXAVAR ORAL TABLET 200 MG	4	PA; SP
RYDAPT ORAL CAPSULE 25 MG	4	PA; SP
STIVARGA ORAL TABLET 40 MG	4	PA; SP

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SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	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 30 MG	4	
BOSULIF ORAL TABLET 100 MG, 500 MG	4	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 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
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; SP
ICLUSIG ORAL TABLET 15 MG, 45 MG	4	PA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; SP
IRESSA ORAL TABLET 250 MG	4	PA; SP
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	4	PA; SP
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	4	PA; SP
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 (2) MG	4	PA; SP
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	4	PA; SP
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	4	PA; SP
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG	4	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; SP

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TAGRISSE 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	4	PA; SP
TYKERB ORAL TABLET 250 MG	4	PA; SP
VOTRIENT ORAL TABLET 200 MG	4	PA; SP
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	4	PA; QL (3 vials per 30 days)
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
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	4	PA; SP
*Aromatase Inhibitors***		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	
<i>letrozole oral tablet 2.5 mg</i>	1	QL (30 tablets per 30 days)
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG	2	
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	

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*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	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>	1	PA
*Mitotic Inhibitors***		
<i>etoposide oral capsule 50 mg</i>	1	
*Nitrogen Mustards***		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	QL (60 capsules per 30 days)
LEUKERAN ORAL TABLET 2 MG	4	
<i>melphalan oral tablet 2 mg</i>	4	
*Nitrosoureas***		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	4	SP
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
*Retinoids***		
<i>tretinoin oral capsule 10 mg</i>	1	
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral capsule 75 mg</i>	4	PA; SP
*Topoisomerase I Inhibitors***		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	PA; SP
ANTIPARKINSON AGENTS		
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate oral tablet 0.5 mg</i>	1	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral syrup 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	

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<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	1	
*Central/Peripheral Comt Inhibitors***		
<i>tolcapone oral tablet 100 mg</i>	1	QL (90 tablets per 30 days)
*Decarboxylase Inhibitors***		
<i>carbidopa oral tablet 25 mg</i>	1	
*Levodopa Combinations***		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<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>	1	
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	4	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR	2	PA; QL (30 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	2	PA; QL (30 patches per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 2.25 mg, 3 mg</i>	1	QL (30 tablets per 30 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	1	

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DRUG NAME	DRUG TIER	NOTES
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
*Antipsychotics - Misc.***		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	PA; QL (30 tablets per 30 days)
NUPLAZID ORAL TABLET 17 MG	4	PA; SP
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	1	QL (60 capsules per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	1	QL (120 capsules per 30 days)
*Benzisoxazoles***		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	QL (30 tablets per 30 days)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (280 tablets per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg</i>	1	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (280 tablets per 30 days)
*Butyrophenones***		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (150 tablets per 30 days)
*Dibenzo-Oxepino Pyrroles***		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	3	PA; QL (60 tablets per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	3	PA

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*Dibenzothiazepines***		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (30 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (120 tablets per 30 days)
*Dibenzoxazepines***		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
*Phenothiazines***		
<i>chlorpromazine hcl oral tablet 10 mg, 200 mg, 25 mg</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
*Quinolinone Derivatives***		
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 tablets per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA
*Thienbenzodiazepines***		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 tablets per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (30 tablets per 30 days)
*Thioxanthenes***		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
*ANTIRETROVIRALS ADJUVANTS***		
*Antiretrovirals Adjuvants***		
TYBOST ORAL TABLET 150 MG	4	QL (60 tablets per 30 days)
ANTIVIRALS		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 tablets per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	4	

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ATRIPLA ORAL TABLET 600-200-300 MG	4	QL (30 tablets per 30 days)
DESCOVY ORAL TABLET 200-25 MG	4	QL (30 tablets per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	4	QL (30 capsules per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (30 tablets per 30 days)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	4	QL (60 tablets per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	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 (30 tablets per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	4	QL (60 tablets per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	4	QL (30 tablets per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	4	QL (30 tablets per 30 days)
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 (60 tablets per 30 days)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	4	PA; QL (1 kit per 30 days)
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS ORAL TABLET 400 MG	4	QL (60 tablets per 30 days)
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	
APTIVUS ORAL SOLUTION 100 MG/ML	4	
CRIXIVAN ORAL CAPSULE 200 MG	4	QL (180 capsules per 30 days)
INVIRASE ORAL CAPSULE 200 MG	4	QL (120 tablets per 30 days)
INVIRASE ORAL TABLET 500 MG	4	QL (120 tablets per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1800 ML per 30 days)
NORVIR ORAL CAPSULE 100 MG	4	QL (60 capsules per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (240 ML per 30 days)
NORVIR ORAL TABLET 100 MG	4	QL (60 tablets per 30 days)
PREZISTA ORAL TABLET 150 MG, 75 MG	4	QL (60 tablets per 30 days)
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	QL (30 capsules per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	QL (120 tablets per 30 days)

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*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG	4	QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	4	
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	4	QL (30 tablets per 30 days)
<i>nevirapine oral tablet 200 mg</i>	4	QL (60 tablets per 30 days)
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	4	QL (180 tablets per 30 days)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	4	QL (30 capsules per 30 days)
SUSTIVA ORAL TABLET 600 MG	4	QL (30 tablets per 30 days)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	4	QL (480 ML per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (480 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 tablets per 30 days)
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>	4	QL (60 capsules per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	4	QL (800 ML per 30 days)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 ML per 23 days)
<i>lamivudine oral solution 10 mg/ml</i>	4	SP; QL (60 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	4	SP; QL (60 tablets per 30 days)
<i>lamivudine oral tablet 300 mg</i>	4	SP
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	4	QL (60 capsules per 30 days)
<i>zidovudine oral capsule 100 mg</i>	4	QL (60 capsules per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	4	QL (1 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	4	QL (60 tablets per 30 days)
*Antiretrovirals - Rti-Nucleotide Analogues***		
VIREAD ORAL POWDER 40 MG/GM	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 tablets per 30 days)

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*Cmv Agents***		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	1	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
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	PA; SP
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	
<i>lamivudine oral tablet 100 mg</i>	4	SP
*Hepatitis C Agents***		
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG	4	PA; SP
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG	4	PA; SP
MODERIBA ORAL TABLET 200 MG	4	PA; SP
MODERIBA ORAL TABLET THERAPY PACK 200 & 400 MG, 400 & 600 MG	4	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 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 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	4	PA; SP
<i>ribasphere oral tablet 600 mg</i>	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	4	PA; SP
<i>ribavirin oral capsule 200 mg</i>	4	PA; SP
<i>ribavirin oral tablet 200 mg</i>	1	PA; SP
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>	1	

