

Qualified Health Plans 2019 Drug Formulary for HMOs and PPOs



THIS DOCUMENT HAS INFORMATION ABOUT THE PRESCRIPTION DRUGS WE COVER FOR QUALIFIED HEALTH PLANS.

Qualified Health Plans (QHP) are Affordable Care Act-compliant plans that cover essential health benefits and follow established limits on cost-sharing.

In addition to frequently asked questions regarding our drug formulary and prescription coverage, the actual list of covered drugs for our health plans is also included herein. This list is current as of November 2019.

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

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

Q&A

Q. What is the drug formulary?

A. A formulary is a list of covered prescription drugs. Prescription drugs are self-administered medications that you can obtain from pharmacies and that you use in the outpatient setting. The list of covered prescription drugs is selected with a team of health care providers. This represents the prescription therapies believed to be a necessary part of a quality treatment program. We will cover the drug listed in our formulary as long as it is medically necessary, the prescription is filled at an in-network pharmacy and other rules of the health plan are followed.

Formulary list can change over time. We may add new drugs as they are approved by the FDA and likewise we may remove drugs as new information about safety and effectiveness is available. We may also change the tier which reflects your cost-share for the drug. We may update our rules for coverage meaning that we may add or remove the need for prior approval, quantity limits or criteria for coverage.

The Qualified Health Plan Formulary is available at hap.org/prescription-drug.

Q. How do I use the drug formulary?

A. The formulary has a list of covered generic and brand name drugs and is organized by categories. Each category depends on the type of medical conditions that the drugs are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents." If you know

what a drug is used for, look for the category name in the list. Then look under the category name for the drug.

If you are not sure what category to look under, you should look for your drug in the Index that is at the end of formulary list. The Index provides an alphabetical list of all of the drugs included in this document.

If you are using a computer, you can search for a specific drug within the formulary, just select Ctrl-F and enter the name of the drug in the search box. The cursor will highlight the drug you are looking for.

Q. What is a *generic substitution*?

A. When an FDA approved generic drug is available, your prescription will be filled with the generic form of the medication. Generic drugs contain the same active ingredients and are equivalent in strength and dosage to the original brand name product. Generic drugs cost you and your health plan less money than a brand name drug.

Q. What are *specialty drugs*?

A. Specialty drugs are biologics or prescription drugs that require close monitoring for safety and efficacy. For this reason we contract with Pharmacy Advantage, a specialty pharmacy, from whom you can obtain specialty drugs. Specialty drugs require prior authorization and Pharmacy Advantage can help you and your doctor submit a request. You or your doctor can contact Pharmacy Advantage at (800) 456-2112.

Q. Are there any restrictions on my coverage?

A. Some covered drugs may have additional requirements or limits on coverage. The coverage requirements are listed on the drug formulary. These requirements and limits may include:

- **Prior Authorization** – Some medications on our formulary have criteria you must meet before we cover them. This means that you will need to get approval from us before you fill your prescriptions for these drugs.
- **Step Therapy** – In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Quantity Limits** – Certain drugs have quantity limits. A quantity limit is the maximum quantity that can be dispensed on each fill of medication or the maximum number of fills allowed for treatment of certain conditions. Specialty/injectable drugs (except insulin) and select oral drugs (e.g. opioid analgesics) are limited to a maximum 30-day supply per fill. Some specialty drugs require a 15-day supply for the first fill.

Benefit limitations

Our drug formulary applies to drugs used in an outpatient setting. It does not include medication administered in the doctor's office or while in the hospital. These are known as *medical drugs*. Note that some medical drugs are listed on this formulary because they are part of our Specialty Program. Please refer to "what are specialty drug?" section for information about these medications

The following are general drug coverage exclusions that apply to all members:

- Over-the-counter (OTC) medications and their equivalents are not covered unless specified in the formulary or on the rider
- Drug products used for cosmetic purposes are not covered
- Experimental drugs and/or any drug products used in an experimental manner are not covered
- Replacement of lost or stolen medication is not covered

Since the selected drug packages and coverage vary for each Qualified Health Plan, check your Summary of Benefits and Coverage (SBC) for your cost-sharing and exclusions.

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

A. When your drug is not listed on the formulary it is considered *non-formulary*. You or your doctor can ask us to make an exception and cover your drug and one of HAP clinical specialists will evaluate if the medication will be covered by your plan. However it is best to first discuss with your doctor or pharmacist if one of the formulary alternatives will work for you.

Exception approvals for standard non-formulary medications will process at the highest non specialty copayment. Exception approvals for non-formulary specialty drugs will process at the highest Specialty copayment. Non-formulary drugs when approved by plan are limited for up to 30 day supply at a time. Non-formulary specialty drugs when approved for use by the health plan can be required to be dispensed by Pharmacy Advantage.

Q. How do I request prior authorization or drug formulary exception?

A. You or your doctor can ask us to make an exception to our requirements or limits. You may also ask us to cover a drug not included on our formulary or ask us to exempt you from a formulary requirement through the exception process. Your doctor must submit a request to us indicating why formulary requirements should not apply. Your doctor may use the forms available at hap.org/providers to send us information when requesting either prior authorization or exception to the formulary.

Q. What is included in the drug formulary?

A. The name of the covered drug is listed in the **first column**. Brand name drugs are capitalized (e.g., ADVAIR DISKUS) and generic drugs are listed in lower-case (e.g., gabapentin). **When a generic drug is listed on the formulary, only the generic is covered.**

The **second column** represents the drug's cost-sharing level, or *Tier*. Every drug on the formulary is in one of six cost-sharing Tiers. The following table will translate how the six Tiers shown on the formulary are applicable to your health plan's prescription drug benefit. **Refer to your Summary of Benefits and Coverage for your cost-sharing information.**

Description of Tier	Copay
Preventive— generic preventive prescription drugs that are covered at zero cost share per the Affordable Care Act when Health Care Reform (HCR) rules are met.	Tier 0 (Zero Cost Share)
Preferred Generic – non-brand name drugs that have the lowest copay	Tier 1
Generic- non–brand name drugs that are designated by Us to be Non Preferred Generic	Tier 1A
Preferred Brand – brand name formulary drugs that have the lowest <i>brand</i> copay	Tier 2
Non-Preferred Brand – brand name formulary drugs that are designated by Us to be Non Preferred Brand	Tier 3

Preferred Specialty Drugs – biologics or drugs that require close monitoring for safety and efficacy and as designated by us to be a specialty drug	Tier 4
Non Preferred Specialty Drug – biologics or drugs that are designated by us to be Non Preferred Specialty drug	Tier 4A
Medical Drugs - These are drugs that are infused or administered in doctor's office or facility, are covered under your medical benefit, and may be required by Us to be obtained from Specialty Pharmacy.	Tier 7 (Medical Coinsurance)

The **third column** lists the requirements or limits that must be met for coverage of your drug. The explanations for the **abbreviations** are as follows:

PA (Prior Authorization) – You or your doctor is required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL (Quantity Limit) – We limit the amount of these drugs that are covered for each prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

ST (Step Therapy) – Before we will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

SP (Specialty Pharmacy) – This specialty drug can only be obtained from Pharmacy Advantage by calling them at (800) 456 2112.

HCR (Health Care Reform) – You must meet the Health Care Reform requirements for preventive use to obtain the drug at zero cost sharing.

2019 QHP Formulary

Table of Contents

ANTI-HISTAMINE DRUGS.....	3
ANTI-INFECTIVE AGENTS.....	4
ANTI-NEOPLASTIC AGENTS.....	16
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES.....	21
AUTONOMIC DRUGS.....	31
BLOOD FORMATION, COAGULATION, THROMBOSIS.....	38
CARDIOVASCULAR DRUGS.....	45
CENTRAL NERVOUS SYSTEM AGENTS.....	67
DEVICES.....	91
DIAGNOSTIC AGENTS.....	93
ELECTROLYTIC, CALORIC, AND WATER BALANCE.....	94
ENZYMES.....	99
EYE, EAR, NOSE AND THROAT (EENT) PREPS.....	99
GASTROINTESTINAL DRUGS.....	105
GOLD COMPOUNDS.....	112
HEAVY METAL ANTAGONISTS.....	112
HORMONES AND SYNTHETIC SUBSTITUTES.....	113
MISCELLANEOUS THERAPEUTIC AGENTS.....	148
RESPIRATORY TRACT AGENTS.....	161
SKIN AND MUCOUS MEMBRANE AGENTS.....	169
SMOOTH MUSCLE RELAXANTS.....	182
VITAMINS.....	182

2019 QHP Formulary

CURRENT AS OF 12/1/2019

DRUG NAME	DRUG TIER	NOTES
ANTI-HISTAMINE DRUGS		
Ethanolamine Derivatives		
<i>clemastine oral tablet 2.68 mg</i>	1A	
First Gen. Antihist. Derivatives, Misc.		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1A	
<i>cyproheptadine oral tablet 4 mg</i>	1A	
First Generation Antihistamines		
<i>clemastine oral tablet 2.68 mg</i>	1A	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1A	
<i>cyproheptadine oral tablet 4 mg</i>	1A	
Phenothiazine Derivatives		
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG	1A	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1A	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1A	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1A	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	1A	
Piperazine Derivatives		
<i>hydroxyzine hcl oral solution 10 mg/5 ml, 10 mg/5 ml (5 ml)</i>	1A	
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	1A	
<i>hydroxyzine hcl oral tablet 25 mg</i>	1A	QL (4 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1A	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1A	

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Tier 3= Non-Preferred Brand, **Tier 4**= Specialty Preferred, **Tier 4A**= Specialty Non-Preferred

Tier 7= Medical Coinsurance

PA = Prior Authorization

QL = Quantity Limits

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

ST = Step Therapy Required

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DRUG NAME	DRUG TIER	NOTES
Propylamine Derivatives		
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1A	
Second Generation Antihistamines		
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	1A	
<i>cetirizine oral solution 1 mg/ml</i>	1A	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	1A	
CLARITIN ORAL TABLET 10 MG	1A	
<i>levocetirizine oral tablet 5 mg</i>	1A	
<i>loratadine oral solution 5 mg/5 ml</i>	1A	
<i>loratadine oral tablet 10 mg</i>	1A	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
ANTI-INFECTIVE AGENTS		
1St Generation Cephalosporin Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	1A	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1A	
<i>cefadroxil oral tablet 1 gram</i>	1A	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1A	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1A	
2Nd Generation Cephalosporin Antibiotics		
<i>cefactor oral capsule 250 mg, 500 mg</i>	1A	
<i>cefactor oral tablet extended release 12 hr 500 mg</i>	1A	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1A	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1A	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1A	
3Rd Generation Cephalosporin Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	1A	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1A	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>cefixime oral capsule 400 mg</i>	1A	QL (2 capsules per 1 day)
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1A	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1A	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1A	
<i>ceftriaxone injection recon soln 2 gram</i>	7	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	QL (200 ML per 30 days)
4Th Generation Cephalosporin Antibiotics		
<i>cefepime injection recon soln 2 gram</i>	7	
Adamantane Antivirals		
<i>amantadine hcl oral capsule 100 mg</i>	1A	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1A	
<i>amantadine hcl oral tablet 100 mg</i>	1A	
<i>rimantadine oral tablet 100 mg</i>	1A	
Allylamine Antifungals		
<i>terbinafine hcl oral tablet 250 mg</i>	1A	
Amebicides		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>paromomycin oral capsule 250 mg</i>	1A	
Aminoglycoside Antibiotics		
<i>gentamicin injection solution 40 mg/ml</i>	7	
<i>neomycin oral tablet 500 mg</i>	1A	
<i>paromomycin oral capsule 250 mg</i>	1A	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; SP; QL (280 ampules per 30 days)
Aminopenicillin Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1A	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1A	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1A	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1A	
<i>ampicillin oral capsule 500 mg</i>	1A	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	7	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	7	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	1A	PA; QL (120 tablets per 30 days)
EMVERM ORAL TABLET,CHEWABLE 100 MG	3	PA; QL (6 tablets per 30 days)
<i>praziquantel oral tablet 600 mg</i>	1A	
Antifungals, Miscellaneous		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1A	
<i>griseofulvin microsize oral tablet 500 mg</i>	1A	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1A	
Antimalarials		
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	1A	PA; QL (12 tablets per fill, 1 fill per 180 days); Covered for Malaria Treatment, not prophylaxis.; QL (12 tablets per 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	1A	PA; QL (9 tablets per fill, 1 fill per 180 days); Covered for Malaria Treatment, not prophylaxis.; QL (12 tablets per 180 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1A	Covered for Malaria Treatment, not prophylaxis.
COARTEM ORAL TABLET 20-120 MG	3	QL (24 tablets per fill, 1 fill per 180 days); Covered for Malaria Treatment, not prophylaxis.

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DRUG NAME	DRUG TIER	NOTES
DARAPRIM ORAL TABLET 25 MG	3	PA; Covered Alternatives: primaquine, mefloquine, hydroxychloroquine sulfate; Covered for Malaria Treatment, not prophylaxis.; QL (1 tablet per 1 day)
<i>hydroxychloroquine oral tablet 200 mg</i>	1A	Covered for Malaria Treatment, not prophylaxis.; QL (6 tablets per 1 day)
<i>mefloquine oral tablet 250 mg</i>	1A	QL (5 tablets per fill, 1 fill per 180 days); Covered for Malaria Treatment, not prophylaxis.
<i>primaquine oral tablet 26.3 mg</i>	3	Covered for Malaria Treatment, not prophylaxis.
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1A	Covered for Malaria Treatment, not prophylaxis.
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	3	Covered for Malaria Treatment, not prophylaxis.
<i>quinine sulfate oral capsule 324 mg</i>	1A	PA; Covered for Malaria Treatment, not prophylaxis.; QL (42 capsules per 30 days)
Antimycobacterials, Miscellaneous		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1A	
Antiprotozoals, Miscellaneous		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA
ALINIA ORAL TABLET 500 MG	3	PA; QL (6 tablets per 1 day)
<i>atovaquone oral suspension 750 mg/5 ml</i>	1A	PA; QL (10 ml per 1 day)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1A	
IMPAVIDO ORAL CAPSULE 50 MG	3	PA; QL (3 capsules per 1 day)
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1A	QL (20 tablets per 5 days)
Antituberculosis Agents		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1A	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1A	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1A	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1A	
<i>cycloserine oral capsule 250 mg</i>	1A	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1A	
<i>isoniazid oral solution 50 mg/5 ml</i>	1A	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1A	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1A	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1A	
<i>moxifloxacin oral tablet 400 mg</i>	1A	QL (1 tablet per 1 day)
PRIFTIN ORAL TABLET 150 MG	2	
<i>rifabutin oral capsule 150 mg</i>	1A	
RIFAMATE ORAL CAPSULE 300-150 MG	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1A	
RIFATER ORAL TABLET 50-120-300 MG	2	
SIRTURO ORAL TABLET 100 MG	4	PA; SP; QL (4 tablets per 1 day)
Antivirals, Miscellaneous		
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL (2 tablets per fill, 2 fills per 365 days)
Azole Antifungals		
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	7	PA; SP
CRESEMBA ORAL CAPSULE 186 MG	3	PA; 70 capsules per 30 days, 3 fills per 365 days; QL (70 capsules per 1 fill)
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1A	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1A	
<i>itraconazole oral capsule 100 mg</i>	1A	
<i>itraconazole oral solution 10 mg/ml</i>	1A	QL (300 ML per 16 days)
<i>ketoconazole oral tablet 200 mg</i>	1A	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	3	PA; Covered Alternatives: itraconazole, fluconazole, voriconazole; QL (105 ml per 1 fill)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1A	QL (60 tablets per 30 days)

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DRUG NAME	DRUG TIER	NOTES
Carbapenem Antibiotics		
<i>ertapenem injection recon soln 1 gram</i>	7	
Cyclic Lipopeptide Antibiotics		
<i>daptomycin intravenous recon soln 500 mg</i>	7	
Echinocandin Antifungals		
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	7	PA; Short term approvals
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	7	QL (1 vial per 1 day)
Erythromycin Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG	1A	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	2	QL (100 ML per 1 fill)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1A	QL (100 ML per 1 fill)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1A	
Glycopeptide Antibiotics		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	2	QL (400mL per fill, 3 fills per year)
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	7	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1A	PA
Hcv Protease Inhibitor Antivirals		
MAVYRET ORAL TABLET 100-40 MG	4	PA; QL (84 tablets per fill, 168 tablets in 365 days); SP
ZEPATIER ORAL TABLET 50-100 MG	4	PA; QL (28 tablets per fill, 84 tablets per 365 days); SP
Hcv Replication Complex Inhibitors		
MAVYRET ORAL TABLET 100-40 MG	4	PA; QL (84 tablets per fill, 168 tablets in 365 days); SP
ZEPATIER ORAL TABLET 50-100 MG	4	PA; QL (28 tablets per fill, 84 tablets per 365 days); SP
Hiv Entry And Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4A	PA
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
Hiv Integrase Inhibitor Antiretrovirals		
BIKTARVY ORAL TABLET 50-200-25 MG	4	QL (1 tablet per 1 day)
DOVATO ORAL TABLET 50-300 MG	4	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (1 tablet per 1 day)
ISENTRESS ORAL TABLET 400 MG	4	QL (2 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG	4A	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	4A	QL (1 tablet per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	4	QL (2 tablets per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	4A	QL (1 tablet per 1 day)
Hiv Nucleoside Rev. Transcrip. Inhib.		
ATRIPLA ORAL TABLET 600-200-300 MG	4	QL (1 tablet per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	4A	QL (1 tablet per 1 day)
EDURANT ORAL TABLET 25 MG	4	QL (2 tablets per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	4	QL (1 capsule per 1 day)
<i>efavirenz oral tablet 600 mg</i>	4	QL (1 tablet per 1 day)
INTELENCE ORAL TABLET 100 MG, 200 MG	4	
INTELENCE ORAL TABLET 25 MG	4	QL (4 tablets per 1 day)
JULUCA ORAL TABLET 50-25 MG	4A	QL (1 tablet per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1A	QL (480 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	4	QL (2 tablets per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	4	QL (1 tablet per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	4	QL (1 tablet per 1 day)
PIFELTRO ORAL TABLET 100 MG	4	
RESCRIPTOR ORAL TABLET 200 MG	4	QL (6 tablets per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	4	
SYMFI ORAL TABLET 600-300-300 MG	4	
Hiv Nucleoside, Nucleotide Rt Inhibitors		
<i>abacavir oral solution 20 mg/ml</i>	4	QL (480 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	4	QL (2 tablets per 1 day)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	QL (1 tablet per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	4	
ATRIPLA ORAL TABLET 600-200-300 MG	4	QL (1 tablet per 1 day)

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BIKTARVY ORAL TABLET 50-200-25 MG	4	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET 300-300 MG	4	
COMPLERA ORAL TABLET 200-25-300 MG	4A	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG	4	QL (1 tablet per 1 day)
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i>	4	QL (2 capsules per 1 day)
DOVATO ORAL TABLET 50-300 MG	4	QL (1 tablet per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 ML per 23 days)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	PA; QL (2 ml per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (1 tablet per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	4	PA; SP
<i>lamivudine oral tablet 100 mg</i>	4	SP; QL (2 tablets per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	4	PA; SP; QL (2 tablets per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (2 tablets per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	4	QL (1 tablet per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	4	QL (2 capsules per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	4A	QL (1 tablet per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	4	
SYMFI ORAL TABLET 600-300-300 MG	4	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1A	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	4A	QL (1 tablet per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	4	ST
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	4	QL (800 ML per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (1 tablet per 1 day)
<i>zidovudine oral capsule 100 mg</i>	4	QL (2 capsules per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i>	4	QL (1 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	4	QL (2 tablets per 1 day)
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE 250 MG	4	QL (4 capsules per 1 day)

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APTIVUS ORAL SOLUTION 100 MG/ML	4	QL (420 ML per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1A	QL (2 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG	4	QL (6 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG	4	
EVOTAZ ORAL TABLET 300-150 MG	4A	QL (1 tablet per 1 day)
INVIRASE ORAL TABLET 500 MG	4	QL (4 tablets per 1 day)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	4	QL (2 tablets per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1800 ML per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	4	QL (320 ML per 30 days)
NORVIR ORAL CAPSULE 100 MG	4	QL (2 capsules per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (2 ML per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4A	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 150 MG, 75 MG	4	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG, 800 MG	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	
<i>ritonavir oral tablet 100 mg</i>	4	QL (2 tablets per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	QL (4 tablets per 1 day)
Interferon Antivirals		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	PA; SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	4	PA; SP
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	4	PA; SP; QL (2 ML per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; SP; QL (4 ML per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; SP; QL (2 ML per 30 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	PA; SP; QL (4 kits per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	4	PA; SP
Lincomycin Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1A	

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<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	1A	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	1A	
Macrolide Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG	1A	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	2	QL (100 ML per 1 fill)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1A	QL (100 ML per 1 fill)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1A	
Monobactam Antibiotics		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; Covered Alternatives: tobramycin nebulases; QL (2 boxes per 1 month)
Monoclonal Antibody Antivirals		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	7	PA; SP
Natural Penicillin Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
Neuraminidase Inhibitor Antivirals		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1A	QL (10 capsules per fill ; 2 fills per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1A	QL (120 ML per fill ; 2 fills per 365 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (20 inhalations (5 Rotadisks) per fill, 2 fills per 365 days)
Nucleoside And Nucleotide Antivirals		
<i>acyclovir oral capsule 200 mg</i>	1A	
<i>acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)</i>	1A	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1A	
<i>adefovir oral tablet 10 mg</i>	4	PA; SP; QL (1 tablet per 1 day)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	4	PA; SP; QL (700 ml per 1 fill)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	PA; SP; QL (1 tablet per 1 day)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1A	

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<i>ganciclovir sodium intravenous recon soln 500 mg</i>	7	
<i>ribavirin oral tablet 200 mg</i>	1A	PA; SP; QL (2 tablets per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1A	QL (8 tablets per 1 day)
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	PA
<i>valganciclovir oral tablet 450 mg</i>	1A	PA; QL (2 tablets per 1 day)
Other Macrolide Antibiotics		
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1A	QL (4 ML per 1 day)
<i>azithromycin oral tablet 250 mg</i>	1A	QL (4 tablets per 1 day)
<i>azithromycin oral tablet 500 mg, 600 mg</i>	1A	QL (2 tablets per 1 day)
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1A	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1A	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1A	
DIFICID ORAL TABLET 200 MG	3	PA; Covered Alternatives: metronidazole, Firvanq; QL (20 tablets per 30 days)
Oxazolidinone Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1A	QL (1800 ML per 30 days)
<i>linezolid oral tablet 600 mg</i>	1A	QL (2 tablets per 1 day)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1A	
Polyene Antifungals		
<i>nystatin oral suspension 100,000 unit/ml</i>	1A	
<i>nystatin oral tablet 500,000 unit</i>	1A	
Pyrimidine Antifungals		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	4A	PA; QL (1 capsule per 1 day)
Quinolone Antibiotics		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1A	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1A	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1A	

