



An Independent Licensee of the Blue Cross and Blue Shield Association

## Blue Cross Blue Shield of Arizona's Drug List for Aon Active Health Exchange

Effective 1/1/16

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

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

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

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

**Blue Cross Blue Shield of Arizona  
Aon Active Health Exchange**

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## List of Abbreviations

**1:** Low Cost Share

**2:** Moderate Cost Share

**3:** Highest Cost Share

**\$0:** \$0 cost share Prevention Drug

**AG:** Age Restrictions

**F:** Female Only

**M:** Male Only

**MO:** Mail Only

**Note 1:** User Note 1

**Note 2:** User Note 2

**PA:** PA Applies

**QL:** Quantity Limit

**R&M:** Retail & Mail

**RO:** Retail Only

**SP:** Specialty Pharmacy Only

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

## List of Patterns

**lowercase italics:** Generic drugs

**UPPERCASE BOLD:** Brand name drugs



**Blue Cross Blue Shield of Arizona  
Aon Active Health Exchange**

**CURRENT AS OF 1/1/2016**

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants*</b>			
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>			
<i>guanfacine hcl er oral tablet extended release 24 hr* 1 mg, 2 mg, 3 mg, 4 mg</i>		3	R
<b>INTUNIV ORAL TABLET EXTENDED RELEASE 24 HR* 1 MG, 2 MG, 3 MG, 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR* (CloNIDine HCl ER) 0.1 MG</b>	3	3	R
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>			
<b>STRATTERA ORAL CAPSULE 10 MG</b>	3		R&M; QL (10 EA per 1 day)
<b>STRATTERA ORAL CAPSULE 100 MG, 80 MG</b>	3		R&M; QL (1 EA per 1 day)
<b>STRATTERA ORAL CAPSULE 18 MG</b>	3		R&M; QL (5 EA per 1 day)
<b>STRATTERA ORAL CAPSULE 25 MG</b>	3		R&M; QL (4 EA per 1 day)
<b>STRATTERA ORAL CAPSULE 40 MG, 60 MG</b>	3		R&M; QL (2 EA per 1 day)
<b>*Amphetamine Mixtures***</b>			
<b>ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG</b>	2		R&M; QL (1 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>		1	R
<b>*Amphetamines***</b>			
<b>ADZENYS XR-ODT ORAL 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG</b>	3		R



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>DESOXYN ORAL TABLET 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>		1	R
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>		1	R
<b>DYANAVAL XR ORAL 2.5 MG/ML</b>	3		R&M; QL (8 ML per 1 day); AG (Min 6 Years)
<b>EVEKEO ORAL TABLET 10 MG, 5 MG</b>	3		PA; R
<i>methamphetamine hcl oral tablet 5 mg</i>		1	R
<b>VYVANSE ORAL CAPSULE 10 MG</b>	2		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<b>VYVANSE ORAL CAPSULE 20 MG, 40 MG, 60 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>VYVANSE ORAL CAPSULE 30 MG, 50 MG, 70 MG</b>	2		R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<b>ZENZEDI ORAL TABLET 20 MG</b>	3		R
<b>*Analeptics***</b>			
<i>caffeine anhydrous powder</i>		3	R
<b>*Anorexiant Combinations***</b>			
<b>QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG</b>	3		R
<b>*Anorexiants Non-Amphetamine***</b>			
<b>ADIPEX-P ORAL CAPSULE 37.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ADIPEX-P ORAL TABLET 37.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>benzphetamine hcl oral tablet 50 mg</i>		1	R
<b>BONTRIL PDM ORAL TABLET 35 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DIDREX ORAL TABLET 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>diethylpropion hcl er oral tablet extended release 24 hr* 75 mg</i>		1	R
<b>LOMAIRA ORAL TABLET 8 MG</b>	3		R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>		1	R
<i>phendimetrazine tartrate oral tablet 35 mg</i>		1	R
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>		1	R
<i>phentermine hcl oral tablet 37.5 mg</i>		1	R
<b>REGIMEX ORAL TABLET 25 MG</b>	3		R
<b>SUPRENZA ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 37.5 MG</b>	3		R
<b>*Lipase Inhibitors***</b>			
<b>XENICAL ORAL CAPSULE 120 MG</b>	3		R&M; AG (Min 12 Years)
<b>*Serotonin 2C Receptor Agonists***</b>			
<b>BELVIQ ORAL TABLET 10 MG</b>	3		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<b>BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HR* 20 MG</b>	3		R
<b>*Stimulants - Misc.***</b>			
<b>APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</b>	3		PA; R
<b>CONCERTA ORAL TABLET EXTENDEDRELEASE* (Methylphenidate HCl ER) 18 MG, 27 MG, 54 MG</b>	3	3	R&M; QL (1 EA per 1 day)
<b>CONCERTA ORAL TABLET EXTENDEDRELEASE* (Methylphenidate HCl ER) 36 MG</b>	3	3	R&M; QL (2 EA per 1 day)
<b>DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR</b>	3		PA; R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg</i>		3	R
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg</i>		2	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>		3	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>		1	R&M; QL (3 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>FOCALIN ORAL TABLET 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>FOCALIN ORAL TABLET 2.5 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 25 MG, 35 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<b>FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 30 MG, 40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 6 Years)
<b>FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day); AG (Min 6 Years)
<b>METADATE CD ORAL CAPSULE EXTENDED RELEASE* 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>METADATE ER ORAL TABLET EXTENDEDRELEASE* (<i>Methylphenidate HCl ER</i>) 20 MG</b>	3	1	R
<b>METHYLIN ORAL TABLET CHEWABLE 10 MG, 2.5 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>methylphenidate hcl er (cd) oral capsule extended release* 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>		1	R
<i>methylphenidate hcl er oral tablet extended release 24 hr* 18 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extendedrelease* 10 mg</i>		3	R
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		1	R
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>		1	R
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>		1	R
<i>modafinil oral tablet 100 mg, 200 mg</i>		1	R&M; AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
NUVIGIL ORAL TABLET 150 MG, 250 MG, 50 MG	3		PA; R
NUVIGIL ORAL TABLET ( <i>Armodafinil</i> ) 200 MG	3	3	PA; R
PROVIGIL ORAL TABLET 100 MG, 200 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); AG (Min 16 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3		R&M; QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
RITALIN SR ORAL TABLET EXTENDEDRELEASE* 20 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Alternative Medicines*</b>			
<b>*Alternative Medicine - Al's***</b>			
NEOKE RA LIPOIC ORAL POWDER 800 MG/GM	3		R
<b>*Amebicides*</b>			
<b>*Amebicides***</b>			
YODOXIN ORAL TABLET 210 MG	3		R
<b>*Aminoglycosides*</b>			
<b>*Aminoglycosides***</b>			
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>gentamicin sulfate injection solution 40 mg/ml</i>		1	R
KITABIS PAK INHALATION NEBULIZATION SOLUTION ( <i>Tobramycin</i> ) 300 MG/5ML	3	3	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>neomycin sulfate oral tablet 500 mg</i>		1	R
<i>paromomycin sulfate oral capsule 250 mg</i>		1	R
TOBI INHALATION NEBULIZATION SOLUTION ( <i>Tobramycin</i> ) 300 MG/5ML	3	3	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TOBI PODHALER INHALATION CAPSULE 28 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Analgesics - Anti-Inflammatory*</b>			
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>			
<b>XELJANZ ORAL TABLET 5 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR* 11 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antirheumatic Antimetabolites***</b>			
<b>OTREXUP SUBCUTANEOUS* 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML, 7.5 MG/0.4ML</b>	3		PA; R
<b>RASUVO SUBCUTANEOUS* 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 27.5 MG/0.55ML, 30 MG/0.6ML, 7.5 MG/0.15ML</b>	3		R
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>			
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS* 40 MG/0.8ML</b>	2		PA; SP
<b>HUMIRA PEN SUBCUTANEOUS* 40 MG/0.8ML</b>	2		PA; SP
<b>HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS* 40 MG/0.8ML</b>	2		PA; SP
<b>HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS* 40 MG/0.8ML</b>	2		PA; SP
<b>HUMIRA SUBCUTANEOUS* 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML</b>	2		PA; SP
<b>SIMPONI ARIA INTRAVENOUS* SOLUTION 50 MG/4ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SIMPONI SUBCUTANEOUS* 100 MG/ML, 50 MG/0.5ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>			
SIMPONI ARIA INTRAVENOUS* SOLUTION 50 MG/4ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SIMPONI SUBCUTANEOUS* 100 MG/ML, 50 MG/0.5ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SIMPONI SUBCUTANEOUS* SOLUTION 100 MG/ML, 50 MG/0.5ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>			
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>		1	R
<b>*Gold Compounds***</b>			
RIDAURA ORAL CAPSULE 3 MG	3		R
<b>*Interleukin-1 Blockers***</b>			
ARCALYST SUBCUTANEOUS* SOLUTION RECONSTITUTED 220 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Interleukin-1 Receptor Antagonist (IL-1Ra)***</b>			
KINERET SUBCUTANEOUS* 100 MG/0.67ML	3		PA; SP
<b>*Interleukin-1Beta Blockers***</b>			
ILARIS SUBCUTANEOUS* SOLUTION RECONSTITUTED 180 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Interleukin-6 Receptor Inhibitors***</b>			
ACTEMRA INTRAVENOUS* SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ACTEMRA SUBCUTANEOUS* 162 MG/0.9ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Nonsteroidal Anti-Inflammatory Agent Combinations***</b>			
<b>ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>		1	R
<b>DUEXIS ORAL TABLET 800-26.6 MG</b>	3		PA; R&M; QL (3 EA per 1 day); AG (Min 16 Years)
<b>VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG</b>	3		PA; R
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***</b>			
<b>ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG</b>	3		R
<b>ANAPROX DS ORAL TABLET 550 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CATAFLAM ORAL TABLET 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DAYPRO ORAL TABLET 600 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>diclofenac sodium er oral tablet extended release 24 hr* 100 mg</i>		1	R
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		1	R
<i>etodolac er oral tablet extended release 24 hr* 400 mg, 500 mg, 600 mg</i>		1	R
<i>etodolac oral capsule 200 mg, 300 mg</i>		1	R
<i>etodolac oral tablet 500 mg</i>		1	R
<b>FELDENE ORAL CAPSULE 10 MG, 20 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>FENORTHO ORAL CAPSULE 400 MG</b>	3		R
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		1	R
<i>hm ibuprofen ib oral tablet 200 mg</i>		3	R
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		1	R
<b>INDOCIN ORAL SUSPENSION 25 MG/5ML</b>	3		R
<b>INDOCIN SUPPOSITORY 50 MG</b>	3		R
<i>indomethacin er oral capsule extended release* 75 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>indomethacin oral capsule 25 mg, 50 mg</i>		1	R
<b>INFANTS ADVIL ORAL SUSPENSION 50 MG/1.25ML</b>	3		R
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>		1	R
<i>ketoprofen powder</i>		3	R
<i>ketorolac tromethamine oral tablet 10 mg</i>		1	R
<b>LODINE ORAL TABLET (Etodolac) 400 MG</b>	3	1	R
<i>mefenamic acid oral capsule 250 mg</i>		1	R
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>MOBIC ORAL SUSPENSION (Meloxicam) 7.5 MG/5ML</b>	3	3	R&M; QL (10 ML per 1 day)
<b>MOBIC ORAL TABLET 15 MG, 7.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>		1	R
<b>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HR* (Naproxen Sodium ER) 375 MG, 500 MG</b>	3	3	R&M; QL (30 EA per 1 Copay); AG (Min 18 Years)
<b>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HR* 500 &amp; 750 MG</b>	3		R&M; QL (30 EA per 1 Copay)
<b>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HR* 750 MG</b>	3		R&M; QL (30 EA per 1 Copay); AG (Min 18 Years)
<b>NAPROSYN ORAL TABLET 250 MG, 375 MG, 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>		1	R
<i>naproxen oral suspension 125 mg/5ml</i>		3	R
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>		1	R
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>		1	R
<i>oxaprozin oral tablet 600 mg</i>		1	R
<i>piroxicam oral capsule 10 mg, 20 mg</i>		1	R
<b>PONSTEL ORAL CAPSULE 250 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SPRIX NASAL SOLUTION 15.75 MG/SPRAY</b>	3		R&M; QL (5 EA per 1 Copay); AG (Min 18 Years)
<i>sulindac oral tablet 150 mg, 200 mg</i>		1	R



Drug Name	Brand	Generic	Additional Information
<b>TIVORBEX ORAL CAPSULE 20 MG, 40 MG</b>	3		R
<i>tolmetin sodium oral capsule 400 mg</i>		1	R
<b>VIVLODEX ORAL CAPSULE 10 MG, 5 MG</b>	3		PA; R
<b>ZIPSOR ORAL CAPSULE 25 MG</b>	3		R
<b>ZORVOLEX ORAL CAPSULE 18 MG, 35 MG</b>	3		R
<b>*Pyrimidine Synthesis Inhibitors***</b>			
<b>ARAVA ORAL TABLET 10 MG, 20 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>leflunomide oral tablet 10 mg, 20 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>*Selective Costimulation Modulators***</b>			
<b>ORENCIA CLICKJECT SUBCUTANEOUS* 125 MG/ML</b>	3		PA; SP
<b>ORENCIA INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ORENCIA SUBCUTANEOUS* 125 MG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>			
<b>ENBREL SUBCUTANEOUS* 25 MG/0.5ML, 50 MG/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ENBREL SUBCUTANEOUS* KIT 25 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ENBREL SURECLICK SUBCUTANEOUS* 50 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Analgesics - Nonnarcotic*</b>			
<b>*Analgesics-Sedatives***</b>			
<b>ALAGESIC LQ ORAL SOLUTION 50-325-40 MG/15ML</b>	1		RO
<b>BUPAP ORAL TABLET 50-300 MG</b>	3		R
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>		1	R
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>		3	R
<b>DOLGIC PLUS ORAL TABLET 50-750-40 MG</b>	3		R&M; QL (5 EA per 1 day)
<b>ESGIC ORAL CAPSULE 50-325-40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ESGIC ORAL TABLET (<i>Fioricet</i>) 50-325-40 MG</b>	3	3	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ESGIC-PLUS ORAL CAPSULE 50-500-40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ESGIC-PLUS ORAL TABLET 50-500-40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>FIORICET ORAL CAPSULE 50-300-40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (30 EA per 1 Copay); AG (Min 12 Years)
<i>marten-tab oral tablet 50-325 mg</i>		1	R
<b>ORBIVAN ORAL CAPSULE (<i>Butalbital-APAP-Caffeine</i>) 50-300-40 MG</b>	3	1	R&M; QL (30 EA per 1 Copay); AG (Min 12 Years)
<b>TENCON ORAL TABLET (<i>Butalbital-Acetaminophen</i>) 50-325 MG</b>	3	1	R
<b>VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML</b>	3		RO
<b>ZEBUTAL ORAL CAPSULE 50-500-40 MG</b>	1		R
<b>*Salicylate Combinations***</b>			
<b>BUFFERIN LOW DOSE ORAL TABLET 81 MG</b>	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 45 Years)
<i>choline &amp; mag trisalicylate oral tablet 1000 mg</i>		3	R
<b>*Salicylates***</b>			
<i>adult aspirin ec low strength oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspir-81 oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin adult low strength oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>aspirin childrens oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>aspirin ec lo-dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0
<i>aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin low dose oral tablet 81 mg</i>		3	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin low dose oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>aspirin low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin low strength oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>aspirin oral tablet 81 mg</i>		3	R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<b>ASPIR-LOW ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 81 MG</b>	1	1	R&M; \$0; AG (Min 45 Years)
<i>aspirtab oral tablet delayed release 324 mg</i>		1	R&M; \$0
<b>BAYER ADVANCED ASPIRIN REG ST ORAL TABLET (<i>Aspirin</i>) 325 MG</b>	1	1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET (<i>Aspirin</i>) 325 MG</b>	1	1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 325 MG</b>	1	1	R&M; \$0
<b>BAYER ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 325 MG</b>	1	1	R&M; \$0
<b>BAYER LOW DOSE ORAL TABLET CHEWABLE (<i>Aspirin</i>) 81 MG</b>	1	1	R&M; \$0
<i>childrens aspirin low strength oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>cvs aspirin child oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>cvs aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>cvs aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>cvs aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>cvs childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>ec-81 aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<b>ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG</b>	1	1	R&M; \$0; AG (Min 45 Years)
<b>ECOTRIN ORAL TABLET DELAYED RELEASE (Aspirin) 325 MG</b>	3	1	R&M; \$0
<b>ECPIRIN ORAL TABLET DELAYED RELEASE (Aspirin) 325 MG</b>	1	1	R&M; \$0
<i>eq aspirin low dose oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>eq aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>eq aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0
<i>eq childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>eql aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0
<i>eql aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>eql aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>eql childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>gnp aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0
<i>gnp aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>hm aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>kls aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>kp aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<b>MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG</b>	1	1	R&M; \$0; AG (Min 45 Years)
<i>mm aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>NORWICH ASPIRIN ORAL TABLET</b> (Aspirin) 325 MG	1	1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>px aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>px aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>px enteric aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0
<i>px enteric aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>qc aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>qc aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0
<i>qc childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>ra aspirin adult low strength oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>ra aspirin adult low strength oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>ra aspirin childrens oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>ra childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>salsalate oral tablet 500 mg, 750 mg</i>		1	R
<i>sb aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0
<i>sb aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>sb childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>sm aspirin adult low strength oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>sm aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>sm aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>sm childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<b>ST JOSEPH ADULT LOW DOSE ORAL TABLET CHEWABLE 75 MG</b>	3		R&M; \$0; QL (1 EA per 1 day); AG (Min 45 Years)
<b>ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE (Aspirin) 81 MG</b>	1	1	R&M; \$0
<i>tgt aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0
<i>tgt aspirin low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>tgt aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>tgt aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>tgt aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>tgt childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>th aspirin low dose oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>th aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>th enteric aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0
<b>*Analgesics - Opioid*</b>			
<b>*Codeine Combinations***</b>			
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>		1	R
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>		1	R
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>		1	R
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		1	R
<b>ASCOMP-CODEINE ORAL CAPSULE (Butalbital-ASA-Caff-Codeine) 50-325-40-30 MG</b>	1	1	R
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>		1	R
<b>FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Dihydrocodeine Combinations***</b>			
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>		1	R
<b>TREZIX ORAL CAPSULE 320.5-30-16 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Hydrocodone Combinations***</b>			
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		1	R
<i>hydrocodone-acetaminophen oral solution 7.5-500 mg/15ml</i>		3	R
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 10-650 mg, 10-660 mg, 2.5-500 mg, 5-325 mg, 5-500 mg, 7.5-300 mg, 7.5-325 mg, 7.5-500 mg, 7.5-650 mg, 7.5-750 mg</i>		1	R
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>		3	R
<i>hydrocodone-ibuprofen oral tablet 2.5-200 mg</i>		3	R
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		1	R
<b>IBUDONE ORAL TABLET 10-200 MG, 5-200 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LORTAB ORAL ELIXIR 10-300 MG/15ML</b>	3		R
<b>LORTAB ORAL TABLET 10-325 MG, 5-500 MG, 7.5-500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LORTAB ORAL TABLET (Hydrocodone-Acetaminophen) 10-500 MG</b>	3	1	R
<b>NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>REPREXAIN ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>VICODIN ORAL TABLET (Hydrocodone-Acetaminophen) 5-300 MG</b>	1	1	R
<b>VICOPROFEN ORAL TABLET 7.5-200 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>XODOL ORAL TABLET 5-300 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>XYLON ORAL TABLET 10-200 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
ZAMICET ORAL SOLUTION 10-325 MG/15ML	3		R
ZOLVIT ORAL SOLUTION 10-300 MG/15ML	3		R
<b>*Opioid Agonists***</b>			
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG	3		PA; RO; AG (Min 18 Years)
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 800 MCG	3		RO; AG (Min 18 Years)
ACTIQ BUCCAL LOLLIPOP 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3		PA; RO; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (30 EA per 1 Copay)
AVINZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		1	R
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR ( <i>TraMADol HCl ER</i> ) 100 MG, 200 MG, 300 MG	3	3	PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
DILAUDID ORAL TABLET 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DURAGESIC-100 TRANSDERMAL PATCH 72 HR 100 MCG/HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DURAGESIC-12 TRANSDERMAL PATCH 72 HR 12 MCG/HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DURAGESIC-25 TRANSDERMAL PATCH 72 HR 25 MCG/HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DURAGESIC-50 TRANSDERMAL PATCH 72 HR 50 MCG/HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DURAGESIC-75 TRANSDERMAL PATCH 72 HR 75 MCG/HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
EMBEDA ORAL CAPSULE EXTENDED RELEASE* 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	3		R
EXALGO ORAL 12 MG, 16 MG, 32 MG, 8 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>fentanyl citrate buccal lollipop 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		3	PA; RO; QL (30 EA per 1 Copay)
<i>fentanyl transdermal patch 72 hr 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		1	R



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>fentanyl transdermal patch 72 hr 37.5 mcg/12hr, 62.5 mcg/12hr, 87.5 mcg/12hr</i>		3	R
<b>FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	3		PA; RO
<i>hydromorphone hcl er oral 12 mg, 16 mg, 32 mg, 8 mg</i>		3	R
<i>hydromorphone hcl oral liquid† 1 mg/ml</i>		1	R
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>		1	R
<i>hydromorphone hcl suppository 3 mg</i>		3	R
<b>HYSINGLA ER ORAL 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 130 MG, 150 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG, 80 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT</b>	3		PA; R&M; Note 1 (10 bottles per copay retail or mail. Max 30.); QL (10 EA per 1 Copay)
<b>LAZANDA NASAL SOLUTION 300 MCG/ACT</b>	3		PA; RO
<i>levorphanol tartrate oral tablet 2 mg</i>		3	R
<i>meperidine hcl oral tablet 50 mg</i>		1	R
<i>meperitab oral tablet 100 mg, 50 mg</i>		1	R
<i>methadone hcl oral solution 5 mg/5ml</i>		3	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>methadone hcl oral tablet 5 mg</i>		1	R
<b>METHADOSE ORAL TABLET (Methadone HCl) 10 MG</b>	1	1	R
<b>METHADOSE ORAL TABLET DISPERSIBLE 40 MG</b>	3		R
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		1	R
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>		3	R
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>		3	R
<i>morphine sulfate er oral tablet extended release* 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>		1	R
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		3	R
<b>MS CONTIN ORAL TABLET EXTENDEDRELEASE* 100 MG, 15 MG, 200 MG, 30 MG, 60 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR* 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</b>	3		R
<b>NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG</b>	3		R
<b>OPANA ER ORAL 10 MG, 15 MG</b>	3		PA; R
<i>opana er oral 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>		3	PA; R
<b>OPANA ORAL TABLET 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>OXECTA ORAL 5 MG, 7.5 MG</b>	3		R
<i>oxycodone hcl oral capsule 5 mg</i>		1	R
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		3	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>oxycodone hcl oral concentrate 20 mg/ml</i>		3	R
<i>oxycodone hcl oral solution 5 mg/5ml</i>		3	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>oxycodone hcl oral tablet 10 mg, 20 mg, 30 mg</i>		1	R
<b>OXYCONTIN ORAL 10 MG, 15 MG, 20 MG, 30 MG, 60 MG, 80 MG</b>	3		R
<b>OXYCONTIN ORAL (OxyCODONE HCl ER) 40 MG</b>	3	3	R
<i>oxymorphone hcl er oral tablet extended release 12 hr* 10 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>		3	R
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>		1	R
<b>ROXICODONE ORAL TABLET (OxyCODONE HCl) 15 MG, 5 MG</b>	1	1	R
<b>ROXICODONE ORAL TABLET 30 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SUBSYS SUBLINGUAL LIQUID† 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	3		PA; RO

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hr* 100 mg, 200 mg, 300 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>		3	PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tramadol hcl er oral tablet extended release 24 hr* 100 mg, 200 mg, 300 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>		1	R&M; QL (8 EA per 1 Days)
<b>ULTRAM ER ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG, 200 MG, 300 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
<b>ULTRAM ORAL TABLET 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (8 EA per 1 Days)
<b>XTAMPZA ER ORAL 13.5 MG, 18 MG, 9 MG</b>	3		R&M; QL (7 EA per 1 day); AG (Min 18 Years)
<b>XTAMPZA ER ORAL 27 MG</b>	3		R&M; QL (10 EA per 1 day); AG (Min 18 Years)
<b>XTAMPZA ER ORAL 36 MG</b>	3		R&M; QL (8 EA per 1 day); AG (Min 18 Years)
<b>ZOHYDRO ER ORAL 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG</b>	3		R&M; QL (2 EA per 1 day)
<b>ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG</b>	3		R&M; QL (2 EA per 1 day)
<b>*Opioid Combinations***</b>			
<b>ENDOCET ORAL TABLET (Oxycodone-Acetaminophen) 10-325 MG, 10-650 MG, 5-325 MG, 7.5-325 MG</b>	1	1	R
<b>ENDODAN ORAL TABLET 4.8355-325 MG</b>	1		R
<b>MAGNACET ORAL TABLET 10-400 MG, 5-400 MG, 7.5-400 MG</b>	3		R
<i>oxycodone-acetaminophen oral capsule 5-500 mg</i>		1	R
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>		1	R
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 7.5-500 mg</i>		1	R
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
PERCOCET ORAL TABLET 10-325 MG, 10-650 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG, 7.5-500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PERCODAN ORAL TABLET 4.8355-325 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ROXICET ORAL SOLUTION 5-325 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ROXICET ORAL TABLET (Oxycodone-Acetaminophen) 5-325 MG	1	1	R
XARTEMIS XR ORAL TABLET EXTENDEDRELEASE* 7.5-325 MG	3		R
<b>*Opioid Partial Agonists***</b>			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	3		PA; R
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG	3		R
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>		1	R
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		1	R
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		1	R
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	2		R&M; QL (1 EA per 1 Week); AG (Min 18 Years)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3		R
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	3		R
<b>*Pentazocine Combinations***</b>			
<i>pentazocine-acetaminophen oral tablet 25-650 mg</i>		1	R
<b>*Tramadol Combinations***</b>			
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		1	R&M; QL (8 EA per 1 Days)
ULTRACET ORAL TABLET 37.5-325 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (8 EA per 1 Days)

Drug Name	Brand	Generic	Additional Information
<b>*Androgens-Anabolic*</b>			
<b>*Anabolic Steroids***</b>			
<b>OXANDRIN ORAL TABLET 10 MG, 2.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>		1	R
<b>*Androgens***</b>			
<b>ANDRODERM TRANSDERMAL PATCH 24 HR 2 MG/24HR, 4 MG/24HR</b>	3		PA; R&M; M
<b>ANDROGEL PUMP TRANSDERMAL GEL (Testosterone) 12.5 MG/ACT (1%)</b>	3	3	PA; R&M; M
<b>ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)</b>	3		PA; R&M; M; QL (300 GM per 30 days)
<b>ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)</b>	3		PA; R&M; M
<b>ANDROGEL TRANSDERMAL GEL (Testosterone) 25 MG/2.5GM (1%), 50 MG/5GM (1%)</b>	3	3	PA; R&M; M
<b>ANDROID ORAL CAPSULE 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>AVEED INTRAMUSCULAR* SOLUTION 750 MG/3ML</b>	3		PA; R&M; M
<b>AXIRON TRANSDERMAL SOLUTION 30 MG/ACT</b>	3		PA; R&M; M; QL (1 EA per 30 days)
<i>danazol oral capsule 200 mg</i>		1	R
<b>DEPO-TESTOSTERONE INTRAMUSCULAR* SOLUTION (Testosterone Cypionate) 100 MG/ML, 200 MG/ML</b>	3	1	R&M; M
<b>FIRST-TESTOSTERONE TRANSDERMAL OINTMENT 2 %</b>	3		PA; R&M; M
<b>FORTESTA TRANSDERMAL GEL (Testosterone) 10 MG/ACT (2%)</b>	3	3	PA; R&M; M; QL (60 GM per 30 days); AG (Min 18 Years)
<i>methitest oral tablet 10 mg</i>		3	R
<i>methyltestosterone oral capsule 10 mg</i>		1	R
<b>NATESTO NASAL GEL 5.5 MG/ACT</b>	3		PA; R
<b>STRIANT BUCCAL 30 MG</b>	3		PA; R&M; M; QL (2 EA per 1 day); AG (Min 18 Years)
<b>TESTIM TRANSDERMAL GEL (Testosterone) 50 MG/5GM (1%)</b>	3	3	PA; R&M; M

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>testosterone cypionate intramuscular* solution 250 mg/ml</i>		3	R&M; M
<i>testosterone enanthate intramuscular* solution 200 mg/ml</i>		1	R&M; M
<b>TESTRED ORAL CAPSULE 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>VOGELXO PUMP TRANSDERMAL GEL (Testosterone) 12.5 MG/ACT (1%)</b>	3	3	PA; R&M; M
<b>VOGELXO TRANSDERMAL GEL (Testosterone) 50 MG/5GM (1%)</b>	3	3	PA; R&M; M
<b>*Anorectal Agents*</b>			
<b>*Intrarectal Steroids***</b>			
<b>CORTIFOAM FOAM 10 %</b>	3		R
<i>hydrocortisone enema 100 mg/60ml</i>		1	R
<b>*Nitrate Vasodilating Agents***</b>			
<b>RECTIV OINTMENT 0.4 %</b>	3		R
<b>*Rectal Anesthetic/Steroids***</b>			
<b>ANALPRAM HC CREAM 2.5-1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ANALPRAM HC SINGLES CREAM 2.5-1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ANALPRAM-HC CREAM 1-1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ANALPRAM-HC LOTION 1-2.5 %</b>	3		R
<b>ANALPRAM-HC SINGLES CREAM 1-1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>hydrocortisone ace-pramoxine cream 1-1 %, 2.5-1 %</i>		1	R
<b>LIDAZONE HC CREAM (Lidocaine-Hydrocortisone Ace) 3-0.5 %</b>	1	1	R
<i>lidocaine-hydrocortisone ace gel 2.8-0.55 %</i>		3	R
<i>pramcort cream 1-1 %</i>		1	R
<b>PROCORT CREAM 1.85-1.15 %</b>	3		R
<b>PROCTOFOAM HC FOAM 1-1 %</b>	3		R
<b>*Rectal Steroids***</b>			
<b>ANUSOL-HC CREAM 2.5 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ANUSOL-HC SUPPOSITORY 25 MG</b>	1		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
<i>grx hicort 25 suppository 25 mg</i>		1	R
<b>HEMMOREX-HC SUPPOSITORY (Anucort-HC) 25 MG</b>	1	1	R
<b>HEMMOREX-HC SUPPOSITORY (Hydrocortisone Acetate) 30 MG</b>	1	1	R
<i>hydrocortisone acetate suppository 25 mg</i>		1	R
<b>PROCTOCORT SUPPOSITORY 30 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>PROCTOCREAM HC CREAM 2.5 %</b>	1		R
<b>PROCTOSOL HC CREAM 2.5 %</b>	1		R
<b>PROCTOZONE-HC CREAM 2.5 %</b>	1		R
<b>*Anthelmintics*</b>			
<b>*Anthelmintics***</b>			
<b>ALBENZA ORAL TABLET 200 MG</b>	3		R
<b>BILTRICIDE ORAL TABLET 600 MG</b>	3		R
<i>ivermectin oral tablet 3 mg</i>		1	R
<b>STROMEKTOL ORAL TABLET 3 MG</b>	3		PA; R
<b>*Antianginal Agents*</b>			
<b>*Antianginals-Other***</b>			
<b>RANEXA ORAL TABLET EXTENDED RELEASE 12 HR* 1000 MG, 500 MG</b>	2		R&M; QL (2 EA per 1 day); AG (Min 16 Years)
<b>*Nitrates***</b>			
<b>DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE* 40 MG</b>	3		R
<b>GONITRO SUBLINGUAL PACKET 400 MCG</b>	3		R
<b>IMDUR ORAL TABLET EXTENDED RELEASE 24 HR* 60 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ISORDIL TITRADOSE ORAL TABLET 40 MG</b>	3		R
<b>ISORDIL TITRADOSE ORAL TABLET (Isosorbide Dinitrate) 5 MG</b>	3	1	R
<i>isosorbide dinitrate er oral tablet extended release* 40 mg</i>		3	R
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		1	R
<i>isosorbide mononitrate er oral tablet extended release 24 hr* 120 mg, 30 mg, 60 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		1	R
<b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>	3		R
<b>NITRO-DUR TRANSDERMAL PATCH 24 HR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>NITRO-DUR TRANSDERMAL PATCH 24 HR 0.8 MG/HR</b>	3		R&M; QL (1 EA per 1 day)
<i>nitroglycerin er oral capsule extended release* 6.5 mg, 9 mg</i>		1	R
<i>nitroglycerin transdermal patch 24 hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr</i>		1	R&M; QL (1 EA per 1 day)
<i>nitroglycerin translingual solution 0.4 mg/spray</i>		1	R
<b>NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>NITROMIST TRANSLINGUAL AEROSOL, SOLUTION (Nitroglycerin) 400 MCG/SPRAY</b>	2	2	R&M; QL (1 EA per 1 Copay)
<b>NITROSTAT SUBLINGUAL TABLET SUBLINGUAL (Nitroglycerin) 0.3 MG, 0.4 MG, 0.6 MG</b>	3	1	R
<b>NITRO-TIME ORAL CAPSULE EXTENDED RELEASE* (Nitroglycerin ER) 2.5 MG</b>	1	1	R
<b>*Antianxiety Agents*</b>			
<b>*Antianxiety Agents - Misc.***</b>			
<i>hydroxyzine hcl oral solution 10 mg/5ml</i>		1	R
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		1	R
<i>hydroxyzine pamoate oral capsule 100 mg</i>		3	R
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>		1	R
<i>meprobamate oral tablet 200 mg</i>		1	R
<b>VISTARIL ORAL CAPSULE 25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Benzodiazepines***</b>			
<i>alprazolam er oral tablet extended release 24 hr* 1 mg, 2 mg, 3 mg</i>		1	R
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML</b>	3		R
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet dispersible 2 mg</i>		1	R&M; QL (5 EA per 1 day); AG (Min 18 Years)
<i>alprazolam xr oral tablet extended release 24 hr* 1 mg, 2 mg, 3 mg</i>		1	R
<b>ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>		1	R
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>		1	R
<i>diazepam oral solution 1 mg/ml</i>		3	R
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>		1	R
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE (LORazepam) 2 MG/ML</b>	1	1	R
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
<b>NIRAVAM ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG, 1 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day); AG (Min 18 Years)
<b>NIRAVAM ORAL TABLET DISPERSIBLE 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (5 EA per 1 day); AG (Min 18 Years)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		1	R
<b>TRANXENE-T ORAL TABLET 15 MG, 3.75 MG, 7.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR* 0.5 MG, 1 MG, 2 MG, 3 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Antiarrhythmics*</b>			
<b>*Antiarrhythmics Type I-A***</b>			
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG</b>	3		R
<b>NORPACE ORAL CAPSULE (Disopyramide Phosphate) 100 MG, 150 MG</b>	3	1	R

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Drug Name	Brand	Generic	Additional Information
<i>quinidine sulfate er oral tablet extendedrelease* 300 mg</i>		3	R
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		1	R
<b>*Antiarrhythmics Type I-B***</b>			
<i>mexiletine hcl oral capsule 150 mg, 250 mg</i>		1	R
<b>*Antiarrhythmics Type I-C***</b>			
<i>flecainide acetate oral tablet 150 mg, 50 mg</i>		1	R
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>		1	R
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		1	R
<b>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 425 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Antiarrhythmics Type Iii***</b>			
<i>amiodarone hcl oral tablet 400 mg</i>		1	R
<b>MULTAQ ORAL TABLET 400 MG</b>	2		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<b>PACERONE ORAL TABLET (<i>Amiodarone HCl</i>) 100 MG, 200 MG</b>	1	1	R
<b>TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies); QL (2 EA per 1 day)
<b>*Antiasthmatic And Bronchodilator Agents*</b>			
<b>*5-Lipoxygenase Inhibitors***</b>			
<b>ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HR* 600 MG</b>	3		R&M; QL (4 EA per 1 day); AG (Min 12 Years)
<b>ZYFLO ORAL TABLET 600 MG</b>	3		R
<b>*Adrenergic Combinations***</b>			
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE</b>	2		R&M; QL (2 EA per 1 day)
<b>ADVAIR HFA INHALATION AEROSOL† 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT</b>	2		R&M; QL (1 EA per 30 days); AG (Min 3 Years)

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Drug Name	Brand	Generic	Additional Information
ANORO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 62.5-25 MCG/INH	2		R
BEVESPI AEROSPHERE INHALATION AEROSOL† 9-4.8 MCG/ACT	3		R&M; QL (0.36 GM per 1 day); AG (Min 15 Years)
BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	2		R
COMBIVENT INHALATION AEROSOL† 18-103 MCG/ACT	3		R
DULERA INHALATION AEROSOL† 100-5 MCG/ACT, 200-5 MCG/ACT	3		PA; R&M; QL (1 EA per 30 days)
DUONEB INHALATION SOLUTION 0.5-2.5 (3) MG/3ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		1	R
STIOLTO RESPIMAT INHALATION AEROSOL, SOLUTION 2.5-2.5 MCG/ACT	3		R&M; QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT INHALATION AEROSOL† 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3		PA; R&M; QL (10.2 GM per 30 days)
<b>*Anti-Ige Monoclonal Antibodies***</b>			
XOLAIR SUBCUTANEOUS* SOLUTION RECONSTITUTED 150 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Anti-Inflammatory Agents***</b>			
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		3	R
<b>*Beta Adrenergics***</b>			
ACCUNEB INHALATION NEBULIZATION SOLUTION 0.63 MG/3ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (12.5 ML per 1 day); AG (Max 13 Years)
ACCUNEB INHALATION NEBULIZATION SOLUTION 1.25 MG/3ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (375 ML per 30 days); AG (Max 13 Years)
<i>albuterol sulfate er oral tablet extended release 12 hr* 4 mg</i>		1	R&M; QL (6 EA per 1 day)
<i>albuterol sulfate er oral tablet extended release 12 hr* 8 mg</i>		1	R&M; QL (4 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%</i>		1	R
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>		1	R&M; QL (12.5 ML per 1 day); AG (Max 13 Years)
<i>albuterol sulfate inhalation nebulization solution 1.25 mg/3ml</i>		1	R&M; QL (375 ML per 30 days); AG (Max 13 Years)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		1	R
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		1	R
<b>ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG</b>	3		R
<b>BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML</b>	3		R&M; AG (Max 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>		1	R
<b>MAXAIR AUTOHALER INHALATION AEROSOL, BREATH ACTIVATED 200 MCG/INH</b>	3		R
<b>PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML</b>	3		R&M; QL (1 EA per 30 days); AG (Min 18 Years)
<b>PROAIR HFA INHALATION AEROSOL, SOLUTION 108 (90 BASE) MCG/ACT</b>	3		R
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER, BREATH ACTIVATED 108 (90 BASE) MCG/ACT</b>	3		R
<b>PROVENTIL HFA INHALATION AEROSOL, SOLUTION 108 (90 BASE) MCG/ACT</b>	3		R
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 50 MCG/DOSE</b>	2		R&M; QL (2 EA per 1 day)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		1	R
<b>VENTOLIN HFA INHALATION AEROSOL, SOLUTION 108 (90 BASE) MCG/ACT</b>	2		R
<b>VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HR* 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HR* 8 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
<b>XOPENEX HFA INHALATION AEROSOL† 45 MCG/ACT</b>	3		R&M; QL (1 EA per 1 Copay)
<b>XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Bronchodilators - Anticholinergics***</b>			
<b>ATROVENT HFA INHALATION AEROSOL, SOLUTION 17 MCG/ACT</b>	2		R&M; QL (2 EA per 30 days)
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 62.5 MCG/INH</b>	2		R
<i>ipratropium bromide inhalation solution 0.02 %</i>		1	R
<b>SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG</b>	3		R
<b>SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG</b>	3		R&M; QL (1 EA per 1 day)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL, SOLUTION 1.25 MCG/ACT</b>	3		R
<b>SPIRIVA RESPIMAT INHALATION AEROSOL, SOLUTION 2.5 MCG/ACT</b>	3		R&M; QL (4 GM per 30 days)
<b>TUDORZA PRESSAIR INHALATION AEROSOL POWDER, BREATH ACTIVATED 400 MCG/ACT</b>	3		R
<b>*Leukotriene Receptor Antagonists***</b>			
<b>ACCOLATE ORAL TABLET 10 MG, 20 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>montelukast sodium oral packet 4 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet 10 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 5 mg</i>		1	R&M; QL (2 EA per 1 day)
<b>SINGULAIR ORAL PACKET 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>SINGULAIR ORAL TABLET 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
SINGULAIR ORAL TABLET CHEWABLE 4 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
SINGULAIR ORAL TABLET CHEWABLE 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>		1	R&M; QL (2 EA per 1 day)
<b>*Mixed Adrenergics***</b>			
<i>epinephrine hcl injection 0.1 mg/ml</i>		1	R
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
DALIRESP ORAL TABLET 500 MCG	3		R
<b>*Steroid Inhalants***</b>			
AEROSPAN INHALATION AEROSOL, SOLUTION 80 MCG/ACT	3		R
ALVESCO INHALATION AEROSOL, SOLUTION 160 MCG/ACT	2		R&M; QL (2 EA per 30 days)
ALVESCO INHALATION AEROSOL, SOLUTION 80 MCG/ACT	2		R&M; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	2		R
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH	2		R
ASMANEX 14 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH	2		R
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	2		R
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH	2		R
ASMANEX 7 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 110 MCG/INH	2		R
ASMANEX HFA INHALATION AEROSOL† 100 MCG/ACT, 200 MCG/ACT	2		R



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>budesonide inhalation suspension 0.25 mg/2ml</i>		1	R&M; QL (240 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>		1	R&M; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>		1	R&M; QL (60 ML per 30 days)
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST</b>	2		R
<b>FLOVENT HFA INHALATION AEROSOL† 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT</b>	2		R
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT</b>	2		R&M; QL (2 EA per 30 days)
<b>PULMICORT INHALATION SUSPENSION 0.25 MG/2ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (240 ML per 30 days)
<b>PULMICORT INHALATION SUSPENSION 0.5 MG/2ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (120 ML per 30 days)
<b>PULMICORT INHALATION SUSPENSION 1 MG/2ML</b>	2		R&M; Note 1 (Tier 2 copay + cost differential applies); QL (60 ML per 30 days)
<b>QVAR INHALATION AEROSOL, SOLUTION 40 MCG/ACT</b>	2		R&M; QL (1.2 GM per 1 day)
<b>QVAR INHALATION AEROSOL, SOLUTION 80 MCG/ACT</b>	2		R&M; QL (0.6 GM per 1 day)
<b>*Xanthines***</b>			
<b>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG</b>	2		R
<i>theophylline er oral tablet extended release 12 hr* 100 mg, 200 mg, 300 mg</i>		1	R
<i>theophylline er oral tablet extended release 24 hr* 400 mg, 600 mg</i>		1	R
<i>theophylline oral solution 80 mg/15ml</i>		1	R
<b>*Anticoagulants*</b>			
<b>*Coumarin Anticoagulants***</b>			
<b>COUMADIN INTRAVENOUS* SOLUTION RECONSTITUTED 5 MG</b>	2		R