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<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	QL (240 tablets per 30 days)
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	1	
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (20 capsules per fill & 2 fills per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (10 capsules per fill ; 2 fills per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL (120 ML per fill ; 2 fills per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	2	QL (20 inhalations (5 Rotadisks) per fill, 2 fills per 365 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	2	QL (120 ML per fill & 2 fills per 365 days)
ASSORTED CLASSES		
*Antileptotics***		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; SP
*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	6	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	6	PA; SP
*Chelating Agents***		
CUPRIMINE ORAL CAPSULE 250 MG	2	PA
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA
SYPRINE ORAL CAPSULE 250 MG	2	
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	1	
<i>cyclosporine oral capsule 25 mg</i>	1	

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<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	
*Immunomodulators For Myelodysplastic Syndromes***		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; SP
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	QL (240 capsules per 30 days)
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	QL (240 tablets per 30 days)
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	
*Macrolide Immunosuppressants***		
RAPAMUNE ORAL SOLUTION 1 MG/ML	2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	2	PA
*Potassium Removing Resins***		
<i>kionex oral suspension 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	1	
<i>sps oral suspension 15 gm/60ml</i>	1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	PA
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	1	
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES***		
*Atopic Dermatitis - Monoclonal Antibodies***		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA; SP

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BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	PA; QL (30 tablets per 30 days)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
*Beta Blockers Non-Selective***		
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	QL (60 tablets per 30 days)
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
*BILE ACID SYNTHESIS DISORDER AGENTS***		
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	3	PA
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 300 mg</i>	1	

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<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg</i>	1	QL (30 capsules per 30 days)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1	QL (30 tablets per 30 days)
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	QL (30 capsules per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	QL (30 capsules per 30 days)
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</i>	1	QL (3 tablets per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
<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>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digitek oral tablet 125 mcg, 250 mcg</i>	1	
<i>digox oral tablet 125 mcg, 250 mcg</i>	1	
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	

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CARDIOVASCULAR AGENTS - MISC.		
*Prostaglandin - Impotence Agents***		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	3	ST; QL (6 kits per 30 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	3	ST; QL (6 vials per 30 days)
MUSE URETHRAL PELLETT 1000 MCG, 125 MCG, 250 MCG, 500 MCG	3	ST; QL (6 doses per 30 days)
*Prostaglandin Vasodilators***		
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	6	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	4	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	4	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
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	6	
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	4	PA; QL (90 tablets per 30 days)
*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 (30 tablets per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; QL (60 tablets per 30 days)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ADCIRCA ORAL TABLET 20 MG	4	PA
<i>sildenafil citrate oral tablet 20 mg</i>	1	QL (30 tablets per 30 days)

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*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
CIALIS ORAL TABLET 5 MG	2	PA; Covered Alternatives: Sildenafil 20mg; Only for BPH use; QL (30 tablets per 30 days)
CEPHALOSPORINS		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
*Cephalosporins - 2Nd Generation***		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML	3	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
CEFTIBUTEN ORAL CAPSULE 400 MG	2	
SUPRAX ORAL CAPSULE 400 MG	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	QL (QL Limits Apply)

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DRUG NAME	DRUG TIER	NOTES
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	0	HCR; QL (28 tablets per 28 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	0	HCR; QL (28 tablets per 28 days)
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	0	HCR; QL (28 tablets per 28 days)
<i>pimtree oral tablet 0.15-0.02/0.01 mg (21/5)</i>	0	HCR; QL (28 tablets per 28 days)
*Combination Contraceptives - Oral***		
<i>altavera oral tablet 0.15-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	0	HCR; QL (28 tablets per 30 days)
<i>aubra oral tablet 0.1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>aviane oral tablet 0.1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>balziva oral tablet 0.4-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>chateal oral tablet 0.15-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>delyla oral tablet 0.1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	0	HCR; QL (28 tablets per 30 days)
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	0	HCR; QL (28 tablets per 30 days)
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>falmina oral tablet 0.1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>gianvi oral tablet 3-0.02 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>gildagia oral tablet 0.4-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>gildess fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>gildess fe 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	0	HCR
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)

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<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	0	HCR
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	0	HCR
<i>lessina oral tablet 0.1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>lomedica 24 fe oral tablet 1-20 mg-mcg(24)</i>	0	HCR
<i>loryna oral tablet 3-0.02 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>mononessa oral tablet 0.25-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>nikki oral tablet 3-0.02 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	0	HCR; QL (1 tablet per 1 day)
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	0	HCR
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>ocella oral tablet 3-0.03 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>philith oral tablet 0.4-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>previfem oral tablet 0.25-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)

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<i>syeda oral tablet 3-0.03 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>tarina fe 1/20 oral tablet 1-20 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>vestura oral tablet 3-0.02 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>wera oral tablet 0.5-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>zenchent oral tablet 0.4-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
*Combination Contraceptives - Transdermal***		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	0	HCR; QL (3 patches per 28 days)
*Combination Contraceptives - Vaginal***		
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	0	HCR; QL (1 ring per 30 days)
*Continuous Contraceptives - Oral***		
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	0	HCR
*Emergency Contraceptives***		
<i>aftera oral tablet 1.5 mg</i>	0	QL (1 pack per fill & 3 fills per 365 days); HCR
<i>econtra ez oral tablet 1.5 mg</i>	0	QL (1 pack per fill and 3 fills per 365 days); HCR
ELLA ORAL TABLET 30 MG	0	QL (1 pack per fill and 3 fills per 365 days); HCR
<i>levonorgestrel oral tablet 1.5 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>my way oral tablet 1.5 mg</i>	0	HCR; QL (91 tablets per 90 days)
<i>next choice one dose oral tablet 1.5 mg</i>	0	QL (1 pack per fill and 3 fills per 365 days); HCR
<i>opcicon one-step oral tablet 1.5 mg</i>	0	QL (1 pack per fill and 3 fills per 365 days); HCR
<i>take action oral tablet 1.5 mg</i>	0	QL (1 pack per fill and 3 fills per 365 days); HCR
*Extended-Cycle Contraceptives - Oral***		
<i>amethia lo oral tablet 0.1-0.02 & 0.01 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	0	HCR; QL (28 tablets per 28 days)

