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

Effective 1/1/18

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

Three Tier Drug Benefit	Description
<b>Tier 1</b>	<b>Low Cost Share</b>
<b>Tier 2</b>	<b>Moderate Cost Share</b>
<b>Tier 3</b>	<b>Highest Cost Share</b>

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

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

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

# Blue Cross Blue Shield of Arizona

## Aon Active Health Exchange

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## List of Abbreviations

**1:** Low Cost Share

**2:** Moderate Cost Share

**3:** Highest Cost Share

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

**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 1/1/2018

Drug Name	Brand	Generic	Additional Information
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexians*</b>			
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>			
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<b>INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 6 Years)
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>			
<b>STRATTERA ORAL CAPSULE (<i>Atomoxetine HCl</i>) 10 MG</b>	3	3	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<b>STRATTERA ORAL CAPSULE (<i>Atomoxetine HCl</i>) 100 MG, 40 MG, 60 MG, 80 MG</b>	3	3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<b>STRATTERA ORAL CAPSULE (<i>Atomoxetine HCl</i>) 18 MG, 25 MG</b>	3	3	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<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); QL (3 EA per 1 day); AG (Min 6 Years)
<b>ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</b>	2		R&M; QL (2 EA per 1 day)
<b>ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG</b>	2		R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<b>MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 6 Years)

Last revision date 1/16/19: To search for a drug use control + f



Drug Name	Brand	Generic	Additional Information
<b>*Amphetamines***</b>			
<b>ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML</b>	3		PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
<b>ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG</b>	3		PA; R
<b>DESOXYN ORAL TABLET 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>DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 6 Years)
<b>DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>		1	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
<b>DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML</b>	3		PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
<b>EVEKEO ORAL TABLET (<i>Amphetamine Sulfate</i>) 10 MG, 5 MG</b>	3	3	PA; R
<i>methamphetamine hcl oral tablet 5 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<b>PROCENTRA ORAL SOLUTION (<i>Dextroamphetamine Sulfate</i>) 5 MG/5ML</b>	3	1	R&M; QL (60 mg per 1 day)
<b>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 60 MG, 70 MG</b>	2		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<b>VYVANSE ORAL CAPSULE 50 MG</b>	2		R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<b>VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</b>	2		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<b>ZENZEDI ORAL TABLET (<i>Dextroamphetamine Sulfate</i>) 10 MG, 5 MG</b>	1	1	R&M; QL (6 EA per 1 day)
<b>*Analeptics***</b>			
<i>caffeine anhydrous powder</i>		3	R

Drug Name	Brand	Generic	Additional Information
<b>*Anorexiants 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>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 hour 75 mg</i>		3	R
<b>LOMAIRA ORAL TABLET 8 MG</b>	3		R
<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>*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 HOUR 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>COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 8.6 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<b>COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG</b>	3		R&M; QL (2 EA per 1 day); AG (Min 6 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>		3	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<b>FOCALIN ORAL TABLET 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 6 Years)
<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); AG (Min 6 Years)
<b>FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Dexmethylphenidate HCl ER) 10 MG</b>	3	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, 25 MG, 30 MG, 35 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 ER ORAL TABLET EXTENDED RELEASE (Methylphenidate HCl ER) 20 MG</b>	3	1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<b>METHYLIN ORAL SOLUTION (Methylphenidate HCl) 10 MG/5ML</b>	1	1	R&M; QL (30 ML per 1 day); AG (Min 6 Years)
<b>METHYLIN ORAL SOLUTION (Methylphenidate HCl) 5 MG/5ML</b>	1	1	R&M; QL (60 ML per 1 day); AG (Min 6 Years)
<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); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg, 54 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>		3	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 36 mg, 54 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>		3	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>		3	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<b>NUVIGIL ORAL TABLET 150 MG, 250 MG, 50 MG</b>	3		PA; R
<b>NUVIGIL ORAL TABLET (<i>Armodafinil</i>) 200 MG</b>	3	3	PA; R
<b>PROVIGIL ORAL TABLET 100 MG, 200 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 16 Years)
<b>QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML</b>	3		R&M; QL (10 ML per 1 day); AG (Min 6 Years)
<b>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>Methylphenidate HCl ER (LA)</i>) 10 MG</b>	3	1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<b>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 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>RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Agents For Narcotic Withdrawal***</b>			
<b>*Agents For Narcotic Withdrawal***</b>			
LUCEMYRA ORAL TABLET 0.18 MG	3		PA; R&M; QL (224 EA per 14 days)
<b>*Agents For Opioid Withdrawal***</b>			
<b>*Agents For Opioid Withdrawal***</b>			
LUCEMYRA ORAL TABLET 0.18 MG	3		PA; R&M; QL (224 EA per 14 days)
<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>			
SOLOSEC ORAL PACKET 2 GM	3		R&M; QL (1 EA per 6 Monthss)
<b>*Aminoglycosides*</b>			
<b>*Aminoglycosides***</b>			
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	3		PA; SP; Note 1 (Limited Distribution PantheRx)
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	2		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	PA; 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	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TOBI PODHALER INHALATION CAPSULE 28 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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

Last revision date 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>			
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML</b>	2		PA; SP
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML &amp; 40MG/0.4ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	2		PA; SP
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	2		PA; SP
<b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	2		PA; SP
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 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 SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>			
<b>CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG</b>	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>			
<b>RIDAURA ORAL CAPSULE 3 MG</b>	3		R
<b>*Interleukin-1 Blockers***</b>			
<b>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Interleukin-1 Receptor Antagonist (IL-1Ra)***</b>			
<b>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML</b>	3		PA; SP
<b>*Interleukin-1Beta Blockers***</b>			
<b>ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML</b>	3		PA; SP
<b>*Interleukin-6 Receptor Inhibitors***</b>			
<b>ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML</b>	3		PA; SP
<b>ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML</b>	3		PA; SP
<b>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>		1	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>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 hour 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 hour 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)
<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 RECTAL SUPPOSITORY 50 MG</b>	3		R
<i>indomethacin er oral capsule extended release 75 mg</i>		1	R
<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>ketorolac tromethamine oral tablet 10 mg</i>		1	R&M; QL (20 EA per 5 days)
<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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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>NALFON ORAL TABLET (Fenoprofen Calcium) 600 MG</b>	3	1	R
<b>NAPROSYN ORAL TABLET 250 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>PROFENO ORAL TABLET (Fenoprofen Calcium) 600 MG</b>	1	1	R
<i>sulindac oral tablet 150 mg, 200 mg</i>		1	R
<b>TIVORBEX ORAL CAPSULE 20 MG, 40 MG</b>	3		R
<i>tolmetin sodium oral capsule 400 mg</i>		1	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 SOLUTION AUTO-INJECTOR 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 SOLUTION PREFILLED SYRINGE 125 MG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>			
<b>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Analgesics - Nonnarcotic*</b>			
<b>*Analgesic Combinations***</b>			
<i>duraxin oral capsule 300-200-20 mg</i>		3	R
<b>*Analgesics-Sedatives***</b>			
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>		1	R
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>		1	R
<b>ESGIC ORAL CAPSULE 50-325-40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ESGIC ORAL TABLET 50-325-40 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 (4 EA per 1 day); AG (Min 12 Years)
<b>PHRENILIN FORTE ORAL CAPSULE (Butalbital-APAP-Caffeine) 50-300-40 MG</b>	1	1	R&M; QL (4 EA per 1 day); AG (Min 12 Years)
<b>TENCON ORAL TABLET (Butalbital-Acetaminophen) 50-325 MG</b>	3	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)
<b>*Salicylates***</b>			
<i>adult aspirin ec 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>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)
<i>aspirin childrens oral tablet chewable 81 mg</i>		1	R&M; \$0
<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; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>aspirin low dose oral tablet chewable 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
<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; QL (0.05 EA per 1 day); AG (Min 45 Years)
<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 REGIMEN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 325 MG</b>	1	1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<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 ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>cvs aspirin low dose 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>cvs aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<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 (<i>Aspirin</i>) 81 MG</b>	1	1	R&M; \$0; AG (Min 45 Years)
<b>ECOTRIN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 325 MG</b>	3	1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<b>ECPIRIN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 325 MG</b>	1	1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<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; QL (0.05 EA per 1 day); AG (Min 45 Years)
<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; QL (0.05 EA per 1 day); 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>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; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>hm aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); 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; QL (0.05 EA per 1 day); AG (Min 45 Years)
<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)
<i>meijer aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>) 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)
<b>NORWICH 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)
<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; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>qc aspirin oral tablet 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; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>qc childrens aspirin oral tablet chewable 81 mg</i>		1	R&M; \$0
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<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; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		1	R&M; \$0; AG (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)
<i>ra childrens aspirin 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; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>sb aspirin oral tablet 325 mg</i>		1	R&M; \$0; QL (0.5 EA per 1 day); AG (Min 45 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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; QL (0.05 EA per 1 day); 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
<i>tgt aspirin ec oral tablet delayed release 325 mg</i>		1	R&M; \$0; QL (0.05 EA per 1 day); AG (Min 45 Years)
<i>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
<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 50-325-40-30 mg</i>		1	R
<b>FIORINAL/CODEINE #3 ORAL CAPSULE 50-325-40-30 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>TYLENOL WITH CODEINE #4 ORAL TABLET 300-60 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>*Dihydrocodeine Combinations***</b>			
<b>TREZIX ORAL CAPSULE ( APAP-Caff-Dihydrocodeine ) 320.5-30-16 MG</b>	3	3	R
<b>*Hydrocodone Combinations***</b>			
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>		3	R
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		1	R
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>		1	R
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>		3	R
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 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&M; QL (4 ML per 1 day)
<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>VICODIN ORAL TABLET ( Hydrocodone-Acetaminophen ) 5-300 MG</b>	1	1	R
<b>XODOL ORAL TABLET 5-300 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Opioid Agonists***</b>			
<b>ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG</b>	3		PA; RO; AG (Min 18 Years)
<b>ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 800 MCG</b>	3		RO; AG (Min 18 Years)
<b>ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	3		PA; RO; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (30 EA per 1 Copay)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		1	R
<b>DILAUDID ORAL TABLET 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>DOLOPHINE ORAL TABLET ( Methadone HCl ) 10 MG, 5 MG</b>	3	1	PA; R
<b>DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR</b>	3		RO; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (0.34 EA per 1 day)

Last revision date 1/16/19: To search for a drug use control + f



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR</b>	3		RO; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (0.34 EA per 1 day)
<b>DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR</b>	3		RO; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (0.34 EA per 1 day)
<b>DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR</b>	3		RO; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (0.34 EA per 1 day)
<b>DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR</b>	3		RO; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (0.34 EA per 1 day)
<b>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</b>	3		R
<b>EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 16 MG, 32 MG, 8 MG</b>	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml</i>		3	PA; RO; Note 1 (Limited to 30 days supply)
<i>fentanyl citrate buccal lozenge on a handle 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 hour 100 mcg/hr, 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>		3	RO; QL (0.34 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		1	RO; QL (0.34 EA per 1 day)
<b>FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	3		PA; RO
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>		3	PA; R&M; QL (1 EA per 1 day)
<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 rectal suppository 3 mg</i>		3	R
<b>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 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, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 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>LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT</b>	3		PA; RO; Note 1 (Limited to 30 days supply)
<i>levorphanol tartrate oral tablet 2 mg</i>		3	PA; R
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>		1	R
<b>METHADONE HCL INTENSOL ORAL CONCENTRATE (Methadone HCl) 10 MG/ML</b>	1	1	PA; R
<i>methadone hcl oral solution 10 mg/5ml</i>		3	PA; R&M; Note 1 (Brand and Generic share same name. Brand is L3 ; Generic is L1 both with PA.)
<i>methadone hcl oral solution 5 mg/5ml</i>		3	PA; R&M; Note 1 (Brand and Generic share same name. Brand is L3 & Generic is L1 both with PA.)
<i>methadone hcl solution 10 mg/5ml oral 10 mg/5ml</i>		1	PA; R&M; Note 1 (Brand and Generic share same name. Brand is L3 ; Generic is L1 both with PA.)
<i>methadone hcl solution 10 mg/5ml oral 10 mg/5ml</i>		3	PA; R&M; Note 1 (Brand and Generic share same name. Brand is L3 ; Generic is L1 both with PA.)
<i>methadone hcl solution 5 mg/5ml oral 5 mg/5ml</i>		1	PA; R
<i>methadone hcl solution 5 mg/5ml oral 5 mg/5ml</i>		3	PA; R
<b>METHADOSE ORAL CONCENTRATE (Methadone HCl) 10 MG/ML, 5 MG/0.5ML</b>	3	1	PA; R
<b>METHADOSE ORAL TABLET SOLUBLE (Methadone HCl) 40 MG</b>	1	1	PA; R
<b>METHADOSE SUGAR-FREE ORAL CONCENTRATE (Methadone HCl) 10 MG/ML</b>	3	1	PA; R
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</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&M; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>		1	R

<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 EXTENDED RELEASE 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 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</b>	3		R&M; QL (2 EA per 1 day)
<b>NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG</b>	3		R
<b>OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG</b>	3		PA; R&M; QL (2 EA per 1 day)
<b>OPANA ORAL TABLET 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG, 7.5 MG</b>	3		PA; 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 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 TABLET ER 12 HOUR ABUSE-DETERRENT (<i>OxyCODONE HCl ER</i>) 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>	3	3	R&M; QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>		3	PA; R&M; QL (2 EA per 1 day)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>		1	R
<b>ROXICODONE ORAL TABLET (<i>OxyCODONE HCl</i>) 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>ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG</b>	3		PA; R
<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; Note 1 (Limited to 30 days supply)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 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 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 CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG</b>	3		PA; R&M; QL (2 EA per 1 day)
<b>ZOXYDOL ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 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, 5-325 MG, 7.5-325 MG</b>	1	1	R
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>		1	R
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>		1	R
<b>PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Opioid Partial Agonists***</b>			
<b>BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG</b>	3		PA; R
<b>BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG</b>	3		R
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		1	R&M; QL (8 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		1	R&M; QL (2 EA per 1 day)
<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
<b>BUTRANS TRANSDERMAL PATCH WEEKLY ( Buprenorphine ) 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR</b>	3	1	R&M; QL (1 EA per 1 Week); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG</b>	3		R
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 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</b>	2		R
<b>*Tramadol Combinations***</b>			
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		1	R&M; QL (8 EA per 1 Days)
<b>ULTRACET ORAL TABLET 37.5-325 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (8 EA per 1 Days)
<b>*Androgens-Anabolic*</b>			
<b>*Anabolic Steroids***</b>			
<b>OXANDRIN ORAL TABLET 10 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 HOUR 2 MG/24HR, 4 MG/24HR</b>	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>AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML</b>	3		PA; R&M; M
<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>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	PA; R
<i>methyltestosterone oral capsule 10 mg</i>		3	PA; R
<b>NATESTO NASAL GEL 5.5 MG/ACT</b>	3		PA; R

Drug Name	Brand	Generic	Additional Information
STRIANT BUCCAL 30 MG	3		PA; R&M; M; QL (2 EA per 1 day); AG (Min 18 Years)
TESTIM TRANSDERMAL GEL (Testosterone) 50 MG/5GM (1%)	3	3	PA; R&M; M
testosterone enanthate intramuscular solution 200 mg/ml		1	R&M; M
testosterone transdermal solution 30 mg/lact		3	PA; R&M; M; QL (1 EA per 30 days)
VOGELXO PUMP TRANSDERMAL GEL (Testosterone) 12.5 MG/ACT (1%)	3	3	PA; R&M; M
VOGELXO TRANSDERMAL GEL (Testosterone) 50 MG/5GM (1%)	3	3	PA; R&M; M
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	3		PA; R
<b>*Anorectal Agents*</b>			
<b>*Intrarectal Steroids***</b>			
CORTIFOAM RECTAL FOAM 10 %	3		R
hydrocortisone rectal enema 100 mg/60ml		1	R
<b>*Nitrate Vasodilating Agents***</b>			
RECTIV RECTAL OINTMENT 0.4 %	3		R
<b>*Rectal Anesthetic/Steroids***</b>			
ANALPRAM HC RECTAL CREAM 2.5-1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ANALPRAM HC SINGLES RECTAL CREAM 2.5-1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ANALPRAM-HC RECTAL CREAM 1-1 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
hydrocortisone ace-pramoxine rectal cream 1-1 %, 2.5-1 %		1	R
lidocaine-hydrocortisone ace rectal cream 3-0.5 %		1	R
lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %		3	R
pramcort rectal cream 1-1 %		1	R
PROCORT RECTAL CREAM 1.85-1.15 %	3		R
PROCTOFOAM HC RECTAL FOAM 1-1 %	3		R

Drug Name	Brand	Generic	Additional Information
<b>*Rectal Steroids***</b>			
ANUSOL-HC RECTAL CREAM 2.5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	1		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
HEMMOREX-HC RECTAL SUPPOSITORY ( <i>Anucort-HC</i> ) 25 MG	1	1	R
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>		1	R
PROCTOCORT RECTAL SUPPOSITORY 30 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
PROCTOSOL HC RECTAL CREAM 2.5 %	1		R
PROCTOZONE-HC RECTAL CREAM 2.5 %	1		R
<b>*Anthelmintics*</b>			
<b>*Anthelmintics***</b>			
ALBENZA ORAL TABLET ( <i>Albendazole</i> ) 200 MG	3	3	PA; R
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>		3	PA; R&M; AG (Min 2 Years and Max 12 Years)
BILTRICIDE ORAL TABLET ( <i>Praziquantel</i> ) 600 MG	3	3	R
<i>ivermectin oral tablet 3 mg</i>		1	R
STROMEKTOL ORAL TABLET 3 MG	3		PA; R
<b>*Antianginal Agents*</b>			
<b>*Antianginals-Other***</b>			
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	2		R&M; QL (2 EA per 1 day); AG (Min 16 Years)
<b>*Nitrates***</b>			
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	3		R
ISORDIL TITRADOSE ORAL TABLET 40 MG	3		R
ISORDIL TITRADOSE ORAL TABLET ( <i>Isosorbide Dinitrate</i> ) 5 MG	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

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		1	R
<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 HOUR 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 HOUR 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 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr</i>		1	R&M; QL (1 EA per 1 day)
<i>nitroglycerin translingual solution 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 400 MCG/SPRAY</b>	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 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 hour 1 mg, 2 mg, 3 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML</b>	3		R
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>		1	R&M; QL (4 EA per 1 day); AG (Min 18 Years)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>alprazolam oral tablet 1 mg, 2 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet dispersible 2 mg</i>		1	R&M; QL (5 EA per 1 day); AG (Min 18 Years)
<i>alprazolam xr oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>		1	R&M; QL (4 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>		1	R&M; QL (8 EA per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg, 7.5 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 9 Years)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 9 Years)
<i>diazepam oral tablet 10 mg, 5 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>diazepam oral tablet 2 mg</i>		1	R&M; QL (4 EA per 1 day)
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML</b>	1		R&M; QL (1 ML per 1 day); AG (Min 18 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>		1	R
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>		1	R&M; QL (4 EA per 1 day); AG (Min 18 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>		1	R&M; QL (5 EA per 1 day); AG (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>		3	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
<b>TRANXENE-T ORAL TABLET 7.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 9 Years)
<b>VALIUM ORAL TABLET 10 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>VALIUM ORAL TABLET 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
<b>XANAX ORAL TABLET 0.25 MG, 0.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>XANAX ORAL TABLET 1 MG, 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 18 Years)
<b>XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 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>*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 (<i>Disopyramide Phosphate</i>) 100 MG, 150 MG</b>	3	1	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
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day)
<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)