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Drug Name	Brand	Generic	Additional Information
<b>COUMADIN ORAL TABLET</b> ( <i>Warfarin Sodium</i> ) 1 MG, 10 MG, 2 MG, 2.5 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	2	1	R
<b>COUMADIN ORAL TABLET 3 MG</b>	2		R
<b>JANTOVEN ORAL TABLET</b> ( <i>Warfarin Sodium</i> ) 1 MG, 10 MG, 2 MG, 2.5 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	1	R
<b>*Direct Factor Xa Inhibitors***</b>			
<b>ELIQUIS ORAL TABLET 2.5 MG, 5 MG</b>	2		R
<b>SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG</b>	2		R
<b>XARELTO STARTER PACK ORAL 15 &amp; 20 MG</b>	2		R
<b>*Heparins And Heparinoid-Like Agents***</b>			
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		1	R
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>		1	R
<b>*Low Molecular Weight Heparins***</b>			
<i>enoxaparin sodium injection solution 300 mg/3ml</i>		1	R
<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	R
<b>FRAGMIN SUBCUTANEOUS* SOLUTION 12500 UNIT/0.5ML, 15000 UNIT/0.6ML</b>	3		R
<b>LOVENOX INJECTION SOLUTION 300 MG/3ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LOVENOX 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</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Synthetic Heparinoid-Like Agents***</b>			
<b>ARIXTRA SUBCUTANEOUS* SOLUTION 5 MG/0.4ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<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	R

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Drug Name	Brand	Generic	Additional Information
<b>*Thrombin Inhibitors - Hirudin Type***</b>			
<b>IPRIVASK SUBCUTANEOUS* SOLUTION RECONSTITUTED 15 MG</b>	3		RO
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible***</b>			
<b>PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG</b>	3		R
<b>*Anticonvulsants*</b>			
<b>*Ampa Glutamate Receptor Antagonists***</b>			
<b>FYCOMPA ORAL SUSPENSION 0.5 MG/ML</b>	2		R
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>FYCOMPA ORAL TABLET 2 MG</b>	2		R&M; QL (2 EA per 1 day)
<b>*Anticonvulsants - Benzodiazepines***</b>			
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		1	R
<b>DIASTAT ACUDIAL GEL (<i>Diazepam</i>) 10 MG</b>	3	3	R
<i>diazepam gel 2.5 mg, 20 mg</i>		3	R
<b>KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ONFI ORAL SUSPENSION 2.5 MG/ML</b>	3		PA; R
<b>ONFI ORAL TABLET 10 MG, 20 MG, 5 MG</b>	3		PA; R&M; QL (2 EA per 1 day)
<b>*Anticonvulsants - Misc.***</b>			
<b>APTIOM ORAL TABLET 200 MG, 400 MG</b>	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>APTIOM ORAL TABLET 600 MG, 800 MG</b>	3		PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<b>BANZEL ORAL SUSPENSION 40 MG/ML</b>	3		PA; R
<b>BANZEL ORAL TABLET 200 MG, 400 MG</b>	3		PA; R
<b>BRIVIACT ORAL SOLUTION 10 MG/ML</b>	3		R&M; QL (20 ML per 1 day); AG (Min 16 Years)
<b>BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG</b>	3		R&M; QL (2 EA per 1 day); AG (Min 16 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>		1	R
<i>carbamazepine er oral tablet extended release 12 hr* 200 mg, 400 mg</i>		1	R
<i>carbamazepine oral suspension 100 mg/5ml</i>		1	R
<i>carbamazepine oral tablet chewable 100 mg</i>		1	R
<b>CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG</b>	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
<b>EPITOL ORAL TABLET (CarBAMazepine) 200 MG</b>	1	1	R
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>		1	R
<i>gabapentin oral solution 250 mg/5ml</i>		1	R
<i>gabapentin oral tablet 600 mg, 800 mg</i>		1	R
<b>KEPPRA ORAL SOLUTION 100 MG/ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR* 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day); AG (Min 16 Years)
<b>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR* 750 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LAMICTAL ODT ORAL KIT 25 &amp; 50 &amp; 100 MG</b>	3		R
<b>LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG</b>	3		R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LAMICTAL ORAL TABLET CHEWABLE 2 MG, 25 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LAMICTAL STARTER ORAL KIT 25 (42)-100 (7) MG, 25 (84)-100(14) MG</b>	3		R
<b>LAMICTAL XR ORAL KIT 25 &amp; 50 &amp; 100 MG</b>	3		R
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>lamotrigine er oral tablet extended release 24 hr* 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>		1	R
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>		1	R
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>		1	R
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>		1	R
<i>levetiracetam er oral tablet extended release 24 hr* 500 mg</i>		1	R&M; QL (6 EA per 1 day); AG (Min 16 Years)
<i>levetiracetam er oral tablet extended release 24 hr* 750 mg</i>		1	R
<i>levetiracetam oral solution 100 mg/ml</i>		1	R
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>		1	R
<b>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</b>	2		R&M; QL (3 EA per 1 day); AG (Min 16 Years)
<b>LYRICA ORAL CAPSULE 225 MG, 300 MG</b>	2		R&M; QL (2 EA per 1 day); AG (Min 16 Years)
<b>LYRICA ORAL SOLUTION 20 MG/ML</b>	2		R
<b>NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>NEURONTIN ORAL SOLUTION 250 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>NEURONTIN ORAL TABLET 600 MG, 800 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>		1	R
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>		1	R
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG, 300 MG, 600 MG</b>	3		R
<b>POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG</b>	3		PA; R
<i>primidone oral tablet 250 mg, 50 mg</i>		1	R
<b>QUDEXY XR ORAL 100 MG, 150 MG, 200 MG, 25 MG, 50 MG</b>	3		PA; R
<b>SPRITAM ORAL 1000 MG, 250 MG, 500 MG, 750 MG</b>	3		R
<b>TEGRETOL ORAL SUSPENSION 100 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>TEGRETOL ORAL TABLET</b> <i>(Carbamazepine)</i> 200 MG	2	1	R
<b>TEGRETOL-XR ORAL TABLET</b> <b>EXTENDED RELEASE 12 HR*</b> <i>(Carbamazepine ER)</i> 100 MG	2	1	R
<b>TEGRETOL-XR ORAL TABLET</b> <b>EXTENDED RELEASE 12 HR* 200 MG, 400 MG</b>	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
<b>TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>TOPIRAGEN ORAL TABLET</b> <i>(Topiramate)</i> <b>25 MG</b>	1	1	R
<i>topiramate er oral 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>		2	R
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>		1	R
<i>topiramate oral tablet 100 mg, 200 mg, 50 mg</i>		1	R
<b>TRILEPTAL ORAL SUSPENSION 300 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>TROKENDI XR ORAL CAPSULE</b> <b>EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG</b>	3		PA; R
<b>VIMPAT INTRAVENOUS* SOLUTION 200 MG/20ML</b>	2		R
<b>VIMPAT ORAL SOLUTION 10 MG/ML</b>	2		R
<b>VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</b>	2		R
<b>ZONEGRAN ORAL CAPSULE 100 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day)
<i>zonisamide oral capsule 100 mg</i>		1	R&M; QL (6 EA per 1 day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>		1	R
<b>*Carbamates***</b>			
<i>felbamate oral tablet 600 mg</i>		1	R
<b>FELBATOL ORAL TABLET 600 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Gaba Modulators***</b>			
<b>GABITRIL ORAL TABLET 12 MG, 16 MG</b>	2		R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>GABITRIL ORAL TABLET 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SABRIL ORAL PACKET 500 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SABRIL ORAL TABLET 500 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>		1	R
<b>*Hydantoins***</b>			
<b>DILANTIN INFATABS ORAL TABLET CHEWABLE (Phenytoin) 50 MG</b>	2	1	R
<b>DILANTIN ORAL CAPSULE (Phenytoin Sodium Extended) 100 MG</b>	2	1	R
<b>DILANTIN ORAL CAPSULE 30 MG</b>	2		R
<b>DILANTIN ORAL SUSPENSION 125 MG/5ML</b>	2		R
<b>PHENYTEK ORAL CAPSULE (Phenytoin Sodium Extended) 200 MG, 300 MG</b>	2	1	R&M; QL (2 EA per 1 day)
<b>*Succinimides***</b>			
<i>ethosuximide oral capsule 250 mg</i>		1	R
<i>ethosuximide oral solution 250 mg/5ml</i>		1	R
<b>ZARONTIN ORAL CAPSULE 250 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Valproic Acid***</b>			
<b>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR* 250 MG, 500 MG</b>	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
<b>DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DEPAKOTE SPRINKLES ORAL CAPSULE SPRINKLE 125 MG</b>	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
<i>divalproex sodium er oral tablet extended release 24 hr* 250 mg, 500 mg</i>		1	R
<i>divalproex sodium oral capsule sprinkle 125 mg</i>		1	R
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>		1	R
<b>STAVZOR ORAL CAPSULE DELAYED RELEASE 500 MG</b>	3		R
<i>valproic acid oral capsule 250 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>valproic acid oral solution 250 mg/5ml</i>		1	R
<b>*Antidementia Agent Combinations***</b>			
<b>*Antidementia Agent Combinations***</b>			
<b>NAMZARIC ORAL 7 &amp; 14 &amp; 21 &amp; 28 -10 MG</b>	3		R
<b>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG</b>	3		R
<b>*Antidepressants*</b>			
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>			
<i>mirtazapine oral tablet 15 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>mirtazapine oral tablet 45 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>		1	R
<i>mirtazapine oral tablet dispersible 15 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>mirtazapine oral tablet dispersible 30 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>mirtazapine oral tablet dispersible 45 mg</i>		1	R&M; QL (2 EA per 1 day)
<b>REMERON ORAL TABLET 15 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>REMERON ORAL TABLET 30 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>REMERON ORAL TABLET 45 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>REMERON SOLTAB ORAL TABLET DISPERSIBLE 45 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>*Antidepressants - Misc.***</b>			
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR* 174 MG, 348 MG, 522 MG</b>	3		R



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>BUDEPRION SR ORAL TABLET EXTENDED RELEASE 12 HR* (BuPROPion HCl ER (SR)) 100 MG, 150 MG</b>	1	1	R
<i>bupropion hcl er (sr) oral tablet extended release 12 hr* 200 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hr* 150 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hr* 300 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		1	R
<b>FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR* 450 MG</b>	3		R
<b>WELLBUTRIN ORAL TABLET 100 MG, 75 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR* 100 MG, 150 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR* 200 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR* 300 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
<b>*Modified Cyclics***</b>			
<b>BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg</i>		3	R
<i>nefazodone hcl oral tablet 250 mg, 50 mg</i>		1	R
<b>OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG</b>	3		R&M; QL (1.5 EA per 1 day); AG (Min 16 Years)
<b>OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HR* 300 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>		1	R
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 16 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>VIIBRYD ORAL KIT 10 &amp; 20 &amp; 40 MG</b>	3		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)
<b>VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
<b>VIIBRYD STARTER PACK ORAL KIT 10 &amp; 20 MG</b>	3		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>			
<b>EMSAM TRANSDERMAL PATCH 24 HR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 16 Years)
<b>MARPLAN ORAL TABLET 10 MG</b>	3		R
<b>NARDIL ORAL TABLET 15 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>PARNATE ORAL TABLET 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>phenelzine sulfate oral tablet 15 mg</i>		1	R
<i>tranylcypromine sulfate oral tablet 10 mg</i>		1	R
<b>*Selective Serotonin Reuptake Inhibitors (Ssris)***</b>			
<b>CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		1	R
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>		1	R
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		1	R
<i>escitalopram oxalate oral tablet 10 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>		1	R
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>		3	R&M; QL (5 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		1	R
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		1	R
<i>fluoxetine hcl oral tablet 60 mg</i>		3	PA; R
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>		1	R&M; QL (2 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
<b>LEXAPRO ORAL SOLUTION 5 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LEXAPRO ORAL TABLET 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
<b>LEXAPRO ORAL TABLET 20 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>LUVOX CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hr* 12.5 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hr* 25 mg, 37.5 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>		1	R&M; QL (2 EA per 1 day)
<b>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR* 12.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR* 25 MG, 37.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>PAXIL ORAL SUSPENSION 10 MG/5ML</b>	3		R
<b>PAXIL ORAL TABLET 10 MG, 40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
<b>PAXIL ORAL TABLET 20 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>PAXIL ORAL TABLET 30 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG</b>	3		R
<b>PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>PROZAC WEEKLY ORAL CAPSULE DELAYED RELEASE 90 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (5 EA per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>		1	R
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
<b>ZOLOFT ORAL CONCENTRATE 20 MG/ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>			
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		1	R&M; QL (3 EA per 1 day)
<b>EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG</b>	3		R
<b>FETZIMA TITRATION ORAL 20 &amp; 40 MG</b>	3		R
<b>IRENKA ORAL CAPSULE DELAYED RELEASE PARTICLES (DULoxetine HCl) 40 MG</b>	3	3	R
<b>KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HR* (Desvenlafaxine ER) 100 MG, 50 MG</b>	3	3	R&M; QL (1 EA per 1 day)
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG, 50 MG</b>	3		R&M; QL (1 EA per 1 day)
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR* 25 MG</b>	3		R
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>		1	R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>venlafaxine hcl er oral tablet extended release 24 hr* 150 mg, 37.5 mg, 75 mg</i>		1	R
<i>venlafaxine hcl er oral tablet extended release 24 hr* 225 mg</i>		3	R
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		1	R
<b>*Tricyclic Agents***</b>			
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		1	R
<i>amoxapine oral tablet 25 mg</i>		3	R
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>		1	R
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		1	R
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		1	R
<i>doxepin hcl oral concentrate 10 mg/ml</i>		1	R
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		1	R
<i>imipramine pamoate oral capsule 100 mg, 125 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>imipramine pamoate oral capsule 150 mg</i>		1	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>imipramine pamoate oral capsule 75 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>		1	R
<b>PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>protriptyline hcl oral tablet 10 mg</i>		1	R
<b>TOFRANIL ORAL TABLET 25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>TOFRANIL-PM ORAL CAPSULE 100 MG, 125 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>TOFRANIL-PM ORAL CAPSULE 150 MG</b>	3		R&M; QL (2 EA per 1 day)
<b>TOFRANIL-PM ORAL CAPSULE 75 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>*Antidiabetics*</b>			
<b>*Alpha-Glucosidase Inhibitors***</b>			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
<b>GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG</b>	2		R
<b>*Antidiabetic - Amylin Analogs***</b>			
<b>SYMLINPEN 120 SUBCUTANEOUS* 2700 MCG/2.7ML</b>	2		R&M; QL (4 EA per 30 days); AG (Min 18 Years)
<b>SYMLINPEN 60 SUBCUTANEOUS* 1500 MCG/1.5ML</b>	2		R&M; QL (4 EA per 30 days); AG (Min 18 Years)
<b>*Biguanides***</b>			
<b>FORTAMET ORAL TABLET EXTENDED RELEASE 24 HR* 1000 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2.5 EA per 1 day)
<b>FORTAMET ORAL TABLET EXTENDED RELEASE 24 HR* 500 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (5 EA per 1 day)
<b>GLUCOPHAGE ORAL TABLET (<i>MetFORMIN HCl</i>) 1000 MG, 500 MG</b>	3	1	R
<b>GLUCOPHAGE ORAL TABLET 850 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR* (<i>MetFORMIN HCl ER</i>) 500 MG</b>	3	1	R&M; QL (5 EA per 1 day)
<b>GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR* (<i>MetFORMIN HCl ER</i>) 750 MG</b>	3	1	R&M; QL (3 EA per 1 day)
<b>GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HR* (<i>MetFORMIN HCl ER (MOD)</i>) 1000 MG</b>	3	3	PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<b>GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HR* (<i>MetFORMIN HCl ER (MOD)</i>) 500 MG</b>	3	3	PA; R&M; QL (4 EA per 1 day); AG (Min 18 Years)
<i>metformin hcl er (osm) oral tablet extended release 24 hr* 1000 mg</i>		1	R&M; QL (2.5 EA per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hr* 500 mg</i>		1	R&M; QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>		1	R
<b>RIOMET ORAL SOLUTION 500 MG/5ML</b>	3		R

Drug Name	Brand	Generic	Additional Information
<b>*Diabetic Other***</b>			
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	2		R
GLUCAGON EMERGENCY INJECTION KIT 1 MG	2		R
PROGLYCEM ORAL SUSPENSION 50 MG/ML	3		R
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>			
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
NESINA ORAL TABLET ( <i>Alogliptin Benzoate</i> ) 12.5 MG, 25 MG, 6.25 MG	3	3	R
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	2		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
TRADJENTA ORAL TABLET 5 MG	3		R
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>			
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	2		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HR* 100-1000 MG, 50-1000 MG, 50-500 MG	2		R
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3		R
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HR* 2.5-1000 MG, 5-1000 MG	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
KAZANO ORAL TABLET ( <i>Alogliptin-Metformin HCl</i> ) 12.5-1000 MG, 12.5-500 MG	3	3	R
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HR* 2.5-1000 MG, 5-1000 MG, 5-500 MG	2		R
<b>*Dopamine Receptor Agonists - Ergot Derivatives***</b>			
CYCLOSET ORAL TABLET 0.8 MG	3		R



Drug Name	Brand	Generic	Additional Information
<b>*Dpp-4 Inhibitor-Thiazolidinedione Combinations***</b>			
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-45 mg</i>		3	R
<b>OSENI ORAL TABLET</b> <i>(Alogliptin-Pioglitazone) 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG</i>	3	3	R
<b>*Human Insulin***</b>			
<b>AFREZZA INHALATION POWDER 4 &amp; 8 UNIT, 4 (30) &amp; 8 (60) UNIT, 4 (60) &amp; 8 (30) UNIT, 4 (90) &amp; 8 (90) UNIT, 4 UNIT, 8 (60)&amp; 12 (30) UNIT</b>	3		R&M; AG (Min 18 Years)
<b>APIDRA INJECTION SOLUTION 100 UNIT/ML</b>	1		R
<b>APIDRA SOLOSTAR SUBCUTANEOUS* 100 UNIT/ML</b>	2		R
<b>BASAGLAR KWIKPEN SUBCUTANEOUS* 100 UNIT/ML</b>	3		R&M; QL (2 EA per 30 days)
<b>HUMALOG KWIKPEN SUBCUTANEOUS* 100 UNIT/ML, 200 UNIT/ML</b>	2		R
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS* (50-50) 100 UNIT/ML</b>	2		R
<b>HUMALOG MIX 50/50 SUBCUTANEOUS* SUSPENSION (50-50) 100 UNIT/ML</b>	2		R
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS* (75-25) 100 UNIT/ML</b>	2		R
<b>HUMALOG MIX 75/25 SUBCUTANEOUS* SUSPENSION (75-25) 100 UNIT/ML</b>	1		R
<b>HUMALOG SUBCUTANEOUS* 100 UNIT/ML</b>	1		R
<b>HUMALOG SUBCUTANEOUS* SOLUTION 100 UNIT/ML</b>	1		R
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS* (70-30) 100 UNIT/ML</b>	2		R
<b>HUMULIN 70/30 PEN SUBCUTANEOUS* (70-30) 100 UNIT/ML</b>	2		R
<b>HUMULIN 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML</b>	1		R
<b>HUMULIN N KWIKPEN SUBCUTANEOUS* 100 UNIT/ML</b>	2		R



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>HUMULIN N PEN SUBCUTANEOUS* 100 UNIT/ML</b>	2		R
<b>HUMULIN N SUBCUTANEOUS* SUSPENSION 100 UNIT/ML</b>	1		R
<b>HUMULIN R INJECTION SOLUTION 100 UNIT/ML</b>	1		R
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS* SOLUTION 500 UNIT/ML</b>	2		R&M; QL (2 ML per 1 day)
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS* 500 UNIT/ML</b>	2		R&M; QL (2 EA per 1 day)
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS* SOLUTION 500 UNIT/ML</b>	2		R&M; QL (2 ML per 1 day)
<b>LANTUS SOLOSTAR SUBCUTANEOUS* 100 UNIT/ML</b>	2		R
<b>LANTUS SUBCUTANEOUS* SOLUTION 100 UNIT/ML</b>	1		R
<b>LEVEMIR FLEXPEN SUBCUTANEOUS* 100 UNIT/ML</b>	2		R
<b>LEVEMIR FLEXTOUCH SUBCUTANEOUS* 100 UNIT/ML</b>	2		R
<b>LEVEMIR SUBCUTANEOUS* SOLUTION 100 UNIT/ML</b>	1		R
<b>NOVOLIN 70/30 RELION SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML</b>	1		R
<b>NOVOLIN 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML</b>	1		R
<b>NOVOLIN N RELION SUBCUTANEOUS* SUSPENSION 100 UNIT/ML</b>	1		R
<b>NOVOLIN N SUBCUTANEOUS* SUSPENSION 100 UNIT/ML</b>	1		R
<b>NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML</b>	1		R
<b>NOVOLOG FLEXPEN SUBCUTANEOUS* 100 UNIT/ML</b>	2		R
<b>NOVOLOG FLEXPEN SUBCUTANEOUS* SOLUTION 100 UNIT/ML</b>	2		R
<b>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS* (70-30) 100 UNIT/ML</b>	2		R

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Drug Name	Brand	Generic	Additional Information
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML	2		R
NOVOLOG MIX 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML	2		R
NOVOLOG PENFILL SUBCUTANEOUS* 100 UNIT/ML	2		R
NOVOLOG PENFILL SUBCUTANEOUS* SOLUTION 100 UNIT/ML	2		R
NOVOLOG SUBCUTANEOUS* SOLUTION 100 UNIT/ML	1		R
TOUJEO SOLOSTAR SUBCUTANEOUS* 300 UNIT/ML	2		R
TRESIBA FLEXTOUCH SUBCUTANEOUS* 100 UNIT/ML, 200 UNIT/ML	3		R&M; AG (Min 18 Years)
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>			
ADLYXIN STARTER PACK SUBCUTANEOUS* 10 & 20 MCG/0.2ML	3		R&M; QL (6 ML per 1 Lifetime); AG (Min 18 Years)
ADLYXIN SUBCUTANEOUS* 20 MCG/0.2ML	3		R&M; QL (0.22 ML per 1 day); AG (Min 18 Years)
BYDUREON SUBCUTANEOUS* 2 MG	2		R&M; QL (4 EA per 30 days); AG (Min 16 Years)
BYDUREON SUBCUTANEOUS* SUSPENSION RECONSTITUTED 2 MG	2		R&M; QL (1 EA per 7 days); AG (Min 16 Years)
BYETTA 10 MCG PEN SUBCUTANEOUS* 10 MCG/0.04ML	2		R&M; QL (0.08 ML per 1 day); AG (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS* 5 MCG/0.02ML	2		R&M; QL (0.04 ML per 1 day); AG (Min 18 Years)
TANZEUM SUBCUTANEOUS* 30 MG, 50 MG	3		R&M; QL (4 EA per 30 days); AG (Min 18 Years)
TRULICITY SUBCUTANEOUS* 0.75 MG/0.5ML, 1.5 MG/0.5ML	3		R&M; QL (1 EA per 1 Week); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS* 18 MG/3ML	3		R&M; Note 1 (Max 3 pens 90 day supply); QL (0.3 ML per 1 day); AG (Min 18 Years)
<b>*Meglitinide Analogues***</b>			
<i>nateglinide oral tablet 120 mg, 60 mg</i>		1	R&M; QL (3 EA per 1 day)
PRANDIN ORAL TABLET 0.5 MG	2		R&M; Note 1 (Tier 2 copay + cost differential applies)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>PRANDIN ORAL TABLET 1 MG, 2 MG</b>	3		R&M; Note 1 (Tier 2 copay + cost differential applies)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
<b>STARLIX ORAL TABLET 120 MG, 60 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>*Meglitinide-Biguanide Combinations***</b>			
<b>PRANDIMET ORAL TABLET ( Repaglinide-Metformin HCl) 1-500 MG, 2-500 MG</b>	3	2	R
<b>*Progesterone Receptor Antagonists***</b>			
<b>KORLYM ORAL TABLET 300 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***</b>			
<b>FARXIGA ORAL TABLET 10 MG, 5 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>INVOKANA ORAL TABLET 100 MG, 300 MG</b>	2		R
<b>*Sulfonylurea-Biguanide Combinations***</b>			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		1	R
<b>GLUCOVANCE ORAL TABLET 1.25-250 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>GLUCOVANCE ORAL TABLET 2.5-500 MG, 5-500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>		1	R&M; QL (4 EA per 1 day)
<b>*Sulfonylureas***</b>			
<b>AMARYL ORAL TABLET 1 MG, 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>AMARYL ORAL TABLET 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>DIABETA ORAL TABLET (GlyBURIDE) 1.25 MG, 2.5 MG, 5 MG</b>	3	1	R
<i>glimepiride oral tablet 1 mg, 2 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>glimepiride oral tablet 4 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hr* 10 mg, 2.5 mg, 5 mg</i>		1	R
<i>glipizide oral tablet 10 mg, 5 mg</i>		1	R
<i>glipizide xl oral tablet extended release 24 hr* 10 mg, 2.5 mg, 5 mg</i>		1	R
<b>GLUCOTROL ORAL TABLET 10 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>		1	R
<i>tolazamide oral tablet 500 mg</i>		1	R
<b>*Sulfonylurea-Thiazolidinedione Combinations***</b>			
<b>AVANDARYL ORAL TABLET 4-1 MG, 4-2 MG, 4-4 MG, 8-2 MG, 8-4 MG</b>	2		R
<b>DUETACT ORAL TABLET 30-2 MG, 30-4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 16 Years)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<b>*Thiazolidinedione-Biguanide Combinations***</b>			
<b>ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day); AG (Min 16 Years)
<b>ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HR* 15-1000 MG, 30-1000 MG</b>	2		R
<b>AVANDAMET ORAL TABLET 2-1000 MG, 2-500 MG, 4-1000 MG, 4-500 MG</b>	2		R
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 16 Years)
<b>*Thiazolidinediones***</b>			
<b>ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
AVANDIA ORAL TABLET 2 MG, 4 MG, 8 MG	2		R
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>*Antidiarrheals*</b>			
<b>*Antidiarrheal - Chloride Channel Antagonists***</b>			
FULYZAQ ORAL TABLET DELAYED RELEASE 125 MG	3		R
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	3		R
<b>*Antiperistaltic Agents***</b>			
<i>diphenoxylate-atropine oral liquid† 2.5-0.025 mg/5ml</i>		3	R
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>		1	R
LOMOTIL ORAL TABLET 2.5-0.025 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>opium oral tincture 10 mg/ml (1%)</i>		1	R
<i>opium tincture (paregoric) oral tincture 2 mg/5ml</i>		3	R
<b>*Antidotes And Specific Antagonists*</b>			
<b>*Antidotes And Specific Antagonists***</b>			
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>		1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
DESFERAL INJECTION SOLUTION RECONSTITUTED 2 GM, 500 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
RADIOGARDASE ORAL CAPSULE 0.5 GM	3		PA; R
VISTOGARD ORAL PACKET 10 GM	3		RO; QL (4 EA per 1 day)
<b>*Antidotes*</b>			
<b>*Antidotes - Chelating Agents***</b>			
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<b>EXJADE ORAL TABLET SOLUBLE 500 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day)
<b>FERRIPROX ORAL SOLUTION 100 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>FERRIPROX ORAL TABLET 500 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>JADENU ORAL TABLET 180 MG, 360 MG, 90 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antidotes***</b>			
<b>CETYLEV ORAL TABLET EFFERVESCENT 2.5 GM, 500 MG</b>	3		R
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>		1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>DESFERAL INJECTION SOLUTION RECONSTITUTED 2 GM, 500 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<b>RADIOGARDASE ORAL CAPSULE 0.5 GM</b>	3		PA; R
<b>VISTOGARD ORAL PACKET 10 GM</b>	3		RO; QL (4 EA per 1 day)
<b>*Opioid Antagonists***</b>			
<i>naloxone hcl injection 0.4 mg/ml</i>		1	R
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		1	R
<i>naltrexone hcl oral tablet 50 mg</i>		1	R
<b>NARCAN NASAL LIQUID† 4 MG/0.1ML</b>	3		R&M; QL (2 EA per 1 Copay)
<b>VIVITROL INTRAMUSCULAR* SUSPENSION RECONSTITUTED 380 MG</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antiemetics*</b>			
<b>*5-Ht3 Receptor Antagonists***</b>			
<b>ANZEMET ORAL TABLET 100 MG</b>	3		R
<i>ondansetron hcl oral solution 4 mg/5ml</i>		1	R
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		1	R
<b>SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR</b>	3		RO; QL (4 EA per 1 Copay)
<b>ZOFRAN ODT ORAL TABLET DISPERSIBLE 4 MG, 8 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZOFRAN ORAL SOLUTION 4 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZOFRAN ORAL TABLET 4 MG, 8 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZUPLENZ ORAL FILM 4 MG, 8 MG</b>	3		R&M; QL (10 EA per 1 Copay)
<b>*Antiemetic Combinations***</b>			
<b>AKYNZEO ORAL CAPSULE 300-0.5 MG</b>	3		PA; R
<b>*Antiemetics - Anticholinergic***</b>			
<b>ANTIVERT ORAL TABLET 50 MG</b>	3		R
<i>trimethobenzamide hcl oral capsule 300 mg</i>		1	R
<b>*Antiemetics - Miscellaneous***</b>			
<b>CESAMET ORAL CAPSULE 1 MG</b>	3		R&M; QL (30 EA per 1 Copay); AG (Min 18 Years)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>		1	R
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>			
<b>EMEND ORAL CAPSULE 125 MG, 40 MG, 80 &amp; 125 MG, 80 MG</b>	3		R
<b>EMEND ORAL SUSPENSION RECONSTITUTED 125 MG</b>	3		R
<b>VARUBI ORAL TABLET 90 MG</b>	3		RO; QL (2 EA per 1 Copay)
<b>*Antifungals*</b>			
<b>*Antifungals***</b>			
<b>GRIFULVIN V ORAL TABLET 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		1	R
<i>griseofulvin microsize oral tablet 500 mg</i>		1	R
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		1	R
<b>GRIS-PEG ORAL TABLET 125 MG, 250 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LAMISIL ORAL PACKET 125 MG</b>	3		R&M; QL (2 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>LAMISIL ORAL PACKET 187.5 MG</b>	3		R&M; QL (1 EA per 1 day)
<b>LAMISIL ORAL TABLET 250 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>nystatin oral tablet 500000 unit</i>		1	R
<i>terbinafine hcl oral tablet 250 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>*Imidazoles***</b>			
<i>ketoconazole oral tablet 200 mg</i>		1	R
<b>*Triazoles***</b>			
<b>CRESEMBA ORAL CAPSULE 186 MG</b>	3		R
<b>DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>		1	R
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>		1	R
<i>itraconazole oral capsule 100 mg</i>		1	R
<b>NOXAFIL ORAL SUSPENSION 40 MG/ML</b>	3		R
<b>NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG</b>	3		R
<b>ONMEL ORAL TABLET 200 MG</b>	3		R
<b>SPORANOX ORAL CAPSULE 100 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SPORANOX ORAL SOLUTION 10 MG/ML</b>	3		R
<b>SPORANOX PULSEPAK ORAL CAPSULE 100 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML</b>	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
<b>VFEND ORAL TABLET 200 MG, 50 MG</b>	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>		1	R
<i>voriconazole oral tablet 200 mg, 50 mg</i>		1	R
<b>*Antihistamines*</b>			
<b>*Antihistamines - Alkylamines***</b>			
<b>RESPA-BR ORAL TABLET EXTENDED RELEASE 12 HR* 11 MG</b>	3		R

Drug Name	Brand	Generic	Additional Information
<b>*Antihistamines - Ethanolamines***</b>			
<i>carbinoxamine maleate oral tablet 4 mg</i>		1	R
<i>clemastine fumarate oral tablet 2.68 mg</i>		3	R
<i>diphenhydramine hcl injection solution 50 mg/ml</i>		1	R
<b>KARBINAL ER ORAL LIQUID EXTENDEDRELEASE* 4 MG/5ML</b>	3		R&M; QL (20 ML per 1 day); AG (Min 2 Years)
<b>*Antihistamines - Non-Sedating***</b>			
<b>CLARINEX ORAL SYRUP 0.5 MG/ML</b>	3		R&M; QL (300 ML per 30 days)
<b>CLARINEX ORAL TABLET 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>CLARINEX REDITABS ORAL TABLET DISPERSIBLE (Desloratadine) 2.5 MG</b>	3	3	R&M; QL (1 EA per 1 day)
<b>CLARINEX REDITABS ORAL TABLET DISPERSIBLE 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>desloratadine oral tablet 5 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>desloratadine oral tablet dispersible 5 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>		3	R&M; QL (150 ML per 30 days)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>		3	R&M; QL (1 EA per 1 day)
<b>XYZAL ORAL SOLUTION 2.5 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (150 ML per 30 days)
<b>XYZAL ORAL TABLET 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>*Antihistamines - Phenothiazines***</b>			
<b>PHENADOZ SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG</b>	1	1	R
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		1	R
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>		1	R
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		1	R
<b>PROMETHEGAN SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG</b>	1	1	R
<b>PROMETHEGAN SUPPOSITORY (Promethazine HCl) 50 MG</b>	3	1	R

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Drug Name	Brand	Generic	Additional Information
<b>*Antihistamines - Piperidines***</b>			
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		1	R
<i>cyproheptadine hcl oral tablet 4 mg</i>		1	R
<b>*Antihyperlipidemics*</b>			
<b>*Antihyperlipidemics - Misc.***</b>			
<b>KYNAMRO SUBCUTANEOUS* 200 MG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LOVAZA ORAL CAPSULE 1 GM</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day); AG (Min 18 Years)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>		1	R&M; QL (4 EA per 1 day); AG (Min 18 Years)
<b>VASCEPA ORAL CAPSULE 0.5 GM</b>	3		R
<b>VASCEPA ORAL CAPSULE 1 GM</b>	3		PA; R
<b>*Bile Acid Sequestrants***</b>			
<i>cholestyramine oral packet 4 gm</i>		1	R
<i>cholestyramine oral powder 4 gm/dose</i>		1	R
<b>COLESTID ORAL GRANULES 5 GM</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>COLESTID ORAL PACKET 5 GM</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>colestipol hcl oral granules 5 gm</i>		1	R
<i>micronized colestipol hcl oral tablet 1 gm</i>		1	R
<b>PREVALITE ORAL PACKET (Cholestyramine Light) 4 GM</b>	1	1	R
<b>PREVALITE ORAL POWDER (Cholestyramine Light) 4 GM/DOSE</b>	1	1	R
<b>QUESTRAN ORAL POWDER 4 GM/DOSE</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>WELCHOL ORAL PACKET 3.75 GM</b>	2		R&M; QL (1 EA per 1 day)
<b>WELCHOL ORAL TABLET 625 MG</b>	2		R&M; QL (7 EA per 1 day)
<b>*Fibric Acid Derivatives***</b>			
<b>ANTARA ORAL CAPSULE 130 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>ANTARA ORAL CAPSULE 30 MG, 90 MG</b>	3		R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ANTARA ORAL CAPSULE</b> ( <i>Fenofibrate Micronized</i> ) <b>43 MG</b>	3	1	R&M; QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		1	R
<i>fenofibrate oral tablet 120 mg, 40 mg</i>		1	R
<i>fenofibrate oral tablet 145 mg, 54 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>fenofibrate oral tablet 48 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>FENOGLIDE ORAL TABLET 120 MG, 40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>FIBRICOR ORAL TABLET</b> ( <i>Fenofibric Acid</i> ) <b>105 MG</b>	3	3	R&M; QL (1 EA per 1 day)
<b>FIBRICOR ORAL TABLET</b> ( <i>Fenofibric Acid</i> ) <b>35 MG</b>	3	3	R&M; QL (2 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>		1	R
<b>LIPOFEN ORAL CAPSULE</b> ( <i>Fenofibrate</i> ) <b>150 MG, 50 MG</b>	3	3	R
<b>LOFIBRA ORAL TABLET 160 MG, 54 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>LOPID ORAL TABLET 600 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>TRICOR ORAL TABLET 145 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>TRICOR ORAL TABLET 48 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>TRIGLIDE ORAL TABLET</b> ( <i>Fenofibrate</i> ) <b>160 MG</b>	3	1	R&M; QL (1 EA per 1 day)
<b>TRIGLIDE ORAL TABLET 50 MG</b>	3		R&M; QL (2 EA per 1 day)
<b>TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Hmg Coa Reductase Inhibitor Combinations***</b>			
<b>ADVICOR ORAL TABLET EXTENDED RELEASE 24 HR* 1000-20 MG, 1000-40 MG, 500-20 MG, 750-20 MG</b>	3		R&M; QL (2 EA per 1 day)
<b>SIMCOR ORAL TABLET EXTENDED RELEASE 24 HR* 1000-20 MG, 500-20 MG, 750-20 MG</b>	3		R&M; QL (2 EA per 1 day)
<b>SIMCOR ORAL TABLET EXTENDED RELEASE 24 HR* 1000-40 MG, 500-40 MG</b>	3		R&M; QL (1 EA per 1 day)
<b>*Hmg Coa Reductase Inhibitors***</b>			
<b>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR* 20 MG, 40 MG, 60 MG</b>	3		R
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<b>CRESTOR ORAL TABLET (Rosuvastatin Calcium) 10 MG, 20 MG, 40 MG, 5 MG</b>	3	1	R&M; QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>fluvastatin sodium oral capsule 40 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>LESCOL ORAL CAPSULE 20 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>LESCOL ORAL CAPSULE 40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR* 80 MG</b>	3		R&M; QL (1 EA per 1 day)
<b>LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
<b>LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG</b>	3		R
<i>lovastatin oral tablet 10 mg, 20 mg</i>		1	R
<i>lovastatin oral tablet 40 mg</i>		1	R&M; QL (2 EA per 1 day)
<b>MEVACOR ORAL TABLET 40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>PRAVACHOL ORAL TABLET 20 MG, 80 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>PRAVACHOL ORAL TABLET 40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg</i>		1	R
<i>pravastatin sodium oral tablet 20 mg, 80 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>pravastatin sodium oral tablet 40 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>		1	R&M; Note 1 (Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 day)
<b>ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>ZOCOR ORAL TABLET 80 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); Note 2 (Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 day)
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***</b>			
<b>LIPTRUZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG</b>	3		R
<b>VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>VYTORIN ORAL TABLET 10-80 MG</b>	2		PA; R&M; Note 1 (Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 day)
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>			
<b>ZETIA ORAL TABLET 10 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>*Microsomal Triglyceride Transfer Protein Inhibitors***</b>			
<b>JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)



Drug Name	Brand	Generic	Additional Information
<b>*Nicotinic Acid Derivatives***</b>			
<i>niacin er (antihyperlipidemic) oral tablet extendedrelease* 1000 mg, 750 mg</i>		2	R&M; QL (2 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extendedrelease* 500 mg</i>		2	R&M; QL (3 EA per 1 day)
<b>NIASPAN ORAL TABLET EXTENDEDRELEASE* 1000 MG, 750 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>NIASPAN ORAL TABLET EXTENDEDRELEASE* 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>*Antihypertensives*</b>			
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>			
<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	R
<b>LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 2.5-10 MG, 5-10 MG, 5-20 MG, 5-40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>TARKA ORAL TABLET EXTENDEDRELEASE* 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>trandolapril-verapamil hcl er oral tablet extendedrelease* 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>		1	R
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>			
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>		1	R
<i>captopril-hydrochlorothiazide oral tablet 50-25 mg</i>		3	R
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>		1	R
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>		1	R
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>		1	R
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Ace Inhibitors***</b>			
<b>ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		1	R
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>		1	R
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>		1	R
<b>EPANED ORAL SOLUTION 1 MG/ML</b>	3		R
<b>EPANED ORAL SOLUTION RECONSTITUTED 1 MG/ML</b>	3		R
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		1	R
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>		1	R
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MAVIK ORAL TABLET 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		1	R
<i>perindopril erbumine oral tablet 4 mg, 8 mg</i>		1	R
<b>PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>QBRELIS ORAL SOLUTION 1 MG/ML</b>	3		R
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		1	R
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>		1	R
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		1	R
<b>VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
<b>*Agents For Pheochromocytoma***</b>			
<b>DIBENZYLINE ORAL CAPSULE</b> (Phenoxybenzamine HCl) 10 MG	3	1	R
<b>*Angiotensin Ii Receptor Antag &amp; Ca Channel Blocker Comb***</b>			
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>AZOR ORAL TABLET</b> (Amlodipine-Olmesartan) 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	3	R&M; QL (1 EA per 1 day)
<b>EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>		1	R
<b>TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Angiotensin Ii Receptor Antag &amp; Thiazide/Thiazide-Like***</b>			
<b>ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>BENICAR HCT ORAL TABLET 20-12.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
<b>BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 80-12.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>DIOVAN HCT ORAL TABLET 320-12.5 MG, 320-25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG</b>	3		R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>		1	R
<b>MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MICARDIS HCT ORAL TABLET 80-25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>		3	R&M; QL (1.5 EA per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>		1	R
<i>telmisartan-hctz oral tablet 80-25 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>*Angiotensin II Receptor Antagonists***</b>			
<b>ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>AVAPRO ORAL TABLET 150 MG, 75 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
<b>AVAPRO ORAL TABLET 300 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>BENICAR ORAL TABLET 20 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
<b>BENICAR ORAL TABLET 40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>BENICAR ORAL TABLET 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>DIOVAN ORAL TABLET 320 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>EDARBI ORAL TABLET 40 MG, 80 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>eprosartan mesylate oral tablet 600 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>irbesartan oral tablet 150 mg, 75 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>irbesartan oral tablet 300 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
<b>MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>olmesartan medoxomil oral tablet 20 mg</i>		3	R&M; QL (1.5 EA per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		3	R&M; QL (3 EA per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>		1	R
<b>TEVETEN ORAL TABLET 400 MG</b>	3		R&M; QL (2 EA per 1 day)
<b>TEVETEN ORAL TABLET 600 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>valsartan oral tablet 320 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***</b>			
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>TRIBENZOR ORAL TABLET ( Olmesartan-Amlodipine-HCTZ ) 20-5-12.5 MG</b>	3	3	R

Drug Name	Brand	Generic	Additional Information
<b>TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG</b>	3		R
<b>*Antiadrenergics - Centrally Acting***</b>			
<b>CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		1	R
<i>clonidine hcl powder</i>		3	R
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>		1	R
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		1	R
<i>methyldopa oral tablet 250 mg, 500 mg</i>		1	R
<b>NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR* 0.17 MG</b>	3		R
<b>*Antiadrenergics - Peripherally Acting***</b>			
<b>CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>		1	R
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		1	R
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		1	R
<b>*Antihypertensives - Misc.***</b>			
<b>VECAMYL ORAL TABLET 2.5 MG</b>	3		R
<b>*Beta Blocker &amp; Diuretic Combinations***</b>			
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>		1	R
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		1	R
<b>DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR* (Metoprolol-HCTZ ER) 100-12.5 MG, 25-12.5 MG, 50-12.5 MG</b>	3	3	R&M; QL (1 EA per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		1	R
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>		1	R
<i>propranolol-hctz oral tablet 80-25 mg</i>		3	R