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<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>fayosim oral tablet 42-21-21-7 days</i>	0	HCR
<i>introvale oral tablet 0.15-0.03 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>jolessa oral tablet 0.15-0.03 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>quasense oral tablet 0.15-0.03 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>rivelsa oral tablet 42-21-21-7 days</i>	0	HCR
*Progestin Contraceptives - Oral***		
<i>camila oral tablet 0.35 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>deblitane oral tablet 0.35 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>errin oral tablet 0.35 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>jencycla oral tablet 0.35 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>jolivette oral tablet 0.35 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>lyza oral tablet 0.35 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>nora-be oral tablet 0.35 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>norethindrone oral tablet 0.35 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>norlyroc oral tablet 0.35 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>sharobel oral tablet 0.35 mg</i>	0	HCR; QL (28 tablets per 28 days)
*Triphasic Contraceptives - Oral***		
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>caziant oral tablet 0.1/0.125/0.15 -0.025 mg</i>	0	HCR; QL (28 tablets per 28 days)
<i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>enpresse-28 oral tablet</i>	0	HCR; QL (28 tablets per 28 days)
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>levonest oral tablet</i>	0	HCR; QL (28 tablets per 28 days)
<i>myzilra oral tablet</i>	0	HCR; QL (28 tablets per 28 days)
<i>necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	0	HCR; QL (28 tablets per 28 days)
<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	0	HCR; QL (28 tablets per 28 days)

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<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	0	HCR; QL (28 tablets per 28 days)
CORTICOSTEROIDS		
*Glucocorticosteroids***		
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	PA
<i>cortisone acetate oral tablet 25 mg</i>	1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	2	QL (30 ML per 1 fill)
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	QL (300 ML per 30 days)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	QL (450 ML per 30 days)
<i>prednisolone oral syrup 15 mg/5ml</i>	1	QL (450 ML per 30 days)
<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>	1	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	2	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)</i>	1	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 150 mg</i>	1	QL (90 capsules per 30 days)
*Antitussive-Expectorant***		
FLOWTUSS ORAL SOLUTION 2.5-200 MG/5ML	3	PA
*Misc. Respiratory Inhalants***		
<i>sodium chloride inhalation nebulization solution 7 %</i>	1	

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*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	1	
*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
*CYSTIC FIBROSIS AGENT - COMBINATIONS***		
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP
DERMATOLOGICALS		
*Acne Antibiotics***		
ACZONE EXTERNAL GEL 7.5 %	3	PA; QL (60 GM per 30 days)
<i>clindacin etz external swab 1 %</i>	1	
<i>clindacin-p external swab 1 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>dapsone external gel 5 %</i>	1	PA; QL (60 GM per 30 days)
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfacetamide sodium external suspension 10 %</i>	1	

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*Acne Combinations***		
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>bp 10-1 external emulsion 10-1 %</i>	1	QL (340 GM per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	QL (45 GM per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	1	
<i>sulfacetamide sodium-sulfur external emulsion 10-5 %</i>	1	QL (340 GM per 30 days)
*Acne Products***		
<i>adapalene external cream 0.1 %</i>	1	QL (45 GM per 30 days)
<i>adapalene external gel 0.1 %</i>	1	QL (45 GM per 30 days)
<i>adapalene external gel 0.3 %</i>	1	QL (40 GM per 30 days)
AZELEX EXTERNAL CREAM 20 %	3	PA
<i>benzepro creamy wash external liquid 7 %</i>	1	
<i>benzepro external foam 5.3 %</i>	1	
<i>benzepro short contact external foam 9.8 %</i>	1	
<i>bp wash external liquid 2.5 %, 7 %</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (60 capsules per 30 days)
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (60 capsules per 30 days)
<i>pr benzoyl peroxide wash external liquid 7 %</i>	1	
<i>tretinoin external cream 0.025 %</i>	1	QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (60 capsules per 30 days)
*Agents For External Genital And Perianal Warts***		
VEREGEN EXTERNAL OINTMENT 15 %	2	QL (30GM per month & 2 fills per year)
*Antibiotic Steroid Combinations - Topical***		
CORTISPORIN EXTERNAL OINTMENT 1 %	3	
NEO-SYNALAR EXTERNAL KIT 0.5-0.025 %	3	PA
*Antibiotics - Topical***		
ALTABAX EXTERNAL OINTMENT 1 %	2	QL (1 tube per 1 fill)
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>mupirocin calcium external cream 2 %</i>	1	QL (30 GM per 30 days)
<i>mupirocin external ointment 2 %</i>	1	QL (30 GM per 30 days)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	QL (60 GM per 1 fill)

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DRUG NAME	DRUG TIER	NOTES
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
*Antifungals - Topical***		
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
MENTAX EXTERNAL CREAM 1 %	2	PA; QL (30 GM per 1 fill)
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium transdermal gel 1 %</i>	1	QL (300 GM per 30 days)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 0.5 %, 5 %</i>	1	PA
<i>fluorouracil external solution 2 %, 5 %</i>	1	
*Antineoplastic Or Premalignant Lesions - Topical Misc.***		
PICATO EXTERNAL GEL 0.015 %, 0.05 %	2	PA
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL 0.1 %	3	PA
*Antipruritics - Topical***		
PRUDOXIN EXTERNAL CREAM 5 %	3	QL (45 GM per 30 days)
*Antipsoriatics - Systemic***		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	QL (60 capsules per 30 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	4	PA; SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; SP
<i>methoxsalen oral capsule 10 mg</i>	1	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	4	PA; SP

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STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	4	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; SP
*Antipsoriatics***		
<i>calcipotriene external cream 0.005 %</i>	1	QL (60 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	1	QL (60 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	1	
<i>calcitrene external ointment 0.005 %</i>	1	
<i>calcitriol external ointment 3 mcg/gm</i>	1	
<i>tazarotene external cream 0.1 %</i>	1	PA
TAZORAC EXTERNAL CREAM 0.05 %	2	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	2	PA
*Antiseborrheic Combinations***		
<i>selenium sulf-pyrithione-urea external shampoo 2.25 %</i>	1	
*Antiseborrheic Products***		
<i>selenium sulfide external lotion 2.5 %</i>	1	
*Antivirals - Topical***		
<i>acyclovir external ointment 5 %</i>	1	QL (60 GM per 30 days)
DENAVIR EXTERNAL CREAM 1 %	2	QL (5 GM per 1 fill)
*Burn Products***		
<i>mafenide acetate external packet 5 %</i>	1	QL (1 packet per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	1	
*Corticosteroids - Topical***		
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external cream 0.1 %</i>	1	
<i>amcinonide external lotion 0.1 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
<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>	1	QL (60 ML per 1 fill)