Drug Name	Brand	Generic	Additional Information
<b>*Antiasthmatic And Bronchodilator Agents*</b>			
<b>*5-Lipoxygenase Inhibitors***</b>			
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR ( <i>Zileuton ER</i> ) 600 MG	3	3	PA; R&M; QL (4 EA per 1 day); AG (Min 12 Years)
ZYFLO ORAL TABLET 600 MG	3		PA; R
<b>*Adrenergic Combinations***</b>			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2		R&M; QL (2 EA per 1 day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2		R&M; QL (1 EA per 30 days); AG (Min 3 Years)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	3		PA; R&M; QL (0.04 EA per 1 day); AG (Min 12 Years)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	3		PA; R&M; QL (0.04 EA per 1 day); AG (Min 12 Years)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	3		PA; R&M; QL (0.04 EA per 1 day); AG (Min 12 Years)
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
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	3		PA; R&M; QL (1 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>		1	R
<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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</b>	2		R
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH</b>	3		PA; R
<b>UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG</b>	3		R
<b>*Anti-Ige Monoclonal Antibodies***</b>			
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG</b>	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>			
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg</i>		3	R&M; QL (6 EA per 1 day)
<i>albuterol sulfate er oral tablet extended release 12 hour 8 mg</i>		3	R&M; QL (4 EA per 1 day)
<i>albuterol sulfate 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>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>	2		R

Drug Name	Brand	Generic	Additional Information
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT</b>	2		R
<b>PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT</b>	3		R&M; Note 1 (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.)
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE</b>	2		R&M; QL (2 EA per 1 day)
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>	3		PA; R
<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>XOPENEX HFA INHALATION AEROSOL (Levalbuterol Tartrate) 45 MCG/ACT</b>	3	3	R&M; Note 1 (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day)
<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>LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML</b>	3		PA; R
<b>LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML</b>	3		PA; 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)

Drug Name	Brand	Generic	Additional Information
<b>TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT</b>	3		R
<b>YUPELRI INHALATION SOLUTION 175 MCG/3ML</b>	3		PA; 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)
<b>SINGULAIR ORAL TABLET CHEWABLE 4 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>SINGULAIR ORAL TABLET CHEWABLE 5 MG</b>	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>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
<b>DALIRESP ORAL TABLET 250 MCG, 500 MCG</b>	3		R
<b>*Steroid Inhalants***</b>			
<b>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT</b>	2		R&M; QL (2 EA per 30 days)
<b>ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT</b>	2		R&M; QL (1 EA per 30 days)
<b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT</b>	2		R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH</b>	2		R
<b>ASMANEX 14 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH</b>	2		R
<b>ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH</b>	2		R
<b>ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH</b>	2		R
<b>ASMANEX 7 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH</b>	2		R
<b>ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT</b>	2		R
<i>budesonide inhalation suspension 0.25 mg/2ml</i>		1	R&M; QL (240 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>		1	R&M; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>		1	R&M; QL (60 ML per 30 days)
<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)

Drug Name	Brand	Generic	Additional Information
<b>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT</b>	2		R
<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 hour 100 mg, 200 mg, 300 mg</i>		1	R
<i>theophylline er oral tablet extended release 24 hour 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 ORAL TABLET ( Warfarin Sodium) 1 MG, 10 MG, 2 MG, 2.5 MG, 4 MG, 5 MG, 6 MG, 7.5 MG</b>	2	1	R
<b>COUMADIN ORAL TABLET 3 MG</b>	2		R
<b>JANTOVEN ORAL TABLET ( Warfarin Sodium) 1 MG, 10 MG, 2 MG, 2.5 MG, 4 MG, 5 MG, 6 MG, 7.5 MG</b>	1	1	R
<b>*Direct Factor Xa Inhibitors***</b>			
<b>BEVYXXA ORAL CAPSULE 40 MG</b>	3		R&M; QL (1 EA per 1 day)
<b>BEVYXXA ORAL CAPSULE 80 MG</b>	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>ELIQUIS ORAL TABLET 2.5 MG, 5 MG</b>	3		R
<b>ELIQUIS STARTER PACK ORAL TABLET 5 MG</b>	3		R
<b>SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG</b>	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG</b>	2		R
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 &amp; 20 MG</b>	2		R
<b>*Heparins And Heparinoid-Like Agents***</b>			
<i>heparin lock flush intravenous solution 1 unit/ml</i>		3	R
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		1	R



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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
<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>	2		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</i>		1	R&M; QL (4 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>clonazepam oral tablet 2 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.25 mg, 0.5 mg</i>		1	R&M; QL (4 EA per 1 day)
<b>DIASTAT ACUDIAL RECTAL GEL (DiazePAM) 10 MG, 20 MG</b>	3	3	R&M; QL (3 EA per 1 day)
<b>DIASTAT PEDIATRIC RECTAL GEL (DiazePAM) 2.5 MG</b>	3	3	R&M; QL (3 EA per 1 day)
<b>KLONOPIN ORAL TABLET 0.5 MG, 1 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
<b>KLONOPIN ORAL TABLET 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<b>ONFI ORAL SUSPENSION (CloBAZam) 2.5 MG/ML</b>	3	3	R&M; QL (8 ML per 1 day)
<b>ONFI ORAL TABLET (CloBAZam) 10 MG, 20 MG</b>	3	3	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)
<b>APTIOM ORAL TABLET 600 MG, 800 MG</b>	3		PA; R&M; QL (2 EA per 1 day)
<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 4 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 4 Years)
<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 hour 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>EPIDIOLEX ORAL SOLUTION 100 MG/ML</b>	3		PA; R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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 HOUR 500 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (6 EA per 1 day); AG (Min 12 Years)
<b>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); AG (Min 12 Years)
<b>LAMICTAL ODT ORAL KIT 25 &amp; 50 &amp; 100 MG, 25 (21)-50 (7) MG, 50 (42)-100(14) MG</b>	3		R&M; AG (Max 6 Years)
<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 25 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LAMICTAL XR ORAL KIT 25 &amp; 50 &amp; 100 MG, 25 (21)-50 (7) MG, 50 &amp; 100 &amp; 200 MG</b>	3		R
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>lamotrigine er oral tablet extended release 24 hour 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 oral solution 100 mg/ml</i>		1	R
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg</i>		1	R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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 HOUR 150 MG, 300 MG, 600 MG</b>	3		R
<i>primidone oral tablet 250 mg, 50 mg</i>		1	R
<b>QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG</b>	3		PA; R
<b>ROWEEPRA ORAL TABLET (<i>LevETIRAcetam</i>) 750 MG</b>	1	1	R
<b>ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>LevETIRAcetam ER</i>) 500 MG</b>	1	1	R&M; QL (6 EA per 1 day); AG (Min 12 Years)
<b>ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>LevETIRAcetam ER</i>) 750 MG</b>	1	1	R&M; AG (Min 12 Years)
<b>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 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)
<b>TEGRETOL ORAL TABLET (<i>CarBAMazepine</i>) 200 MG</b>	2	1	R
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>CarBAMazepine ER</i>) 100 MG</b>	2	1	R
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG, 400 MG</b>	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>TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>topiramate er oral capsule er 24 hour sprinkle 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, 25 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 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 (<i>TiaGABine HCl</i>) 12 MG, 16 MG, 2 MG, 4 MG</b>	3	3	R
<b>SABRIL ORAL PACKET (<i>Vigabatrin</i>) 500 MG</b>	2	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)
<b>*Hydantoins***</b>			
<b>DILANTIN INFATABS ORAL TABLET CHEWABLE (<i>Phenytoin</i>) 50 MG</b>	2	1	R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>DILANTIN ORAL CAPSULE</b> ( <i>Phenytoin Sodium Extended</i> ) <b>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</b> ( <i>Phenytoin Sodium Extended</i> ) <b>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>DEPAKENE ORAL SOLUTION</b> ( <i>Valproic Acid</i> ) <b>250 MG/5ML</b>	3	1	R
<b>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 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)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>		1	R
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>		1	R
<i>valproate sodium oral solution 250 mg/5ml</i>		1	R
<i>valproic acid oral capsule 250 mg</i>		1	R
<b>*Antidementia Agent Combinations***</b>			
<b>*Antidementia Agent Combinations***</b>			
<b>NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 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)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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 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>			
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>		1	R
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>		1	R&M; QL (1.5 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		1	R
<b>FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG</b>	3		R
<b>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 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 HOUR 150 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 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>			
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		3	R
<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)
<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 HOUR 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 solution 20 mg/5ml</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		1	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)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		1	R
<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)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>		3	R&M; QL (2 EA per 1 day)
<i>paroxetine hcl 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 HOUR 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 HOUR 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>PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>		1	R
<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		PA; R
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 &amp; 40 MG</b>	3		PA; R
<b>KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR (Desvenlafaxine ER) 100 MG, 50 MG</b>	3	3	R&M; QL (1 EA per 1 day)
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (Desvenlafaxine Succinate ER) 100 MG, 25 MG, 50 MG</b>	3	2	R&M; QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>		1	R
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>		1	R
<i>venlafaxine hcl er oral tablet extended release 24 hour 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

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		3	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>*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 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML</b>	2		R&M; QL (4 EA per 30 days); AG (Min 18 Years)
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 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 HOUR 1000 MG</b>	3		R&M; Note 1 (ST: Both generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (2.5 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG</b>	3		R&M; Note 1 (ST: Both generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); 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 HOUR (<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 HOUR (<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 HOUR (<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 HOUR (<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 hour 1000 mg</i>		1	R&M; Note 1 (ST: Generic Glucophage XR for 3 mo.); QL (2.5 EA per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>		1	R&M; Note 1 (ST: Generic Glucophage XR for 3 mo.); QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>		1	R
<b>RIOMET ORAL SOLUTION (<i>MetFORMIN HCl</i>) 500 MG/5ML</b>	3	3	R
<b>*Diabetic Other***</b>			
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG</b>	2		R
<b>GLUCAGON EMERGENCY INJECTION KIT 1 MG</b>	2		R
<b>PROGLYCEM ORAL SUSPENSION 50 MG/ML</b>	3		R
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>			
<b>JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG</b>	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>NESINA ORAL TABLET (<i>Alogliptin Benzoate</i>) 12.5 MG</b>	3	3	PA; R

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Drug Name	Brand	Generic	Additional Information
NESINA ORAL TABLET ( <i>Alogliptin Benzoate</i> ) 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 HOUR 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 HOUR 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 HOUR 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
<b>*Dpp-4 Inhibitor-Thiazolidinedione Combinations***</b>			
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-45 mg</i>		3	R
OSENI ORAL TABLET ( <i>Alogliptin-Pioglitazone</i> ) 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	3	R
<b>*Human Insulin***</b>			
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3		PA; R
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3		PA; R&M; QL (2 ML per 1 day)
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 (90) & 8 (90) UNIT, 4 UNIT, 8 UNIT	3		PA; R&M; AG (Min 18 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>APIDRA INJECTION SOLUTION 100 UNIT/ML</b>	3		PA; R&M; QL (2 ML per 1 day)
<b>APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	3		PA; R
<b>BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	3		R&M; QL (2 EA per 30 days)
<b>FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	3		PA; R
<b>FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	3		PA; R&M; QL (2 ML per 1 day)
<b>HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	2		R
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML</b>	2		R
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML</b>	2		R
<b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML</b>	1		R&M; QL (2 ML per 1 day)
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML</b>	2		R
<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML</b>	1		R&M; QL (2 ML per 1 day)
<b>HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	2		R&M; QL (2 ML per 1 day)
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML</b>	2		R
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>	3		PA; R&M; \$0; QL (2 ML per 1 day)
<b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>	2		R&M; QL (2 ML per 1 day)
<b>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML</b>	2		R
<b>HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>	1		R&M; QL (2 ML per 1 day)
<b>HUMULIN R INJECTION SOLUTION 100 UNIT/ML</b>	1		R&M; QL (2 ML per 1 day)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML</b>	2		R&M; QL (0.67 ML per 1 day)
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML</b>	2		R&M; QL (0.5 ML per 1 day)
<b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	2		R
<b>LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	1		R&M; QL (2 ML per 1 day)
<b>LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	3		PA; R
<b>LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	3		PA; R
<b>NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>	3		PA; R&M; \$0; QL (2 ML per 1 day)
<b>NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>	3		PA; R&M; \$0; QL (2 ML per 1 day)
<b>NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>	3		PA; R&M; QL (2 ML per 1 day)
<b>NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>	3		PA; R&M; QL (2 ML per 1 day)
<b>NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>	3		PA; R&M; QL (2 ML per 1 day)
<b>NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>	3		PA; R&M; QL (2 ML per 1 day)
<b>NOVOLIN R INJECTION SOLUTION 100 UNIT/ML</b>	3		PA; R&M; QL (2 ML per 1 day)
<b>NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML</b>	3		PA; R&M; QL (2 ML per 1 day)
<b>NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	3		PA; R
<b>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>	3		PA; R
<b>NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>	3		PA; R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML</b>	3		PA; R
<b>NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	3		PA; R&M; QL (2 ML per 1 day)
<b>TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML</b>	2		R
<b>TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML</b>	2		R
<b>TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML</b>	3		R&M; AG (Min 1 Years)
<b>TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	3		R&M; Note 1 (Lantus is Preferred); AG (Min 1 Years)
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>			
<b>ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 &amp; 20 MCG/0.2ML</b>	3		R&M; QL (6 ML per 1 Lifetime); AG (Min 18 Years)
<b>ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML</b>	3		R&M; QL (0.22 ML per 1 day); AG (Min 18 Years)
<b>BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML</b>	2		R
<b>BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG</b>	2		R&M; QL (4 EA per 30 days); AG (Min 16 Years)
<b>BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG</b>	2		R&M; QL (4 EA per 30 days); AG (Min 16 Years)
<b>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML</b>	2		R&M; QL (0.08 ML per 1 day); AG (Min 18 Years)
<b>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML</b>	2		R&M; QL (0.04 ML per 1 day); AG (Min 18 Years)
<b>OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE</b>	3		PA; R&M; Note 1 (Electronic Step: Through Trulicity and Victoza in last 12 months.)
<b>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML</b>	2		R&M; QL (1 EA per 1 Week); AG (Min 18 Years)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML</b>	2		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)
<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>*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>JARDIANCE ORAL TABLET 10 MG, 25 MG</b>	3		R
<b>STEGLATRO ORAL TABLET 15 MG, 5 MG</b>	3		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 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>
<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 hour 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 hour 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>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		1	R
<i>tolazamide oral tablet 500 mg</i>		1	R
<b>*Sulfonylurea-Thiazolidinedione Combinations***</b>			
<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 HOUR 15-1000 MG, 30-1000 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)
<b>AVANDIA ORAL TABLET 2 MG, 4 MG</b>	2		R
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>		1	R&M; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>*Antidiarrheals*</b>			
<b>*Antidiarrheal - Chloride Channel Antagonists***</b>			
<b>MYTESI ORAL TABLET DELAYED RELEASE 125 MG</b>	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
<b>LOMOTIL ORAL TABLET 2.5-0.025 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MOTOFEN ORAL TABLET 1-0.025 MG</b>	3		R
<i>opium oral tincture 10 mg/ml (1%)</i>		1	R
<i>paregoric oral tincture 2 mg/5ml</i>		3	R
<b>*Antidotes And Specific Antagonists*</b>			
<b>*Antidotes And Specific Antagonists***</b>			
<b>CETYLEV ORAL TABLET EFFERVESCENT 2.5 GM, 500 MG</b>	3		R
<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>DEFERERAL INJECTION SOLUTION RECONSTITUTED (Deferoxamine Mesylate) 500 MG</b>	3	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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>*Antidotes*</b>			
<b>*Antidotes - Chelating Agents***</b>			
<b>EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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)

Drug Name	Brand	Generic	Additional Information
<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>JADENU SPRINKLE ORAL PACKET 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</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>DEFERFERAL INJECTION SOLUTION RECONSTITUTED (Deferoxamine Mesylate) 500 MG</b>	3	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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 solution 0.4 mg/ml, 4 mg/10ml</i>		1	R
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		1	R
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</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
<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)

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Drug Name	Brand	Generic	Additional Information
ZOFRAN ODT ORAL TABLET DISPERSIBLE 4 MG, 8 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZOFRAN ORAL SOLUTION 4 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZOFRAN ORAL TABLET 4 MG, 8 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZUPLENZ ORAL FILM 4 MG, 8 MG	3		R&M; QL (10 EA per 1 Copay)
<b>*Antiemetic Combinations***</b>			
AKYNZEO ORAL CAPSULE 300-0.5 MG	3		PA; R
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	3		PA; R&M; Note 1 (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG	3		PA; R&M; Note 1 (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together)
<b>*Antiemetics - Anticholinergic***</b>			
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	3		R&M; QL (0.34 EA per 1 day)
<i>trimethobenzamide hcl oral capsule 300 mg</i>		1	R
<b>*Antiemetics - Miscellaneous***</b>			
CESAMET ORAL CAPSULE 1 MG	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
SYNDROS ORAL SOLUTION 5 MG/ML	3		PA; R
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>			
<i>aprepitant oral capsule 80 &amp; 125 mg</i>		3	R
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
EMEND ORAL CAPSULE ( <i>Aprepitant</i> ) 125 MG, 40 MG, 80 MG	3	3	R
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	3		R
VARUBI INTRAVENOUS EMULSION 166.5 MG/92.5ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<b>VARUBI ORAL TABLET 90 MG</b>	3		RO; QL (2 EA per 1 Copay)
<b>*Antifungals*</b>			
<b>*Antifungals***</b>			
<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>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		PA; 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>SPORANOX ORAL CAPSULE 100 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SPORANOX ORAL SOLUTION (Itraconazole) 10 MG/ML</b>	3	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 (Voriconazole) 40 MG/ML</b>	3	1	R
<b>VFEND ORAL TABLET (Voriconazole) 200 MG, 50 MG</b>	3	1	R

Drug Name	Brand	Generic	Additional Information
<b>*Antihemophilic Products - Monoclonal Antibodies***</b>			
<b>*Antihemophilic Products - Monoclonal Antibodies***</b>			
<b>HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antihistamines*</b>			
<b>*Antihistamines - Alkylamines***</b>			
<b>RYCLORA ORAL SYRUP 2 MG/5ML</b>	3		R&M; QL (3.93 ML per 1 day)
<b>*Antihistamines - Ethanolamines***</b>			
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>		1	R
<i>carbinoxamine maleate oral tablet 4 mg</i>		1	R
<i>clemastine fumarate oral tablet 2.68 mg</i>		3	R
<i>diphenhydramine hcl injection solution 50 mg/ml</i>		1	R
<b>KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML</b>	3		PA; R&M; QL (20 1 per 1 day); AG (Min 2 Years)
<b>RYVENT ORAL TABLET (<i>Carbinoxamine Maleate</i>) 6 MG</b>	3	3	PA; R
<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)
<i>desloratadine oral tablet 5 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>		3	R&M; QL (1 EA per 1 day)
<b>*Antihistamines - Phenothiazines***</b>			
<b>PHENADOZ RECTAL SUPPOSITORY (<i>Promethazine HCl</i>) 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 RECTAL SUPPOSITORY (<i>Promethazine HCl</i>) 12.5 MG, 25 MG</b>	1	1	R