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Drug Name	Brand	Generic	Additional Information
TENORETIC 100 ORAL TABLET 100-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TENORETIC 50 ORAL TABLET 50-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Direct Renin Inhibitors &amp; Calcium Channel Blocker Comb***</b>			
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG	2		R
<b>*Direct Renin Inhibitors &amp; Thiazide/Thiazide-Like Comb***</b>			
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2		R&M; QL (1 EA per 1 day)
<b>*Direct Renin Inhibitors***</b>			
TEKTURNA ORAL TABLET 150 MG, 300 MG	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Direct Renin Inhibitors-Ca Channel Blocker-Thiazide Comb***</b>			
AMTURNIDE ORAL TABLET 150-5-12.5 MG, 300-10-12.5 MG, 300-10-25 MG, 300-5-12.5 MG, 300-5-25 MG	2		R
<b>*Selective Aldosterone Receptor Antagonists (Saras)***</b>			
<i>eplerenone oral tablet 25 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>eplerenone oral tablet 50 mg</i>		1	R&M; QL (2 EA per 1 day)
INSPRA ORAL TABLET 25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
INSPRA ORAL TABLET 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>*Vasodilators***</b>			
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		1	R
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		1	R
<b>*Anti-Infective Agents - Misc.*</b>			
<b>*Anti-Infective Agents - Misc.***</b>			
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>FLAGYL ER ORAL TABLET EXTENDED RELEASE 24 HR* 750 MG</b>	3		R
<b>FLAGYL ORAL CAPSULE 375 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>FLAGYL ORAL TABLET 250 MG, 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>IMPAVIDO ORAL CAPSULE 50 MG</b>	3		R
<i>metronidazole oral capsule 375 mg</i>		1	R
<i>metronidazole oral tablet 250 mg, 500 mg</i>		1	R
<b>NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TINDAMAX ORAL TABLET 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>tinidazole oral tablet 250 mg, 500 mg</i>		1	R
<i>trimethoprim oral tablet 100 mg</i>		1	R
<b>VANCOCIN HCL ORAL CAPSULE 125 MG, 250 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>		1	R
<b>XIFAXAN ORAL TABLET 200 MG, 550 MG</b>	3		PA; R
<b>*Anti-Infective Misc. - Combinations***</b>			
<b>BACTRIM DS ORAL TABLET 800-160 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>BACTRIM ORAL TABLET</b> <i>(Sulfamethoxazole-Trimethoprim) 400-80 MG</i>	3	1	R
<b>E.S.P. ORAL SUSPENSION RECONSTITUTED</b> <i>(Erythromycin-Sulfisoxazole) 200-600 MG/5ML</i>	1	1	R
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>		1	R
<b>*Antiprotozoal Agents***</b>			
<b>ALINIA ORAL TABLET 500 MG</b>	3		R
<i>atovaquone oral suspension 750 mg/5ml</i>		2	R
<b>MEPRON ORAL SUSPENSION 750 MG/5ML</b>	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
<b>*Leprostatics***</b>			
<i>dapsone oral tablet 100 mg, 25 mg</i>		2	R

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Drug Name	Brand	Generic	Additional Information
<b>*Lincosamides***</b>			
<b>CLEOCIN ORAL CAPSULE 75 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>		1	R
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>		1	R
<b>*Oxazolidinones***</b>			
<i>linezolid oral tablet 600 mg</i>		3	PA; R&M; QL (2 EA per 1 day)
<b>SIVEXTRO ORAL TABLET 200 MG</b>	3		PA; RO
<b>ZYVOX ORAL SUSPENSION RECONSTITUTED (Linezolid) 100 MG/5ML</b>	3	2	PA; R
<b>ZYVOX ORAL TABLET 600 MG</b>	3		PA; R
<b>*Antimalarials*</b>			
<b>*Antimalarial Combinations***</b>			
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>		1	R
<b>MALARONE ORAL TABLET 250-100 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MALARONE ORAL TABLET (Atovaquone-Proguanil HCl) 62.5-25 MG</b>	3	1	R
<b>*Antimalarials***</b>			
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		1	R
<b>DARAPRIM ORAL TABLET 25 MG</b>	3		PA; R
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>		1	R
<i>mefloquine hcl oral tablet 250 mg</i>		1	R
<b>PLAQUENIL ORAL TABLET 200 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>primaquine phosphate oral tablet 26.3 mg</i>		3	R
<i>quinine sulfate oral capsule 324 mg</i>		1	R
<b>*Antimyasthenic Agents*</b>			
<b>*Antimyasthenic Agents***</b>			
<b>MESTINON ORAL TABLET EXTENDEDRELEASE* 180 MG</b>	3		R
<i>pyridostigmine bromide oral tablet 60 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<b>*Antimycobacterial Agents*</b>			
<b>*Antimycobacterial Agents***</b>			
<i>cycloserine oral capsule 250 mg</i>		3	R
<i>ethambutol hcl oral tablet 400 mg</i>		1	R
<i>isoniazid oral tablet 100 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>isoniazid oral tablet 300 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>MYAMBUTOL ORAL TABLET 400 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MYCOBUTIN ORAL CAPSULE ( Rifabutin) 150 MG</b>	3	1	R
<b>PRIFTIN ORAL TABLET 150 MG</b>	3		R
<i>rifampin oral capsule 300 mg</i>		1	R
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>			
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>			
<b>VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG</b>	1		SP
<b>VENCLEXTA STARTING PACK ORAL 10 &amp; 50 &amp; 100 MG</b>	1		SP
<b>*Antineoplastics And Adjunctive Therapies*</b>			
<b>*Alkylating Agents***</b>			
<b>HEXALEN ORAL CAPSULE 50 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>MYLERAN ORAL TABLET 2 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Androgen Biosynthesis Inhibitors***</b>			
<b>ZYTIGA ORAL TABLET 250 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antiadrenals***</b>			
<b>LYSODREN ORAL TABLET 500 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antiandrogens***</b>			
<i>bicalutamide oral tablet 50 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CASODEX ORAL TABLET 50 MG</b>	1		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>flutamide oral capsule 125 mg</i>		1	R
<b>NILANDRON ORAL TABLET (Nilutamide) 150 MG</b>	1	1	R&M; M
<b>XTANDI ORAL CAPSULE 40 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antiandrogens***</b>			
<b>FARESTON ORAL TABLET 60 MG</b>	1		R&M; QL (1 EA per 1 day)
<b>SOLTAMOX ORAL SOLUTION 10 MG/5ML</b>	1		R
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		1	R&M; \$0
<b>*Antimetabolites***</b>			
<i>mercaptopurine oral tablet 50 mg</i>		1	R
<i>methotrexate oral tablet 2.5 mg</i>		1	R
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>		1	R
<i>methotrexate sodium injection solution 25 mg/ml</i>		1	R
<i>methotrexate sodium injection solution reconstituted 1 gm</i>		1	R
<b>PURIXAN ORAL SUSPENSION 2000 MG/100ML</b>	1		R&M; QL (100 ML per 1 Copay)
<b>TABLOID ORAL TABLET 40 MG</b>	1		R
<b>TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG</b>	1		R
<b>XELODA ORAL TABLET (Capecitabine) 150 MG, 500 MG</b>	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>			
<b>TAFINLAR ORAL CAPSULE 50 MG, 75 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ZELBORAF ORAL TABLET 240 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>			
<b>ERIVEDGE ORAL CAPSULE 150 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ODOMZO ORAL CAPSULE 200 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>			
<b>FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG</b>	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ZOLINZA ORAL CAPSULE 100 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day); AG (Min 16 Years)
<b>*Antineoplastic - Immunomodulators***</b>			
<b>POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antineoplastic - Mek Inhibitors***</b>			
<b>COTELLIC ORAL TABLET 20 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>MEKINIST ORAL TABLET 0.5 MG, 2 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>			
<b>AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Antineoplastic - Multikinase Inhibitors***</b>			
<b>NEXAVAR ORAL TABLET 200 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day); AG (Min 16 Years)
<b>STIVARGA ORAL TABLET 40 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day)
<b>*Antineoplastic - Proteasome Inhibitors***</b>			
<b>NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antineoplastic - Tyrosine Kinase Inhibitors***</b>			
<b>ALECENSA ORAL CAPSULE 150 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (8 EA per 1 day); AG (Min 18 Years)
<b>BOSULIF ORAL TABLET 100 MG, 500 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>CAPRELSA ORAL TABLET 100 MG, 300 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 &amp; 1 X 20 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 &amp; 3 X 20 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GLEEVEC ORAL TABLET 100 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (6 EA per 1 day)
<b>GLEEVEC ORAL TABLET 400 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
<b>ICLUSIG ORAL TABLET 15 MG, 45 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 18 Years)
<b>INLYTA ORAL TABLET 1 MG, 5 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>IRESSA ORAL TABLET 250 MG</b>	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA 10 MG DAILY DOSE ORAL 10 MG</b>	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA 14 MG DAILY DOSE ORAL 10 &amp; 4 MG</b>	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA 18 MG DAILY DOSE ORAL 10 &amp; 4 (2) MG</b>	1		R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA 20 MG DAILY DOSE ORAL 10 (2) MG</b>	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA 24 MG DAILY DOSE ORAL 10 (2) &amp; 4 MG</b>	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>LENVIMA 8 MG DAILY DOSE ORAL 4 (2) MG</b>	1		R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
<b>TAGRISSO ORAL TABLET 40 MG, 80 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TASIGNA ORAL CAPSULE 150 MG, 200 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TYKERB ORAL TABLET 250 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VOTRIENT ORAL TABLET 200 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>XALKORI ORAL CAPSULE 200 MG, 250 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 16 Years)
<b>ZYKADIA ORAL CAPSULE 150 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (5 EA per 1 day); AG (Min 16 Years)
<b>*Antineoplastic Antibiotics***</b>			
<i>mitoxantrone hcl intravenous* concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>		1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antineoplastic Combinations***</b>			
<b>LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
<b>*Antineoplastics Misc.***</b>			
<b>ACTIMMUNE SUBCUTANEOUS* SOLUTION 2000000 UNIT/0.5ML</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>HYDREA ORAL CAPSULE 500 MG</b>	1		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>hydroxyurea oral capsule 500 mg</i>		1	R
<b>INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>MATULANE ORAL CAPSULE 50 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SYLATRON SUBCUTANEOUS* KIT 200 MCG, 300 MCG, 600 MCG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SYNRIBO SUBCUTANEOUS* SOLUTION RECONSTITUTED 3.5 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Aromatase Inhibitors***</b>			
<i>anastrozole oral tablet 1 mg</i>		1	R&M; F; QL (1 EA per 1 day)
<b>ARIMIDEX ORAL TABLET 1 MG</b>	1		R&M; Note 1 (Tier 2 copay + cost differential applies); F; QL (1 EA per 1 day)
<b>AROMASIN ORAL TABLET 25 MG</b>	1		R&M; Note 1 (Tier 2 copay + cost differential applies); F; QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i>		1	R&M; F; QL (1 EA per 1 day)
<b>FEMARA ORAL TABLET 2.5 MG</b>	1		R&M; Note 1 (Tier 2 copay + cost differential applies); F; QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i>		1	R&M; F; QL (1 EA per 1 day)
<b>*Chemotherapy Adjuncts - Hyperuricemia Agents***</b>			
<b>ELITEK INTRAVENOUS* SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<b>*Estrogen Receptor Antagonist***</b>			
FASLODEX INTRAMUSCULAR* SOLUTION 250 MG/5ML	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Estrogens-Antineoplastic***</b>			
EMCYT ORAL CAPSULE 140 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Folic Acid Antagonists Rescue Agents***</b>			
<i>leucovorin calcium oral tablet 15 mg</i>		3	R
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>		1	R
<b>*Gonadotropin Releasing Hormone (Gnrh) Antagonists***</b>			
FIRMAGON SUBCUTANEOUS* SOLUTION RECONSTITUTED 120 MG, 80 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Imidazotetrazines***</b>			
TEMODAR ORAL CAPSULE ( <i>Temozolomide</i> ) 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	1	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Lhrh Analogs***</b>			
ELIGARD SUBCUTANEOUS* KIT 22.5 MG, 45 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); F
ELIGARD SUBCUTANEOUS* KIT 30 MG, 7.5 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		1	PA; R
LUPRON DEPOT INTRAMUSCULAR* KIT 11.25 MG, 22.5 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); F

Drug Name	Brand	Generic	Additional Information
<b>LUPRON DEPOT INTRAMUSCULAR* KIT 3.75 MG, 7.5 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LUPRON DEPOT INTRAMUSCULAR* KIT 30 MG</b>	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LUPRON DEPOT INTRAMUSCULAR* KIT 45 MG</b>	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); F
<b>TRELSTAR INTRAMUSCULAR* SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TRELSTAR MIXJECT INTRAMUSCULAR* SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VANTAS SUBCUTANEOUS* KIT 50 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ZOLADEX SUBCUTANEOUS* IMPLANT 10.8 MG, 3.6 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Mitotic Inhibitors***</b>			
<i>etoposide oral capsule 50 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Nitrogen Mustards***</b>			
<b>ALKERAN ORAL TABLET 2 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		1	R
<b>LEUKERAN ORAL TABLET 2 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Nitrosoureas***</b>			
<b>GLEOSTINE ORAL CAPSULE (<i>Lomustine</i>) 10 MG, 100 MG, 40 MG</b>	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Progestins-Antineoplastic***</b>			
<b>MEGACE ORAL ORAL SUSPENSION (<i>Megestrol Acetate</i>) 40 MG/ML</b>	1	1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>megestrol acetate oral suspension 400 mg/10ml, 800 mg/20ml</i>		1	R
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		1	R
<b>*Retinoids***</b>			
<i>tretinoin oral capsule 10 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Selective Retinoid X Receptor Agonists***</b>			
<i>bexarotene oral capsule 75 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TARGRETIN ORAL CAPSULE 75 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Topoisomerase I Inhibitors***</b>			
<b>HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Urinary Tract Protective Agents***</b>			
<b>MESNEX ORAL TABLET 400 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Anti-Obesity - Glp-1 Receptor Agonists***</b>			
<b>*Anti-Obesity - Glp-1 Receptor Agonists***</b>			
<b>SAXENDA SUBCUTANEOUS* 18 MG/3ML</b>	3		R
<b>*Antiparkinson Agents*</b>			
<b>*Antiparkinson Anticholinergics***</b>			
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>		1	R
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		1	R
<b>*Antiparkinson Dopaminergics***</b>			
<i>amantadine hcl oral capsule 100 mg</i>		1	R
<i>amantadine hcl oral syrup 50 mg/5ml</i>		1	R
<i>amantadine hcl oral tablet 100 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>bromocriptine mesylate oral capsule 5 mg</i>		1	R
<i>bromocriptine mesylate oral tablet 2.5 mg</i>		1	R
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>			
<b>AZILECT ORAL TABLET 0.5 MG, 1 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>selegiline hcl oral capsule 5 mg</i>		1	R
<i>selegiline hcl oral tablet 5 mg</i>		1	R
<b>ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG</b>	3		PA; R&M; QL (2 EA per 1 day)
<b>*Central/Peripheral Comt Inhibitors***</b>			
<b>TASMAR ORAL TABLET (<i>Tolcapone</i>) 100 MG</b>	3	1	PA; R
<b>*Decarboxylase Inhibitors***</b>			
<i>carbidopa oral tablet 25 mg</i>		1	R
<b>LODOSYN ORAL TABLET 25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Levodopa Combinations***</b>			
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>		1	R
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		1	R
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE* 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG</b>	3		PA; R
<b>SINEMET CR ORAL TABLET EXTENDEDRELEASE* (<i>Carbidopa-Levodopa ER</i>) 25-100 MG, 50-200 MG</b>	3	1	R
<b>SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>STALEVO 100 ORAL TABLET (<i>Carbidopa-Levodopa-Entacapone</i>) 25-100-200 MG</b>	3	3	R&M; QL (8 EA per 1 day)
<b>STALEVO 125 ORAL TABLET (<i>Carbidopa-Levodopa-Entacapone</i>) 31.25-125-200 MG</b>	3	3	R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>STALEVO 150 ORAL TABLET</b> ( <i>Carbidopa-Levodopa-Entacapone</i> ) <b>37.5-150-200 MG</b>	3	3	R&M; QL (8 EA per 1 day)
<b>STALEVO 50 ORAL TABLET</b> ( <i>Carbidopa-Levodopa-Entacapone</i> ) <b>12.5-50-200 MG</b>	3	3	R&M; QL (8 EA per 1 day)
<b>*Nonergoline Dopamine Receptor Agonists***</b>			
<b>APOKYN SUBCUTANEOUS* SOLUTION</b> <b>10 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day)
<b>MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR* 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>NEUPRO TRANSDERMAL PATCH 24 HR</b> <b>1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hr* 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>		2	R&M; QL (1 EA per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		1	R
<b>REQUIP ORAL TABLET 1 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* 12 MG, 6 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (8 EA per 1 Days)
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 Days)
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* 8 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 Days)
<i>ropinirole hcl er oral tablet extended release 24 hr* 12 mg, 6 mg</i>		1	R
<i>ropinirole hcl er oral tablet extended release 24 hr* 2 mg</i>		1	R&M; QL (8 EA per 1 Days)
<i>ropinirole hcl er oral tablet extended release 24 hr* 4 mg</i>		1	R&M; QL (4 EA per 1 Days)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>ropinirole hcl er oral tablet extended release 24 hr* 8 mg</i>		1	R&M; QL (3 EA per 1 Days)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		1	R
<b>*Peripheral Comt Inhibitors***</b>			
<b>COMTAN ORAL TABLET 200 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>entacapone oral tablet 200 mg</i>		1	R
<b>*Antipsychotics/Antimanic Agents*</b>			
<b>*Antimanic Agents***</b>			
<i>lithium carbonate er oral tablet extendedrelease* 300 mg, 450 mg</i>		1	R
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		1	R
<i>lithium carbonate oral tablet 300 mg</i>		1	R
<b>*Antipsychotics - Misc.***</b>			
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG</b>	3		R&M; QL (3 EA per 1 day)
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG</b>	3		R&M; QL (8 EA per 1 day)
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG</b>	3		R&M; QL (5 EA per 1 day)
<b>GEODON ORAL CAPSULE 20 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (10 EA per 1 day)
<b>GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
<b>NUPLAZID ORAL TABLET 17 MG</b>	3		R
<b>VRAYLAR ORAL 1.5 &amp; 3 MG</b>	3		R&M; QL (1 EA per 7 days); AG (Min 12 Years)
<b>VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
<i>ziprasidone hcl oral capsule 20 mg</i>		1	R&M; QL (10 EA per 1 day)
<i>ziprasidone hcl oral capsule 40 mg, 60 mg, 80 mg</i>		1	R&M; QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>*Benzisoxazoles***</b>			
<b>FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>	3		R
<b>INVEGA ORAL TABLET EXTENDED RELEASE 24 HR* (Paliperidone ER) 1.5 MG, 6 MG</b>	3	3	R&M; QL (2 EA per 1 day); AG (Min 12 Years)
<b>INVEGA ORAL TABLET EXTENDED RELEASE 24 HR* (Paliperidone ER) 3 MG, 9 MG</b>	3	3	R&M; QL (1 EA per 1 day); AG (Min 12 Years)
<b>RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 1 MG, 2 MG, 4 MG</b>	3		R
<i>risperidone oral solution 1 mg/ml</i>		1	R
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		1	R
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>		3	R
<b>*Butyrophenones***</b>			
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		1	R
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>		1	R
<b>*Dibenzodiazepines***</b>			
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>		1	R
<b>FAZACLO ORAL TABLET DISPERSIBLE (CloZAPine) 100 MG, 150 MG, 200 MG, 25 MG</b>	3	3	R
<b>FAZACLO ORAL TABLET DISPERSIBLE 12.5 MG</b>	3		R
<b>*Dibenzo-Oxepino Pyrroles***</b>			
<b>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG</b>	3		R
<b>*Dibenzothiazepines***</b>			
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg</i>		1	R
<i>quetiapine fumarate oral tablet 400 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 50 mg</i>		1	R&M; QL (3 EA per 1 day)
<b>SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
<b>SEROQUEL ORAL TABLET 400 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>SEROQUEL ORAL TABLET 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG, 200 MG, 50 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 10 Years)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR* 300 MG, 400 MG</b>	3		R&M; QL (2 EA per 1 day); AG (Min 10 Years)
<b>*Dibenzoxazepines***</b>			
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		1	R
<b>*Dihydroindolones***</b>			
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>		3	R
<b>*Phenothiazines***</b>			
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		1	R
<b>COMPAZINE SUPPOSITORY (Prochlorperazine) 25 MG</b>	1	1	R
<b>COMPRO SUPPOSITORY (Prochlorperazine) 25 MG</b>	1	1	R
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		1	R
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		1	R
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		1	R
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		1	R
<i>trifluoperazine hcl oral tablet 2 mg, 5 mg</i>		1	R
<b>*Quinolinone Derivatives***</b>			
<b>ABILIFY DISCMELT ORAL TABLET DISPERSIBLE (ARIPiprazole) 10 MG, 15 MG</b>	3	3	R
<b>ABILIFY ORAL SOLUTION (ARIPiprazole) 1 MG/ML</b>	3	1	R&M; QL (25 ML per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>ABILIFY ORAL TABLET 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>aripiprazole oral tablet 2 mg</i>		1	R&M; QL (2 EA per 1 day)
<b>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Thienbenzodiazepines***</b>			
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>*Thioxanthenes***</b>			
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		1	R
<b>*Antiretrovirals Adjuvants***</b>			
<b>*Antiretrovirals Adjuvants***</b>			
<b>TYBOST ORAL TABLET 150 MG</b>	3		R&M; QL (1 EA per 1 day)
<b>*Antiseptics &amp; Disinfectants*</b>			
<b>*Antiseptics &amp; Disinfectants***</b>			
<b>FORMADON EXTERNAL SOLUTION (Formaldehyde) 10 %</b>	1	1	R
<i>formaldehyde external solution 37 %</i>		3	R
<i>phenol liquid† 89 %</i>		3	R
<b>*Chlorine Antiseptics***</b>			
<b>PHISOHEX EXTERNAL LIQUID† 3 %</b>	3		R

Drug Name	Brand	Generic	Additional Information
<b>*Antivirals*</b>			
<b>*Antiretroviral Combinations***</b>			
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>		1	R
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>		1	R&M; QL (2 EA per 1 day)
<b>ATRIPLA ORAL TABLET 600-200-300 MG</b>	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>COMBIVIR ORAL TABLET 150-300 MG</b>	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
<b>COMPLERA ORAL TABLET 200-25-300 MG</b>	2		R
<b>DESCOVY ORAL TABLET 200-25 MG</b>	3		R&M; QL (1 EA per 1 day)
<b>EPZICOM ORAL TABLET 600-300 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>EVOTAZ ORAL TABLET 300-150 MG</b>	3		R
<b>GENVOYA ORAL TABLET 150-150-200-10 MG</b>	2		R
<b>KALETRA ORAL SOLUTION 400-100 MG/5ML</b>	2		R
<b>KALETRA ORAL TABLET 100-25 MG, 200-50 MG</b>	2		R
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		1	R
<b>ODEFSEY ORAL TABLET 200-25-25 MG</b>	2		R
<b>PREZCOBIX ORAL TABLET 800-150 MG</b>	3		R
<b>STRIBILD ORAL TABLET 150-150-200-300 MG</b>	2		R
<b>TRIUMEQ ORAL TABLET 600-50-300 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<b>TRIZIVIR ORAL TABLET 300-150-300 MG</b>	3		R&M; Note 2 (Tier 3 copay + cost differential applies); QL (2 EA per 1 day)
<b>TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>			
<b>SELZENTRY ORAL TABLET 150 MG, 300 MG</b>	2		R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Antiretrovirals - Fusion Inhibitors***</b>			
<b>FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED 90 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antiretrovirals - Integrase Inhibitors***</b>			
<b>ISENTRESS ORAL PACKET 100 MG</b>	2		R
<b>ISENTRESS ORAL TABLET 400 MG</b>	2		R
<b>ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG</b>	2		R
<b>TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG</b>	2		R
<b>VITEKTA ORAL TABLET 150 MG, 85 MG</b>	2		R
<b>*Antiretrovirals - Protease Inhibitors***</b>			
<b>APTIVUS ORAL CAPSULE 250 MG</b>	3		R
<b>APTIVUS ORAL SOLUTION 100 MG/ML</b>	3		R
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	2		R
<b>INVIRASE ORAL CAPSULE 200 MG</b>	2		R
<b>INVIRASE ORAL TABLET 500 MG</b>	2		R
<b>LEXIVA ORAL SUSPENSION 50 MG/ML</b>	2		R
<b>LEXIVA ORAL TABLET 700 MG</b>	2		R
<b>NORVIR ORAL CAPSULE 100 MG</b>	2		R
<b>NORVIR ORAL SOLUTION 80 MG/ML</b>	2		R
<b>NORVIR ORAL TABLET 100 MG</b>	2		R
<b>PREZISTA ORAL SUSPENSION 100 MG/ML</b>	2		R
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>	2		R
<b>REYATAZ ORAL CAPSULE 150 MG, 200 MG</b>	2		R&M; QL (2 EA per 1 day)
<b>REYATAZ ORAL CAPSULE 300 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>REYATAZ ORAL PACKET 50 MG</b>	2		R
<b>VIRACEPT ORAL TABLET 250 MG, 625 MG</b>	2		R
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>			
<b>EDURANT ORAL TABLET 25 MG</b>	2		R&M; QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG</b>	2		R
<i>nevirapine oral tablet 200 mg</i>		1	R
<b>RESCRIPTOR ORAL TABLET 100 MG, 200 MG</b>	3		R
<b>SUSTIVA ORAL CAPSULE 200 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>SUSTIVA ORAL CAPSULE 50 MG</b>	2		R&M; QL (2 EA per 1 day)
<b>SUSTIVA ORAL TABLET 600 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>VIRAMUNE ORAL SUSPENSION (Nevirapine) 50 MG/5ML</b>	2	2	R
<b>VIRAMUNE ORAL TABLET 200 MG</b>	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
<b>VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR* (Nevirapine ER) 100 MG, 400 MG</b>	3	1	R
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>			
<i>abacavir sulfate oral tablet 300 mg</i>		1	R
<i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i>		1	R
<b>VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG, 250 MG, 400 MG</b>	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
<b>VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM</b>	2		R
<b>ZIAGEN ORAL SOLUTION 20 MG/ML</b>	2		R
<b>ZIAGEN ORAL TABLET 300 MG</b>	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***</b>			
<b>EMTRIVA ORAL CAPSULE 200 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>EMTRIVA ORAL SOLUTION 10 MG/ML</b>	2		R&M; QL (720 ML per 30 days)
<b>EPIVIR ORAL SOLUTION 10 MG/ML</b>	3		R&M; Note 2 (Limited to 30 days supply)
<b>EPIVIR ORAL TABLET 150 MG, 300 MG</b>	3		R&M; Note 2 (Limited to 30 days supply)
<i>lamivudine oral solution 10 mg/ml</i>		1	R
<i>lamivudine oral tablet 150 mg, 300 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***</b>			
<b>RETROVIR ORAL CAPSULE 100 MG</b>	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
<b>RETROVIR ORAL SYRUP 50 MG/5ML</b>	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>		1	R
<i>stavudine oral solution reconstituted 1 mg/ml</i>		1	R
<b>ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG</b>	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
<b>ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML</b>	3		R&M; Note 2 (Tier 3 copay + cost differential applies)
<i>zidovudine oral capsule 100 mg</i>		1	R
<i>zidovudine oral syrup 50 mg/5ml</i>		1	R
<i>zidovudine oral tablet 300 mg</i>		1	R
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>			
<b>VIREAD ORAL POWDER 40 MG/GM</b>	2		R
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>*Cmv Agents***</b>			
<i>ganciclovir sodium intravenous* solution reconstituted 500 mg</i>		1	R
<b>VALCYTE ORAL SOLUTION RECONSTITUTED (ValGANciclovir HCl) 50 MG/ML</b>	3	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VALCYTE ORAL TABLET 450 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies); QL (4 EA per 1 day)
<i>valganciclovir hcl oral tablet 450 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Hepatitis B Agents***</b>			
<i>adefovir dipivoxil oral tablet 10 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>BARACLUDE ORAL SOLUTION 0.05 MG/ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (20 ML per 1 day); AG (Min 16 Years)
<b>BARACLUDE ORAL TABLET 0.5 MG, 1 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies); QL (1 EA per 1 day); AG (Min 16 Years)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 16 Years)
<b>EPIVIR HBV ORAL SOLUTION 5 MG/ML</b>	2		R&M; Note 1 (Limited to 30 days supply)
<b>EPIVIR HBV ORAL TABLET 100 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); Note 2 (Limited to 30 days supply)
<b>HEPSERA ORAL TABLET 10 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<i>lamivudine oral tablet 100 mg</i>		1	R&M; Note 1 (Limited to 30 days supply)
<b>TYZEKA ORAL TABLET 600 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 16 Years)
<b>VEMLIDY ORAL TABLET 25 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Hepatitis C Agents***</b>			
<b>COPEGUS ORAL TABLET 200 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<b>DAKLINZA ORAL TABLET 30 MG, 60 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
<b>DAKLINZA ORAL TABLET 90 MG</b>	2		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>INFERGEN SUBCUTANEOUS* INJECTABLE 15 MCG/0.5ML, 9 MCG/0.3ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
<b>MODERIBA 800 DOSE PACK ORAL TABLET 400 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
<b>MODERIBA ORAL 200 &amp; 400 MG, 400 &amp; 600 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>MODERIBA ORAL TABLET (<i>Ribavirin</i>) 200 MG</b>	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>OLYSIO ORAL CAPSULE 150 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PEGASYS PROCLICK SUBCUTANEOUS* SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PEGASYS SUBCUTANEOUS* KIT 180 MCG/0.5ML</b>	2		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PEGASYS SUBCUTANEOUS* SOLUTION 180 MCG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML</b>	2		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PEG-INTRON REDIPEN SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML</b>	2		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PEG-INTRON SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML</b>	2		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>REBETOL ORAL CAPSULE 200 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<b>REBETOL ORAL SOLUTION 40 MG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (9 EA per 30 days)
<b>RIBASPHERE ORAL CAPSULE (<i>Ribavirin</i>) 200 MG</b>	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>RIBASPHERE ORAL TABLET (<i>Ribavirin</i>) 200 MG</b>	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>RIBASPHERE ORAL TABLET 400 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
<b>RIBASPHERE ORAL TABLET 600 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
<b>RIBASPHERE RIBAPAK ORAL TABLET 200 &amp; 400 MG, 400 &amp; 600 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>RIBASPHERE RIBAPAK ORAL TABLET 400 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
<b>RIBATAB ORAL 400 &amp; 600 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>RIBATAB ORAL TABLET 400 MG, 600 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
<b>SOVALDI ORAL TABLET 400 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VICTRELIS ORAL CAPSULE 200 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (336 EA per 30 days); AG (Min 18 Years)
<b>*Herpes Agents - Purine Analogues***</b>			
<i>acyclovir oral capsule 200 mg</i>		1	R
<i>acyclovir oral suspension 200 mg/5ml</i>		1	R
<i>acyclovir oral tablet 400 mg, 800 mg</i>		1	R
<b>SITAVIG BUCCAL TABLET 50 MG</b>	3		PA; R&M; Note 1 (Max #15 tablets retail or mail order); AG (Min 16 Years)
<i>valacyclovir hcl oral tablet 500 mg</i>		1	R
<b>VALTREX ORAL TABLET 1 GM, 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZOVIRAX ORAL CAPSULE 200 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZOVIRAX ORAL SUSPENSION 200 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZOVIRAX ORAL TABLET 400 MG, 800 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Herpes Agents - Thymidine Analogues***</b>			
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		1	R
<b>FAMVIR ORAL TABLET 250 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Influenza Agents***</b>			
<b>FLUMADINE ORAL TABLET 100 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Neuraminidase Inhibitors***</b>			
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>		3	R&M; QL (10 EA per 1 Copay)

Drug Name	Brand	Generic	Additional Information
RELENZA DISKHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED 5 MG/BLISTER	3		R&M; QL (20 EA per 30 days)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (10 EA per 1 Copay)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3		R&M; Note 1 (3 bottles per copay); QL (180 ML per 1 Copay)
<b>*Assorted Classes*</b>			
<b>*Antileptotics***</b>			
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***</b>			
BENLYSTA INTRAVENOUS* SOLUTION RECONSTITUTED 120 MG, 400 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Chelating Agents***</b>			
CUPRIMINE ORAL CAPSULE 250 MG	2		R
DEPEN TITRATABS ORAL TABLET 250 MG	3		R
SYPRINE ORAL CAPSULE 250 MG	3		R
<b>*Cyclosporine Analogs***</b>			
<i>cyclosporine intravenous* solution 50 mg/ml</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>cyclosporine modified oral capsule 50 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GENGRAF ORAL CAPSULE</b> <i>( CycloSPORINE Modified)</i> 100 MG, 25 MG	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GENGRAF ORAL SOLUTION</b> <i>( CycloSPORINE Modified)</i> 100 MG/ML	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>NEORAL ORAL CAPSULE 100 MG, 25 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<i>neoral oral solution 100 mg/ml</i>		3	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<b>SANDIMMUNE INTRAVENOUS* SOLUTION 50 MG/ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 2 copay + cost differential applies)
<b>SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 2 copay + cost differential applies)
<b>SANDIMMUNE ORAL SOLUTION 100 MG/ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Enzymes***</b>			
<b>XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>			
<b>REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>			
<b>CELLCEPT ORAL CAPSULE 250 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CELLCEPT ORAL TABLET 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>mycophenolate mofetil oral capsule 250 mg</i>		1	R
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>		1	R
<i>mycophenolate mofetil oral tablet 500 mg</i>		1	R
<i>mycophenolic acid oral tablet delayed release 180 mg</i>		1	R&M; QL (6 EA per 1 day)
<i>mycophenolic acid oral tablet delayed release 360 mg</i>		1	R&M; QL (4 EA per 1 day)
<b>MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day)
<b>MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
<b>*Macrolide Immunosuppressants***</b>			
<b>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG</b>	3		R
<b>ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR* 0.75 MG, 1 MG, 4 MG</b>	3		PA; R
<b>PROGRAF ORAL CAPSULE (<i>Tacrolimus</i>) 0.5 MG, 1 MG, 5 MG</b>	3	1	R
<b>RAPAMUNE ORAL SOLUTION 1 MG/ML</b>	3		R
<b>RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
<b>ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Potassium Removing Resins***</b>			
<b>KAYEXALATE ORAL POWDER</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>KIONEX ORAL POWDER (<i>Sodium Polystyrene Sulfonate</i>)</b>	1	1	R
<b>KIONEX ORAL SUSPENSION (<i>Sodium Polystyrene Sulfonate</i>) 15 GM/60ML</b>	1	1	R
<b>SPS ORAL SUSPENSION (<i>Sodium Polystyrene Sulfonate</i>) 15 GM/60ML</b>	1	1	R
<b>VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM</b>	3		PA; R

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Drug Name	Brand	Generic	Additional Information
<b>*Purine Analogs***</b>			
<b>AZASAN ORAL TABLET 100 MG, 75 MG</b>	3		R
<i>azathioprine oral tablet 50 mg</i>		1	R
<b>IMURAN ORAL TABLET 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Selective T-Cell Costimulation Blockers***</b>			
<b>NULOJIX INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Beta Blocker &amp; Angiotensin Ii Receptor Antagonist Comb***</b>			
<b>*Beta Blocker &amp; Angiotensin Ii Receptor Antagonist Comb***</b>			
<b>BYVALSON ORAL TABLET 5-80 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 13 Years)
<b>*Beta Blockers*</b>			
<b>*Alpha-Beta Blockers***</b>			
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>		1	R
<b>COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG</b>	3		R
<b>COREG ORAL TABLET 6.25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		1	R
<b>*Beta Blockers Cardio-Selective***</b>			
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		1	R
<i>betaxolol hcl oral tablet 10 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>betaxolol hcl oral tablet 20 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		1	R
<b>BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>	2		R
<b>KERLONE ORAL TABLET 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
<b>KERLONE ORAL TABLET 20 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>LOPRESSOR ORAL TABLET 100 MG, 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>metoprolol succinate er oral tablet extended release 24 hr* 100 mg, 200 mg, 25 mg, 50 mg</i>		1	R
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>		3	R
<b>TENORMIN ORAL TABLET (Atenolol) 100 MG, 25 MG, 50 MG</b>	3	1	R
<b>TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG, 200 MG, 25 MG, 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Beta Blockers Non-Selective***</b>			
<b>BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>BETAPACE ORAL TABLET 160 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CORGARD ORAL TABLET 40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>HEMANGEOL ORAL SOLUTION 4.28 MG/ML</b>	3		R
<b>INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG, 60 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG</b>	3		PA; R&M; QL (1 EA per 1 day)
<b>INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG</b>	3		PA; R&M; QL (1 EA per 1 day)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		1	R
<i>pindolol oral tablet 10 mg</i>		1	R
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 80 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg, 60 mg</i>		1	R
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		1	R
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>		1	R
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>		1	R
<b>SOTYLIZE ORAL SOLUTION 5 MG/ML</b>	3		R
<i>timolol maleate oral tablet 10 mg, 5 mg</i>		3	R
<b>*Bile Acid Synthesis Disorder Agents***</b>			
<b>*Bile Acid Synthesis Disorder Agents***</b>			
<b>CHOLBAM ORAL CAPSULE 250 MG, 50 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Biologicals Misc*</b>			
<b>*Allergenic Extracts***</b>			
<b>GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU</b>	3		PA; R
<b>RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U</b>	3		PA; R
<b>*Biologicals Misc***</b>			
<b>ADAGEN INTRAMUSCULAR* SOLUTION 250 UNIT/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Calcium Channel Blockers*</b>			
<b>*Calcium Channel Blockers***</b>			
<b>ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HR* 90 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>		1	R
<b>CALAN SR ORAL TABLET EXTENDEDRELEASE* 240 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 30 MG, 60 MG</b>	2		R
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR* 120 MG, 300 MG, 360 MG, 420 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR* 240 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Coated Beads) 120 MG, 180 MG, 240 MG, 300 MG</b>	1	1	R
<i>dilt-cd oral capsule extended release 24 hour 240 mg</i>		1	R
<i>diltiazem hcl cd oral capsule extended release 24 hour 360 mg</i>		1	R
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>		1	R
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>		1	R
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg</i>		1	R
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>		1	R
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		1	R
<i>felodipine er oral tablet extended release 24 hr* 10 mg, 2.5 mg, 5 mg</i>		1	R
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		1	R
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		1	R
<b>NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HR* (NIFEdipine ER) 30 MG</b>	1	1	R
<b>NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HR* 30 MG, 60 MG</b>	1		R
<i>nifedipine er osmotic release oral tablet extended release 24 hr* 90 mg</i>		1	R
<i>nifedipine oral capsule 10 mg, 20 mg</i>		1	R
<i>nisoldipine er oral tablet extended release 24 hr* 17 mg, 34 mg, 8.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>nisoldipine er oral tablet extended release 24 hr* 20 mg, 40 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>nisoldipine er oral tablet extended release 24 hr* 30 mg</i>		3	R&M; QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PROCARDIA ORAL CAPSULE 10 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
SULAR ORAL TABLET EXTENDED RELEASE 24 HR* 17 MG, 34 MG, 8.5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR ( <i>Diltiazem HCl ER Beads</i> ) 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	1	R
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<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	R
<i>verapamil hcl er oral tablet extended release* 120 mg, 180 mg, 240 mg</i>		1	R
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		1	R
<b>*Cardiotonics*</b>			
<b>*Cardiac Glycosides***</b>			
DIGITEK ORAL TABLET ( <i>Digoxin</i> ) 125 MCG	1	2	R
DIGITEK ORAL TABLET ( <i>Digoxin</i> ) 250 MCG	1	1	R
DIGOX ORAL TABLET ( <i>Digoxin</i> ) 125 MCG	1	2	R
DIGOX ORAL TABLET ( <i>Digoxin</i> ) 250 MCG	1	1	R
<i>digoxin oral solution 0.05 mg/ml</i>		3	R
LANOXIN ORAL TABLET 125 MCG, 250 MCG	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	2		R
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML	2		R
<b>*Cardiovascular Agents - Misc.*</b>			
<b>*Calcium Channel Blocker &amp; Hmg Coa Reductase Inhibit Comb***</b>			
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>		3	R&M; QL (1 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg</i>		3	R&M; QL (3 EA per 1 day)
<b>CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 2.5-40 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>CADUET ORAL TABLET</b> <i>(Amlodipine-Atorvastatin) 10-80 MG</i>	3	3	R&M; QL (1 EA per 1 day)
<b>CADUET ORAL TABLET 2.5-10 MG, 2.5-20 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>*Nitrate &amp; Vasodilator Combinations***</b>			
<b>BIDIL ORAL TABLET 20-37.5 MG</b>	3		R&M; AG (Max 16 Years)
<b>*Prostaglandin - Impotence Agents***</b>			
<b>CAVERJECT IMPULSE INTRACAVERNOSAL * KIT 10 MCG, 20 MCG</b>	3		R&M; M
<b>CAVERJECT INTRACAVERNOSAL * SOLUTION RECONSTITUTED 20 MCG, 40 MCG</b>	3		R&M; M; QL (6 EA per 30 days)
<b>EDEX INTRACAVERNOSAL * KIT 10 MCG, 20 MCG, 40 MCG</b>	3		R&M; M
<b>MUSE URETHRAL PELLETT 1000 MCG, 125 MCG, 250 MCG, 500 MCG</b>	3		R&M; M; QL (6 EA per 30 days)
<b>*Prostaglandin Vasodilators***</b>			
<b>FLOLAN INTRAVENOUS* SOLUTION RECONSTITUTED</b> <i>(Epoprostenol Sodium)</i> <b>0.5 MG, 1.5 MG</b>	3	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ORENITRAM ORAL TABLET EXTENDEDRELEASE* 0.125 MG, 0.25 MG, 1 MG, 2.5 MG</b>	3		PA; SP
<b>REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TYVASO INHALATION SOLUTION 0.6 MG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VELETRI INTRAVENOUS* SOLUTION RECONSTITUTED</b> ( <i>Epoprostenol Sodium</i> ) <b>0.5 MG, 1.5 MG</b>	3	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***</b>			
<b>ADEMPAS ORAL TABLET 0.5 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day)
<b>ADEMPAS ORAL TABLET 1 MG, 1.5 MG, 2 MG, 2.5 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day); AG (Min 18 Years)
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>			
<b>LETAIRIS ORAL TABLET 10 MG, 5 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
<b>OPSUMIT ORAL TABLET 10 MG</b>	3		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TRACLEER ORAL TABLET 125 MG, 62.5 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>			
<b>ADCIRCA ORAL TABLET 20 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>REVATIO INTRAVENOUS* SOLUTION</b> ( <i>Sildenafil Citrate</i> ) <b>10 MG/12.5ML</b>	3	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>REVATIO ORAL TABLET 20 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies); AG (Min 18 Years)
<i>sildenafil citrate oral tablet 20 mg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 18 Years)
<b>*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***</b>			
<b>CIALIS ORAL TABLET 10 MG, 20 MG</b>	3		PA; R&M; M; QL (24 EA per 84 days); AG (Min 18 Years)
<b>CIALIS ORAL TABLET 2.5 MG, 5 MG</b>	3		PA; R&M; M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>LEVITRA ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>	3		R&M; M; QL (8 EA per 30 days)
<b>STAXYN ORAL TABLET DISPERSIBLE 10 MG</b>	3		R&M; M; QL (8 EA per 30 days)
<b>STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG</b>	3		R&M; M; QL (8 EA per 30 days)
<b>VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG</b>	3		R&M; M; QL (8 EA per 30 days)
<b>*Cephalosporins*</b>			
<b>*Cephalosporins - 1St Generation***</b>			
<i>cefadroxil oral capsule 500 mg</i>		1	R
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		1	R
<i>cefadroxil oral tablet 1 gm</i>		1	R
<i>cephalexin oral capsule 250 mg, 500 mg</i>		1	R
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		1	R
<i>cephalexin oral tablet 250 mg, 500 mg</i>		3	R
<b>KEFLEX ORAL CAPSULE 250 MG, 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>KEFLEX ORAL CAPSULE ( Cephalexin) 750 MG</b>	3	1	R