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<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	QL (60 GM per 1 fill)
<i>betamethasone dipropionate external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	QL (60 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	1	QL (60 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	1	QL (60 GM per 1 fill)
<i>betamethasone valerate external ointment 0.1 %</i>	1	QL (60 GM per 1 fill)
CAPEX EXTERNAL SHAMPOO 0.01 %	2	
<i>clobetasol propionate e external cream 0.05 %</i>	1	QL (45 GM per 1 fill)
<i>clobetasol propionate external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external lotion 0.05 %</i>	1	QL (60 ML per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	1	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	1	QL (60 ML per 30 days)
CLODERM EXTERNAL CREAM 0.1 %	2	QL (45 GM per 30 days)
CLODERM PUMP EXTERNAL CREAM 0.1 %	2	QL (75 GM per 30 days)
<i>cormax scalp application external solution 0.05 %</i>	1	QL (60 ML per 30 days)
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
<i>diflorasone diacetate external cream 0.05 %</i>	1	QL (30 GM per 30 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	1	QL (15 GM per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	
<i>fluocinolone acetonide external cream 0.01 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.1 %</i>	1	PA
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>flurandrenolide external cream 0.05 %</i>	1	QL (60 GM per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	

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<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	
HALOG EXTERNAL CREAM 0.1 %	2	QL (30 GM per 30 days)
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>prednicarbate external cream 0.1 %</i>	1	
<i>scalacort external lotion 2 %</i>	1	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external cream 0.1 %</i>	1	QL (90 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm external cream 0.1 %</i>	1	QL (90 GM per 30 days)
*Emollients***		
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
<i>lactic acid external lotion 10 %</i>	1	
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream 1 %</i>	1	QL (60 GM per 30 days)
<i>econazole nitrate external cream 1 %</i>	1	
ERTACZO EXTERNAL CREAM 2 %	2	QL (60 GM per 1 fill)
EXELDERM EXTERNAL SOLUTION 1 %	2	QL (30 ML per 1 fill)

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<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
LUZU EXTERNAL CREAM 1 %	3	PA
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	1	QL (1 box per 30 days)
*Keratolytic/Antimitotic Agents***		
<i>podofilox external solution 0.5 %</i>	1	
*Local Anesthetics - Topical***		
<i>lidocaine external ointment 5 %</i>	1	QL (30 GM per 30 days)
<i>lidocaine external patch 5 %</i>	1	PA; QL (30 patches per 30 days)
<i>lidocaine hcl external cream 3 %</i>	1	QL (30 GM per 30 days)
<i>lidocaine hcl external gel 2 %</i>	1	QL (30 ML per 30 days)
<i>lidocaine hcl external solution 4 %</i>	1	QL (50 ML per 30 days)
<i>lidocaine pak external ointment 5 %</i>	1	QL (30 GM per 30 days)
*Macrolide Immunosuppressants - Topical***		
ELIDEL EXTERNAL CREAM 1 %	2	QL (30 GM per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
*Rosacea Agents***		
FINACEA EXTERNAL GEL 15 %	3	QL (50 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
MIRVASO EXTERNAL GEL 0.33 %	3	PA
<i>rosadan external cream 0.75 %</i>	1	
*Scabicides & Pediculicides***		
EURAX EXTERNAL CREAM 10 %	2	
EURAX EXTERNAL LOTION 10 %	2	QL (454 ML per 30 days)
<i>lindane external shampoo 1 %</i>	1	
<i>malathion external lotion 0.5 %</i>	1	
<i>permethrin external cream 5 %</i>	1	QL (60 GM per 7 days)
SKLICE EXTERNAL LOTION 0.5 %	2	
ULESFIA EXTERNAL LOTION 5 %	2	QL (227 ML per 30 days)
*Steroid-Local Anesthetic Combinations***		
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	1	QL (120 GM per 30 days)

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*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	QL (30 GM per 30 days)
*Topical Selective Retinoid X Receptor Agonists***		
TARGRETIN EXTERNAL GEL 1 %	4	PA; SP
*Wound Care - Growth Factor Agents***		
REGRANEX EXTERNAL GEL 0.01 %	3	PA; QL (15 GM per 30 days)
DIAGNOSTIC PRODUCTS		
*Diagnostic Drugs***		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 1.1 MG	6	PA; SP
*Diagnostic Tests***		
FREESTYLE INSULINX TEST IN VITRO STRIP	1	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
FREESTYLE LITE TEST IN VITRO STRIP	1	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	1	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	1	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	1	QL (1 strip per 1 day)

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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, 4200 UNIT	2	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 4000 UNIT, 8000 UNIT	2	Covered Alternatives: Creon, Zenpep.
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000 UNIT, 5000 UNIT	2	
*DIRECT-ACTING P2Y12 INHIBITORS***		
*Direct-Acting P2y12 Inhibitors***		
BRILINTA ORAL TABLET 90 MG	2	PA; QL (60 tablets per 30 days)
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg, 50-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
*Loop Diuretics***		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	QL (2 tablets per 1 day)
<i>ethacrynic acid oral tablet 25 mg</i>	1	QL (60 tablets per 30 days)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
*Potassium Sparing Diuretics***		
<i>amiloride hcl oral tablet 5 mg</i>	1	

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DYRENIUM ORAL CAPSULE 100 MG, 50 MG	2	PA; QL (120 capsules per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*Bisphosphonates***		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>	1	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	1	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	2	ST; QL (4 tablets per 28 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (1 tablets per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	QL (30 tablets per 30 days)
<i>risedronate sodium oral tablet 35 mg</i>	1	QL (4 tablets per 28 days)
*Calcimimetic Agents***		
SENSIPAR ORAL TABLET 30 MG	2	PA
SENSIPAR ORAL TABLET 60 MG	2	PA; QL (180 tablets per 30 days)
SENSIPAR ORAL TABLET 90 MG	2	PA; QL (120 tablets per 30 days)
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	PA
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	1	
*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

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*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	4	PA
*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
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	PA; QL (60 capsules per 30 days)
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	4	PA
*Ovulation Stimulants-Gonadotropins***		
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	4	PA
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT	4	PA; SP
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 (1 syringe per 30 days)