Drug Name	Brand	Generic	Additional Information
<b>PROMETHEGAN RECTAL SUPPOSITORY</b> ( <i>Promethazine HCl</i> ) <b>50 MG</b>	3	1	R
<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 SOLUTION PREFILLED SYRINGE 200 MG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VASCEPA ORAL CAPSULE 0.5 GM, 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 gml/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)
<b>COLESTID ORAL TABLET</b> ( <i>Colestipol HCl</i> ) <b>1 GM</b>	3	1	R
<i>colestipol hcl oral granules 5 gm</i>		1	R
<b>PREVALITE ORAL PACKET</b> ( <i>Cholestyramine Light</i> ) <b>4 GM</b>	1	1	R
<b>PREVALITE ORAL POWDER</b> ( <i>Cholestyramine Light</i> ) <b>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</b> ( <i>Colesevelam HCl</i> ) <b>625 MG</b>	2	2	R&M; QL (6 EA per 1 day)
<b>*Fibric Acid Derivatives***</b>			
<b>ANTARA ORAL CAPSULE 30 MG, 90 MG</b>	3		R
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		1	R
<i>fenofibrate oral tablet 120 mg, 40 mg</i>		1	R
<i>fenofibrate oral tablet 145 mg, 54 mg</i>		1	R&M; QL (1 EA per 1 day)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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>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>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)
<b>*Hmg Coa Reductase Inhibitors***</b>			
<b>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 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</b> ( <i>Rosuvastatin Calcium</i> ) <b>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 XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG</b>	3		R&M; QL (1 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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>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>ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG</b>	3		R
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***</b>			
<b>VYTORIN ORAL TABLET (<i>Ezetimibe-Simvastatin</i>) 10-10 MG, 10-20 MG, 10-40 MG</b>	3	1	R&M; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>VYTORIN ORAL TABLET</b> ( <i>Ezetimibe-Simvastatin</i> ) <b>10-80 MG</b>	3	1	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>	3		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)
<b>*Nicotinic Acid Derivatives***</b>			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		2	R&M; QL (2 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		2	R&M; QL (3 EA per 1 day)
<b>NIASPAN ORAL TABLET EXTENDED RELEASE 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 EXTENDED RELEASE 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, 5-10 MG, 5-20 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>TARKA ORAL TABLET EXTENDED RELEASE 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 extended release 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

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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
<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
<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)
<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

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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)
<b>*Agents For Pheochromocytoma***</b>			
<b>DIBENZYLINE ORAL CAPSULE</b> <i>(Phenoxybenzamine HCl)</i> 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> <i>(Amlodipine-Olmesartan)</i> 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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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
<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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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)
<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
<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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>TRIBENZOR ORAL TABLET</b> ( <i>Olmесartan-Amlodipine-HCTZ</i> ) <b>20-5-12.5 MG</b>	3	3	R
<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>*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
<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
<b>TENORETIC 100 ORAL TABLET 100-25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)



Drug Name	Brand	Generic	Additional Information
TENORETIC 50 ORAL TABLET 50-25 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Direct Renin Inhibitors &amp; Thiazide/Thiazide-Like Comb***</b>			
TEKTRNA 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>			
TEKTRNA ORAL TABLET 150 MG, 300 MG	2		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<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>			
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	3		PA; R
FLAGYL ORAL CAPSULE 375 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
FLAGYL ORAL TABLET 250 MG, 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
IMPAVIDO ORAL CAPSULE 50 MG	3		R
<i>metronidazole oral capsule 375 mg</i>		1	R
<i>metronidazole oral tablet 250 mg, 500 mg</i>		1	R
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TINDAMAX ORAL TABLET 500 MG	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>
<i>tinidazole oral tablet 250 mg, 500 mg</i>		1	R
<i>trimethoprim oral tablet 100 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
<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>*Carbapenem Combinations***</b>			
<b>VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Leprostatics***</b>			
<i>dapsone oral tablet 100 mg, 25 mg</i>		2	R
<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 suspension reconstituted 100 mg/5ml</i>		2	R
<i>linezolid oral tablet 600 mg</i>		2	R&M; QL (2 EA per 1 day)
<b>SIVEXTRO ORAL TABLET 200 MG</b>	3		PA; RO
<b>ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML</b>	3		PA; R
<b>ZYVOX ORAL TABLET 600 MG</b>	3		PA; R

Drug Name	Brand	Generic	Additional Information
<b>*Antimalarials*</b>			
<b>*Antimalarial Combinations***</b>			
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>		1	R
<b>COARTEM ORAL TABLET 20-120 MG</b>	3		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>			
<b>ARAKODA ORAL TABLET 100 MG</b>	3		R&M; QL (16 EA per 90 Days)
<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>FIRDAPSE ORAL TABLET 10 MG</b>	3		PA; R
<b>MESTINON ORAL TABLET EXTENDED RELEASE 180 MG</b>	3		R
<i>pyridostigmine bromide oral tablet 60 mg</i>		1	R
<b>*Antimyasthenic/Cholinergic Agents***</b>			
<b>FIRDAPSE ORAL TABLET 10 MG</b>	3		PA; R
<b>MESTINON ORAL TABLET EXTENDED RELEASE 180 MG</b>	3		R
<i>pyridostigmine bromide oral tablet 60 mg</i>		1	R
<b>*Antimyasthenic/Cholinergic Agents*</b>			
<b>FIRDAPSE ORAL TABLET 10 MG</b>	3		PA; R
<b>MESTINON ORAL TABLET EXTENDED RELEASE 180 MG</b>	3		R
<i>pyridostigmine bromide oral tablet 60 mg</i>		1	R

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>SIRTURO ORAL TABLET 100 MG</b>	2		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		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 &amp; 50 &amp; 100 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antineoplastics And Adjunctive Therapies*</b>			
<b>*Alkylating Agents***</b>			
<b>BENDEKA INTRAVENOUS SOLUTION ( Bendamustine HCl) 100 MG/4ML</b>	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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>YONSA ORAL TABLET 125 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>ZYTIGA ORAL TABLET</b> ( <i>Abiraterone Acetate</i> ) <b>250 MG</b>	1	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ZYTIGA ORAL TABLET 500 MG</b>	1		PA; R&M; 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
<b>CASODEX ORAL TABLET 50 MG</b>	1		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ERLEADA ORAL TABLET 60 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>flutamide oral capsule 125 mg</i>		1	R
<b>NILANDRON ORAL TABLET</b> ( <i>Nilutamide</i> ) <b>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>*Antiestrogens***</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, 250 mg/10ml, 50 mg/2ml</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

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>XATMEP ORAL SOLUTION 2.5 MG/ML</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>XELODA ORAL TABLET (<i>Capecitabine</i>) 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>BRAFTOVI ORAL CAPSULE 50 MG, 75 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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>*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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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>MEKTOVI ORAL TABLET 15 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antineoplastic - Monoclonal Antibodies***</b>			
<b>BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML, 500 MG/50ML</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML</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>*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>RYDAPT ORAL CAPSULE 25 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>STIVARGA ORAL TABLET 40 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>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>ALUNBRIG ORAL TABLET 30 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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>CALQUENCE ORAL CAPSULE 100 MG</b>	1		PA; R&M; 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>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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>GLEEVEC ORAL TABLET</b> ( <i>Imatinib Mesylate</i> ) <b>100 MG</b>	1	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (6 EA per 1 day)
<b>GLEEVEC ORAL TABLET</b> ( <i>Imatinib Mesylate</i> ) <b>400 MG</b>	1	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); QL (4 EA per 1 day); AG (Min 18 Years)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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 CAPSULE THERAPY PACK 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 CAPSULE THERAPY PACK 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 CAPSULE THERAPY PACK 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 CAPSULE THERAPY PACK 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 CAPSULE THERAPY PACK 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 CAPSULE THERAPY PACK 4 (2) MG</b>	1		R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NERLYNX ORAL TABLET 40 MG</b>	1		PA; 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>TAGRISSE 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, 50 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>VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG</b>	1		PA; R
<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)

Drug Name	Brand	Generic	Additional Information
<b>*Antineoplastic Antibody-Drug Complexes***</b>			
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antineoplastic Combinations***</b>			
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antineoplastics Misc.***</b>			
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
HYDREA ORAL CAPSULE 500 MG	1		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>hydroxyurea oral capsule 500 mg</i>		1	R
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MATULANE ORAL CAPSULE 50 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Aromatase Inhibitors***</b>			
ARIMIDEX ORAL TABLET ( <i>Anastrozole</i> ) 1 MG	1	1	R&M; F; QL (1 EA per 1 day)
AROMASIN ORAL TABLET 25 MG	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)

Drug Name	Brand	Generic	Additional Information
<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)
<b>*Estrogen Receptor Antagonist***</b>			
<b>FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Estrogens-Antineoplastic***</b>			
<b>EMCYT ORAL CAPSULE 140 MG</b>	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>			
<b>FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Imidazotetrazines***</b>			
<b>TEMODAR ORAL CAPSULE (<i>Temozolomide</i>) 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG</b>	1	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>			
<b>JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<b>*Lhrh Analogs***</b>			
<b>ELIGARD SUBCUTANEOUS KIT 22.5 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (FDA only approved for prostate cancer.); M; QL (1 inj per 60 days); AG (Min 18 Years)
<b>ELIGARD SUBCUTANEOUS KIT 30 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (FDA only approved for prostate cancer.); M; QL (1 inj per 120 days); AG (Min 18 Years)
<b>ELIGARD SUBCUTANEOUS KIT 45 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (FDA only approved for prostate cancer.); M; QL (1 inj per 180 days); AG (Min 18 Years)
<b>ELIGARD SUBCUTANEOUS KIT 7.5 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (FDA only approved for prostate cancer.); M; QL (1 Inj per 30 days); AG (Min 18 Years)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (FDA only approved for prostate cancer.); M; QL (28 mg per 28 days); AG (Min 18 Years)
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG</b>	3		PA; SP; Note 1 (PA required. FDA approved only for endometriosis and fibroids.); QL (1 EA per 30 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (FDA only approved for prostate cancer.); M; QL (1 inj per 30 days); AG (Min 18 Years)
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG</b>	3		PA; SP; Note 1 (PA required. FDA approved only for endometriosis and fibroids.); QL (1 EA per 90 days)
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (FDA only approved for prostate cancer.); M; QL (1 inj per 60 days)
<b>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (FDA only approved for prostate cancer.); M; QL (1 inj per 120 days); AG (Min 18 Years)
<b>LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); Note 2 (FDA only approved for prostate cancer.); M; QL (1 inj per 180 days); AG (Min 18 Years)
<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)

Drug Name	Brand	Generic	Additional Information
<b>*Nitrogen Mustards***</b>			
<b>ALKERAN ORAL TABLET (<i>Melphalan</i>) 2 MG</b>	1	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 10 MG, 100 MG, 40 MG</b>	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Progestins-Antineoplastic***</b>			
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</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	PA; 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)

Drug Name	Brand	Generic	Additional Information
<b>*Anti-Obesity - Glp-1 Receptor Agonists***</b>			
<b>*Anti-Obesity - Glp-1 Receptor Agonists***</b>			
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3		R
<b>*Anti-Obesity Agent Combinations**</b>			
<b>*Anti-Obesity Agent Combinations**</b>			
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG	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
<i>bromocriptine mesylate oral capsule 5 mg</i>		1	R
<i>bromocriptine mesylate oral tablet 2.5 mg</i>		1	R
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	3		PA; R
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>			
AZILECT ORAL TABLET ( <i>Rasagiline Mesylate</i> ) 0.5 MG, 1 MG	3	1	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
XADAGO ORAL TABLET 100 MG, 50 MG	3		PA; R
<b>*Central/Peripheral Comt Inhibitors***</b>			
TASMAR ORAL TABLET ( <i>Tolcapone</i> ) 100 MG	3	1	PA; R
<b>*Decarboxylase Inhibitors***</b>			
<i>carbidopa oral tablet 25 mg</i>		1	R



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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 EXTENDED RELEASE (Carbidopa-Levodopa ER) 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 (Carbidopa-Levodopa-Entacapone) 25-100-200 MG</b>	3	3	R&M; QL (8 EA per 1 day)
<b>STALEVO 125 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 31.25-125-200 MG</b>	3	3	R&M; QL (8 EA per 1 day)
<b>STALEVO 150 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 37.5-150-200 MG</b>	3	3	R&M; QL (8 EA per 1 day)
<b>STALEVO 200 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 50-200-200 MG</b>	3	3	R&M; QL (8 EA per 1 day)
<b>STALEVO 50 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 12.5-50-200 MG</b>	3	3	R&M; QL (8 EA per 1 day)
<b>STALEVO 75 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 18.75-75-200 MG</b>	3	3	R&M; QL (8 EA per 1 day)
<b>*Nonergoline Dopamine Receptor Agonists***</b>			
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML</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 HOUR 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 HOUR 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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>		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 HOUR 12 MG, 6 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 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 HOUR 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 HOUR 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 hour 12 mg, 6 mg</i>		1	R
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		1	R&M; QL (8 EA per 1 Days)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>		1	R&M; QL (4 EA per 1 Days)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		1	R&M; QL (3 EA per 1 Days)
<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 extended release 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

Drug Name	Brand	Generic	Additional Information
<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 10 Years)
<b>NUPLAZID ORAL TABLET 17 MG</b>	3		R
<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)
<b>VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 &amp; 3 MG</b>	3		R&M; QL (1 EA per 7 days); AG (Min 12 Years)
<i>ziprasidone hcl oral capsule 20 mg</i>		1	R&M; QL (10 EA per 1 day)
<i>ziprasidone hcl oral capsule 40 mg, 60 mg, 80 mg</i>		1	R&M; QL (2 EA per 1 day)
<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 HOUR (<i>Paliperidone ER</i>) 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 HOUR (<i>Paliperidone ER</i>) 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</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

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Drug Name	Brand	Generic	Additional Information
<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>			
<b>SEROQUEL ORAL TABLET (QUetiapine Fumarate) 100 MG, 200 MG, 25 MG, 300 MG</b>	3	1	R
<b>SEROQUEL ORAL TABLET (QUetiapine Fumarate) 400 MG</b>	3	1	R&M; QL (2 EA per 1 day)
<b>SEROQUEL ORAL TABLET (QUetiapine Fumarate) 50 MG</b>	3	1	R&M; QL (3 EA per 1 day)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (QUetiapine Fumarate ER) 150 MG, 200 MG, 50 MG</b>	3	1	R&M; QL (1 EA per 1 day); AG (Min 10 Years)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (QUetiapine Fumarate ER) 300 MG</b>	3	1	R&M; QL (2 EA per 1 day); AG (Min 10 Years)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (QUetiapine Fumarate ER) 400 MG</b>	3	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>*Phenothiazines***</b>			
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		1	R
<b>COMPRO RECTAL SUPPOSITORY (Prochlorperazine) 25 MG</b>	1	1	R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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 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 solution 1 mg/ml</i>		1	R&M; QL (25 ML 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)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		3	R
<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)

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Drug Name	Brand	Generic	Additional Information
<b>*Antiseptics &amp; Disinfectants*</b>			
<b>*Antiseptics &amp; Disinfectants***</b>			
<b>FORMADON EXTERNAL SOLUTION</b> <i>(Formaldehyde) 10 %</i>	1	1	R
<i>formaldehyde external solution 37 %</i>		3	R
<i>phenol liquid 89 %</i>		3	R
<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>BIKTARVY ORAL TABLET 50-200-25 MG</b>	3		R&M; QL (1 EA per 1 day)
<b>CIMDUO ORAL TABLET 300-300 MG</b>	2		R&M; QL (1 EA per 1 day)
<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>DELSTRIGO ORAL TABLET 100-300-300 MG</b>	3		PA; 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>JULUCA ORAL TABLET 50-25 MG</b>	3		PA; R
<b>KALETRA ORAL SOLUTION</b> ( <i>Lopinavir-Ritonavir</i> ) <b>400-100 MG/5ML</b>	2	1	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>SYMFI LO ORAL TABLET 400-300-300 MG</b>	2		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>
<b>SYMFI ORAL TABLET 600-300-300 MG</b>	2		R&M; QL (1 EA per 1 day)
<b>SYMTUZA ORAL TABLET 800-150-200-10 MG</b>	3		PA; 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 SOLUTION 20 MG/ML</b>	2		R
<b>SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG</b>	2		R
<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 HD ORAL TABLET 600 MG</b>	2		R
<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>*Antiretrovirals - Protease Inhibitors***</b>			
<b>APTIVUS ORAL CAPSULE 250 MG</b>	3		R
<b>APTIVUS ORAL SOLUTION 100 MG/ML</b>	3		R
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>		2	R&M; QL (2 EA per 1 day)
<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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>LEXIVA ORAL TABLET</b> ( <i>Fosamprenavir Calcium</i> ) <b>700 MG</b>	2	2	R
<b>NORVIR ORAL CAPSULE 100 MG</b>	2		R
<b>NORVIR ORAL PACKET 100 MG</b>	2		R
<b>NORVIR ORAL SOLUTION 80 MG/ML</b>	2		R
<b>NORVIR ORAL TABLET</b> ( <i>Ritonavir</i> ) <b>100 MG</b>	2	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 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>INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG</b>	2		R
<i>nevirapine oral tablet 200 mg</i>		1	R
<b>PIFELTRO ORAL TABLET 100 MG</b>	3		PA; R
<b>RESCRIPTOR ORAL TABLET 100 MG, 200 MG</b>	3		R
<b>SUSTIVA ORAL CAPSULE</b> ( <i>Efavirenz</i> ) <b>200 MG</b>	3	2	R&M; QL (1 EA per 1 day)
<b>SUSTIVA ORAL CAPSULE</b> ( <i>Efavirenz</i> ) <b>50 MG</b>	3	2	R&M; QL (2 EA per 1 day)
<b>SUSTIVA ORAL TABLET</b> ( <i>Efavirenz</i> ) <b>600 MG</b>	3	2	R&M; QL (1 EA per 1 day)
<b>VIRAMUNE ORAL SUSPENSION</b> ( <i>Nevirapine</i> ) <b>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 HOUR</b> ( <i>Nevirapine ER</i> ) <b>100 MG, 400 MG</b>	3	1	R
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines***</b>			
<i>abacavir sulfate oral solution 20 mg/ml</i>		1	R



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>abacavir sulfate oral tablet 300 mg</i>		1	R
<i>didanosine oral capsule delayed release 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>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<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
<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
<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

Drug Name	Brand	Generic	Additional Information
<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>PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PREVYMIS ORAL TABLET 240 MG, 480 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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>*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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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>VEMLIDY ORAL TABLET 25 MG</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Hepatitis C Agents***</b>			
<b>DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 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>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 TABLET (<i>Ribavirin</i>) 200 MG</b>	1	1	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		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML</b>	2		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>PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML</b>	2		SP; 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, 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 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>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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)

Drug Name	Brand	Generic	Additional Information
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ZOVIRAX ORAL TABLET 400 MG, 800 MG	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>*Influenza Agents***</b>			
FLUMADINE ORAL TABLET 100 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Neuraminidase Inhibitors***</b>			
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3		R&M; QL (20 EA per 30 days)
TAMIFLU ORAL CAPSULE ( <i>Oseltamivir Phosphate</i> ) 30 MG, 45 MG, 75 MG	3	2	R&M; QL (10 EA per 1 Copay)
TAMIFLU ORAL SUSPENSION RECONSTITUTED ( <i>Oseltamivir Phosphate</i> ) 6 MG/ML	3	2	R&M; 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)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	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

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>SYPRINE ORAL CAPSULE</b> ( <i>Trientine HCl</i> ) <b>250 MG</b>	3	3	PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Cyclosporine Analogs***</b>			
<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> ) <b>100 MG, 25 MG</b>	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GENGRAF ORAL SOLUTION</b> ( <i>CycloSPORINE Modified</i> ) <b>100 MG/ML</b>	1	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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)
<b>NEORAL ORAL SOLUTION 100 MG/ML</b>	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</b> ( <i>CycloSPORINE</i> ) <b>50 MG/ML</b>	3	1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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)

Drug Name	Brand	Generic	Additional Information
<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)
<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>mycophenolate sodium oral tablet delayed release 180 mg</i>		1	R&M; QL (6 EA per 1 day)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>		1	R&M; QL (4 EA per 1 day)
<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 HOUR 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