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<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1A	
<i>moxifloxacin oral tablet 400 mg</i>	1A	QL (1 tablet per 1 day)
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1A	
Rifamycin Antibiotics		
PRIFTIN ORAL TABLET 150 MG	2	
<i>rifabutin oral capsule 150 mg</i>	1A	
RIFAMATE ORAL CAPSULE 300-150 MG	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1A	
RIFATER ORAL TABLET 50-120-300 MG	2	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (60 tablets per 30 days)
Sulfonamide Antibiotics (Systemic)		
<i>sulfadiazine oral tablet 500 mg</i>	1A	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	7	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1A	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1A	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1A	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	1A	
Tetracycline Antibiotics		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1A	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1A	QL (3 capsules per 1 day)
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg</i>	1A	
<i>doxycycline monohydrate oral capsule 100 mg</i>	1A	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg, 50 mg, 75 mg</i>	1A	
<i>doxycycline monohydrate oral tablet 75 mg</i>	1A	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1A	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1A	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1A	

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Urinary Anti-Infectives		
<i>methenamine hippurate oral tablet 1 gram</i>	1A	
MONUROL ORAL PACKET 3 GRAM	2	QL (3 packets per 1 fill)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1A	QL (4 capsules per 1 day)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	1A	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1A	QL (4 capsules per 1 day)
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1A	QL (10 ML per 1 day)
<i>trimethoprim oral tablet 100 mg</i>	1A	
ANTINEOPLASTIC AGENTS		
Antineoplastic Agents		
<i>abiraterone oral tablet 250 mg</i>	1A	PA; SP; QL (120 tablets per 30 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4A	PA; SP
ALECENSA ORAL CAPSULE 150 MG	4	PA; SP; QL (240 capsules per 30 days)
ALUNBRIG ORAL TABLET 180 MG	4	PA; SP; QL (30 tablets per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; QL (60 tablets per 30 days)
ALUNBRIG ORAL TABLET 90 MG	4	PA; SP; QL (90 tablets per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; SP; QL (30 tablets per 30 days)
<i>anastrozole oral tablet 1 mg</i>	1A	
BALVERSA ORAL TABLET 3 MG	4A	PA; SP; QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG	4A	PA; SP; QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG	4A	PA; SP; QL (1 tablet per 1 day)
<i>bexarotene oral capsule 75 mg</i>	4A	PA; SP; QL (1 capsule per 1 day)
<i>bicalutamide oral tablet 50 mg</i>	1A	
BOSULIF ORAL TABLET 100 MG	4A	PA; SP; QL (90 tablets per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4A	PA; SP; QL (30 tablets per 30 days)
CABOMETYX ORAL TABLET 20 MG	4	PA; SP; QL (30 tablets per 30 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG	4	PA; SP
CALQUENCE ORAL CAPSULE 100 MG	4	PA; SP; QL (60 capsules per 30 days)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	PA; SP; QL (140 tablets per 1 fill)
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (60 tablets per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; QL (30 tablets per 30 days)

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COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (1 capsule per 1 day)
COTELLIC ORAL TABLET 20 MG	4	PA; SP; QL (63 tablets per 30 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1A	QL (2 capsules per 1 day)
DAURISMO ORAL TABLET 100 MG, 25 MG	4A	PA; SP
<i>diclofenac sodium topical gel 3 %</i>	1A	PA; QL (100 GM per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	PA; SP; QL (1 capsule per 1 day)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	7	PA
EMCYT ORAL CAPSULE 140 MG	2	PA; SP; QL (1 capsule per 1 day)
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; SP; QL (30 capsules per 30 days)
ERLEADA ORAL TABLET 60 MG	4A	PA; SP; QL (4 tablets per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1A	SP; QL (30 tablets per 30 days)
<i>etoposide oral capsule 50 mg</i>	4	PA; SP; QL (1 capsule per 1 day)
<i>exemestane oral tablet 25 mg</i>	1A	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	PA; SP; QL (6 capsules per 30 days)
FLUOROPLEX TOPICAL CREAM 1 %	2	PA; QL (40 GM per 1 month)
<i>fluorouracil topical cream 5 %</i>	1A	
<i>fluorouracil topical solution 2 %, 5 %</i>	1A	PA; QL (10 ml per 1 month)
<i>flutamide oral capsule 125 mg</i>	1A	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; SP; QL (30 tablets per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA; SP; QL (1 capsule per 1 day)
GLEOSTINE ORAL CAPSULE 5 MG	4	PA; SP
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	PA; SP; QL (1 capsule per 1 day)
<i>hydroxyurea oral capsule 500 mg</i>	1A	QL (1 capsule per 1 day)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; SP; QL (21 capsules per 30 days)
ICLUSIG ORAL TABLET 15 MG	4A	PA; SP; QL (60 tablets per 30 days)
ICLUSIG ORAL TABLET 45 MG	4A	PA; SP; QL (30 tablets per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	4A	PA; SP; QL (30 tablets per 30 days)
<i>imatinib oral tablet 100 mg</i>	1A	PA; SP; QL (180 tablets per 30 days)
<i>imatinib oral tablet 400 mg</i>	1A	PA; SP; QL (60 tablets per 30 days)

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IMBRUVICA ORAL CAPSULE 140 MG	4	PA; SP; QL (120 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; SP; QL (30 capsules per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; SP; QL (30 tablets per 30 days)
INLYTA ORAL TABLET 1 MG, 5 MG	4A	PA; SP
INREBIC ORAL CAPSULE 100 MG	4A	PA; SP; QL (4 tablets per 1 day)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	PA; SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	4	PA; SP
IRESSA ORAL TABLET 250 MG	4	PA; SP; QL (30 tablets per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; QL (60 tablets per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; SP; QL (21 tablets per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; SP; QL (42 tablets per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; SP; QL (63 tablets per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4A	PA; SP; QL (2 capsules per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	1A	QL (1 tablet per 1 day)
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; SP; QL (1 tablet per 1 day)
LORBRENA ORAL TABLET 100 MG, 25 MG	4	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	7	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	7	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	7	PA; SP

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LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	7	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; SP; QL (120 tablets per 30 days)
LYSODREN ORAL TABLET 500 MG	2	PA; SP; QL (1 tablet per 1 day)
MATULANE ORAL CAPSULE 50 MG	2	PA; SP; QL (1 capsule per 1 day)
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	1A	
<i>megestrol oral suspension 625 mg/5 ml</i>	1A	QL (175 ML per 30 days)
<i>megestrol oral tablet 20 mg, 40 mg</i>	1A	
MEKINIST ORAL TABLET 0.5 MG	4	PA; SP; QL (90 tablets per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; SP; QL (30 tablets per 30 days)
<i>melphalan oral tablet 2 mg</i>	4A	
<i>mercaptopurine oral tablet 50 mg</i>	1A	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1A	
MYLERAN ORAL TABLET 2 MG	4A	PA; SP; QL (1 tablet per 1 day)
NEXAVAR ORAL TABLET 200 MG	4	PA; SP; QL (120 tablets per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; SP; QL (3 capsules per 30 days)
NUBEQA ORAL TABLET 300 MG	4A	PA; SP; QL (4 tablets per 1 day)
ODOMZO ORAL CAPSULE 200 MG	4	PA; SP; QL (30 capsules per 30 days)
PICATO TOPICAL GEL 0.015 %, 0.05 %	3	PA; QL (1 box per 30 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; QL (Quantity Limits Apply); SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4A	PA; SP; QL (1 capsule per 1 day)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4A	PA; SP; QL (1 capsule per 1 day)
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	7	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG	4A	PA; SP; QL (1 tablet per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	4A	PA; SP; QL (3 tablets per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4A	PA; SP; QL (120 tablets per 30 days)
RYDAPT ORAL CAPSULE 25 MG	4A	PA; SP; QL (2 capsules per 1 day)

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SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4A	PA; SP; QL (30 tablets per 30 days)
SPRYCEL ORAL TABLET 20 MG	4A	PA; SP; QL (90 tablets per 30 days)
SPRYCEL ORAL TABLET 70 MG	4A	PA; SP; QL (60 tablets per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA; SP; QL (84 tablets per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	4A	PA; SP; QL (90 capsules per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	4A	PA; SP; QL (30 capsules per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	4	PA; SP
TABLOID ORAL TABLET 40 MG	4	PA; SP; QL (2 tablets per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; SP; QL (120 capsules per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	4	PA; SP; QL (30 tablets per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	4	PA; SP
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA; SP; QL (30 tablets per 30 days)
TARCEVA ORAL TABLET 25 MG	4	PA; SP; QL (60 tablets per 30 days)
TARGRETIN TOPICAL GEL 1 %	4A	PA; SP; QL (2 GM per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4A	PA; SP; QL (112 capsules per 30 days)
TASIGNA ORAL CAPSULE 50 MG	4A	PA; SP; QL (120 capsules per 30 days)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; SP
<i>toremifene oral tablet 60 mg</i>	1A	PA; SP; QL (1 tablet per 1 day)
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	1A	PA; QL (1 capsule per 1 day)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	PA; Covered Alternatives: Generic Methotrexate; QL (1 tablet per 1 day)
TURALIO ORAL CAPSULE 200 MG	4A	PA; SP; QL (4 tablets per 1 day)
TYKERB ORAL TABLET 250 MG	4	PA; SP; QL (180 tablets per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; SP; QL (1 tablet per 1 day)

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VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; SP; QL (42 tablets per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4A	PA; SP; QL (60 tablets per 30 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4A	PA; SP
VOTRIENT ORAL TABLET 200 MG	4	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; SP; QL (60 capsules per 30 days)
XOSPATA ORAL TABLET 40 MG	4A	PA; SP
XTANDI ORAL CAPSULE 40 MG	4	PA; SP; QL (120 capsules per 30 days)
ZEJULA ORAL CAPSULE 100 MG	4A	PA; SP; QL (90 capsules per 30 days)
ZELBORAF ORAL TABLET 240 MG	4	PA; SP; QL (240 tablets per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	4	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; SP; QL (60 tablets per 30 days)
ZYTIGA ORAL TABLET 500 MG	4A	PA; SP; QL (60 capsules per 30 days)
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
Antitoxins And Immune Globulins		
BIVIGAM INTRAVENOUS SOLUTION 10 %	7	PA; SP
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	7	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	7	PA; SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	7	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	7	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	7	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	7	PA; SP

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GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	7	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	7	PA; SP
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	7	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	7	PA; SP
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	7	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML	7	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	7	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	7	
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	7	
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	7	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 %	7	PA; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	7	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	7	PA; SP; QL (0.4 ML per 1 day)

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DRUG NAME	DRUG TIER	NOTES
Toxoids		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to 6 years of age.)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	7	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 7 years and older.)
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1-12 months.)

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Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 10 years and older.)
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans.)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	7	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	7	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	7	
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)

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FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)

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FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 9 years and older but less than 46 years.)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 9 years and older but less than 46 years.)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans.)

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HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans.)
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans.)
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 4 years to less than 7 years of age.)
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 4 years to less than 7 years of age.)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 9 months and older.)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 2 months and older.)

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M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 6 months and older.)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to 6 years of age.)
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to less than 7 years fo age.)
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to less than 7 years fo age.)
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 1 month to less than 7 years fo age.)
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 2 years and older.)
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 2 years and older.)

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DRUG NAME	DRUG TIER	NOTES
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 month and older.)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for 4 years to less than 7 years of age.)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans.)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	7	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	7	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50 years and older.); Covered for 50 years of age and older; QL (1 ML per 1 fill)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 10 years and older.)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older.)

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TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans.)
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans.)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 1 year and older.)
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans.)
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans.)
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans.)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans.)

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ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 60 years and older.); Covered for 50 years of age and older; QL (1 ML per 1 lifetime)
AUTONOMIC DRUGS		
Alpha- And Beta-Adrenergic Agonists		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1A	QL (4 pens per 30 days)
<i>epinephrine injection syringe 0.1 mg/ml</i>	1A	
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
LORTUSS EX ORAL SYRUP 30-10-100 MG/5 ML	1A	
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1A	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1A	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1A	
Antimuscarinics/Antispasmodics		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	PA; Covered Alternatives: Advair, Symbicort, Combivent, Perforomist, Arcapta Neohaler, Brovana, Breo Ellipta; QL (1 inhaler per 1 month)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8 GM per 30 days)
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1A	QL (2 capsules per 1 day)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
<i>dicyclomine oral capsule 10 mg</i>	1A	QL (8 capsules per 1 day)

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<i>dicyclomine oral solution 10 mg/5 ml</i>	1A	
<i>dicyclomine oral tablet 20 mg</i>	1A	QL (8 tablets per 1 day)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1A	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1A	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1A	
HYDROCODONE COMPOUND ORAL SYRUP 5-1.5 MG/5 ML	1A	QL (240 ML per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml)</i>	1A	QL (240 ML per 30 days)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1A	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1A	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1A	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1A	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1A	
QBREXZA TOPICAL TOWELETTE 2.4 %	4A	PA; SP; QL (1 packet per 1 day)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (60 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (1 inhaler per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	PA
Antiparkinsonian Agents		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1A	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1A	
Autonomic Drugs, Miscellaneous		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited 56 tablets per fill, 6 fills per year.)

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CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited 56 tablets per fill, 6 fills per year.)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited 56 tablets per fill, 6 fills per year.)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 360 units per fill and 6 fills per year.)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 360 units per fill and 6 fills per year.)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 360 units per fill and 6 fills per year.)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 28 patches per month, 12 fills per year.)

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NICOTROL INHALATION CARTRIDGE 10 MG	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited to 340 cartridges per fill and 6 fills per year.)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 18 years and older, limited 60ML per fill, 180 days supply per year.)
Centrally Acting Skeletal Muscle Relaxant		
<i>carisoprodol oral tablet 250 mg</i>	1A	
<i>carisoprodol oral tablet 350 mg</i>	1A	QL (4 tablets per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1A	QL (4 tablets per 1 day)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1A	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	1A	QL (4 tablets per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1A	QL (3 tablets per 1 day)
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1A	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1A	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1A	
<i>tizanidine oral capsule 2 mg</i>	1A	QL (10 capsules per 1 day)
<i>tizanidine oral capsule 4 mg</i>	1A	QL (9 capsules per 1 day)
<i>tizanidine oral capsule 6 mg</i>	1A	QL (6 capsules per 1 day)
<i>tizanidine oral tablet 2 mg</i>	1A	QL (10 tablets per 1 day)
<i>tizanidine oral tablet 4 mg</i>	1A	QL (9 tablets per 1 day)
ZANAFLEX ORAL TABLET 4 MG	1A	QL (9 tablets per 1 day)
Direct-Acting Skeletal Muscle Relaxants		
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1A	
Gaba-Derivative Skeletal Muscle Relaxant		
<i>baclofen oral tablet 10 mg</i>	1A	QL (8 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	1A	QL (120 tablets per 30 days)

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Non-Sel. Beta-Adrenergic Blocking Agents		
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	PA; Covered Alternatives: Metoprolol, carvedilol; QL (1 tablet per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1A	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1A	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1A	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1A	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1A	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1A	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1A	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	
Non-Sel. Alpha-1-Adrenergic Blocking Agts		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1A	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1A	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Non-Sel. Alpha-Adrenergic Blocking Agents		
<i>dihydroergotamine injection solution 1 mg/ml</i>	1A	PA
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1A	PA; QL (8 ml per 1 fill)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1A	QL (24 tablets per 1 fill)
<i>phenoxybenzamine oral capsule 10 mg</i>	1A	PA; Covered Alternatives: alpha-blockers, doxazosin, prazosin, terazosin; QL (3 capsules per 1 day)
Parasympathomimetic (Cholinergic Agents)		
<i>cevimeline oral capsule 30 mg</i>	1A	
<i>donepezil oral tablet 10 mg, 5 mg</i>	1A	QL (2 tablets per 1 day)
<i>donepezil oral tablet 23 mg</i>	1A	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1A	

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galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1A	
galantamine oral solution 4 mg/ml	1A	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1A	
guanidine oral tablet 125 mg	1A	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1A	
pyridostigmine bromide oral tablet 60 mg	1A	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1A	QL (2 capsules per 1 day)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	1A	QL (30 patches per 30 days)
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin oral tablet extended release 24 hr 10 mg	1A	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1A	
silodosin oral capsule 4 mg, 8 mg	1A	PA
tamsulosin oral capsule 0.4 mg	1A	QL (1 capsule per 1 day)
Selective Beta-2-Adrenergic Agonists		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	1A	
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1A	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1A	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	PA; Covered Alternatives: Advair, Symbicort, Combivent, Perforomist, Arcapta Neohaler, Brovana, Breo Ellipta; QL (1 inhaler per 1 month)
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	2	QL (1 capsule per 1 day)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	PA; QL (60 GM per 30 days)

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BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	PA; Covered Alternatives: Performist inhalation solution; QL (120 ML per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1A	QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	QL (60 GM per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1A	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1A	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	1A	PA; Covered Alternatives: ProAir HFA; QL (15 GM per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1A	
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	QL (120 nebs per 30 days)
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	QL (2 inahlers per 30 days)
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QL (13.4 GM per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60 units per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (10.2 GM per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1A	

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TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	PA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	QL (60 GM per 30 days)
Selective Beta-Adrenergic Blocking Agent		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1A	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1A	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1A	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	QL (2 tablets per 1 day)
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1A	
Skeletal Muscle Relaxants, Miscellaneous		
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1A	
BLOOD FORMATION, COAGULATION, THROMBOSIS		
Blood Form.,Coag,Thrombosis Agents Misc.		
TAVALISSE ORAL TABLET 100 MG, 150 MG	4A	PA; SP; QL (2 tablets per 1 day)
Coumarin Derivatives		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	3	
<i>warfarin (bulk) powder 100 %</i>	3	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	

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DRUG NAME	DRUG TIER	NOTES
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (2.5 tablets per 1 day)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL (2.5 tablets per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG	2	QL (2 tablets per 1 day)
XARELTO ORAL TABLET 2.5 MG	2	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL (51 tablets per fill & 1 fill per 180 days)
Direct Thrombin Inhibitors		
PRADAXA ORAL CAPSULE 110 MG	2	
PRADAXA ORAL CAPSULE 150 MG, 75 MG	2	QL (2.5 capsules per 1 day)
Hematopoietic Agents		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	QL (4 ML per 30 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	QL (4 vials per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	4A	PA; SP; QL (3 tablets per 1 day)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4A	PA; SP; QL (3 tablets per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	QL (3.5 ML per 30 days)
MULPLETA ORAL TABLET 3 MG	4	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	7	QL (1 syringe per 5 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	QL (16 ML per 1 fill)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	QL (3.5 ML per 30 days)
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	4	PA; SP

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PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	QL (4 ML per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4A	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	QL (3.5 ML per 30 days)
Hemorrhheologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	1A	
Hemostatics		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	7	PA; SP; QL (1 unit per 1 day)
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	7	PA; SP; QL (1 unit per 1 day)
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	3	PA; SP; QL (1 unit per 1 day)
AMICAR ORAL TABLET 1,000 MG, 500 MG	2	QL (100 tablets per fill, 1 fill per 60 days)
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1A	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	7	PA; SP; QL (1 unit per 1 day)
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	7	PA; SP
<i>desmopressin injection solution 4 mcg/ml</i>	4	PA; SP
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1A	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	7	PA; SP; QL (1 unit per 1 day)

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FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	7	PA; SP; QL (1 unit per 1 day)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	7	PA; SP; QL (1 unit per 1 day)
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	7	PA; SP; QL (1 unit per 1 day)
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	7	PA; SP; QL (1 unit per 1 day)
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	7	PA; SP; QL (1 unit per 1 day)
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	7	PA; SP; QL (1 unit per 1 day)
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	3	PA; SP; QL (1 unit per 1 day)
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	7	PA; SP; QL (1 unit per 1 day)
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	7	PA; SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	3	PA; SP; QL (1 unit per 1 day)

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NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	3	PA; SP; QL (1 unit per 1 day)
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	7	PA; SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	7	PA; SP; QL (1 unit per 1 day)
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	PA; QL (5 ML per 1 fill)
<i>tranexamic acid oral tablet 650 mg</i>	1A	QL (60 tablets per 30 days)
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	7	PA; SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 450-450 UNIT, 500-500 UNIT, 900-900 UNIT	7	PA; SP; QL (1 unit per 1 day)
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	7	PA; SP; QL (1 unit per 1 day)
Heparins		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1A	QL (9 ML per 180 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1A	QL (30 ML per 180 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1A	QL (24 ML per 180 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1A	QL (9 ML per 180 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1A	QL (12 ML per 180 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1A	QL (18 ML per 180 days)

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Iron Preparations		
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	2	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	1A	
PRENATABS FA ORAL TABLET 29-1 MG	1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	1	
PRETAB ORAL TABLET 29-1 MG	1	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	1	
Platelet-Aggregation Inhibitors		
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>aspirin oral tablet 325 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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<i>aspirin oral tablet, chewable 81 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1A	QL (2 capsules per 1 day)
BAYER ASPIRIN ORAL TABLET 325 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	PA; Covered Alternatives: Clopidogrel; QL (2 tablets per 1 day)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1A	QL (6 capsules per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET, CHEWABLE 81 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1A	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1A	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1A	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1A	Covered Alternatives: Clopidogrel
ZONTIVITY ORAL TABLET 2.08 MG	3	PA; QL (1 tablet per 1 day)
Platelet-Reducing Agents		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1A	PA; QL (4 capsules per 1 day)
Thrombolytic Agents		
ASPIRIN CHILDRENS ORAL TABLET, CHEWABLE 81 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)

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<i>aspirin oral tablet, chewable 81 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
BAYER ASPIRIN ORAL TABLET 325 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1A	QL (6 capsules per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET, CHEWABLE 81 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
CARDIOVASCULAR DRUGS		
Alpha-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1A	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1A	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1A	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Alpha-Adrenergic Blocking Agt.(Hypoten)		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1A	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1A	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1A	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagon.(Hypotn)		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	

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<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1A	QL (1 tablet per 1 day)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>eprosartan oral tablet 600 mg</i>	1A	QL (1 tablet per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1A	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1A	QL (1 tablet per 1 day)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (1 tablet per 1 day)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	QL (1 tablet per 1 day)
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1A	QL (1 tablet per 1 day)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1A	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1A	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1A	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1A	QL (2 tablets per 1 day)
Angiotensin II Receptor Antagonists		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1A	QL (1 tablet per 1 day)

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<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1A	QL (2 tablets per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; Covered Alternatives: Lisinopril, losartan; QL (2 tablets per 1 day)
<i>eprosartan oral tablet 600 mg</i>	1A	QL (1 tablet per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1A	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1A	QL (1 tablet per 1 day)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (1 tablet per 1 day)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	QL (1 tablet per 1 day)
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1A	QL (1 tablet per 1 day)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1A	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1A	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1A	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1A	QL (2 tablets per 1 day)
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	QL (2 capsules per 1 day)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1A	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1A	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	