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Drug Name	Brand	Generic	Additional Information
<b>*Cephalosporins - 2Nd Generation***</b>			
<i>cefaclor er oral tablet extended release 12 hr* 500 mg</i>		3	R
<i>cefaclor oral capsule 250 mg, 500 mg</i>		1	R
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>		3	R
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		1	R
<i>cefprozil oral tablet 250 mg, 500 mg</i>		1	R
<b>CEFTIN ORAL SUSPENSION RECONSTITUTED ( Cefuroxime Axetil) 125 MG/5ML</b>	3	1	R
<b>CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML</b>	3		R
<b>CEFTIN ORAL TABLET 250 MG, 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		1	R
<b>*Cephalosporins - 3Rd Generation***</b>			
<b>CEDAX ORAL CAPSULE ( Ceftibuten) 400 MG</b>	3	3	R
<b>CEDAX ORAL SUSPENSION RECONSTITUTED ( Ceftibuten) 180 MG/5ML</b>	3	3	R
<i>cefdinir oral capsule 300 mg</i>		1	R
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		1	R
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>		1	R
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		1	R
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		1	R
<b>SPECTRACEF ORAL TABLET ( Cefditoren Pivoxil) 200 MG, 400 MG</b>	3	3	R
<b>SUPRAX ORAL CAPSULE 400 MG</b>	3		R
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SUPRAX ORAL TABLET 400 MG</b>	3		R&M; QL (1 EA per 1 day)
<b>SUPRAX ORAL TABLET CHEWABLE 100 MG</b>	3		R

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Drug Name	Brand	Generic	Additional Information
<b>*Chemicals*</b>			
<b>*Bulk Chemicals - Am's***</b>			
<i>amoxicillin-pot clavulanate powder</i>		3	R
<b>*Bulk Chemicals - Cy's***</b>			
<i>cyclobenzaprine hcl powder</i>		3	R
<b>*Bulk Chemicals - Di's***</b>			
<i>diclofenac sodium powder</i>		3	R
<b>*Bulk Chemicals - Et's***</b>			
<i>etoposide powder</i>		2	R
<b>*Bulk Chemicals - Gr's***</b>			
<i>gramicidin d powder</i>		3	R
<b>*Bulk Chemicals - Io's***</b>			
<i>iodine strong (lugol's) solution</i>		3	R
<b>*Bulk Chemicals - Ke's***</b>			
<i>ketamine hcl powder</i>		2	R
<b>*Bulk Chemicals - Ox's***</b>			
<i>oxybutynin chloride powder</i>		3	R
<b>*Bulk Chemicals - Te's***</b>			
<i>testosterone cypionate powder</i>		3	R
<i>testosterone micronized crystals</i>		3	R
<i>testosterone powder</i>		3	R
<b>*Contraceptives*</b>			
<b>*Biphasic Contraceptives - Oral***</b>			
<b>AZURETTE ORAL TABLET</b> <i>(Desogestrel-Ethinyl Estradiol) 0.15-0.02/0.01 MG (21/5)</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>BEKYREE ORAL TABLET</b> <i>(Desogestrel-Ethinyl Estradiol) 0.15-0.02/0.01 MG (21/5)</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>KARIVA ORAL TABLET</b> <i>(Desogestrel-Ethinyl Estradiol) 0.15-0.02/0.01 MG (21/5)</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>KIMIDESS ORAL TABLET</b> <i>(Desogestrel-Ethinyl Estradiol) 0.15-0.02/0.01 MG (21/5)</i>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG</b>	3		R&M; F; \$0; QL (1.25 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	1		R&M; F; QL (1.25 EA per 1 day)
<b>NECON 10/11 (28) ORAL TABLET 35 MCG</b>	3		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>PIMTREA ORAL TABLET</b> <i>(Desogestrel-Ethinyl Estradiol)</i> <b>0.15-0.02/0.01 MG (21/5)</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>		1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>*Combination Contraceptives - Oral***</b>			
<b>ALTAVERA ORAL TABLET</b> <i>(Levonorgestrel-Ethinyl Estrad)</i> <b>0.15-30 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>APRI ORAL TABLET</b> <i>(Desogestrel-Ethinyl Estradiol)</i> <b>0.15-30 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>AUBRA ORAL TABLET</b> <i>(Levonorgestrel-Ethinyl Estrad)</i> <b>0.1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>AVIANE ORAL TABLET</b> <i>(Levonorgestrel-Ethinyl Estrad)</i> <b>0.1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>BALZIVA ORAL TABLET</b> <i>(Briellyn)</i> <b>0.4-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>BEYAZ ORAL TABLET</b> <i>(Drospiren-Eth Estrad-Levomefol)</i> <b>3-0.02-0.451 MG</b>	2	3	R&M; F; \$0; QL (28 EA per 30 days)
<b>BLISOVI 24 FE ORAL TABLET</b> <i>(Norethin Ace-Eth Estrad-FE)</i> <b>1-20 MG-MCG(24)</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>BREVICON (28) ORAL TABLET 0.5-35 MG-MCG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>CHATEAL ORAL TABLET</b> <i>(Levonorgestrel-Ethinyl Estrad)</i> <b>0.15-30 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>CYCLAFEM 1/35 ORAL TABLET</b> <i>(Alyacen 1/35)</i> <b>1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>CYRED ORAL TABLET</b> <i>(Desogestrel-Ethinyl Estradiol)</i> <b>0.15-30 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>DASETTA 1/35 ORAL TABLET</b> <i>(Alyacen 1/35)</i> <b>1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>DELYLA ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.1-20</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>DESOGEN ORAL TABLET 0.15-30</b> <b>MG-MCG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>ELINEST ORAL TABLET 0.3-30</b> <b>MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>EMOQUETTE ORAL TABLET</b> ( <i>Desogestrel-Ethinyl Estradiol</i> ) <b>0.15-30</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ENSKYCE ORAL TABLET</b> ( <i>Desogestrel-Ethinyl Estradiol</i> ) <b>0.15-30</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ESTARYLLA ORAL TABLET</b> ( <i>Norgestimate-Eth Estradiol</i> ) <b>0.25-35</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>FALMINA ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.1-20</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>FEMCON FE ORAL TABLET CHEWABLE</b> ( <i>Norethin-Eth Estradiol-Fe</i> ) <b>0.4-35</b> <b>MG-MCG</b>	3	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>FEMYNOR ORAL TABLET</b> ( <i>Norgestimate-Eth Estradiol</i> ) <b>0.25-35</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>GENERESS FE ORAL TABLET</b> <b>CHEWABLE</b> ( <i>Norethin-Eth Estradiol-Fe</i> ) <b>0.8-25</b> <b>MG-MCG</b>	3	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>GIANVI ORAL TABLET</b> ( <i>Drospirenone-Ethinyl Estradiol</i> ) <b>3-0.02</b> <b>MG</b>	3	3	R&M; QL (28 EA per 30 days)
<b>GILDAGIA ORAL TABLET</b> ( <i>Briellyn</i> ) <b>0.4-35</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>GILDESS 1.5/30 ORAL TABLET 1.5-30</b> <b>MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>GILDESS 1/20 ORAL TABLET</b> ( <i>Norethindrone Acet-Ethinyl Est</i> ) <b>1-20</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>GILDESS 24 FE ORAL TABLET</b> ( <i>Norethin</i> <i>Ace-Eth Estrad-FE</i> ) <b>1-20</b> <b>MG-MCG(24)</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>GILDESS FE 1.5/30 ORAL TABLET 1.5-30</b> <b>MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>GILDESS FE 1/20 ORAL TABLET</b> ( <i>Norethin</i> <i>Ace-Eth Estrad-FE</i> ) <b>1-20</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>JULEBER ORAL TABLET</b> ( <i>Desogestrel-Ethinyl Estradiol</i> ) <b>0.15-30</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>JUNEL 1.5/30 ORAL TABLET 1.5-30</b> <b>MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>JUNEL 1/20 ORAL TABLET</b> ( <i>Norethindrone</i> <i>Acet-Ethinyl Est</i> ) <b>1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>JUNEL FE 1.5/30 ORAL TABLET 1.5-30</b> <b>MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>JUNEL FE 1/20 ORAL TABLET</b> ( <i>Norethin</i> <i>Ace-Eth Estrad-FE</i> ) <b>1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>JUNEL FE 24 ORAL TABLET</b> ( <i>Norethin</i> <i>Ace-Eth Estrad-FE</i> ) <b>1-20 MG-MCG(24)</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>KAITLIB FE ORAL TABLET CHEWABLE</b> ( <i>Norethin-Eth Estradiol-Fe</i> ) <b>0.8-25 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>KELNOR 1/35 ORAL TABLET 1-35</b> <b>MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>KURVELO ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.15-30</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LARIN 1.5/30 ORAL TABLET 1.5-30</b> <b>MG-MCG</b>	1		R&M; F; QL (1.25 EA per 1 day)
<b>LARIN 1/20 ORAL TABLET</b> ( <i>Norethindrone</i> <i>Acet-Ethinyl Est</i> ) <b>1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LARIN 24 FE ORAL TABLET</b> ( <i>Norethin</i> <i>Ace-Eth Estrad-FE</i> ) <b>1-20 MG-MCG(24)</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LARIN FE 1.5/30 ORAL TABLET 1.5-30</b> <b>MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LARIN FE 1/20 ORAL TABLET</b> ( <i>Norethin</i> <i>Ace-Eth Estrad-FE</i> ) <b>1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LARISSIA ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.1-20</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LAYOLIS FE ORAL TABLET CHEWABLE</b> ( <i>Norethin-Eth Estradiol-Fe</i> ) <b>0.8-25 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LESSINA ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.1-20</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LEVORA 0.15/30 (28) ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.15-30</b> <b>MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</b>	3		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F; QL (1.25 EA per 1 day)
<b>LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F; QL (1.25 EA per 1 day)
<b>LOMEDIA 24 FE ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG(24)</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LORYNA ORAL TABLET (Drospirenone-Ethinyl Estradiol) 3-0.02 MG</b>	3	3	R&M; QL (28 EA per 30 days)
<b>LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LUTERA ORAL TABLET (Levonorgestrel-Ethinyl Estrad) 0.1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>		1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>MICROGESTIN 1/20 ORAL TABLET (Norethindrone Acet-Ethinyl Est) 1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>MICROGESTIN 24 FE ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>MICROGESTIN FE 1/20 ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)</b>	3		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>MODICON (28) ORAL TABLET 0.5-35 MG-MCG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>MONO-LINYAH ORAL TABLET (Norgestimate-Eth Estradiol) 0.25-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>MONONESSA ORAL TABLET (Norgestimate-Eth Estradiol) 0.25-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>NECON 1/35 (28) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG</b>	3		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>NIKKI ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.02 MG</b>	3	3	R&M; QL (28 EA per 30 days)
<b>NORINYL 1+35 (28) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG</b>	3	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>NORINYL 1+50 (28) ORAL TABLET 1-50 MG-MCG</b>	3		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>NORTREL 1/35 (21) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>NORTREL 1/35 (28) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>OCELLA ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.03 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>OGESTREL ORAL TABLET 0.5-50 MG-MCG</b>	3		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ORSYTHIA ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ORTHO-CYCLLEN (28) ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG</b>	3	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ORTHO-NOVUM 1/35 (28) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG</b>	3	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>OVCON-35 (28) ORAL TABLET 0.4-35 MG-MCG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>PHILITH ORAL TABLET (<i>Briellyn</i>) 0.4-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>PIRMELLA 1/35 ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>PORTIA-28 ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.15-30 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>PREVIFEM ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>RAJANI ORAL TABLET</b> ( <i>Drospiren-Eth Estrad-Levomefol</i> ) <b>3-0.02-0.451 MG</b>	3	3	R&M; F; \$0; QL (28 EA per 30 days)
<b>RECLIPSEN ORAL TABLET</b> ( <i>Desogestrel-Ethinyl Estradiol</i> ) <b>0.15-30 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>SAFYRAL ORAL TABLET</b> <b>3-0.03-0.451 MG</b>	3		R&M; F; QL (28 EA per 30 days)
<b>SOLIA ORAL TABLET</b> ( <i>Desogestrel-Ethinyl Estradiol</i> ) <b>0.15-30 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>SPRINTEC 28 ORAL TABLET</b> ( <i>Norgestimate-Eth Estradiol</i> ) <b>0.25-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>SRONYX ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>SYEDA ORAL TABLET</b> ( <i>Drospirenone-Ethinyl Estradiol</i> ) <b>3-0.03 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TARINA FE 1/20 ORAL TABLET</b> ( <i>Norethin Ace-Eth Estrad-FE</i> ) <b>1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TAYTULLA ORAL CAPSULE</b> <b>1-20 MG-MCG(24)</b>	1		R&M; F; \$0; QL (28 EA per 30 days)
<b>VESTURA ORAL TABLET</b> ( <i>Drospirenone-Ethinyl Estradiol</i> ) <b>3-0.02 MG</b>	3	3	R&M; QL (28 EA per 30 days)
<b>VIENVA ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.1-20 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>VYFEMLA ORAL TABLET</b> ( <i>Briellyn</i> ) <b>0.4-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>WERA ORAL TABLET</b> <b>0.5-35 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>WYMZYA FE ORAL TABLET CHEWABLE</b> ( <i>Norethin-Eth Estradiol-Fe</i> ) <b>0.4-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>YASMIN 28 ORAL TABLET</b> <b>3-0.03 MG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>YAZ ORAL TABLET</b> <b>3-0.02 MG</b>	3		R&M; \$0; QL (28 EA per 30 days)
<b>ZARAH ORAL TABLET</b> ( <i>Drospirenone-Ethinyl Estradiol</i> ) <b>3-0.03 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ZENCHENT FE ORAL TABLET CHEWABLE</b> ( <i>Norethin-Eth Estradiol-Fe</i> ) <b>0.4-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

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<b>ZENCHENT ORAL TABLET</b> ( <i>Briellyn</i> ) <b>0.4-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ZOVIA 1/50E (28) ORAL TABLET</b> ( <i>Ethinodiol Diac-Eth Estradiol</i> ) <b>1-50 MG-MCG</b>	3	1	R&M; F; \$0; QL (28 EA per 30 days)
<b>*Combination Contraceptives - Transdermal***</b>			
<b>ORTHO EVRA TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR</b>	3		R&M; F; QL (3 EA per 30 days)
<b>XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR</b>	1		R&M; F; \$0; QL (3 EA per 30 days)
<b>*Combination Contraceptives - Vaginal***</b>			
<b>NUVARING VAGINAL RING 0.12-0.015 MG/24HR</b>	3		R&M; F; \$0; QL (1 EA per 30 days)
<b>*Continuous Contraceptives - Oral***</b>			
<b>AMETHYST ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>90-20 MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day); AG (Min 12 Years)
<b>*Emergency Contraceptives***</b>			
<b>AFTERA ORAL TABLET</b> ( <i>Levonorgestrel</i> ) <b>1.5 MG</b>	1	1	R&M; F; \$0; QL (3 EA per 30 days)
<b>ECONTRA EZ ORAL TABLET</b> ( <i>Levonorgestrel</i> ) <b>1.5 MG</b>	1	1	R&M; F; \$0; QL (3 EA per 30 days)
<b>ELLA ORAL TABLET 30 MG</b>	3		RO; F; \$0; QL (3 EA per 30 days)
<b>FALLBACK SOLO ORAL TABLET</b> ( <i>Levonorgestrel</i> ) <b>1.5 MG</b>	1	1	R&M; F; \$0; QL (3 EA per 30 days)
<i>levonorgestrel oral tablet 0.75 mg</i>		3	R&M; F; \$0; QL (3 EA per 30 days)
<b>MY WAY ORAL TABLET</b> ( <i>Levonorgestrel</i> ) <b>1.5 MG</b>	1	1	R&M; F; \$0; QL (3 EA per 30 days)
<b>NEXT CHOICE ONE DOSE ORAL TABLET</b> ( <i>Levonorgestrel</i> ) <b>1.5 MG</b>	1	1	R&M; F; \$0; QL (3 EA per 30 days)
<b>OPCICON ONE-STEP ORAL TABLET</b> ( <i>Levonorgestrel</i> ) <b>1.5 MG</b>	1	1	R&M; F; \$0; QL (3 EA per 30 days)
<b>OPTION 2 ORAL TABLET</b> ( <i>Levonorgestrel</i> ) <b>1.5 MG</b>	1	1	R&M; F; \$0; QL (3 EA per 30 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>PLAN B ONE-STEP ORAL TABLET</b> ( <i>Levonorgestrel</i> ) <b>1.5 MG</b>	3	1	R&M; F; \$0; QL (3 EA per 30 days)
<b>REACT ORAL TABLET</b> ( <i>Levonorgestrel</i> ) <b>1.5 MG</b>	1	1	R&M; F; \$0; QL (3 EA per 30 days)
<b>TAKE ACTION ORAL TABLET</b> ( <i>Levonorgestrel</i> ) <b>1.5 MG</b>	1	1	R&M; F; \$0; QL (3 EA per 30 days)
<b>*Extended-Cycle Contraceptives - Oral***</b>			
<b>AMETHIA LO ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.1-0.02 &amp; 0.01 MG</b>	1	1	R&M; F; \$0; QL (91 EA per 91 days)
<b>AMETHIA ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.15-0.03 &amp;0.01 MG</b>	1	1	R&M; F; \$0; QL (91 EA per 90 days)
<b>ASHLYNA ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.15-0.03 &amp;0.01 MG</b>	1	1	R&M; F; \$0; QL (91 EA per 90 days)
<b>CAMRESE LO ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.1-0.02 &amp; 0.01 MG</b>	1	1	R&M; F; \$0; QL (91 EA per 91 days)
<b>CAMRESE ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.15-0.03 &amp;0.01 MG</b>	1	1	R&M; F; \$0; QL (91 EA per 90 days)
<b>DAYSEE ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.15-0.03 &amp;0.01 MG</b>	1	1	R&M; F; \$0; QL (91 EA per 90 days)
<b>INTROVALE ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.15-0.03 MG</b>	1	1	R&M; F; \$0; QL (91 EA per 91 days)
<b>JOLESSA ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.15-0.03 MG</b>	1	1	R&M; F; \$0; QL (91 EA per 91 days)
<b>LOSEASONIQUE ORAL TABLET 0.1-0.02 &amp; 0.01 MG</b>	3		R&M; F; QL (91 EA per 91 days)
<b>QUARTETTE ORAL TABLET 42-21-21-7 DAYS</b>	3		R&M; F; \$0; QL (91 EA per 91 days)
<b>QUASENSE ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.15-0.03 MG</b>	1	1	R&M; F; \$0; QL (91 EA per 91 days)
<b>SEASONIQUE ORAL TABLET 0.15-0.03 &amp;0.01 MG</b>	3		R&M; F; QL (91 EA per 90 days)
<b>SETLAKIN ORAL TABLET</b> ( <i>Levonorgest-Eth Estrad 91-Day</i> ) <b>0.15-0.03 MG</b>	1	1	R&M; F; \$0; QL (91 EA per 91 days)

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<b>*Four Phase Contraceptives - Oral***</b>			
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	3		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>*Progestin Contraceptives - Injectable***</b>			
DEPO-PROVERA INTRAMUSCULAR* ( <i>MedroxyPROGESTERone Acetate</i> ) 150 MG/ML	3	1	R&M; F; \$0; QL (1 ML per 90 days)
DEPO-PROVERA INTRAMUSCULAR* SUSPENSION ( <i>MedroxyPROGESTERone Acetate</i> ) 150 MG/ML	3	1	R&M; F; \$0; QL (1 EA per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS* 104 MG/0.65ML	3		R&M; F; \$0; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS* SUSPENSION 104 MG/0.65ML	3		R&M; F; \$0; QL (1 EA per 90 days)
<b>*Progestin Contraceptives - Oral***</b>			
CAMILA ORAL TABLET ( <i>Norethindrone</i> ) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
DEBLITANE ORAL TABLET ( <i>Norethindrone</i> ) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
ERRIN ORAL TABLET ( <i>Norethindrone</i> ) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
HEATHER ORAL TABLET ( <i>Norethindrone</i> ) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
JENCYCLA ORAL TABLET ( <i>Norethindrone</i> ) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
JOLIVETTE ORAL TABLET ( <i>Norethindrone</i> ) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
LYZA ORAL TABLET ( <i>Norethindrone</i> ) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NORA-BE ORAL TABLET ( <i>Norethindrone</i> ) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NORLYROC ORAL TABLET ( <i>Norethindrone</i> ) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
NOR-QD ORAL TABLET 0.35 MG	3		R&M; F; QL (1.25 EA per 1 day)
ORTHO MICRONOR ORAL TABLET 0.35 MG	3		R&M; F; QL (1.25 EA per 1 day)
SHAROBEL ORAL TABLET ( <i>Norethindrone</i> ) 0.35 MG	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>*Triphasic Contraceptives - Oral***</b>			
<b>ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>CAZIAN T ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>CESIA ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>CYCLAFEM 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>CYCLESSA ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>DASETTA 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ENPRESSE-28 ORAL TABLET (Levonorg-Eth Estrad Triphasic)</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LEVONEST ORAL TABLET (Levonorg-Eth Estrad Triphasic)</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>MYZILRA ORAL TABLET (Levonorg-Eth Estrad Triphasic)</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>NECON 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>NORTREL 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>ORTHO TRI-CYCLEN LO ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-25 MCG</b>	3	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>PIRMELLA 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TRI-ESTARYLLA ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

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<b>TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TRI-LINYAH ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TRI-LO-ESTARYLLA ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-25 MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TRI-LO-MARZIA ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-25 MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TRI-LO-SPRINTEC ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-25 MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TRINESSA (28) ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TRINESSA LO ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-25 MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>TRI-PREVI-FEM ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TRI-SPRINTEC ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TRIVORA (28) ORAL TABLET (Levonorg-Eth Estrad Triphasic)</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>*Corticosteroids*</b>			
<b>*Glucocorticosteroids***</b>			
<i>budesonide er oral capsule extended release 24 hour 3 mg</i>		1	R&M; QL (3 EA per 1 day)
<b>CELESTONE ORAL SOLUTION 0.6 MG/5ML</b>	2		R
<b>CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DELTASONE ORAL TABLET (PredniSONE) 20 MG</b>	1	1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML</b>	3		R
<i>dexamethasone oral solution 0.5 mg/5ml</i>		3	R
<i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg</i>		1	R
<b>DEPAK 10 DAY ORAL TABLET 1.5 MG</b>	3		R
<b>ENTOCORT EC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 3 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>FLO-PRED ORAL SUSPENSION 16.7 (15 BASE) MG/5ML</b>	3		R
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>		1	R
<b>MEDROL (PAK) ORAL TABLET 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MEDROL ORAL TABLET 2 MG</b>	3		R
<i>methylprednisolone (pak) oral tablet 4 mg</i>		1	R
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>		1	R
<b>MILLIPRED ORAL SOLUTION 10 MG/5ML</b>	3		R
<b>MILLIPRED ORAL TABLET 5 MG</b>	3		R
<b>ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG</b>	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
<b>ORAPRED ORAL SOLUTION 15 MG/5ML</b>	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
<i>prednisolone oral solution 15 mg/5ml</i>		1	R
<i>prednisolone oral syrup 15 mg/5ml</i>		1	R
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>		1	R
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>		3	R
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>		1	R
<i>prednisone (pak) oral tablet 10 mg, 5 mg</i>		1	R
<i>prednisone oral solution 5 mg/5ml</i>		3	R
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		1	R
<i>prednisone oral tablet 50 mg</i>		3	R
<b>RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG</b>	3		PA; R

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Drug Name	Brand	Generic	Additional Information
<b>UCERIS ORAL TABLET EXTENDED RELEASE 24 HR* 9 MG</b>	3		R
<b>*Mineralocorticoids***</b>			
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		1	R
<b>*Cough/Cold/Allergy*</b>			
<b>*Antitussive - Nonnarcotic***</b>			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		1	R
<b>TESSALON PERLES ORAL CAPSULE 100 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZONATUSS ORAL CAPSULE (Benzonatate) 150 MG</b>	3	1	R
<b>*Antitussive - Opioid***</b>			
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>		1	R
<i>hydromet oral syrup 5-1.5 mg/5ml</i>		1	R
<b>TUSSIGON ORAL TABLET (Hydrocodone-Homatropine) 5-1.5 MG</b>	1	1	R
<b>*Antitussive-Expectorant***</b>			
<b>FLOWTUSS ORAL SOLUTION 2.5-200 MG/5ML</b>	3		R
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		1	R
<b>OBREDON ORAL SOLUTION 2.5-200 MG/5ML</b>	3		R
<b>*Decongestant &amp; Antihistamine***</b>			
<b>CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR* 2.5-120 MG</b>	3		R&M; QL (2 EA per 1 day)
<b>CLARINEX-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR* 5-240 MG</b>	3		R&M; QL (1 EA per 1 day)
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>		1	R
<i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>		1	R
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>		1	R
<b>SEMPREX-D ORAL CAPSULE 8-60 MG</b>	2		R&M; QL (4 EA per 1 day)
<b>*Decongestant-Analgesic***</b>			
<i>cvs ibu-profen cold/sinus oral tablet 30-200 mg</i>		3	R
<b>*Misc. Respiratory Inhalants***</b>			
<b>HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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Drug Name	Brand	Generic	Additional Information
<i>sodium chloride inhalation nebulization solution 3 %, 7 %</i>		1	R
<b>*Mucolytics***</b>			
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		1	R
<b>*Non-Narc Antitussive-Antihistamine***</b>			
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		1	R
<b>*Non-Narc Antitussive-Decongestant-Antihistamine**</b>			
<b>BROMFED DM ORAL SYRUP 30-2-10 MG/5ML</b>	1		R
<b>*Opioid Antitussive-Antihistamine***</b>			
<i>hydrocod polst-cpm polst er oral liquid extendedrelease* 10-8 mg/5ml</i>		1	R
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		1	R
<b>TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG</b>	3		PA; R
<b>TUZISTRA XR ORAL LIQUID EXTENDEDRELEASE* 14.7-2.8 MG/5ML</b>	3		R&M; QL (20 ML per 1 day)
<b>VITUZ ORAL SOLUTION 5-4 MG/5ML</b>	3		R
<b>*Opioid Antitussive-Decongestant***</b>			
<b>REZIRA ORAL SOLUTION 60-5 MG/5ML</b>	3		R
<b>*Opioid Antitussive-Decongestant-Antihistamine**</b>			
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>		1	R
<i>pseudoeph-chlorphen-hydrocod oral solution 60-4-5 mg/5ml</i>		1	R
<b>ZUTRIPRO ORAL SOLUTION 60-4-5 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>			
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>			
<b>IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
<b>*Cystic Fibrosis Agent - Combinations***</b>			
<b>*Cystic Fibrosis Agent - Combinations***</b>			
ORKAMBI ORAL TABLET 100-125 MG	3		R
ORKAMBI ORAL TABLET 200-125 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Dermatologicals*</b>			
<b>*Acne Antibiotics***</b>			
ACZONE EXTERNAL GEL 5 %, 7.5 %	3		R
AKNE-MYCIN EXTERNAL OINTMENT 2 %	3		R
CLEOCIN-T EXTERNAL GEL 1 %	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CLEOCIN-T EXTERNAL LOTION 1 %	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CLEOCIN-T EXTERNAL SOLUTION 1 %	3		PA; R
CLEOCIN-T EXTERNAL SWAB 1 %	3		PA; R
CLINDACIN ETZ EXTERNAL SWAB (Clindamycin Phosphate) 1 %	1	1	R
CLINDACIN-P EXTERNAL SWAB (Clindamycin Phosphate) 1 %	1	1	R
CLINDAGEL EXTERNAL GEL 1 %	3		PA; R
CLINDAMAX EXTERNAL GEL (Clindamycin Phosphate) 1 %	1	1	R
<i>clindamycin phosphate external foam 1 %</i>		1	R
<i>clindamycin phosphate external lotion 1 %</i>		1	R
<i>clindamycin phosphate external solution 1 %</i>		1	R
<i>ery external pad 2 %</i>		1	R
ERYGEL EXTERNAL GEL (Erythromycin) 2 %	3	1	R
<i>erythromycin external pad 2 %</i>		1	R
<i>erythromycin external solution 2 %</i>		1	R
EVOCLIN EXTERNAL FOAM 1 %	3		PA; MO; Note 1 (Tier 3 Copay + Cost Differential Applies)

Drug Name	Brand	Generic	Additional Information
<b>KLARON EXTERNAL LOTION 10 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>		1	R
<i>sulfacetamide sodium external suspension 10 %</i>		1	R
<b>*Acne Combinations***</b>			
<b>ACANYA EXTERNAL GEL 1.2-2.5 %</b>	3		PA; R
<b>AVAR CLEANSER EXTERNAL EMULSION (Sulfacetamide Sodium-Sulfur) 10-5 %</b>	1	1	R
<b>AVAR EXTERNAL PAD 9.5-5 %</b>	3		R
<b>AVAR LS CLEANSER EXTERNAL LIQUID† 10-2 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>AVAR LS EXTERNAL PAD 10-2 %</b>	3		R
<b>AVAR-E EMOLLIENT EXTERNAL CREAM (Sulfacetamide Sodium-Sulfur) 10-5 %</b>	1	1	R
<b>AVAR-E GREEN EXTERNAL CREAM (Sulfacetamide Sodium-Sulfur) 10-5 %</b>	1	1	R
<b>AVAR-E LS EXTERNAL CREAM 10-2 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>BENZAACLIN EXTERNAL GEL 1-5 %</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>BENZAACLIN WITH PUMP EXTERNAL GEL 1-5 %</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>bp cleansing wash external emulsion 10-4 %</i>		3	R
<b>CLARIFOAM EF EXTERNAL FOAM 10-5 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (60 GM per 1 Copay)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>		1	R
<b>DUAC EXTERNAL GEL 1.2-5 %</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>EPIDUO EXTERNAL GEL 0.1-2.5 %</b>	3		R
<b>EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %</b>	3		R
<b>NEUAC EXTERNAL GEL 1.2-5 %</b>	3		PA; R
<b>ONEXTON EXTERNAL GEL 1.2-3.75 %</b>	3		PA; R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>PLEXION CLEANSER EXTERNAL LIQUID† 9.8-4.8 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (285 GM per 1 Copay)
<b>PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %</b>	3		R&M; QL (60 EA per 1 Copay)
<b>PLEXION EXTERNAL CREAM 9.8-4.8 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (57 GM per 1 Copay)
<b>PLEXION EXTERNAL LOTION 9.8-4.8 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (57 GM per 1 Copay)
<b>PRASCION FC EXTERNAL PAD</b> <i>(Sulfacetamide Sodium-Sulfur) 10-5 %</i>	1	1	R
<b>PRASCION RA EXTERNAL CREAM 10-5 %</b>	1		R
<b>ROSANIL CLEANSER EXTERNAL EMULSION</b> <i>(Sulfacetamide Sodium-Sulfur) 10-5 %</i>	3	1	R
<b>ROSULA EXTERNAL PAD</b> <i>(Sulfacetamide Sodium-Sulfur) 10-5 %</i>	3	1	R
<b>ROSULA WASH EXTERNAL LIQUID† 10-4.5 %</b>	3		R
<i>ss 10-2 external solution 10-2 %</i>		1	R
<i>sss 10-5 external cream 10-5 %</i>		1	R
<i>sss 10-5 external foam 10-5 %</i>		1	R&M; Note 1 (1-60gm can per copay: Max 2); QL (60 GM per 1 Copay)
<i>sulfacetamide sodium-sulfur external cream 10-2 %</i>		1	R
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>		1	R&M; QL (57 GM per 1 copay)
<i>sulfacetamide sodium-sulfur external foam 10-5 %</i>		1	R&M; Note 1 (1-60gm can per copay: Max 2); QL (60 GM per 1 Copay)
<i>sulfacetamide sodium-sulfur external liquid† 10-2 %, 9-4.5 %</i>		1	R
<i>sulfacetamide sodium-sulfur external liquid† 9.8-4.8 %</i>		1	R&M; QL (280 GM per 1 copay)
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>		1	R
<i>sulfacetamide sodium-sulfur external lotion 9.8-4.8 %</i>		1	R&M; QL (57 GM per 1 copay)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>sulfacetamide sodium-sulfur external pad 10-4 %</i>		3	R&M; QL (2 EA per 1 day); AG (Min 12 Years)
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>		3	R
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>		3	R
<b>SULFACLEANSE 8/4 EXTERNAL SUSPENSION</b> ( <i>Sulfacetamide Sodium-Sulfur</i> ) <b>8-4 %</b>	1	1	R
<b>SUMADAN WASH EXTERNAL LIQUID†</b> <b>9-4.5 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SUMAXIN EXTERNAL PAD 10-4 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 12 Years)
<b>SUMAXIN TS EXTERNAL SUSPENSION 8-4 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SUMAXIN WASH EXTERNAL LIQUID†</b> <b>9-4 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>VELTIN EXTERNAL GEL</b> ( <i>Clindamycin-Tretinoin</i> ) <b>1.2-0.025 %</b>	3	3	PA; R
<b>ZENCIA EXTERNAL LIQUID†</b> ( <i>Sulfacetamide Sodium-Sulfur</i> ) <b>9-4 %</b>	1	1	R
<b>ZIANA EXTERNAL GEL</b> ( <i>Clindamycin-Tretinoin</i> ) <b>1.2-0.025 %</b>	3	3	PA; R
<b>*Acne Products***</b>			
<b>ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG</b>	3		PA; R
<b>AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>	3		PA; R
<b>ATRALIN EXTERNAL GEL 0.05 %</b>	3		PA; R
<b>AVITA EXTERNAL CREAM</b> ( <i>Tretinoin</i> ) <b>0.025 %</b>	1	1	R
<b>AVITA EXTERNAL GEL</b> ( <i>Tretinoin</i> ) <b>0.025 %</b>	1	1	R
<b>AZELEX EXTERNAL CREAM 20 %</b>	3		R
<b>BENZEFOAMULTRA EXTERNAL FOAM 9.8 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>BENZEPRO SHORT CONTACT EXTERNAL FOAM</b> ( <i>Benzoyl Peroxide</i> ) <b>9.8 %</b>	1	1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>BENZIQ EXTERNAL GEL 5.25 %</b>	3		R&M; QL (50 GM per 30 days); AG (Min 12 Years)
<b>BENZIQ LS EXTERNAL GEL 2.75 %</b>	3		R&M; QL (50 GM per 30 days); AG (Min 12 Years)
<i>benzoyl peroxide short contact external foam 9.8 %</i>		1	R
<i>bp foam external foam 9.8 %</i>		1	R
<i>bpo external gel 4 %</i>		3	R
<i>bpo foaming cloths external 6 %</i>		1	R
<b>CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	3		PA; R
<b>DIFFERIN EXTERNAL CREAM (Adapalene) 0.1 %</b>	3	1	R
<b>DIFFERIN EXTERNAL GEL (Adapalene) 0.1 %, 0.3 %</b>	3	1	R
<b>DIFFERIN EXTERNAL LOTION (Adapalene) 0.1 %</b>	3	2	R
<b>FABIOR EXTERNAL FOAM 0.1 %</b>	3		R
<b>MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	3		PA; R
<b>NUOX EXTERNAL GEL 6-3 %</b>	3		R&M; QL (43 GM per 30 days)
<b>PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID† (BP Wash) 7 %</b>	1	1	R
<b>RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>RETIN-A EXTERNAL GEL 0.01 %, 0.025 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %</b>	3		R
<i>tretinoin external cream 0.05 %, 0.1 %</i>		1	R
<i>tretinoin external gel 0.01 %, 0.05 %</i>		1	R
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>		1	R
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>		1	R
<i>tretinoin powder</i>		3	R

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Drug Name	Brand	Generic	Additional Information
TRETIN-X EXTERNAL CREAM 0.0375 %, 0.075 %	3		R
TRETIN-X EXTERNAL KIT 0.1 % CREAM	3		R
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3		PA; R
<b>*Agents For External Genital And Perianal Warts***</b>			
VEREGEN EXTERNAL OINTMENT 15 %	3		R&M; QL (1 EA per 1 Copay)
<b>*Antibiotic Steroid Combinations - Topical***</b>			
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5	3		R
CORTISPORIN EXTERNAL OINTMENT 1 %	3		R
<b>*Antibiotics - Topical***</b>			
ALTABAX EXTERNAL OINTMENT 1 %	3		R&M; Note 1 (1 tube per copay (any size): Max 2); QL (1 EA per 1 Copay)
BACTROBAN EXTERNAL CREAM 2 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
BACTROBAN EXTERNAL OINTMENT 2 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CENTANY EXTERNAL OINTMENT (Mupirocin) 2 %	3	1	R
gentamicin sulfate external cream 0.1 %		3	R
gentamicin sulfate external ointment 0.1 %		3	R
mupirocin calcium external cream 2 %		1	R
<b>*Antifungals - Topical Combinations***</b>			
clotrimazole-betamethasone external cream 1-0.05 %		1	R
clotrimazole-betamethasone external lotion 1-0.05 %		1	R
DERMAZENE EXTERNAL CREAM (Hydrocortisone-Iodoquinol) 1-1 %	1	1	R
EXODERM EXTERNAL LOTION 25-1 %	3		R
LOTRISONE EXTERNAL CREAM 1-0.05 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		1	R
<b>VUSION EXTERNAL OINTMENT 0.25-15-81.35 %</b>	3		R&M; Note 1 (1 tube per copay up to 3); QL (1 EA per 1 Copay)
<b>*Antifungals - Topical***</b>			
<i>ciclopirox external gel 0.77 %</i>		1	R
<i>ciclopirox external shampoo 1 %</i>		1	R
<i>ciclopirox external solution 8 %</i>		1	R
<i>ciclopirox olamine external cream 0.77 %</i>		1	R
<b>LOPROX EXTERNAL SHAMPOO 1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LOPROX EXTERNAL SUSPENSION (Ciclopirox Olamine) 0.77 %</b>	3	1	R
<b>MENTAX EXTERNAL CREAM 1 %</b>	3		R
<i>naftifine hcl external cream 1 %</i>		1	R
<b>NAFTIN EXTERNAL CREAM (Naftifine HCl) 2 %</b>	3	1	R
<b>NAFTIN EXTERNAL GEL 1 %, 2 %</b>	3		R
<b>NYAMYC EXTERNAL POWDER (Nystatin) 100000 UNIT/GM</b>	1	1	R
<i>nystatin external cream 100000 unit/gm</i>		1	R
<i>nystatin external ointment 100000 unit/gm</i>		1	R
<i>nystatin powder</i>		3	R
<b>NYSTOP EXTERNAL POWDER (Nystatin) 100000 UNIT/GM</b>	1	1	R
<b>PENLAC EXTERNAL SOLUTION 8 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Anti-Inflammatory Agents - Topical***</b>			
<i>diclofenac sodium transdermal solution 1.5 %</i>		2	R&M; QL (150 ML per 1 Copay)
<b>FLECTOR TRANSDERMAL PATCH 1.3 %</b>	3		R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<b>PENNSAID TRANSDERMAL SOLUTION 1.5 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (150 ML per 1 Copay)
<b>PENNSAID TRANSDERMAL SOLUTION 2 %</b>	3		R&M; QL (112 GM per 1 Copay)
<i>rexaphenac transdermal cream 1 %</i>		3	R

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Drug Name	Brand	Generic	Additional Information
<b>VOLTAREN TRANSDERMAL GEL</b> <i>(Diclofenac Sodium) 1 %</i>	3	1	R&M; Note 1 (1-100gm tube per copay); QL (100 GM per 1 Copay)
<b>*Antineoplastic Alkylating Agents - Topical***</b>			
<b>VALCHLOR EXTERNAL GEL 0.016 %</b>	1		PA; R&M; Note 2 (1 60gm tube per Copay); QL (60 GM per 1 Copay)
<b>*Antineoplastic Antimetabolites - Topical***</b>			
<b>CARAC EXTERNAL CREAM</b> <i>(Fluorouracil) 0.5 %</i>	1	1	R
<b>EFUDEX EXTERNAL CREAM</b> <i>(Fluorouracil) 5 %</i>	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>FLUOROPLEX EXTERNAL CREAM 1 %</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>fluorouracil external solution 2 %, 5 %</i>		1	R
<b>TOLAK EXTERNAL CREAM 4 %</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antineoplastic Or Premalignant Lesions - Topical Misc.***</b>			
<b>PICATO EXTERNAL GEL 0.015 %, 0.05 %</b>	1		R
<b>*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***</b>			
<b>SOLARAZE TRANSDERMAL GEL</b> <i>(Diclofenac Sodium) 3 %</i>	1	1	R&M; QL (100 GM per 30 days)
<b>*Antineoplastic Retinoids - Topical***</b>			
<b>PANRETIN EXTERNAL GEL 0.1 %</b>	1		R
<b>*Antipruritics - Topical***</b>			
<b>PRUDOXIN EXTERNAL CREAM</b> <i>(Doxepin HCl) 5 %</i>	3	3	R
<b>ZONALON EXTERNAL CREAM</b> <i>(Doxepin HCl) 5 %</i>	3	3	R
<b>*Antipsoriatics - Systemic***</b>			
<b>8-MOP ORAL CAPSULE 10 MG</b>	2		R
<i>acitretin oral capsule 10 mg, 25 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS* 150 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>COSENTYX SUBCUTANEOUS* 150 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>methoxsalen rapid oral capsule 10 mg</i>		1	R
<b>OXSORALEN ULTRA ORAL CAPSULE 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SORIATANE ORAL CAPSULE 25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>STELARA SUBCUTANEOUS* 45 MG/0.5ML, 90 MG/ML</b>	3		PA; SP
<b>TALTZ SUBCUTANEOUS* 80 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antipsoriatics***</b>			
<i>calcipotriene external cream 0.005 %</i>		1	R
<i>calcipotriene external solution 0.005 %</i>		1	R
<b>CALCITRENE EXTERNAL OINTMENT ( Calcipotriene) 0.005 %</b>	1	1	R
<b>DOVONEX EXTERNAL CREAM 0.005 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DRITHO-CREME HP EXTERNAL CREAM 1 %</b>	3		R
<b>SORILUX EXTERNAL FOAM 0.005 %</b>	3		R&M; QL (1 EA per 1 Copay); AG (Min 18 Years)
<b>TAZORAC EXTERNAL CREAM 0.05 %, 0.1 %</b>	3		R
<b>TAZORAC EXTERNAL GEL 0.05 %, 0.1 %</b>	3		R
<b>VECTICAL EXTERNAL OINTMENT ( Calcitriol) 3 MCG/GM</b>	3	3	R&M; QL (1 EA per 30 days)
<b>ZITHRANOL EXTERNAL SHAMPOO 1 %</b>	3		R&M; Note 1 (1-85gm tube per copay); QL (85 GM per 1 Copay); AG (Min 12 Years)
<b>*Antiseborrheic Combinations***</b>			
<i>selenium sulfide external shampoo 2.25 %</i>		1	R
<i>selenium sulf-pyrithione-urea external shampoo 2.25 %</i>		1	R