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Drug Name	Brand	Generic	Additional Information
<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>KIONEX ORAL SUSPENSION (Sodium Polystyrene Sulfonate) 15 GM/60ML</b>	1	1	R
<b>LOKELMA ORAL PACKET 10 GM, 5 GM</b>	3		PA; R
<i>sodium polystyrene sulfonate oral powder</i>		1	R
<b>SPS ORAL SUSPENSION (Sodium Polystyrene Sulfonate) 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>*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 18 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 (Carvedilol Phosphate ER) 10 MG, 20 MG, 40 MG, 80 MG</b>	3	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



Drug Name	Brand	Generic	Additional Information
<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>KASPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG</b>	3		PA; R
<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 hour 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 (<i>Atenolol</i>) 100 MG, 25 MG, 50 MG</b>	3	1	R
<b>TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 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
<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 60 mg</i>		1	R
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		1	R
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		1	R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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>*Bulk Chemicals - Ny***</b>			
<b>*Bulk Chemicals - Ny***</b>			
<i>nystatin powder</i>		3	R
<b>*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***</b>			
<b>*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***</b>			
<b>AIMOVIG 140 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (0.05 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3		PA; SP
<b>*Calcium Channel Blockers*</b>			
<b>*Calcium Channel Blockers***</b>			
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 90 MG	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
CALAN SR ORAL TABLET EXTENDED RELEASE 240 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR ( <i>DilTIAZem HCl ER Coated Beads</i> ) 360 MG	3	1	R
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 300 MG, 360 MG, 420 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR ( <i>Diltiazem HCl ER Coated Beads</i> ) 120 MG	1	1	R
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR ( <i>DilTIAZem HCl ER Coated Beads</i> ) 180 MG, 240 MG, 300 MG	1	1	R
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 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 hour 10 mg, 2.5 mg, 5 mg</i>		1	R
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		1	R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		1	R
<b>NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG</b>	1		R
<i>nifedipine er oral tablet extended release 24 hour 30 mg</i>		1	R
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>		1	R
<i>nifedipine oral capsule 10 mg, 20 mg</i>		1	R
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 40 mg</i>		3	R&M; QL (1 EA per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>		3	R&M; QL (2 EA per 1 day)
<b>NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>PROCARDIA ORAL CAPSULE 10 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day)
<b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Beads) 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</b>	1	1	R
<b>TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG</b>	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</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>VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Verapamil HCl ER) 360 MG</b>	3	3	R
<b>*Cardiotonics*</b>			
<b>*Cardiac Glycosides***</b>			
<b>DIGITEK ORAL TABLET (Digoxin) 125 MCG</b>	1	2	R

Drug Name	Brand	Generic	Additional Information
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>			
CADUET ORAL TABLET ( <i>Amlodipine-Atorvastatin</i> ) 10-80 MG	3	3	R&M; QL (1 EA per 1 day)
<b>*Nitrate &amp; Vasodilator Combinations***</b>			
BIDIL ORAL TABLET 20-37.5 MG	3		R&M; AG (Max 16 Years)
<b>*Prostaglandin - Impotence Agents***</b>			
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	3		R&M; M
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	3		R&M; M; QL (6 EA per 30 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	3		R&M; M
MUSE URETHRAL PELLET 1000 MCG, 125 MCG, 250 MCG, 500 MCG	3		R&M; M; QL (6 EA per 30 days)
<b>*Prostaglandin Vasodilators***</b>			
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED ( <i>Epoprostenol Sodium</i> ) 0.5 MG, 1.5 MG	3	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3		PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	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>TYVASO INHALATION SOLUTION 0.6 MG/ML</b>	3		PA; 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>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 (<i>Epoprostenol Sodium</i>) 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		PA; 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>TRACLEER ORAL TABLET SOLUBLE 32 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>			
ADCIRCA ORAL TABLET 20 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REVATIO INTRAVENOUS SOLUTION (Sildenafil Citrate) 10 MG/12.5ML	3	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
REVATIO ORAL TABLET (Sildenafil Citrate) 20 MG	3	1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 18 Years)
<b>*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***</b>			
CIALIS ORAL TABLET 10 MG, 20 MG	3		R&M; M; QL (24 EA per 84 days); AG (Min 18 Years)
CIALIS ORAL TABLET 2.5 MG, 5 MG	3		R&M; M; QL (1 EA per 1 day); AG (Min 18 Years)
LEVITRA ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3		R&M; M; QL (8 EA per 30 days)
STAXYN ORAL TABLET DISPERSIBLE (Vardenafil HCl) 10 MG	3	3	R&M; M; QL (8 EA per 30 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	3		R&M; M; QL (8 EA per 30 days)
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>		3	R&M; QL (8 EA per 30 Days)
VIAGRA ORAL TABLET (Sildenafil Citrate) 100 MG, 25 MG, 50 MG	3	1	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

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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>*Cephalosporins - 2Nd Generation***</b>			
<i>cefaclor er oral tablet extended release 12 hour 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
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		1	R
<b>*Cephalosporins - 3Rd Generation***</b>			
<i>cefdinir oral capsule 300 mg</i>		1	R
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		1	R
<i>cefditoren pivoxil oral tablet 200 mg</i>		3	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) 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 CHEWABLE 100 MG</b>	3		R
<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



Drug Name	Brand	Generic	Additional Information
<b>*Bulk Chemicals - Di's***</b>			
<i>diclofenac sodium powder</i>		3	R
<b>*Bulk Chemicals - Es's***</b>			
<i>estradiol micronized 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
<i>ketoprofen powder</i>		3	R
<b>*Bulk Chemicals - Ox's***</b>			
<i>oxybutynin chloride powder</i>		3	R
<b>*Bulk Chemicals - Pr's***</b>			
<i>progesterone micronized powder</i>		3	R
<i>progesterone milled powder</i>		3	R
<i>progesterone powder</i>		3	R
<i>progesterone wetttable 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>*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***</b>			
<b>*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***</b>			
TRULANCE ORAL TABLET 3 MG	3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Contraceptives*</b>			
<b>*Biphasic Contraceptives - Oral***</b>			
AZURETTE ORAL TABLET ( <i>Desogestrel-Ethinyl Estradiol</i> ) 0.15-0.02/0.01 MG (21/5)	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>BEKYREE 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)
<b>KARIVA 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)
<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)
<b>MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	3		R&M; F; 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>BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)</b>	3		R&M; F; 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>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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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)
<b>DELYLA 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>ELINEST ORAL TABLET 0.3-30 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 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 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 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 MG-MCG</b>	1	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 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>GIANVI ORAL TABLET</b> ( <i>Drospirenone-Ethinyl Estradiol</i> ) <b>3-0.02 MG</b>	1	1	R&M; \$0; QL (28 EA per 30 days)
<b>GILDESS 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>GILDESS 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>HAILEY 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>ISIBLOOM 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>JULEBER 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>JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	1		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>JUNEL 1/20 ORAL TABLET</b> ( <i>Norethindrone 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 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 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 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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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</b> ( <i>Ethinodiol Diac-Eth Estradiol</i> ) <b>1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>KELNOR 1/50 ORAL TABLET</b> ( <i>Ethinodiol Diac-Eth Estradiol</i> ) <b>1-50 MG-MCG</b>	1	1	R&M; F; \$0; QL (28 EA per 30 days)
<b>KURVELO 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>LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	1		R&M; F; QL (1.25 EA per 1 day)
<b>LARIN 1/20 ORAL TABLET</b> ( <i>Norethindrone 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 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 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 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 0.1-20 MG-MCG</b>	1		R&M; F; 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 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 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>LILLOW 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>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>LORYNA ORAL TABLET</b> ( <i>Drospirenone-Ethinyl Estradiol</i> ) <b>3-0.02 MG</b>	1	1	R&M; \$0; 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</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)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>		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>MELODETTA 24 FE ORAL TABLET CHEWABLE</b> ( <i>Norethin Ace-Eth Estrad-FE</i> ) <b>1-20 MG-MCG(24)</b>	3	3	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>MIBELAS 24 FE ORAL TABLET CHEWABLE</b> ( <i>Norethin Ace-Eth Estrad-FE</i> ) <b>1-20 MG-MCG(24)</b>	3	3	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</b> ( <i>Norethindrone Acet-Ethinyl Est</i> ) <b>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</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>MINASTRIN 24 FE ORAL TABLET CHEWABLE</b> ( <i>Norethin Ace-Eth Estrad-FE</i> ) <b>1-20 MG-MCG(24)</b>	3	3	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>MONO-LINYAH 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>MONONESSA 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>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</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>NIKKI ORAL TABLET</b> ( <i>Drospirenone-Ethinyl Estradiol</i> ) <b>3-0.02 MG</b>	1	1	R&M; \$0; QL (28 EA per 30 days)
<i>norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)</i>		3	R&M; F; \$0; QL (1.25 EA per 1 day)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>		1	R&M; F; 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</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>NORTREL 1/35 (28) 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>OCELLA 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)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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</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>ORTHO-CYCLEN (28) ORAL TABLET</b> <i>(Norgestimate-Eth Estradiol)</i> <b>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</b> <i>(Alyacen 1/35)</i> <b>1-35 MG-MCG</b>	3	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>PHILITH 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>PIRMELLA 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>PORTIA-28 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>PREVIFEM 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>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> <i>(Drospiren-Eth Estrad-Levomefol)</i> <b>3-0.03-0.451 MG</b>	3	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 1-20 MG-MCG(24)</b>	3		R&M; F; QL (28 EA per 30 days)
<b>TYDEMY ORAL TABLET</b> <i>(Drospiren-Eth Estrad-Levomefol)</i> <b>3-0.03-0.451 MG</b>	3	3	R&M; F; QL (28 EA per 30 days)
<b>VESTURA ORAL TABLET</b> <i>(Drospirenone-Ethinyl Estradiol)</i> <b>3-0.02 MG</b>	1	1	R&M; \$0; QL (28 EA per 30 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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>VYLIBRA ORAL TABLET</b> <b>0.25-35 MG-MCG</b>	1		R&M; F; 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> <b>0.4-35 MG-MCG</b>	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; 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 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</b> ( <i>Ethinodiol Diac-Eth Estradiol</i> ) <b>1-35 MG-MCG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>*Combination Contraceptives - Transdermal***</b>			
<b>XULANE TRANSDERMAL PATCH WEEKLY</b> <b>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</b> <b>0.12-0.015 MG/24HR</b>	3		R&M; F; \$0; QL (1 EA per 30 days)
<b>*Continuous Contraceptives - Oral***</b>			
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>		1	R&M; F; \$0; QL (1.25 EA per 1 day); AG (Min 12 Years)
<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>ECONTRA 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>ELLA ORAL TABLET</b> <b>30 MG</b>	3		RO; F; \$0; QL (3 EA per 30 days)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>MY CHOICE ORAL TABLET</b> <i>(Levonorgestrel)</i> <b>1.5 MG</b>	1	1	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>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>FAYOSIM ORAL TABLET</b> <i>(Levonorgest-Eth Est &amp; Eth Est)</i> <b>42-21-21-7 DAYS</b>	1	1	R&M; F; \$0; QL (91 EA per 91 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</b> <b>0.1-0.02 &amp; 0.01 MG</b>	3		R&M; F; QL (91 EA per 91 days)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>QUARTETTE ORAL TABLET</b> ( <i>Levonorgest-Eth Est &amp; Eth Est</i> ) <b>42-21-21-7 DAYS</b>	3	1	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>RIVELSA ORAL TABLET</b> ( <i>Levonorgest-Eth Est &amp; Eth Est</i> ) <b>42-21-21-7 DAYS</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)
<b>*Four Phase Contraceptives - Oral***</b>			
<b>NATAZIA ORAL TABLET 3/2-2/2-3/1 MG</b>	3		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>*Progestin Contraceptives - Injectable***</b>			
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION</b> ( <i>MedroxyPROGESTERone Acetate</i> ) <b>150 MG/ML</b>	3	1	R&M; F; \$0; QL (1 EA per 90 days)
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b> ( <i>MedroxyPROGESTERone Acetate</i> ) <b>150 MG/ML</b>	3	1	R&M; F; \$0; QL (1 ML per 90 days)
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML</b>	3		R&M; Note 1 (10 bottles per copay retail or mail. Max 30.); F; \$0; QL (1 ML per 90 days)
<b>*Progestin Contraceptives - Oral***</b>			
<b>CAMILA ORAL TABLET</b> ( <i>Norethindrone</i> ) <b>0.35 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>DEBLITANE ORAL TABLET</b> ( <i>Norethindrone</i> ) <b>0.35 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ERRIN ORAL TABLET</b> ( <i>Norethindrone</i> ) <b>0.35 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>HEATHER ORAL TABLET</b> ( <i>Norethindrone</i> ) <b>0.35 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>INCASSIA ORAL TABLET</b> ( <i>Norethindrone</i> ) <b>0.35 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>JENCYCLA ORAL TABLET</b> ( <i>Norethindrone</i> ) <b>0.35 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>JOLIVETTE ORAL TABLET</b> ( <i>Norethindrone</i> ) <b>0.35 MG</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>LYZA ORAL TABLET (Norethindrone) 0.35 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>NORA-BE ORAL TABLET (Norethindrone) 0.35 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>NORLYDA ORAL TABLET (Norethindrone) 0.35 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>NORLYROC ORAL TABLET (Norethindrone) 0.35 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>ORTHO MICRONOR ORAL TABLET 0.35 MG</b>	3		R&M; F; QL (1.25 EA per 1 day)
<b>SHAROBEL ORAL TABLET (Norethindrone) 0.35 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>TULANA ORAL TABLET (Norethindrone) 0.35 MG</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)
<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 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>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>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 0.18/0.215/0.25 MG-25 MCG</b>	3		R&M; F; QL (1.25 EA per 1 day)

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<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 (<i>Alyacen 7/7/7</i>) 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 FEMYNOR ORAL TABLET (<i>Norgestim-Eth Estrad Triphasic</i>) 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-ESTARYLLA ORAL TABLET (<i>Norgestim-Eth Estrad Triphasic</i>) 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-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 (<i>Norgestim-Eth Estrad Triphasic</i>) 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 (<i>Norgestim-Eth Estrad Triphasic</i>) 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 (<i>Norgestim-Eth Estrad Triphasic</i>) 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 (<i>Norgestim-Eth Estrad Triphasic</i>) 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 (<i>Norgestim-Eth Estrad Triphasic</i>) 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 (<i>Norgestim-Eth Estrad Triphasic</i>) 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-PREVFIFEM ORAL TABLET (<i>Norgestim-Eth Estrad Triphasic</i>) 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 (<i>Norgestim-Eth Estrad Triphasic</i>) 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 (<i>Levonorg-Eth Estrad Triphasic</i>)</b>	1	1	R&M; F; \$0; QL (1.25 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	1		R&M; F; 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 oral capsule delayed release particles 3 mg</i>		3	R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
<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
<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>EMFLAZA ORAL SUSPENSION 22.75 MG/ML</b>	3		PA; R&M; AG (Min 5 Years)
<b>EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG</b>	3		PA; R&M; AG (Min 5 Years)
<b>ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG</b>	1		R&M; QL (3 EA per 1 day)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>		1	R
<b>MEDROL ORAL TABLET 2 MG</b>	3		R
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>		1	R
<b>MILLIPRED ORAL SOLUTION (PredniSONE Sodium Phosphate) 10 MG/5ML</b>	3	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)
<i>prednisolone oral solution 15 mg/5ml</i>		3	R
<i>prednisolone oral syrup 15 mg/5ml</i>		3	R
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>		1	R
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>		3	R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 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>UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR (Budesonide ER) 9 MG</b>	3	3	R
<b>VERIPRED 20 ORAL SOLUTION (PrednisolONE Sodium Phosphate) 20 MG/5ML</b>	3	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>*Antitussive - Opioid***</b>			
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>		1	R
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>		1	R
<i>hydromet oral syrup 5-1.5 mg/5ml</i>		1	R
<b>*Antitussive-Expectorant***</b>			
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		1	R
<i>hydrocodone-guaifenesin oral solution 2.5-200 mg/5ml</i>		3	PA; R
<b>*Decongestant &amp; Antihistamine***</b>			
<b>CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG</b>	3		R&M; QL (2 EA per 1 day)
<i>promethazine vc 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>*Iodine Expectorants***</b>			
<b>SSKI ORAL SOLUTION 1 GM/ML</b>	3		R

Drug Name	Brand	Generic	Additional Information
<b>*Misc. Respiratory Inhalants***</b>			
<b>HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<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>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		1	R
<b>TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML</b>	3		R&M; QL (20 ML per 1 day); AG (Min 18 Years)
<b>*Opioid Antitussive-Decongestant-Antihistamine***</b>			
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>		1	R
<i>promethazine-phenyleph-codeine 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>*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)
<b>KISQALI 200 DOSE ORAL TABLET 200 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>KISQALI 400 DOSE ORAL TABLET 200 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
KISQALI 600 DOSE ORAL TABLET 200 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1		PA; R&M; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Cystic Fibrosis Agent - Combinations***</b>			
<b>*Cystic Fibrosis Agent - Combinations***</b>			
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ORKAMBI ORAL TABLET 100-125 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); AG (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	3		PA; SP
<b>*Dermatologicals*</b>			
<b>*Acne Antibiotics***</b>			
ACZONE EXTERNAL GEL ( <i>Dapsone</i> ) 5 %	3	3	R
ACZONE EXTERNAL GEL 7.5 %	3		R
<i>ery external pad 2 %</i>		1	R
ERYGEL EXTERNAL GEL ( <i>Erythromycin</i> ) 2 %	3	1	R
<i>erythromycin external pad 2 %</i>		1	R
<i>erythromycin external solution 2 %</i>		1	R
<b>*Acne Combinations***</b>			
AVAR CLEANSER EXTERNAL EMULSION ( <i>Sulfacetamide Sodium-Sulfur</i> ) 10-5 %	1	1	R
AVAR EXTERNAL PAD 9.5-5 %	3		R
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
AVAR LS EXTERNAL PAD 10-2 %	3		R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>AVAR-E EMOLLIENT EXTERNAL CREAM</b> ( <i>Sulfacetamide Sodium-Sulfur</i> ) <b>10-5 %</b>	1	1	R
<b>AVAR-E GREEN EXTERNAL CREAM</b> ( <i>Sulfacetamide Sodium-Sulfur</i> ) <b>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>ROSANIL CLEANSER EXTERNAL EMULSION</b> ( <i>Sulfacetamide Sodium-Sulfur</i> ) <b>10-5 %</b>	3	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 liquid 10-2 %</i>		1	R
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>		1	R
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>		3	R
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>		3	R
<b>*Acne Products***</b>			
<i>adapalene external gel 0.1 %</i>		2	R
<b>ALTRENO EXTERNAL LOTION 0.05 %</b>	3		PA; R
<b>AMNESTEEM ORAL CAPSULE</b> ( <i>ISOTretinoin</i> ) <b>10 MG, 20 MG, 40 MG</b>	3	3	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
<b>BENZIQLS EXTERNAL GEL 5.25 %</b>	3		R&M; QL (50 GM per 30 days); AG (Min 12 Years)
<b>BENZIQLS EXTERNAL GEL 2.75 %</b>	3		R&M; QL (50 GM per 30 days); AG (Min 12 Years)
<i>bp foam external foam 9.8 %</i>		1	R
<i>bpo foaming cloths external 6 %</i>		1	R