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DRUG NAME	DRUG TIER	NOTES
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1A	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1A	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1A	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1A	QL (2 tablets per 1 day)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1A	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1A	
Angiotensin-Converting Enzyme Inhibitors		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	QL (2 capsules per 1 day)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1A	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1A	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1A	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1A	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1A	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1A	QL (2 tablets per 1 day)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	

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<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1A	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1A	
Antiarrhythmics, Miscellaneous		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	1A	
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	1A	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	1A	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1A	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1A	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 187.5 MCG (0.1875 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	2	
Antilipemic Agents, Miscellaneous		
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1A	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1A	QL (4 capsules per 1 day)
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1A	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1A	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1A	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	QL (2 tablets per 1 day)
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	PA; Covered Alternatives: Metoprolol, carvedilol; QL (1 tablet per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1A	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	

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<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1A	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1A	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1A	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1A	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1A	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1A	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1A	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	
Beta-Adrenergic Blocking Agt.(Hypoten)		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1A	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1A	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1A	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	QL (2 tablets per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1A	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1A	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1A	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1A	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1A	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1A	

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<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1A	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1A	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	
Bile Acid Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1A	QL (8 GM per 1 day)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1A	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	1	QL (8 GM per 1 day)
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	1A	QL (8 packets per 1 day)
<i>colesevelam oral powder in packet 3.75 gram</i>	1A	QL (1 packet per 1 day)
<i>colesevelam oral tablet 625 mg</i>	1A	ST; Covered Alternatives: High cholesterol: TWO of simvastatin, atorvastatin or rosuvastatin ; ONE of colestipol or cholestyramine powder; QL (6 tablets per 1 day)
<i>colestipol oral packet 5 gram</i>	1A	
<i>colestipol oral tablet 1 gram</i>	1A	
Calcium-Channel Block.Agt,Misc(Hypoten)		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg</i>	1A	QL (1 tablet per 1 day)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg</i>	1A	QL (1 capsule per 1 day)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	QL (1 tablet per 1 day)

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DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	1A	QL (1 capsule per 1 day)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1A	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1A	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1A	
Calcium-Channel Blocking Agents		
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG	1A	QL (3 tablets per 1 day)
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	QL (2 capsules per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	1A	QL (2 tablets per 1 day)
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg</i>	1A	QL (1 tablet per 1 day)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg</i>	1A	QL (1 capsule per 1 day)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	QL (1 tablet per 1 day)

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DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	1A	QL (1 capsule per 1 day)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1A	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1A	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1A	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1A	QL (3 tablets per 1 day)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1A	QL (3 tablets per 1 day)
<i>nimodipine oral capsule 30 mg</i>	1A	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1A	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1A	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1A	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1A	
Calcium-Channel Blocking Agents(Hypoten)		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg</i>	1A	QL (1 tablet per 1 day)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg</i>	1A	QL (1 capsule per 1 day)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	

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<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	QL (1 tablet per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	1A	QL (1 capsule per 1 day)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1A	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1A	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1A	
Calcium-Channel Blocking Agents, Misc.		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg</i>	1A	QL (1 tablet per 1 day)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg</i>	1A	QL (1 capsule per 1 day)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	QL (1 tablet per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	1A	QL (1 capsule per 1 day)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1A	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1A	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1A	

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Carbonic Anhydrase Inhibitors(Hypoten)		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1A	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1A	
Cardiac Drugs, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (2 tablets per 1 day)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1A	QL (2 tablets per 1 day)
VYNDAMAX ORAL CAPSULE 61 MG	4A	PA; SP; QL (1 capsule per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG	4A	PA; SP; QL (1 capsule per 1 day)
Cardiotonic Agents		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	1A	
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	1A	
<i>digoxin (bulk) powder 100 %</i>	3	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	1A	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1A	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1A	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 187.5 MCG (0.1875 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	2	
Central Alpha-Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1A	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1A	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1A	QL (1 tablet per 1 day)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1A	
Cholesterol Absorption Inhibitors		
<i>ezetimibe oral tablet 10 mg</i>	1A	QL (1 tablet per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1A	QL (1 tablet per 1 day)

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Class Ia Antiarrhythmics		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1A	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1A	Covered for Malaria Treatment, not prophylaxis.
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	3	Covered for Malaria Treatment, not prophylaxis.
Class Ib Antiarrhythmics		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	2	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1A	QL (3 capsules per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1A	
<i>phenytoin oral tablet, chewable 50 mg</i>	1A	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1A	
Class Ic Antiarrhythmics		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1A	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 425 mg</i>	1A	QL (2 capsules per 1 day)
<i>propafenone oral capsule, extended release 12 hr 325 mg</i>	1A	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1A	
Class II Antiarrhythmics		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1A	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1A	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1A	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	QL (2 tablets per 1 day)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1A	

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<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1A	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1A	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1A	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1A	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1A	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1A	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1A	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	
Class Iii Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg</i>	1A	
<i>amiodarone oral tablet 400 mg</i>	1A	QL (1 tablet per 1 day)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1A	QL (4 capsules per 1 day)
MULTAQ ORAL TABLET 400 MG	2	QL (2 tablets per 1 day)
PACERONE ORAL TABLET 100 MG, 200 MG	1A	
PACERONE ORAL TABLET 400 MG	1A	QL (1 tablet per 1 day)
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1A	
Class Iv Antiarrhythmics		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg</i>	1A	QL (1 tablet per 1 day)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg</i>	1A	QL (1 capsule per 1 day)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	

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<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	QL (1 tablet per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	1A	QL (1 capsule per 1 day)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1A	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1A	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1A	
Dihydropyridines		
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG	1A	QL (3 tablets per 1 day)
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	QL (2 capsules per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1A	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1A	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1A	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1A	QL (3 tablets per 1 day)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1A	QL (3 tablets per 1 day)
<i>nimodipine oral capsule 30 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1A	
Dihydropyridines (Antihypertensive)		
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG	1A	QL (3 tablets per 1 day)
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	QL (2 capsules per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1A	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1A	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1A	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1A	QL (3 tablets per 1 day)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1A	QL (3 tablets per 1 day)
<i>nimodipine oral capsule 30 mg</i>	1A	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1A	
Direct Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1A	

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Diuretics, Miscellaneous (Hypotensive)		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG	1A	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1A	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1A	
Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1A	QL (1 capsule per 1 day)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1A	QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1A	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1A	QL (1 tablet per 1 day)
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1A	
<i>gemfibrozil oral tablet 600 mg</i>	1A	
Hmg-Coa Reductase Inhibitors		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1A	QL (1 tablet per 1 day)
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1A	Not covered as an ACA benefit, copay will incur
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; Covered Alternatives: atorvastatin, rosuvastatin, pravastatin, simvastatin; QL (1 tablet per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
Hypotensive Agents, Miscellaneous		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1A	
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG	1A	QL (3 tablets per 1 day)
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	QL (2 capsules per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1A	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1A	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1A	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1A	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1A	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1A	QL (3 tablets per 1 day)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1A	QL (3 tablets per 1 day)
<i>nimodipine oral capsule 30 mg</i>	1A	
<i>phenoxybenzamine oral capsule 10 mg</i>	1A	PA; Covered Alternatives: alpha-blockers, doxazosin, prazosin terazosin; QL (3 capsules per 1 day)
<i>pindolol oral tablet 10 mg, 5 mg</i>	1A	

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<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1A	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1A	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1A	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1A	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	
Loop Diuretics (Hypotensive Agents)		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>ethacrynic acid oral tablet 25 mg</i>	1A	PA; QL (2 tablets per 1 day)
<i>furosemide injection solution 10 mg/ml</i>	1A	
<i>furosemide injection syringe 10 mg/ml</i>	1A	
<i>furosemide oral solution 10 mg/ml, 40 mg/4 ml, 40 mg/5 ml (8 mg/ml)</i>	1A	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1A	
Mineralocorticoid (Aldosterone) Antagnts		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1A	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1A	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1A	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1A	
Nitrates And Nitrites		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1A	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	1A	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1A	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1A	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1A	Covered Alternatives: Generic Nitrostat

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<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1A	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1A	
Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	4	PA; SP; QL (2 ML per 30 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	PA; SP; QL (3.5 ML per 30 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	PA; SP; Covered NDC's: 72511-0760-01, 72511-0760-02; QL (2 ML per 30 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; SP; QL (2 ML per 30 days)
Phosphodiesterase Type 5 Inhibitors		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1A	
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1A	QL (1 tablet per 1 day)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; QL (1 tablet per 1 day)
<i>tadalafil oral tablet 5 mg</i>	1A	PA; QL (1 tablet per 1 day)
Potassium-Sparing Diuretics (Hypoten)		
<i>amiloride oral tablet 5 mg</i>	1A	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1A	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1A	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1A	PA; QL (4 capsules per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1A	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1A	
Renin Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1A	PA; Covered Alternatives: Metoprolol, lisinopril, losartan; QL (1 tablet per 1 day)
TEKTURNAL ORAL TABLET 150 MG, 300 MG	3	PA; QL (1 tablet per 1 day)
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA; Covered Alternatives: Lisinopril, losartan; QL (2 tablets per 1 day)

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Thiazide Diuretics(Hypotensive Agents)		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1A	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	QL (2 tablets per 1 day)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1A	
<i>chlorothiazide oral tablet 500 mg</i>	1A	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1A	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1A	QL (1 tablet per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	QL (1 tablet per 1 day)
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1A	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1A	

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<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1A	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1A	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1A	QL (2 tablets per 1 day)
Thiazide-Like Diuretics(Hypotensive Agt)		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1A	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1A	
Vasodilating Agents, Miscellaneous		
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG	1A	QL (3 tablets per 1 day)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4A	PA; QL (3 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1A	PA
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1A	QL (2 capsules per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1A	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1A	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1A	QL (2 capsules per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1A	PA
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	3	ST; Covered Alternatives: Sildenafil 20mg; QL (6 kits per 30 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	3	ST; Covered Alternatives: Sildenafil 20mg; QL (6 vials per 30 days)

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DRUG NAME	DRUG TIER	NOTES
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	3	ST; Covered Alternatives: Sildenafil 20mg; QL (6 ML per 30 days)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg</i>	1A	QL (1 tablet per 1 day)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg</i>	1A	QL (1 capsule per 1 day)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1A	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1A	QL (1 tablet per 1 day)
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	1A	QL (1 capsule per 1 day)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1A	
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	7	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1A	
LETAIRIS ORAL TABLET 10 MG, 5 MG	4	PA; QL (1 tablet per 1 day)
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG	3	ST; Covered Alternatives: Sildenafil 20mg; QL (6 doses per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1A	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1A	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1A	QL (3 tablets per 1 day)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1A	QL (3 tablets per 1 day)
<i>nimodipine oral capsule 30 mg</i>	1A	
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1A	QL (1 tablet per 1 day)
OPSUMIT ORAL TABLET 10 MG	4	PA; QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG	4	PA; SP; QL (2 tablets per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	4	PA; QL (2 tablets per 1 day)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	4	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1A	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; QL (2 tablets per 1 day)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; QL (2.9 ML per 1 day)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG	4	PA; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLET 600 MCG, 800 MCG	4	PA; SP; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; SP; QL (2 tablets per 1 day)
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	7	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; QL (9 ml per 1 day)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1A	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1A	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	1A	
CENTRAL NERVOUS SYSTEM AGENTS		
Adamantanes (Cns)		
<i>amantadine hcl oral capsule 100 mg</i>	1A	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1A	
<i>amantadine hcl oral tablet 100 mg</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
Amphetamine Derivatives		
<i>diethylpropion oral tablet 25 mg</i>	1A	
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1A	
<i>phentermine oral tablet 37.5 mg</i>	1A	
Amphetamines		
<i>benzphetamine oral tablet 50 mg</i>	1A	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1A	QL (4 capsules per 1 day)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	1A	QL (6 tablets per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1A	QL (2 capsules per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1A	QL (2 tablets per 1 day)
<i>methamphetamine oral tablet 5 mg</i>	1A	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	PA; Covered Alternatives: Methylphenidate, Methylphenidate ER, Amphetamine/Dextroamphetamine ER; QL (1 capsule per 1 day)
Analgesics And Antipyretics, Misc.		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	1A	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1A	QL (10 tablets per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	1A	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1A	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1A	QL (60 tablets per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	1A	QL (5 capsules per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1A	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1A	

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ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1A	QL (4 tablets per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1A	
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	1A	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1A	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	PA; Covered Alternatives: gabapentin, pramipexole, ropinirole; QL (2 tablets per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1A	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1A	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg</i>	1A	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1A	QL (8 tablets per 1 day)
<i>isometh-dichloral-acetaminophn oral capsule 65-100-325 mg</i>	1A	QL (45 capsules per 30 days)
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	1A	QL (8 tablets per 1 day)
LORCET HD ORAL TABLET 10-325 MG	1A	QL (8 tablets per 1 day)
LORCET PLUS ORAL TABLET 7.5-325 MG	1A	QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1A	QL (4 tablets per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1A	PA; QL (2 capsules per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1A	QL (8 tablets per 1 day)
Anticholinergic Agents (Cns)		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1A	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1A	
Anticonvulsants, Miscellaneous		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	PA; Covered Alternatives: levetiracetam, carbamazepine, valproic acid, oxcarbazepine, zonisamide; QL (1 tablet per 1 day)
BANZEL ORAL TABLET 200 MG, 400 MG	3	PA; QL (280 tablets per 1 fill)

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<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1A	QL (8 capsules per 1 day)
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1A	
<i>carbamazepine oral tablet 200 mg</i>	1A	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1A	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1A	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1A	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1A	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1A	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; SP
<i>felbamate oral suspension 600 mg/5 ml</i>	1A	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1A	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; QL (1 tablet per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1A	
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	1A	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1A	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	PA; Covered Alternatives: gabapentin, pramipexole, ropinirole; QL (2 tablets per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1A	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1A	QL (1 tablet per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1A	PA; QL (1 tablet per 1 day)
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1A	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1A	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1A	QL (4 tablets per 1 day)

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<i>magnesium chloride injection solution 200 mg/ml (20 %)</i>	1A	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1A	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1A	QL (8 tablets per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1A	PA; QL (2 capsules per 1 day)
SABRIL ORAL TABLET 500 MG	4	PA; QL (6 tablets per 1 day)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1A	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	QL (8 capsules per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	
<i>valproic acid oral capsule 250 mg</i>	1A	
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; QL (1 packet per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	4	PA; QL (6 tablets per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	4	PA
VIMPAT ORAL SOLUTION 10 MG/ML	3	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL (3 tablets per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1A	
Antidepressants, Miscellaneous		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1A	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1A	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1A	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1A	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1A	QL (4 tablets per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>	1A	QL (2 tablets per 1 day)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1A	
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG	1A	
Antimanic Agents		
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1A	QL (1 tablet per 1 day)

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<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1A	QL (8 capsules per 1 day)
<i>carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1A	
<i>carbamazepine oral tablet 200 mg</i>	1A	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1A	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1A	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1A	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1A	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1A	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1A	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1A	PA; QL (1 tablet per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1A	
<i>lithium carbonate oral tablet 300 mg</i>	1A	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1A	
<i>lithium citrate oral solution 8 meq/5 ml, 8 meq/5 ml (5 ml)</i>	1A	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1A	QL (1 tablet per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1A	QL (1 tablet per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1A	QL (4 tablets per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1A	QL (1 tablet per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4A	PA; SP
<i>risperidone oral solution 1 mg/ml</i>	1A	
<i>risperidone oral syringe 1 mg/ml</i>	1A	

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<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1A	QL (9.34 tablets per 1 day)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1A	QL (280 tablets per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; Covered Alternatives: Aripiprazole, risperidone, quetiapine, olanzapine, ziprasidone
<i>valproic acid oral capsule 250 mg</i>	1A	
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	1A	QL (2 capsules per 1 day)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	1A	QL (4 capsules per 1 day)
Antimigraine Agents, Miscellaneous		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	4A	PA; SP
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	4	PA; SP; QL (1.5 ML per 30 days)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
ASPIRIN CHILDRENS ORAL TABLET, CHEWABLE 81 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>aspirin oral tablet, chewable 81 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
BAYER ASPIRIN ORAL TABLET 325 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	1A	

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<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1A	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	1A	QL (5 capsules per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1A	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1A	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1A	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1A	QL (4 tablets per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1A	
<i>dihydroergotamine injection solution 1 mg/ml</i>	1A	PA
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1A	PA; QL (8 ml per 1 fill)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1A	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1A	
<i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1A	
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	4A	PA; SP; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	4A	PA; SP; QL (1 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1A	QL (24 tablets per 1 fill)
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1A	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1A	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1A	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1A	QL (8 tablets per 1 day)

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<i>valproic acid oral capsule 250 mg</i>	1A	
Antipsychotics, Miscellaneous		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1A	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1A	
Anxiolytics, Sedatives, And Hypnotics, Misc		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA; Covered Alternatives: zolpidem, eszopiclone, zaleplon, trazodone; QL (1 tablet per 1 day)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1A	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1A	QL (1 tablet per 1 day)
HETLIOZ ORAL CAPSULE 20 MG	3	PA; Covered Alternatives: rozerem, zolpidem, trazodone, zaleplon, eszopiclone; QL (1 capsule per 1 day)
<i>hydroxyzine hcl oral solution 10 mg/5 ml, 10 mg/5 ml (5 ml)</i>	1A	
<i>hydroxyzine hcl oral tablet 10 mg, 50 mg</i>	1A	
<i>hydroxyzine hcl oral tablet 25 mg</i>	1A	QL (4 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1A	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1A	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG	1A	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1A	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1A	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	1A	
<i>ramelteon oral tablet 8 mg</i>	1A	PA; QL (15 tablets per 30 days)
ROZEREM ORAL TABLET 8 MG	3	PA; QL (15 tablets per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1A	
<i>zolpidem oral tablet 10 mg</i>	1A	QL (1 tablet per 1 day)
<i>zolpidem oral tablet 5 mg</i>	1A	QL (2 tablets per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	1A	QL (1 tablet per 1 day)

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Atypical Antipsychotics		
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1A	QL (1 tablet per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	QL (5 tablets per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; Covered Alternatives: Aripiprazole, risperidone, quetiapine, olanzapine, ziprasidone; QL (2 tablets per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	4A	PA; SP
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	4A	PA; SP
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA; Covered Alternatives: Aripiprazole, risperidone, quetiapine, olanzapine, ziprasidone; QL (1 tablet per 1 day)
NUPLAZID ORAL TABLET 10 MG	4A	PA; SP; QL (2 tablets per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1A	QL (1 tablet per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1A	QL (1 tablet per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1A	QL (1 tablet per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1A	QL (4 tablets per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1A	QL (1 tablet per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA; Covered Alternatives: venlafaxine, duloxetine, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine; QL (1 tablet per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4A	PA; SP

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<i>risperidone oral solution 1 mg/ml</i>	1A	
<i>risperidone oral syringe 1 mg/ml</i>	1A	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1A	QL (9.34 tablets per 1 day)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1A	QL (280 tablets per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; Covered Alternatives: Aripiprazole, risperidone, quetiapine, olanzapine, ziprasidone
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	1A	QL (2 capsules per 1 day)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	1A	QL (4 capsules per 1 day)
Barbiturates (Anticonvulsants)		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1A	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1A	
<i>primidone oral tablet 250 mg, 50 mg</i>	1A	
Barbiturates (Anxiolytic, Sedative/Hyp)		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	1A	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1A	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1A	QL (60 tablets per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	1A	QL (5 capsules per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1A	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1A	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1A	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1A	QL (4 tablets per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1A	

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<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1A	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1A	
Benzodiazepines (Anticonvulsants)		
<i>clobazam oral suspension 2.5 mg/ml</i>	1A	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1A	QL (4 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1A	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1A	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1A	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1A	QL (1 twinpack per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
Benzodiazepines (Anxiolytic, Sedativ/Hyp)		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1A	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1A	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1A	QL (2 capsules per 1 day)
<i>clobazam oral suspension 2.5 mg/ml</i>	1A	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1A	QL (4 tablets per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1A	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1A	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1A	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1A	QL (1 twinpack per 30 days)

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<i>estazolam oral tablet 1 mg, 2 mg</i>	1A	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1A	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1A	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1A	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1A	
Butyrophenones		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	7	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	7	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1A	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1A	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	4A	PA; SP
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	4	PA; SP; QL (1.5 ML per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	4A	PA; SP; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	4A	PA; SP; QL (1 ML per 30 days)
Catechol-O-Methyltransferase(Comt)Inhib.		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1A	QL (8 tablets per 1 day)
<i>entacapone oral tablet 200 mg</i>	1A	
<i>tolcapone oral tablet 100 mg</i>	1A	PA; Covered Alternatives: entacapone; QL (3 tablets per 1 day)
Central Nervous System Agents, Misc.		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1A	
ADDYI ORAL TABLET 100 MG	4	PA; SP; QL (1 tablet per 1 day)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1A	

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<i>carbidopa oral tablet 25 mg</i>	1A	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1A	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1A	QL (1 tablet per 1 day)
<i>memantine oral solution 2 mg/ml</i>	1A	
<i>memantine oral tablet 10 mg, 5 mg</i>	1A	QL (2 tablets per 1 day)
<i>memantine oral tablets,dose pack 5-10 mg</i>	1A	QL (1 tablet per 365 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (2 capsules per 1 day)
<i>riluzole oral tablet 50 mg</i>	1A	QL (4 tablets per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; SP; QL (1 tablet per 1 day)
XYREM ORAL SOLUTION 500 MG/ML	4	PA; QL (18 ml per 1 day)
Cyclooxygenase-2 (Cox-2) Inhibitors		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1A	QL (2 capsules per 1 day)
Dopamine Precursors		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1A	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1A	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1A	QL (8 tablets per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1A	QL (8 tablets per 1 day)
Ergot-Deriv. Dopamine Receptor Agonists		
<i>bromocriptine oral capsule 5 mg</i>	1A	
<i>bromocriptine oral tablet 2.5 mg</i>	1A	
<i>cabergoline oral tablet 0.5 mg</i>	1A	
CYCLOSET ORAL TABLET 0.8 MG	3	PA; Covered Alternatives: metformin, glyburide, glipizide, pioglitazone, Januvia, Jardiance, Victoza; QL (1 tablet per 1 day)
Fibromyalgia Agents		
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1A	QL (2 capsules per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1A	PA; QL (2 capsules per 1 day)

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SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA; QL (2 tablets per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA; QL (2 tablets per 1 day)
Hydantoins		
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	
DILANTIN KAPSEAL ORAL CAPSULE 100 MG	2	
DILANTIN ORAL CAPSULE 30 MG	2	
PEGANONE ORAL TABLET 250 MG	2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1A	
<i>phenytoin oral tablet,chewable 50 mg</i>	1A	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1A	
Monoamine Oxidase B Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	PA
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1A	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	1A	
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	PA
MARPLAN ORAL TABLET 10 MG	3	QL (6 tablets per 1 day)
<i>phenelzine oral tablet 15 mg</i>	1A	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1A	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	1A	
<i>tranylcypromine oral tablet 10 mg</i>	1A	
Nonergot-Deriv.Dopamine Receptor Agonist		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	PA; Covered Alternatives: pramipexole, ropinirole, gabapentin
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1A	