Drug Name	Brand	Generic	Additional Information
<b>*Antiseborrheic Products***</b>			
<b>OVACE PLUS EXTERNAL SHAMPOO 10 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>OVACE PLUS WASH EXTERNAL GEL 10 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>OVACE WASH EXTERNAL LIQUID† 10 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>selenium sulfide external lotion 2.5 %</i>		1	R
<i>sulfacetamide sodium external gel 10 % (cleans)</i>		1	R
<i>sulfacetamide sodium external liquid† 10 %</i>		1	R
<b>*Antiviral Topical Combinations***</b>			
<b>XERESE EXTERNAL CREAM 5-1 %</b>	3		R
<b>*Antivirals - Topical***</b>			
<i>acyclovir external ointment 5 %</i>		1	R
<b>DENAVIR EXTERNAL CREAM 1 %</b>	3		R
<b>ZOVIRAX EXTERNAL CREAM 5 %</b>	3		R
<b>ZOVIRAX EXTERNAL OINTMENT 5 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Astringents***</b>			
<b>XERAC AC EXTERNAL SOLUTION 6.25 %</b>	3		R
<b>*Burn Products***</b>			
<b>SILVADENE EXTERNAL CREAM 1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SSD EXTERNAL CREAM (<i>Silver Sulfadiazine</i>) 1 %</b>	1	1	R
<b>SULFAMYLLON EXTERNAL CREAM 85 MG/GM</b>	3		R
<b>*Cauterizing Agents***</b>			
<i>silver nitrate external solution 25 %</i>		3	R
<b>*Corticosteroids - Topical***</b>			
<i>ala-cort external cream 2.5 %</i>		1	R
<i>alclometasone dipropionate external cream 0.05 %</i>		1	R
<i>alclometasone dipropionate external ointment 0.05 %</i>		1	R
<i>amcinonide external cream 0.1 %</i>		1	R
<i>amcinonide external lotion 0.1 %</i>		3	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>APEXICON E EXTERNAL CREAM 0.05 %</b>	3		R
<i>betamethasone dipropionate aug external cream 0.05 %</i>		1	R
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		1	R
<i>betamethasone dipropionate aug external ointment 0.05 %</i>		1	R
<i>betamethasone dipropionate external cream 0.05 %</i>		1	R
<i>betamethasone dipropionate external lotion 0.05 %</i>		1	R
<i>betamethasone dipropionate external ointment 0.05 %</i>		1	R
<i>betamethasone valerate external cream 0.1 %</i>		1	R
<i>betamethasone valerate external foam 0.12 %</i>		1	R
<i>betamethasone valerate external lotion 0.1 %</i>		1	R
<i>betamethasone valerate external ointment 0.1 %</i>		1	R
<b>CAPEX EXTERNAL SHAMPOO 0.01 %</b>	3		R
<i>clobetasol propionate e external cream 0.05 %</i>		1	R
<i>clobetasol propionate emulsion external foam 0.05 %</i>		1	R&M; Note 1 (1 - 100gm unit per copay); QL (100 GM per 1 Copay); AG (Min 12 Years)
<i>clobetasol propionate external cream 0.05 %</i>		1	R
<i>clobetasol propionate external gel 0.05 %</i>		1	R
<i>clobetasol propionate external liquid† 0.05 %</i>		1	R&M; AG (Min 18 Years)
<i>clobetasol propionate external lotion 0.05 %</i>		1	R
<i>clobetasol propionate external ointment 0.05 %</i>		1	R
<i>clobetasol propionate external shampoo 0.05 %</i>		1	R
<b>CLOBEX EXTERNAL LOTION 0.05 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CLOBEX EXTERNAL SHAMPOO 0.05 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CLOBEX SPRAY EXTERNAL LIQUID† 0.05 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); AG (Min 18 Years)
<b>CLODERM PUMP EXTERNAL CREAM</b> <i>(Clocortolone Pivalate) 0.1 %</i>	3	3	R
<b>CORDRAN EXTERNAL CREAM</b> <i>(Flurandrenolide) 0.05 %</i>	3	3	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CORDRAN EXTERNAL LOTION 0.05 %</b>	3		R
<b>CORDRAN EXTERNAL OINTMENT 0.05 %</b>	3		R&M; QL (60 GM per 1 Copay)
<b>CORDRAN EXTERNAL TAPE 4 MCG/SQCM</b>	3		R
<b>CORMAX SCALP APPLICATION EXTERNAL SOLUTION 0.05 %</b>	1		R
<i>cvs cortisone intensive heal external cream 1 %</i>		1	R
<i>cvs cortisone long-lasting external lotion 1 %</i>		1	R
<b>DERMA-SMOOTHIE/FS BODY EXTERNAL OIL 0.01 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DERMA-SMOOTHIE/FS SCALP EXTERNAL OIL 0.01 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DERMATOP EXTERNAL CREAM 0.1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DESONATE EXTERNAL GEL 0.05 %</b>	3		R
<i>desonide external lotion 0.05 %</i>		1	R
<i>desonide external ointment 0.05 %</i>		1	R
<b>DESOWEN EXTERNAL CREAM (Desonide) 0.05 %</b>	3	1	R
<i>desoximetasone external cream 0.25 %</i>		1	R
<i>desoximetasone external gel 0.05 %</i>		1	R
<i>desoximetasone external ointment 0.25 %</i>		1	R
<i>diflorasone diacetate external cream 0.05 %</i>		3	R
<i>diflorasone diacetate external ointment 0.05 %</i>		3	R
<b>ELOCON EXTERNAL CREAM 0.1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ELOCON EXTERNAL OINTMENT 0.1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>fluocinolone acetonide body external oil 0.01 %</i>		1	R
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>		1	R
<i>fluocinolone acetonide external ointment 0.025 %</i>		1	R
<i>fluocinolone acetonide external solution 0.01 %</i>		1	R
<i>fluocinolone acetonide scalp external oil 0.01 %</i>		1	R
<i>fluocinonide external cream 0.05 %, 0.1 %</i>		1	R
<i>fluocinonide external gel 0.05 %</i>		1	R
<i>fluocinonide external ointment 0.05 %</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>fluocinonide external solution 0.05 %</i>		1	R
<i>fluocinonide-e external cream 0.05 %</i>		1	R
<i>fluticasone propionate external cream 0.05 %</i>		1	R
<i>fluticasone propionate external lotion 0.05 %</i>		1	R
<i>fluticasone propionate external ointment 0.005 %</i>		1	R
<i>halobetasol propionate external cream 0.05 %</i>		1	R
<i>halobetasol propionate external ointment 0.05 %</i>		1	R
<b>HALOG EXTERNAL CREAM 0.1 %</b>	3		R
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>		3	R
<i>hydrocortisone butyrate external cream 0.1 %</i>		1	R
<i>hydrocortisone external cream 2.5 %</i>		1	R
<i>hydrocortisone external lotion 2.5 %</i>		1	R
<i>hydrocortisone external ointment 2.5 %</i>		1	R
<i>hydrocortisone valerate external cream 0.2 %</i>		1	R
<i>hydrocortisone valerate external ointment 0.2 %</i>		1	R
<b>KENALOG EXTERNAL AEROSOL, SOLUTION 0.147 MG/GM</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>kp hydrocortisone max st external ointment 1 %</i>		1	R
<b>LOCOID EXTERNAL CREAM 0.1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LOCOID EXTERNAL LOTION 0.1 %</b>	3		R&M; QL (59 ML per 1 Copay)
<b>LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LUXIQ EXTERNAL FOAM 0.12 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MICORT-HC EXTERNAL CREAM 2.5 %</b>	3		R
<i>mometasone furoate external cream 0.1 %</i>		1	R
<i>mometasone furoate external ointment 0.1 %</i>		1	R
<i>mometasone furoate external solution 0.1 %</i>		1	R
<b>NUCORT EXTERNAL LOTION 2 %</b>	3		R&M; QL (60 ML per 30 days)
<b>OLUX EXTERNAL FOAM 0.05 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>OLUX-E EXTERNAL FOAM 0.05 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); Note 2 (1 - 100gm unit per copay); QL (100 GM per 1 Copay); AG (Min 12 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>prednicarbate external cream 0.1 %</i>		1	R
<i>prednicarbate external ointment 0.1 %</i>		1	R
<i>psorcon external cream 0.05 %</i>		3	R
<i>scalacort external lotion 2 %</i>		1	R
<b>SERNIVO EXTERNAL EMULSION 0.05 %</b>	3		RO; QL (4 ML per 1 day); AG (Min 18 Years)
<i>sm hydrocortisone external ointment 0.5 %</i>		1	R
<b>SYNALAR EXTERNAL CREAM 0.025 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SYNALAR EXTERNAL OINTMENT 0.025 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SYNALAR EXTERNAL SOLUTION 0.01 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>TEMOVATE EXTERNAL CREAM 0.05 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>TEMOVATE EXTERNAL OINTMENT 0.05 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>th hydrocortisone external cream 0.5 %</i>		1	R
<b>TOPICORT EXTERNAL CREAM (Desoximetasone) 0.05 %</b>	3	3	R
<b>TOPICORT EXTERNAL OINTMENT (Desoximetasone) 0.05 %</b>	3	3	R
<b>TOPICORT EXTERNAL OINTMENT 0.25 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>TOPICORT SPRAY EXTERNAL LIQUID† 0.25 %</b>	3		R
<i>triamcinolone acetonide external aerosol, solution 0.147 mg/gm</i>		1	R
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>		1	R
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		1	R
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>		1	R
<i>triamcinolone acetonide external ointment 0.5 %</i>		3	R
<b>TRIANEX EXTERNAL OINTMENT 0.05 %</b>	3		R
<b>TRIDERM EXTERNAL CREAM (Triamcinolone Acetonide) 0.1 %</b>	1	1	R
<b>TRIDESILON EXTERNAL CREAM (Desonide) 0.05 %</b>	3	1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ULTRAVATE EXTERNAL CREAM 0.05 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ULTRAVATE EXTERNAL LOTION 0.05 %</b>	3		R
<b>ULTRAVATE EXTERNAL OINTMENT 0.05 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>VANOS EXTERNAL CREAM 0.1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>VERDESO EXTERNAL FOAM 0.05 %</b>	3		R
<b>*Emollient/Keratolytic Agents***</b>			
<b>ALUVEA EXTERNAL CREAM 39 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CARB-O-PHILIC/40 EXTERNAL CREAM (Urea) 40 %</b>	1	1	R
<b>CEROVEL EXTERNAL GEL (Urea) 40 %</b>	1	1	R
<b>CEROVEL EXTERNAL LOTION (Urea) 40 %</b>	1	1	R
<b>HYDRO 40 EXTERNAL FOAM 40 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>KERAFOAM EXTERNAL FOAM 30 %</b>	3		R&M; QL (2 GM per 1 day)
<b>KERALAC EXTERNAL CREAM (Urea) 47 %</b>	3	1	R&M; QL (142 GM per 1 Copay)
<b>REA LO 40 EXTERNAL CREAM (Urea) 40 %</b>	1	1	R
<b>REMEVEN EXTERNAL CREAM (Urea) 50 %</b>	1	1	R
<b>U-KERA E EXTERNAL CREAM (Urea) 40 %</b>	1	1	R
<b>UMECTA EXTERNAL EMULSION 40 %</b>	3		R
<b>URAMAXIN EXTERNAL GEL 45 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>urea external cream 39 %, 45 %</i>		1	R
<i>urea external lotion 45 %</i>		1	R
<i>urea nail external gel 45 %</i>		1	R
<i>urea nail film external suspension 40 %</i>		1	R
<i>ure-k external cream 50 %</i>		1	R
<i>urevaz external cream 44 %</i>		3	R
<b>X-VIATE EXTERNAL CREAM (Urea) 40 %</b>	1	1	R
<b>X-VIATE EXTERNAL GEL (Urea) 40 %</b>	1	1	R
<b>X-VIATE EXTERNAL LOTION (Urea) 40 %</b>	1	1	R

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Drug Name	Brand	Generic	Additional Information
<b>*Emollient/Keratolytic Combinations***</b>			
<b>HYDRO 35 EXTERNAL FOAM 35 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>UMECTA PD EXTERNAL EMULSION 40-0.3 %</b>	3		R
<b>URAMAXIN EXTERNAL FOAM 20 %</b>	3		R
<i>urea in zn undecyl-lactic acid external emulsion 50 %</i>		1	R
<i>urea nail external stick 50 %</i>		3	R
<b>*Emollients***</b>			
<i>hygel external gel 0.2 %</i>		1	R&M; QL (340 GM per 1 Copay)
<b>HYLIRA EXTERNAL GEL 0.2 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (340 GM per 1 Copay)
<i>lactic acid external lotion 10 %</i>		1	R
<i>sodium hyaluronate external gel 0.2 %</i>		1	R&M; QL (340 GM per 1 Copay)
<b>*Enzymes - Topical***</b>			
<b>GRANULEX EXTERNAL AEROSOL, SOLUTION 0.12-788-87 MG/GM</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SANTYL EXTERNAL OINTMENT 250 UNIT/GM</b>	3		R
<b>VASOLEX EXTERNAL OINTMENT</b>	1		R
<b>XENADERM EXTERNAL OINTMENT</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Imidazole-Related Antifungals - Topical***</b>			
<b>ERTACZO EXTERNAL CREAM 2 %</b>	3		R
<b>EXELDERM EXTERNAL CREAM 1 %</b>	3		R
<b>EXELDERM EXTERNAL SOLUTION 1 %</b>	3		R
<b>EXTINA EXTERNAL FOAM 2 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>JUBLIA EXTERNAL SOLUTION 10 %</b>	3		PA; R&M; Note 1 (Max 6-4ml bottles or Max 3-8ml bottles for up to 90ds); QL (0.27 ML per 1 day); AG (Min 18 Years)
<i>ketoconazole external cream 2 %</i>		1	R
<i>ketoconazole external shampoo 2 %</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>KETODAN EXTERNAL FOAM</b> <i>(Ketoconazole) 2 %</i>	1	1	R
<b>LUZU EXTERNAL CREAM 1 %</b>	3		PA; RO; QL (2 GM per 1 day); AG (Max 18 Years)
<i>miconazole nitrate powder</i>		3	R
<b>OXISTAT EXTERNAL CREAM</b> <i>(Oxiconazole Nitrate) 1 %</i>	3	3	R
<b>OXISTAT EXTERNAL LOTION 1 %</b>	3		R
<b>XOLEGEL EXTERNAL GEL 2 %</b>	2		R
<b>*Immunomodulators</b>			
<b>Imidazoquinolinamines - Topical***</b>			
<b>ALDARA EXTERNAL CREAM 5 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>imiquimod external cream 5 %</i>		1	R
<b>ZYCLARA EXTERNAL CREAM 3.75 %</b>	3		R
<b>ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 %</b>	3		R
<b>*Keratolytic/Antimitotic Agents***</b>			
<b>CONDYLOX EXTERNAL GEL 0.5 %</b>	2		R
<i>podocon external solution 25 %</i>		3	R
<i>podofilox external solution 0.5 %</i>		1	R
<b>SALEX EXTERNAL SHAMPOO 6 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>salicylic acid external cream 6 %</i>		1	R
<i>salicylic acid external liquid† 26 %</i>		1	R
<i>salicylic acid external lotion 6 %</i>		1	R
<i>salicylic acid external shampoo 6 %</i>		1	R
<i>salicylic acid wart remover external liquid† 27.5 %</i>		1	R
<b>SALVAX EXTERNAL FOAM 6 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>VIRASAL EXTERNAL LIQUID† 27.5 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Liniments***</b>			
<b>ASPERCREME EXTERNAL LOTION 10 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ASPERCREME NIGHTTIME EXTERNAL LOTION 10 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>TRU-MICIN EXTERNAL LOTION 10 %</b>	1		R

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Drug Name	Brand	Generic	Additional Information
<b>ULTRACIN T EXTERNAL LOTION 10 %</b>	1		R
<b>*Local Anesthetics - Topical***</b>			
<i>anastia external lotion 2.75 %</i>		3	R
<b>GLYDO EXTERNAL GEL (Lidocaine HCl) 2 %</b>	1	1	R
<i>lidocaine external ointment 5 %</i>		1	R
<i>lidocaine external patch 5 %</i>		1	R
<i>lidocaine hcl external cream 3 %</i>		1	R
<i>lidocaine hcl external lotion 3 %</i>		3	R
<i>lidocaine hcl external solution 4 %</i>		1	R
<b>LIDODERM EXTERNAL PATCH 5 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>lidopin external cream 3 %</i>		1	R
<i>lidorx external gel 3 %</i>		3	R
<i>numbonex external lotion 2.75 %</i>		3	R
<i>prozana external patch 4 %</i>		3	R
<b>*Macrolide Immunosuppressants - Topical***</b>			
<b>ELIDEL EXTERNAL CREAM 1 %</b>	3		R&M; AG (Min 2 Years)
<b>PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (60 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>		1	R&M; QL (60 GM per 30 days); AG (Min 2 Years)
<b>*Photodynamic Therapy Agents - Topical***</b>			
<b>AMELUZ EXTERNAL GEL 10 %</b>	3		R
<b>METVIXIA EXTERNAL CREAM 16.8 %</b>	1		R
<b>*Pigmenting Agents***</b>			
<b>OXSORALEN EXTERNAL LOTION 1 %</b>	2		R
<b>*Rosacea Agents***</b>			
<b>FINACEA EXTERNAL GEL 15 %</b>	3		R
<b>METROCREAM EXTERNAL CREAM 0.75 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)



Drug Name	Brand	Generic	Additional Information
<b>METROGEL EXTERNAL GEL 1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (60 GM per 30 days); AG (Min 16 Years)
<b>METROLOTION EXTERNAL LOTION</b> ( <i>MetroNIDAZOLE</i> ) <b>0.75 %</b>	3	1	R
<i>metronidazole external gel 1 %</i>		1	R&M; QL (60 GM per 30 days); AG (Min 16 Years)
<b>MIRVASO EXTERNAL GEL 0.33 %</b>	3		R
<b>NORITATE EXTERNAL CREAM 1 %</b>	3		R
<b>ORACEA ORAL CAPSULE DELAYED RELEASE</b> ( <i>Doxycycline</i> ) <b>40 MG</b>	3	3	PA; R&M; QL (1 EA per 1 day); AG (Min 9 Years)
<b>ROSADAN EXTERNAL CREAM</b> ( <i>MetroNIDAZOLE</i> ) <b>0.75 %</b>	1	1	R
<b>ROSADAN EXTERNAL GEL</b> ( <i>MetroNIDAZOLE</i> ) <b>0.75 %</b>	1	1	R
<b>SOOLANTRA EXTERNAL CREAM 1 %</b>	3		R
<b>*Scabicide Combinations***</b>			
<b>LICEMD EXTERNAL GEL 0.33-4 %</b>	3		R
<b>*Scabicides &amp; Pediculicides***</b>			
<b>ELIMITE EXTERNAL CREAM 5 %</b>	3		PA; R
<b>EURAX EXTERNAL CREAM 10 %</b>	3		PA; R
<b>EURAX EXTERNAL LOTION 10 %</b>	3		PA; R
<i>lindane external shampoo 1 %</i>		3	R
<i>malathion external lotion 0.5 %</i>		1	R&M; QL (59 ML per 1 Copay)
<b>NATROBA EXTERNAL SUSPENSION 0.9 %</b>	3		PA; R
<b>OVIDE EXTERNAL LOTION 0.5 %</b>	3		PA; R&M; QL (59 ML per 1 Copay)
<i>permethrin external cream 5 %</i>		1	R
<b>SKLICE EXTERNAL LOTION 0.5 %</b>	3		PA; RO; QL (117 GM per 30 days)
<i>spinosad external suspension 0.9 %</i>		3	PA; R&M; AG (Max 18 Years)
<b>ULESFIA EXTERNAL LOTION 5 %</b>	3		PA; R
<b>*Steroid-Local Anesthetic Combinations***</b>			
<b>EPIFOAM EXTERNAL FOAM 1-1 %</b>	3		R
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>		1	R

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Drug Name	Brand	Generic	Additional Information
PRAMOSONE E EXTERNAL CREAM 1-2.5 %	3		R
PRAMOSONE EXTERNAL CREAM 1-1 %	3		R
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	3		R
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 %	3		R
<b>*Topical Anesthetic Combinations***</b>			
CETACAINE EXTERNAL AEROSOL† 2-2-14 %	3		R
EMLA EXTERNAL CREAM 2.5-2.5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		1	R
<i>menthacin with lidocaine external patch 0.5-0.0375-5-20 %</i>		3	R
PLIAGLIS EXTERNAL CREAM (Lidocaine-Tetracaine) 7-7 %	3	3	R
SYNERA EXTERNAL PATCH 70-70 MG	3		R&M; QL (1 EA per 30 days); AG (Min 3 Years)
<b>*Topical Selective Retinoid X Receptor Agonists***</b>			
TARGRETIN EXTERNAL GEL 1 %	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (120 GM per 30 days)
<b>*Topical Steroid Combinations***</b>			
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>		1	R&M; QL (360 GM per 30 days); AG (Min 16 Years)
CORTALO EXTERNAL GEL (Hydrocortisone Acetate-Aloe) 2 %	3	1	R&M; QL (43 GM per 30 days)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	3		R
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (360 GM per 30 days); AG (Min 16 Years)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	3		R&M; Note 1 (1 bottle per copay); QL (60 GM per 1 Copay); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
U-CORT EXTERNAL CREAM 1-10 %	1		R
<b>*Diagnostic Products*</b>			
<b>*Diagnostic Drugs***</b>			
THYROGEN INTRAMUSCULAR* SOLUTION RECONSTITUTED 1.1 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Diagnostic Tests***</b>			
ACCU-CHEK ACTIVE IN VITRO STRIP	3		PA; R
ACCU-CHEK AVIVA IN VITRO STRIP	3		PA; R
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	3		PA; R
ACCU-CHEK COMFORT CURVE IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
ACCU-CHEK COMPACT IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP	3		PA; R
ACCU-CHEK COMPACT TEST DRUM IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
ACCUTREND GLUCOSE IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
ACURA BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
ADVANCE INTUITION TEST IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
ADVOCATE REDI-CODE IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
ADVOCATE TEST IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
AGAMATRIX AMP TEST IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
AGAMATRIX JAZZ TEST IN VITRO STRIP ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>AGAMATRIX KEYNOTE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>AGAMATRIX PRESTO TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ALBUSTIX IN VITRO STRIP</b>	3		R
<b>ASSURE 3 TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ASSURE 4 TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ASSURE II CHECK IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ASSURE II IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ASSURE PLATINUM IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ASSURE PRO TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>AT LAST TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>BAYER CONTOUR NEXT TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>BAYER CONTOUR TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>BD TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>BG STAR TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>BIOSCANNER GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<i>bl test strip pack in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>CARESENS N GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>CHEMSTRIP MICRAL IN VITRO STRIP</b>	3		R
<b>CHOICE DM FORA G20 TEST STRIPS IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>CLEVER CHEK TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>CLEVER CHOICE MICRO TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>CONTROL AST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>CONTROL TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>CVS ADVANCED GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<i>cvs blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<i>diatrue plus test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>DUO-CARE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<i>easy plus blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<i>easy plus ii glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>EASY STEP TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<i>easy talk blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>EASY TOUCH HEALTHPRO TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EASY TOUCH TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<i>easy trak blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>EASYGLUCO IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EASYMAX 15 TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EASYMAX TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>easyplus blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EASYPRO PLUS IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ECLIPSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<i>element compact test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>ELEMENT PLUS TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ELEMENT TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EMBRACE PRO GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ENVISION AUTOCODE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EQL TRUETEST TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EQL TRUETRACK TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EVENCARE G2 TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EVENCARE G3 TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EVOLUTION AUTOCODE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EXACTECH R-S-G TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EXACTECH TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FASTTAKE TEST IN VITRO STRIP</b>	1		R&M; QL (10 EA per 1 day)
<b>FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA D10 BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA D15C BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA D15Z BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA G30A BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA G71A BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA G90 BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA GD20 TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA TEST N' GO GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA V22 BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>FORACARE GD40 TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORACARE PREMIUM V10 TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FORACARE TEST N GO TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FREESTYLE INSULINX TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FREESTYLE LITE TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>FREESTYLE TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<i>ge100 blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<i>ght test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>GLUCO PERFECT 3 TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>GLUCOCARD EXPRESSION TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>GLUCOCARD VITAL TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>GLUCOCARD X-SENSOR IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>GLUCOCOM TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>GLUCOLAB TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>GMATE BLOOD GLUCOSE TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP</b> <i>(Blood Glucose Test)</i>	3	3	PA; R&M; QL (10 EA per 1 day)
<b>KETOCARE IN VITRO STRIP</b>	1		R
<b>KETOSTIX IN VITRO STRIP</b>	1		R
<i>croger blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i> Kroger premium glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<i> Kroger test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>LIBERTY NEXT GENERATION TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<i> liberty test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>MAXIMA BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<i> meijer blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<i> meijer premium glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>MEIJER TRUETEST TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>MEIJER TRUETRACK TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>MICRODOT TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>MYGLUCOHEALTH TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>NEUTEK 2TEK TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>NEXGEN TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>NOVA MAX GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ONETOUCH TEST IN VITRO STRIP</b>	1		R&M; QL (10 EA per 1 day)
<b>ONETOUCH ULTRA BLUE IN VITRO STRIP</b>	1		R&M; QL (10 EA per 1 day)
<b>ONETOUCH VERIO IN VITRO STRIP</b>	1		R&M; QL (10 EA per 1 day)
<b>OPTIUM TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>OPTIUMEZ TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>OPTUMRX BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>PHARMACIST CHOICE AUTOCODE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>POCKETCHEM EZ TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>PRECISION PCX IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>PRECISION PCX PLUS TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>PRECISION POINT OF CARE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>PRECISION QID TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>PRECISION SOF-TACT TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>PRECISION XTRA KETONE IN VITRO STRIP</b>	1		R
<i>prestige smart system test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>PRESTIGE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>PRODIGY AUTOCODE BLOOD GLUCOSE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>PTS PANELS GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>QUICKTEK TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>RA TRUETEST TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>RELION BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>RELION CONFIRM/MICRO TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>RELION PRIME TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>RELION ULTIMA TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>REXALL BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>SMART DIABETES XPRES TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>SMART SENSE PREMIUM TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>SMART SENSE VALUE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>SMARTTEST BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>SOLUS V2 TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>SUPREME TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>SURE EDGE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>SURESTEP PRO TEST IN VITRO STRIP</b>	1		R&M; QL (10 EA per 1 day)
<b>SURESTEP TEST IN VITRO STRIP</b>	1		R&M; QL (10 EA per 1 day)
<b>SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<i>tgt blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>TRUETEST TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>TRUETRACK TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ULTIMA TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ULTRATRAK PRO TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ULTRATRAK ULTIMATE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>UNISTRIP1 GENERIC IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>VICTORY AGM-4000 TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>WAVESENSE PRESTO IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>*Multiple Urine Tests***</b>			
<b>CHEMSTRIP 2 GP IN VITRO STRIP</b>	3		R
<b>KETO-DIASTIX IN VITRO STRIP</b>	3		R
<b>*Digestive Aids*</b>			
<b>*Digestive Enzymes***</b>			
<b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT</b>	2		R
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT</b>	3		R
<b>PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 4000 UNIT, 8000 UNIT</b>	3		R

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Drug Name	Brand	Generic	Additional Information
SUCRAID ORAL SOLUTION 8500 UNIT/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VIOKACE ORAL TABLET 20880 UNIT	3		R
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000 UNIT	2		R
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES ( <i>Pancrelipase (Lip-Prot-Amyl)</i> ) 5000 UNIT	2	2	R
<b>*Direct-Acting P2y12 Inhibitors***</b>			
<b>*Direct-Acting P2y12 Inhibitors***</b>			
BRILINTA ORAL TABLET 60 MG, 90 MG	2		R
<b>*Diuretics*</b>			
<b>*Carbonic Anhydrase Inhibitors***</b>			
<i>acetazolamide oral tablet 125 mg</i>		3	R
KEVEYIS ORAL TABLET 50 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day); AG (Min 18 Years)
<i>methazolamide oral tablet 25 mg, 50 mg</i>		1	R
<b>*Diuretic Combinations***</b>			
DYAZIDE ORAL CAPSULE 37.5-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
MAXZIDE ORAL TABLET 75-50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>spironolactone-hctz oral tablet 25-25 mg</i>		1	R
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		1	R
<i>triamterene-hctz oral capsule 50-25 mg</i>		3	R
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		1	R
<b>*Loop Diuretics***</b>			
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
EDECRIN ORAL TABLET 25 MG	3		R
<i>furosemide oral solution 10 mg/ml</i>		1	R
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<b>LASIX ORAL TABLET 20 MG, 40 MG, 80 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg</i>		1	R
<b>*Potassium Sparing Diuretics***</b>			
<b>ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>amiloride hcl oral tablet 5 mg</i>		1	R
<b>DYRENIUM ORAL CAPSULE 100 MG, 50 MG</b>	3		R
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
<b>*Thiazides And Thiazide-Like Diuretics***</b>			
<i>chlorothiazide oral tablet 250 mg</i>		3	R
<i>chlorothiazide oral tablet 500 mg</i>		1	R
<i>chlorthalidone oral tablet 25 mg</i>		3	R
<i>chlorthalidone oral tablet 50 mg</i>		1	R
<b>DIURIL ORAL SUSPENSION 250 MG/5ML</b>	3		R
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		1	R
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		1	R
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		1	R
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		1	R
<b>MICROZIDE ORAL CAPSULE 12.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Endocrine And Metabolic Agents - Misc.*</b>			
<b>*Bisphosphonates***</b>			
<b>ACTONEL ORAL TABLET 150 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 30 days)
<b>ACTONEL ORAL TABLET 30 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>ACTONEL ORAL TABLET (<i>Risedronate Sodium</i>) 35 MG</b>	3	1	R&M; QL (4 EA per 30 days)
<i>alendronate sodium oral solution 70 mg/75ml</i>		3	R&M; QL (10 ML per 1 day)
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>alendronate sodium oral tablet 40 mg</i>		3	R
<i>alendronate sodium oral tablet 70 mg</i>		1	R&M; QL (4 EA per 30 days)
<b>ATELVIA ORAL TABLET DELAYED RELEASE 35 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 30 days)
<b>BINOSTO ORAL TABLET EFFERVESCENT 70 MG</b>	3		R
<b>BONIVA ORAL TABLET 150 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 30 days)
<i>etidronate disodium oral tablet 400 mg</i>		3	R
<b>FOSAMAX ORAL TABLET 70 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 30 days)
<b>FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT</b>	3		R&M; QL (4 EA per 30 days)
<b>FOSAMAX PLUS D ORAL TABLET 70-5600 MG-UNIT</b>	3		R&M; QL (4 EA per 30 days); AG (Min 18 Years)
<i>ibandronate sodium oral tablet 150 mg</i>		1	R&M; QL (1 EA per 30 days)
<i>pamidronate disodium intravenous* solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		3	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>pamidronate disodium intravenous* solution reconstituted 30 mg, 90 mg</i>		3	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>RECLAST INTRAVENOUS* SOLUTION (Zoledronic Acid) 5 MG/100ML</b>	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>risedronate sodium oral tablet 150 mg</i>		1	R&M; QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>risedronate sodium oral tablet delayed release 35 mg</i>		1	R&M; QL (4 EA per 30 days)
<i>zoledronic acid intravenous* solution reconstituted 4 mg</i>		3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ZOMETA INTRAVENOUS* CONCENTRATE (Zoledronic Acid) 4 MG/5ML</b>	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ZOMETA INTRAVENOUS* SOLUTION (Zoledronic Acid) 4 MG/100ML</b>	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
<b>*Calcimimetic Agents***</b>			
SENSIPAR ORAL TABLET 30 MG, 60 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (5 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (4 EA per 1 day)
<b>*Calcitonins***</b>			
FORTICAL NASAL SOLUTION ( <i>Calcitonin (Salmon)</i> ) 200 UNIT/ACT	3	1	R&M; QL (3.7 ML per 30 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3		R
MIACALCIN NASAL SOLUTION 200 UNIT/ACT	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3.7 ML per 30 days)
<b>*Carnitine Replenisher - Agents***</b>			
CARNITOR ORAL SOLUTION 1 GM/10ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CARNITOR ORAL TABLET 330 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CARNITOR SF ORAL SOLUTION 1 GM/10ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>levocarnitine oral solution 1 gml/10ml</i>		1	R
<i>levocarnitine oral tablet 330 mg</i>		1	R
<b>*Corticotropin***</b>			
HP ACTHAR INJECTION GEL 80 UNIT/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Dopamine Receptor Agonists***</b>			
<i>cabergoline oral tablet 0.5 mg</i>		1	R
<b>*Fabry Disease - Agents***</b>			
FABRAZYME INTRAVENOUS* SOLUTION RECONSTITUTED 35 MG, 5 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Gaa Deficiency Treatment - Agents***</b>			
LUMIZYME INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>MYOZYME INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Gnrh/Lhrh Antagonists***</b>			
<b>CETROTIDE SUBCUTANEOUS* KIT 0.25 MG</b>	3		R&M; Note 1 (\$5000 lifetime benefit applies); F
<i>ganirelix acetate subcutaneous* solution 250 mcg/0.5ml</i>		3	R&M; Note 1 (\$5000 lifetime benefit applies); F
<b>*Growth Hormone Receptor Antagonists***</b>			
<b>SOMAVERT SUBCUTANEOUS* SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Growth Hormones***</b>			
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS* SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GENOTROPIN SUBCUTANEOUS* SOLUTION RECONSTITUTED 12 MG, 5 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NORDITROPIN FLEXPRO SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS* SOLUTION 30 MG/3ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS* SOLUTION 10 MG/2ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS* SOLUTION 20 MG/2ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS* SOLUTION 5 MG/2ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>NUTROPIN AQ PEN SUBCUTANEOUS* SOLUTION 10 MG/2ML, 20 MG/2ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NUTROPIN AQ SUBCUTANEOUS* SOLUTION 10 MG/2ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>OMNITROPE SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 5 MG/1.5ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>OMNITROPE SUBCUTANEOUS* SOLUTION RECONSTITUTED 5.8 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SEROSTIM SUBCUTANEOUS* SOLUTION RECONSTITUTED 4 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SEROSTIM SUBCUTANEOUS* SOLUTION RECONSTITUTED 5 MG, 6 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TEV-TROPIN SUBCUTANEOUS* SOLUTION RECONSTITUTED 5 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ZOMACTON SUBCUTANEOUS* SOLUTION RECONSTITUTED 10 MG, 5 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ZORBTIVE SUBCUTANEOUS* SOLUTION RECONSTITUTED 8.8 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***</b>			
<b>ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ORFADIN ORAL SUSPENSION 4 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<b>*Homocystinuria Treatment - Agents***</b>			
CYSTADANE ORAL POWDER	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Hyperammonemia Treatment - Agents***</b>			
CARBAGLU ORAL TABLET 200 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>			
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>		1	R
<i>calcitriol oral solution 1 mcg/ml</i>		1	R
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>		1	SP; QL (1 EA per 1 day); AG (Min 18 Years)
<i>paricalcitol oral capsule 4 mcg</i>		1	SP; QL (0.4 EA per 1 day); AG (Min 18 Years)
ROCALTROL ORAL CAPSULE 0.25 MCG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3		SP; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
ZEMPLAR ORAL CAPSULE 4 MCG	3		SP; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (0.4 EA per 1 day); AG (Min 18 Years)
<b>*Insulin-Like Growth Factors (Somatomedins)***</b>			
INCRELEX SUBCUTANEOUS* SOLUTION 40 MG/4ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>			
<b>LUPRON DEPOT-PED INTRAMUSCULAR* KIT 11.25 MG, 15 MG, 30 MG (PED), 7.5 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SUPPRELIN LA SUBCUTANEOUS* KIT 50 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SYNAREL NASAL SOLUTION 2 MG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Mucopolysaccharidosis I (Mps I) - Agents***</b>			
<b>ALDURAZYME INTRAVENOUS* SOLUTION 2.9 MG/5ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Mucopolysaccharidosis Ii (Mps Ii) - Agents***</b>			
<b>ELAPRASE INTRAVENOUS* SOLUTION 6 MG/3ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Mucopolysaccharidosis Vi (Mps Vi) - Agents***</b>			
<b>NAGLAZYME INTRAVENOUS* SOLUTION 1 MG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Ovulation Stimulants-Gonadotropins***</b>			
<b>BRAVELLE INJECTION SOLUTION RECONSTITUTED 75 UNIT</b>	3		R&M; Note 1 (\$5000 lifetime benefit applies)
<b>FOLLISTIM AQ INJECTION SOLUTION 150 UNT/0.5ML, 75 UNT/0.5ML</b>	3		R&M; Note 1 (\$5000 lifetime benefit applies)
<b>FOLLISTIM AQ SUBCUTANEOUS* SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML</b>	3		R&M; Note 1 (\$5000 lifetime benefit applies)
<b>GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT</b>	3		R&M; Note 1 (\$5000 lifetime benefit applies)
<b>GONAL-F RFF PEN SUBCUTANEOUS* SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML</b>	3		R&M; Note 1 (\$5000 lifetime benefit applies)

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<b>GONAL-F RFF REDIJECT SUBCUTANEOUS* SOLUTION 900 UNIT/1.5ML</b>	3		R&M; Note 1 (\$5000 lifetime benefit applies)
<b>GONAL-F RFF SUBCUTANEOUS* SOLUTION RECONSTITUTED 75 UNIT</b>	3		R&M; Note 1 (\$5000 lifetime benefit applies)
<b>MENOPUR SUBCUTANEOUS* SOLUTION RECONSTITUTED 75 UNIT</b>	3		R&M; Note 1 (\$5000 lifetime benefit applies)
<b>NOVAREL INTRAMUSCULAR* SOLUTION RECONSTITUTED (Chorionic Gonadotropin) 10000 UNIT</b>	1	1	R&M; Note 1 (\$5000 lifetime benefit applies)
<b>OVIDREL SUBCUTANEOUS* INJECTABLE 250 MCG/0.5ML</b>	3		R&M; Note 1 (\$5000 lifetime benefit applies)
<b>PREGNYL INTRAMUSCULAR* SOLUTION RECONSTITUTED (Chorionic Gonadotropin) 10000 UNIT</b>	1	1	R&M; Note 1 (\$5000 lifetime benefit applies)
<b>REPRONEX INJECTION SOLUTION RECONSTITUTED 75 UNIT</b>	3		R&M; Note 1 (\$5000 lifetime benefit applies)
<b>*Ovulation Stimulants-Synthetic***</b>			
<b>CLOMID ORAL TABLET 50 MG</b>	3		R&M; Note 1 (\$5000 lifetime benefit applies); Note 2 (Tier 3 copay + cost differential applies); F
<i>clomiphene citrate powder</i>		3	R&M; Note 1 (\$5000 lifetime benefit applies)
<b>SEROPHENE ORAL TABLET (ClomiPHENE Citrate) 50 MG</b>	1	1	R&M; Note 1 (\$5000 lifetime benefit applies); F
<b>*Parathyroid Hormone And Derivatives***</b>			
<b>FORTEO SUBCUTANEOUS* SOLUTION 600 MCG/2.4ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Phenylketonuria Treatment - Agents***</b>			
<b>KUVAN ORAL PACKET 100 MG, 500 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>KUVAN ORAL TABLET SOLUBLE 100 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)



Drug Name	Brand	Generic	Additional Information
<b>*Rank Ligand (Rankl) Inhibitors***</b>			
<b>PROLIA SUBCUTANEOUS* SOLUTION 60 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>XGEVA SUBCUTANEOUS* SOLUTION 120 MG/1.7ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>			
<b>EVISTA ORAL TABLET 60 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F; QL (1 EA per 1 day)
<b>OSPHENA ORAL TABLET 60 MG</b>	3		PA; R
<i>raloxifene hcl oral tablet 60 mg</i>		1	R&M; F; \$0; QL (1 EA per 1 day)
<b>*Selective Vasopressin V2-Receptor Antagonists***</b>			
<b>SAMSCA ORAL TABLET 15 MG, 30 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Somatostatic Agents***</b>			
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/5ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR* KIT 10 MG, 20 MG, 30 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SIGNIFOR LAR INTRAMUSCULAR* SUSPENSION RECONSTITUTED 20 MG, 40 MG, 60 MG</b>	3		R
<b>SIGNIFOR SUBCUTANEOUS* SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SOMATULINE DEPOT SUBCUTANEOUS* SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
<b>*Urea Cycle Disorder - Agents***</b>			
<b>BUPHENYL ORAL POWDER 3 GM/TSP</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 2 copay + cost differential applies)
<b>BUPHENYL ORAL TABLET 500 MG</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>RAVICTI ORAL LIQUID† 1.1 GM/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Vasopressin***</b>			
<b>DDAVP INJECTION SOLUTION 4 MCG/ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DDAVP ORAL TABLET 0.1 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>DDAVP ORAL TABLET 0.2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
<b>DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (15 ML per 30 days)
<i>desmopressin ace rhinal tube nasal solution 0.01 %</i>		1	R&M; QL (15 ML per 30 days)
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		1	R&M; QL (15 ML per 30 days)
<i>desmopressin acetate injection solution 4 mcg/ml</i>		1	R
<i>desmopressin acetate oral tablet 0.1 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>		1	R&M; QL (4 EA per 1 day)
<b>STIMATE NASAL SOLUTION 1.5 MG/ML</b>	3		R
<b>*Estrogens*</b>			
<b>*Estrogen &amp; Androgen***</b>			
<b>COVARYX HS ORAL TABLET (<i>Est Estrogens-Methyltest HS</i>) 0.625-1.25 MG</b>	1	1	R
<b>COVARYX ORAL TABLET (<i>Est Estrogens-Methyltest</i>) 1.25-2.5 MG</b>	1	1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>EEMT HS ORAL TABLET</b> ( <i>Est Estrogens-Methyltest HS</i> ) <b>0.625-1.25 MG</b>	1	1	R
<b>EEMT ORAL TABLET</b> ( <i>Est Estrogens-Methyltest</i> ) <b>1.25-2.5 MG</b>	1	1	R
<i>methyltest-est estrogens hs oral tablet 1.25-0.625 mg</i>		1	R
<i>methyltest-est estrogens oral tablet 2.5-1.25 mg</i>		1	R
<b>*Estrogen &amp; Progestin***</b>			
<b>ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
<b>AMABELZ ORAL TABLET</b> ( <i>Estradiol-Norethindrone Acet</i> ) <b>0.5-0.1 MG, 1-0.5 MG</b>	1	1	R&M; F
<b>ANGELIQ ORAL TABLET 0.25-0.5 MG</b>	3		R
<b>ANGELIQ ORAL TABLET 0.5-1 MG</b>	3		R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
<b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY</b>	3		R&M; F; QL (4 EA per 30 days)
<b>COMBIPATCH TRANSDERMAL PATCH BIWEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY</b>	3		R&M; F
<b>FEMHRT LOW DOSE ORAL TABLET</b> ( <i>Norethindrone-Eth Estradiol</i> ) <b>0.5-2.5 MG-MCG</b>	3	1	R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
<b>FYAVOLV ORAL TABLET</b> ( <i>Norethindrone-Eth Estradiol</i> ) <b>0.5-2.5 MG-MCG</b>	1	1	R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
<b>FYAVOLV ORAL TABLET 1-5 MG-MCG</b>	1		R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>		1	R&M; F; QL (28 EA per 30 days); AG (Min 18 Years)
<b>JINTELI ORAL TABLET 1-5 MG-MCG</b>	3		R
<b>MIMVEY LO ORAL TABLET</b> ( <i>Estradiol-Norethindrone Acet</i> ) <b>0.5-0.1 MG</b>	1	1	R&M; F
<b>MIMVEY ORAL TABLET</b> ( <i>Estradiol-Norethindrone Acet</i> ) <b>1-0.5 MG</b>	1	1	R&M; F
<b>PREFEST ORAL TABLET 1/1-0.09 MG (15/15)</b>	3		R&M; F; QL (1 EA per 1 day)
<b>PREMPHASE ORAL TABLET 0.625-5 MG</b>	2		R&M; F; QL (1 EA per 1 day)
<b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG</b>	2		R&M; F; QL (1 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG</b>	2		R&M; F; QL (2 EA per 1 day)
<b>*Estrogens***</b>			
<b>ALORA TRANSDERMAL PATCH BIWEEKLY (<i>Estradiol</i>) 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	3	1	R&M; QL (2 EA per 1 Week)
<b>CENESTIN ORAL TABLET 0.3 MG</b>	2		R&M; F; QL (2 EA per 1 day); AG (Min 18 Years)
<b>CENESTIN ORAL TABLET 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</b>	2		R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
<b>CLIMARA 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</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 30 days)
<b>DELESTROGEN INTRAMUSCULAR* OIL 10 MG/ML, 20 MG/ML, 40 MG/ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DEPO-ESTRADIOL INTRAMUSCULAR* OIL 5 MG/ML</b>	3		R
<b>DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM</b>	3		R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
<b>ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)</b>	3		R
<b>ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG</b>	2		R&M; F; AG (Min 18 Years)
<b>ENJUVIA ORAL TABLET 0.9 MG</b>	2		R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
<b>ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>estradiol micronized powder</i>		3	R
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R
<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	R&M; QL (4 EA per 30 days)
<b>ESTRASORB TRANSDERMAL EMULSION 4.35 MG/1.74GM</b>	3		R
<b>ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)</b>	3		R
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>		1	R
<b>EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY</b>	3		R&M; F