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*Ovulation Stimulants-Synthetic***		
<i>clomiphene citrate oral tablet 50 mg</i>	1	QL (60 tablets per 30 days)
*Parathyroid Hormone And Derivatives***		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	4	PA; SP; QL (1 pen per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	4	PA
*Phenylketonuria Treatment - Agents***		
KUVAN ORAL PACKET 100 MG, 500 MG	3	PA
KUVAN ORAL TABLET SOLUBLE 100 MG	4	PA
*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; QL (30 tablets per 30 days)
*Selective Vasopressin V2-Receptor Antagonists***		
SAMSCA ORAL TABLET 15 MG, 30 MG	4	PA
*Somatostatic Agents***		
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	4	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	4	PA; QL (1 syringe per 30 days)
*Urea Cycle Disorder - Agents***		
RAVICTI ORAL LIQUID 1.1 GM/ML	4	PA; SP
<i>sodium phenylbutyrate oral powder 3 gm/tsp</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>	4	PA; SP
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
STIMATE NASAL SOLUTION 1.5 MG/ML	4	PA; SP

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DRUG NAME	DRUG TIER	NOTES
ESTROGENS		
*Estrogen & Androgen***		
COVARYX HS ORAL TABLET 0.625-1.25 MG	1	
COVARYX ORAL TABLET 1.25-2.5 MG	1	
EEMT HS ORAL TABLET 0.625-1.25 MG	1	
EEMT ORAL TABLET 1.25-2.5 MG	1	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1	
*Estrogen & Progestin***		
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	2	QL (8 patches per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	2	
PREMPHASE ORAL TABLET 0.625-5 MG	2	QL (30 tablets per 30 days)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	QL (30 tablets per 30 days)
*Estrogens***		
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	2	QL (1 bottle per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (8 patches per 30 days)
<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>	1	QL (4 patches per 30 days)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	2	QL (1 bottle per 30 days)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	1	

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DRUG NAME	DRUG TIER	NOTES
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	QL (1 tablet per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB***		
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE ORAL TABLET 0.45-20 MG	3	PA
*FARNESOID X RECEPTOR (FXR) AGONISTS***		
*Farnesoid X Receptor (Fxr) Agonists***		
OCALIVA ORAL TABLET 10 MG, 5 MG	4	PA; SP
FLUOROQUINOLONES		
*Fluoroquinolones***		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	1	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	1	QL (14 tablets per 1 fill)
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	1	QL (14 tablets per 30 days)
FACTIVE ORAL TABLET 320 MG	2	QL (7 tablets per 7 days)
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	QL (1 tablet per 1 day)
<i>ofloxacin oral tablet 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
*Gastrointestinal Chloride Channel Activators***		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	PA; Covered Alternatives: Movantik (PA); QL (60 capsules per 30 days)

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*Gastrointestinal Stimulants***		
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	QL (90 tablets per 30 days)
*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	3	PA; QL (60 capsules per 30 days)
LINZESS ORAL CAPSULE 72 MCG	3	PA; Covered Alternatives: Amitiza (PA); QL (60 capsules per 30 days)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	PA
*Inflammatory Bowel Agents***		
<i>balsalazide disodium oral capsule 750 mg</i>	1	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG	2	QL (180 capsules per 30 days)
DIPENTUM ORAL CAPSULE 250 MG	2	
<i>mesalamine oral tablet delayed release 800 mg</i>	1	QL (12 tablets per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	2	QL (360 capsules per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>sulfazine oral tablet 500 mg</i>	1	
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac 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>	1	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	QL (5 tablets per 1 day)
PHOSLYRA ORAL SOLUTION 667 MG/5ML	2	
RENAGEL ORAL TABLET 400 MG	2	QL (3.5 tablets per 1 day)

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RENAGEL ORAL TABLET 800 MG	2	QL (7 tablets per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>	2	
<i>sevelamer carbonate oral packet 2.4 gm</i>	2	QL (540 packets per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL (10 tablets per 1 day)
VELPHORO ORAL TABLET CHEWABLE 500 MG	3	PA
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	4	PA; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	6	PA; SP
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride oral capsule 0.5 mg</i>	1	QL (30 capsules per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	QL (60 tablets per 30 days)
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	2	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	QL (30 capsules per 30 days)
*Citrates***		
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	1	
<i>virtrate-k oral solution 1100-334 mg/5ml</i>	1	
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG	2	PA
GOUT AGENTS		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	

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*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	QL (120 tablets per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG	3	PA
ZURAMPIC ORAL TABLET 200 MG	3	PA
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>	1	
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
BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED 200-1200 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
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 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, 500 UNIT	6	PA; SP

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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 BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 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, 1500 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
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
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	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

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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	4	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	4	PA; SP
*Cyclopentyltriazolopyrimidine (Cptp) Derivatives***		
BRILINTA ORAL TABLET 90 MG	2	PA; QL (60 tablets per 30 days)
*Hematorheologic Agents***		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	QL (60 capsules per 30 days)
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	PA
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	PA
HEMATOPOIETIC AGENTS		
*Cytotoxic Agents***		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	SP

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*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	4	QL (Quantity Limits Apply)
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	4	QL (Quantity Limits Apply)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	QL (Quantity Limits Apply)
*Erythropoietins***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	QL (Quantity Limits Apply)
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	4	QL (Quantity Limits Apply)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	QL (Quantity Limits Apply)
*Folic Acid/Folates***		
<i>folic acid oral capsule 0.8 mg</i>	0	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	HCR
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	4	PA; QL (1 syringe per 5 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	4	PA; QL (1 syringe per 5 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	4	QL (10 ML per 1 fill)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	4	QL (10 ML per 1 fill)

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*Iron Combinations***		
<i>fe c tab plus oral tablet 100-250-0.025-1 mg</i>	1	
<i>fe c tab plus oral tablet 100-250-0.025-1 mg</i>	1	HCR (For age 12 months or under)
*Iron***		
<i>ferrex 150 oral capsule 150 mg</i>	0	HCR (For age 12 months or under)
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>	0	HCR (For age 12 months or under)
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	0	HCR (For age 12 months or under)
<i>wee care oral suspension 15 mg/1.25ml</i>	0	HCR (For age 12 months or under)
*Thrombopoietin (Tpo) Receptor Agonists***		
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 (236.5 ML per 30 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>	1	PA
*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>	1	
<i>phenobarbital oral solution 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	1	
<i>midazolam hcl oral syrup 2 mg/ml</i>	1	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	