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<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 2.25 mg, 3 mg</i>	1A	QL (1 tablet per 1 day)
<i>pramipexole oral tablet extended release 24 hr 0.75 mg, 1.5 mg, 3.75 mg, 4.5 mg</i>	1A	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1A	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1A	
Opiate Agonists		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	1A	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1A	QL (10 tablets per 1 day)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	1A	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1A	QL (6 tablets per 1 day)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1A	QL (4 tablets per 1 day)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1A	QL (6 tablets per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1A	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1A	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	1A	QL (4 tablets per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1A	PA; QL (2 lozenges per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1A	QL (10 patches per 30 days)
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	

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HYDROCODONE COMPOUND ORAL SYRUP 5-1.5 MG/5 ML	1A	QL (240 ML per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1A	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1A	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg</i>	1A	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1A	QL (8 tablets per 1 day)
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1A	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml)</i>	1A	QL (240 ML per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1A	QL (50 tablets per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	1A	PA; QL (945 ml per 1 fill)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1A	QL (4 tablets per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1A	PA; QL (1 tablet per 1 day)
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1A	QL (10 tablets per 1 day)
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	1A	QL (8 tablets per 1 day)
LORCET HD ORAL TABLET 10-325 MG	1A	QL (8 tablets per 1 day)
LORCET PLUS ORAL TABLET 7.5-325 MG	1A	QL (8 tablets per 1 day)
LORTUSS EX ORAL SYRUP 30-10-100 MG/5 ML	1A	
<i>meperidine oral tablet 100 mg, 50 mg</i>	1A	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1A	QL (900 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	1A	QL (6 tablets per 1 day)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1A	QL (450 ML per 30 days)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	1A	PA; QL (2 capsules per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	1A	QL (20 ML per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1A	QL (10 ML per 1 day)
<i>morphine oral tablet 15 mg, 30 mg</i>	1A	QL (4 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1A	QL (3 tablets per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; Covered Alternatives: morphine, oxycodone, tramadol, gabapentin, diclofenac, duloxetine, celecoxib; QL (2 tablets per 1 day)
<i>oxycodone oral capsule 5 mg</i>	1A	QL (4 capsules per 1 day)
<i>oxycodone oral solution 5 mg/5 ml</i>	1A	QL (500 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1A	QL (4 tablets per 1 day)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1A	PA; QL (3 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1A	QL (4 tablets per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1A	PA; QL (6 tablets per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1A	PA
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1A	
<i>tramadol oral tablet 50 mg</i>	1A	QL (12 tablets per 1 day)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1A	QL (2 tablets per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg</i>	1A	QL (2 tablets per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1A	QL (8 tablets per 1 day)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
Opiate Antagonists		
<i>naloxone injection solution 0.4 mg/ml</i>	1A	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1A	
<i>naltrexone oral tablet 50 mg</i>	1A	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL (1 dose per 1 fill)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	7	PA; SP
Opiate Partial Agonists		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1A	

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<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1A	PA
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1A	PA
<i>butorphanol tartrate nasal spray,non-aerosol 10 mg/ml</i>	1A	QL (5 ML per 30 days)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1A	QL (6 tablets per 1 day)
Other Nonsteroidal Anti-Inflam. Agents		
<i>diclofenac potassium oral tablet 50 mg</i>	1A	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1A	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1A	
<i>diclofenac sodium topical gel 1 %</i>	1A	QL (300 GM per 30 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i>	1A	
<i>diflunisal oral tablet 500 mg</i>	1A	QL (3 tablets per 1 day)
<i>etodolac oral capsule 200 mg, 300 mg</i>	1A	QL (3 capsules per 1 day)
<i>etodolac oral tablet 400 mg, 500 mg</i>	1A	QL (3 tablets per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1A	QL (1 tablet per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1A	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1A	QL (50 tablets per 30 days)
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1A	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1A	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1A	QL (10 tablets per 1 day)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1A	
<i>indomethacin oral capsule, extended release 75 mg</i>	1A	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	1A	QL (5 cartridges per 30 days)
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	1A	QL (5 ML per 30 days)
<i>ketorolac injection solution 30 mg/ml</i>	1A	QL (10 ML per 30 days)
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1A	QL (5 syringes per 30 days)
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	1A	QL (5 cartridges per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1A	QL (4 ML per 30 days)

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<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1A	QL (5 syringes per 30 days)
<i>ketorolac oral tablet 10 mg</i>	1A	QL (20 tablets per 30 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1A	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1A	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1A	
<i>naproxen oral suspension 125 mg/5 ml</i>	1A	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1A	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1A	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1A	
<i>oxaprozin oral tablet 600 mg</i>	1A	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1A	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1A	
<i>tolmetin oral capsule 400 mg</i>	1A	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	1A	
Phenothiazines		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1A	
COMPAZINE ORAL TABLET 10 MG	1A	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1A	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1A	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1A	
<i>prochlorperazine rectal suppository 25 mg</i>	1A	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1A	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1A	
Respiratory And Cns Stimulants		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	1A	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1A	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	1A	QL (5 capsules per 1 day)

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<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1A	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1A	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1A	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1A	QL (4 tablets per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1A	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	PA
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1A	QL (1 capsule per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1A	QL (3 tablets per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	1A	QL (3 capsules per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	1A	QL (2 capsules per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 60 mg</i>	1A	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	1A	QL (2 capsules per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1A	QL (10 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1A	QL (7 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1A	QL (2 tablets per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	1A	QL (1 tablet per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1A	QL (2 tablets per 1 day)
Salicylates		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
<i>aspirin oral tablet, chewable 81 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1A	QL (2 capsules per 1 day)
BAYER ASPIRIN ORAL TABLET 325 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	1A	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1A	QL (6 capsules per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1A	QL (4 tablets per 1 day)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1A	QL (4 tablets per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET, CHEWABLE 81 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1A	
Sel.Serotonin,Norepi Reuptake Inhibitor		
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1A	QL (1 tablet per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1A	QL (2 capsules per 1 day)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	PA; Covered Alternatives: venlafaxine, duloxetine, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine; QL (1 capsule per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA; QL (2 tablets per 1 day)

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DRUG NAME	DRUG TIER	NOTES
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA; QL (2 tablets per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1A	QL (2 capsules per 1 day)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1A	QL (3 tablets per 1 day)
Selective Serotonin Agonists		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1A	Covered Alternatives: Sumatriptan; QL (12 tablets per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1A	QL (12 tablets per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	1A	PA; Covered Alternatives: zolmitriptan, almotriptan, naratriptan, rizatriptan, sumatriptan
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1A	QL (12 tablets per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1A	QL (12 tablets per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1A	QL (12 tablets per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1A	QL (6 nasal sprays per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1A	QL (18 tablets per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1A	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1A	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1A	QL (6 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1A	QL (12 tablets per 30 days)
Selective Serotonin Receptor Agonists		
BELVIQ ORAL TABLET 10 MG	3	PA; QL (2 tablets per 1 day)
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HR 20 MG	3	PA; QL (1 tablet per 1 day)
Selective-Serotonin Reuptake Inhibitors		
<i>citalopram oral solution 10 mg/5 ml</i>	1A	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1A	QL (60 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1A	QL (2 tablets per 1 day)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	

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<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1A	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (1 tablet per 1 day)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1A	QL (1 tablet per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i>	1A	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
ZOLOFT ORAL TABLET 100 MG	1A	
Serotonin Modulators		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1A	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1A	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	PA; Covered Alternatives: citalopram, fluoxetine, sertraline, paroxetine; QL (1 tablet per 1 day)
Succinimides		
CELONTIN ORAL CAPSULE 300 MG	2	QL (4 capsules per 1 day)
<i>ethosuximide oral capsule 250 mg</i>	1A	QL (7 capsules per 1 day)
<i>ethosuximide oral solution 250 mg/5 ml</i>	1A	
Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1A	
Tricyclics, Other Norepi-Ru Inhibitors		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1A	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1A	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1A	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1A	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1A	
<i>doxepin oral concentrate 10 mg/ml</i>	1A	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1A	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1A	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1A	

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<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1A	QL (4 capsules per 1 day)
<i>nortriptyline oral solution 10 mg/5 ml</i>	1A	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1A	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1A	
Vesicular Monoamine Transport2 Inhibitor		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; SP; QL (1 tablet per 1 day)
Wakefulness-Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1A	PA; QL (1 tablet per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	1A	QL (2 tablets per 1 day)
DEVICES		
Devices		
AEROCHAMBER PLUS FLOW-VU SPACER	7	QL (1 spacer per 365 days)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	7	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	7	
AEROCHAMBER PLUS Z STAT SPACER	7	QL (1 spacer per 365 days)
BREATHERITE MDI SPACER SPACER	7	QL (1 spacer per 365 days)
CLEVER CHOICE CHAMBER-LRG MASK SPACER	7	QL (1 spacer per 365 days)
CLEVER CHOICE CHAMBER-MED MASK SPACER	7	QL (1 spacer per 365 days)
CLEVER CHOICE CHAMBER-SM MASK SPACER	7	QL (1 spacer per 365 days)
COMPACT SPACE CHAMBER SPACER	7	QL (1 spacer per 365 days)
COMPACT SPACE CHAMBER-LRG MASK SPACER	7	QL (1 spacer per 365 days)
COMPACT SPACE CHAMBER-MED MASK SPACER	7	QL (1 spacer per 365 days)
COMPACT SPACE CHAMBER-SM MASK SPACER	7	QL (1 spacer per 365 days)
EASIVENT HOLDING CHAMBER SPACER	7	QL (1 spacer per 365 days)
FLEXICHAMBER SPACER	7	QL (1 spacer per 365 days)
FREESTYLE CONTROL SOLUTION	Zero Cost Share	Zero Copay applicable after deductible; QL (1 bottle per 90 days)

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FREESTYLE FREEDOM LITE KIT	Zero Cost Share	Zero Copay applicable after deductible; QL (1 meter per 1 year)
FREESTYLE INSULINX	Zero Cost Share	Zero Copay applicable after deductible; QL (1 meter per 2 years)
FREESTYLE LANCETS 28 GAUGE	Zero Cost Share	QL (No insulin history in the past 365 days- QL 100 per 90 days OR Insulin history in the past 365 days- QL 300 per 90 days); Zero Copay applicable after deductible
FREESTYLE LITE METER KIT	Zero Cost Share	Zero Copay applicable after deductible; QL (1 meter per 1 year)
FREESTYLE PRECISION NEO METER	Zero Cost Share	Zero Copay applicable after deductible; QL (1 meter per 1 year)
GLUCOSE KETONE CONTROL SOLN SOLUTION	Zero Cost Share	Zero Copay applicable after deductible; QL (1 bottle per 90 days)
INSPIRACHAMBER SPACER	7	QL (1 spacer per 365 days)
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	1A	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 1/2", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge</i>	1A	
<i>lancets</i>	Zero Cost Share	QL (No insulin history in the past 365 days- QL 100 per 90 days OR Insulin history in the past 365 days- QL 300 per 90 days); Zero Copay applicable after deductible
LITEAIRE MDI CHAMBER SPACER	7	QL (1 spacer per 365 days)
MEDISENSE GLUCOSE KETONE COMBO PACK	3	QL (1 Unit per 90 days)
OPTICHAMBER DIAMOND VHC SPACER	7	QL (1 spacer per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER	7	
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	1A	
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 5/16", 32 gauge x 5/32"</i>	1A	

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DRUG NAME	DRUG TIER	NOTES
POCKET CHAMBER SPACER	7	QL (1 spacer per 365 days)
PRECISION XTRA B-KETONE STRIP	1A	QL (1 strip per 1 day)
PRECISION XTRA MONITOR	Zero Cost Share	Zero Copay applicable after deductible; QL (1 meter per 1 year)
PRO COMFORT SPACER-ADULT MASK SPACER	7	QL (1 spacer per 365 days)
PRO COMFORT SPACER-CHILD MASK SPACER	7	QL (1 spacer per 365 days)
PROCHAMBER SPACER	7	QL (1 spacer per 365 days)
RITFLO AEROCHAMBER SPACER	7	QL (1 spacer per 365 days)
<i>sodium chloride inhalation solution for nebulization</i> 0.9 %, 10 %, 3 %, 7 %	1A	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1A	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2"	1A	
VORTEX HOLDING CHAMBER SPACER	7	QL (1 spacer per 365 days)
VORTEX VHC FROG MASK-CHILD SPACER	7	QL (1 spacer per 365 days)
DIAGNOSTIC AGENTS		
Diabetes Mellitus		
FREESTYLE INSULINX STRIP	1A	QL (No insulin hx=150/90 days, Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= ,18: 720/90, 18 and older: 600/90 days)
FREESTYLE INSULINX TEST STRIPS STRIP	1A	QL (No insulin hx=150/90 days, Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= ,18: 720/90, 18 and older: 600/90 days)
FREESTYLE LITE STRIPS STRIP	1A	QL (No insulin hx=150/90 days, Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= ,18: 720/90, 18 and older: 600/90 days)

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FREESTYLE PRECISION NEO STRIPS STRIP	Zero Cost Share	QL (No insulin hx=150/90 days, Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= ,18: 720/90, 18 and older: 600/90 days); Zero Copay applicable after deductible
FREESTYLE TEST STRIP	1A	QL (No insulin hx=150/90 days, Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= ,18: 720/90, 18 and older: 600/90 days)
PRECISION XTRA TEST STRIP	1A	QL (No insulin hx=150/90 days, Long Acting Insulin/Oral Diabetes Med hx=300/90 days, Short Acting Insulin hx= ,18: 720/90, 18 and older: 600/90 days)
Thyroid Function		
THYROGEN INTRAMUSCULAR RECON SOLN 1.1 MG (0.9 MG/ ML FINAL CONC.)	4A	SP
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
Acidifying Agents		
AV-PHOS 250 NEUTRAL ORAL TABLET 250 MG	1A	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG	1A	
PHOSPHOROUS ORAL TABLET 250 MG	1A	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 250 MG	1A	
VIRT-PHOS 250 NEUTRAL ORAL TABLET 250 MG	1A	
Alkalinizing Agents		
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1A	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	1A	
Ammonia Detoxicants		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	1A	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	2	

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<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1A	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	4	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA; SP; QL (1 tablet per 1 day)
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1A	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1A	
Diuretics, Miscellaneous		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG	1A	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1A	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1A	
Electrolytic,Caloric,Water Balance Misc,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	7	PA; SP; QL (0.4 ML per 1 day)
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>ethacrynic acid oral tablet 25 mg</i>	1A	PA; QL (2 tablets per 1 day)
<i>furosemide injection solution 10 mg/ml</i>	1A	
<i>furosemide injection syringe 10 mg/ml</i>	1A	
<i>furosemide oral solution 10 mg/ml, 40 mg/4 ml, 40 mg/5 ml (8 mg/ml)</i>	1A	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1A	
Phosphate-Removing Agents		
AURYXIA ORAL TABLET 210 MG IRON	3	PA; QL (6 tablets per 1 day)
<i>calcium acetate oral capsule 667 mg</i>	1A	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	1A	QL (3 tablets per 1 day)
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	3	
RENAGEL ORAL TABLET 800 MG	3	QL (7 tablets per 1 day)

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<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1A	QL (3.5 packets per 1 day)
<i>sevelamer carbonate oral tablet 800 mg</i>	1A	QL (10 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	1A	
<i>sevelamer hcl oral tablet 800 mg</i>	1A	QL (7 tablets per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	PA; QL (3 tablets per 1 day)
Potassium-Removing Agents		
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	1A	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml, 50 gram/200 ml</i>	1A	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	1A	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1A	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	PA; QL (1 packet per 1 day)
Potassium-Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	1A	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1A	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1A	PA; QL (4 capsules per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1A	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1A	
Replacement Preparations		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1A	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	1A	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	1A	

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KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	3	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	1A	
KLOR-CON ORAL PACKET 20 MEQ	1A	
<i>potassium chloride intravenous solution 2 meq/ml</i>	7	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1A	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1A	
<i>potassium chloride oral packet 20 meq</i>	1A	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1A	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1A	
PRENATABS FA ORAL TABLET 29-1 MG	1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	1	
PRETAB ORAL TABLET 29-1 MG	1	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1A	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	1	
Thiazide Diuretics		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg</i>	1A	
<i>amlodipine-valsartan-hcthiazyd oral tablet 5-160-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1A	

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<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	QL (2 tablets per 1 day)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1A	
<i>chlorothiazide oral tablet 500 mg</i>	1A	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1A	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1A	QL (1 tablet per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	QL (1 tablet per 1 day)
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1A	QL (1 tablet per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1A	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1A	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1A	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1A	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1A	QL (2 tablets per 1 day)

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Thiazide-Like Diuretics		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1A	QL (2 tablets per 1 day)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1A	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1A	
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	1A	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1A	
Vasopressin Antagonists		
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4A	PA; SP; QL (2 tablets per 1 day)
SAMSCA ORAL TABLET 15 MG, 30 MG	4	PA; QL (1 tablet per 1 day)
ENZYMES		
Enzymes		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4A	PA; SP
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; SP; QL (2 ampules per 1 day)
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4A	PA; SP; QL (1.5 ML per 30 days)
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	7	PA
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
Alpha-Adrenergic Agonists (Eent)		
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1A	QL (15 ML per 1 fill)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	QL (10 ML per 30 days)
Antiallergic Agents		
ALOCRIAL OPHTHALMIC (EYE) DROPS 2 %	3	QL (5 ML per 1 fill)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	QL (10 ML per 1 fill)
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1A	QL (30 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	1A	QL (30 ML per 30 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1A	

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BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	3	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1A	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1A	
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	3	PA; Covered Alternatives: olopatadine, Emadine
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1A	QL (5 ML per 1 fill)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1A	QL (5 ML per 1 fill)
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	1A	QL (2.5 ML per 1 fill)
Antibacterials (Eent)		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	QL (2.5 ML per 30 days)
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1A	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	QL (5 ML per 30 days)
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	2	QL (6 ML per 130 days)
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	2	QL (3.5 GM per 1 fill)
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	QL (10 ML per 1 fill)
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	QL (7.5 ML per 1 fill)
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1A	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1A	QL (14 applicators per 7 days)
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	1A	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1A	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1A	QL (6 ML per 30 days)
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	1A	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1A	QL (5 ML per 30 days)
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	3	QL (3 ML per 1 fill)
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1A	QL (3 ML per 1 fill)

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<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1A	QL (5 ML per 1 fill)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1A	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1A	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1A	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1A	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1A	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1A	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1A	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	QL (3.5 GM per 1 fill)
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1A	QL (5 ML per 1 fill)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1A	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	QL (1 tube per 1 fill)
Antifungals (Eent)		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	PA
Antivirals (Eent)		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1A	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	QL (5 GM per 1 fill)
Beta-Adrenergic Blocking Agents (Eent)		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1A	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (10 ML per 1 fill)
<i>carteolol ophthalmic (eye) drops 1 %</i>	1A	QL (10 ML per 1 fill)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	QL (10 ML per 30 days)
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1A	

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<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1A	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1A	QL (10 ML per 1 fill)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	1A	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1A	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1A	
Carbonic Anhydrase Inhibitors (Eent)		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1A	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1A	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	QL (10 ML per 1 fill)
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1A	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1A	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1A	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1A	
Corticosteroids (Eent)		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	QL (10 ML per 1 fill)
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	QL (7.5 ML per 1 fill)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1A	QL (10 ML per 30 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5 ML per 1 fill)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	QL (5 ML per 1 fill)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1A	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1A	QL (20 ML per 1 fill)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1A	

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<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1A	QL (1 bottle per 30 days)
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1A	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	QL (5 ML per 1 fill)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1A	QL (5 ML per 1 fill)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	QL (5 ML per 1 fill)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	ST; Covered Alternatives: fluticasone, flunisolide
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1A	QL (5 ML per 1 fill)
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1A	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1A	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	QL (5 ML per 1 fill)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1A	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1A	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	QL (3.5 GM per 1 fill)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1A	
Eent Anti-Infectives, Miscellaneous		
<i>acetic acid otic (ear) solution 2 %</i>	1A	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1A	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1A	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	1A	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	1A	

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Eent Anti-Inflammatory Agents, Misc.		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	PA; Covered Alternatives: Systance-Balance, Soothe XP, Retaine
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	PA; Covered Alternatives: Systance-Balance, Soothe XP, Retaine
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA; Covered Alternatives: Restasis (PA); QL (60 units per 30 days)
Eent Drugs, Miscellaneous		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1A	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	3	QL (15 ML per 1 fill)
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	QL (1 bottle per 1 fill)
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	1A	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4A	PA; SP; QL (1 vial per 1 day)
Eent Nonsteroidal Anti-Inflam. Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	QL (30 ML per 1 fill)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1A	QL (3.4 ML per 1 fill)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1A	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1A	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	3	QL (1.7 ML per 1 fill)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1A	QL (5 ML per 1 fill)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1A	
NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 %	3	QL (3 ML per 1 fill)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	
Local Anesthetics (Eent)		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1A	QL (1 GM per 1 day)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1A	QL (1 GM per 1 day)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1A	QL (1.6 ML per 1 day)

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LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	1A	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1A	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	1A	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1A	
Miotics		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	QL (5 ML per 1 fill)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1A	
Mydriatics		
<i>atropine ophthalmic (eye) drops 1 %</i>	1A	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1A	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1A	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1A	
Prostaglandin Analogs		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1A	ST; Covered Alternatives: latanoprost; QL (7.5 ML per 30 days)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1A	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST; Covered Alternatives: latanoprost; QL (7.5 ML per 30 days)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	2	ST; Covered Alternatives: Latanoprost; QL (5 ML per 1 fill)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	PA; Covered Alternatives: latanoprost, bimatoprost, Travatan Z
Vasoconstrictors		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1A	
GASTROINTESTINAL DRUGS		
5-Ht3 Receptor Antagonists		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	PA; Covered Alternatives: ondansetron, granisetron; QL (1 fill per 1 month)
<i>granisetron hcl oral tablet 1 mg</i>	1A	QL (10 tablets per 30 days)
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	7	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	7	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	7	

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<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1A	QL (15 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1A	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1A	
Antidiarrhea Agents		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1A	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1A	
<i>loperamide oral capsule 2 mg</i>	1A	QL (2 capsules per 1 day)
XERMELO ORAL TABLET 250 MG	4A	PA; SP; QL (90 tablets per 30 days)
Antiemetics, Miscellaneous		
CESAMET ORAL CAPSULE 1 MG	3	PA; QL (30 capsules per 30 days)
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	4A	PA; QL (4 tablets per 1 day)
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	1A	PA; QL (4 tablets per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1A	QL (2 capsules per 1 day)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1A	QL (4 patches per 1 fill)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	QL (4 patches per 1 fill)
Antihistamines (Gi Drugs)		
COMPAZINE ORAL TABLET 10 MG	1A	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	4A	PA; QL (4 tablets per 1 day)
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	1A	PA; QL (4 tablets per 1 day)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1A	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1A	
<i>prochlorperazine rectal suppository 25 mg</i>	1A	
<i>trimethobenzamide oral capsule 300 mg</i>	1A	QL (2 capsules per 1 day)
Anti-Inflammatory Agents (Gi Drugs)		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1A	PA; QL (1 tablet per 1 day)
<i>balsalazide oral capsule 750 mg</i>	1A	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	2	QL (6 capsules per 1 day)
DIPENTUM ORAL CAPSULE 250 MG	3	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1A	QL (6 capsules per 1 day)