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Drug Name	Brand	Generic	Additional Information
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3		R
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	3		R&M; F; QL (4 EA per 30 days)
MINIVELLE TRANSDERMAL PATCH BIWEEKLY ( <i>Estradiol</i> ) 0.025 MG/24HR	3	1	R&M; QL (2 EA per 1 Week)
MINIVELLE TRANSDERMAL PATCH BIWEEKLY ( <i>Estradiol</i> ) 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	1	R&M; QL (2 EA per 1 week)
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG	2		R
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2		R
VIVELLE-DOT TRANSDERMAL PATCH BIWEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 Week)
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb***</b>			
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb***</b>			
DUAVEE ORAL TABLET 0.45-20 MG	3		R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Farnesoid X Receptor (Fxr) Agonists***</b>			
<b>*Farnesoid X Receptor (Fxr) Agonists***</b>			
OCALIVA ORAL TABLET 10 MG, 5 MG	3		PA; SP
<b>*Fluoroquinolones*</b>			
<b>*Fluoroquinolones***</b>			
AVELOX ABC PACK ORAL TABLET 400 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
AVELOX ORAL TABLET 400 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	3		R
CIPRO ORAL SUSPENSION RECONSTITUTED ( <i>Ciprofloxacin</i> ) 500 MG/5ML (10%)	3	1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CIPRO ORAL TABLET 250 MG, 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>CIPRO XR ORAL TABLET EXTENDED RELEASE 24 HR* 1000 MG, 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 100 mg</i>		3	R
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 750 mg</i>		1	R
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hr* 1000 mg, 500 mg</i>		3	R&M; QL (1 EA per 1 day)
<b>LEVAQUIN ORAL SOLUTION 25 MG/ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LEVAQUIN ORAL TABLET 250 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>LEVAQUIN ORAL TABLET 500 MG, 750 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>levofloxacin oral solution 25 mg/ml</i>		1	R
<i>levofloxacin oral tablet 250 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>moxifloxacin hcl oral tablet 400 mg</i>		1	R
<b>NOROXIN ORAL TABLET 400 MG</b>	3		R&M; QL (2 EA per 1 day)
<i>ofloxacin oral tablet 200 mg, 300 mg, 400 mg</i>		1	R
<b>*Gastrointestinal Agents - Misc.*</b>			
<b>*Gallstone Solubilizing Agents***</b>			
<b>URSO 250 ORAL TABLET 250 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>ursodiol oral capsule 300 mg</i>		1	R
<i>ursodiol oral tablet 250 mg, 500 mg</i>		1	R
<b>*Gastrointestinal Antiallergy Agents***</b>			
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>		1	R
<b>GASTROCROM ORAL CONCENTRATE 100 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Gastrointestinal Chloride Channel Activators***</b>			
<b>AMITIZA ORAL CAPSULE 24 MCG</b>	3		R&M; QL (2 EA per 1 day); AG (Min 16 Years)

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Drug Name	Brand	Generic	Additional Information
AMITIZA ORAL CAPSULE 8 MCG	3		R&M; F; QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Gastrointestinal Stimulants***</b>			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		1	R
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>		1	R
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>		3	R
METOZOLV ODT ORAL TABLET DISPERSIBLE 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Glucagon-Like Peptide-2 (Glp-2) Analog***</b>			
GATTEX SUBCUTANEOUS* KIT 5 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	2		R
<b>*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***</b>			
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>		1	R
LOTRONEX ORAL TABLET 0.5 MG	3		R&M; F
LOTRONEX ORAL TABLET 1 MG	3		R&M; F; QL (2 EA per 1 day); AG (Min 12 Years)
<b>*Inflammatory Bowel Agents***</b>			
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	3		R&M; QL (4 EA per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	2		R
AZULFIDINE ORAL TABLET 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>balsalazide disodium oral capsule 750 mg</i>		1	R
CANASA SUPPOSITORY 1000 MG	2		R&M; QL (1 EA per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG	2		R
DIPENTUM ORAL CAPSULE 250 MG	2		R&M; QL (4 EA per 1 day)
GIAZO ORAL TABLET 1.1 GM	3		R
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3		R&M; QL (4 EA per 1 day); AG (Min 18 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>mesalamine enema 4 gm</i>		1	R
<i>mesalamine-cleanser kit 4 gm</i>		1	R
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE* 250 MG, 500 MG</b>	2		R
<b>SULFAZINE EC ORAL TABLET DELAYED RELEASE (<i>SulfaSALazine</i>) 500 MG</b>	1	1	R
<b>SULFAZINE ORAL TABLET (<i>SulfaSALazine</i>) 500 MG</b>	1	1	R
<b>*Intestinal Acidifiers***</b>			
<i>enulose oral solution 10 gm/15ml</i>		1	R
<i>generlac oral solution 10 gm/15ml</i>		1	R
<b>*Peripheral Opioid Receptor Antagonists***</b>			
<b>MOVANTI<sup>K</sup> ORAL TABLET 12.5 MG, 25 MG</b>	3		R
<b>*Phosphate Binder Agents***</b>			
<i>calcium acetate (phos binder) oral tablet 667 mg</i>		1	R
<b>FOSRENOL ORAL PACKET 1000 MG, 750 MG</b>	3		R
<b>FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day); AG (Min 16 Years)
<b>RENAGEL ORAL TABLET 400 MG</b>	3		R&M; QL (35 EA per 1 day)
<b>RENAGEL ORAL TABLET 800 MG</b>	3		R&M; QL (20 EA per 1 day)
<b>RENVELA ORAL PACKET 0.8 GM</b>	3		R&M; QL (15 EA per 1 day)
<b>RENVELA ORAL PACKET 2.4 GM</b>	3		R&M; QL (5 EA per 1 day)
<b>RENVELA ORAL TABLET (<i>Sevelamer Carbonate</i>) 800 MG</b>	3	3	R&M; QL (15 EA per 1 day)
<b>VELPHORO ORAL TABLET CHEWABLE 500 MG</b>	3		R
<b>*Tumor Necrosis Factor Alpha Blockers***</b>			
<b>CIMZIA PREFILLED SUBCUTANEOUS* KIT 2 X 200 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
<b>CIMZIA STARTER KIT SUBCUTANEOUS* KIT 6 X 200 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>CIMZIA SUBCUTANEOUS* KIT 2 X 200 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>REMICADE INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG</b>	2		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Genitourinary Agents - Miscellaneous*</b>			
<b>*5-Alpha Reductase Inhibitors***</b>			
<b>AVODART ORAL CAPSULE 0.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); M; QL (1 EA per 1 day)
<i>dutasteride oral capsule 0.5 mg</i>		3	R&M; M; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>PROSCAR ORAL TABLET 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>*Alpha 1-Adrenoceptor Antagonists***</b>			
<i>alfuzosin hcl er oral tablet extended release 24 hr* 10 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG, 8 MG</b>	3		R
<b>FLOMAX ORAL CAPSULE 0.4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>RAPAFLO ORAL CAPSULE 4 MG, 8 MG</b>	3		R
<i>tamsulosin hcl oral capsule 0.4 mg</i>		1	R
<b>UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR* 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>*Anti-Infective Genitourinary Irrigants***</b>			
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>		1	R
<b>NEOSPORIN GU IRRIGANT IRRIGATION SOLUTION 40-200000</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Citrates***</b>			
<i>cytra-2 oral solution 500-334 mg/5ml</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML</b>	3		R
<i>cytra-k oral solution 1100-334 mg/5ml</i>		1	R
<i>pot &amp; sod cit-cit ac oral solution 550-500-334 mg/5ml</i>		1	R
<i>potassium citrate er oral tablet extendedrelease* 10 meq (1080 mg), 15 meq (1620 mg)</i>		3	R
<i>potassium citrate er oral tablet extendedrelease* 5 meq (540 mg)</i>		1	R
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		1	R
<b>SHOHL'S MODIFIED ORAL SOLUTION 500-334 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>		1	R
<b>TARON-CRYSTALS ORAL PACKET (Cytra K Crystals) 3300-1002 MG</b>	1	1	R
<i>tricitrates oral solution 550-500-334 mg/5ml</i>		1	R
<b>UROKIT-K 10 ORAL TABLET EXTENDEDRELEASE* 10 MEQ (1080 MG)</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>UROKIT-K 15 ORAL TABLET EXTENDEDRELEASE* 15 MEQ (1620 MG)</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>UROKIT-K 5 ORAL TABLET EXTENDEDRELEASE* 5 MEQ (540 MG)</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>virtrate-2 oral solution 500-334 mg/5ml</i>		1	R
<i>virtrate-3 oral solution 550-500-334 mg/5ml</i>		3	R
<i>virtrate-k oral solution 1100-334 mg/5ml</i>		1	R
<b>*Cystinosis Agents***</b>			
<b>CYSTAGON ORAL CAPSULE 150 MG, 50 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Genitourinary Irrigants***</b>			
<i>sodium chloride irrigation solution 0.9 %</i>		1	R
<b>*Interstitial Cystitis Agents***</b>			
<b>ELMIRON ORAL CAPSULE 100 MG</b>	3		R&M; QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>*Prostatic Hypertrophy Agent Combinations***</b>			
<b>JALYN ORAL CAPSULE</b> <i>( Dutasteride-Tamsulosin HCl) 0.5-0.4 MG</i>	3	1	R&M; M
<b>*Urinary Analgesics***</b>			
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>		1	R
<b>PYRIDIUM ORAL TABLET 100 MG, 200 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Gout Agents*</b>			
<b>*Gout Agent Combinations***</b>			
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		1	R
<b>*Gout Agents***</b>			
<i>allopurinol oral tablet 100 mg, 300 mg</i>		1	R
<b>COLCRYS ORAL TABLET ( Colchicine) 0.6 MG</b>	3	3	R
<b>KRYSTEXXA INTRAVENOUS* SOLUTION 8 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>MITIGARE ORAL CAPSULE 0.6 MG</b>	3		R
<b>ULORIC ORAL TABLET 40 MG, 80 MG</b>	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>ZURAMPIC ORAL TABLET 200 MG</b>	3		PA; R
<b>*Uricosurics***</b>			
<i>probenecid oral tablet 500 mg</i>		1	R
<b>*Hematological Agents - Misc.*</b>			
<b>*Antihemophilic Products***</b>			
<b>ADVATE INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>adynovate intravenous* solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit</i>		3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>AFSTYLA INTRAVENOUS* KIT 3000 UNIT</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ALPHANINE SD INTRAVENOUS* SOLUTION RECONSTITUTED (Mononine) 1000 UNIT, 500 UNIT</b>	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ALPHANINE SD INTRAVENOUS* SOLUTION RECONSTITUTED 1500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ALPROLIX INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>BEBULIN INTRAVENOUS* SOLUTION RECONSTITUTED 200-1200 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>BENEFIX INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>BENEFIX INTRAVENOUS* SOLUTION RECONSTITUTED (Rixubis) 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>COAGADEX INTRAVENOUS* SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>CORIFACT INTRAVENOUS* KIT 1000-1600 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ELOCTATE INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>FEIBA INTRAVENOUS* SOLUTION RECONSTITUTED</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>FEIBA NF INTRAVENOUS* SOLUTION RECONSTITUTED</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>helixate fs intravenous* kit 1000 unit, 250 unit, 500 unit</i>		3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>HELIXATE FS INTRAVENOUS* KIT</b> <i>(Kogenate FS)</i> 2000 UNIT, 3000 UNIT	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>HEMOFIL M INTRAVENOUS* SOLUTION RECONSTITUTED</b> <i>(Koate-DVI)</i> 1000 UNIT, 250 UNIT, 500 UNIT	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>HEMOFIL M INTRAVENOUS* SOLUTION RECONSTITUTED 1501-2000 UNIT, 1700 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>HUMATE-P INTRAVENOUS* SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>IDELVION INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>IXINITY INTRAVENOUS* SOLUTION RECONSTITUTED</b> <i>(Rixubis)</i> 1000 UNIT, 500 UNIT	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>IXINITY INTRAVENOUS* SOLUTION RECONSTITUTED 1500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>KCENTRA INTRAVENOUS* KIT 1000 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>KOGENATE FS BIO-SET INTRAVENOUS* KIT</b> <i>(Kogenate FS)</i> 1000 UNIT, 250 UNIT, 500 UNIT	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>kogenate fs bio-set intravenous* kit 2000 unit, 3000 unit</i>		3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>MONOCLATE-P INTRAVENOUS* KIT 1000 UNIT, 1500 UNIT, 250 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>MONONINE INTRAVENOUS* SOLUTION RECONSTITUTED 250 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NOVOEIGHT INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>NOVOSEVEN RT INTRAVENOUS* SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NUWIQ INTRAVENOUS* KIT (<i>Kogenate FS</i>) 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NUWIQ INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>obizur intravenous* solution reconstituted 500 unit</i>		3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PROFILNINE INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PROFILNINE SD INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>RECOMBINATE INTRAVENOUS* SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>RIASTAP INTRAVENOUS* SOLUTION RECONSTITUTED</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TRETTEN INTRAVENOUS* SOLUTION RECONSTITUTED 2000-3125 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VONVENDI INTRAVENOUS* SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>WILATE INTRAVENOUS* KIT 1000-1000 UNIT, 500-500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>WILATE INTRAVENOUS* SOLUTION RECONSTITUTED 1000-1000 UNIT, 500-500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>XYNTHA SOLOFUSE INTRAVENOUS* KIT (<i>Xyntha</i>) 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>XYNTHA SOLOFUSE INTRAVENOUS* KIT 3000 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
<b>*Bradykinin B2 Receptor Antagonists***</b>			
<b>FIRAZYR SUBCUTANEOUS* SOLUTION 30 MG/3ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*C1 Inhibitors***</b>			
<b>BERINERT INTRAVENOUS* KIT 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>CINRYZE INTRAVENOUS* SOLUTION RECONSTITUTED 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>RUCONEST INTRAVENOUS* SOLUTION RECONSTITUTED 2100 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Complement Inhibitors***</b>			
<b>SOLIRIS INTRAVENOUS* SOLUTION 10 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Hematorheologic Agents***</b>			
<i>pentoxifylline er oral tablet extendedrelease* 400 mg</i>		1	R
<b>*Phosphodiesterase Iii Inhibitors***</b>			
<i>cilostazol oral tablet 100 mg, 50 mg</i>		1	R&M; QL (2 EA per 1 Days)
<b>PLETAL ORAL TABLET 100 MG, 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 Days)
<b>*Plasma Kallikrein Inhibitors***</b>			
<b>KALBITOR SUBCUTANEOUS* SOLUTION 10 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Platelet Aggregation Inhibitor Combinations***</b>			
<b>AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR (Aspirin-Dipyridamole ER) 25-200 MG</b>	2	2	R
<b>YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<b>*Platelet Aggregation Inhibitors***</b>			
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<b>*Quinazoline Agents***</b>			
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>		1	R
<b>*Thienopyridine Derivatives***</b>			
<i>clopidogrel bisulfate oral tablet 300 mg</i>		1	R&M; Note 1 (1 tablet per copay); QL (1 EA per 1 Copay)
<i>clopidogrel bisulfate oral tablet 75 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>EFFIENT ORAL TABLET 10 MG, 5 MG</b>	2		R&M; QL (35 EA per 30 days); AG (Min 16 Years)
<b>PLAVIX ORAL TABLET 300 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); Note 2 (1 tablet per copay); QL (1 EA per 1 Copay)
<b>PLAVIX ORAL TABLET 75 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>ticlopidine hcl oral tablet 250 mg</i>		2	R
<b>*Hematopoietic Agents*</b>			
<b>*Agents For Gaucher Disease***</b>			
<b>CERDELGA ORAL CAPSULE 84 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>CEREZYME INTRAVENOUS* SOLUTION RECONSTITUTED 200 UNIT, 400 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ELELYSO INTRAVENOUS* SOLUTION RECONSTITUTED 200 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VPRIV INTRAVENOUS* SOLUTION RECONSTITUTED 400 UNIT</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ZAVESCA ORAL CAPSULE 100 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Cobalamins***</b>			
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		1	R
<b>NASCOBAL NASAL SOLUTION 500 MCG/0.1ML</b>	3		R
<b>*Cxcr4 Receptor Antagonist***</b>			
<b>MOZOBIL SUBCUTANEOUS* SOLUTION 24 MG/1.2ML</b>	3		R

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Drug Name	Brand	Generic	Additional Information
<b>*Cytotoxic Agents***</b>			
<b>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Erythropoiesis-Stimulating Agents (Esas)***</b>			
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>aranesp (albumin free) injection solution 100 mcg/ml, 150 mcg/0.75ml, 200 mcg/ml, 25 mcg/ml, 300 mcg/ml, 40 mcg/ml, 60 mcg/ml</i>		2	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PROCRIT INJECTION SOLUTION (Epoen) 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	2	2	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PROCRIT INJECTION SOLUTION 40000 UNIT/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Folic Acid/Folates***</b>			
<i>folic acid oral tablet 1 mg</i>		1	R&M; \$0; QL (2 EA per 1 day)
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>			
<b>NEULASTA DELIVERY KIT SUBCUTANEOUS* 6 MG/0.6ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NEULASTA DELIVERY KIT SUBCUTANEOUS* SOLUTION 6 MG/0.6ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NEULASTA ONPRO SUBCUTANEOUS* 6 MG/0.6ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NEULASTA SUBCUTANEOUS* 6 MG/0.6ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NEULASTA SUBCUTANEOUS* SOLUTION 6 MG/0.6ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NEUPOGEN INJECTION 300 MCG/0.5ML, 480 MCG/0.8ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
NEUPOGEN INJECTION SOLUTION 300 MCG/0.5ML, 300 MCG/ML, 480 MCG/0.8ML, 480 MCG/1.6ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZARXIO INJECTION 300 MCG/0.5ML, 480 MCG/0.8ML	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***</b>			
LEUKINE INJECTION SOLUTION 500 MCG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LEUKINE INTRAVENOUS* SOLUTION RECONSTITUTED 250 MCG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Interleukins***</b>			
NEUMEGA SUBCUTANEOUS* SOLUTION RECONSTITUTED 5 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Iron Combinations***</b>			
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	3		R
<b>*Iron***</b>			
BPROTECTED PEDIA IRON ORAL SOLUTION ( <i>Ferrous Sulfate</i> ) 75 (15 FE) MG/ML	1	1	R&M; \$0; AG (Min 1 Years)
FER-IN-SOL ORAL SOLUTION ( <i>Ferrous Sulfate</i> ) 75 (15 FE) MG/ML	3	1	R&M; \$0; AG (Min 1 Years)
<i>fer-iron oral solution 75 (15 fe) mg/ml</i>		1	R&M; \$0; AG (Min 1 Years)
<i>ferrlecit intravenous* solution 12.5 mg/ml</i>		3	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>		1	R&M; \$0; AG (Min 1 Years)
<i>na ferric gluc cplx in sucrose intravenous* solution 12.5 mg/ml</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SPATONE PUR-ABSORB IRON ORAL LIQUID† 5 MG/20ML	3		R&M; \$0; QL (60 ML per 1 day); AG (Min 1 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Thrombopoietin (Tpo) Receptor Agonists***</b>			
<b>NPLATE SUBCUTANEOUS* SOLUTION RECONSTITUTED 250 MCG, 500 MCG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Hemostatics*</b>			
<b>*Hemostatics - Systemic***</b>			
<b>AMICAR ORAL SOLUTION 0.25 GM/ML</b>	3		R
<b>AMICAR ORAL SYRUP 25 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LYSTEDA ORAL TABLET 650 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
<i>tranexamic acid oral tablet 650 mg</i>		1	R
<b>*Hepatitis C Agent - Combinations***</b>			
<b>*Hepatitis C Agent - Combinations***</b>			
<b>EPCLUSA ORAL TABLET 400-100 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
<b>HARVONI ORAL TABLET 90-400 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day)
<b>TECHNIVIE ORAL TABLET 12.5-75-50 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1.9 EA per 1 day); AG (Min 18 Years)
<b>VIEKIRA PAK ORAL 12.5-75-50 &amp; 250 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HR* 200-8.33-50- 33.33 MG</b>	3		R
<b>ZEPATIER ORAL TABLET 50-100 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
<b>*Hypnotics*</b>			
<b>*Barbiturate Hypnotics***</b>			
<i>phenobarbital oral elixir 20 mg/5ml</i>		1	R
<i>phenobarbital oral solution 20 mg/5ml</i>		1	R
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>		3	R
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>		1	R
<b>SECONAL ORAL CAPSULE 100 MG</b>	3		R
<b>*Benzodiazepine Hypnotics***</b>			
<i>estazolam oral tablet 1 mg, 2 mg</i>		1	R
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>		1	R
<b>HALCION ORAL TABLET 0.25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>RESTORIL ORAL CAPSULE 15 MG, 30 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>RESTORIL ORAL CAPSULE 22.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>RESTORIL ORAL CAPSULE 7.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1.5 EA per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>		1	R
<i>temazepam oral capsule 22.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>temazepam oral capsule 7.5 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>triazolam oral tablet 0.125 mg</i>		3	R
<i>triazolam oral tablet 0.25 mg</i>		1	R
<b>*Hypnotics - Tricyclic Agents***</b>			
<b>SILENOR ORAL TABLET 3 MG, 6 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 13 Years)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>			
<b>AMBIEN CR ORAL TABLET EXTENDEDRELEASE* (Zolpidem Tartrate ER) 12.5 MG, 6.25 MG</b>	3	2	R&M; QL (1 EA per 1 day)
<b>AMBIEN ORAL TABLET 10 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG</b>	3		R&M; QL (10 EA per 1 Copay); AG (Min 18 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>eszopiclone oral tablet 2 mg</i>		2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>eszopiclone oral tablet 3 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL (Zolpidem Tartrate) 1.75 MG, 3.5 MG</b>	3	3	R&M; QL (10 EA per 1 Copay); AG (Min 18 Years)
<b>LUNESTA ORAL TABLET (Eszopiclone) 1 MG</b>	3	3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>LUNESTA ORAL TABLET 2 MG, 3 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
<b>SONATA ORAL CAPSULE 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>SONATA ORAL CAPSULE 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<i>zaleplon oral capsule 10 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>zaleplon oral capsule 5 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>		1	R
<b>ZOLPIMIST ORAL SOLUTION 5 MG/ACT</b>	3		R&M; QL (1 EA per 30 days); AG (Min 18 Years)
<b>*Selective Melatonin Receptor Agonists***</b>			
<b>HETLIOZ ORAL CAPSULE 20 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
<b>ROZEREM ORAL TABLET 8 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Ibs Agent - Mu-Opioid Receptor Agonists***</b>			
<b>*Ibs Agent - Mu-Opioid Receptor Agonists***</b>			
<b>VIBERZI ORAL TABLET 100 MG, 75 MG</b>	3		R&M; QL (2 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Insulin-Incretin Mimetic Combinations***</b>			
<b>*Insulin-Incretin Mimetic Combinations***</b>			
SOLIQUA SUBCUTANEOUS* 100-33 UNT-MCG/ML	3		R&M; QL (0.5 ML per 1 day); AG (Min 18 Years)
<b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>			
<b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>			
NUCALA SUBCUTANEOUS* SOLUTION RECONSTITUTED 100 MG	3		PA; SP
<b>*Interleukin-5 Antagonists (Igg4 Kappa)***</b>			
<b>*Interleukin-5 Antagonists (Igg4 Kappa)***</b>			
CINQAIR INTRAVENOUS* SOLUTION 100 MG/10ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Interleukin-6 (Il-6) Antagonists***</b>			
<b>*Interleukin-6 (Il-6) Antagonists***</b>			
SYLVANT INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG, 400 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Laxatives*</b>			
<b>*Bowel Evacuant Combinations***</b>			
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 227.1 GM, 240 GM	3		R
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (PEG 3350/Electrolytes) 240 GM	1	1	R&M; \$0
GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/Electrolytes) 236 GM	1	1	R&M; \$0
GAVILYTE-H ORAL KIT 5-210 MG-GM	1		R&M; \$0
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCl-Na Bicarb-NaCl) 420 GM	1	1	R&M; \$0

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Drug Name	Brand	Generic	Additional Information
<b>GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM</b>	3		R
<b>MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM</b>	3		R
<b>NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM</b>	3		R
<b>PCP 100 COMBINATION KIT</b>	3		R
<b>PEG-PREP ORAL KIT 5-210 MG-GM</b>	1		R&M; \$0
<b>PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM</b>	3		R
<b>SUCLEAR ORAL KIT</b>	3		R
<b>SUPREP BOWEL PREP ORAL SOLUTION</b>	3		R
<b>TRILYTE ORAL SOLUTION RECONSTITUTED (PEG 3350-KCl-Na Bicarb-NaCl) 420 GM</b>	1	1	R&M; \$0
<b>*Laxatives - Miscellaneous***</b>			
<i>constulose oral solution 10 gm/15ml</i>		1	R
<i>lactulose oral solution 10 gm/15ml</i>		1	R
<b>*Saline Laxative Mixtures***</b>			
<b>OSMOPREP ORAL TABLET 1.102-0.398 GM</b>	3		R
<b>*Leptin Analogues***</b>			
<b>*Leptin Analogues***</b>			
<b>MYALEPT SUBCUTANEOUS* SOLUTION RECONSTITUTED 11.3 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>			
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>			
<b>XIIDRA OPHTHALMIC SOLUTION 5 %</b>	3		R
<b>*Macrolides*</b>			
<b>*Azithromycin***</b>			
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>		1	R
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ZITHROMAX ORAL PACKET</b> <i>(Azithromycin)</i> 1 GM	3	3	R
<b>ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZITHROMAX ORAL TABLET 250 MG, 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZITHROMAX Z-PAK ORAL TABLET 250 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZMAX ORAL SUSPENSION RECONSTITUTED 2 GM</b>	3		R&M; QL (75 ML per 30 days); AG (Min 16 Years)
<b>*Clarithromycin***</b>			
<b>BIAXIN ORAL TABLET 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>BIAXIN XL ORAL TABLET EXTENDED RELEASE 24 HR* 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>BIAXIN XL PAC ORAL TABLET EXTENDED RELEASE 24 HR* 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>clarithromycin er oral tablet extended release 24 hr* 500 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		1	R
<i>clarithromycin oral tablet 250 mg</i>		1	R
<i>clarithromycin oral tablet 500 mg</i>		1	R&M; QL (3 EA per 1 day)
<b>*Erythromycins***</b>			
<b>E.E.S. 400 ORAL TABLET</b> <i>(Erythromycin Ethylsuccinate)</i> 400 MG	3	3	R
<b>E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED</b> <i>(Erythromycin Ethylsuccinate)</i> 200 MG/5ML	3	1	R
<b>ERYPED 200 ORAL SUSPENSION RECONSTITUTED</b> <i>(Erythromycin Ethylsuccinate)</i> 200 MG/5ML	3	1	R
<b>ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML</b>	3		R
<b>ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG</b>	3		R

Drug Name	Brand	Generic	Additional Information
<b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>	3		R
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		1	R
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		3	R
<b>PCE ORAL TABLET DELAYED RELEASE 333 MG, 500 MG</b>	3		R
<b>*Fidaxomicin***</b>			
<b>DIFICID ORAL TABLET 200 MG</b>	3		PA; RO; QL (20 EA per 1 Copay)
<b>*Medical Devices*</b>			
<b>*Cervical Caps***</b>			
<b>FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM</b>	3		R&M; F; \$0; QL (3 EA per 30 days)
<b>PRENTIF CAVITY-RIM CERV CAP VAGINAL DEVICE 22 MM, 25 MM, 28 MM, 31 MM</b>	3		R&M; F; \$0; QL (3 EA per 30 days)
<b>PRENTIF FITTING SET VAGINAL</b>	3		R&M; F; \$0; QL (3 EA per 30 days)
<b>*Condoms - Female***</b>			
<b>FC FEMALE CONDOM</b>	3		R&M; F; \$0; QL (12 EA per 30 days)
<b>FC2 FEMALE CONDOM</b>	3		R&M; F; \$0; QL (12 EA per 30 days)
<b>*Diaphragms***</b>			
<b>CAYA VAGINAL DIAPHRAGM</b>	3		R&M; F; \$0
<b>ORTHO DIAPHRAGM COIL VAGINAL KIT 100 MM, 105 MM, 50 MM</b>	3		R&M; F; \$0
<b>ORTHO DIAPHRAGM FLAT VAGINAL KIT 55 MM, 60 MM, 65 MM, 70 MM, 75 MM, 80 MM, 85 MM, 90 MM, 95 MM</b>	3		R&M; F; \$0
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %</b>	3		R&M; F; \$0
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %</b>	3		R&M; F; \$0
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %</b>	3		R&M; F; \$0
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %</b>	3		R&M; F; \$0

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %</b>	3		R&M; F; \$0
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %</b>	3		R&M; F; \$0
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %</b>	3		R&M; F; \$0
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %</b>	3		R&M; F; \$0
<b>*Glucose Monitoring Test Supplies***</b>			
<b>ACCU-CHEK FASTCLIX LANCETS</b> <i>(Lancets)</i>	3	3	R
<b>ACCU-CHEK MULTICLIX LANCETS</b> <i>(Lancets)</i>	3	3	R
<b>ACCU-CHEK SOFT TOUCH LANCETS</b> <i>(Lancets)</i>	3	3	R
<b>ACCU-CHEK SOFTCLIX LANCETS</b> <i>(Lancets)</i>	3	3	R
<b>BAYER MICROLET LANCETS</b> <i>(Lancets)</i>	3	3	R
<b>BD LANCET ULTRAFINE 30G</b> <i>(Lancets)</i>	3	3	R
<b>BD LANCET ULTRAFINE 33G</b> <i>(Lancets)</i>	3	3	R
<i>comfort assured lancets 28g</i>		3	R
<i>cvs lancets micro thin 33g</i>		3	R
<i>cvs lancets ultra thin 30g</i>		3	R
<i>easy comfort lancets</i>		3	R
<b>EASY TOUCH LANCETS 30G/TWIST</b> <i>(Lancets)</i>	3	3	R
<b>EASY TOUCH LANCETS 32G/TWIST</b> <i>(Lancets)</i>	3	3	R
<b>EASY TOUCH LANCETS 33G/TWIST</b> <i>(Lancets)</i>	3	3	R
<b>FIFTY50 SAFETY SEAL LANCETS</b> <i>(Lancets)</i>	3	3	R
<b>FINGERSTIX LANCETS</b> <i>(Lancets)</i>	3	3	R
<b>FREESTYLE LANCETS</b> <i>(Lancets)</i>	3	3	R
<i>kroger lancets ultrathin 30g</i>		3	R
<i>lancets micro thin 33g</i>		3	R
<i>lancets super thin 28g</i>		3	R
<i>lancets thin</i>		3	R
<i>lite touch lancets</i>		3	R

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Drug Name	Brand	Generic	Additional Information
<b>MICROLET LANCETS</b> ( <i>Lancets</i> )	3	3	R
<b>ONETOUCH COMBO PACK</b> ( <i>Lancets</i> )	3	3	R
<b>ONETOUCH DELICA LANCETS FINE</b> ( <i>Lancets</i> )	3	3	R
<b>ONETOUCH SURESOFT LANCING DEV</b>	3		R
<b>ONETOUCH ULTRASOFT LANCETS</b> ( <i>Lancets</i> )	3	3	R
<b>PHARMACIST CHOICE LANCETS</b> ( <i>Lancets</i> )	3	3	R
<b>RELION LANCETS THIN 26G</b> ( <i>Lancets</i> )	3	3	R
<b>RELION LANCETS ULTRA-THIN 30G</b> ( <i>Lancets</i> )	3	3	R
<i>sm lancets 33g</i>		3	R
<i>sm super thin lancets 30g</i>		3	R
<i>sm thin lancets 26g</i>		3	R
<b>SOLUS V2 TWIST LANCETS 30G</b> ( <i>Lancets</i> )	3	3	R
<i>tgt lancet micro thin 33g</i>		3	R
<b>TRUEPLUS LANCETS 28G</b> ( <i>Lancets</i> )	3	3	R
<b>TRUEPLUS LANCETS 30G</b> ( <i>Lancets</i> )	3	3	R
<b>TRUEPLUS LANCETS 33G</b> ( <i>Lancets</i> )	3	3	R
<i>value plus lancets thin 26g</i>		3	R
<b>WALGREENS LANCETS</b> ( <i>Lancets</i> )	3	3	R
<b>WALGREENS THIN LANCETS</b> ( <i>Lancets</i> )	3	3	R
<b>WALGREENS ULTRA THIN LANCETS</b> ( <i>Lancets</i> )	3	3	R
<b>*Needles &amp; Syringes***</b>			
<b>BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML</b>	1		R
<i>insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		1	R&M; Note 1 (\$0 cost share if purchase insulin vial first, otherwise L1 copay.)
<i>insulin syringeneedle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>		1	R&M; Note 1 (\$0 cost share if purchase insulin vial first, otherwise L1 copay.)
<b>OMNITROPE PEN 10 INJ DEVICE</b>	3		PA; R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>pen needles 1/2" 29g x 12mm</i>		1	R
<i>pen needles 29g x 12mm , 31g x 6 mm</i>		1	R
<i>pen needles 3/16" 31g x 5 mm</i>		1	R
<i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>		1	R
<b>ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML</b>	1		R
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies***</b>			
<b>AEROCHAMBER MINI CHAMBER DEVICE</b> ( <i>Valved Holding Chamber</i> )	3	3	R
<b>AEROCHAMBER MV</b>	3		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS</b> ( <i>Valved Holding Chamber</i> )	3	3	R
<b>AEROCHAMBER PLUS FLO-VU</b>	3		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU LARGE</b>	3		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU MEDIUM</b> ( <i>Valved Holding Chamber</i> )	3	3	R
<b>AEROCHAMBER PLUS FLO-VU SMALL</b>	3		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU W/MASK</b>	3		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLOW VU</b>	3		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS W/MASK</b> ( <i>Valved Holding Chamber</i> )	3	3	R
<b>AEROCHAMBER PLUS W/MASK SMALL</b> ( <i>Valved Holding Chamber</i> )	3	3	R
<b>AEROCHAMBER W/FLOWSIGNAL</b>	3		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS</b> ( <i>Valved Holding Chamber</i> )	3	3	R
<b>AEROCHAMBER Z-STAT PLUS CHAMBR</b> ( <i>Valved Holding Chamber</i> )	3	3	R
<b>AEROCHAMBER Z-STAT PLUS/LARGE</b> ( <i>Valved Holding Chamber</i> )	3	3	R
<b>AEROCHAMBER Z-STAT PLUS/MEDIUM</b> ( <i>Valved Holding Chamber</i> )	3	3	R
<b>AEROCHAMBER Z-STAT PLUS/SMALL</b>	3		R&M; QL (2 EA per 1 Year)
<b>ARIAL CHAMBER DEVICE</b> ( <i>Valved Holding Chamber</i> )	3	3	R
<b>BREATHERITE</b>	3		R&M; QL (2 EA per 1 Year)
<b>BREATHERITE COLL SPACER ADULT</b> ( <i>Valved Holding Chamber</i> )	3	3	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>BREATHERITE COLL SPACER CHILD</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>BREATHERITE COLL SPACER INFANT</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>BREATHERITE RIGID SPACER/MASK</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>BREATHERITE SPACER NEONATE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>BREATHERITE SPACER SMALL CHILD</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>BREATHERITE/LARGE MASK</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>BREATHERITE/MEDIUM MASK</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>BREATHERITE/SMALL MASK</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>EASIVENT</b>	3		R&M; QL (2 EA per 1 Year)
<b>EASIVENT MASK LARGE</b>	3		R&M; QL (2 EA per 1 Year)
<b>EASIVENT MASK MEDIUM</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>EASIVENT MASK SMALL</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>E-Z SPACER DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>E-Z SPACER THE BODY GUARDS PK DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>INSPIREASE</b>	3		R&M; QL (2 EA per 1 Year)
<b>INSPIREASE RESERVOIR BAGS</b>	3		R&M; QL (3 EA per 1 Year)
<b>LITEAIRE DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>MICROCHAMBER</b>	3		R&M; QL (2 EA per 1 Year)
<b>MICROCHAMBER DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>MICROSPACER</b>	3		R&M; QL (2 EA per 1 Year)
<b>NESSI SPACER WITH MASK LARGE DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>NESSI SPACER WITH MASK SM/MED DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>NESSI SPACER WITH MOUTHPIECE DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>OPTICHAMBER ADVANTAGE</b>	3		R&M; QL (2 EA per 1 Year)
<b>OPTICHAMBER ADVANTAGE-LG MASK</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>OPTICHAMBER ADVANTAGE-MED MASK</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>OPTICHAMBER ADVANTAGE-SM MASK</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>OPTICHAMBER DIAMOND</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>OPTICHAMBER DIAMOND DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>OPTICHAMBER DIAMOND-LG MASK DEVICE</b>	3		R&M; QL (2 EA per 1 Year)
<b>OPTICHAMBER DIAMOND-MD MASK</b>	3		R&M; QL (2 EA per 1 Year)
<b>OPTICHAMBER DIAMOND-SM MASK</b>	3		R&M; QL (2 EA per 1 Year)
<b>OPTICHAMBER FACE MASK-LARGE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>OPTICHAMBER FACE MASK-MEDIUM</b>	3		R&M; QL (2 EA per 1 Year)
<b>OPTICHAMBER FACE MASK-SMALL</b>	3		R&M; QL (2 EA per 1 Year)
<b>OPTIHALER</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>OPTIHALER DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>POCKET CHAMBER DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>POCKET SPACER DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>RITFLO DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>VORTEX VALVED HOLDING CHAMBER DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>WATCHHALER DEVICE</b> <i>(Valved Holding Chamber)</i>	3	3	R
<b>*Migraine Products*</b>			
<b>*Ergot Combinations***</b>			
<b>CAFERGOT ORAL TABLET</b> <i>(Ergotamine-Caffeine) 1-100 MG</i>	3	3	R
<b>MIGERGOT SUPPOSITORY 2-100 MG</b>	3		R

Drug Name	Brand	Generic	Additional Information
<b>*Migraine Combinations***</b>			
<b>NODOLOR ORAL CAPSULE</b> ( <i>Isometheptene-APAP-Dichloral</i> ) <b>325-65-100 MG</b>	1	1	R
<b>PRODRIN ORAL TABLET 130-20-500 MG, 65-20-325 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Migraine Products - Nsaids***</b>			
<b>CAMBIA ORAL PACKET 50 MG</b>	3		R
<b>*Migraine Products***</b>			
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>		1	R
<b>ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG</b>	3		R&M; QL (20 EA per 30 days)
<b>MIGRANAL NASAL SOLUTION</b> ( <i>Dihydroergotamine Mesylate</i> ) <b>4 MG/ML</b>	3	3	R&M; QL (8 EA per 1 Copay)
<b>*Selective Serotonin Agonist-Nsaid Combinations***</b>			
<b>TREXIMET ORAL TABLET 10-60 MG, 85-500 MG</b>	3		PA; R
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>			
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>		3	PA; R&M; QL (9 EA per 1 Copay)
<b>ALSUMA SUBCUTANEOUS*</b> ( <i>SUMatriptan Succinate</i> ) <b>6 MG/0.5ML</b>	3	3	R&M; QL (4 ML per 1 Copay)
<b>AMERGE ORAL TABLET 1 MG, 2.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
<b>AXERT ORAL TABLET 12.5 MG, 6.25 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
<b>FROVA ORAL TABLET</b> ( <i>Frovatriptan Succinate</i> ) <b>2.5 MG</b>	3	1	R&M; QL (9 EA per 1 Copay)
<b>IMITREX NASAL SOLUTION</b> ( <i>SUMatriptan</i> ) <b>20 MG/ACT, 5 MG/ACT</b>	2	2	R&M; QL (9 EA per 1 Copay)
<b>IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>IMITREX STATDOSE REFILL SUBCUTANEOUS* 4 MG/0.5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 Copay)
<b>IMITREX STATDOSE REFILL SUBCUTANEOUS* 6 MG/0.5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>IMITREX STATDOSE SYSTEM SUBCUTANEOUS* (SUMAtriptan Succinate) 4 MG/0.5ML</b>	3	3	R&M; QL (4 ML per 1 Copay)
<b>IMITREX STATDOSE SYSTEM SUBCUTANEOUS* 6 MG/0.5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 ML per 1 Copay)
<b>IMITREX SUBCUTANEOUS* SOLUTION 6 MG/0.5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 Copay)
<b>MAXALT ORAL TABLET 10 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
<b>MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		1	R&M; QL (9 EA per 1 Copay)
<b>RELPAZ ORAL TABLET 20 MG, 40 MG</b>	3		R&M; QL (9 EA per 1 Copay)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>		1	R&M; QL (9 EA per 1 Copay)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>		1	R&M; QL (9 EA per 1 Copay)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
<i>sumatriptan succinate refill subcutaneous* 4 mg/0.5ml</i>		1	R&M; QL (4 EA per 1 Copay)
<i>sumatriptan succinate refill subcutaneous* 6 mg/0.5ml</i>		3	R
<i>sumatriptan succinate subcutaneous* solution 6 mg/0.5ml</i>		1	R&M; QL (4 EA per 1 Copay)
<b>SUMAVEL DOSEPRO SUBCUTANEOUS* 4 MG/0.5ML, 6 MG/0.5ML</b>	3		PA; R&M; QL (3 ML per 1 Copay)
<b>ZEMBRACE SYMTOUCH SUBCUTANEOUS* 3 MG/0.5ML</b>	3		PA; R&M; QL (4 ML per 1 Copay)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>		1	R&M; QL (9 EA per 1 Copay)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>		1	R&M; QL (9 EA per 1 Copay)
<b>ZOMIG NASAL SOLUTION 2.5 MG, 5 MG</b>	2		R&M; QL (9 EA per 1 Copay)