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triazolam oral tablet 0.125 mg, 0.25 mg	1	
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (30 tablets per 30 days)
zaleplon oral capsule 10 mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release 12.5 mg	1	
zolpidem tartrate er oral tablet extended release 6.25 mg	1	QL (30 tablets per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	1	QL (30 tablets per 30 days)
*Selective Melatonin Receptor Agonists***		
HETLIOZ ORAL CAPSULE 20 MG	3	PA
ROZEREM ORAL TABLET 8 MG	3	PA
*INTEGRIN RECEPTOR ANTAGONISTS***		
*Integrin Receptor Antagonists***		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	6	PA; SP
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)***		
*Interleukin-5 Antagonists (Igg1 Kappa)***		
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-2 (IDH2) INHIBITORS***		
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; SP
LAXATIVES		
*Bowel Evacuant Combinations***		
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	3	QL (Quantity Limits Apply)

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PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	2	PA; QL (Quantity Limits Apply)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/180ML	2	QL (Quantity Limits Apply)
*Laxatives - Miscellaneous***		
<i>constulose oral solution 10 gm/15ml</i>	1	
KRISTALOSE ORAL PACKET 10 GM	2	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	0	QL (Quantity Limits Apply); HCR
*Saline Laxative Mixtures***		
OSMOPREP ORAL TABLET 1.102-0.398 GM	3	
*LEPTIN ANALOGUES***		
*Leptin Analogues***		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	4	PA
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA OPHTHALMIC SOLUTION 5 %	3	PA
MACROLIDES		
*Azithromycin***		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	QL (120 ML per 30 days)
<i>azithromycin oral tablet 250 mg</i>	1	QL (120 tablets per 30 days)
<i>azithromycin oral tablet 500 mg, 600 mg</i>	1	QL (60 tablets per 30 days)
*Clarithromycin***		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
*Erythromycins***		
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	2	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	

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<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG	2	
*Fidaxomicin***		
DIFICID ORAL TABLET 200 MG	2	QL (60 tablets per 30 days)
MEDICAL DEVICES		
*Glucose Monitoring Test Supplies***		
FREESTYLE CONTROL SOLUTION IN VITRO LIQUID	0	QL (1 UNIT per 90 days)
FREESTYLE LANCETS	0	QL (Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx=
<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 UNIT per 90 days)
*Needles & Syringes***		
<i>insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	1	
<i>insulin syringe/needle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	1	
<i>pen needles 1/2" 29g x 12mm</i>	1	
<i>pen needles 29g x 12mm , 31g x 6 mm , 32g x 4 mm</i>	1	
<i>pen needles 3/16" 31g x 5 mm</i>	1	
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>	1	
MIGRAINE PRODUCTS		
*Migraine Combinations***		
<i>isometheptene-dichloral-apap oral capsule 65-100-325 mg</i>	1	QL (45 tablets per 30 days)
*Migraine Products***		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	PA

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*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	Covered Alternatives: Sumatriptan
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	1	PA; Covered Alternatives: sumatriptan, naratriptan, rizatriptan, almotriptan
<i>frovatriptan succinate oral tablet 2.5 mg</i>	1	PA; QL (12 tablets per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (12 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	QL (12 tablets per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	QL (6 nasal sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 tablets per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (6 syringes per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (12 tablets per 30 days)
MINERALS & ELECTROLYTES		
*Fluoride***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	0	HCR (For age 5 and under)
*Magnesium***		
<i>magnesium chloride injection solution 200 mg/ml</i>	1	
*Phosphate***		
<i>av-phos 250 neutral oral tablet 155-852-130 mg</i>	1	QL (120 tablets per 30 days)
<i>phospha 250 neutral oral tablet 155-852-130 mg</i>	1	QL (120 tablets per 30 days)
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	1	QL (120 tablets per 30 days)
*Potassium Combinations***		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>	1	
<i>pot bicarb-pot chloride oral tablet effervescent 25 meq</i>	1	
*Potassium***		
<i>effe-r-k oral tablet effervescent 25 meq</i>	1	
<i>k-effervescent oral tablet effervescent 25 meq</i>	1	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	

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KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
<i>klor-con oral tablet extended release 8 meq</i>	1	
<i>klor-con/ef oral tablet effervescent 25 meq</i>	1	
<i>k-vescent oral tablet effervescent 25 meq</i>	1	
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	1	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
*Zinc***		
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
*Anesthetics Topical Oral***		
<i>lidocaine viscous mouth/throat solution 2 %</i>	1	
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat lozenge 10 mg</i>	1	
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
*Antiseptic Combinations - Mouth/Throat***		
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	3	
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>paroex mouth/throat solution 0.12 %</i>	1	
<i>perio gard mouth/throat solution 0.12 %</i>	1	
*Saliva Stimulants***		
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
*Steroids - Mouth/Throat***		
<i>oralone mouth/throat paste 0.1 %</i>	1	

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MUSCULOSKELETAL THERAPY AGENTS		
*Central Muscle Relaxants***		
<i>baclofen oral tablet 10 mg</i>	1	QL (240 tablets per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	
<i>carisoprodol oral tablet 350 mg</i>	1	QL (120 tablets per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	QL (90 tablets per 30 days)
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>tizanidine hcl oral capsule 2 mg</i>	1	QL (10 tablets per 1 day)
<i>tizanidine hcl oral capsule 4 mg</i>	1	QL (9 tablets per 1 day)
<i>tizanidine hcl oral capsule 6 mg</i>	1	QL (6 tablets per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	1	QL (10 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	1	QL (9 tablets per 1 day)
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
*Muscle Relaxant Combinations***		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	QL (120 tablets per 30 days)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	QL (120 tablets per 30 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Nasal Antibiotics***		
BACTROBAN NASAL NASAL OINTMENT 2 %	2	
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
*Nasal Steroids***		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	2	ST
<i>budesonide nasal suspension 32 mcg/act</i>	1	

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<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	PA
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	1	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	2	ST
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB***		
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG	3	PA; QL (30 tablets per 30 days)
NEUROMUSCULAR AGENTS		
*Benzothiazoles***		
<i>riluzole oral tablet 50 mg</i>	1	
OPHTHALMIC AGENTS		
*Beta-Blockers - Ophthalmic Combinations***		
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	2	QL (10 ML per 1 fill)
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	1	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	2	QL (10 ML per 1 fill)
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>metipranolol ophthalmic solution 0.3 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
*Cycloplegic Mydriatics***		
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	1	
<i>homatropaire ophthalmic solution 5 %</i>	1	
<i>homatropine hbr ophthalmic solution 5 %</i>	1	