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<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1A	QL (12 tablets per 1 day)
<i>mesalamine rectal enema 4 gram/60 ml</i>	1A	QL (60 ML per 1 day)
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1A	QL (4 kits per 28 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	PA; QL (8 capsules per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	1A	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1A	
Cathartics And Laxatives		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	PA; Covered Alternatives: Movantik (PA); QL (2 capsules per 1 day)
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	3	
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	1A	QL (2 fills per 365 days)
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 365 days)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 365 days)
GAVILYTE-N ORAL RECON SOLN 420 GRAM	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 365 days)

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GLYCOLAX ORAL POWDER 17 GRAM/DOSE	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	QL (2 fills per 365 days)
OSMOPREP ORAL TABLET 1.5 GRAM	3	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 365 days)
PEG-3350 WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	1A	QL (2 fills per 365 days)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 365 days)
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 365 days)
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	1A	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	3	PA; Covered Alternatives: PEG-3350; QL (1 fill per 1 year)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	QL (2 fills per 365 days)
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages 50-75 years.); QL (2 fills per 365 days)
Cholelitholytic Agents		
<i>ursodiol oral capsule 300 mg</i>	1A	

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ursodiol oral tablet 250 mg, 500 mg	1A	
Digestants		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	Covered Alternatives: Creon, Zenpep.
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250- 90,750 UNIT	3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000- 17,000- 24,000 UNIT	2	
Gi Drugs, Miscellaneous		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	3	PA; QL (2 capsules per 1 day)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4A	PA; SP; QL (1 kit per 30 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4A	PA; SP; QL (6 syringes per 365 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4A	PA; SP; QL (2 syringes per 30 days)
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	7	PA; SP
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4A	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	4A	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP

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HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; SP; QL (2 syringes per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; SP; QL (3 syringes per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; SP; QL (2 syringes per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; QL (2 syringes per 30 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; SP
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	7	PA; SP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	PA; Covered Alternatives: Amitiza (PA); QL (1 capsule per 1 day)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA; QL (1 tablet per 1 day)
OALIVA ORAL TABLET 10 MG, 5 MG	4A	PA; SP; QL (30 tablets per 30 days)
REMICADE INTRAVENOUS RECON SOLN 100 MG	7	PA; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	7	PA; SP

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SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	4A	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4A	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4A	PA; SP
SYMPROIC ORAL TABLET 0.2 MG	3	PA
XENICAL ORAL CAPSULE 120 MG	3	PA; QL (3 capsules per 1 day)
Histamine H2-Antagonists		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1A	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1A	
<i>famotidine oral tablet 20 mg</i>	1	QL (4 tablets per 1 day)
<i>famotidine oral tablet 40 mg</i>	1	QL (3 tablets per 1 day)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1A	
<i>nizatidine oral solution 150 mg/10 ml</i>	1A	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1A	QL (20 ML per 1 day)
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
Neurokinin-1 Receptor Antagonists		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	PA; Covered Alternatives: ondansetron, granisetron; QL (1 fill per 1 month)
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1A	QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 mg</i>	1A	QL (2 capsules per 1 fill)
Prokinetic Agents		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1A	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1A	QL (3 tablets per 1 day)
Prostaglandins		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i>	1A	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1A	
Protectants		
CARAFATE ORAL SUSPENSION 100 MG/ML	2	
<i>sucralfate oral tablet 1 gram</i>	1A	QL (4 tablets per 1 day)

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Proton-Pump Inhibitors		
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	1	Covered Alternatives: omeprazole, lansoprazole, pantoprazole, rabeprazole; QL (1 capsule per 1 day)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	1A	QL (2 capsules per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1A	QL (2 capsules per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1A	QL (4 tablets per 1 day)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1A	QL (2 tablets per 1 day)
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	1A	QL (2 capsules per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1A	QL (2 tablets per 1 day)
GOLD COMPOUNDS		
Gold Compounds		
RIDAURA ORAL CAPSULE 3 MG	4	PA; SP; QL (1 capsule per 1 day)
HEAVY METAL ANTAGONISTS		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE 100 MG	3	
CUPRIMINE ORAL CAPSULE 250 MG	3	PA; Covered Alternatives: Depen Titratabs; QL (4 capsules per 1 day)
<i>deferasirox oral tablet 360 mg, 90 mg</i>	1A	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1A	PA; SP
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA; QL (1 tablet per 1 day)
FERRIPROX ORAL TABLET 500 MG	4	PA; QL (3 tablets per 1 day)
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	PA; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	4	PA; SP
<i>penicillamine oral capsule 250 mg</i>	1A	PA; Covered Alternatives: Depen Titratabs
<i>trientine oral capsule 250 mg</i>	4A	PA; SP; QL (1 capsule per 1 day)

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HORMONES AND SYNTHETIC SUBSTITUTES		
Adrenals		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	PA; QL (60 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1A	QL (120 ML per 30 days)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1A	PA; QL (3 capsules per 1 day)
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	1A	PA; QL (1 tablet per 1 day)
<i>cortisone oral tablet 25 mg</i>	1A	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	QL (30 ML per 1 fill)
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1A	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1A	QL (300 ML per 30 days)
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1A	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	7	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	QL (13 GM per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (60 blisters per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	2	QL (12 GM per 30 days)

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FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (10.6 GM per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	1A	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1A	QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	QL (60 GM per 30 days)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1A	
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA; QL (1 applicator per 1 day)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1A	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1A	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	7	
<i>prednisolone oral solution 15 mg/5 ml</i>	1A	QL (450 ML per 30 days)
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml</i>	1A	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1A	QL (16 ML per 1 day)
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	
<i>prednisone oral solution 5 mg/5 ml</i>	1A	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1A	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1A	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	QL (1 inhaler per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML	7	
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	7	

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SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (10.2 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	PA
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	QL (60 GM per 30 days)
Alpha-Glucosidase Inhibitors		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1A	
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	PA; QL (19 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	PA; QL (11 pens per 30 days)
Androgens		
ANADROL-50 ORAL TABLET 50 MG	3	PA; QL (2 tablets per 1 day)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1A	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1A	
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	7	QL (10 ML per 90 days)
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	7	QL (2 ML per 30 days)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1A	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1A	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1A	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1A	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1A	PA
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1A	PA; QL (60 packets per 30 days)
Antidiabetic Agents, Miscellaneous		
<i>colesevelam oral powder in packet 3.75 gram</i>	1A	QL (1 packet per 1 day)

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<i>colesevelam oral tablet 625 mg</i>	1A	ST; Covered Alternatives: High cholesterol: TWO of simvastatin, atorvastatin or rosuvastatin ; ONE of colestipol or cholestyramine powder; QL (6 tablets per 1 day)
Antiestrogens		
<i>anastrozole oral tablet 1 mg</i>	1A	
<i>exemestane oral tablet 25 mg</i>	1A	
<i>letrozole oral tablet 2.5 mg</i>	1A	QL (1 tablet per 1 day)
Antigonadotropins		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA; SP
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	4	PA; SP
ORILISSA ORAL TABLET 150 MG, 200 MG	4A	PA; SP
Antiparathyroid Agents		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1A	PA; QL (3.7 ml per 1 month)
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1A	PA; QL (4 tablets per 1 day)
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1A	
<i>propylthiouracil oral tablet 50 mg</i>	1A	
Biguanides		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1A	QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1A	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	PA; Covered Alternatives: Jardiance, Synjardy XR, Januvia, Janumet; QL (2 tablets per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	QL (1 tablet per 1 day)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1A	QL (4 tablets per 1 day)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1A	QL (4 tablets per 1 day)

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<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1A	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	Covered Alternatives: Metformin; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	Covered Alternatives: Metformin; QL (1 tablet per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	Covered Alternatives: Metformin; QL (2 tablets per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	PA; QL (1 tablet per 1 day)
Contraceptives		
AFTERA ORAL TABLET 1.5 MG	3	QL (1 pack per fill & 3 fills per 365 days); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)

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AMETHYST (28) ORAL TABLET 90-20 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
APRI ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
AUBRA ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
AVIANE ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)

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BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
CAMILA ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)

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CHATEAL (28) ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
CYRED EQ ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
CYRED ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)

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DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
DEBLITANE ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
ECONTRA EZ ORAL TABLET 1.5 MG	1A	QL (1 pack per fill and 3 fills per 365 days); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ELINEST ORAL TABLET 0.3-30 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)

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DRUG NAME	DRUG TIER	NOTES
ELLA ORAL TABLET 30 MG	3	QL (1 pack per fill and 3 fills per 365 days); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
ENSKYCE ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
ERRIN ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
FAYOSIM ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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GIANVI (28) ORAL TABLET 3-0.02 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
HEATHER ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
INCASSIA ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
JENCYCLA ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
JULEBER ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
KELNOR 1-50 ORAL TABLET 1-50 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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DRUG NAME	DRUG TIER	NOTES
KURVELO (28) ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)

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LARISSIA ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
LESSINA ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>levonorgestrel oral tablet 1.5 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1A	QL (1 tablet per 1 day)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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LEVORA-28 ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
LILLOW (28) ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
LORYNA (28) ORAL TABLET 3-0.02 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
LYZA ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
MELODETTA 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
MILI ORAL TABLET 0.25-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
MY CHOICE ORAL TABLET 1.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
MY WAY ORAL TABLET 1.5 MG	1A	QL (1 pack per fill ; 3 fills per 365 days); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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NEW DAY ORAL TABLET 1.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
NIKKI (28) ORAL TABLET 3-0.02 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
NORA-BE ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1A	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)

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<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>norgestrel-ethinyl estradiol oral tablet 0.5-50 mg-mcg</i>	1A	
NORLYDA ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 ring per 30 days)
OCELLA ORAL TABLET 3-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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OPCICON ONE-STEP ORAL TABLET 1.5 MG	1A	QL (1 pack per fill and 3 fills per 365 days); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
OPTION-2 ORAL TABLET 1.5 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
PHILITH ORAL TABLET 0.4-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
PORTIA 28 ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
SHAROBEL ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
SRONYX ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
SYEDA ORAL TABLET 3-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
TAKE ACTION ORAL TABLET 1.5 MG	3	QL (1 pack per fill and 3 fills per 365 days); HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TULANA ORAL TABLET 0.35 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
VIENVA ORAL TABLET 0.1-20 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)

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VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
WERA (28) ORAL TABLET 0.5-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (3 patches per 28 days)
ZARAH ORAL TABLET 3-0.03 MG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans); QL (1 tablet per 1 day)
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	QL (1 tablet per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (1 tablet per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	PA; Covered Alternatives: Januvia, Janumet; QL (1 tablet per 1 day)

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ONGLYZA ORAL TABLET 2.5 MG, 5 MG	3	PA; Covered Alternatives: Januvia, Janumet; QL (1 tablet per 1 day)
TRADJENTA ORAL TABLET 5 MG	3	PA; Covered Alternatives: Januvia, Janumet; QL (1 tablet per 1 day)
Estrogen Agonist-Antagonists		
<i>clomiphene citrate oral tablet 50 mg</i>	1A	QL (2 tablets per 1 day)
DUAVEE ORAL TABLET 0.45-20 MG	3	PA; Covered Alternatives: Hot flashes- generic estrogens, generic SSRI's; Osteoporosis- generic estrogens, bisphosphonates, raloxifene; QL (1 tablet per 1 day)
OSPHENA ORAL TABLET 60 MG	3	PA; QL (1 tablet per 1 day)
<i>raloxifene oral tablet 60 mg</i>	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); QL (1 tablet per 1 day)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); QL (1 tablet per 1 day)
<i>toremifene oral tablet 60 mg</i>	1A	PA; SP; QL (1 tablet per 1 day)
Estrogens		
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	QL (8 patches per 28 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %)	3	QL (30 packets per 30 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	PA; Covered Alternatives: Hot flashes- generic estrogens, generic SSRI's; Osteoporosis- generic estrogens, bisphosphonates, raloxifene; QL (1 tablet per 1 day)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	QL (1 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1A	QL (8 patches per 30 days)

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<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1A	QL (4 patches per 30 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1A	QL (42.5 GM per 1 fill)
<i>estradiol vaginal tablet 10 mcg</i>	1A	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1A	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	QL (1 ring per 90 days)
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	3	QL (1 GM per 30 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	PA
JINTELI ORAL TABLET 1-5 MG-MCG	1A	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	QL (1 tablet per 1 day)
MENEST ORAL TABLET 2.5 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL (4 patches per 28 days)
MIMVEY ORAL TABLET 1-0.5 MG	1A	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1A	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	QL (1 tablet per 1 day)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	QL (30 GM per 30 days)
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	QL (1 tablet per 1 day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	QL (1 tablet per 1 day)
YUVAFEM VAGINAL TABLET 10 MCG	1A	
Glycogenolytic Agents		
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	

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Gonadotropins		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	4	PA; QL (3 units per 30 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	7	PA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	4	PA; SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	4	PA; SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	4	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	7	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	7	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	7	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	7	PA; SP
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	PA; SP
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	3	QL (1 syringe per 30 days)
Gonadotropins And Antigonadotropins		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	4	PA; QL (3 units per 30 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	7	PA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	4	PA; SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	4	PA; SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	4	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	

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LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	7	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	7	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	7	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	7	PA; SP
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	PA; SP
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	3	QL (1 syringe per 30 days)
Incretin Mimetics		
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	3	PA
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; Covered Alternatives: Trulicity (PA), Victoza (PA)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	PA; QL (4 pens per 30 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; Covered Alternatives: Trulicity (PA); QL (0.2 ML per 1 day)
Insulins		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo

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HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1A	QL (60 ML per 30 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1A	QL (60 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (2 ML per 1 day)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (2 ML per 1 day)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	QL (2 ML per 1 day)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (60 ML per 30 days)

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NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	QL (60 ML per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (60 ML per 30 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL (60 ML per 30 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (60 ML per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	QL (9 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	QL (9 ML per 30 days)
Intermediate-Acting Insulins		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo

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NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (2 ML per 1 day)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (2 ML per 1 day)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70- 30)	2	QL (60 ML per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (60 ML per 30 days)
Leptins		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA
Long-Acting Insulins		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1A	QL (60 ML per 30 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1A	QL (60 ML per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	QL (9 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	QL (9 ML per 30 days)
Meglitinides		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1A	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	QL (8 tablets per 1 day)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1A	
Parathyroid Agents		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4A	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; SP; QL (1 pen per 30 days)
Parathyroid And Antiparathyroid Agents		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1A	PA; QL (3.7 ml per 1 month)

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NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4A	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; SP; QL (1 pen per 30 days)
Pituitary		
<i>desmopressin injection solution 4 mcg/ml</i>	4	PA; SP
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1A	
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	4	PA; SP
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	PA; QL (5 ML per 1 fill)
Progestins		
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	QL (8 patches per 28 days)
CRINONE VAGINAL GEL 4 %, 8 %	3	Covered for 3 months per year; QL (60 GM per 30 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	7	
ENDOMETRIN VAGINAL INSERT 100 MG	3	Covered for 3 months per year; QL (90 GM per 30 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1A	
<i>hydroxyprogesterone (pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	4A	PA; SP
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	4A	PA; SP
JINTELI ORAL TABLET 1-5 MG-MCG	1A	

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<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	7	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	7	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 800 mg/20 ml (20 ml)</i>	1A	
<i>megestrol oral suspension 625 mg/5 ml</i>	1A	QL (175 ML per 30 days)
<i>megestrol oral tablet 20 mg, 40 mg</i>	1A	
MIMVEY ORAL TABLET 1-0.5 MG	1A	
<i>norethindrone acetate oral tablet 5 mg</i>	1A	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1A	
<i>progesterone intramuscular oil 50 mg/ml</i>	7	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1A	
Rapid-Acting Insulins		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo

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HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (60 ML per 30 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	QL (60 ML per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (60 ML per 30 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL (60 ML per 30 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (60 ML per 30 days)
Short-Acting Insulins		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	PA; Covered Alternatives: Novolin, Novolog, Lantus, Toujeo
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (2 ML per 1 day)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	QL (2 ML per 1 day)
Sodium-Gluc Cotransport 2 (SglT2) Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG	3	PA; Covered Alternatives: Jardiance; QL (1 tablet per 1 day)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	PA; Covered Alternatives: Jardiance, Synjardy XR, Januvia, Janumet; QL (2 tablets per 1 day)

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INVOKANA ORAL TABLET 100 MG, 300 MG	3	PA; Covered Alternatives: Jardiance; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	Covered Alternatives: Metformin; QL (1 tablet per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	Covered Alternatives: Metformin; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	Covered Alternatives: Metformin; QL (1 tablet per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	Covered Alternatives: Metformin; QL (2 tablets per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	PA; QL (1 tablet per 1 day)
Somatostatin Agonists		
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1A	PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1A	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA; SP
Somatotropin Agonists		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4A	PA
Somatotropin Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1A	QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	

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<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1A	
Thiazolidinediones		
AVANDIA ORAL TABLET 2 MG, 4 MG	2	QL (2 tablets per 1 day)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (1 tablet per 1 day)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1A	QL (4 tablets per 1 day)
Thyroid Agents		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	QL (1 tablet per 1 day)
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1A	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1A	QL (2 tablets per 1 day)
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	QL (2 tablets per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1A	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	1A	QL (1 tablet per 1 day)
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	1A	QL (1 tablet per 1 day)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	QL (2 tablets per 1 day)
THYROLAR-1 ORAL TABLET 12.5-50 MCG	2	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	2	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	2	
THYROLAR-2 ORAL TABLET 25-100 MCG	2	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	2	

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TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	QL (2 tablets per 1 day)
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	1A	QL (1 tablet per 1 day)
WP THYROID ORAL TABLET 130 MG	2	QL (1 tablet per 1 day)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-Alpha-Reductase Inhibitors		
<i>dutasteride oral capsule 0.5 mg</i>	1A	QL (1 capsule per 1 day)
<i>finasteride oral tablet 5 mg</i>	1A	QL (2 tablets per 1 day)
Alcohol Deterrents		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1A	
<i>naltrexone oral tablet 50 mg</i>	1A	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	7	PA; SP
Antidotes		
CHEMET ORAL CAPSULE 100 MG	3	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	1A	QL (3 tablets per 1 day)
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1A	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	7	
<i>naloxone injection solution 0.4 mg/ml</i>	1A	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1A	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL (1 dose per 1 fill)
RENAGEL ORAL TABLET 800 MG	3	QL (7 tablets per 1 day)

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<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1A	QL (3.5 packets per 1 day)
<i>sevelamer carbonate oral tablet 800 mg</i>	1A	QL (10 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	1A	
<i>sevelamer hcl oral tablet 800 mg</i>	1A	QL (7 tablets per 1 day)
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	1A	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml, 50 gram/200 ml</i>	1A	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	1A	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	1A	
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1A	
<i>colchicine oral capsule 0.6 mg</i>	2	
<i>colchicine oral tablet 0.6 mg</i>	1A	QL (4 tablets per 1 day)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1A	PA; QL (1 tablet per 1 day)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1A	
<i>indomethacin oral capsule, extended release 75 mg</i>	1A	
<i>naproxen oral suspension 125 mg/5 ml</i>	1A	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1A	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1A	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1A	
<i>probenecid oral tablet 500 mg</i>	1A	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1A	
Bone Anabolic Agents		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	7	PA; QL (2.34mL per 28 days; 12 fills per year); SP
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4A	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; SP; QL (1 pen per 30 days)

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Bone Resorption Inhibitors		
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1A	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1A	PA; QL (3.7 ml per 1 month)
<i>etidronate disodium oral tablet 200 mg</i>	1A	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; Covered Alternatives: Alendronate and Vitamin-D; QL (4 tablets per 28 days)
<i>ibandronate oral tablet 150 mg</i>	1A	QL (1 tablet per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	7	PA; SP
<i>raloxifene oral tablet 60 mg</i>	1A	HCR (Prior approval required for preventive use at zero cost, covered for 35 years of age or older only.); QL (1 tablet per 1 day)
<i>risedronate oral tablet 150 mg</i>	1A	QL (1 tablet per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	1A	QL (1 tablet per 1 day)
<i>risedronate oral tablet 35 mg</i>	1A	QL (4 tablets per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	7	PA; SP
Cariostatic Agents		
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1A	
<i>fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid)</i>	1A	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	1A	
Complement Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	7	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	7	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4A	PA; SP
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4A	PA; SP; QL (2 vials per 1 month)
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (10 MG/ML)	7	PA; SP

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Disease-Modifying Antirheumatic Agents		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	7	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4A	PA; SP
<i>azathioprine oral tablet 50 mg</i>	1A	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4A	PA; SP; QL (1 kit per 30 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4A	PA; SP; QL (6 syringes per 365 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4A	PA; SP; QL (2 syringes per 30 days)
CUPRIMINE ORAL CAPSULE 250 MG	3	PA; Covered Alternatives: Depen Titratabs; QL (4 capsules per 1 day)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1A	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1A	
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA; QL (1 tablet per 1 day)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; SP; QL (8 vials per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1A	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP

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HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; SP; QL (2 syringes per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; SP; QL (3 syringes per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; QL (2 syringes per 30 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; SP
<i>hydroxychloroquine oral tablet 200 mg</i>	1A	Covered for Malaria Treatment, not prophylaxis.; QL (6 tablets per 1 day)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	7	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4A	PA; SP; QL (2 pens per 30 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4A	PA; SP; QL (2 pens per 30 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1A	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1A	
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	
NEORAL ORAL SOLUTION 100 MG/ML	3	
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	7	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4A	PA; SP

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ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4A	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML	7	PA; SP
OTEZLA ORAL TABLET 30 MG	4A	PA; SP; QL (2 tablets per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	4A	PA; SP; QL (1 kit per 1 year)
<i>penicillamine oral capsule 250 mg</i>	1A	PA; Covered Alternatives: Depen Titratabs
REMICADE INTRAVENOUS RECON SOLN 100 MG	7	PA; SP
RENFLXIS INTRAVENOUS RECON SOLN 100 MG	7	PA; SP
RIDAURA ORAL CAPSULE 3 MG	4	PA; SP; QL (1 capsule per 1 day)
RINVOQ ER ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; SP; QL (1 tablet per 1 day)
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	4A	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4A	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4A	PA; SP
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	7	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4A	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4A	PA; SP
<i>sulfasalazine oral tablet 500 mg</i>	1A	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1A	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	PA; Covered Alternatives: Generic Methotrexate; QL (1 tablet per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	4A	PA; SP; QL (60 tablets per 30 days)