Drug Name	Brand	Generic	Additional Information
ZOMIG ORAL TABLET 2.5 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
<b>*Minerals &amp; Electrolytes*</b>			
<b>*Fluoride Combinations***</b>			
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG	3		R&M; \$0; AG (Max 6 Years)
<b>*Fluoride***</b>			
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML	3		R&M; \$0; AG (Max 6 Years)
FLUOR-A-DAY ORAL SOLUTION ( <i>Fluoritab</i> ) 0.275 (0.125 F) MG/DROP	1	1	R&M; \$0; AG (Max 6 Years)
FLURA-DROPS ORAL SOLUTION ( <i>Fluoritab</i> ) 0.275 (0.125 F) MG/DROP	1	1	R&M; \$0; AG (Max 6 Years)
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	3		R&M; \$0; AG (Max 6 Years)
KARIDIUM ORAL SOLUTION ( <i>Fluoritab</i> ) 0.275 (0.125 F) MG/DROP	1	1	R&M; \$0; AG (Max 6 Years)
LOZI-FLUR MOUTH/THROAT LOZENGE 2.2 (1 F) MG	3		R&M; \$0; AG (Max 6 Years)
LUDENT ORAL TABLET CHEWABLE ( <i>Fluoritab</i> ) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG	1	1	R&M; \$0; AG (Max 6 Years)
LURIDE ORAL SOLUTION ( <i>Sodium Fluoride</i> ) 1.1 (0.5 F) MG/ML	3	1	R&M; \$0; AG (Max 6 Years)
LURIDE ORAL TABLET CHEWABLE ( <i>Fluoritab</i> ) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG	3	1	R&M; \$0; AG (Max 6 Years)
NAFRINSE DROPS ORAL SOLUTION ( <i>Fluoritab</i> ) 0.275 (0.125 F) MG/DROP	1	1	R&M; \$0; AG (Max 6 Years)
NAFRINSE ORAL TABLET CHEWABLE ( <i>Fluoritab</i> ) 2.2 (1 F) MG	1	1	R&M; \$0; AG (Max 6 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>		3	R&M; \$0; AG (Max 6 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>		3	R&M; \$0; AG (Min 6 Years)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		1	R&M; \$0; AG (Max 6 Years)

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Drug Name	Brand	Generic	Additional Information
<b>*Iodine Products***</b>			
SSKI ORAL SOLUTION 1 GM/ML	3		R
<b>*Phosphate***</b>			
K-PHOS ORAL TABLET 500 MG	2		R
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PHOSPHA 250 NEUTRAL ORAL TABLET ( <i>Av-Phos 250 Neutral</i> ) 155-852-130 MG	1	1	R
<b>*Potassium Combinations***</b>			
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3		R
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>		1	R
<b>*Potassium***</b>			
KLOR-CON 10 ORAL TABLET EXTENDEDRELEASE* ( <i>Potassium Chloride ER</i> ) 10 MEQ	1	1	R
KLOR-CON M10 ORAL TABLET EXTENDEDRELEASE* ( <i>Potassium Chloride Crys ER</i> ) 10 MEQ	1	1	R
KLOR-CON M20 ORAL TABLET EXTENDEDRELEASE* ( <i>Potassium Chloride Crys ER</i> ) 20 MEQ	1	1	R
KLOR-CON ORAL PACKET ( <i>Potassium Chloride</i> ) 20 MEQ	1	1	R
KLOR-CON ORAL PACKET 25 MEQ	3		R
KLOR-CON ORAL TABLET EXTENDEDRELEASE* ( <i>Potassium Chloride ER</i> ) 8 MEQ	1	1	R
KLOR-CON/EF ORAL TABLET EFFERVESCENT ( <i>K-Effervescent</i> ) 25 MEQ	1	1	R
K-SOL ORAL SOLUTION ( <i>Potassium Chloride</i> ) 20 MEQ/15ML (10%)	1	1	R
K-SOL ORAL SOLUTION 40 MEQ/15ML (20%)	1		R
K-TAB ORAL TABLET EXTENDEDRELEASE* 10 MEQ	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
K-TAB ORAL TABLET EXTENDEDRELEASE* ( <i>Potassium Chloride ER</i> ) 20 MEQ	3	1	R

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Drug Name	Brand	Generic	Additional Information
<b>K-TAB ORAL TABLET EXTENDED RELEASE*</b> ( <i>Potassium Chloride ER</i> ) <b>8 MEQ</b>	1	1	R
<i>k-vescent oral tablet effervescent 25 meq</i>		1	R
<b>MICRO-K ORAL CAPSULE EXTENDED RELEASE* 10 MEQ</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>potassium chloride er oral capsule extended release* 10 meq, 8 meq</i>		1	R
<b>*Mixed Allergenic Extracts***</b>			
<b>*Mixed Allergenic Extracts***</b>			
<b>ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR</b>	3		PA; R
<b>*Mouth/Throat/Dental Agents*</b>			
<b>*Anesthetics Topical Oral***</b>			
<i>lidocaine viscous mouth/throat solution 2 %</i>		1	R
<b>*Anti-Infectives - Throat***</b>			
<i>amphotericin b powder</i>		3	R
<i>clotrimazole mouth/throat lozenge 10 mg</i>		1	R
<i>clotrimazole mouth/throat troche 10 mg</i>		1	R
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		1	R
<b>ORAVIG BUCCAL TABLET 50 MG</b>	3		R&M; F; QL (14 EA per 1 Copay); AG (Min 16 Years)
<b>*Antiseptics - Mouth/Throat***</b>			
<b>PAROEX MOUTH/THROAT SOLUTION</b> ( <i>Chlorhexidine Gluconate</i> ) <b>0.12 %</b>	1	1	R
<b>PERIDEX MOUTH/THROAT SOLUTION 0.12 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>PERIOGARD MOUTH/THROAT SOLUTION</b> ( <i>Chlorhexidine Gluconate</i> ) <b>0.12 %</b>	1	1	R
<b>*Dental Products - Combinations***</b>			
<b>FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %</b>	1		R
<b>PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Fluoride Dental Products***</b>			
<b>ACT ANTICAVITY FLUORIDE RINSE MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>ACT RESTORING FLUORIDE RINSE MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>ACT TOTAL CARE MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>CAVAREST DENTAL GEL (SF) 1.1 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>CAVIRINSE MOUTH/THROAT SOLUTION (Neutral Sodium Fluoride) 0.2 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>CLINPRO 5000 DENTAL PASTE 1.1 %</b>	1		R&M; \$0; AG (Max 6 Years)
<b>CONTROLRX DENTAL CREAM 1.1 %</b>	1		R&M; AG (Max 6 Years)
<b>CONTROLRX DENTAL PASTE 1.1 %</b>	1		R&M; \$0; AG (Max 6 Years)
<b>DENTA 5000 PLUS DENTAL CREAM (SF 5000 Plus) 1.1 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>DENTAGEL DENTAL GEL (SF) 1.1 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<i>dentall 1100 plus dental cream 1.1 %</i>		1	R&M; \$0; AG (Max 6 Years)
<b>FLUORIDEX DAILY DEFENSE DENTAL GEL (SF) 1.1 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>FLUORIDEX ENHANCED WHITENING DENTAL GEL (SF) 1.1 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>FLUORIGARD MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>KARIGEL DENTAL GEL (SF) 1.1 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>KARIGEL-N DENTAL GEL (SF) 1.1 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 %</b>	3		R&M; \$0; AG (Max 6 Years)
<b>NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED 0.2 %</b>	3		R&M; \$0; AG (Max 6 Years)
<b>NEUTRAGARD ADVANCED DENTAL GEL (SF) 1.1 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>PHOS-FLUR DENTAL GEL (SF) 1.1 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>PREVIDENT 5000 BOOSTER DENTAL PASTE 1.1 %</b>	3		R&M; \$0; AG (Max 6 Years)

Drug Name	Brand	Generic	Additional Information
<b>PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %</b>	3		R&M; \$0; AG (Max 6 Years)
<b>PREVIDENT 5000 DRY MOUTH DENTAL GEL (SF) 1.1 %</b>	3	1	R&M; \$0; AG (Max 6 Years)
<b>PREVIDENT 5000 PLUS DENTAL CREAM (SF 5000 Plus) 1.1 %</b>	3	1	R&M; \$0; AG (Max 6 Years)
<b>PREVIDENT DENTAL GEL (SF) 1.1 %</b>	3	1	R&M; \$0; AG (Max 6 Years)
<b>PREVIDENT MOUTH/THROAT SOLUTION (Neutral Sodium Fluoride) 0.2 %</b>	3	1	R&M; \$0; AG (Max 6 Years)
<i>sm anticavity fluoride rinse mouth/throat solution 0.05 %</i>		1	R&M; \$0; AG (Max 6 Years)
<b>THERA-FLUR-N DENTAL GEL (SF) 1.1 %</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>*Periodontal Anti-Infectives***</b>			
<b>ARESTIN DENTAL 1 MG</b>	3		PA; R
<b>*Saliva Stimulants***</b>			
<i>cevimeline hcl oral capsule 30 mg</i>		1	R&M; QL (3 EA per 1 day)
<b>EVOXAC ORAL CAPSULE 30 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>		1	R
<b>*Steroids - Mouth/Throat***</b>			
<b>ORALONE MOUTH/THROAT PASTE (Triamcinolone Acetonide) 0.1 %</b>	1	1	R
<b>*Multivitamins*</b>			
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>			
<b>CITRANATAL B-CALM ORAL 20-1 &amp; 25 (2) MG</b>	3		R&M; F
<b>CITRANATAL RX ORAL TABLET 27-1 MG</b>	3		R&M; F
<b>CLINICAL NUTRIENTS PRENATAL ORAL TABLET 7.5-0.2 MG</b>	3		R
<i>c-nate dha oral capsule 28-1-200 mg</i>		3	R&M; F
<i>completenate oral tablet chewable 29-1 mg</i>		3	R&M; F
<b>CO-NATAL FA ORAL TABLET (Prenatabs FA)</b>	3	3	R&M; F
<b>CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG</b>	3		R&M; F
<b>DUET DHA BALANCED ORAL 25-1 &amp; 267 MG</b>	3		R&M; F
<b>ELITE-OB ORAL TABLET 50-1.25 MG</b>	3		R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ENBRACE HR ORAL CAPSULE</b>	3		R
<b>FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG</b>	3		R&M; F
<i>hemenatal ob oral tablet 28-6-1 mg</i>		3	R&M; F
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>		3	R
<b>M-VIT ORAL TABLET (Prenatal Plus/Iron)</b>	3	3	R&M; F
<b>MYNATAL ORAL CAPSULE</b>	3		R
<i>mynatal plus oral tablet</i>		3	R
<b>NATALVIT ORAL TABLET</b>	3		R
<b>NATELLE ONE ORAL CAPSULE 28-1-250 MG</b>	3		R&M; F
<b>NEEVO DHA ORAL CAPSULE 27-1.13 MG</b>	3		R&M; F
<b>NESTABS DHA ORAL 32-1 MG</b>	3		R&M; F
<b>NIVA-PLUS ORAL TABLET (Prenatal Plus/Iron) 27-1 MG</b>	3	3	R&M; F
<b>OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG</b>	3		R&M; F
<b>OB COMPLETE ORAL TABLET 50-1.25 MG</b>	3		R
<b>OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG</b>	3		R&M; F
<b>OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG</b>	3		R
<b>OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG</b>	3		R
<b>O-CAL FA ORAL TABLET (Prenatal Plus/Iron) 27-1 MG</b>	3	3	R&M; F
<b>O-CAL PRENATAL ORAL TABLET</b>	3		R
<i>pnv folic acid + iron oral tablet 27-1 mg</i>		3	R&M; F
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>		3	R&M; F
<i>pnv tabs 29-1 oral tablet 29-1 mg</i>		3	R&M; F
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>		3	R&M; F
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>		3	R&M; F
<b>PREFERA OB ORAL TABLET 34-1 MG</b>	3		R&M; F
<b>PRENATA ORAL TABLET CHEWABLE 29-1 MG</b>	3		R&M; F
<b>PRENATABS RX ORAL TABLET (Vol-Tab Rx) 29-1 MG</b>	3	3	R&M; F

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>prenatal 19 oral tablet</i>		3	R&M; F
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>		3	R&M; F
<i>prenatal formula oral tablet 27-1 mg</i>		3	R&M; F
<i>prenatal low iron oral tablet 27-1 mg</i>		3	R&M; F
<i>prenatal oral tablet 27-1 mg</i>		3	R&M; F
<i>prenatal plus iron oral tablet 29-1 mg</i>		3	R&M; F
<i>prenatal plus oral tablet 27-1 mg</i>		3	R&M; F
<b>PRENATAL/FOLIC ACID ORAL TABLET (Prenatal Plus/Iron)</b>	3	3	R&M; F
<b>PRENATAL-U ORAL CAPSULE 106.5-1 MG</b>	3		R&M; F
<b>PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG</b>	3		R
<b>PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG</b>	3		R&M; F
<b>PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG</b>	3		R&M; F
<b>PRENATE STAR ORAL TABLET 20-1 MG</b>	3		R
<i>preplus oral tablet 27-1 mg</i>		3	R&M; F
<i>pretab oral tablet 29-1 mg</i>		3	R&M; F
<b>SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG</b>	3		R
<i>se-natal 19 oral tablet 29-1 mg</i>		3	R&M; F
<i>se-natal 19 oral tablet chewable 29-1 mg</i>		3	R&M; F
<b>TARON-C DHA ORAL CAPSULE 53.5-38-1 MG</b>	3		R&M; F
<b>THERANATAL CORE NUTRITION ORAL TABLET (Prenatal Plus/Iron) 27-1 MG</b>	3	3	R&M; F
<i>thrivite rx oral tablet 29-1 mg</i>		3	R&M; F
<i>tl folate oral tablet 27-0.5-0.5 mg</i>		3	R&M; F
<b>TRICARE ORAL TABLET (Prenatal Plus/Iron)</b>	3	3	R&M; F
<b>TRICARE PRENATAL 1 ORAL TABLET CHEWABLE 4.5-1 MG</b>	3		R
<b>TRICARE PRENATAL COMPLEAT ORAL 27-1 MG</b>	3		R&M; F
<b>TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG</b>	3		R&M; F
<i>trinatal gt oral tablet 90-1 mg</i>		3	R&M; F

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>TRINATE ORAL TABLET</b> ( <i>Vol-Nate</i> )	3	3	R&M; F
<i>ultimatecare one oral capsule 27-1 mg</i>		3	R&M; F
<b>VINATE CALCIUM ORAL TABLET 27-1 MG</b>	3		R
<b>VINATE ONE ORAL TABLET</b> ( <i>Trinatal Rx 1</i> ) <b>60-1 MG</b>	3	3	R&M; F
<i>virt nate oral tablet 28-1 mg</i>		3	R&M; F
<i>virt-nate dha oral capsule 28-1-200 mg</i>		3	R&M; F
<b>VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG</b>	3		R
<b>VITAFOL-OB ORAL TABLET</b> ( <i>Mynatal-Z</i> )	3	3	R
<b>VITAPEARL ORAL CAPSULE EXTENDED RELEASE*</b> ( <i>Prenal Pearl</i> ) <b>30-1.4-200 MG</b>	3	3	R&M; F
<b>VIVA DHA ORAL CAPSULE</b> ( <i>Relnate DHA</i> ) <b>28-1-200 MG</b>	3	3	R&M; F
<i>vol-plus oral tablet 27-1 mg</i>		3	R&M; F
<i>vp-heme ob oral tablet 28-6-1 mg</i>		3	R&M; F
<i>vp-pnv-dha oral capsule 28-1-215.8 mg</i>		3	R&M; F
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Ca-Omega 3 Fish Oil***</b>			
<i>complete natal dha oral 29-1-200 &amp; 250 mg</i>		3	R
<b>PR NATAL 430 EC ORAL 29-1-200 &amp; 430 MG (DR)</b>	3		R
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Dha***</b>			
<b>CITRANATAL 90 DHA ORAL</b> ( <i>Prenaissance 90 DHA</i> ) <b>90-1 &amp; 300 MG</b>	3	3	R&M; F
<b>CITRANATAL ASSURE ORAL</b> ( <i>Prenaissance Promise</i> ) <b>35-1 &amp; 300 MG</b>	3	3	R&M; F
<b>CITRANATAL DHA ORAL</b> ( <i>PNV OB+DHA</i> ) <b>27-1 &amp; 250 MG</b>	3	3	R&M; F
<b>CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG</b>	3		R
<b>CITRANATAL HARMONY ORAL CAPSULE</b> ( <i>Infanate Balance</i> ) <b>29-1-265 MG</b>	3	3	R
<b>FOCALGIN 90 DHA ORAL</b> ( <i>Prenaissance 90 DHA</i> ) <b>90-1 &amp; 300 MG</b>	3	3	R&M; F
<b>FOCALGIN CA ORAL</b> ( <i>Prenaissance Promise</i> ) <b>35-1 &amp; 300 MG</b>	3	3	R&M; F
<i>folcal dha oral capsule 27-1.25-300 mg</i>		3	R&M; F

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>FOLIVANE-PRX DHA NF ORAL CAPSULE 30-1.24-265 MG</b>	3		R
<b>GESTICARE DHA ORAL 27-1 &amp; 250 MG</b>	3		R
<b>NATALVIRT 90 DHA ORAL (Prenaisance 90 DHA) 90-1 &amp; 300 MG</b>	3	3	R&M; F
<b>NATALVIRT CA ORAL (Prenaisance Promise) 35-1 &amp; 300 MG</b>	3	3	R&M; F
<b>NEXA PLUS ORAL CAPSULE 29-1.25-350 MG</b>	3		R
<b>OB COMPLETE GOLD ORAL CAPSULE 27.5-1-200 MG</b>	3		R
<b>OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG</b>	3		R&M; F
<b>PREFERAOB ONE ORAL CAPSULE (VP-HEME One) 22-6-1-200 MG</b>	3	3	R
<i>prena 1 true oral 30-1.4 &amp; 300 mg</i>		3	R
<i>prenaisance balance oral capsule 30-1-260 mg</i>		3	R
<i>prenaisance dha oral 27-1 &amp; 250 mg</i>		3	R&M; F
<i>prenaisance oral capsule 29-1.25-325 mg</i>		3	R&M; F
<b>PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG</b>	3		R&M; F
<b>PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG</b>	3		R&M; F
<b>PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG</b>	3		R
<b>PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG</b>	3		R&M; F
<b>PRENEXA ORAL CAPSULE (PNV-DHA+Docusate) 27-1.25-300 MG</b>	3	3	R&M; F
<b>PROVIDA DHA ORAL CAPSULE 16-16-1.25-110 MG</b>	3		R
<i>rulavite dha oral capsule 27-0.6-0.4-300 mg</i>		3	R&M; F
<b>SELECT-OB+DHA ORAL (Choice-OB+DHA) 29-1 &amp; 250 MG</b>	3	3	R
<b>TRICARE PRENATAL ORAL 4.5-1 &amp; 150 MG</b>	3		R
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>		3	R
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>		3	R&M; F
<i>virt-select oral capsule 29-1.25-325 mg</i>		3	R&M; F
<b>VITAFOL FE+ ORAL 90-1-200 &amp; 50 MG</b>	3		R

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Drug Name	Brand	Generic	Additional Information
<b>VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG</b>	3		R
<b>VITAFOL-OB+DHA ORAL (PNV-OB/DHA) 65-1 &amp; 250 MG</b>	3	3	R
<b>VITAFOL-ONE ORAL CAPSULE (PNV-First) 29-1-200 MG</b>	3	3	R
<b>VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE (Prenal/Quatrefolic) 30-0.6-0.4-200 MG</b>	3	3	R&M; F
<b>VITAMEDMD PLUS RX/QUATREFOLIC ORAL (Prenal Plus/Quatrefolic) 30-0.6-0.4 &amp;300 MG</b>	3	3	R&M; F
<b>VITATRUE ORAL 30-1.4 &amp; 300 MG</b>	3		R&M; F
<i>vp-ch-pnv oral capsule 30-1-260 mg</i>		3	R
<b>ZATEAN-PN DHA ORAL CAPSULE (PNV-DHA) 27-0.6-0.4-300 MG</b>	3	3	R&M; F
<b>*Prenatal Mv &amp; Minerals W/Fa***</b>			
<b>PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG</b>	3		R&M; F
<b>*Prenatal Vitamins***</b>			
<b>B-NEXA ORAL TABLET 1.22 MG</b>	3		R
<i>bp folinatal plus b oral tablet 1 mg</i>		3	R
<b>PRENATE AM ORAL TABLET 1 MG</b>	3		R&M; F
<b>VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (Prenal/Quatrefolic) 0.6-0.4 MG</b>	3	3	R&M; F
<b>*Musculoskeletal Therapy Agents*</b>			
<b>*Central Muscle Relaxants***</b>			
<b>AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Max 18 Years)
<b>AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>baclofen oral tablet 10 mg, 20 mg</i>		1	R
<i>carisoprodol oral tablet 350 mg</i>		1	R
<i>chlorzoxazone oral tablet 500 mg</i>		1	R
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>		1	R
<b>FLEXERIL ORAL TABLET 10 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>LORZONE ORAL TABLET 375 MG, 750 MG</b>	3		R
<i>metaxalone oral tablet 800 mg</i>		1	R&M; QL (4 EA per 1 Days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		1	R
<i>orphenadrine citrate er oral tablet extended release 12 hr* 100 mg</i>		1	R
<b>ROBAXIN ORAL TABLET 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ROBAXIN-750 ORAL TABLET 750 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SKELAXIN ORAL TABLET 800 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 Days)
<b>SOMA ORAL TABLET (<i>Carisoprodol</i>) 250 MG</b>	3	3	R
<b>SOMA ORAL TABLET 350 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>tizanidine hcl oral capsule 2 mg</i>		3	R&M; QL (18 EA per 1 Days)
<i>tizanidine hcl oral capsule 4 mg</i>		3	R&M; QL (9 EA per 1 Days)
<i>tizanidine hcl oral capsule 6 mg</i>		3	R&M; QL (6 EA per 1 Days)
<i>tizanidine hcl oral tablet 2 mg</i>		1	R&M; QL (18 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>		1	R&M; QL (9 EA per 1 Days)
<b>ZANAFLEX ORAL CAPSULE 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (18 EA per 1 Days)
<b>ZANAFLEX ORAL CAPSULE 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Days)
<b>ZANAFLEX ORAL CAPSULE 6 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 Days)
<b>ZANAFLEX ORAL TABLET 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Days)
<b>*Direct Muscle Relaxants***</b>			
<b>DANTRIUM ORAL CAPSULE (<i>Dantrolene Sodium</i>) 25 MG, 50 MG</b>	3	2	R
<i>dantrolene sodium oral capsule 100 mg</i>		2	R
<b>*Muscle Relaxant Combinations***</b>			
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>carisoprodol-aspirin-codeine oral tablet</i> 200-325-16 mg		1	R
<i>orphenadrine-aspirin-caffeine oral tablet</i> 25-385-30 mg		3	R
<b>*Nasal Agents - Systemic And Topical*</b>			
<b>*Antihistamine-Steroid***</b>			
<b>DYMISTA NASAL SUSPENSION 137-50 MCG/ACT</b>	3		R&M; QL (1 EA per 30 days); AG (Min 12 Years)
<b>*Nasal Antibiotics***</b>			
<b>BACTROBAN NASAL NASAL OINTMENT 2 %</b>	2		R
<b>*Nasal Anticholinergics***</b>			
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>		1	R
<b>*Nasal Antihistamines***</b>			
<b>ASTEPRO NASAL SOLUTION 0.15 %</b>	2		R&M; Note 1 (Tier 2 copay + cost differential applies)
<i>azelastine hcl nasal solution 0.1 %</i>		3	R
<i>olopatadine hcl nasal solution 0.6 %</i>		3	R&M; QL (30.5 GM per 30 days); AG (Min 6 Years)
<b>PATANASE NASAL SOLUTION 0.6 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (30.5 GM per 30 days); AG (Min 6 Years)
<b>*Nasal Steroids***</b>			
<b>BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY</b>	3		R
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>		1	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>NASONEX NASAL SUSPENSION ( Mometasone Furoate ) 50 MCG/ACT</b>	3	3	R
<b>OMNARIS NASAL SUSPENSION 50 MCG/ACT</b>	3		R&M; QL (1 EA per 30 days); AG (Max 6 Years)
<b>QNASL CHILDRENS NASAL AEROSOL, SOLUTION 40 MCG/ACT</b>	3		R
<b>QNASL NASAL AEROSOL, SOLUTION 80 MCG/ACT</b>	3		R&M; QL (1 EA per 30 days); AG (Min 12 Years)
<b>VERAMYST NASAL SUSPENSION 27.5 MCG/SPRAY</b>	3		R&M; Note 1 (1 bottle per 30 days); QL (10 GM per 30 days)

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Drug Name	Brand	Generic	Additional Information
ZETONNA NASAL AEROSOL, SOLUTION 37 MCG/ACT	3		R&M; QL (1 EA per 30 days); AG (Min 12 Years)
<b>*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***</b>			
<b>*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***</b>			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3		PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Neurogenic Orthostatic Hypotension (Noh) - Agents***</b>			
<b>*Neurogenic Orthostatic Hypotension (Noh) - Agents***</b>			
NORTHERA ORAL CAPSULE 100 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day); AG (Min 18 Years)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (6 EA per 1 day); AG (Min 18 Years)
<b>*Neuromuscular Agents*</b>			
<b>*Benzathiazoles***</b>			
RILUTEK ORAL TABLET 50 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>riluzole oral tablet 50 mg</i>		1	R
<b>*Neuromuscular Blocking Agent - Neurotoxins***</b>			
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
DYSPORT INTRAMUSCULAR* SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MYOBLOC INTRAMUSCULAR* SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<b>XEOMIN INTRAMUSCULAR* SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Ophthalmic Agents*</b>			
<b>*Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb***</b>			
<b>SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %</b>	3		R
<b>*Artificial Tear Inserts***</b>			
<b>LACRISERT OPHTHALMIC INSERT 5 MG</b>	3		R
<b>*Beta-Blockers - Ophthalmic Combinations***</b>			
<b>COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %</b>	2		R
<b>COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML</b>	3		R
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>		1	R
<b>*Beta-Blockers - Ophthalmic***</b>			
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		1	R
<b>BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %</b>	3		R
<b>BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %</b>	3		R
<i>carteolol hcl ophthalmic solution 1 %</i>		1	R
<b>ISTALOL OPHTHALMIC SOLUTION 0.5 %</b>	3		R
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		1	R
<b>OPTIPRANOLOL OPHTHALMIC SOLUTION 0.3 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		1	R
<b>TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %</b>	3		R
<b>TIMOPTIC OPHTHALMIC SOLUTION (Timolol Maleate) 0.25 %, 0.5 %</b>	3	1	R

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Drug Name	Brand	Generic	Additional Information
<b>*Cycloplegic Mydriatics***</b>			
<i>atropine sulfate ophthalmic solution 1 %</i>		1	R
<i>atropine-care ophthalmic solution 1 %</i>		1	R
<b>CYCLOGYL OPHTHALMIC SOLUTION</b> <i>( Cyclopentolate HCl) 0.5 %</i>	3	2	R
<b>CYCLOGYL OPHTHALMIC SOLUTION</b> <i>( Cyclopentolate HCl) 1 %, 2 %</i>	3	1	R
<i>homatropine hbr ophthalmic solution 5 %</i>		1	R
<b>ISOPTO HOMATROPINE OPHTHALMIC SOLUTION 2 %</b>	3		R
<b>ISOPTO HYOSCINE OPHTHALMIC SOLUTION 0.25 %</b>	3		R
<b>*Miotics - Cholinesterase Inhibitors***</b>			
<b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %</b>	3		R
<b>*Miotics - Direct Acting***</b>			
<b>ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		1	R
<b>*Ophthalmic Antiallergic***</b>			
<b>ALOMIDE OPHTHALMIC SOLUTION 0.1 %</b>	3		R
<i>azelastine hcl ophthalmic solution 0.05 %</i>		1	R&M; QL (1 EA per 30 days)
<b>BEPREVE OPHTHALMIC SOLUTION 1.5 %</b>	3		R
<i>cromolyn sodium ophthalmic solution 4 %</i>		1	R
<b>ELESTAT OPHTHALMIC SOLUTION 0.05 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>EMADINE OPHTHALMIC SOLUTION 0.05 %</b>	3		R
<i>epinastine hcl ophthalmic solution 0.05 %</i>		2	R
<b>LASTACFT OPHTHALMIC SOLUTION 0.25 %</b>	3		R&M; QL (1 EA per 30 days); AG (Min 2 Years)
<b>OPTIVAR OPHTHALMIC SOLUTION 0.05 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 30 days)
<b>PATADAY OPHTHALMIC SOLUTION 0.2 %</b>	3		R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>PATANOL OPHTHALMIC SOLUTION 0.1 %</b>	3		R&M; QL (3 EA per 30 days)
<b>PAZEO OPHTHALMIC SOLUTION 0.7 %</b>	3		R&M; QL (2.5 ML per 1 Copay)
<b>*Ophthalmic Antibiotics***</b>			
<b>AZASITE OPHTHALMIC SOLUTION 1 %</b>	3		R
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		3	R
<b>BESIVANCE OPHTHALMIC SUSPENSION 0.6 %</b>	3		R
<b>CILOXAN OPHTHALMIC OINTMENT 0.3 %</b>	3		R
<b>CILOXAN OPHTHALMIC SOLUTION 0.3 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		1	R
<b>GARAMYCIN OPHTHALMIC SOLUTION 0.3 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>gatifloxacin ophthalmic solution 0.5 %</i>		1	R
<b>GENTAK OPHTHALMIC OINTMENT (Gentamicin Sulfate) 0.3 %</b>	1	1	R
<b>ILOTYCIN OPHTHALMIC OINTMENT (Erythromycin) 5 MG/GM</b>	1	1	R
<i>levofloxacin ophthalmic solution 0.5 %</i>		1	R
<b>MOXEZA OPHTHALMIC SOLUTION 0.5 %</b>	3		R
<i>ofloxacin ophthalmic solution 0.3 %</i>		1	R
<i>tobramycin ophthalmic solution 0.3 %</i>		1	R
<b>TOBREX OPHTHALMIC OINTMENT 0.3 %</b>	2		R
<b>VIGAMOX OPHTHALMIC SOLUTION 0.5 %</b>	3		R
<b>ZYMAXID OPHTHALMIC SOLUTION 0.5 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Ophthalmic Anti-Infective Combinations***</b>			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		1	R
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		1	R

Drug Name	Brand	Generic	Additional Information
<b>NEO-POLYCIN OPHTHALMIC OINTMENT</b> ( <i>Neomycin-Bacitracin Zn-Polymyx</i> ) <b>3.5-400-10000</b>	1	1	R
<b>POLYCIN OPHTHALMIC OINTMENT</b> ( <i>AK-Poly-Bac</i> ) <b>500-10000 UNIT/GM</b>	1	1	R
<b>POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Ophthalmic Antivirals***</b>			
<i>trifluridine ophthalmic solution 1 %</i>		1	R
<b>ZIRGAN OPHTHALMIC GEL 0.15 %</b>	3		R
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>			
<b>AZOPT OPHTHALMIC SUSPENSION 1 %</b>	3		R&M; QL (10 ML per 30 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>		1	R
<b>*Ophthalmic Decongestants***</b>			
<i>naphazoline hcl ophthalmic solution 0.1 %</i>		3	R
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>		1	R
<b>*Ophthalmic Immunomodulators***</b>			
<b>RESTASIS OPHTHALMIC EMULSION 0.05 %</b>	2		R&M; QL (2 EA per 1 day)
<b>*Ophthalmic Local Anesthetics***</b>			
<i>proparacaine hcl ophthalmic solution 0.5 %</i>		1	R
<i>tetracaine hcl ophthalmic solution 0.5 %</i>		1	R
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>			
<b>ACULAR LS OPHTHALMIC SOLUTION 0.4 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ACULAR OPHTHALMIC SOLUTION 0.5 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ACUVAIL OPHTHALMIC SOLUTION 0.45 %</b>	3		R
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>		2	R
<i>bromfenac sodium ophthalmic solution 0.09 %</i>		2	R&M; QL (17 ML per 1 day); AG (Min 18 Years)
<b>BROMSITE OPHTHALMIC SOLUTION 0.075 %</b>	3		R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		1	R
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		1	R
<b>ILEVRO OPHTHALMIC SUSPENSION 0.3 %</b>	3		R
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>		1	R
<b>NEVANAC OPHTHALMIC SUSPENSION 0.1 %</b>	3		R&M; QL (3 ML per 30 days); AG (Min 10 Years)
<b>PROLENSA OPHTHALMIC SOLUTION 0.07 %</b>	3		R
<b>*Ophthalmic Photodynamic Therapy Agents***</b>			
<b>VISUDYNE INTRAVENOUS* SOLUTION RECONSTITUTED 15 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>			
<b>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</b>	2		R
<b>ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>		1	R
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>		1	R
<b>*Ophthalmic Steroid Combinations***</b>			
<b>BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %</b>	3		R
<b>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %</b>	3		R
<b>MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>		1	R
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		1	R
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		3	R



Drug Name	Brand	Generic	Additional Information
<b>NEO-POLYCIN HC OPHTHALMIC OINTMENT</b> <i>(Bacitra-Neomycin-Polymyxin-HC) 1 %</i>	1	1	R
<b>PRED-G OPHTHALMIC SUSPENSION 0.3-1 %</b>	3		R
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		1	R
<b>TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %</b>	3		R
<b>TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %</b>	3		R
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>		1	R
<b>ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %</b>	3		R&M; QL (20 ML per 30 days)
<b>*Ophthalmic Steroids***</b>			
<b>ALREX OPHTHALMIC SUSPENSION 0.2 %</b>	3		R
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		3	R
<b>DUREZOL OPHTHALMIC EMULSION 0.05 %</b>	3		R
<b>FLAREX OPHTHALMIC SUSPENSION 0.1 %</b>	3		R
<i>fluorometholone ophthalmic suspension 0.1 %</i>		1	R
<b>FML FORTE OPHTHALMIC SUSPENSION 0.25 %</b>	3		R
<b>FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>FML OPHTHALMIC OINTMENT 0.1 %</b>	3		R
<b>LOTEMAX OPHTHALMIC GEL 0.5 %</b>	3		R
<b>LOTEMAX OPHTHALMIC OINTMENT 0.5 %</b>	3		R
<b>LOTEMAX OPHTHALMIC SUSPENSION 0.5 %</b>	3		R
<b>MAXIDEX OPHTHALMIC SUSPENSION 0.1 %</b>	3		R
<b>OMNIPRED OPHTHALMIC SUSPENSION 1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>PRED FORTE OPHTHALMIC SUSPENSION 1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>PRED MILD OPHTHALMIC SUSPENSION 0.12 %</b>	2		R
<i>prednisolone acetate ophthalmic suspension 1 %</i>		1	R
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		3	R
<b>VEXOL OPHTHALMIC SUSPENSION 1 %</b>	3		R
<b>*Ophthalmic Sulfonamides***</b>			
<b>BLEPH-10 OPHTHALMIC SOLUTION 10 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		3	R
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		1	R
<b>*Ophthalmics - Cystinosis Agents**</b>			
<b>CYSTARAN OPHTHALMIC SOLUTION 0.44 %</b>	3		PA; R
<b>*Prostaglandins - Ophthalmic***</b>			
<i>bimatoprost ophthalmic solution 0.03 %</i>		2	R&M; QL (5 ML per 30 days)
<i>latanoprost ophthalmic solution 0.005 %</i>		1	R
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	2		R
<b>RESCULA OPHTHALMIC SOLUTION 0.15 %</b>	3		R&M; QL (5 ML per 30 days)
<b>TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %</b>	2		R
<i>travoprost ophthalmic solution 0.004 %</i>		3	R
<b>XALATAN OPHTHALMIC SOLUTION 0.005 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %</b>	3		R
<b>*Vascular Endothelial Growth Factor (Vegf) Antagonists***</b>			
<b>EYLEA INTRAOCULAR SOLUTION 2 MG/0.05ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LUCENTIS INTRAOCULAR SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
MACUGEN INTRAOCULAR SOLUTION 0.3 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Orexin Receptor Antagonists***</b>			
<b>*Orexin Receptor Antagonists***</b>			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3		R
<b>*Otic Agents*</b>			
<b>*Otic Agents - Miscellaneous***</b>			
<i>acetic acid otic solution 2 %</i>		1	R
<i>acetic acid-aluminum acetate otic solution 2 %</i>		3	R
<b>*Otic Anti-Infectives***</b>			
<i>ciprofloxacin hcl otic solution 0.2 %</i>		3	R
<i>ofloxacin otic solution 0.3 %</i>		1	R
<b>*Otic Steroid-Anti-Infective Combinations***</b>			
CIPRO HC OTIC SUSPENSION 0.2-1 %	3		R
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	2		R&M; QL (7.5 ML per 30 days)
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	3		R
CORTISPORIN OTIC SOLUTION 3.5-10000-1	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	3		R
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		1	R
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		1	R
OTOVEL OTIC SOLUTION 0.3-0.025 %	3		R
<b>*Otic Steroids***</b>			
ACETASOL HC OTIC SOLUTION (Hydrocortisone-Acetic Acid) 2-1 %	1	1	R
DERMOTIC OTIC OIL 0.01 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (40 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>		1	R&M; QL (40 ML per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>*Oxaborole-Related Antifungals - Topical***</b>			
<b>*Oxaborole-Related Antifungals - Topical***</b>			
KERYDIN EXTERNAL SOLUTION 5 %	3		PA; R
<b>*Oxytocics*</b>			
<b>*Oxytocics***</b>			
<i>methylergonovine maleate oral tablet 0.2 mg</i>		1	R
<b>*Passive Immunizing Agents - Combinations***</b>			
<b>*Passive Immunizing Agents - Combinations***</b>			
HYQVIA SUBCUTANEOUS* KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Passive Immunizing Agents*</b>			
<b>*Antiviral Monoclonal Antibodies***</b>			
SYNAGIS INTRAMUSCULAR* SOLUTION 100 MG/ML, 50 MG/0.5ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Immune Serums***</b>			
BIVIGAM INTRAVENOUS* SOLUTION 10 GM/100ML, 5 GM/50ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CARIMUNE NF INTRAVENOUS* SOLUTION RECONSTITUTED 12 GM, 6 GM	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CUVITRU SUBCUTANEOUS* SOLUTION 4 GM/20ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
CYTOGAM INTRAVENOUS* INJECTABLE 50 MG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
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	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>GAMASTAN S/D INTRAMUSCULAR* INJECTABLE</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GAMMAGARD S/D LESS IGA INTRAVENOUS* SOLUTION RECONSTITUTED 10 GM, 5 GM</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GAMMAPLEX INTRAVENOUS* SOLUTION 10 GM/200ML, 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>HIZENTRA SUBCUTANEOUS* SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>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</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PRIVIGEN INTRAVENOUS* SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Pcsk9 Inhibitors***</b>			
<b>*Pcsk9 Inhibitors***</b>			
<b>PRALUENT SUBCUTANEOUS* 150 MG/ML, 75 MG/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.08 ML per 1 day); AG (Min 18 Years)
<b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS* 420 MG/3.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.13 ML per 1 day); AG (Min 13 Years)

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Drug Name	Brand	Generic	Additional Information
<b>REPATHA SUBCUTANEOUS* 140 MG/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.08 ML per 1 day); AG (Min 13 Years)
<b>REPATHA SURECLICK SUBCUTANEOUS* 140 MG/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.08 ML per 1 day); AG (Min 13 Years)
<b>*Penicillins*</b>			
<b>*Aminopenicillins***</b>			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		1	R
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		1	R
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		1	R
<i>amoxicillin oral tablet chewable 125 mg</i>		3	R
<i>amoxicillin oral tablet chewable 250 mg</i>		1	R
<i>ampicillin oral capsule 250 mg, 500 mg</i>		1	R
<b>MOXATAG ORAL TABLET EXTENDED RELEASE 24 HR* 775 MG</b>	3		R
<b>*Natural Penicillins***</b>			
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		1	R
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		1	R
<b>*Penicillin Combinations***</b>			
<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	R
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>		1	R
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		3	R
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</b>	3		R
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>AUGMENTIN ORAL TABLET (Amoxicillin-Pot Clavulanate) 500-125 MG, 875-125 MG</b>	3	1	R

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Drug Name	Brand	Generic	Additional Information
<b>*Penicillinase-Resistant Penicillins***</b>			
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		1	R
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>			
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>			
ZYDELIG ORAL TABLET 100 MG, 150 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
OTEZLA ORAL 10 & 20 & 30 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Year); AG (Min 18 Years)
OTEZLA ORAL TABLET 30 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**</b>			
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**</b>			
LYNPARZA ORAL CAPSULE 50 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Potassium Removing Agents***</b>			
<b>*Potassium Removing Agents***</b>			
KAYEXALATE ORAL POWDER	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
KIONEX ORAL POWDER ( <i>Sodium Polystyrene Sulfonate</i> )	1	1	R
KIONEX ORAL SUSPENSION ( <i>Sodium Polystyrene Sulfonate</i> ) 15 GM/60ML	1	1	R