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<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	1	
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	2	
*Miotics - Direct Acting***		
<i>pilocarpine hcl ophthalmic solution 2 %</i>	1	
*Ophthalmic Antiallergic***		
ALOCRILOPHTHALMIC SOLUTION 2 %	2	QL (5 ML per 1 fill)
ALOMIDOPHTHALMIC SOLUTION 0.1 %	2	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
BEPREVEOPHTHALMIC SOLUTION 1.5 %	3	PA
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
EMADINEOPHTHALMIC SOLUTION 0.05 %	2	QL (5 ML per 1 fill)
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
LASTACAFTOPHTHALMIC SOLUTION 0.25 %	3	PA; QL (3 ML per 1 fill)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	1	QL (5 ML per 1 fill)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	QL (2.5 ML per 1 fill)
*Ophthalmic Antibiotics***		
AZASITEOPHTHALMIC SOLUTION 1 %	2	QL (2.5 ML per 30 days)
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
BESIVANCEOPHTHALMIC SUSPENSION 0.6 %	2	QL (5 ML per 30 days)
CILOXANOPHTHALMIC OINTMENT 0.3 %	2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	QL (6 ML per 30 days)
<i>gentak ophthalmic ointment 0.3 %</i>	1	
<i>levofloxacin ophthalmic solution 0.5 %</i>	1	QL (5 ML per 30 days)
MOXEZAOPHTHALMIC SOLUTION 0.5 %	2	QL (3 ML per 1 fill)
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	QL (3 ML per 1 fill)
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
TOBREXOPHTHALMIC OINTMENT 0.3 %	2	QL (1 tube per 1 fill)
*Ophthalmic Antifungal***		
NATACYNOPHTHALMIC SUSPENSION 5 %	3	PA

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*Ophthalmic Anti-Infective Combinations***		
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic solution 1 %</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 %	2	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>	1	
*Ophthalmic Decongestants***		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
*Ophthalmic Immunomodulators***		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	PA; QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	PA; QL (2 dropperettes per 1 day)
*Ophthalmic Local Anesthetics***		
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	2	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	2	QL (1.7 ML per 1 fill)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	2	
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	QL (1 bottle per 1 fill)

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*Ophthalmic Steroid Combinations***		
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	2	QL (6 ML per 30 days)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	2	
*Ophthalmic Steroids***		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	QL (10 ML per 30 days)
DUREZOL OPHTHALMIC EMULSION 0.05 %	2	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	2	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	2	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	2	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	2	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
*Ophthalmics - Cystinosis Agents**		
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	3	
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	ST; Covered Alternatives: latanoprost; QL (7.5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	ST; Covered Alternatives: latanoprost; QL (7.5 ML per 30 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	2	ST; QL (5 ML per 1 fill)
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	2	PA; Covered Alternatives: latanoprost, Lumigan (PA), Travatan Z (PA); QL (3 pouches per 1 fill)
*OREXIN RECEPTOR ANTAGONISTS***		
*Orexin Receptor Antagonists***		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic solution 2 %</i>	1	

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*Otic Anti-Infectives***		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC OTIC SUSPENSION 0.2-1 %	2	QL (10 ML per 1 fill)
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 %</i>	1	
*Otic Steroids***		
<i>acetazol hc otic solution 2-1 %</i>	1	
<i>fluocinolone acetamide otic oil 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL***		
*Oxaborole-Related Antifungals - Topical***		
KERYDIN EXTERNAL SOLUTION 5 %	3	PA
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
*Passive Immunizing Agents - Combinations***		
HYQVIA SUBCUTANEOUS KIT 2.5 GM/25ML, 20 GM/200ML	6	PA; SP
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
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

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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
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	6	PA; SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	6	SP
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
*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

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DRUG NAME	DRUG TIER	NOTES
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, 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	
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<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>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
*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 %	4	PA; SP

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*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS***		
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 30 MG	4	PA; SP; QL (60 tablets per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	4	PA; SP; QL (1 kit per 365 days)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL CAPSULE 50 MG	4	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; SP
ZEJULA ORAL CAPSULE 100 MG	4	PA; SP
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL CAPSULE 50 MG	4	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; SP
ZEJULA ORAL CAPSULE 100 MG	4	PA; SP
*POTASSIUM REMOVING AGENTS***		
*Potassium Removing Agents***		
<i>kionex oral suspension 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	1	
<i>sps oral suspension 15 gm/60ml</i>	1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	PA
PROGESTINS		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 5 mg</i>	1	

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<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	QL (175 ML per 30 days)
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS***		
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY ORAL TABLET 2.08 MG	3	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
*Alcohol Deterrents***		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
*Anti-Cataplectic Agents***		
XYREM ORAL SOLUTION 500 MG/ML	4	PA; QL (540 ML per 30 days)
*Cholinomimetics - Ache Inhibitors***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (60 tablets per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 capsules per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	QL (30 patches per 30 days)
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	2	PA; QL (60 tablets per 30 days)
*Movement Disorder Drug Therapy***		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; SP; QL (30 tablets per 30 days)
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; SP

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DRUG NAME	DRUG TIER	NOTES
*Multiple Sclerosis Agents - Interferons***		
AVONEX INTRAMUSCULAR KIT 30 MCG	4	PA; SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	4	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	4	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	4	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	4	PA; SP
*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	4	PA; SP
*Multiple Sclerosis Agents***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	4	PA; SP
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SP

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*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	QL (60 tablets per 30 days)
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	1	QL (1 pack per 365 days)
*Pseudobulbar Affect Agent Combinations***		
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA; QL (60 capsules per 30 days)
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
*Restless Leg Syndrome (Rls) Agents***		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	2	PA
*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 (For smoking cessation only)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	0	QL (56 tablet per fill, 6 fills per 365 days); HCR
CHANTIX ORAL TABLET 0.5 MG, 1 MG	0	QL (56 tablet 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 (56 tablet per fill, 6 fills per 365 days); HCR
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	0	QL (360 units per 30 days and 6 fills per 365 days); HCR
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	0	QL (360 units per 30 days and 6 fills per 365 days); HCR
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	0	QL (14 patches per 14 days & 12 fills per 365 days); HCR
NICOTROL INHALATION INHALER 10 MG	0	QL (168 cartridges per fill & 12 fills per 365 days); HCR
NICOTROL NS NASAL SOLUTION 10 MG/ML	0	QL (1 box per fill & 12 fills per year); HCR
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP

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*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
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***		
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (30 tablets per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	4	PA
RESPIRATORY AGENTS - MISC.		
*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
*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, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	