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CLARAVIS ORAL CAPSULE (ISOTretinoin) 10 MG</b>	3	3	R
<b>FABIOR EXTERNAL FOAM 0.1 %</b>	3		R
<i>isotretinoin oral capsule 30 mg</i>		3	R
<b>MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	3		PA; R
<b>PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID (BP Wash) 7 %</b>	1	1	R
<b>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %</b>	3		R
<i>tretinoin powder</i>		3	R
<b>ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	3		PA; R
<b>*Agents For External Genital And Perianal Warts***</b>			
<b>VEREGEN EXTERNAL OINTMENT 15 %</b>	3		R&M; QL (30 GM per 1 Copay)
<b>*Antibiotic Steroid Combinations - Topical***</b>			
<b>CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5</b>	3		R
<b>CORTISPORIN EXTERNAL OINTMENT 1 %</b>	3		R
<b>*Antibiotics - Topical***</b>			
<b>ALTABAX EXTERNAL OINTMENT 1 %</b>	3		R&M; QL (1 GM per 1 day)
<b>BACTROBAN EXTERNAL CREAM 2 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CENTANY EXTERNAL OINTMENT (Mupirocin) 2 %</b>	3	1	R
<i>gentamicin sulfate external cream 0.1 %</i>		3	R
<i>gentamicin sulfate external ointment 0.1 %</i>		1	R
<i>mupirocin calcium external cream 2 %</i>		1	R
<b>XEPI EXTERNAL CREAM 1 %</b>	3		PA; R
<b>*Antifungals - Topical Combinations***</b>			
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		1	R
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>		1	R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>DERMAZENE EXTERNAL CREAM</b> (Hydrocortisone-Iodoquinol) 1-1 %	1	1	R
<b>EXODERM EXTERNAL LOTION 25-1 %</b>	3		R
<b>LOTRISONE EXTERNAL CREAM 1-0.05 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		1	R
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		1	R
<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</b> (Ciclopirox Olamine) 0.77 %	3	1	R
<b>MENTAX EXTERNAL CREAM 1 %</b>	3		R
<i>naftifine hcl external cream 1 %</i>		1	R
<b>NAFTIN EXTERNAL CREAM</b> (Naftifine HCl) 2 %	3	1	R
<b>NAFTIN EXTERNAL GEL 1 %, 2 %</b>	3		R
<b>NYAMYC EXTERNAL POWDER</b> (Nystatin) 100000 UNIT/GM	1	1	R
<i>nystatin external cream 100000 unit/gm</i>		1	R
<i>nystatin external ointment 100000 unit/gm</i>		1	R
<b>NYSTOP EXTERNAL POWDER</b> (Nystatin) 100000 UNIT/GM	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>VOLTAREN TRANSDERMAL GEL</b> (Diclofenac Sodium) 1 %	3	1	R&M; Note 1 (1-100gm tube per copay); QL (100 GM per 1 Copay)

Drug Name	Brand	Generic	Additional Information
<b>*Antineoplastic Alkylating Agents - Topical***</b>			
VALCHLOR EXTERNAL GEL 0.016 %	1		PA; R&M; Note 2 (1 60gm tube per Copay); QL (60 GM per 1 Copay)
<b>*Antineoplastic Antimetabolites - Topical***</b>			
CARAC EXTERNAL CREAM ( <i>Fluorouracil</i> ) 0.5 %	1	1	PA; R&M; Note 1 (Step either Tolak 4% * fluorouracil 2% soln); QL (1 GM per 1 day)
EFUDEX EXTERNAL CREAM 5 %	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
FLUOROPLEX EXTERNAL CREAM 1 %	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>fluorouracil external cream 5 %</i>		1	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<i>fluorouracil external solution 2 %, 5 %</i>		1	R
TOLAK EXTERNAL CREAM 4 %	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antineoplastic Or Premalignant Lesions - Topical Misc.***</b>			
PICATO EXTERNAL GEL 0.015 %, 0.05 %	1		PA; R
<b>*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***</b>			
<i>diclofenac sodium transdermal gel 3 %</i>		1	PA; R&M; QL (3.34 GM per 1 day)
<b>*Antineoplastic Retinoids - Topical***</b>			
PANRETIN EXTERNAL GEL 0.1 %	1		PA; R
<b>*Antipruritics - Topical***</b>			
PRUDOXIN EXTERNAL CREAM ( <i>Doxepin HCl</i> ) 5 %	3	3	PA; R
ZONALON EXTERNAL CREAM ( <i>Doxepin HCl</i> ) 5 %	3	3	PA; R
<b>*Antipsoriatics - Systemic***</b>			
<i>acitretin oral capsule 10 mg, 25 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 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>SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SORIATANE ORAL CAPSULE 25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>	2		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; Note 1 (120gm can is not covered at retail. ); QL (1 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>
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	3		R
<b>TAZORAC EXTERNAL CREAM</b> <i>(Tazarotene)</i> <b>0.1 %</b>	3	3	R
<b>TAZORAC EXTERNAL GEL 0.05 %, 0.1 %</b>	3		R
<b>VECTICAL EXTERNAL OINTMENT</b> <i>(Calcitriol)</i> <b>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 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>selenium sulfide external shampoo 2.25 %</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>*Burn Products***</b>			
<b>SILVADENE EXTERNAL CREAM 1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>SSD EXTERNAL CREAM</b> <i>(Silver Sulfadiazine)</i> <b>1 %</b>	1	1	R
<b>SULFAMYLON EXTERNAL CREAM 85 MG/GM</b>	3		R
<b>*Cauterizing Agents***</b>			
<i>silver nitrate external solution 25 %</i>		3	R

Drug Name	Brand	Generic	Additional Information
<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
<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 gel 0.05 %</i>		3	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>BRYHALI EXTERNAL LOTION 0.01 %</b>	3		R&M; QL (0.5 GM per 1 day)
<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 ointment 0.05 %</i>		1	R
<i>clobetasol propionate external shampoo 0.05 %</i>		1	R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CLOBEX EXTERNAL LOTION</b> ( <i>Clobetasol Propionate</i> ) <b>0.05 %</b>	3	3	R
<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)
<i>clocortolone pivalate pump external cream 0.1 %</i>		3	R
<b>CLODERM EXTERNAL CREAM</b> ( <i>Clocortolone Pivalate</i> ) <b>0.1 %</b>	3	3	R
<b>CLODERM PUMP EXTERNAL CREAM</b> ( <i>Clocortolone Pivalate</i> ) <b>0.1 %</b>	3	3	R
<b>CORDRAN EXTERNAL CREAM 0.025 %</b>	3		R
<b>CORDRAN EXTERNAL CREAM</b> ( <i>Flurandrenolide</i> ) <b>0.05 %</b>	3	3	R
<b>CORDRAN EXTERNAL LOTION</b> ( <i>Flurandrenolide</i> ) <b>0.05 %</b>	3	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>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>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
<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

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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 %</i>		1	R
<i>fluocinonide external gel 0.05 %</i>		1	R
<i>fluocinonide external ointment 0.05 %</i>		1	R
<i>fluocinonide external solution 0.05 %</i>		1	R
<i>flurandrenolide external ointment 0.05 %</i>		3	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 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</b> <i>(Hydrocortisone Butyrate) 0.1 %</i>	3	3	R&M; QL (59 ML per 1 Copay)
<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>NOLIX EXTERNAL CREAM</b> <i>(Flurandrenolide) 0.05 %</i>	3	3	R



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>NOLIX EXTERNAL LOTION</b> ( <i>Flurandrenolide</i> ) <b>0.05 %</b>	3	3	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)
<i>prednicarbate external cream 0.1 %</i>		1	R
<i>prednicarbate external ointment 0.1 %</i>		3	R
<i>psorcon external cream 0.05 %</i>		3	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)
<b>TOPICORT EXTERNAL CREAM</b> ( <i>Desoximetasone</i> ) <b>0.05 %</b>	3	3	R
<b>TOPICORT EXTERNAL OINTMENT</b> ( <i>Desoximetasone</i> ) <b>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

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>triamcinolone acetonide external ointment 0.025 %</i> , <i>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</b> <i>(Triamcinolone Acetonide) 0.1 %</i>	1	1	R
<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>VERDESO EXTERNAL FOAM 0.05 %</b>	3		R
<b>*Emollient/Keratolytic Agents***</b>			
<b>CEROVEL EXTERNAL LOTION</b> <i>(Urea) 40 %</i>	1	1	R
<b>HYDRO 40 EXTERNAL FOAM 40 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>KERALAC EXTERNAL CREAM 47 %</b>	3		R&M; QL (142 GM per 1 Copay)
<b>REA LO 40 EXTERNAL CREAM</b> <i>(Urea) 40 %</i>	1	1	R
<i>salrix external suspension 50 %</i>		1	R
<b>URAMAXIN EXTERNAL GEL 45 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>urea external cream 39 %</i> , <i>45 %</i>		1	R
<i>urea external suspension 40 %</i>		3	R
<i>urea nail external gel 45 %</i>		1	R
<i>urevaz external cream 44 %</i>		3	R
<b>*Emollients***</b>			
<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>SANTYL EXTERNAL OINTMENT 250 UNIT/GM</b>	3		R

Drug Name	Brand	Generic	Additional Information
<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>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
<i>miconazole nitrate powder</i>		3	R
<b>OXISTAT EXTERNAL CREAM (Oxiconazole Nitrate) 1 %</b>	3	3	R
<b>OXISTAT EXTERNAL LOTION 1 %</b>	3		R
<b>*Immunomodulators 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>*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 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)

Drug Name	Brand	Generic	Additional Information
ASPERCREME NIGHTTIME EXTERNAL LOTION 10 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
TRU-MICIN EXTERNAL LOTION 10 %	1		R
ULTRACIN T EXTERNAL LOTION 10 %	1		R
<b>*Local Anesthetics - Topical***</b>			
<i>anastia external lotion 2.75 %</i>		3	R
GLYDO EXTERNAL GEL ( <i>Lidocaine HCl</i> ) 2 %	1	1	R
<i>lidocaine external ointment 5 %</i>		1	R
<i>lidocaine external patch 5 %</i>		1	R
<i>lidocaine hcl external lotion 3 %</i>		3	R
<i>lidocaine hcl external solution 4 %</i>		1	R
LIDODERM EXTERNAL PATCH 5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>lidorx external gel 3 %</i>		3	R
<i>numbonex external lotion 2.75 %</i>		3	R
<b>*Macrolide Immunosuppressants - Topical***</b>			
ELIDEL EXTERNAL CREAM 1 %	3		PA; R&M; QL (1 GM per 1 day); AG (Min 2 Years)
<i>pimecrolimus external cream 1 %</i>		3	PA; R&M; QL (1 GM per 1 Day); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	3		PA; R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (30 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>		1	R&M; QL (30 GM per 30 days); AG (Min 2 Years)
<b>*Photodynamic Therapy Agents - Topical***</b>			
AMELUZ EXTERNAL GEL 10 %	3		R
<b>*Rosacea Agents***</b>			
FINACEA EXTERNAL GEL 15 %	3		R
MIRVASO EXTERNAL GEL 0.33 %	3		PA; R
NORITATE EXTERNAL CREAM 1 %	3		R
ROSDAN EXTERNAL GEL ( <i>MetroNIDAZOLE</i> ) 0.75 %	1	1	R
SOOLANTRA EXTERNAL CREAM 1 %	3		R

Drug Name	Brand	Generic	Additional Information
<b>*Scabicide Combinations***</b>			
LICEMD EXTERNAL GEL 0.33-4 %	3		R
<b>*Scabicides &amp; Pediculicides***</b>			
ELIMITE EXTERNAL CREAM 5 %	3		PA; R
EURAX EXTERNAL CREAM 10 %	3		PA; R
EURAX EXTERNAL LOTION 10 %	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)
NATROBA EXTERNAL SUSPENSION 0.9 %	3		PA; R
OVIDE EXTERNAL LOTION 0.5 %	3		PA; R&M; QL (59 ML per 1 Copay)
<i>permethrin external cream 5 %</i>		1	R
SKLICE EXTERNAL LOTION 0.5 %	3		PA; RO; QL (117 GM per 30 days)
<i>spinosad external suspension 0.9 %</i>		3	PA; R&M; AG (Max 18 Years)
ULESFIA EXTERNAL LOTION 5 %	3		PA; R
<b>*Steroid-Local Anesthetic Combinations***</b>			
EPIFOAM EXTERNAL FOAM 1-1 %	3		R
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>		1	R
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
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		1	R

Drug Name	Brand	Generic	Additional Information
<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)
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)
<b>*Wound Care - Growth Factor Agents***</b>			
REGRANEX EXTERNAL GEL 0.01 %	3		PA; R&M; Note 1 (Limited to 30 days supply)
<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 AVIVA PLUS IN VITRO STRIP	3		PA; R
ACCU-CHEK COMPACT PLUS IN VITRO STRIP	3		PA; R
ACCU-CHEK GUIDE IN VITRO STRIP	3		R
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)
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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ADVOCATE REDI-CODE IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ADVOCATE REDI-CODE+ TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>ADVOCATE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>AGAMATRIX AMP TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>AGAMATRIX JAZZ TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<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>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 PRISM MULTI TEST IN VITRO STRIP</b>	3		R
<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>BAYER CONTOUR 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)
<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>CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP</b>	3		R
<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)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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>COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP</b>	3		R
<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)
<b>D-CARE BLOOD GLUCOSE IN VITRO STRIP</b>	3		R
<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>EASYGLUCO PLUS IN VITRO STRIP</b>	3		R
<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)
<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)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>EASYPRO PLUS 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 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)
<i>eq blood glucose test in vitro strip</i>		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>EVENCARE MINI GLUCOSE 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)
<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>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 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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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 D40/G31 BLOOD GLUCOSE 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 G30/PREM V10 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 TN'G/TN'G VOICE 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 V30A BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<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>FORTISCARE 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 PRECISION NEO 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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>GENSTRIP 50 IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<b>GENULTIMATE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	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 SHINE 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>GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP</b> ( <i>Blood Glucose Test</i> )	3	3	PA; R&M; QL (10 EA per 1 day)
<i>glucose meter test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<i>gnp easy touch glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<b>IN TOUCH 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> Kroger blood glucose test in vitro strip</i>		3	PA; R&M; QL (10 EA per 1 day)
<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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>liberty test in vitro strip</i>		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 essential 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>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 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>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)
<i>pharmacist choice no coding in vitro strip</i>		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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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>premium blood glucose test in vitro strip</i>		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)
<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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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 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>SMARTEST 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>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>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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT</b>	2		R
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 2600 UNIT, 4200 UNIT</b>	3		PA; R&M; Note 1 (Electronic Step through Creon and Zenpep)
<b>PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT</b>	3		PA; R&M; Note 1 (Electronic Step through Creon and Zenpep)
<b>SUCRAID ORAL SOLUTION 8500 UNIT/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT</b>	3		PA; R&M; Note 1 (Step through both Creon and Zenpep)
<b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT</b>	2		R
<b>*Direct-Acting P2y12 Inhibitors***</b>			
<b>*Direct-Acting P2y12 Inhibitors***</b>			
<b>BRILINTA ORAL TABLET 60 MG, 90 MG</b>	2		R
<b>*Diuretics*</b>			
<b>*Carbonic Anhydrase Inhibitors***</b>			
<i>acetazolamide oral tablet 125 mg</i>		1	R

Last revision date 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>KEVEYIS ORAL TABLET 50 MG</b>	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>			
<b>DYAZIDE ORAL CAPSULE 37.5-25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>MAXZIDE ORAL TABLET 75-50 MG</b>	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 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
<b>EDECRIN ORAL TABLET 25 MG</b>	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
<b>LASIX ORAL TABLET 20 MG, 40 MG, 80 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>toremide 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



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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
<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>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)
<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 (<i>Zoledronic Acid</i>) 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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		1	R&M; QL (1 EA per 1 day)
<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)
<b>*Calcimimetic Agents***</b>			
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>		3	SP; QL (5 EA per 1 day)
<b>SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (5 EA per 1 day)
<b>*Calcitonins***</b>			
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>		1	R&M; QL (3.7 ML per 30 days)
<b>MIACALCIN INJECTION SOLUTION 200 UNIT/ML</b>	3		R
<b>MIACALCIN NASAL SOLUTION 200 UNIT/ACT</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3.7 ML per 30 days)
<b>*Carnitine Replenisher - Agents***</b>			
<b>CARNITOR ORAL SOLUTION 1 GM/10ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CARNITOR ORAL TABLET 330 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>CARNITOR SF ORAL SOLUTION 1 GM/10ML</b>	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>			
<b>HP ACTHAR INJECTION GEL 80 UNIT/ML</b>	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>			
<b>FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG</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>GALAFOLD ORAL CAPSULE 123 MG</b>	3		PA; R&M; Note 1 (limited distribution Accredo Pharmacy.)
<b>*Gaa Deficiency Treatment - Agents***</b>			
<b>LUMIZYME 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>ORILISSA ORAL TABLET 150 MG, 200 MG</b>	3		PA; R
<b>*Growth Hormone Receptor Antagonists***</b>			
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</b>	3		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>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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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>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 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>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>NITYR ORAL TABLET 10 MG, 2 MG, 5 MG</b>	3		PA; R
<b>ORFADIN ORAL CAPSULE 10 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); \$0
<b>ORFADIN ORAL CAPSULE 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)
<b>*Homocystinuria Treatment - Agents***</b>			
<b>CYSTADANE ORAL POWDER</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>*Hyperammonemia Treatment - Agents***</b>			
<b>CARBAGLU ORAL TABLET 200 MG</b>	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)
<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)
<b>RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG</b>	3		PA; R
<b>ROCALTROL ORAL CAPSULE 0.25 MCG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG</b>	3		SP; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Insulin-Like Growth Factors (Somatomedins)***</b>			
<b>INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>			
<b>LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG</b>	3		PA; SP; Note 1 (PA Required. FDA approved only for Central Precocious puberty (CPP). ); QL (1 EA per 30 days)
<b>LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)</b>	3		PA; SP; Note 1 (PA Required. FDA approved only for Central Precocious puberty (CPP). ); QL (1 EA per 90 days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
SYNAREL NASAL SOLUTION 2 MG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Mucopolysaccharidosis I (Mps I) - Agents***</b>			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Mucopolysaccharidosis Ii (Mps Ii) - Agents***</b>			
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Mucopolysaccharidosis Vi (Mps Vi) - Agents***</b>			
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Ovulation Stimulants- Gonadotropins***</b>			
BRAVELLE INJECTION SOLUTION RECONSTITUTED 75 UNIT	3		R&M; Note 1 (\$5000 lifetime benefit applies)
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	3		R&M; Note 1 (\$5000 lifetime benefit applies)
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT	3		R&M; Note 1 (\$5000 lifetime benefit applies)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 900 UNIT/1.5ML	3		R&M; Note 1 (\$5000 lifetime benefit applies)
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	3		R&M; Note 1 (\$5000 lifetime benefit applies)
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	3		R&M; Note 1 (\$5000 lifetime benefit applies)
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>Chorionic Gonadotropin</i> ) 10000 UNIT	3	3	R&M; Note 1 (\$5000 lifetime benefit applies)
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML	3		R&M; Note 1 (\$5000 lifetime benefit applies)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED</b> ( <i>Chorionic Gonadotropin</i> ) <b>10000 UNIT</b>	3	3	R&M; Note 1 (\$5000 lifetime benefit applies)
<b>*Ovulation Stimulants-Synthetic***</b>			
<i>clomiphene citrate oral tablet 50 mg</i>		3	R&M; Note 1 (\$5000 lifetime benefit applies); F
<i>clomiphene citrate powder</i>		3	R&M; Note 1 (\$5000 lifetime benefit applies)
<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>NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG</b>	3		PA; SP
<b>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML</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)
<b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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)