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XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	4A	PA; SP; QL (30 tablets per 30 days)
Gonadotropin-Releasing Hormone Antagnts		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA; SP
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	4	PA; SP
Immunomodulatory Agents		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	7	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4A	PA; SP
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG	4A	PA; SP; QL (1 tablet per 1 day)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	4	PA; SP; QL (4 kits per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; SP; QL (4 pens per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; SP; QL (4 syringes per 30 days)
<i>azathioprine oral tablet 50 mg</i>	1A	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4A	PA; SP; QL (1 kit per 30 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4A	PA; SP; QL (6 syringes per 365 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4A	PA; SP; QL (2 syringes per 30 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1A	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1A	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; SP; QL (8 vials per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; SP

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ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	7	PA; SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; SP; QL (15 kits per 30 days)
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA; SP; QL (15 vials per 30 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1A	
GILENYA ORAL CAPSULE 0.5 MG	4	PA; SP; QL (1 capsule per 1 day)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1A	PA; SP; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1A	PA; SP; QL (12 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	1A	PA; SP; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	1A	PA; SP; QL (12 ML per 30 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; SP; QL (2 syringes per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; SP; QL (3 syringes per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; SP; QL (2 syringes per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; SP

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HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; QL (2 syringes per 30 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; SP
<i>hydroxychloroquine oral tablet 200 mg</i>	1A	Covered for Malaria Treatment, not prophylaxis.; QL (6 tablets per 1 day)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	7	PA; SP
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	PA; SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	4	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4A	PA; SP; QL (2 pens per 30 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4A	PA; SP; QL (2 pens per 30 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1A	
MAYZENT ORAL TABLET 0.25 MG, 2 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4A	PA; SP; QL (1 tablet per 1 day)
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1A	
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	
NEORAL ORAL SOLUTION 100 MG/ML	3	
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	7	PA; SP
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	7	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	4A	PA; SP

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ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4A	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML	7	PA; SP
OTEZLA ORAL TABLET 30 MG	4A	PA; SP; QL (2 tablets per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	4A	PA; SP; QL (1 kit per 1 year)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4A	PA; SP; QL (1 capsule per 1 day)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; QL (6 syringes per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; QL (6 ML per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; QL (5 ML per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; QL (5 ML per 30 days)
REMICADE INTRAVENOUS RECON SOLN 100 MG	7	PA; SP
RENFLIXIS INTRAVENOUS RECON SOLN 100 MG	7	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4A	PA; SP; QL (1 capsule per 1 day)
RIDAURA ORAL CAPSULE 3 MG	4	PA; SP; QL (1 capsule per 1 day)
RINVOQ ER ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; SP; QL (1 tablet per 1 day)
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	4A	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4A	PA; SP

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SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4A	PA; SP
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	7	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4A	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4A	PA; SP
<i>sulfasalazine oral tablet 500 mg</i>	1A	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1A	
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	4	PA; SP; QL (2 capsules per 1 day)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; SP; QL (1 capsule per 1 day)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	PA; Covered Alternatives: Generic Methotrexate; QL (1 tablet per 1 day)
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	7	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	4A	PA; SP; QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	4A	PA; SP; QL (30 tablets per 30 days)
Immunosuppressive Agents		
<i>azathioprine oral tablet 50 mg</i>	1A	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	7	PA; SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4A	PA; SP; QL (4 ML per 30 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4A	PA; SP; QL (4 ML per 30 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1A	QL (2 capsules per 1 day)
<i>cyclosporine (bulk) powder</i>	3	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1A	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1A	

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ELIDEL TOPICAL CREAM 1 %	3	PA; Covered Alternatives: Topical augmented betamethasone, clobetasol, halobetasol, diflorasone; QL (1 GM per 1 day)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1A	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
<i>mercaptopurine oral tablet 50 mg</i>	1A	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium injection solution 25 mg/ml</i>	7	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1A	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1A	QL (8 capsules per 1 day)
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1A	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1A	QL (8 tablets per 1 day)
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1A	
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	
NEORAL ORAL SOLUTION 100 MG/ML	3	
<i>pimecrolimus topical cream 1 %</i>	1A	PA; QL (1 GM per 1 day)
RAPAMUNE ORAL SOLUTION 1 MG/ML	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	
<i>sirolimus oral solution 1 mg/ml</i>	1A	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1A	

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<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1A	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	PA; Covered Alternatives: Generic Methotrexate; QL (1 tablet per 1 day)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA
Other Miscellaneous Therapeutic Agents		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1A	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4A	PA
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1A	PA; QL (4 tablets per 1 day)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA; QL (1 capsule per 1 day)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1A	PA; SP; QL (2 tablets per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	4A	QL (1 tablet per 1 day)
FIRDAPSE ORAL TABLET 10 MG	4A	PA; SP; QL (1 tablet per 1 day)
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	PA; SP; QL (1 packet per 1 day)
KUVAN ORAL TABLET,SOLUBLE 100 MG	4	PA; SP
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1A	
<i>levocarnitine oral tablet 330 mg</i>	1A	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; SP; QL (2 capsules per 1 day)
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1A	PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1A	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	PA; SP; QL (2 capsules per 1 day)
ORFADIN ORAL SUSPENSION 4 MG/ML	4A	PA; SP
PREZCOBIX ORAL TABLET 800-150 MG-MG	4A	QL (2 tablets per 1 day)
REMICADE INTRAVENOUS RECON SOLN 100 MG	7	PA; SP
RUZURGI ORAL TABLET 10 MG	4	PA; SP; QL (3 tablets per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
TYBOST ORAL TABLET 150 MG	4A	QL (2 tablets per 1 day)

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Protective Agents		
ELMIRON ORAL CAPSULE 100 MG	3	PA; QL (3 capsules per 1 day)
RESPIRATORY TRACT AGENTS		
Alpha And Beta Adrenergic Agonist(Respr)		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1A	QL (4 pens per 30 days)
<i>epinephrine injection syringe 0.1 mg/ml</i>	1A	
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
LORTUSS EX ORAL SYRUP 30-10-100 MG/5 ML	1A	
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
Anticholinergic Agents (Respir.Tract)		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	PA; Covered Alternatives: Advair, Symbicort, Combivent, Perforomist, Arcapta Neohaler, Brovana, Breo Ellipta; QL (1 inhaler per 1 month)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1A	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1A	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1A	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1A	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (60 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	PA
Antifibrotic Agents		
ESBRIET ORAL CAPSULE 267 MG	4	PA; SP; QL (270 capsules per 30 days)

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ESBRIET ORAL TABLET 267 MG	4	PA; SP; QL (270 tablets per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; SP
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; SP; QL (60 capsules per 30 days)
Anti-Inflammatory Agents (Respiratory)		
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	7	PA; SP; QL (1 vial per 30 days)
Antitussives		
<i>benzonatate oral capsule 100 mg, 150 mg</i>	1A	QL (3 capsules per 1 day)
<i>benzonatate oral capsule 200 mg</i>	1A	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1A	QL (6 tablets per 1 day)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1A	
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
HYDROCODONE COMPOUND ORAL SYRUP 5-1.5 MG/5 ML	1A	QL (240 ML per 30 days)
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1A	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml, 5-1.5 mg/5 ml (5 ml)</i>	1A	QL (240 ML per 30 days)
LORTUSS EX ORAL SYRUP 30-10-100 MG/5 ML	1A	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (2 capsules per 1 day)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1A	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1A	
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
Cystic Fibrosis (Cftr) Correctors		
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP; QL (112 tablets per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; SP; QL (2 tablets per 1 day)
Cystic Fibrosis (Cftr) Potentiators		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; SP; QL (56 packets per 30 days)

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KALYDECO ORAL TABLET 150 MG	4	PA; SP; QL (60 tablets per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP; QL (112 tablets per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; SP; QL (2 tablets per 1 day)
Expectorants		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1A	
GUAIA TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
LORTUSS EX ORAL SYRUP 30-10-100 MG/5 ML	1A	
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	1A	
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	1A	
First Generation Antihist.(Respir Tract)		
<i>clemastine oral tablet 2.68 mg</i>	1A	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1A	
<i>cyproheptadine oral tablet 4 mg</i>	1A	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	4A	PA; QL (4 tablets per 1 day)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1A	PA; QL (4 tablets per 1 day)
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1A	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1A	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1A	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1A	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1A	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1A	
Interleukin Antagonists		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	7	PA; SP
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4A	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	7	PA; SP

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NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4A	PA; SP; QL (1 ML per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	7	PA; SP; QL (1 vial per 30 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4A	PA; SP; QL (1 ML per 30 days)
Leukotriene Modifiers		
<i>montelukast oral granules in packet 4 mg</i>	1A	QL (1 packet per 1 day)
<i>montelukast oral tablet 10 mg</i>	1A	QL (1 tablet per 1 day)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1A	QL (1 tablet per 1 day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1A	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1A	PA; QL (4 tablets per 1 day)
Mast-Cell Stabilizers		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	QL (5 ML per 1 fill)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1A	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1A	
Mucolytic Agents		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1A	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; SP; QL (2 ampules per 1 day)
Nasal Preparations (Steroids)		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1A	
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1A	QL (1 bottle per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	2	ST; Covered Alternatives: fluticasone, flunisolide
Orally Inhaled Preparations (Steroids)		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	QL (13 GM per 30 days)

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ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	PA; QL (60 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1A	QL (120 ML per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	QL (13 GM per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (60 blisters per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (10.6 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1A	QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	QL (60 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	QL (1 inhaler per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (10.2 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	PA
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	QL (60 GM per 30 days)

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Phosphodiesterase Type 4 Inhibitors		
DALIRESP ORAL TABLET 250 MCG	3	PA; QL (30 tablets per 30 days)
DALIRESP ORAL TABLET 500 MCG	3	PA; QL (1 tablet per 1 day)
Respiratory Tract Agents, Miscellaneous		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	7	PA
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	7	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	7	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	7	PA; SP; QL (1 vial per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	7	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	7	PA
Second Generation Antihist(Respir Tract)		
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	1A	
<i>cetirizine oral solution 1 mg/ml</i>	1A	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	1A	
CLARITIN ORAL TABLET 10 MG	1A	
<i>levocetirizine oral tablet 5 mg</i>	1A	
<i>loratadine oral solution 5 mg/5 ml</i>	1A	
<i>loratadine oral tablet 10 mg</i>	1A	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	1	
Select.Beta-2-Adrenergic Agonist(Respir)		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1A	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1A	

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<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1A	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	PA; Covered Alternatives: Advair, Symbicort, Combivent, Perforomist, Arcapta Neohaler, Brovana, Breo Ellipta; QL (1 inhaler per 1 month)
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	2	QL (1 capsule per 1 day)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	PA; QL (60 GM per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	PA; Covered Alternatives: Perforomist inhalation solution; QL (120 ML per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	1A	QL (1 inhaler per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1A	QL (60 GM per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1A	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1A	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	1A	PA; Covered Alternatives: ProAir HFA; QL (15 GM per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1A	
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	QL (120 nebs per 30 days)
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	QL (2 inahlers per 30 days)

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PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QL (13.4 GM per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60 units per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (10.2 GM per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1A	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	PA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1A	QL (60 GM per 30 days)
Vasodilating Agents (Respiratory Tract)		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4A	PA; QL (3 tablets per 1 day)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1A	PA
<i>bosentan oral tablet 62.5 mg</i>	1A	PA
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	7	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	4	PA; QL (1 tablet per 1 day)
OPSUMIT ORAL TABLET 10 MG	4	PA; QL (1 tablet per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG	4	PA; SP; QL (2 tablets per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	4	PA; QL (2 tablets per 1 day)
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	4	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1A	QL (1 tablet per 1 day)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; QL (2 tablets per 1 day)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL (2.9 ML per 1 day)

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TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; QL (2.9 ML per 1 day)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG	4	PA; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLET 600 MCG, 800 MCG	4	PA; SP; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; SP; QL (2 tablets per 1 day)
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	7	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; QL (9 ml per 1 day)
Xanthine Derivatives		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG	1A	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1A	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1A	
SKIN AND MUCOUS MEMBRANE AGENTS		
Antibacterials (Skin, Mucous Membrane)		
ALTABAX TOPICAL OINTMENT 1 %	3	PA; QL (15 GM per 1 fill)
<i>clindamycin phosphate topical gel 1 %</i>	1A	QL (60 GM per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1A	QL (60 GM per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1A	QL (4 ML per 1 day)
<i>clindamycin phosphate topical swab 1 %</i>	1A	
<i>clindamycin phosphate vaginal cream 2 %</i>	1A	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1A	QL (45 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1A	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1A	
CORTISPORIN TOPICAL OINTMENT 1 %	3	QL (15 GM per 30 days)
<i>erythromycin with ethanol topical gel 2 %</i>	1A	QL (60 GM per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	1A	QL (60 ML per 30 days)

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<i>gentamicin topical cream 0.1 %</i>	1A	QL (30 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1A	
<i>metronidazole topical cream 0.75 %</i>	1A	QL (45 GM per 30 days)
<i>metronidazole topical gel 0.75 %, 1 %</i>	1A	
<i>metronidazole topical gel with pump 1 %</i>	1A	
<i>metronidazole topical lotion 0.75 %</i>	1A	QL (59 GM per 30 days)
<i>metronidazole vaginal gel 0.75 %</i>	1A	
<i>mupirocin calcium topical cream 2 %</i>	1A	QL (1 GM per 1 day)
<i>mupirocin topical ointment 2 %</i>	1A	QL (1 GM per 1 day)
Anti-Inflammatory Agents (Skin, Mucous)		
<i>alclometasone topical cream 0.05 %</i>	1A	QL (45 GM per 30 days)
<i>alclometasone topical ointment 0.05 %</i>	1A	QL (45 GM per 30 days)
<i>amcinonide topical cream 0.1 %</i>	1A	PA; Covered Alternatives: betamethasone dipropionate 0.05% cream/lotion/ointment; QL (60 GM per 30 days)
<i>amcinonide topical lotion 0.1 %</i>	1A	PA; Covered Alternatives: betamethasone dipropionate 0.05% cream/lotion/ointment; QL (60 GM per 30 days)
<i>amcinonide topical ointment 0.1 %</i>	1A	PA; Covered Alternatives: betamethasone dipropionate 0.05% cream/lotion/ointment; QL (60 GM per 30 days)
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	1A	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	1A	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	1	QL (60 GM per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	1A	
<i>betamethasone valerate topical ointment 0.1 %</i>	1A	
<i>betamethasone, augmented topical cream 0.05 %</i>	1A	QL (60 GM per 1 day)
<i>betamethasone, augmented topical gel 0.05 %</i>	1A	QL (15 GM per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	1A	QL (60 GM per 1 day)
<i>betamethasone, augmented topical ointment 0.05 %</i>	1A	QL (60 GM per 1 fill)

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CAPEX TOPICAL SHAMPOO 0.01 %	3	PA; Covered Alternatives: clobetasol sol, fluocinolone sol/oil; QL (120 ml per 1 month)
<i>clobetasol scalp solution 0.05 %</i>	1A	QL (60 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>clobetasol topical lotion 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>clobetasol topical ointment 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1A	PA; QL (2 ml per 1 day)
<i>clobetasol-emollient topical cream 0.05 %</i>	1A	QL (45 GM per 30 days)
<i>clocortolone pivalate topical cream 0.1 %</i>	1A	PA; Covered Alternatives: alclometasone 0.05% cream/ointment; QL (1.5 GM per 1 day)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1A	QL (60 GM per 1 fill)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1A	QL (1 GM per 1 day)
CORTISPORIN TOPICAL OINTMENT 1 %	3	QL (15 GM per 30 days)
<i>desonide topical cream 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>desonide topical lotion 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>desonide topical ointment 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>desoximetasone topical cream 0.25 %</i>	1A	QL (15 GM per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	4A	PA; SP; QL (120 GM per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1A	QL (120 ML per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	1A	QL (60 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	1A	
<i>fluocinolone topical oil 0.01 %</i>	1A	QL (120 ML per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	1A	QL (60 ML per 30 days)
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1A	QL (60 GM per 1 fill)
<i>fluocinonide topical gel 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	1A	QL (60 ML per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>flurandrenolide topical cream 0.05 %</i>	1A	PA; QL (60 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>fluticasone propionate topical lotion 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>fluticasone propionate topical ointment 0.005 %</i>	1A	QL (60 GM per 30 days)
<i>halobetasol propionate topical cream 0.05 %</i>	1A	QL (50 GM per 30 days)

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<i>halobetasol propionate topical ointment 0.05 %</i>	1A	QL (50 GM per 30 days)
HALOG TOPICAL CREAM 0.1 %	3	PA; Covered Alternatives: betamethasone dipropionate, augmented betamethasone, triamcinolone acetonide, fluocinonide; QL (2 GM per 1 day)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	1A	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1A	
<i>hydrocortisone acetate topical ointment 1 %</i>	1A	QL (30 GM per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1A	QL (45 ML per 30 days)
<i>hydrocortisone topical cream 1 %</i>	1A	
<i>hydrocortisone topical cream 2.5 %</i>	1A	QL (30 GM per 30 days)
<i>hydrocortisone topical cream in packet 1 %</i>	1A	QL (30 GM per 30 days)
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1A	QL (28.5 GM per 30 days)
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1A	QL (30 GM per 30 days)
<i>hydrocortisone topical lotion 2.5 %</i>	1A	QL (60 GM per 30 days)
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1A	QL (30 GM per 30 days)
<i>hydrocortisone valerate topical cream 0.2 %</i>	1A	QL (60 GM per 30 days)
<i>hydrocortisone-aloe vera topical cream 1 %</i>	1A	
<i>mometasone topical cream 0.1 %</i>	1A	QL (45 GM per 30 days)
<i>mometasone topical ointment 0.1 %</i>	1A	QL (45 GM per 30 days)
<i>mometasone topical solution 0.1 %</i>	1A	QL (45 ML per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	1A	QL (60 GM per 30 days)
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1A	QL (30 GM per 30 days)
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	1A	QL (28.5 GM per 30 days)
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1A	QL (30 GM per 30 days)
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1A	QL (30 GM per 30 days)
<i>triamcinolone acetonide dental paste 0.1 %</i>	1A	QL (5 GM per 1 fill)
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	1A	QL (80 GM per 30 days)
<i>triamcinolone acetonide topical cream 0.1 %</i>	1A	QL (90 GM per 30 days)

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<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1A	QL (60 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %</i>	1A	QL (80 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.5 %</i>	1A	QL (15 GM per 30 days)
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA TOPICAL OINTMENT 2 %	4A	PA; SP; QL (120 GM per 30 days)
Antipruritics And Local Anesthetics		
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1A	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1A	PA; Covered Alternatives: Topical lidocaine (PA), celecoxib, meloxicam; QL (1 patch per 1 day)
<i>lidocaine topical ointment 5 %</i>	1A	QL (30 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1A	QL (1 GM per 1 day)
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1A	
Antivirals (Skin And Mucous Membrane)		
<i>acyclovir topical ointment 5 %</i>	1A	QL (60 GM per 30 days)
DENAVIR TOPICAL CREAM 1 %	3	PA; QL (5 GM per 30 days)
Azoles (Skin And Mucous Membrane)		
<i>clotrimazole mucous membrane troche 10 mg</i>	1A	
<i>clotrimazole topical cream 1 %</i>	1A	QL (60 GM per 30 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1A	QL (60 GM per 1 fill)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1A	QL (1 GM per 1 day)
<i>econazole topical cream 1 %</i>	1A	QL (85 GM per 30 days)
EXELDERM TOPICAL SOLUTION 1 %	3	PA; QL (30 ml per 1 day)
<i>ketoconazole topical cream 2 %</i>	1A	QL (60 GM per 30 days)
<i>ketoconazole topical foam 2 %</i>	1A	Covered Alternatives: Ketoconazole Cream & Shampoo; QL (60 GM per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1A	QL (120 ML per 30 days)
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	1A	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1A	
<i>terconazole vaginal suppository 80 mg</i>	1A	
Basic Lotions And Liniments		
<i>ammonium lactate topical lotion 12 %</i>	1A	

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Basic Ointments And Protectants		
<i>ammonium lactate topical cream 12 %</i>	1A	QL (140 GM per 30 days)
Benzylamines (Skin And Mucous Membrane)		
MENTAX TOPICAL CREAM 1 %	3	QL (30 GM per 1 fill)
Cell Stimulants And Proliferants		
REGRANEX TOPICAL GEL 0.01 %	3	PA; QL (15 GM per 30 days)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1A	PA
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1A	PA; QL (45 GM per 30 days)
Corticosteroids (Skin, Mucous Membrane)		
<i>alclometasone topical cream 0.05 %</i>	1A	QL (45 GM per 30 days)
<i>alclometasone topical ointment 0.05 %</i>	1A	QL (45 GM per 30 days)
<i>amcinonide topical cream 0.1 %</i>	1A	PA; Covered Alternatives: betamethasone dipropionate 0.05% cream/lotion/ointment; QL (60 GM per 30 days)
<i>amcinonide topical lotion 0.1 %</i>	1A	PA; Covered Alternatives: betamethasone dipropionate 0.05% cream/lotion/ointment; QL (60 GM per 30 days)
<i>amcinonide topical ointment 0.1 %</i>	1A	PA; Covered Alternatives: betamethasone dipropionate 0.05% cream/lotion/ointment; QL (60 GM per 30 days)
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	1A	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	1A	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	1	QL (60 GM per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	1A	
<i>betamethasone valerate topical ointment 0.1 %</i>	1A	
<i>betamethasone, augmented topical cream 0.05 %</i>	1A	QL (60 GM per 1 day)
<i>betamethasone, augmented topical gel 0.05 %</i>	1A	QL (15 GM per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	1A	QL (60 GM per 1 day)
<i>betamethasone, augmented topical ointment 0.05 %</i>	1A	QL (60 GM per 1 fill)

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CAPEX TOPICAL SHAMPOO 0.01 %	3	PA; Covered Alternatives: clobetasol sol, fluocinolone sol/oil; QL (120 ml per 1 month)
<i>clobetasol scalp solution 0.05 %</i>	1A	QL (60 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>clobetasol topical lotion 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>clobetasol topical ointment 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1A	PA; QL (2 ml per 1 day)
<i>clobetasol-emollient topical cream 0.05 %</i>	1A	QL (45 GM per 30 days)
<i>clocortolone pivalate topical cream 0.1 %</i>	1A	PA; Covered Alternatives: alclometasone 0.05% cream/ointment; QL (1.5 GM per 1 day)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1A	QL (60 GM per 1 fill)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1A	QL (1 GM per 1 day)
CORTISPORIN TOPICAL OINTMENT 1 %	3	QL (15 GM per 30 days)
<i>desonide topical cream 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>desonide topical lotion 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>desonide topical ointment 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>desoximetasone topical cream 0.25 %</i>	1A	QL (15 GM per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1A	QL (120 ML per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	1A	QL (60 GM per 30 days)
<i>fluocinolone topical cream 0.025 %</i>	1A	
<i>fluocinolone topical oil 0.01 %</i>	1A	QL (120 ML per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	1A	QL (60 ML per 30 days)
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1A	QL (60 GM per 1 fill)
<i>fluocinonide topical gel 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	1A	QL (60 ML per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>flurandrenolide topical cream 0.05 %</i>	1A	PA; QL (60 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>fluticasone propionate topical lotion 0.05 %</i>	1A	QL (60 GM per 30 days)
<i>fluticasone propionate topical ointment 0.005 %</i>	1A	QL (60 GM per 30 days)
<i>halobetasol propionate topical cream 0.05 %</i>	1A	QL (50 GM per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	1A	QL (50 GM per 30 days)