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VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	PA; Covered Alternatives: citalopram, fluoxetine, sertraline, paroxetine; QL (30 tablets per 30 days)
*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***		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	PA
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, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	2	Covered Alternatives: Metformin; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG	3	PA
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>	1	
TETRACYCLINES		
*Tetracyclines***		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 50 mg</i>	1	QL (90 capsules per 30 days)
<i>doxycycline hyclate oral tablet 100 mg, 150 mg</i>	1	QL (90 tablets per 30 days)
<i>doxycycline monohydrate oral capsule 100 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
THYROID AGENTS		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	

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DRUG NAME	DRUG TIER	NOTES
*Thyroid Hormones***		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 300 MG, 60 MG, 90 MG	2	QL (45 tablets per 30 days)
ARMOUR THYROID ORAL TABLET 30 MG	2	QL (30 tablets per 30 days)
<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>	1	QL (60 tablets per 30 days)
<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	QL (60 tablets per 30 days)
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	2	QL (30 tablets per 30 days)
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	QL (30 tablets per 30 days)
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	QL (60 tablets per 30 days)
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	2	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	2	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	2	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	2	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	QL (60 capsules per 30 days)
<i>unithroid 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>	2	QL (60 tablets per 30 days)
WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG	2	QL (45 tablets per 30 days)
WP THYROID ORAL TABLET 130 MG	2	QL (45 tablets per 30 days)

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*TRYPTOPHAN HYDROXYLASE INHIBITORS***		
*Tryptophan Hydroxylase Inhibitors***		
XERMELO ORAL TABLET 250 MG	4	SP
ULCER DRUGS		
*Anticholinergic Combinations***		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	QL (60 capsules per 30 days)
*Antispasmodics***		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	QL (240 capsules per 30 days)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	QL (240 tablets per 30 days)
*Belladonna Alkaloids***		
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	QL (60 tablets per 30 days)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	QL (120 tablets per 30 days)
*H-2 Antagonists***		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral tablet 20 mg</i>	1	QL (120 tablets per 30 days)
<i>famotidine oral tablet 40 mg</i>	1	QL (90 tablets per 30 days)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 15 mg/ml</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
*Misc. Anti-Ulcer***		
<i>sucralfate oral tablet 1 gm</i>	1	QL (120 tablets per 30 days)
*Proton Pump Inhibitors***		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	PA; Covered Alternatives: omeprazole, lansoprazole, pantoprazole, rabeprazole
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	2	QL (10 ML per 1 day)
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	2	QL (10 ML per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	QL (60 capsules per 30 days)

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omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	QL (60 capsules per 30 days)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	QL (60 tablets per 30 days)
rabeprazole sodium oral tablet delayed release 20 mg	1	QL (60 tablets per 30 days)
*Quaternary Anticholinergics***		
glycopyrrolate oral tablet 1 mg, 2 mg	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	
*Ulcer Drugs - Prostaglandins***		
misoprostol oral tablet 100 mcg, 200 mcg	1	
URINARY ANTI-INFECTIVES		
*Urinary Anti-Infectives***		
methenamine hippurate oral tablet 1 gm	1	
MONUROL ORAL PACKET 3 GM	2	QL (3 packs per 1 fill)
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohyd macro oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
hyophen oral tablet 81.6 mg	1	
URINARY ANTISPASMODICS		
*Beta-3 Adrenergic Agonists***		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	2	ST; Covered Alternatives: oxybutynin ER, tolterodine ER; QL (30 tablets per 30 days)
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	QL (90 tablets per 30 days)
oxybutynin chloride oral syrup 5 mg/5ml	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	QL (30 capsules per 30 days)
tolterodine tartrate oral tablet 1 mg	1	
tolterodine tartrate oral tablet 2 mg	1	QL (60 tablets per 30 days)
tropium chloride er oral capsule extended release 24 hour 60 mg	1	

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DRUG NAME	DRUG TIER	NOTES
VESICARE ORAL TABLET 10 MG, 5 MG	3	ST; QL (30 tablets per 30 days)
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	QL (90 tablets per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	QL (30 capsules per 30 days)
<i>tolterodine tartrate oral tablet 1 mg</i>	1	
<i>tolterodine tartrate oral tablet 2 mg</i>	1	QL (60 tablets per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	
VESICARE ORAL TABLET 10 MG, 5 MG	3	ST; QL (30 tablets per 30 days)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	2	ST; Covered Alternatives: oxybutynin ER, tolterodine ER; QL (30 tablets per 30 days)
VACCINES		
*Viral Vaccines***		
AFLURIA INTRAMUSCULAR SUSPENSION	0	HCR
AFLURIA PRESERVATIVE FREE 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
FLUBLOK INTRAMUSCULAR SOLUTION	0	HCR
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	HCR
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	0	HCR
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	HCR
FLUVIRIN INTRAMUSCULAR SUSPENSION	0	HCR

Tier 1= Generic, **Tier 2**= Preferred Brand, **Tier 3**= Non-Preferred Brand, **Tier 4**= Specialty,

Tier 0= Zero Cost Share, **Tier 6**= Medical

PA = Prior Authorization

QL = Quantity Limits

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

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DRUG NAME	DRUG TIER	NOTES
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	HCR
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	0	HCR
FLUZONE QUADRIVALENT INTRADERMAL SUSPENSION PEN-INJECTOR 9 MCG/STRAIN	0	HCR
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	0	HCR
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	0	HCR
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	6	
VAGINAL PRODUCTS		
*Imidazole-Related Antifungals***		
GYNAZOLE-1 VAGINAL CREAM 2 %	3	PA
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
*Vaginal Estrogens***		
ESTRACE VAGINAL CREAM 0.1 MG/GM	2	QL (42.5 GM per 1 fill)
ESTRING VAGINAL RING 2 MG	2	QL (1 ring per 90 days)
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	2	PA; QL (1 ring per 90 days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	2	
<i>yuvafem vaginal tablet 10 mcg</i>	1	
*Vaginal Progestins***		
CRINONE VAGINAL GEL 8 %	2	QL (QL Limits Apply)
ENDOMETRIN VAGINAL INSERT 100 MG	3	QL (QL Limits Apply)
VASOPRESSORS		
*Anaphylaxis Therapy Agents***		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 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	

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<i>epinephrine pf injection solution prefilled syringe 1 mg/10ml</i>	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
VITAMINS		
*Vitamin D***		
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>	1	QL (30 capsules per 30 days)
<i>vitamin d3 oral capsule 50000 unit</i>	0	HCR

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