Drug Name	Brand	Generic	Additional Information
<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>JYNARQUE ORAL TABLET THERAPY PACK 45 &amp; 15 MG, 60 &amp; 30 MG, 90 &amp; 30 MG</b>	3		PA; SP; Note 1 (LIMITED SPECIALTY DISTRIBUTION BY DIPLOMAT, AVELLA OR BIOLOGICS.)
<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/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, 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 ER 20 MG, 40 MG, 60 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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)
<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 (<i>Sodium Phenylbutyrate</i>) 500 MG</b>	2	2	SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)



Drug Name	Brand	Generic	Additional Information
RAVICTI ORAL LIQUID 1.1 GM/ML	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>			
DDAVP INJECTION SOLUTION 4 MCG/ML	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
DDAVP ORAL TABLET 0.1 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
DDAVP ORAL TABLET 0.2 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (4 EA per 1 day)
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); 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)
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3		PA; R
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML, 1.66 MCG/0.1ML	3		PA; R
STIMATE NASAL SOLUTION 1.5 MG/ML	3		R
<b>*Estrogens*</b>			
<b>*Estrogen &amp; Androgen***</b>			
COVARYX HS ORAL TABLET ( <i>Est Estrogens-Methyltest HS</i> ) 0.625-1.25 MG	1	1	R
COVARYX ORAL TABLET ( <i>Est Estrogens-Methyltest</i> ) 1.25-2.5 MG	1	1	R
EEMT HS ORAL TABLET ( <i>Est Estrogens-Methyltest HS</i> ) 0.625-1.25 MG	1	1	R
EEMT ORAL TABLET ( <i>Est Estrogens-Methyltest</i> ) 1.25-2.5 MG	1	1	R

Drug Name	Brand	Generic	Additional Information
<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 (<i>Estradiol-Norethindrone Acet</i>) 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 TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY</b>	3		R&M; F
<b>FEMHRT LOW DOSE ORAL TABLET (<i>Norethindrone-Eth Estradiol</i>) 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 (<i>Norethindrone-Eth Estradiol</i>) 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 (<i>Estradiol-Norethindrone Acet</i>) 0.5-0.1 MG</b>	1	1	R&M; F
<b>MIMVEY ORAL TABLET (<i>Estradiol-Norethindrone Acet</i>) 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)
<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 TWICE WEEKLY (<i>Estradiol</i>) 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	3	3	R&M; QL (2 EA per 1 Week)

Drug Name	Brand	Generic	Additional Information
<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>DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM</b>	3		R&M; 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>ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<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>ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)</b>	3		R
<b>EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY</b>	3		R&M; F
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</b>	3		R
<b>MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR</b>	3		R&M; F; QL (4 EA per 30 days)
<b>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (<i>Estradiol</i>) 0.025 MG/24HR</b>	3	3	R&M; QL (2 EA per 1 Week)
<b>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (<i>Estradiol</i>) 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	3	3	R&M; QL (2 EA per 1 week)
<b>PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG</b>	2		R
<b>PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</b>	2		R

Drug Name	Brand	Generic	Additional Information
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 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		PA; 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 ORAL TABLET 400 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
BAXDELA ORAL TABLET 450 MG	3		PA; R
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	3		R
CIPRO ORAL SUSPENSION RECONSTITUTED ( <i>Ciprofloxacin</i> ) 500 MG/5ML (10%)	3	1	R
CIPRO ORAL TABLET 250 MG, 500 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 100 mg</i>		3	R
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 750 mg</i>		1	R
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>		3	R&M; QL (1 EA per 1 day)
LEVAQUIN ORAL TABLET 250 MG	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (3 EA per 1 day)
LEVAQUIN ORAL TABLET 500 MG, 750 MG	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>
<i>levofloxacin oral solution 25 mg/ml</i>		3	R
<i>levofloxacin oral tablet 250 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>moxifloxacin hcl oral tablet 400 mg</i>		1	R
<i>ofloxacin oral tablet 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)
<b>AMITIZA ORAL CAPSULE 8 MCG</b>	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
<b>*Glucagon-Like Peptide-2 (Glp-2) Analogs***</b>			
<b>GATTEX SUBCUTANEOUS KIT 5 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>			
<b>LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG</b>	2		R
<b>*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***</b>			
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
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 ( <i>Mesalamine</i> ) 800 MG	2	2	R
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE ( <i>SulfaSALazine</i> ) 500 MG	3	1	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 RECTAL SUPPOSITORY ( <i>Mesalamine</i> ) 1000 MG	2	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)
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3		R&M; QL (4 EA per 1 day); AG (Min 18 Years)
<i>mesalamine rectal enema 4 gm</i>		1	R
<i>mesalamine-cleanser rectal kit 4 gm</i>		1	R
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	2		R
SULFAZINE ORAL TABLET ( <i>SulfaSALazine</i> ) 500 MG	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>			
MOVANTI <sup>K</sup> ORAL TABLET 12.5 MG, 25 MG	3		R
RELISTOR ORAL TABLET 150 MG	3		PA; R
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	3		PA; R
SYMPROIC ORAL TABLET 0.2 MG	3		PA; R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Phosphate Binder Agents***</b>			
<b>CALPHRON ORAL TABLET</b> ( <i>Calcium Acetate (Phos Binder)</i> ) <b>667 MG</b>	1	1	R
<b>FOSRENOL ORAL PACKET 1000 MG, 750 MG</b>	3		R
<b>FOSRENOL ORAL TABLET CHEWABLE 1000 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>FOSRENOL ORAL TABLET CHEWABLE</b> ( <i>Lanthanum Carbonate</i> ) <b>500 MG</b>	3	2	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 800 MG</b>	3		R&M; QL (20 EA per 1 day)
<b>RENVELA ORAL PACKET</b> ( <i>Sevelamer Carbonate</i> ) <b>0.8 GM</b>	3	3	R&M; QL (15 EA per 1 day)
<b>RENVELA ORAL PACKET</b> ( <i>Sevelamer Carbonate</i> ) <b>2.4 GM</b>	3	3	R&M; QL (5 EA per 1 day)
<b>RENVELA ORAL TABLET</b> ( <i>Sevelamer Carbonate</i> ) <b>800 MG</b>	3	1	R&M; QL (15 EA per 1 day)
<b>VELPHORO ORAL TABLET CHEWABLE 500 MG</b>	3		PA; R
<b>*Tumor Necrosis Factor Alpha Blockers***</b>			
<b>CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	2		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>RENFLXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<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 hour 10 mg</i>		1	R&M; QL (1 EA per 1 day)
<b>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 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 HOUR 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>*Citrates***</b>			
<i>cytra-2 oral solution 500-334 mg/5ml</i>		1	R
<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>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)</i>		3	R
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>		1	R
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		1	R



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>SHOHL'S MODIFIED ORAL SOLUTION 500-334 MG/5ML</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>sodium 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>		3	R
<b>UROCI-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG)</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>UROCI-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG)</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>UROCI-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<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		PA; 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)
<b>*Prostatic Hypertrophy Agent Combinations***</b>			
<b>JALYN ORAL CAPSULE (Dutasteride- Tamsulosin HCl) 0.5-0.4 MG</b>	3	1	R&M; M
<b>*Urinary Analgesics***</b>			
<b>PHENAZO ORAL TABLET (Phenazopyridine HCl) 200 MG</b>	1	1	R
<i>phenazopyridine hcl oral tablet 100 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>*Urinary Stone Agents***</b>			
<b>THIOLA ORAL TABLET 100 MG</b>	3		PA; R

Drug Name	Brand	Generic	Additional Information
<b>*Glycopeptides***</b>			
<b>*Glycopeptides***</b>			
<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>*Gout Agents*</b>			
<b>*Gout Agent Combinations***</b>			
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		1	R
<b>DUZALLO ORAL TABLET 200-200 MG, 200-300 MG</b>	3		PA; 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, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>		3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>AFSTYLA INTRAVENOUS KIT 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>AFSTYLA INTRAVENOUS KIT 2500 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 1000 UNIT, 1500 UNIT, 500 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>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, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 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>HELIXATE FS 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>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 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, 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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (<i>Rixubis</i>) 1000 UNIT, 3000 UNIT, 500 UNIT</b>	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>JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT</b>	3		PA; SP
<b>KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 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 1000 UNIT, 2000 UNIT, 3000 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>KOGENATE FS 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>KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 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>MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 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>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 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT</b>	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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 3000 UNIT, 4000 UNIT</b>	3		R
<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>REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 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)
<i>rixubis intravenous solution reconstituted 2000 unit, 250 unit</i>		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>XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>XYNTHA SOLOFUSE 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)

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>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 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>*Cyclopentyltriazolopyrimidine (Cptp) Derivatives***</b>			
<b>BRILINTA ORAL TABLET 60 MG, 90 MG</b>	2		R
<b>*Hematorheologic Agents***</b>			
<i>pentoxifylline er oral tablet extended release 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>*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	1	R
<b>*Platelet Aggregation Inhibitors***</b>			
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		1	R
<b>*Quinazoline Agents***</b>			
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
<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 (Prasugrel HCl) 10 MG, 5 MG</b>	3	1	R&M; QL (1 EA per 1 day); 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)
<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 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		PA; SP; Note 1 (Limited to In- Network Specialty Pharmacies, 30 day maximum)
<b>ZAVESCA ORAL CAPSULE (Miglustat) 100 MG</b>	3	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

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Cytotoxic Agents***</b>			
<b>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>SIKLOS ORAL TABLET 100 MG</b>	2		SP; QL (10 EA per 1 day); AG (Min 2 Years and Max 17 Years)
<b>SIKLOS ORAL TABLET 1000 MG</b>	2		SP; QL (1 EA per 1 day); AG (Min 2 Years and Max 17 Years)
<b>*Erythropoiesis-Stimulating Agents (Esas)***</b>			
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 250 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Erythropoietins***</b>			
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 250 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)



Drug Name	Brand	Generic	Additional Information
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 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 ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>	2		SP
<b>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML</b>	2		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Drug Name	Brand	Generic	Additional Information
<b>*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***</b>			
<b>LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Iron***</b>			
<b>BPROTECTED PEDIA IRON ORAL SOLUTION (Ferrous Sulfate) 75 (15 FE) MG/ML</b>	1	1	R&M; \$0; AG (Min 1 Years)
<b>FER-IN-SOL ORAL SOLUTION (Ferrous Sulfate) 75 (15 FE) MG/ML</b>	3	1	R&M; \$0; AG (Min 1 Years)
<b>FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML</b>	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)
<b>SPATONE PUR-ABSORB IRON ORAL LIQUID 5 MG/20ML</b>	3		R&M; \$0; QL (60 ML per 1 day); AG (Min 1 Years)
<b>*Thrombopoietin (Tpo) Receptor Agonists***</b>			
<b>DOPTELET ORAL TABLET 20 MG</b>	3		PA; SP
<b>MULPLETA ORAL TABLET 3 MG</b>	3		PA; SP
<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>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

Drug Name	Brand	Generic	Additional Information
<b>*Hepatitis C Agent - Combinations***</b>			
<b>*Hepatitis C Agent - Combinations***</b>			
<b>EPCLUSA ORAL TABLET</b> ( <i>Sofosbuvir-Velpatasvir</i> ) <b>400-100 MG</b>	2	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</b> ( <i>Ledipasvir-Sofosbuvir</i> ) <b>90-400 MG</b>	2	2	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day)
<b>MAVYRET ORAL TABLET 100-40 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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 TABLET THERAPY PACK 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 HOUR 200-8.33-50- 33.33 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>VOSEVI ORAL TABLET 400-100-100 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>ZEPATIER ORAL TABLET 50-100 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Hereditary Orotic Aciduria Treatment - Agents**</b>			
<b>*Hereditary Orotic Aciduria Treatment - Agents**</b>			
<b>XURIDEN ORAL PACKET 2 GM</b>	3		PA; SP
<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

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>HALCION ORAL TABLET 0.25 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (2 EA per 1 day); AG (Min 18 Years)
<i>midazolam hcl oral syrup 2 mg/ml</i>		1	R&M; QL (10 ML per 1 day); AG (Min 6 Months and Max 16 Years)
<b>RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (1 EA per 1 day); AG (Min 18 Years)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<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 EXTENDED RELEASE (<i>Zolpidem Tartrate ER</i>) 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>LUNESTA ORAL TABLET (<i>Eszopiclone</i>) 1 MG, 2 MG, 3 MG</b>	3	1	R&M; 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)

Drug Name	Brand	Generic	Additional Information
SONATA ORAL CAPSULE 5 MG	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>*Selective Melatonin Receptor Agonists***</b>			
HETLIOZ ORAL CAPSULE 20 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AG (Min 18 Years)
ROZEREM ORAL TABLET 8 MG	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>			
VIBERZI ORAL TABLET 100 MG, 75 MG	3		PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Insulin-Incretin Mimetic Combinations***</b>			
<b>*Insulin-Incretin Mimetic Combinations***</b>			
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	2		R&M; QL (0.5 ML per 1 day); AG (Min 18 Years)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3		R&M; QL (0.5 ML per 1 day); AG (Min 18 Years)
<b>*Interleukin-4 Alpha Antagonists***</b>			
<b>*Interleukin-4 Alpha Antagonists***</b>			
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	3		PA; SP

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>			
<b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>			
<b>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG</b>	3		PA; SP
<b>*Interleukin-5 Antagonists (Igg4 Kappa)***</b>			
<b>*Interleukin-5 Antagonists (Igg4 Kappa)***</b>			
<b>CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML</b>	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>			
<b>SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</b>			
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</b>			
<b>TIBSOVO ORAL TABLET 250 MG</b>	1		PA; R
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</b>			
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</b>			
<b>IDHIFA ORAL TABLET 100 MG, 50 MG</b>	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Laxatives*</b>			
<b>*Bowel Evacuant Combinations***</b>			
<b>CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML</b>	3		R

Drug Name	Brand	Generic	Additional Information
<b>COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM</b>	3		R
<b>GAVILYTE-C ORAL SOLUTION RECONSTITUTED (PEG 3350/Electrolytes) 240 GM</b>	1	1	R&M; \$0
<b>GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/Electrolytes) 236 GM</b>	1	1	R&M; \$0
<b>GAVILYTE-H ORAL KIT 5-210 MG-GM</b>	1		R&M; \$0
<b>GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCl-Na Bicarb-NaCl) 420 GM</b>	1	1	R&M; \$0
<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>PLENVU ORAL SOLUTION RECONSTITUTED 140 GM</b>	3		R
<b>PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM</b>	3		R
<b>SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML</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)

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Drug Name	Brand	Generic	Additional Information
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>			
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>			
XIIDRA OPHTHALMIC SOLUTION 5 %	3		PA; 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
<b>ZITHROMAX ORAL PACKET (Azithromycin) 1 GM</b>	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>*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)
<i>clarithromycin er oral tablet extended release 24 hour 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 (Erythromycin Ethylsuccinate) 400 MG</b>	3	3	R
<b>E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED (Erythromycin Ethylsuccinate) 200 MG/5ML</b>	3	1	R
<b>ERYPED 200 ORAL SUSPENSION RECONSTITUTED (Erythromycin Ethylsuccinate) 200 MG/5ML</b>	3	1	R



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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
<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>*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>*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>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
<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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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
<b>DEXCOM G4 PLAT PED RCV/SHARE DEVICE</b>	1		R&M; QL (1 EA per 1 lifetime)
<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
<b>FREESTYLE LIBRE 14 DAY READER DEVICE</b>	2		R&M; QL (1 EA per 1 Lifetime)
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	2		R&M; Note 1 (Limited to 30 days supply); QL (2 EA per 28 days)
<b>FREESTYLE LIBRE READER DEVICE</b>	2		RO; QL (1 EA per 1 Lifetime)
<b>FREESTYLE LIBRE SENSOR SYSTEM</b>	2		RO; Note 1 (Limited to 30 days supply); QL (3 EA per 30 days)
<i>kroger lancets ultrathin 30g</i>		3	R
<i>lancets micro thin 33g</i>		3	R
<i>lancets super thin 28g</i>		3	R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>lancets thin</i>		3	R
<i>lite touch lancets</i>		3	R
<b>MICROLET LANCETS (Lancets)</b>	3	3	R
<b>ONETOUCH COMBO PACK (Lancets)</b>	3	3	R
<b>ONETOUCH DELICA LANCETS FINE (Lancets)</b>	3	3	R
<b>ONETOUCH SURESOFT LANCING DEV</b>	3		R
<b>ONETOUCH ULTRASOFT LANCETS (Lancets)</b>	3	3	R
<b>PHARMACIST CHOICE LANCETS (Lancets)</b>	3	3	R
<b>RELION LANCETS THIN 26G (Lancets)</b>	3	3	R
<b>RELION LANCETS ULTRA-THIN 30G (Lancets)</b>	3	3	R
<i>sm lancets 33g</i>		3	R
<b>SOLUS V2 TWIST LANCETS 30G (Lancets)</b>	3	3	R
<i>tgt lancet micro thin 33g</i>		3	R
<b>TRUEPLUS LANCETS 28G (Lancets)</b>	3	3	R
<b>TRUEPLUS LANCETS 30G (Lancets)</b>	3	3	R
<b>TRUEPLUS LANCETS 33G (Lancets)</b>	3	3	R
<i>value plus lancets thin 26g</i>		3	R
<b>WALGREENS LANCETS (Lancets)</b>	3	3	R
<b>WALGREENS THIN LANCETS (Lancets)</b>	3	3	R
<b>WALGREENS ULTRA THIN LANCETS (Lancets)</b>	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