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HALOG TOPICAL CREAM 0.1 %	3	PA; Covered Alternatives: betamethasone dipropionate, augmented betamethasone, triamcinolone acetonide, fluocinonide; QL (2 GM per 1 day)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	1A	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1A	
<i>hydrocortisone acetate topical ointment 1 %</i>	1A	QL (30 GM per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1A	QL (45 ML per 30 days)
<i>hydrocortisone topical cream 1 %</i>	1A	
<i>hydrocortisone topical cream 2.5 %</i>	1A	QL (30 GM per 30 days)
<i>hydrocortisone topical cream in packet 1 %</i>	1A	QL (30 GM per 30 days)
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1A	QL (28.5 GM per 30 days)
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1A	QL (30 GM per 30 days)
<i>hydrocortisone topical lotion 2.5 %</i>	1A	QL (60 GM per 30 days)
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1A	QL (30 GM per 30 days)
<i>hydrocortisone valerate topical cream 0.2 %</i>	1A	QL (60 GM per 30 days)
<i>hydrocortisone-aloe vera topical cream 1 %</i>	1A	
<i>mometasone topical cream 0.1 %</i>	1A	QL (45 GM per 30 days)
<i>mometasone topical ointment 0.1 %</i>	1A	QL (45 GM per 30 days)
<i>mometasone topical solution 0.1 %</i>	1A	QL (45 ML per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	1A	QL (60 GM per 30 days)
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1A	QL (30 GM per 30 days)
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	1A	QL (28.5 GM per 30 days)
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1A	QL (30 GM per 30 days)
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1A	QL (30 GM per 30 days)
<i>triamcinolone acetonide dental paste 0.1 %</i>	1A	QL (5 GM per 1 fill)
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	1A	QL (80 GM per 30 days)
<i>triamcinolone acetonide topical cream 0.1 %</i>	1A	QL (90 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1A	QL (60 GM per 30 days)

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<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %</i>	1A	QL (80 GM per 30 days)
<i>triamcinolone acetonide topical ointment 0.5 %</i>	1A	QL (15 GM per 30 days)
Hydroxypyridones (Skin, Mucous Membrane)		
<i>ciclopirox topical cream 0.77 %</i>	1A	QL (30 GM per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	1A	QL (45 GM per 30 days)
<i>ciclopirox topical shampoo 1 %</i>	1A	QL (120 ML per 30 days)
<i>ciclopirox topical solution 8 %</i>	1A	QL (6.6 ML per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	1A	QL (60 ML per 30 days)
Keratolytic Agents		
AVAR TOPICAL CLEANSER 10-5 % (W/W)	1A	
BP 10-1 TOPICAL CLEANSER 10-1 %	1A	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i>	1A	QL (45 GM per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	1A	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1A	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	1A	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %</i>	1A	
Local Anti-Infectives, Miscellaneous		
AVAR TOPICAL CLEANSER 10-5 % (W/W)	1A	
BP 10-1 TOPICAL CLEANSER 10-1 %	1A	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	1A	
<i>selenium sulfide topical lotion 2.5 %</i>	1A	QL (120 GM per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	1A	QL (50 GM per 30 days)
SSD TOPICAL CREAM 1 %	1A	QL (50 GM per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1A	QL (118 ML per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4.5 %</i>	1A	
ULESFIA TOPICAL LOTION 5 %	3	PA; QL (227 ml per 1 fill)
Nonsteroidal Anti-Inflammat.Agents(Skin)		
<i>diclofenac sodium topical gel 1 %</i>	1A	QL (300 GM per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1A	PA; QL (100 GM per 30 days)

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Oxaboroles		
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	3	PA; Covered Alternatives: itraconazole, terbinafine, ciclopirox sol; QL (10 ml per 1 month)
Pigmenting Agents		
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1A	PA; QL (1 capsule per 1 day)
Polyenes (Skin And Mucous Membrane)		
<i>nystatin topical cream 100,000 unit/gram</i>	1A	QL (30 GM per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1A	QL (30 GM per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1A	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1A	QL (1.4 GM per 1 day)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1A	QL (1.4 GM per 1 day)
Scabicides And Pediculicides		
EURAX TOPICAL CREAM 10 %	3	PA
EURAX TOPICAL LOTION 10 %	3	PA; QL (454 GM per 1 fill)
<i>lindane topical shampoo 1 %</i>	1A	QL (60 ML per 30 days)
<i>malathion topical lotion 0.5 %</i>	1A	QL (59 GM per 30 days)
<i>permethrin topical cream 5 %</i>	1A	QL (60 GM per 7 days)
SKLICE TOPICAL LOTION 0.5 %	3	PA; Covered Alternatives: permethrin; QL (45 ml per 1 month)
<i>spinosad topical suspension 0.9 %</i>	1A	QL (120 ML per 30 days)
ULESFIA TOPICAL LOTION 5 %	3	PA; QL (227 ml per 1 fill)
Skin And Mucous Membrane Agents, Misc.		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1A	QL (2 capsules per 1 day)
<i>adapalene topical cream 0.1 %</i>	1A	QL (45 GM per 30 days)
<i>adapalene topical gel 0.1 %</i>	1A	QL (45 GM per 30 days)
<i>adapalene topical gel 0.3 %</i>	1A	QL (40 GM per 30 days)
<i>adapalene topical gel with pump 0.3 %</i>	1A	QL (40 GM per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1A	PA; QL (45 GM per 1 month)
<i>azelaic acid topical gel 15 %</i>	1A	
AZELEX TOPICAL CREAM 20 %	3	PA; QL (1.7 GM per 1 day)
<i>calcipotriene scalp solution 0.005 %</i>	1A	QL (60 ML per 30 days)

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<i>calcipotriene topical cream 0.005 %</i>	1A	QL (60 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1A	QL (60 GM per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	1A	QL (100 GM per 30 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1A	QL (2 capsules per 1 day)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4A	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4A	PA; SP
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	3	
<i>diclofenac sodium topical gel 1 %</i>	1A	QL (300 GM per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1A	PA; QL (100 GM per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4A	PA; SP
ELIDEL TOPICAL CREAM 1 %	3	PA; Covered Alternatives: Topical augmented betamethasone, clobetasol, halobetasol, diflorasone; QL (1 GM per 1 day)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; SP; QL (8 vials per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	4	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; SP; QL (4 ML per 30 days)
FLUOROPLEX TOPICAL CREAM 1 %	2	PA; QL (40 GM per 1 month)
<i>fluorouracil topical cream 5 %</i>	1A	
<i>fluorouracil topical solution 2 %, 5 %</i>	1A	PA; QL (10 ml per 1 month)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP

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HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; SP; QL (2 syringes per 30 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; SP; QL (3 syringes per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; QL (2 syringes per 30 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; SP
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4A	PA; SP; QL (1 ML per 90 days)
<i>imiquimod topical cream in packet 5 %</i>	1A	QL (1 GM per 30 days)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	7	PA; SP
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1A	QL (2 capsules per 1 day)
MIRVASO TOPICAL GEL 0.33 %	3	PA; QL (1 GM per 1 day)
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	3	PA; QL (1 GM per 1 day)
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1A	QL (2 capsules per 1 day)
OTEZLA ORAL TABLET 30 MG	4A	PA; SP; QL (2 tablets per 1 day)

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OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	4A	PA; SP; QL (1 kit per 1 year)
PICATO TOPICAL GEL 0.015 %, 0.05 %	3	PA; QL (1 box per 30 days)
<i>pimecrolimus topical cream 1 %</i>	1A	PA; QL (1 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	1A	QL (3.5 ML per 30 days)
QBREXZA TOPICAL TOWELETTE 2.4 %	4A	PA; SP; QL (1 packet per 1 day)
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	PA; QL (30 GM per 90 days)
REGRANEX TOPICAL GEL 0.01 %	3	PA; QL (15 GM per 30 days)
REMICADE INTRAVENOUS RECON SOLN 100 MG	7	PA; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	7	PA; SP
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	PA; QL (30GM per fill, 2 fills per 30 days)
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4A	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; SP; QL (0.4 ML per 1 day)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	7	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4A	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4A	PA; SP
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1A	QL (100 GM per 30 days)
TARGRETIN TOPICAL GEL 1 %	4A	PA; SP; QL (2 GM per 1 day)
<i>tazarotene topical cream 0.1 %</i>	1A	PA; QL (1 GM per 1 day)
TAZORAC TOPICAL CREAM 0.05 %	3	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4A	PA; SP
VEREGEN TOPICAL OINTMENT 15 %	3	PA; QL (30GM per month & 2 fills per year); QL (60 GM per 1 fill)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1A	QL (2 capsules per 1 day)

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SMOOTH MUSCLE RELAXANTS		
Antimuscarinics		
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1A	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1A	QL (3 tablets per 1 day)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1A	ST; Covered Alternatives: oxybutynin ER ; tolterodine ER; QL (1 tablet per 1 day)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1A	QL (1 capsule per 1 day)
<i>tolterodine oral tablet 1 mg</i>	1A	
<i>tolterodine oral tablet 2 mg</i>	1A	QL (2 tablets per 1 day)
<i>tropium oral capsule,extended release 24hr 60 mg</i>	1A	QL (1 capsule per 1 day)
<i>tropium oral tablet 20 mg</i>	1	
Respiratory Smooth Muscle Relaxants		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG	1A	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1A	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1A	
Selective Beta-3-Adrenergic Agonists		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	ST; Covered Alternatives: oxybutynin ER, tolterodine ER; QL (1 tablet per 1 day)
VITAMINS		
Multivitamin Preparations		
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	2	

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KPN ORAL TABLET	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG	1A	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG	1A	
PRENATABS FA ORAL TABLET 29-1 MG	1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	1	
PRETAB ORAL TABLET 29-1 MG	1	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	1	
Vitamin B Complex		
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	2	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	7	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	4A	PA; QL (4 tablets per 1 day)

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<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1A	PA; QL (4 tablets per 1 day)
<i>folic acid oral capsule 0.8 mg</i>	3	
<i>folic acid oral tablet 1 mg</i>	1A	QL (1 tablet per 1 day)
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.)
MYNEPHROCAPS ORAL CAPSULE 1 MG	1A	
MYNEPHRON ORAL CAPSULE 1 MG	1A	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	3	PA; QL (1 box per 30 days)
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG	1A	
PRENATABS FA ORAL TABLET 29-1 MG	1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	1A	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	1A	HCR (Must meet ACA criteria and plan limits for zero cost share; ACA preventive benefit does not apply to Grandfathered Plans. Covered at zero cost for ages less than 51 years.)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	1	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	1	
PRETAB ORAL TABLET 29-1 MG	1	
RENAL CAPS ORAL CAPSULE 1 MG	1A	
RENO CAPS ORAL CAPSULE 1 MG	1A	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	1	
TRIPHROCAPS ORAL CAPSULE 1 MG	1A	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	1	
Vitamin C		
MYNEPHROCAPS ORAL CAPSULE 1 MG	1A	
MYNEPHRON ORAL CAPSULE 1 MG	1A	

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RENAL CAPS ORAL CAPSULE 1 MG	1A	
RENO CAPS ORAL CAPSULE 1 MG	1A	
TRIPHROCAPS ORAL CAPSULE 1 MG	1A	
Vitamin D		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1A	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	1A	OTC products not covered; QL (4 capsules per 28 days)
<i>cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit)</i>	1A	OTC products not covered
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1A	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1A	OTC products not covered
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; Covered Alternatives: Alendronate and Vitamin-D; QL (4 tablets per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1A	PA; QL (2 capsules per 1 day)
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	1A	OTC products not covered

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Index

<i>abacavir</i>	10	<i>allopurinol</i>	149	ARANELLE (28).....	118
<i>abacavir-lamivudine</i>	10	<i>almotriptan malate</i>	89	ARANESP (IN POLYSORBATE) ..	39
<i>abacavir-lamivudine-zidovudine</i>	10	ALOCRIIL.....	99, 164	ARCALYST.....	160
<i>abiraterone</i>	16	ALOMIDE.....	99	ARCAPTA NEOHALER.....	36, 167
<i>acamprosate</i>	79	<i>alosetron</i>	106	<i>aripiprazole</i>	71, 76
<i>acarbose</i>	115	ALPHANATE.....	40	<i>armodafinil</i>	91
<i>acebutolol</i>	38, 49, 50, 56, 61	ALPHANINE SD.....	40	ARMOUR THYROID.....	147
<i>acetaminophen-codeine</i>	68, 82	<i>alprazolam</i>	78	ASCOMP WITH CODEINE	
<i>acetazolamide</i>	55, 95, 102	ALREX.....	102	.....	73, 77, 82, 86, 87
<i>acetic acid</i>	103	ALTABAX.....	169	ASHLYNA.....	118
<i>acetylcysteine</i>	160, 164	ALTAVERA (28).....	117	ASMANEX HFA.....	113, 164
<i>acitretin</i>	178	ALUNBRIG.....	16	ASMANEX TWISTHALER.....	113, 165
ACTEMRA.....	151, 154	ALYACEN 1/35 (28).....	117	<i>aspirin</i>	43, 44, 45, 73, 88
ACTHIB (PF).....	24	ALYACEN 7/7/7 (28).....	117	ASPIRIN CHILDRENS.....	43, 44, 73, 87
ACTIMMUNE.....	154	<i>amantadine hcl</i>	5, 67	<i>aspirin-dipyridamole</i>	44, 65, 88
ACUVAIL (PF).....	104	<i>ambrisentan</i>	65, 168	<i>atazanavir</i>	12
<i>acyclovir</i>	13, 173	<i>amcinonide</i>	170, 174	<i>atenolol</i>	38, 49, 50, 56
ADACEL(TDAP		AMETHIA.....	117	<i>atenolol-chlorthalidone</i>	
ADOLESN/ADULT)(PF).....	23	AMETHIA LO.....	117	.....	38, 49, 50, 56, 65, 99
ADALAT CC.....	52, 58, 59, 61, 65	AMETHYST (28).....	118	<i>atomoxetine</i>	79
<i>adapalene</i>	178	AMICAR.....	40	<i>atorvastatin</i>	60
<i>adapalene-benzoyl peroxide</i>	178	<i>amiloride</i>	63, 96	<i>atovaquone</i>	7
ADDYI.....	79	<i>amiloride-hydrochlorothiazide</i>		<i>atovaquone-proguanil</i>	6
<i>adefovir</i>	13	.....	63, 64, 96, 97	ATRIPLA.....	10
ADEMPAS.....	65, 168	<i>aminocaproic acid</i>	40	<i>atropine</i>	105
ADVAIR HFA.....	36, 113, 164, 166	<i>amiodarone</i>	57	ATROVENT HFA.....	31, 161
ADVATE.....	40	AMITIZA.....	107	AUBAGIO.....	154
AEROCHAMBER PLUS FLOW-		<i>amitriptyline</i>	90	AUBRA.....	118
VU.....	91	<i>amlodipine</i>	52, 58, 59, 61, 65	AUBRA EQ.....	118
AEROCHAMBER PLUS FLOW-		<i>amlodipine-benazepril</i>		AURYXIA.....	95
VU,M MSK.....	91	.....	47, 48, 52, 58, 59, 61, 65	AVANDIA.....	147
AEROCHAMBER PLUS FLOW-		<i>amlodipine-olmesartan</i>		AVAR.....	177
VU,S MSK.....	91	.....	45, 46, 52, 58, 59, 61, 65	AVIANE.....	118
AEROCHAMBER PLUS Z STAT ..	91	<i>amlodipine-valsartan</i>		AVONEX.....	154
AFINITOR.....	16	.....	45, 46, 52, 58, 59, 61, 65	AVONEX (WITH ALBUMIN).....	154
AFLURIA QD 2019-20(3YR		<i>amlodipine-valsartan-hcthiiazid</i>		AV-PHOS 250 NEUTRAL.....	94
UP)(PF).....	24	.....	46, 52, 58, 59, 64, 97	AZASITE.....	100
AFLURIA QD 2019-20(6-		<i>ammonium lactate</i>	173, 174	<i>azathioprine</i>	151, 154, 158
35MO)(PF).....	24	<i>amoxapine</i>	90	<i>azelaic acid</i>	178
AFLURIA QUAD 2019-20(6MO		<i>amoxicillin</i>	5	<i>azelastine</i>	99
UP).....	24	<i>amoxicillin-pot clavulanate</i>	6	AZELEX.....	178
AFSTYLA.....	40	<i>ampicillin</i>	6	<i>azithromycin</i>	14
AFTERA.....	117	<i>ampicillin-sulbactam</i>	6	AZOPT.....	102
AIMOVIG AUTOINJECTOR... 73, 79		ANADROL-50.....	115	AZURETTE (28).....	118
AJOVY.....	73, 79	<i>anagrelide</i>	44	<i>bacitracin</i>	100
AKYNZEO (NETUPITANT) 105, 111		<i>anastrozole</i>	16, 116	<i>baclofen</i>	34
<i>albendazole</i>	6	ANORO ELLIPTA... 31, 36, 161, 167		<i>balsalazide</i>	106
<i>albuterol sulfate</i>	36, 166, 167	ANUCORT-HC.....	170, 174	BALVERSA.....	16
<i>alclometasone</i>	170, 174	ANUSOL-HC.....	170, 174	BALZIVA (28).....	118
ALECENSA.....	16	APOKYN.....	81	BANZEL.....	69
<i>alendronate</i>	150	<i>apraclonidine</i>	104	BARACLUDE.....	13
<i>alfuzosin</i>	36	<i>aprepitant</i>	111	BAYER ASPIRIN.....	44, 45, 73, 88
ALINIA.....	7	APRI.....	118	BEKYREE (28).....	119
<i>aliskiren</i>	63	APTIOM.....	69	BELSOMRA.....	75
ALLERGY RELIEF		APTIVUS.....	11, 12	BELVIQ.....	89
(LORATADINE).....	4, 166	ARALAST NP.....	166	BELVIQ XR.....	89

<i>benazepril</i>	47, 48	<i>butalbital-acetaminophen-caff</i>	68, 74, 77, 86, 87	<i>cetirizine</i>	4, 166
<i>benazepril-hydrochlorothiazide</i>	47, 48, 64, 97	<i>butalbital-aspirin-caffeine</i>	44, 45, 74, 77, 87, 88	CETROTIDE.....	116, 154
BENEFIX.....	40	<i>butorphanol tartrate</i>	85	<i>cevimeline</i>	35
BENLYSTA.....	158	BYDUREON.....	139	CHANTIX.....	33
<i>benzonatate</i>	162	BYETTA.....	139	CHANTIX CONTINUING MONTH BOX.....	32
<i>benzphetamine</i>	68	BYSTOLIC.....	35, 49	CHANTIX STARTING MONTH BOX.....	33
<i>benztropine</i>	32, 69	<i>cabergoline</i>	80	CHATEAL (28).....	120
BEPREVE.....	100	CABOMETYX.....	16	CHATEAL EQ (28).....	120
BERINERT.....	150	<i>calcipotriene</i>	178, 179	CHEMET.....	112, 148
BESIVANCE.....	100	<i>calcitonin (salmon)</i>	116, 142, 150	CHILDREN'S ASPIRIN 44, 45, 74, 88	
<i>betamethasone dipropionate</i> ..	170, 174	<i>calcitriol</i>	179, 185	<i>chlordiazepoxide hcl</i>	78
<i>betamethasone valerate</i>	170, 174	<i>calcium acetate</i>	95	<i>chlordiazepoxide-clidinium</i>	31, 78
<i>betaxolol</i>	38, 49, 50, 56, 61, 101	CALQUENCE.....	16	<i>chlorhexidine gluconate</i>	103
BETOPTIC S.....	101	CAMILA.....	119	<i>chloroquine phosphate</i>	6
<i>bexarotene</i>	16	CAMRESE.....	119	<i>chlorothiazide</i>	64, 98
BEXSERO.....	24	CAMRESE LO.....	119	<i>chlorpromazine</i>	86
<i>bicalutamide</i>	16	<i>candesartan</i>	46	<i>chlorthalidone</i>	65, 99
BIKTARVY.....	10, 11	<i>candesartan-hydrochlorothiazid</i>	46, 47, 64, 98	<i>chlorzoxazone</i>	34
<i>bimatoprost</i>	105	<i>capecitabine</i>	16	CHOLBAM.....	109
BIOTHRAX.....	24	CAPEX.....	171, 175	<i>cholecalciferol (vitamin d3)</i>	185
<i>bisoprolol fumarate</i>	38, 49, 50, 56	CAPRELSA.....	16	<i>cholestyramine (with sugar)</i>	51
<i>bisoprolol-hydrochlorothiazide</i>	38, 49, 50, 56, 64, 98	<i>captopril</i>	47, 48	CHOLESTYRAMINE LIGHT.....	51
BIVIGAM.....	21	<i>captopril-hydrochlorothiazide</i>	47, 48, 64, 98	<i>chorionic gonadotropin, human</i>	138
BLEPHAMIDE.....	100	CARAFATE.....	111	<i>ciclopirox</i>	177
BLISOVI 24 FE.....	119	<i>carbamazepine</i>	70, 72	<i>cilostazol</i>	44, 63
BLISOVI FE 1.5/30 (28).....	119	<i>carbidopa</i>	80	CILOXAN.....	100
BLISOVI FE 1/20 (28).....	119	<i>carbidopa-levodopa</i>	80	CIMDUO.....	11
BOOSTRIX TDAP.....	23	<i>carbidopa-levodopa-entacapone</i> 79, 80		<i>cimetidine</i>	111
<i>bosentan</i>	65, 168	<i>carisoprodol</i>	34	<i>cimetidine hcl</i>	111
BOSULIF.....	16	<i>carisoprodol-aspirin</i>	34, 88	CIMZIA.....	109, 151, 154
BP 10-1.....	177	<i>carisoprodol-aspirin-codeine</i>	34, 82, 88	CIMZIA POWDER FOR RECONST.....	109, 151, 154
BREATHERITE MDI SPACER.....	91	<i>carteolol</i>	101	CIMZIA STARTER KIT	109, 151, 154
BREO ELLIPTA.....	36, 113, 165, 167	CARTIA XT.....	51, 52, 53, 54, 57, 65	<i>cinacalcet</i>	116, 160
BRIELLYN.....	119	<i>carvedilol</i>	35, 36, 45, 49, 56, 61	CINQAIR.....	163
BRILINTA.....	44	CAVERJECT.....	65, 66	CINRYZE.....	150
<i>brimonidine</i>	99	CAVERJECT IMPULSE.....	65	CIPRO HC.....	100, 102
<i>bromfenac</i>	104	CAYSTON.....	13	CIPRODEX.....	100, 102
<i>bromocriptine</i>	80	CAZIAN (28).....	119	<i>ciprofloxacin</i>	7, 14
BROMSITE.....	104	<i>cefaclor</i>	4	<i>ciprofloxacin hcl</i>	7, 14, 100
BROVANA.....	37, 167	<i>cefadroxil</i>	4	<i>citalopram</i>	89
<i>budesonide</i>	113, 165	<i>cefdinir</i>	4	CITRANATAL 90 DHA (ALGAL OIL).....	43, 107, 182, 183
<i>bumetanide</i>	62, 95	<i>cefditoren pivoxil</i>	4	CITRANATAL ASSURE	43, 107, 182, 183
<i>buprenorphine</i>	85	<i>cefepime</i>	5	CITRANATAL DHA (ALGAL OIL).....	43, 182, 183
<i>buprenorphine hcl</i>	84	<i>cefixime</i>	5	CLARAVIS.....	179
<i>buprenorphine-naloxone</i>	85	<i>cefpodoxime</i>	5	<i>clarithromycin</i>	7, 8, 14
<i>bupropion hcl</i>	71	<i>cefprozil</i>	4	CLARITIN.....	4, 166
<i>bupropion hcl (smoking deter)</i>	71	<i>ceftriaxone</i>	5	<i>clemastine</i>	3, 163
<i>buspirone</i>	75	<i>cefuroxime axetil</i>	4	CLEVER CHOICE CHAMBER- LRG MASK.....	91
BUTALBITAL COMPOUND W/CODEINE.....	73, 77, 82, 86, 88	<i>celecoxib</i>	80		
<i>butalbital-acetaminop-caf-cod</i>	68, 73, 74, 77, 82, 86	CELONTIN.....	90		
<i>butalbital-acetaminophen</i>	68, 77	<i>cephalexin</i>	4		
		CESAMET.....	106		