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Drug Name	Brand	Generic	Additional Information
<b>SPS ORAL SUSPENSION</b> ( <i>Sodium Polystyrene Sulfonate</i> ) <b>15 GM/60ML</b>	1	1	R
<b>VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM</b>	3		PA; R
<b>*Progestins*</b>			
<b>*Progestins***</b>			
<b>AYGESTIN ORAL TABLET 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
<b>MAKENA INTRAMUSCULAR* OIL 250 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>		1	R
<b>MEGACE ES ORAL SUSPENSION 625 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (5 ML per 1 day)
<i>megestrol acetate oral suspension 625 mg/5ml</i>		1	R&M; QL (5 ML per 1 day)
<i>norethindrone acetate oral tablet 5 mg</i>		1	R&M; F
<i>progesterone intramuscular* oil 50 mg/ml</i>		1	R&M; F
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>		1	R&M; F
<i>progesterone micronized powder</i>		3	R
<b>PROMETRIUM ORAL CAPSULE 100 MG, 200 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
<b>PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists***</b>			
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists***</b>			
<b>ZONTIVITY ORAL TABLET 2.08 MG</b>	2		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>			
<b>*Alcohol Deterrents***</b>			
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		1	R&M; QL (6 EA per 1 day)
<b>ANTABUSE ORAL TABLET 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CAMPRAL ORAL TABLET DELAYED RELEASE 333 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day)
<i>disulfiram oral tablet 250 mg, 500 mg</i>		1	R
<b>*Anti-Cataplectic Agents***</b>			
<b>XYREM ORAL SOLUTION 500 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (540 ML per 30 days); AG (Min 18 Years and Max 65 Years)
<b>*Benzodiazepines &amp; Tricyclic Agents***</b>			
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>		3	R
<b>*Cholinomimetics - Ache Inhibitors***</b>			
<b>ARICEPT ORAL TABLET 10 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>ARICEPT ORAL TABLET 23 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>donepezil hcl oral tablet 23 mg</i>		1	R
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		1	R
<b>EXELON ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>EXELON ORAL SOLUTION 2 MG/ML</b>	2		R
<b>EXELON TRANSDERMAL PATCH 24 HR (Rivastigmine) 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR</b>	2	2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>		1	R&M; QL (3 EA per 1 Days)
<b>RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
<b>RAZADYNE ORAL SOLUTION (Galantamine Hydrobromide) 4 MG/ML</b>	3	3	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>RAZADYNE ORAL TABLET 12 MG, 8 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>RAZADYNE ORAL TABLET 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 Days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		1	R&M; QL (2 EA per 1 day)
<b>*Fibromyalgia Agent - Snris***</b>			
<b>SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG</b>	2		R
<b>SAVELLA TITRATION PACK ORAL 12.5 &amp; 25 &amp; 50 MG</b>	2		R
<b>*Movement Disorder Drug Therapy***</b>			
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>		1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>XENAZINE ORAL TABLET 12.5 MG, 25 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (Tier 3 copay + cost differential applies)
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>			
<b>AUBAGIO ORAL TABLET 14 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>AUBAGIO ORAL TABLET 7 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Multiple Sclerosis Agents - Interferons***</b>			
<b>AVONEX INTRAMUSCULAR* KIT 30 MCG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>AVONEX PEN INTRAMUSCULAR* 30 MCG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>AVONEX PREFILLED INTRAMUSCULAR* 30 MCG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>EXTAVIA SUBCUTANEOUS* KIT 0.3 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS* 63 &amp; 94 MCG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PLEGRIDY SUBCUTANEOUS* 125 MCG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>REBIF REBIDOSE SUBCUTANEOUS* 22 MCG/0.5ML, 44 MCG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS* 6X8.8 &amp; 6X22 MCG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>REBIF SUBCUTANEOUS* 22 MCG/0.5ML, 44 MCG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>REBIF TITRATION PACK SUBCUTANEOUS* 6X8.8 &amp; 6X22 MCG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>			
<b>LEMTRADA INTRAVENOUS* SOLUTION 12 MG/1.2ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TYSABRI INTRAVENOUS* CONCENTRATE 300 MG/15ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ZINBRYTA SUBCUTANEOUS* 150 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>			
<b>TECFIDERA ORAL 120 &amp; 240 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers***</b>			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR* 10 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Multiple Sclerosis Agents***</b>			
COPAXONE SUBCUTANEOUS* 20 MG/ML, 40 MG/ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GLATOPA SUBCUTANEOUS* 20 MG/ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>			
<i>memantine hcl oral solution 2 mg/ml</i>		1	R&M; QL (12 ML per 1 day); AG (Min 12 Years)
NAMENDA ORAL SOLUTION 10 MG/5ML	2		R&M; Note 1 (Tier 2 copay + cost differential applies); QL (12 ML per 1 day); AG (Min 12 Years)
NAMENDA ORAL TABLET ( <i>Memantine HCl</i> ) 10 MG	2	1	R&M; QL (2 EA per 1 day); AG (Min 12 Years)
NAMENDA ORAL TABLET ( <i>Memantine HCl</i> ) 5 MG	2	1	R&M; QL (3 EA per 1 day); AG (Min 12 Years)
NAMENDA TITRATION PAK ORAL TABLET 5 (28)-10 (21) MG	2		R
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	3		R
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG	3		R
<b>*Phenothiazines &amp; Tricyclic Agents***</b>			
<i>perphenazine-amitriptyline oral tablet 2-25 mg</i>		3	R
<b>*Postherpetic Neuralgia (Phn) Agents***</b>			
GRALISE ORAL TABLET 300 MG, 600 MG	3		PA; R&M; QL (3 EA per 1 day); AG (Min 18 Years)
GRALISE STARTER ORAL 300 & 600 MG	3		PA; R&M; QL (1 EA per 1 Lifetime); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
<b>*Premenstrual Dysphoric Disorder (Pmdd) Agents - SsrIs***</b>			
<i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>		3	R&M; F; QL (1 EA per 1 day)
<b>SARAFEM ORAL TABLET (FLUoxetine HCl (PMDD)) 10 MG, 20 MG</b>	3	3	R&M; F; QL (1 EA per 1 day)
<b>*Pseudobulbar Affect Agent Combinations***</b>			
<b>NUEDEXTA ORAL CAPSULE 20-10 MG</b>	3		PA; R
<b>*Psychotherapeutic And Neurological Agents - Misc.***</b>			
<b>ORAP ORAL TABLET 1 MG, 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>pimozide oral tablet 1 mg, 2 mg</i>		2	R
<b>*Restless Leg Syndrome (Rls) Agents***</b>			
<b>HORIZANT ORAL TABLET EXTENDEDRELEASE* 300 MG, 600 MG</b>	3		PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Smoking Deterrents***</b>			
<b>BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HR* (BuPROPion HCl ER (Smoking Det)) 150 MG</b>	1	1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<b>CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG</b>	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 18 Years)
<b>CHANTIX ORAL TABLET 0.5 MG, 1 MG</b>	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 18 Years)
<b>CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 &amp; 1 MG X 42</b>	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 18 Years)
<b>COMMIT MOUTH/THROAT LOZENGE (Nicotine Polacrilex) 2 MG, 4 MG</b>	3	1	R&M; \$0; AG (Min 18 Years)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>cvs nicotine transdermal patch 24 hr 14 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>cvs nts step 1 transdermal patch 24 hr 21 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine mouth/throat lozenge 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine step 3 transdermal patch 24 hr 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eql nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eql nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>hm nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<b>KLS QUIT2 MOUTH/THROAT GUM</b> <i>(Nicotine Polacrilex) 2 MG</i>	1	1	R&M; \$0; AG (Min 18 Years)
<b>KLS QUIT2 MOUTH/THROAT LOZENGE</b> <i>(Nicotine Polacrilex) 2 MG</i>	1	1	R&M; \$0; AG (Min 18 Years)
<b>KLS QUIT4 MOUTH/THROAT GUM</b> <i>(Nicotine Polacrilex) 4 MG</i>	1	1	R&M; \$0; AG (Min 18 Years)
<b>KLS QUIT4 MOUTH/THROAT LOZENGE</b> <i>(Nicotine Polacrilex) 4 MG</i>	1	1	R&M; \$0; AG (Min 18 Years)
<b>NICODERM CQ TRANSDERMAL PATCH 24 HR</b> <i>(Nicotine) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR</i>	1	1	R&M; \$0; AG (Min 18 Years)
<b>NICORELIEF MOUTH/THROAT GUM</b> <i>(Nicotine Polacrilex) 2 MG, 4 MG</i>	1	1	R&M; \$0; AG (Min 18 Years)
<b>NICORETTE MINI MOUTH/THROAT LOZENGE</b> <i>(Nicotine Polacrilex) 2 MG, 4 MG</i>	3	1	R&M; \$0; AG (Min 18 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>NICORETTE MOUTH/THROAT GUM</b> <i>(Nicotine Polacrilex) 2 MG, 4 MG</i>	3	1	R&M; \$0; AG (Min 18 Years)
<b>NICORETTE MOUTH/THROAT LOZENGE</b> <i>(Nicotine Polacrilex) 2 MG, 4 MG</i>	3	1	R&M; \$0; AG (Min 18 Years)
<b>NICORETTE STARTER KIT MOUTH/THROAT GUM</b> <i>(Nicotine Polacrilex) 2 MG, 4 MG</i>	3	1	R&M; \$0; AG (Min 18 Years)
<i>nicotine mini mouth/throat lozenge 2 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine step 1 transdermal patch 24 hr 21 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine step 2 transdermal patch 24 hr 14 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine step 3 transdermal patch 24 hr 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>		3	R&M; \$0; AG (Min 18 Years)
<b>NICOTROL INHALATION INHALER 10 MG</b>	3		R&M; \$0; AG (Min 18 Years)
<b>NICOTROL NS NASAL SOLUTION 10 MG/ML</b>	3		R&M; \$0; AG (Min 18 Years)
<i>px stop smoking aid mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>px stop smoking aid mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>qc nicotine polacrilex mouth/throat gum 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>ra nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sm nicotine mouth/throat gum 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sm nicotine mouth/throat lozenge 2 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>sm nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sr nicotine mouth/throat gum 2 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sw nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>sw nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine step one transdermal patch 24 hr 21 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine step three transdermal patch 24 hr 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine step two transdermal patch 24 hr 14 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<b>THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG, 4 MG</b>	1	1	R&M; \$0; AG (Min 18 Years)
<b>ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR* 150 MG</b>	3		R&M; \$0; QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>			
<b>GILENYA ORAL CAPSULE 0.5 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Thienbenzodiazepines &amp; Ssrís***</b>			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>		1	R&M; QL (3 EA per 1 Days)
<b>SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>SYMBYAX ORAL CAPSULE 6-25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 Days)
<b>*Vasomotor Symptom Agents - Ssrís***</b>			
<b>BRISDELLE ORAL CAPSULE 7.5 MG</b>	3		PA; R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>			
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>			
OFEV ORAL CAPSULE 100 MG, 150 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
<b>*Pulmonary Fibrosis Agents***</b>			
<b>*Pulmonary Fibrosis Agents***</b>			
ESBRIET ORAL CAPSULE 267 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (9 EA per 1 day)
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>			
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>			
UPTRAVI ORAL 200 & 800 MCG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Lifetime); AG (Min 18 Years)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Respiratory Agents - Misc.*</b>			
<b>*Alpha-Proteinase Inhibitor (Human)***</b>			
ARALAST NP INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG, 500 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GLASSIA INTRAVENOUS* SOLUTION 1000 MG/50ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
PROLASTIN-C INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ZEMAIRA INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Cftr Potentiators***</b>			
<b>KALYDECO ORAL PACKET 50 MG, 75 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>KALYDECO ORAL TABLET 150 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 6 Years)
<b>*Hydrolytic Enzymes***</b>			
<b>PULMOZYME INHALATION SOLUTION 1 MG/ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (180 ML per 30 days)
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</b>			
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</b>			
<b>ADDYI ORAL TABLET 100 MG</b>	3		R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>			
<b>*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>			
<b>GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Sinus Node Inhibitors**</b>			
<b>*Sinus Node Inhibitors**</b>			
<b>CORLANOR ORAL TABLET 5 MG, 7.5 MG</b>	3		PA; R
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>			
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>			
<b>INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG</b>	2		R



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HR* 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG</b>	2		R
<b>SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG</b>	3		R
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HR* 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG</b>	2		R
<b>*Sulfonamides*</b>			
<b>*Sulfonamides***</b>			
<i>sulfadiazine oral tablet 500 mg</i>		3	R
<b>*Tetracyclines*</b>			
<b>*Tetracyclines***</b>			
<b>ACTICLATE ORAL TABLET 150 MG, 75 MG</b>	3		PA; R&M; QL (2 EA per 1 day)
<b>ADOXA ORAL CAPSULE 150 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>ADOXA ORAL TABLET 100 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>ADOXA ORAL TABLET 50 MG, 75 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
<b>ADOXA PAK 1/100 ORAL TABLET 100 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>ADOXA PAK 1/150 ORAL TABLET 150 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ADOXA PAK 2/100 ORAL TABLET 100 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>		1	R
<b>DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG</b>	3		PA; R&M; QL (2 EA per 1 day)
<b>DORYX ORAL TABLET DELAYED RELEASE 150 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG</b>	3		PA; R&M; QL (2 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>doxycycline hyclate oral capsule 100 mg</i>		1	R
<i>doxycycline hyclate oral tablet 100 mg</i>		1	R
<i>doxycycline hyclate oral tablet 20 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 100 mg, 75 mg</i>		3	R
<i>doxycycline hyclate oral tablet delayed release 150 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		1	R
<i>doxycycline monohydrate oral tablet 100 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>		1	R
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>		1	R&M; QL (4 EA per 1 day)
<b>DYNACIN ORAL TABLET 100 MG, 50 MG, 75 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MINOCIN ORAL CAPSULE 100 MG, 50 MG, 75 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>minocycline hcl er oral tablet extended release 24 hr* 135 mg, 45 mg, 90 mg</i>		3	R
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		1	R
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>		1	R
<b>MONDOXYNE NL ORAL CAPSULE (Doxycycline Monohydrate) 100 MG, 50 MG, 75 MG</b>	1	1	R
<b>MONODOX ORAL CAPSULE 100 MG, 75 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MORGIDOX ORAL CAPSULE (Doxycycline Hyclate) 50 MG</b>	1	1	R
<b>SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR* 105 MG, 115 MG, 55 MG, 65 MG, 80 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>		1	R
<b>VIBRAMYCIN ORAL CAPSULE 100 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>VIBRAMYCIN ORAL SYRUP 50 MG/5ML</b>	3		R

Drug Name	Brand	Generic	Additional Information
<b>*Thyroid Agents*</b>			
<b>*Antithyroid Agents***</b>			
<i>methimazole oral tablet 10 mg, 5 mg</i>		1	R
<i>propylthiouracil oral tablet 50 mg</i>		1	R
<b>*Thyroid Hormones***</b>			
<b>ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 300 MG</b>	1		R
<b>ARMOUR THYROID ORAL TABLET (NP Thyroid) 15 MG, 30 MG, 60 MG, 90 MG</b>	1	1	R
<b>CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LEVO-T ORAL TABLET (Levothyroxine Sodium) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	1	1	R
<b>LEVO-T ORAL TABLET 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 300 MCG</b>	1		R
<b>LEVOTHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	1	1	R
<b>LEVOTHROID ORAL TABLET 125 MCG, 175 MCG, 300 MCG</b>	1		R
<b>LEVOXYL ORAL TABLET (Levothyroxine Sodium) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	1	1	R
<b>LEVOXYL ORAL TABLET 112 MCG, 125 MCG, 137 MCG, 175 MCG, 200 MCG</b>	1		R
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg</i>		1	R
<b>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</b>	3		R
<b>SYNTHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	2	1	R
<b>SYNTHROID ORAL TABLET 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 300 MCG</b>	2		R
<i>thyroid powder</i>		3	R
<b>THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)</b>	2		R

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Drug Name	Brand	Generic	Additional Information
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	2		R
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	2		R
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	2		R
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	2		R
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3		R
UNITHROID DIRECT ORAL TABLET ( <i>Levothyroxine Sodium</i> ) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R
UNITHROID ORAL TABLET ( <i>Levothyroxine Sodium</i> ) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R
UNITHROID ORAL TABLET 112 MCG, 150 MCG	1		R
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3		R
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3		R
<b>*Toxoids*</b>			
<b>*Toxoid Combinations***</b>			
ADACEL INTRAMUSCULAR* SUSPENSION 5-2-15.5 LF-MCG/0.5	3		RO; \$0
BOOSTRIX INTRAMUSCULAR* SUSPENSION 5-2.5-18.5	3		RO; \$0
DAPTACEL INTRAMUSCULAR* SUSPENSION 10-15-5	3		RO; \$0
<i>diphtheria-tetanus toxoids dt intramuscular* suspension 25-5 lfu/0.5ml</i>		3	RO; \$0
DIPHThERIA-TETANUS TOXOIDS INTRAMUSCULAR* INJECTABLE 2-5 LFU	3		RO
INFANRIX INTRAMUSCULAR* SUSPENSION 25-58-10	3		RO; \$0
KINRIX INTRAMUSCULAR* SUSPENSION	3		RO; \$0

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Drug Name	Brand	Generic	Additional Information
<b>PEDIARIX INTRAMUSCULAR* SUSPENSION</b>	3		RO; \$0
<b>QUADRACEL INTRAMUSCULAR* SUSPENSION</b>	3		RO; \$0
<b>TENIVAC INTRAMUSCULAR* INJECTABLE 5-2 LFU</b>	3		RO; \$0
<i>tetanus-diphtheria toxoids td intramuscular* suspension 2-2 lfl0.5ml</i>		3	RO; \$0
<b>*Ulcer Drugs*</b>			
<b>*Anticholinergic Combinations***</b>			
<b>B-DONNA ORAL TABLET 16.2 MG</b>	1		R
<i>belladonna alkaloids-opium suppository 16.2-60 mg</i>		3	R
<i>belladonna-opium suppository 16.2-30 mg</i>		3	R
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>		1	R
<b>DONNATAL EXTENTABS ORAL TABLET EXTENDEDRELEASE*</b>	3		R
<b>DONNATAL ORAL ELIXIR 16.2 MG/5ML</b>	3		R
<b>DONNATAL ORAL TABLET 16.2 MG</b>	3		R
<b>LIBRAX ORAL CAPSULE 5-2.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>PHENOHYTRO ORAL TABLET 16.2 MG</b>	1		R
<b>*Antispasmodics***</b>			
<i>dicyclomine hcl oral capsule 10 mg</i>		1	R
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		3	R
<i>dicyclomine hcl oral tablet 20 mg</i>		1	R
<b>*Belladonna Alkaloids***</b>			
<b>ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (12 EA per 1 day)
<b>HYOMAX-SL SUBLINGUAL TABLET SUBLINGUAL (Hyoscyamine Sulfate) 0.125 MG</b>	1	1	R
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		1	R
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>		1	R
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>		1	R
<i>hyosyne oral elixir 0.125 mg/5ml</i>		1	R
<i>hyosyne oral solution 0.125 mg/ml</i>		1	R

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Drug Name	Brand	Generic	Additional Information
LEVSIN ORAL TABLET 0.125 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
NULEV ORAL TABLET DISPERSIBLE (Hyoscyamine Sulfate) 0.125 MG	1	1	R&M; QL (12 EA per 1 day)
<b>*H-2 Antagonists***</b>			
AXID ORAL CAPSULE 150 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
AXID ORAL CAPSULE 300 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
AXID ORAL SOLUTION 15 MG/ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>cimetidine hcl oral solution 300 mg/5ml</i>		1	R
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		1	R
<i>famotidine oral tablet 40 mg</i>		1	R
<i>nizatidine oral capsule 150 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>nizatidine oral capsule 300 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>nizatidine oral solution 15 mg/ml</i>		2	R
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>		1	R
<i>ranitidine hcl oral syrup 15 mg/ml, 75 mg/5ml</i>		1	R
<i>ranitidine hcl oral tablet 300 mg</i>		1	R
ZANTAC ORAL TABLET 300 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Misc. Anti-Ulcer***</b>			
CARAFATE ORAL SUSPENSION (Sucralfate) 1 GM/10ML	2	2	R
<i>sucralfate oral tablet 1 gm</i>		1	R
<b>*Proton Pump Inhibitor-Antacid Combinations***</b>			
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>		3	PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>ra omeprazole-sodium bicarb oral capsule 20-1100 mg</i>		3	R

Drug Name	Brand	Generic	Additional Information
<b>ZEGERID ORAL CAPSULE 40-1100 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
<b>ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Proton Pump Inhibitors***</b>			
<i>aciphex oral tablet delayed release 20 mg</i>		3	PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG</b>	3		PA; R&M; QL (2 EA per 1 day)
<b>DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG</b>	3		R&M; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>esomeprazole strontium oral capsule delayed release 24.65 mg, 49.3 mg</i>		3	PA; R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<b>FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML</b>	2		RO
<b>FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML</b>	2		RO
<b>HEARTBURN RELIEF 24 HOUR ORAL CAPSULE DELAYED RELEASE 15 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>		1	R
<b>NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG</b>	3		PA; R&M; QL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>		1	R
<b>OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML</b>	2		RO
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>		1	R&M; QL (6 EA per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG</b>	3		PA; R&M; Note 1 (Covered less than age 1 w/o PA); QL (1 EA per 1 day)
<b>PRILOSEC ORAL CAPSULE DELAYED RELEASE 10 MG, 20 MG, 40 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>PRILOSEC ORAL PACKET 10 MG, 2.5 MG</b>	3		PA; R
<b>PROTONIX ORAL PACKET 40 MG</b>	3		PA; R&M; QL (6 EA per 1 day)
<b>PROTONIX ORAL TABLET DELAYED RELEASE 20 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<b>PROTONIX ORAL TABLET DELAYED RELEASE 40 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>		1	R
<b>*Quaternary Anticholinergics***</b>			
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		1	R
<i>methscopolamine bromide oral tablet 2.5 mg</i>		1	R&M; QL (12 EA per 1 day)
<b>PAMINE ORAL TABLET 2.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (12 EA per 1 day)
<i>propantheline bromide oral tablet 15 mg</i>		3	R
<b>*Ulcer Anti-Infective W/ Bismuth Combinations***</b>			
<b>HELIDAC ORAL</b>	3		R&M; QL (1 EA per 30 Dayss)
<b>PYLERA ORAL CAPSULE 140-125-125 MG</b>	3		R
<b>*Ulcer Anti-Infective W/ Proton Pump Inhibitors***</b>			
<i>amoxicill-clarithro-lansopraz oral</i>		3	R&M; QL (1 EA per 30 days)
<b>PREVPAC ORAL</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 30 days)
<b>*Ulcer Drugs - Prostaglandins***</b>			
<b>CYTOTEC ORAL TABLET 200 MCG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<b>*Urinary Anti-Infectives*</b>			
<b>*Urinary Anti-Infectives***</b>			
<b>HIPREX ORAL TABLET 1 GM</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MACROBID ORAL CAPSULE 100 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MACRODANTIN ORAL CAPSULE (Nitrofurantoin Macrocrystal) 25 MG</b>	3	1	R
<i>methenamine hippurate oral tablet 1 gm</i>		1	R
<i>methenamine mandelate oral tablet 1 gm</i>		1	R
<b>MONUROL ORAL PACKET 3 GM</b>	3		R
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>		1	R
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>		1	R
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		1	R
<b>*Urinary Antiseptic-Antispasmodic &amp;/Or Analgesics***</b>			
<b>AZUPHEN MB ORAL CAPSULE (<i>Uticap</i>) 120 MG</b>	1	1	R
<b>HYOLEV MB ORAL TABLET (<i>Uro-L</i>) 81 MG</b>	1	1	R
<b>HYOPHEN ORAL TABLET 81.6 MG</b>	1		R&M; QL (56 EA per 1 Copay); AG (Min 12 Years)
<b>INDIOMIN MB ORAL CAPSULE 120 MG</b>	1		R
<b>PHOSPHASAL ORAL TABLET (<i>Ur N-C</i>) 81.6 MG</b>	1	1	R
<b>PROSED/DS ORAL TABLET 81.6 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (56 EA per 1 Copay); AG (Min 12 Years)
<b>URAMIT MB ORAL CAPSULE (<i>Uro-MP</i>) 118 MG</b>	1	1	R
<b>URELLE ORAL TABLET (<i>Uro-L</i>) 81 MG</b>	1	1	R
<b>URIBEL ORAL CAPSULE (<i>Uro-MP</i>) 118 MG</b>	1	1	R
<i>uro-458 oral tablet 81 mg</i>		1	R
<i>uroav-81 oral tablet 81 mg</i>		1	R
<i>uroav-b oral capsule 118 mg</i>		1	R

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Drug Name	Brand	Generic	Additional Information
URO-BLUE ORAL TABLET 81.6 MG	3		R
UROGESIC-BLUE ORAL TABLET 81.6 MG	3		R
UROLET MB ORAL TABLET 81.6 MG	3		R
UROPHEN MB ORAL TABLET 81.6 MG	1		R&M; QL (56 EA per 1 Copay); AG (Min 12 Years)
URYL ORAL TABLET 81.6 MG	3		R
USTELL ORAL CAPSULE ( <i>Uticap</i> ) 120 MG	1	1	R
UTA ORAL CAPSULE 120 MG	1		R
UTIRA-C ORAL TABLET ( <i>Ur N-C</i> ) 81.6 MG	1	1	R
<b>*Urinary Antispasmodics*</b>			
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>			
<i>darifenacin hydrobromide er oral tablet extended release 24 hr* 15 mg, 7.5 mg</i>		2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DETROL ORAL TABLET 1 MG, 2 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HR* 10 MG, 15 MG, 5 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR* 15 MG, 7.5 MG</b>	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>GELNIQUE TRANSDERMAL GEL 10 %</b>	3		PA; R
<i>oxybutynin chloride er oral tablet extended release 24 hr* 10 mg, 15 mg, 5 mg</i>		1	R
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		1	R
<i>oxybutynin chloride oral tablet 5 mg</i>		1	R
<b>SANCTURA ORAL TABLET 20 MG</b>	3		PA; R
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>		1	R
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>		1	R
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG, 8 MG</b>	3		PA; R
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>tropium chloride oral tablet 20 mg</i>		1	R
<b>*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)</b>			
<i>darifenacin hydrobromide er oral tablet extended release 24 hr* 15 mg, 7.5 mg</i>		2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DETROL ORAL TABLET 1 MG, 2 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HR* 10 MG, 15 MG, 5 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR* 15 MG, 7.5 MG</b>	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>GELNIQUE TRANSDERMAL GEL 10 %</b>	3		PA; R
<i>oxybutynin chloride er oral tablet extended release 24 hr* 10 mg, 15 mg, 5 mg</i>		1	R
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		1	R
<i>oxybutynin chloride oral tablet 5 mg</i>		1	R
<b>SANCTURA ORAL TABLET 20 MG</b>	3		PA; R
<b>SANCTURA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG</b>	3		R&M; AG (Max 18 Years)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>		1	R
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>		1	R
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG, 8 MG</b>	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tropium chloride oral tablet 20 mg</i>		1	R
<b>VESICARE ORAL TABLET 10 MG, 5 MG</b>	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***</b>			
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR* 25 MG, 50 MG</b>	2		R

Drug Name	Brand	Generic	Additional Information
<b>*Urinary Antispasmodics - Cholinergic Agonists*** (New)</b>			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		1	R
<b>*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)</b>			
<i>flavoxate hcl oral tablet 100 mg</i>		1	R
<b>*Vaccines*</b>			
<b>*Bacterial Vaccines***</b>			
<b>MENACTRA INTRAMUSCULAR* INJECTABLE</b>	3		R&M; \$0
<b>MENOMUNE SUBCUTANEOUS* INJECTABLE</b>	3		R&M; \$0
<b>MENVEO INTRAMUSCULAR* SOLUTION RECONSTITUTED</b>	3		R&M; \$0
<b>PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML</b>	3		R&M; \$0
<b>PREVNAR 13 INTRAMUSCULAR* SUSPENSION</b>	3		R&M; \$0; QL (0.5 ML per 1 Lifetime)
<b>TRUMENBA INTRAMUSCULAR*</b>	3		RO; \$0; AG (Max 26 Years)
<b>*Viral Vaccine Combinations***</b>			
<b>M-M-R II SUBCUTANEOUS* INJECTABLE</b>	3		R&M; \$0
<b>TWINRIX INTRAMUSCULAR* SUSPENSION 720-20</b>	3		R&M; \$0
<b>*Viral Vaccines***</b>			
<b>AFLURIA INTRAMUSCULAR* SUSPENSION</b>	3		RO; \$0
<b>AFLURIA PRESERVATIVE FREE INTRAMUSCULAR* 0.5 ML</b>	3		RO; \$0
<b>AFLURIA PRESERVATIVE FREE INTRAMUSCULAR* SUSPENSION</b>	3		RO; \$0
<b>CERVARIX INTRAMUSCULAR* SUSPENSION</b>	3		RO; F; \$0; AG (Max 27 Years)
<b>ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML</b>	3		RO; \$0
<b>ENGERIX-B INTRAMUSCULAR* INJECTABLE 10 MCG/0.5ML, 20 MCG/ML</b>	3		RO; \$0
<b>FLUAD INTRAMUSCULAR* 0.5 ML</b>	3		RO; \$0; AG (Min 65 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>FLUARIX INTRAMUSCULAR* 0.5 ML</b>	3		RO; \$0
<b>FLUARIX INTRAMUSCULAR* SUSPENSION</b>	3		RO; \$0
<b>FLUARIX QUADRIVALENT INTRAMUSCULAR* 0.5 ML</b>	3		RO; \$0
<b>FLUARIX QUADRIVALENT INTRAMUSCULAR* SUSPENSION 0.5 ML</b>	3		RO; \$0
<b>FLUBLOK INTRAMUSCULAR* SOLUTION</b>	3		RO; \$0
<b>FLUCELVAX INTRAMUSCULAR* 0.5 ML</b>	3		RO; \$0
<b>FLUCELVAX QUADRIVALENT INTRAMUSCULAR* 0.5 ML</b>	3		RO; \$0
<b>FLULAVAL INTRAMUSCULAR* INJECTABLE</b>	3		RO; \$0
<b>FLULAVAL INTRAMUSCULAR* SUSPENSION</b>	3		R&M; \$0
<b>FLULAVAL QUADRIVALENT INTRAMUSCULAR* 0.5 ML</b>	3		RO; \$0
<b>FLULAVAL QUADRIVALENT INTRAMUSCULAR* SUSPENSION , 0.5 ML</b>	3		RO; \$0
<b>FLUMIST QUADRIVALENT NASAL SUSPENSION</b>	3		R&M; \$0
<b>FLUVIRIN INTRAMUSCULAR* 0.5 ML</b>	3		R
<b>FLUVIRIN INTRAMUSCULAR* INJECTABLE</b>	3		R
<b>FLUVIRIN INTRAMUSCULAR* SUSPENSION</b>	3		R&M; \$0
<b>FLUVIRIN PRESERVATIVE FREE INTRAMUSCULAR* 0.5 ML</b>	3		R&M; \$0
<b>FLUZONE HIGH-DOSE INTRAMUSCULAR* 0.5 ML</b>	3		RO; \$0; AG (Min 65 Years)
<b>FLUZONE HIGH-DOSE INTRAMUSCULAR* SUSPENSION</b>	3		RO; \$0
<b>FLUZONE INTRAMUSCULAR* INJECTABLE</b>	3		RO; \$0
<b>FLUZONE INTRAMUSCULAR* SUSPENSION</b>	3		RO; \$0
<b>FLUZONE QUADRIVALENT INTRADERMAL* 9 MCG/STRAIN</b>	3		RO; \$0

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Drug Name	Brand	Generic	Additional Information
FLUZONE QUADRIVALENT INTRAMUSCULAR* 0.25 ML, 0.5 ML	3		RO; \$0
FLUZONE QUADRIVALENT INTRAMUSCULAR* SUSPENSION , 0.25 ML, 0.5 ML	3		RO; \$0
GARDASIL 9 INTRAMUSCULAR*	3		RO; \$0; AG (Max 27 Years)
GARDASIL 9 INTRAMUSCULAR* SUSPENSION	3		RO; \$0; AG (Max 27 Years)
GARDASIL INTRAMUSCULAR* SUSPENSION	3		RO; \$0; AG (Max 27 Years)
HAVRIX INTRAMUSCULAR* SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3		RO; \$0
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3		RO; \$0
VAQTA INTRAMUSCULAR* SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3		RO; \$0
VARIVAX SUBCUTANEOUS* INJECTABLE 1350 PFU/0.5ML	3		RO; \$0
ZOSTAVAX SUBCUTANEOUS* SOLUTION RECONSTITUTED 19400 UNT/0.65ML	3		RO; \$0; AG (Min 50 Years)
<b>*Vaginal Products*</b>			
<b>*Imidazole-Related Antifungals***</b>			
GYNAZOLE-1 VAGINAL CREAM 2 %	3		R
TERAZOL 3 VAGINAL CREAM 0.8 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
TERAZOL 3 VAGINAL SUPPOSITORY 80 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
TERAZOL 7 VAGINAL CREAM 0.4 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
ZAZOLE VAGINAL CREAM ( <i>Terconazole</i> ) 0.4 %, 0.8 %	1	1	R&M; F
ZAZOLE VAGINAL SUPPOSITORY ( <i>Terconazole</i> ) 80 MG	1	1	R&M; F
<b>*Miscellaneous Vaginal Combinations***</b>			
FEM PH VAGINAL GEL 0.9-0.025 %	3		R&M; F

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Drug Name	Brand	Generic	Additional Information
RELAGARD VAGINAL GEL 0.9-0.025 %	3		R&M; F
<b>*Spermicides***</b>			
ENCARE VAGINAL SUPPOSITORY 100 MG	3		R&M; F; \$0
OPTIONS CONCEPTROL VAGINAL GEL 4 %	3		R&M; F; \$0
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	3		R&M; F; \$0
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 %	3		R&M; F; \$0
TODAY SPONGE VAGINAL 1000 MG	3		R&M; F; \$0; QL (12 EA per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	3		R&M; F; \$0
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %	3		R&M; F; \$0
<b>*Vaginal Anti-Infectives***</b>			
AVC VAGINAL VAGINAL CREAM 15 %	3		R&M; F
CLEOCIN VAGINAL CREAM 2 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F; QL (40 GM per 7 days)
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3		R&M; F; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>		1	R&M; F; QL (40 GM per 7 days)
CLINDESSE VAGINAL CREAM 2 %	3		R
METROGEL-VAGINAL VAGINAL GEL 0.75 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F; QL (70 GM per 30 days)
NUVESSA VAGINAL GEL 1.3 %	3		R
VANAZOLE VAGINAL GEL ( <i>MetroNIDAZOLE</i> ) 0.75 %	1	1	R&M; F; QL (70 GM per 30 days)
<b>*Vaginal Estrogens***</b>			
ESTRACE VAGINAL CREAM 0.1 MG/GM	2		R&M; F
ESTRING VAGINAL RING 2 MG	3		R&M; F; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	3		R&M; F; QL (1 EA per 90 days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	2		R&M; F

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Drug Name	Brand	Generic	Additional Information
VAGIFEM VAGINAL TABLET 10 MCG	3		R&M; F
YUVAFEM VAGINAL TABLET 10 MCG	3		R&M; F
<b>*Vaginal Progestins***</b>			
CRINONE VAGINAL GEL 4 %, 8 %	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); F
ENDOMETRIN VAGINAL INSERT 100 MG	3		R&M; Note 1 (\$5000 lifetime benefit applies); F
<b>*Vasopressors*</b>			
<b>*Anaphylaxis Therapy Agents***</b>			
ADRENALIN INJECTION ( <i>EPINEPHrine</i> ) 0.15 MG/0.15ML, 0.3 MG/0.3ML	3	3	R&M; QL (2 EA per 1 Copay)
AUVI-Q INJECTION ( <i>EPINEPHrine</i> ) 0.15 MG/0.15ML, 0.3 MG/0.3ML	3	3	R&M; QL (2 EA per 1 Copay)
EPIPEN 2-PAK INJECTION ( <i>EPINEPHrine</i> ) 0.3 MG/0.3ML	2	3	R&M; QL (2 EA per 1 Copay)
EPIPEN JR 2-PAK INJECTION 0.15 MG/0.3ML	2		R
<b>*Vasopressors***</b>			
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg		1	R
<b>*Vitamins*</b>			
<b>*Vitamin B-3***</b>			
niacin er oral capsule extended release* 250 mg, 500 mg		2	R
<b>*Vitamin D***</b>			
aqueous vitamin d oral liquid† 400 unit/ml		1	R&M; \$0; AG (Min 65 Years)
BABY DDROPS ORAL LIQUID† 400 UNT/0.03ML	3		R&M; \$0; AG (Min 65 Years)
baby super daily d3 oral liquid† 400 ut/0.028ml		3	R&M; \$0
BIO-D-MULSION FORTE ORAL LIQUID† 2000 UNT/0.03ML	1		R&M; \$0; AG (Min 65 Years)
BIO-D-MULSION ORAL LIQUID† 400 UNT/0.03ML	1		R&M; \$0; AG (Min 65 Years)
BPROTECTED PEDIA D-VITE ORAL LIQUID† ( <i>Vitamin D3</i> ) 400 UNIT/ML	1	1	R&M; \$0; AG (Min 65 Years)
CALCIDOL ORAL SOLUTION ( <i>Ergocalciferol</i> ) 8000 UNIT/ML	1	1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CALCIFEROL ORAL SOLUTION</b> ( <i>Ergocalciferol</i> ) <b>8000 UNIT/ML</b>	1	1	R
<i>cvs d3 oral capsule 1000 unit, 2000 unit, 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>cvs vitamin d3 oral tablet chewable 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 1000 oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 1000 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 1000 oral tablet chewable 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 10000 oral capsule 10000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 2000 oral tablet 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 400 oral tablet 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 5000 oral capsule 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d 5000 oral tablet 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-1000 extra strength oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-1000 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-2000 maximum strength oral tablet 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d2000 ultra strength oral capsule 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 adult oral tablet chewable 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<b>D3 DOTS ORAL TABLET DISPERSIBLE</b> <b>2000 UNIT</b>	3		R&M; \$0; AG (Min 65 Years)
<i>d3 high potency oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 kids oral tablet chewable 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 maximum strength oral capsule 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 maximum strength oral liquid† 5000 unit/ml</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 super strength oral capsule 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3-1000 oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3-1000 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<b>D3-50 ORAL CAPSULE (Vitamin D3) 50000</b> <b>UNIT</b>	1	1	R&M; \$0; AG (Min 65 Years)
<i>d-400 oral tablet 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-5000 maximum strength oral capsule 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d-5000 oral tablet 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<b>DDROPS ORAL LIQUID† (Super Daily D3)</b> <b>1000 UNT/0.03ML</b>	3	3	R&M; \$0; AG (Min 65 Years)
<b>DDROPS ORAL LIQUID† 2000</b> <b>UNT/0.03ML</b>	3		R&M; \$0; AG (Min 65 Years)
<b>DECARA ORAL CAPSULE 25000 UNIT</b>	3		R&M; \$0; AG (Min 65 Years)
<b>DECARA ORAL CAPSULE (Vitamin D3)</b> <b>50000 UNIT</b>	1	1	R&M; \$0; AG (Min 65 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>delta d3 oral tablet 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<b>DIALYVITE VITAMIN D 5000 ORAL CAPSULE (D-3-5) 5000 UNIT</b>	1	1	R&M; \$0; AG (Min 65 Years)
<b>DIALYVITE VITAMIN D3 MAX ORAL TABLET 50000 UNIT</b>	3		R&M; \$0; AG (Min 65 Years)
<b>DRISDOL ORAL CAPSULE 50000 UNIT</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); AG (Min 65 Years)
<b>DRISDOL ORAL SOLUTION 8000 UNIT/ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>D-VI-SOL ORAL LIQUID† (Vitamin D3) 400 UNIT/ML</b>	3	1	R&M; \$0; AG (Min 65 Years)
<b>D-VITA ORAL LIQUID† (Vitamin D3) 400 UNIT/ML</b>	1	1	R&M; \$0; AG (Min 65 Years)
<i>eql vitamin d gummies child oral tablet chewable 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>eql vitamin d3 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>eql vitamin d-3 oral tablet 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>ergocalciferol oral capsule 50000 unit</i>		1	R&M; AG (Min 65 Years)
<i>gnp vitamin d maximum strength oral tablet 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>gnp vitamin d oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>gnp vitamin d oral tablet chewable 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>gnp vitamin d super strength oral tablet 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>gnp vitamin d3 extra strength oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<b>HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE (D 400) 400 UNIT</b>	1	1	R&M; \$0; AG (Min 65 Years)
<i>hm vitamin d oral tablet 1000 unit, 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>hm vitamin d3 oral capsule 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>hm vitamin d3 oral capsule 4000 unit</i>		3	R&M; \$0; AG (Min 65 Years)
<b>JUST D ORAL LIQUID† (Vitamin D3) 400 UNIT/ML</b>	1	1	R&M; \$0; AG (Min 65 Years)
<i>kp vitamin d oral capsule 1000 unit, 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>kp vitamin d oral tablet chewable 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<b>MAXIMUM D3 ORAL CAPSULE (Vitamin D3) 10000 UNIT</b>	1	1	R&M; \$0; AG (Min 65 Years)
<i>nat-rul vitamin d oral tablet 1000 unit, 2000 unit, 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>OPTIMAL-D ORAL CAPSULE ( Vitamin D3) 50000 UNIT</b>	1	1	R&M; \$0; AG (Min 65 Years)
<b>OPURITY VITAMIN D ORAL TABLET CHEWABLE ( Vitamin D3) 5000 UNIT</b>	1	1	R&M; \$0; AG (Min 65 Years)
<i>pa vitamin d-3 gummy oral tablet chewable 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>pa vitamin d-3 oral capsule 2000 unit, 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>pa vitamin d-3 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>ra vitamin d-3 oral capsule 2000 unit, 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>ra vitamin d-3 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<b>REPLESTA CHILDRENS ORAL WAFER 14000 UNIT</b>	3		R&M; \$0; AG (Min 65 Years)
<b>REPLESTA NX ORAL WAFER 14000 UNIT</b>	3		R&M; \$0; AG (Min 65 Years)
<b>REPLESTA ORAL WAFER 50000 UNIT</b>	3		R&M; \$0; AG (Min 65 Years)
<i>sm vitamin d oral tablet 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>sm vitamin d3 oral capsule 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>sm vitamin d3 oral capsule 4000 unit</i>		3	R&M; \$0; AG (Min 65 Years)
<i>sm vitamin d3 oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>super daily d3 oral liquid† 2000 ut/0.028ml</i>		3	R&M; \$0
<i>th vitamin d3 oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>th vitamin d3 oral tablet chewable 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<b>THERA-D 2000 ORAL TABLET ( Vitamin D) 2000 UNIT</b>	1	1	R&M; \$0; AG (Min 65 Years)
<b>THERA-D 4000 ORAL TABLET 4000 UNIT</b>	3		R&M; \$0; AG (Min 65 Years)
<b>THERA-D RAPID REPLETION ORAL TABLET ( Vitamin D) 2000 UNIT</b>	1	1	R&M; \$0; AG (Min 65 Years)
<b>THERA-D SPORT ORAL TABLET ( Vitamin D) 2000 UNIT</b>	1	1	R&M; \$0; AG (Min 65 Years)
<b>VITAMELTS VITAMIN D ORAL TABLET DISPERSIBLE 1000 UNIT</b>	3		R&M; \$0; AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet chewable 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>		1	R&M; AG (Min 65 Years)
<i>vitamin d high potency oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d oral capsule 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d oral liquid† 400 unit/ml</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d oral tablet 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>VITAMIN D-1000 MAX ST ORAL TABLET</b> <i>(Vitamin D) 1000 UNIT</i>	1	1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 adult gummies oral tablet chewable 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 high potency oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 maximum strength oral capsule 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d-3 oral capsule 1000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral capsule 1000 unit, 2000 unit, 400 unit, 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral liquid† 1000 unit/spray, 1200 unit/15ml</i>		3	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral liquid† 5000 unit/ml</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral tablet 1000 unit, 2000 unit, 400 unit, 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral tablet 3000 unit</i>		3	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 oral tablet chewable 1000 unit, 2000 unit, 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 super strength oral tablet 2000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<i>vitamin d-400 oral tablet 400 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<b>WELLESSE VITAMIN D3 ORAL LIQUID†</b> <b>1000 UNIT/10ML</b>	3		R&M; \$0; AG (Min 65 Years)
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