<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>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER MV</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU LARGE</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU MEDIUM</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU SMALL</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU W/MASK</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLOW VU</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS W/MASK SMALL</b>	1		R&M; QL (2 EA per 1 year)
<b>AEROCHAMBER W/FLOWSIGNAL</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS CHAMBR</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS/LARGE</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS/MEDIUM</b>	1		R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS/SMALL</b>	3		R&M; QL (2 EA per 1 Year)
<b>AEROVENT PLUS DEVICE</b> ( <i>Valved Holding Chamber</i> )	1	1	R&M; QL (1 EA per 2 Years)
<b>ARIAL CHAMBER DEVICE</b> ( <i>Valved Holding Chamber</i> )	1	1	R&M; QL (1 EA per 2 Years)
<b>BREATHERITE</b>	3		R&M; QL (2 EA per 1 Year)
<b>BREATHERITE COLL SPACER ADULT</b> ( <i>Valved Holding Chamber</i> )	1	1	R&M; QL (1 EA per 2 Years)
<b>BREATHERITE COLL SPACER CHILD</b> ( <i>Valved Holding Chamber</i> )	1	1	R&M; QL (1 EA per 2 Years)
<b>BREATHERITE COLL SPACER INFANT</b> ( <i>Valved Holding Chamber</i> )	1	1	R&M; QL (1 EA per 2 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>BREATHERITE RIGID SPACER/MASK</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>BREATHERITE SPACER NEONATE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>BREATHERITE SPACER SMALL CHILD</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>BREATHERITE/LARGE MASK</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>BREATHERITE/MEDIUM MASK</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>BREATHERITE/SMALL MASK</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>CLEVER CHOICE HOLDING CHAMBER DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>COMPACT SPACE CHAMBER DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>COMPACT SPACE CHAMBER/LG MASK DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>COMPACT SPACE CHAMBER/MED MASK DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>COMPACT SPACE CHAMBER/SM MASK DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<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>	1	1	R&M; QL (1 EA per 2 Years)
<b>EASIVENT MASK SMALL</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>FLEXICHAMBER ADULT MASK/SMALL</b>	1		R&M; QL (2 EA per 1 Year)
<b>FLEXICHAMBER CHILD MASK/LARGE</b>	1		R&M; QL (2 EA per 1 Year)
<b>FLEXICHAMBER CHILD MASK/SMALL</b>	1		R&M; QL (2 EA per 1 Year)
<b>FLEXICHAMBER DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>INSPIRACHAMBER/LARGE DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>INSPIRACHAMBER/MEDIUM DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>INSPIRACHAMBER/MOUTHPIECE DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>INSPIRACHAMBER/SMALL DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>INSPIREASE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>INSPIREASE RESERVOIR BAGS</b>	1		R&M; QL (2 EA per 1 Year)
<b>LITEAIRE DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>MASK VORTEX</b>	1		R&M; QL (2 EA per 1 Year)
<b>MICROCHAMBER</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>MICROSPACER</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>OPTICHAMBER ADVANTAGE-LG MASK</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>OPTICHAMBER ADVANTAGE-MED MASK</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>OPTICHAMBER ADVANTAGE-SM MASK</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>OPTICHAMBER DIAMOND</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>OPTICHAMBER DIAMOND-LG MASK DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>OPTICHAMBER DIAMOND-MD MASK</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>OPTICHAMBER DIAMOND-SM MASK</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>OPTICHAMBER FACE MASK-LARGE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>OPTICHAMBER FACE MASK-MEDIUM</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>OPTICHAMBER FACE MASK-SMALL</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>OPTIHALER</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>OPTIHALER DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)
<b>PANDA MASK LARGE</b>	1		R&M; QL (2 EA per 1 Year)
<b>PANDA MASK MEDIUM</b>	1		R&M; QL (2 EA per 1 Year)
<b>PANDA MASK SMALL</b>	1		R&M; QL (2 EA per 1 Year)
<b>PEDIATRIC PANDA MASK</b>	1		R&M; QL (2 EA per 1 Year)
<b>POCKET CHAMBER DEVICE</b> <i>(Valved Holding Chamber)</i>	1	1	R&M; QL (1 EA per 2 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>POCKET SPACER DEVICE</b> ( <i>Valved Holding Chamber</i> )	1	1	R&M; QL (1 EA per 2 Years)
<b>RITEFLO DEVICE</b> ( <i>Valved Holding Chamber</i> )	1	1	R&M; QL (1 EA per 2 Years)
<b>VORTEX VALVED HOLDING CHAMBER DEVICE</b> ( <i>Valved Holding Chamber</i> )	1	1	R&M; QL (1 EA per 2 Years)
<b>WATCHHALER DEVICE</b> ( <i>Valved Holding Chamber</i> )	1	1	R&M; QL (1 EA per 2 Years)
<b>*Migraine Products*</b>			
<b>*Ergot Combinations***</b>			
<b>CAFERGOT ORAL TABLET</b> ( <i>Ergotamine-Caffeine</i> ) <b>1-100 MG</b>	3	3	R
<b>MIGERGOT RECTAL SUPPOSITORY 2-100 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 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>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>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>IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 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 SOLUTION CARTRIDGE 6 MG/0.5ML</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>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR (SUMatriptan Succinate) 4 MG/0.5ML</b>	3	3	R&M; QL (4 ML per 1 Copay)
<b>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR 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</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>RELPAX ORAL TABLET (Eletriptan Hydrobromide) 20 MG, 40 MG</b>	3	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 solution cartridge 4 mg/0.5ml</i>		1	R&M; QL (4 EA per 1 Copay)
<i>sumatriptan succinate refill subcutaneous solution cartridge 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)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>		3	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)
<b>ZOMIG ORAL TABLET 2.5 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)
<b>ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); QL (9 EA per 1 Copay)



Drug Name	Brand	Generic	Additional Information
<b>*Minerals &amp; Electrolytes*</b>			
<b>*Fluoride***</b>			
<b>FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML</b>	3		R&M; \$0; AG (Max 6 Years)
<b>FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP</b>	3		R&M; \$0; AG (Max 6 Years)
<b>LUDENT ORAL TABLET CHEWABLE (Fluoritab) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>NAFRINSE DROPS ORAL SOLUTION (Fluoritab) 0.275 (0.125 F) MG/DROP</b>	1	1	R&M; \$0; AG (Max 6 Years)
<b>NAFRINSE ORAL TABLET CHEWABLE (Fluoritab) 2.2 (1 F) MG</b>	1	1	R&M; \$0; AG (Max 6 Years)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		1	R&M; \$0; AG (Max 6 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>		3	R&M; \$0; AG (Max 6 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>		3	R&M; \$0; AG (Min 6 Years)
<i>sodium fluoride oral tablet chewable 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)
<b>*Phosphate***</b>			
<b>K-PHOS ORAL TABLET 500 MG</b>	2		R
<b>K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>PHOSPHA 250 NEUTRAL ORAL TABLET (Av-Phos 250 Neutral) 155-852-130 MG</b>	1	1	R
<b>*Potassium Combinations***</b>			
<b>EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ</b>	3		R
<i>effervescent pot chloride oral tablet effervescent 25 meq</i>		1	R
<b>*Potassium***</b>			
<b>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER) 10 MEQ</b>	1	1	R
<b>KLOR-CON M10 ORAL TABLET EXTENDED RELEASE (Potassium Chloride Crys ER) 10 MEQ</b>	1	1	R
<b>KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (Potassium Chloride Crys ER) 20 MEQ</b>	1	1	R

Drug Name	Brand	Generic	Additional Information
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE</b> ( <i>Potassium Chloride ER</i> ) <b>8 MEQ</b>	1	1	R
<b>KLOR-CON/EF ORAL TABLET EFFERVESCENT</b> ( <i>K-Effervescent</i> ) <b>25 MEQ</b>	1	1	R
<b>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>K-TAB ORAL TABLET EXTENDED RELEASE</b> ( <i>Potassium Chloride ER</i> ) <b>20 MEQ</b>	3	1	R
<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
<i>potassium chloride oral packet 20 meq</i>		1	R
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>		1	R
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>		3	R
<b>*Mixed Allergenic Extracts***</b>			
<b>*Mixed Allergenic Extracts***</b>			
<b>ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM</b>	3		PA; R
<b>ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR</b>	3		PA; R
<b>*Monobactams***</b>			
<b>*Monobactams***</b>			
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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) 0.12 %</i>	1	1	R
<b>PERIDEX MOUTH/THROAT SOLUTION</b> <b>0.12 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>PERIOGARD MOUTH/THROAT SOLUTION</b> <i>(Chlorhexidine Gluconate) 0.12 %</i>	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
<b>PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %</b>	3		R
<b>*Fluoride Dental Products***</b>			
<b>ACT ANTICAVITY FLUORIDE RINSE MOUTH/THROAT SOLUTION</b> <i>(RA Anticavity Fluoride Rinse) 0.05 %</i>	1	1	R&M; \$0; AG (Max 6 Years)
<b>ACT RESTORING FLUORIDE RINSE MOUTH/THROAT SOLUTION</b> <i>(RA Anticavity Fluoride Rinse) 0.05 %</i>	1	1	R&M; \$0; AG (Max 6 Years)
<b>ACT TOTAL CARE MOUTH/THROAT SOLUTION</b> <i>(RA Anticavity Fluoride Rinse) 0.05 %</i>	1	1	R&M; \$0; AG (Max 6 Years)
<b>CAVAREST DENTAL GEL</b> <i>(SF) 1.1 %</i>	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>DENTA 5000 PLUS DENTAL CREAM</b> <i>(SF 5000 Plus) 1.1 %</i>	1	1	R&M; \$0; AG (Max 6 Years)
<b>DENTAGEL DENTAL GEL</b> <i>(SF) 1.1 %</i>	1	1	R&M; \$0; AG (Max 6 Years)
<b>FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %</b>	1		R&M; \$0; AG (Max 6 Years)
<b>FLUORIGARD MOUTH/THROAT SOLUTION</b> <i>(RA Anticavity Fluoride Rinse) 0.05 %</i>	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)

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Drug Name	Brand	Generic	Additional Information
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED 0.2 %	3		R&M; \$0; AG (Max 6 Years)
PHOS-FLUR DENTAL GEL (SF) 1.1 %	1	1	R&M; \$0; AG (Max 6 Years)
PREVIDENT 5000 BOOSTER DENTAL PASTE 1.1 %	3		R&M; \$0; AG (Max 6 Years)
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3		R&M; \$0; AG (Max 6 Years)
PREVIDENT 5000 DRY MOUTH DENTAL GEL (SF) 1.1 %	3	1	R&M; \$0; AG (Max 6 Years)
PREVIDENT 5000 PLUS DENTAL CREAM (SF 5000 Plus) 1.1 %	3	1	R&M; \$0; AG (Max 6 Years)
PREVIDENT DENTAL GEL (SF) 1.1 %	3	1	R&M; \$0; AG (Max 6 Years)
PREVIDENT MOUTH/THROAT SOLUTION (Neutral Sodium Fluoride) 0.2 %	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)
THERA-FLUR-N DENTAL GEL (SF) 1.1 %	1	1	R&M; \$0; AG (Max 6 Years)
<b>*Periodontal Anti-Infectives***</b>			
ARESTIN DENTAL 1 MG	3		PA; R
<b>*Saliva Stimulants***</b>			
<i>cevimeline hcl oral capsule 30 mg</i>		1	R&M; QL (3 EA per 1 day)
EVOXAC ORAL CAPSULE 30 MG	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>			
ORALONE MOUTH/THROAT PASTE (Triamcinolone Acetonide) 0.1 %	1	1	R
<b>*Mucopolysaccharidosis Iv (Mps Iv) - Agents***</b>			
<b>*Mucopolysaccharidosis Iv (Mps Iv) - Agents***</b>			
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Multivitamins*</b>			
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>			
CITRANATAL B-CALM ORAL 20-1 & 25 (2) MG	3		R&M; F

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CITRANATAL BLOOM ORAL TABLET 90-1 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>completenate oral tablet chewable 29-1 mg</i>		3	R&M; F
<b>CO-NATAL FA ORAL TABLET (PreTAB)</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
<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
<i>m-natal plus oral tablet 27-1 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 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

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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-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
<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 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
<i>preplus oral tablet 27-1 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 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

<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 ONE ORAL TABLET</b> ( <i>Trinatal Rx 1</i> ) <b>60-1 MG</b>	3	3	R&M; F
<i>virt-nate dha oral capsule 28-1-200 mg</i>		3	R&M; F
<i>virt-pn plus oral capsule 28-0.6-0.4-340 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>C-Nate 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-pnv-dha oral capsule 28-1-215.8 mg</i>		3	R&M; F
<b>ZATEAN-PN PLUS ORAL CAPSULE</b> ( <i>PNV-Omega</i> ) <b>28-0.6-0.4-340 MG</b>	3	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 90-1 &amp; 300 MG</b>	3		R&M; F
<b>CITRANATAL ASSURE ORAL 35-1 &amp; 300 MG</b>	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>NESTABS ONE ORAL CAPSULE 38-1-225 MG</b>	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

Drug Name	Brand	Generic	Additional Information
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>		3	R&M; F
<b>PREFERAOB ONE ORAL CAPSULE 22-6-1-200 MG</b>	3		R
<i>prena 1 true oral 30-1.4 &amp; 300 mg</i>		3	R
<i>prenaissance oral capsule 29-1.25-325 mg</i>		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>PROVIDA DHA ORAL CAPSULE 16-16-1.25-110 MG</b>	3		R
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>		3	R
<b>TRISTART ONE ORAL CAPSULE 35-1-215 MG</b>	3		R
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>		3	R&M; F
<b>VITAFOL FE+ ORAL CAPSULE THERAPY PACK 90-1-200 &amp; 50 MG</b>	3		R
<b>VITAFOL-OB+DHA ORAL 65-1 &amp; 250 MG</b>	3		R
<b>VITAFOL-ONE ORAL CAPSULE 29-1-200 MG</b>	3		R
<b>VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG</b>	3		R&M; F
<b>VITATRUE ORAL 30-1.4 &amp; 300 MG</b>	3		R&M; F
<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>PRENATE AM ORAL TABLET 1 MG</b>	3		R&M; F
<b>*Musculoskeletal Therapy Agents*</b>			
<b>*Central Muscle Relaxants***</b>			
<i>baclofen oral tablet 10 mg, 20 mg</i>		1	R
<i>baclofen oral tablet 5 mg</i>		3	R
<i>carisoprodol oral tablet 350 mg</i>		1	RO; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>		3	R
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		1	R



<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 hour 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 350 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<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 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>		3	R
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>		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 (0.78 GM per 1 day); AG (Min 6 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

Drug Name	Brand	Generic	Additional Information
<b>*Nasal Antihistamines***</b>			
<b>ASTEPRO NASAL SOLUTION 0.15 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>		1	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>ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT</b>	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>			
<b>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</b>	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>			
<b>NORTHERA ORAL CAPSULE 100 MG</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (3 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
NORTHERA ORAL CAPSULE 200 MG, 300 MG	3		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>*Benzothiazoles***</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
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3		PA; 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)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	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>			
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3		R
<b>*Artificial Tear Inserts***</b>			
LACRISERT OPHTHALMIC INSERT 5 MG	3		R
<b>*Beta-Blockers - Ophthalmic Combinations***</b>			
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	2		R
COSOPT OPHTHALMIC SOLUTION ( <i>Dorzolamide HCl-Timolol Mal</i> ) 22.3-6.8 MG/ML	3	1	R

Drug Name	Brand	Generic	Additional Information
<b>COSOPT PF OPHTHALMIC SOLUTION</b> (Dorzolamide HCl-Timolol Mal PF) <b>22.3-6.8</b> <b>MG/ML</b>	3	3	R
<b>*Beta-Blockers - Ophthalmic***</b>			
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		1	R
<b>BETOPTIC-S OPHTHALMIC</b> <b>SUSPENSION 0.25 %</b>	3		R
<i>carteolol hcl ophthalmic solution 1 %</i>		1	R
<b>ISTALOL OPHTHALMIC SOLUTION 0.5</b> <b>%</b>	3		R
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		1	R
<b>TIMOPTIC OCUDOSE OPHTHALMIC</b> <b>SOLUTION 0.25 %, 0.5 %</b>	3		R
<b>TIMOPTIC OPHTHALMIC SOLUTION</b> (Timolol Maleate) <b>0.25 %, 0.5 %</b>	3	1	R
<b>TIMOPTIC-XE OPHTHALMIC GEL</b> <b>FORMING SOLUTION (Timolol Maleate)</b> <b>0.25 %, 0.5 %</b>	3	3	R
<b>*Cycloplegic Mydriatics***</b>			
<i>atropine sulfate ophthalmic solution 1 %</i>		1	R
<b>CYCLOGYL OPHTHALMIC SOLUTION</b> (Cyclopentolate HCl) <b>0.5 %</b>	3	2	R
<b>CYCLOGYL OPHTHALMIC SOLUTION</b> (Cyclopentolate HCl) <b>1 %, 2 %</b>	3	1	R
<i>homatropine hbr ophthalmic solution 5 %</i>		1	R
<b>*Miotics - Cholinesterase Inhibitors***</b>			
<b>PHOSPHOLINE IODIDE OPHTHALMIC</b> <b>SOLUTION RECONSTITUTED 0.125 %</b>	3		R
<b>*Miotics - Direct Acting***</b>			
<b>ISOPTO CARPINE OPHTHALMIC</b> <b>SOLUTION 1 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4</i> <i>%</i>		1	R
<b>*Ophthalmic Antiallergic***</b>			
<b>ALOMIDE OPHTHALMIC SOLUTION 0.1</b> <b>%</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> <b>%</b>	3		R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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>PATADAY OPHTHALMIC SOLUTION (Olopatadine HCl) 0.2 %</b>	3	3	R
<b>PATANOL OPHTHALMIC SOLUTION (Olopatadine HCl) 0.1 %</b>	3	3	R&M; QL (0.45 ML per 1 day)
<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
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		1	R
<i>gatifloxacin ophthalmic solution 0.5 %</i>		1	R
<b>GENTAK OPHTHALMIC OINTMENT 0.3 %</b>	1		R
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		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 (Moxifloxacin HCl) 0.5 %</b>	3	1	R

Drug Name	Brand	Generic	Additional Information
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Ophthalmic Anti-Infective Combinations***</b>			
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		1	R
NEO-POLYCIN OPHTHALMIC OINTMENT ( <i>Neomycin-Bacitracin Zn-Polymyx</i> ) 3.5-400-10000	1	1	R
POLYCIN OPHTHALMIC OINTMENT ( <i>Bacitracin-Polymyxin B</i> ) 500-10000 UNIT/GM	1	1	R
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Ophthalmic Antivirals***</b>			
<i>trifluridine ophthalmic solution 1 %</i>		1	R
ZIRGAN OPHTHALMIC GEL 0.15 %	3		R
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>			
AZOPT OPHTHALMIC SUSPENSION 1 %	3		R&M; QL (10 ML per 30 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>		1	R
<b>*Ophthalmic Decongestants***</b>			
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>		1	R
<b>*Ophthalmic Immunomodulators***</b>			
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2		R&M; QL (2 EA per 1 day)
RESTASIS OPHTHALMIC EMULSION 0.05 %	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>			
ACULAR LS OPHTHALMIC SOLUTION 0.4 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
ACULAR OPHTHALMIC SOLUTION 0.5 %	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>ACUVAIL OPHTHALMIC SOLUTION 0.45 %</b>	3		R
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>		2	R
<b>BROMSITE OPHTHALMIC SOLUTION 0.075 %</b>	3		R
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		1	R
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		3	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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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
<b>NEO-POLYCIN HC OPHTHALMIC OINTMENT (Bacitra-Neomycin-Polymyxin-HC) 1 %</b>	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>INVELTYS OPHTHALMIC SUSPENSION 1 %</b>	3		R
<b>LOTEMAX OPHTHALMIC GEL 0.5 %</b>	3		R

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Drug Name	Brand	Generic	Additional Information
<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)
<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>*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>TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %</b>	2		R
<b>VYZULTA OPHTHALMIC SOLUTION 0.024 %</b>	3		R&M; Note 1 (Electronic Step: Step through 2 of Lumigan, Xalatan and/or Zioptan)
<b>XALATAN OPHTHALMIC SOLUTION 0.005 %</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>XELPROS OPHTHALMIC EMULSION 0.005 %</b>	3		R
<b>ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %</b>	3		R

Drug Name	Brand	Generic	Additional Information
<b>*Vascular Endothelial Growth Factor (Vegf) Antagonists***</b>			
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
MACUGEN INTRAOCULAR SOLUTION 0.3 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Ophthalmic Nerve Growth Factors***</b>			
<b>*Ophthalmic Nerve Growth Factors***</b>			
OXERVATE OPHTHALMIC SOLUTION 0.002 %	3		PA; R
<b>*Ophthalmic Rho Kinase Inhibitors***</b>			
<b>*Ophthalmic Rho Kinase Inhibitors***</b>			
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3		PA; R
<b>*Orexin Receptor Antagonists***</b>			
<b>*Orexin Receptor Antagonists***</b>			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3		PA; R
<b>*Otic Agents*</b>			
<b>*Otic Agents - Miscellaneous***</b>			
<i>acetic acid otic solution 2 %</i>		1	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
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		1	R
<b>OTOVEL OTIC SOLUTION 0.3-0.025 %</b>	3		R
<b>*Otic Steroids***</b>			
<b>ACETASOL HC OTIC SOLUTION</b> <i>(Hydrocortisone-Acetic Acid) 2-1 %</i>	1	1	R
<b>DERMOTIC OTIC OIL 0.01 %</b>	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)
<b>*Oxaborole-Related Antifungals - Topical***</b>			
<b>*Oxaborole-Related Antifungals - Topical***</b>			
<b>KERYDIN EXTERNAL SOLUTION 5 %</b>	3		PA; R
<b>*Oxytocics*</b>			
<b>*Oxytocics***</b>			
<b>METHERGINE ORAL TABLET</b> <i>(Methylergonovine Maleate) 0.2 MG</i>	1	1	R
<b>*Pa Endonuclease Inhibitors***</b>			
<b>*Pa Endonuclease Inhibitors***</b>			
<b>XOFLUZA ORAL TABLET THERAPY PACK 20 (2) MG, 40 (2) MG</b>	3		R
<b>*Passive Immunizing Agents - Combinations***</b>			
<b>*Passive Immunizing Agents - Combinations***</b>			
<b>HYQVIA SUBCUTANEOUS KIT 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>*Passive Immunizing Agents*</b>			
<b>*Antiviral Monoclonal Antibodies***</b>			
<b>SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML</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>*Immune Serums***</b>			
<b>BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>CUVITRU SUBCUTANEOUS SOLUTION 4 GM/20ML</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML</b>	3		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>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</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GAMASTAN S/D INTRAMUSCULAR INJECTABLE</b>	3		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, 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>HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 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>MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT</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>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML</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 SOLUTION PEN-INJECTOR 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 SOLUTION CARTRIDGE 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)
<b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 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 SOLUTION AUTO-INJECTOR 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)

Drug Name	Brand	Generic	Additional Information
<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 500 mg</i>		1	R
<b>MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR 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 (<i>Amoxicillin-Pot Clavulanate</i>) 500-125 MG, 875-125 MG</b>	3	1	R
<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>			
<b>COPIKTRA ORAL CAPSULE 15 MG, 25 MG</b>	1		PA; R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</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 - Topical***</b>			
<b>*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***</b>			
EUCRISA EXTERNAL OINTMENT 2 %	3		PA; R&M; QL (2 GM per 1 day); AG (Min 2 Years)
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
OTEZLA ORAL TABLET 30 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day); AG (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Year); AG (Min 18 Years)
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</b>			
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</b>			
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	3		PA; SP
<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)
LYNPARZA ORAL TABLET 100 MG, 150 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RUBRACA ORAL TABLET 200 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)

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Drug Name	Brand	Generic	Additional Information
RUBRACA ORAL TABLET 300 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	1		PA; R
ZEJULA ORAL CAPSULE 100 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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)
RUBRACA ORAL TABLET 200 MG	1		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RUBRACA ORAL TABLET 300 MG	1		SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZEJULA ORAL CAPSULE 100 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>			
KIONEX ORAL SUSPENSION ( <i>Sodium Polystyrene Sulfonate</i> ) 15 GM/60ML	1	1	R
<i>sodium polystyrene sulfonate oral powder</i>		1	R
SPS ORAL SUSPENSION ( <i>Sodium Polystyrene Sulfonate</i> ) 15 GM/60ML	1	1	R
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3		PA; R
<b>*Prenatal Mv &amp; Minerals W/Fa Without Iron***</b>			
<b>*Prenatal Mv &amp; Minerals W/Fa Without Iron***</b>			
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG	3		R&M; F



Drug Name	Brand	Generic	Additional Information
<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</b> <i>(HYDROXYprogesterone Caproate)</i> <b>250 MG/ML</b>	3	3	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML</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
<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)
<i>disulfiram oral tablet 250 mg, 500 mg</i>		1	R

Drug Name	Brand	Generic	Additional Information
<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 TRANSDERMAL PATCH 24 HOUR ( 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 solution 4 mg/ml</i>		3	R
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>		1	R&M; QL (3 EA per 1 Days)
<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 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)

Drug Name	Brand	Generic	Additional Information
<b>*Fibromyalgia Agent - Snris***</b>			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3		R
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3		R
<b>*Movement Disorder Drug Therapy***</b>			
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	3		PA; R
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>		1	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	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>			
AUBAGIO ORAL TABLET 14 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
AUBAGIO ORAL TABLET 7 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Multiple Sclerosis Agents - Interferons***</b>			
AVONEX INTRAMUSCULAR KIT 30 MCG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
BETASERON SUBCUTANEOUS KIT 0.3 MG	2		PA; SP

<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 SOLUTION PEN-INJECTOR 63 &amp; 94 MCG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 &amp; 94 MCG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 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 SOLUTION AUTO-INJECTOR 6X8.8 &amp; 6X22 MCG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 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 SOLUTION PREFILLED SYRINGE 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>OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML</b>	3		PA; SP
<b>TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML</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)

Drug Name	Brand	Generic	Additional Information
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers***</b>			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR ( <i>Dalfampridine ER</i> ) 10 MG	3	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 SOLUTION PREFILLED SYRINGE ( <i>Glatiramer Acetate</i> ) 20 MG/ML, 40 MG/ML	2	2	PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>Glatiramer Acetate</i> ) 20 MG/ML	2	2	PA; SP; 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 TABLET ( <i>Memantine HCl</i> ) 10 MG	3	1	R&M; QL (2 EA per 1 day); AG (Min 12 Years)
NAMENDA ORAL TABLET ( <i>Memantine HCl</i> ) 5 MG	3	1	R&M; QL (3 EA per 1 day); AG (Min 12 Years)
NAMENDA TITRATION PAK ORAL TABLET ( <i>Memantine HCl</i> ) 5 (28)-10 (21) MG	3	1	R
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR ( <i>Memantine HCl ER</i> ) 14 MG, 21 MG, 28 MG, 7 MG	3	2	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>			
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG	3		R&M; Note 1 (Step with pregabalin or Lyrica); QL (1 EA per 1 day)

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>*Smoking Deterrents***</b>			
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		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 hour 14 mg/24hr, 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>eq nicotine mouth/throat lozenge 4 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<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 hour 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>eq nicotine transdermal patch 24 hour 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>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 hour 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 HOUR</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)
<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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>nicotine mini mouth/throat lozenge 2 mg</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>nicotine step 3 transdermal patch 24 hour 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>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 hour 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)
<i>sm nicotine transdermal patch 24 hour 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>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)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>tgt nicotine step one transdermal patch 24 hour 21 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine step three transdermal patch 24 hour 7 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<i>tgt nicotine step two transdermal patch 24 hour 14 mg/24hr</i>		1	R&M; \$0; AG (Min 18 Years)
<b>THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG</b>	1	1	R&M; \$0; AG (Min 18 Years)
<b>ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 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 0.25 MG, 0.5 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Thienbenzodiazepines &amp; SsrIs***</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>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>			
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>			
<b>OFEV ORAL CAPSULE 100 MG, 150 MG</b>	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>			
<b>ESBRIET ORAL CAPSULE 267 MG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (9 EA per 1 day)
<b>ESBRIET ORAL TABLET 267 MG</b>	3		R&M; QL (9 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ESBRIET ORAL TABLET 801 MG</b>	3		R&M; QL (3 EA per 1 day)
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>			
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>			
<b>UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	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>UPTRAVI ORAL TABLET THERAPY PACK 200 &amp; 800 MCG</b>	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Lifetime); AG (Min 18 Years)
<b>*Respiratory Agents - Misc.*</b>			
<b>*Alpha-Proteinase Inhibitor (Human)***</b>			
<b>ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG</b>	2		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<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)

Drug Name	Brand	Generic	Additional Information
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</b>			
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</b>			
ADDYI ORAL TABLET 100 MG	3		R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Serotonin Modulators***</b>			
<b>*Serotonin Modulators***</b>			
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		3	R
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>		1	R
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)
<b>*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>			
<b>*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
QTERN ORAL TABLET 10-5 MG	3		PA; R&M; Note 1 (Electronic Step through both Farxiga & Januvia in last 6 months.)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	3		R
<b>*Sinus Node Inhibitors**</b>			
<b>*Sinus Node Inhibitors**</b>			
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3		PA; R
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>			
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>			
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	2		R

Drug Name	Brand	Generic	Additional Information
<b>INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG</b>	2		R
<b>SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG</b>	3		R
<b>SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG</b>	3		R
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG</b>	3		R
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG</b>	2		R
<b>*Spleen Tyrosine Kinase (Syk) Inhibitors***</b>			
<b>*Spleen Tyrosine Kinase (Syk) Inhibitors***</b>			
<b>TAVALISSE ORAL TABLET 100 MG, 150 MG</b>	3		PA; SP
<b>*Sulfonamides*</b>			
<b>*Sulfonamides***</b>			
<i>sulfadiazine oral tablet 500 mg</i>		3	R
<b>*Tetracyclines*</b>			
<b>*Tetracyclines***</b>			
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>		1	R
<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</i>		1	R&M; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 75 mg</i>		3	R
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		1	R
<b>MINOCIN ORAL CAPSULE 100 MG, 50 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		1	R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>		1	R
<b>MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG</b>	3		PA; R
<b>MONDOXYNE NL ORAL CAPSULE</b> <i>(Doxycycline Monohydrate) 100 MG, 50 MG</i>	1	1	R
<b>MORGIDOX ORAL CAPSULE</b> <i>(Doxycycline Hyclate) 50 MG</i>	1	1	R
<b>OKEBO ORAL CAPSULE</b> <i>(Doxycycline Monohydrate) 75 MG</i>	1	1	R
<b>SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 80 MG</b>	3		R&M; QL (1 EA per 1 day); AG (Min 12 Years)
<b>SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR</b> <i>(Minocycline HCl ER) 65 MG</i>	3	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
<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, 15 MG</b>	1		R
<b>ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG</b>	3		R
<b>ARMOUR THYROID ORAL TABLET</b> <i>(Levothyroxine-Liothyronine) 30 MG, 60 MG, 90 MG</i>	3	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>EUTHYROX ORAL TABLET</b> <i>(Levothyroxine Sodium) 100 MCG, 25 MCG, 75 MCG, 88 MCG</i>	1	1	R
<b>EUTHYROX ORAL TABLET 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG</b>	1		R

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>LEVO-T ORAL TABLET</b> ( <i>Levothyroxine Sodium</i> ) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R
<b>LEVO-T ORAL TABLET</b> 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 300 MCG	1		R
<b>LEVOXYL ORAL TABLET</b> ( <i>Levothyroxine Sodium</i> ) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R
<b>LEVOXYL ORAL TABLET</b> 112 MCG, 125 MCG, 137 MCG, 175 MCG, 200 MCG	1		R
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg</i>		1	R
<b>NATURE-THROID ORAL TABLET</b> 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	3		R
<b>SYNTHROID ORAL TABLET</b> ( <i>Levothyroxine Sodium</i> ) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	1	R
<b>SYNTHROID ORAL TABLET</b> 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 300 MCG	2		R
<i>thyroid powder</i>		3	R
<b>TIROSINT ORAL CAPSULE</b> 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3		R
<b>UNITHROID DIRECT ORAL TABLET</b> ( <i>Levothyroxine Sodium</i> ) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R
<b>UNITHROID ORAL TABLET</b> ( <i>Levothyroxine Sodium</i> ) 100 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R
<b>UNITHROID ORAL TABLET</b> 112 MCG, 150 MCG	1		R
<b>WESTHROID ORAL TABLET</b> 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	3		R
<b>WP THYROID ORAL TABLET</b> 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3		R

Drug Name	Brand	Generic	Additional Information
<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
<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
PEDIARIX INTRAMUSCULAR SUSPENSION	3		RO; \$0
QUADRACEL INTRAMUSCULAR SUSPENSION	3		RO; \$0
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3		RO; \$0
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lfu/0.5ml</i>		3	RO; \$0
<b>*Tryptophan Hydroxylase Inhibitors***</b>			
<b>*Tryptophan Hydroxylase Inhibitors***</b>			
XERMELO ORAL TABLET 250 MG	3		PA; SP; Note 1 (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Ulcer Drugs*</b>			
<b>*Anticholinergic Combinations***</b>			
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>		3	R
<i>belladonna-opium rectal suppository 16.2-30 mg</i>		3	R
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>		1	R
DONNATAL ORAL ELIXIR ( <i>Phenobarbital-Belladonna Alk</i> ) 16.2 MG/5ML	3	1	R
DONNATAL ORAL TABLET 16.2 MG	3		R
LIBRAX ORAL CAPSULE 5-2.5 MG	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>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)
<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>hyoscyamine sulfate sublingual tablet sublingual 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
<b>LEVSIN ORAL TABLET 0.125 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>NULEV ORAL TABLET DISPERSIBLE (Hyoscyamine Sulfate) 0.125 MG</b>	1	1	R&M; QL (12 EA per 1 day)
<b>*H-2 Antagonists***</b>			
<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
<b>ZANTAC ORAL TABLET 300 MG</b>	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies)
<b>*Misc. Anti-Ulcer***</b>			
<b>CARAFATE ORAL SUSPENSION (Sucralfate) 1 GM/10ML</b>	2	2	R
<i>sucralfate oral tablet 1 gm</i>		1	R

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Drug Name	Brand	Generic	Additional Information
<b>*Proton Pump Inhibitors***</b>			
<b>DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG</b>	3		R&M; QL (1 EA per 1 day)
<b>FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML</b>	2		RO
<b>FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML</b>	2		RO
<b>OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML</b>	2		RO
<b>PREVACID SOLUTAB ORAL TABLET DISPERSIBLE (<i>Lansoprazole</i>) 15 MG, 30 MG</b>	3	3	R&M; Note 1 (Excluded Drugs List applies if over maximum age of 1.); AG (Max 1 Years)
<b>*Quaternary Anticholinergics***</b>			
<i>methscopolamine bromide oral tablet 2.5 mg</i>		1	R&M; QL (12 EA per 1 day)
<i>propantheline bromide oral tablet 15 mg</i>		3	R
<b>ROBINUL ORAL TABLET (<i>Glycopyrrolate</i>) 1 MG</b>	3	1	R
<b>ROBINUL-FORTE ORAL TABLET (<i>Glycopyrrolate</i>) 2 MG</b>	3	1	R
<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
<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 (<i>Nitrofurantoin Macrocrystal</i>) 25 MG</b>	3	1	R
<i>methenamine hippurate oral tablet 1 gm</i>		1	R
<i>methenamine mandelate oral tablet 0.5 gm, 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

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Drug Name	Brand	Generic	Additional Information
<b>*Urinary Antiseptic-Antispasmodic &amp;/Or Analgesics***</b>			
<b>HYOPHEN ORAL TABLET 81.6 MG</b>	3		R&M; QL (56 EA per 1 Copay); AG (Min 12 Years)
<b>PHOSPHASAL ORAL TABLET 81.6 MG</b>	1		R
<b>URELLE ORAL TABLET (UroAv-81) 81 MG</b>	1	1	R
<b>URIBEL ORAL CAPSULE (Uro-MP) 118 MG</b>	1	1	R
<i>uro-458 oral tablet 81 mg</i>		1	R
<i>uroav-b oral capsule 118 mg</i>		1	R
<b>UROGESIC-BLUE ORAL TABLET 81.6 MG</b>	3		R
<b>URYL ORAL TABLET 81.6 MG</b>	3		R
<b>USTELL ORAL CAPSULE (Uticap) 120 MG</b>	1	1	R
<b>UTIRA-C ORAL TABLET 81.6 MG</b>	1		R
<b>VILAMIT MB ORAL CAPSULE (Uro-MP) 118 MG</b>	1	1	R
<b>VILEVEV MB ORAL TABLET (UroAv-81) 81 MG</b>	1	1	R
<b>*Urinary Antispasmodics*</b>			
<b>*Beta-3 Adrenergic Agonists***</b>			
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG</b>	2		R
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>			
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>		2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG</b>	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		1	R
<i>oxybutynin chloride oral tablet 5 mg</i>		1	R
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 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)

Drug Name	Brand	Generic	Additional Information
<b>*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)</b>			
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>		2	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG</b>	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		1	R
<i>oxybutynin chloride oral tablet 5 mg</i>		1	R
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG</b>	3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<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)
<i>trospium 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 HOUR 25 MG, 50 MG</b>	2		R
<b>*Urinary Antispasmodics - Cholinergic Agonists***</b>			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		1	R
<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***</b>			
<i>flavoxate hcl oral tablet 100 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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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 SUSPENSION PREFILLED SYRINGE</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 SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	3		RO; \$0
<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 SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	3		RO; \$0; AG (Min 65 Years)
<b>FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	3		RO; \$0
<b>FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML</b>	3		RO; \$0
<b>FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION</b>	3		RO; \$0
<b>FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	3		RO; \$0
<b>FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION</b>	3		RO; \$0
<b>FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	3		RO; \$0

Drug Name	Brand	Generic	Additional Information
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3		RO; \$0; AG (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	3		RO; \$0
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	3		RO; \$0
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3		RO; \$0; AG (Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		RO; \$0; AG (Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3		RO; \$0
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML	3		R&M; \$0
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3		RO; \$0
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	3		RO; \$0; AG (Min 50 Years)
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 SUSPENSION 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		PA; R&M; F
TERAZOL 7 VAGINAL CREAM 0.4 %	3		R&M; Note 1 (Tier 3 Copay + Cost Differential Applies); F
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		1	R&M; F
<i>terconazole vaginal suppository 80 mg</i>		1	R&M; F
<b>*Miscellaneous Vaginal Combinations***</b>			
FEM PH VAGINAL GEL 0.9-0.025 %	3		R&M; F
RELAGARD VAGINAL GEL 0.9-0.025 %	3		R&M; F

Drug Name	Brand	Generic	Additional Information
<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
VANDAZOLE 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 ( <i>Estradiol</i> ) 0.1 MG/GM	2	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

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 SOLUTION 1 MG/ML, 30 MG/30ML	3		R
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>		3	R&M; QL (4 EA per 1 Copay)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>		2	R&M; Note 1 (Non Mylan Epinephrine pens are Level 3.); QL (4 EA per 1 Copay)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	3		R
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	3		R
<b>*Vasopressors***</b>			
<i>epinephrine injection solution 30 mg/30ml</i>		3	R
<i>epinephrine pf injection solution 1 mg/ml</i>		3	R
<i>epinephrine pf injection solution prefilled syringe 1 mg/10ml</i>		1	R
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		1	R
<b>*Vitamins*</b>			
<b>*Vitamin B-3***</b>			
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>		2	R
<b>*Vitamin D***</b>			
<i>aqueous vitamin d oral liquid 400 unit/ml</i>		1	R&M; \$0; AG (Min 65 Years)
BABY DDROPS ORAL LIQUID 400 UNT/0.03ML	3		R&M; \$0; AG (Min 65 Years)
<i>baby super daily d3 oral liquid 400 ut/0.028ml</i>		3	R&M; \$0
BPROTECTED PEDIA D-VITE ORAL LIQUID (Vitamin D3) 400 UNIT/ML	1	1	R&M; \$0; AG (Min 65 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CALCIDOL ORAL SOLUTION</b> (Ergocalciferol) <b>8000 UNIT/ML</b>	1	1	R
<b>CALCIFEROL ORAL SOLUTION</b> (Ergocalciferol) <b>8000 UNIT/ML</b>	1	1	R
<i>cvs d3 oral capsule 1000 unit, 2000 unit, 400 unit, 5000 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 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 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 oral tablet 5000 unit</i>		1	R&M; \$0; AG (Min 65 Years)
<b>DDROPS ORAL LIQUID (Super Daily D3) 1000 UNT/0.03ML</b>	3	3	R&M; \$0; AG (Min 65 Years)
<b>DDROPS ORAL LIQUID 2000 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>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>DECARA ORAL CAPSULE (Vitamin D3) 50000 UNIT</b>	1	1	R&M; \$0; AG (Min 65 Years)
<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>D-VI-SOL ORAL LIQUID (Vitamin D3) 400 UNIT/ML</b>	3	1	R&M; \$0; AG (Min 65 Years)
<i>eql vitamin d3 oral capsule 5000 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</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)
<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)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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
<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>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)
<b>VITAMIN D-1000 MAX ST ORAL TABLET ( Vitamin D) 1000 UNIT</b>	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 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)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<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 oral tablet dispersible 5000 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 d3 ultra strength oral capsule 5000 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 1000 UNIT/10ML</b>	3		R&M; \$0; AG (Min 65 Years)
<b>*Vitamin K***</b>			
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