CLEVER CHOICE CHAMBER-MED MASK.....	91	COTELLIC.....	17	DEXAMETHASONE INTENSOL.....	113
CLEVER CHOICE CHAMBER-SM MASK.....	91	COUMADIN.....	38	<i>dexamethasone sodium phosphate</i>	102, 113
<i>clindamycin hcl</i>	12	CREON.....	109	<i>dexmethylphenidate</i>	87
<i>clindamycin palmitate hcl</i>	13	CRESEMBA.....	8	<i>dextroamphetamine</i>	68
CLINDAMYCIN PEDIATRIC.....	13	CRINONE.....	143	<i>dextroamphetamine-amphetamine</i>	68
<i>clindamycin phosphate</i>	169	CRIXIVAN.....	12	<i>diazepam</i>	78
<i>clindamycin-benzoyl peroxide</i>	169, 177	<i>cromolyn</i>	100, 164	DICLEGIS.....	106, 163, 183
<i>clobazam</i>	78	CRYSSELLE (28).....	120	<i>diclofenac potassium</i>	85
<i>clobetasol</i>	171, 175	CRYSVITA.....	95	<i>diclofenac sodium</i>	17, 85, 104, 177, 179
<i>clobetasol-emollient</i>	171, 175	CUPRIMINE.....	112, 151	<i>diclofenac-misoprostol</i>	85, 111
<i>clocortolone pivalate</i>	171, 175	<i>cyanocobalamin (vitamin b-12)</i>	183	<i>dicloxacillin</i>	14
<i>clomiphene citrate</i>	136	CYCLAFEM 1/35 (28).....	120	<i>dicyclomine</i>	31, 32
<i>clomipramine</i>	90	CYCLAFEM 7/7/7 (28).....	120	<i>didanosine</i>	11
<i>clonazepam</i>	78	<i>cyclobenzaprine</i>	34	<i>diethylpropion</i>	68
<i>clonidine</i>	31, 55	<i>cyclopentolate</i>	105	DIFICID.....	14
<i>clonidine hcl</i>	31, 55	<i>cyclophosphamide</i>	17, 158	<i>diflunisal</i>	85
<i>clopidogrel</i>	44	<i>cycloserine</i>	8	DIGITEK.....	49, 55
<i>clorazepate dipotassium</i>	78	CYCLOSET.....	80	DIGOX.....	49, 55
<i>clotrimazole</i>	173	<i>cyclosporine</i>	151, 154, 158	<i>digoxin</i>	49, 55
<i>clotrimazole-betamethasone</i>	171, 173, 175	<i>cyclosporine (bulk)</i>	158	<i>digoxin (bulk)</i>	55
<i>clozapine</i>	76	<i>cyclosporine modified</i>	151, 154, 158	<i>dihydroergotamine</i>	35, 74
CLOZARIL.....	76	<i>cyproheptadine</i>	3, 163	DILANTIN.....	56, 81
COARTEM.....	6	CYRED.....	120	DILANTIN EXTENDED.....	56, 81
<i>codeine sulfate</i>	82, 162	CYRED EQ.....	120	DILANTIN KAPSEAL.....	56, 81
<i>codeine-butalbital-asa-caff</i>	74, 77, 82, 87, 88	CYSTARAN.....	104	<i>diltiazem hcl</i>	51, 52, 53, 54, 57, 58, 66
<i>codeine-guaifenesin</i>	82, 162, 163	CYTOGAM.....	21	DILT-XR.....	52, 53, 54, 58, 66
<i>colchicine</i>	149	<i>dalfampridine</i>	160	DIPENTUM.....	106
<i>colesevelam</i>	51, 115, 116	DALIRESP.....	166	<i>diphenoxylate-atropine</i>	32, 106, 161
<i>colestipol</i>	51	<i>danazol</i>	115	<i>dipyridamole</i>	44, 66
COLY-MYCIN S.....	100	<i>dantrolene</i>	34	<i>disopyramide phosphate</i>	56
COLYTE WITH FLAVOR PACKS.....	107	<i>dapsone</i>	7	<i>disulfiram</i>	148
COMBIGAN.....	99, 101	<i>daptomycin</i>	9	<i>divalproex</i>	70, 72, 74
COMBIPATCH.....	136, 143	DARAPRIM.....	7	DIVIGEL.....	136
COMBIVENT RESPIMAT.....	31, 37, 161, 167	DASETTA 1/35 (28).....	120	<i>dofetilide</i>	57
COMETRIQ.....	17	DASETTA 7/7/7 (28).....	120	<i>donepezil</i>	35
COMPACT SPACE CHAMBER.....	91	DAURISMO.....	17	DOPTELET (10 TAB PACK).....	39
COMPACT SPACE CHAMBER-LRG MASK.....	91	DAYSEE.....	121	DOPTELET (15 TAB PACK).....	39
COMPACT SPACE CHAMBER-MED MASK.....	91	DAYTRANA.....	87	<i>dorzolamide</i>	102
COMPACT SPACE CHAMBER-SM MASK.....	91	DEBACTEROL.....	179	<i>dorzolamide (pf)</i>	102
COMPAZINE.....	86, 106	DEBLITANE.....	121	<i>dorzolamide-timolol</i>	102
COMPLERA.....	10, 11	<i>deferasirox</i>	112	<i>dorzolamide-timolol (pf)</i>	101, 102
CONSTULOSE.....	94	DELZICOL.....	106	DOVATO.....	10, 11
CORIFACT.....	40	<i>demeclocycline</i>	15	<i>doxazosin</i>	35, 45, 61
CORLANOR.....	55	DENAVIR.....	173	<i>doxepin</i>	90
<i>cortisone</i>	113	DEPEN TITRATABS.....	112, 151	<i>doxercalciferol</i>	185
CORTISPORIN.....	169, 171, 175	DEPO-PROVERA.....	143	<i>doxycycline hyclate</i>	15, 100
COSENTYX (2 SYRINGES).....	179	DEPO-SUBQ PROVERA 104.....	143	<i>doxycycline monohydrate</i>	15
COSENTYX PEN (2 PENS).....	179	DESCOVY.....	11	<i>doxylamine-pyridoxine (vit b6)</i>	106, 163, 184
		<i>desipramine</i>	90	<i>dronabinol</i>	106
		<i>desmopressin</i>	40, 143	<i>drospirenone-e.estradiol-lm.fa</i>	121
		<i>desog-e.estradiol/e.estradiol</i>	121	<i>drospirenone-ethinyl estradiol</i>	121
		<i>desogestrel-ethinyl estradiol</i>	121	DROXIA.....	17
		<i>desonide</i>	171, 175	DUAVEE.....	136
		<i>desoximetasone</i>	171, 175	DULERA.....	37, 113, 165, 167
		<i>desvenlafaxine succinate</i>	88		
		<i>dexamethasone</i>	113		

<i>duloxetine</i>	80, 88	<i>ergotamine-caffeine</i>	35, 74	FETZIMA.....	88
DUPIXENT.....	163, 179	ERIVEDGE.....	17	<i>finasteride</i>	148
DUREZOL.....	102	ERLEADA.....	17	FIRDAPSE.....	160
<i>dutasteride</i>	148	<i>erlotinib</i>	17	FIRVANQ.....	9
E.E.S. 400.....	9, 13	ERRIN.....	122	FLAREX.....	102
EASIVENT HOLDING		<i>ertapenem</i>	9	FLEBOGAMMA DIF.....	21
CHAMBER.....	91	ERYPED 400.....	9, 13	<i>flecainide</i>	56
<i>econazole</i>	173	<i>erythromycin</i>	100	FLEXICHAMBER.....	91
ECONTRA EZ.....	121	<i>erythromycin ethylsuccinate</i>	9, 13	FLOVENT DISKUS.....	113, 165
ECONTRA ONE-STEP.....	121	<i>erythromycin with ethanol</i>	169	FLOVENT HFA.....	113, 114, 165
EDURANT.....	10	ESBRIET.....	161, 162	FLUAD 2019-2020 (65 YR	
<i>efavirenz</i>	10	<i>escitalopram oxalate</i>	89	UP)(PF).....	24
EFFER-K.....	96	<i>esomeprazole magnesium</i>	112	FLUARIX QUAD 2019-2020 (PF).....	25
ELESTRIN.....	136	ESTARYLLA.....	122	FLUBLOK QUAD 2019-2020 (PF).....	25
<i>eletriptan</i>	89	<i>estazolam</i>	79	FLUCELVAX QUAD 2019-2020.....	25
ELIDEL.....	159, 179	<i>estradiol</i>	136, 137	FLUCELVAX QUAD 2019-2020	
ELIGARD.....	17, 138	<i>estradiol-norethindrone acet.</i>	137, 143	(PF).....	25
ELINEST.....	121	ESTRING.....	137	<i>fluconazole</i>	8
ELIQUIS.....	39	ESTROGEL.....	137	<i>flucytosine</i>	14
ELIQUIS DVT-PE TREAT 30D		<i>eszopiclone</i>	75	<i>fludrocortisone</i>	114
START.....	39	<i>ethacrynic acid</i>	62, 95	FLULAVAL QUAD 2019-2020.....	25
ELLA.....	122	<i>ethambutol</i>	8	FLULAVAL QUAD 2019-2020	
ELMIRON.....	161	<i>ethosuximide</i>	90	(PF).....	25
ELOCTATE.....	40	<i>ethynodiol diac-eth estradiol</i>	122	<i>flunisolide</i>	102, 164
EMCYT.....	17	<i>etidronate disodium</i>	150	<i>fluocinolone</i>	171, 175
EMGALITY PEN.....	74, 79	<i>etodolac</i>	85	<i>fluocinolone acetonide oil</i>	102
EMGALITY SYRINGE.....	74, 79	<i>etoposide</i>	17	<i>fluocinolone and shower cap</i>	171, 175
EMSAM.....	81	EUCRISA.....	171, 173	<i>fluocinonide</i>	171, 175
EMTRIVA.....	11	EURAX.....	178	<i>fluocinonide-emollient</i>	171, 175
EMVERM.....	6	EVENITY.....	149	<i>fluoride (sodium)</i>	150
<i>enalapril maleate</i>	47, 48	EVOTAZ.....	12, 160	<i>fluorometholone</i>	102
<i>enalapril-hydrochlorothiazide</i>		EXELDERM.....	173	FLUOROPLEX.....	17, 179
.....	47, 48, 64, 98	<i>exemestane</i>	17, 116	<i>fluorouracil</i>	17, 179
ENBREL.....	151, 154, 155, 179	EXTAVIA.....	155	<i>fluoxetine</i>	89, 90
ENBREL MINI.....	151, 154, 179	<i>ezetimibe</i>	55	<i>fluphenazine hcl</i>	86
ENBREL SURECLICK.....	151, 155, 179	<i>ezetimibe-simvastatin</i>	55, 60	<i>flurandrenolide</i>	171, 175
ENDOCET.....	69, 82	FALMINA (28).....	122	<i>flurazepam</i>	79
ENDOMETRIN.....	143	<i>famciclovir</i>	13	<i>flurbiprofen</i>	85
ENGERIX-B (PF).....	24	<i>famotidine</i>	111	<i>flurbiprofen sodium</i>	104
ENGERIX-B PEDIATRIC (PF).....	24	FANAPT.....	76	<i>flutamide</i>	17
<i>enoxaparin</i>	42	FARXIGA.....	145	<i>fluticasone propionate</i>	
ENPRESSE.....	122	FARYDAK.....	17	.....	103, 164, 171, 175
ENSKYCE.....	122	FASENRA.....	163	<i>fluticasone propion-salmeterol</i>	
<i>entacapone</i>	79	FAYOSIM.....	122	.....	37, 114, 165, 167
<i>entecavir</i>	13	<i>febuxostat</i>	149	<i>fluvastatin</i>	60
ENTRESTO.....	47, 63	FEIBA NF.....	41	<i>fluvoxamine</i>	90
ENTYVIO.....	109, 155	<i>felbamate</i>	70	FLUZONE HIGH-DOSE 2019-20	
EPIDIOLEX.....	70	<i>felodipine</i>	53, 58, 59, 61, 66	(PF).....	25
<i>epinastine</i>	100	FEMRING.....	137	FLUZONE QUAD 2019-2020.....	26
<i>epinephrine</i>	31, 161	FEMYNOR.....	122	FLUZONE QUAD 2019-2020 (PF)	
EPIVIR HBV.....	11	<i>fenofibrate</i>	60	.....	25, 26
<i>eplerenone</i>	62, 63	<i>fenofibrate micronized</i>	60	FLUZONE QUAD PEDI 2019-20	
<i>epoprostenol (glycine)</i>	66, 168	<i>fenofibrate nanocrystallized</i>	60	(PF).....	26
<i>eprosartan</i>	46, 47	<i>fenofibric acid</i>	60	<i>folic acid</i>	184
ERAXIS(WATER DILUENT).....	9	<i>fenofibric acid</i>	60	FOSAMAX PLUS D.....	150, 185
<i>ergocalciferol (vitamin d2)</i>	185	<i>fenofibril</i>	82	<i>fosinopril</i>	48
<i>ergoloid</i>	35	<i>fenofibril citrate</i>	82		
		FERRIPROX.....	112		

<i>fosinopril-hydrochlorothiazide</i>	<i>glyburide</i>	147	HUMIRA PEN.....	110, 152, 155, 180
.....	<i>glyburide micronized</i>	146	HUMIRA PEN CROHNS-UC-HS	
FREESTYLE CONTROL.....	<i>glyburide-metformin</i>	116, 147	START.....	110, 151, 155, 180
FREESTYLE FREEDOM LITE.....	GLYCOLAX.....	108	HUMIRA PEN PSOR-UVEITS-	
FREESTYLE INSULINX.....	<i>glycopyrrolate</i>	32	ADOL HS.....	110, 151, 155, 180
FREESTYLE INSULINX TEST	GONAL-F.....	138	HUMIRA(CF).....	110, 152, 156, 180
STRIPS.....	GONAL-F RFF.....	138	HUMIRA(CF) PEDI CROHNS	
FREESTYLE LANCETS.....	GONAL-F RFF REDI-JECT.....	138	STARTER.....	110, 152, 155, 180
FREESTYLE LITE METER.....	<i>granisetron hcl</i>	105	HUMIRA(CF) PEN.....	110, 152, 156, 180
FREESTYLE LITE STRIPS.....	GRANIX.....	39	HUMIRA(CF) PEN CROHNS-	
FREESTYLE PRECISION NEO	<i>griseofulvin microsize</i>	6	UC-HS.....	110, 152, 155, 180
METER.....	<i>griseofulvin ultramicrosize</i>	6	HUMIRA(CF) PEN PSOR-UV-	
FREESTYLE PRECISION NEO	GUAIATUSSIN AC.....	82, 162, 163	ADOL HS.....	110, 152, 156, 180
STRIPS.....	GUAIFENESIN DAC		HUMULIN 70/30 U-100 INSULIN	
FREESTYLE TEST.....	.....	31, 82, 161, 162, 163	.....	140, 141, 145
<i>frovatriptan</i>	<i>guanfacine</i>	55, 80	HUMULIN 70/30 U-100	
<i>furosemide</i>	<i>guanidine</i>	36	KWIKPEN.....	140, 141, 145
FUZEON.....	HAEGARDA.....	150	HUMULIN N NPH INSULIN	
FYCOMPA.....	HAILEY 24 FE.....	123	KWIKPEN.....	140, 141
<i>gabapentin</i>	HALDOL DECANOATE.....	79	HUMULIN N NPH U-100	
<i>galantamine</i>	<i>halobetasol propionate</i> ..	171, 172, 175	INSULIN.....	140, 141
GAMASTAN S/D.....	HALOG.....	172, 176	HUMULIN R REGULAR U-100	
GAMMAGARD LIQUID.....	<i>haloperidol</i>	79	INSULN.....	140, 145
GAMMAGARD S-D (IGA < 1	<i>haloperidol decanoate</i>	79	HUMULIN R U-500 (CONC)	
MCG/ML).....	<i>haloperidol lactate</i>	79	INSULIN.....	140, 145
GAMMAKED.....	HAVRIX (PF).....	26	HUMULIN R U-500 (CONC)	
GAMMAPLEX (WITH	HEATHER.....	123	KWIKPEN.....	140, 145
SORBITOL).....	HEMLIBRA.....	41	HYCANTIN.....	17
GAMUNEX-C.....	HEMMOREX-HC.....	172, 176	<i>hydralazine</i>	59
<i>ganciclovir sodium</i>	HEMOFIL M HIGH.....	41	<i>hydrochlorothiazide</i>	64, 98
<i>ganirelix</i>	HEMOFIL M LOW.....	41	HYDROCODONE COMPOUND	
GARDASIL 9 (PF).....	HEMOFIL M MID.....	41	.....	32, 83, 162
<i>gatifloxacin</i>	HEMOFIL M SUPER HIGH.....	41	<i>hydrocodone-acetaminophen</i>	69, 83
GATTEX 30-VIAL.....	HEPAGAM B.....	22	<i>hydrocodone-chlorpheniramine</i>	
GATTEX ONE-VIAL.....	HEPLISAV-B (PF).....	26	.....	4, 83, 162, 163
GAVILYTE-C.....	HETLIOZ.....	75	<i>hydrocodone-homatropine</i> ..	32, 83, 162
GAVILYTE-G.....	HIBERIX (PF).....	27	<i>hydrocodone-ibuprofen</i>	83, 85
GAVILYTE-N.....	HIZENTRA.....	22	<i>hydrocortisone</i>	114, 172, 176
<i>gemfibrozil</i>	HORIZANT.....	69, 70	<i>hydrocortisone acetate</i>	172, 176
GENGRAF.....	HUMALOG JUNIOR KWIKPEN		<i>hydrocortisone butyrate</i>	172, 176
GENTAK.....	U-100.....	139, 144	<i>hydrocortisone valerate</i>	172, 176
<i>gentamicin</i>	HUMALOG KWIKPEN INSULIN		<i>hydrocortisone-acetic acid</i>	103
GENVOYA.....	.....	139, 144	<i>hydrocortisone-aloe vera</i>	172, 176
GIANVI (28).....	HUMALOG MIX 50-50 INSULN		<i>hydromorphone</i>	83
GILENYA.....	U-100.....	139, 141, 144	<i>hydroxychloroquine</i>	7, 152, 156
GILOTRIF.....	HUMALOG MIX 50-50		<i>hydroxyproggest(pf)(preg presv)</i>	143
<i>glatiramer</i>	KWIKPEN.....	139, 141, 144	<i>hydroxyprogesterone cap(ppres)</i> ...	143
GLATOPA.....	HUMALOG MIX 75-25		<i>hydroxyurea</i>	17
GLEOSTINE.....	KWIKPEN.....	139, 141, 144	<i>hydroxyzine hcl</i>	3, 75
<i>glimepiride</i>	HUMALOG MIX 75-25(U-		<i>hydroxyzine pamoate</i>	3, 75
<i>glipizide</i>	100)INSULN.....	140, 141, 144	<i>hyoscyamine sulfate</i>	32
<i>glipizide-metformin</i>	HUMALOG U-100 INSULIN		HYPERHEP B S/D.....	22
GLUCAGEN HYPOKIT.....	.....	140, 144, 145	HYPERHEP B S-D NEONATAL...	22
GLUCAGON EMERGENCY KIT	HUMATE-P.....	41	<i>ibandronate</i>	150
(HUMAN).....	HUMIRA.....	110, 152, 155, 180	IBRANCE.....	17
GLUCOSE KETONE CONTROL	HUMIRA PEDIATRIC CROHNS		<i>ibuprofen</i>	85
SOLN.....	START.....	109, 151, 155, 179	<i>ibuprofen-oxycodone</i>	83, 85

<i>icatibant</i>	150	JARDIANCE.....	146	LARISSIA.....	126
ICLUSIG.....	17	JENCYCLA.....	123	LASTACAPT.....	100
IDHIFA.....	17	JINTELI.....	137, 143	<i>latanoprost</i>	105
ILEVRO.....	104	JIVI.....	41	LATUDA.....	76
ILUMYA.....	180	JOLESSA.....	123	LAYOLIS FE.....	126
<i>imatinib</i>	17	JULEBER.....	123	LEENA 28.....	126
IMBRUVICA.....	18	JULUCA.....	10	<i>leflunomide</i>	152, 156
<i>imipramine hcl</i>	90	JUNEL 1.5/30 (21).....	124	LENVIMA.....	18
<i>imipramine pamoate</i>	90	JUNEL 1/20 (21).....	124	LESSINA.....	126
<i>imiquimod</i>	180	JUNEL FE 1.5/30 (28).....	124	LETAIRIS.....	66, 168
IMOVAX RABIES VACCINE		JUNEL FE 1/20 (28).....	124	<i>letrozole</i>	18, 116
(PF).....	27	JUNEL FE 24.....	124	<i>leucovorin calcium</i>	148
IMPAVIDO.....	7	JYNARQUE.....	99	LEUKERAN.....	18
INCASSIA.....	123	KAITLIB FE.....	124	<i>leuprolide</i>	18, 138
INCRELEX.....	146	KALETRA.....	12	<i>levabuterol hcl</i>	37, 167
<i>indapamide</i>	65, 99	KALYDECO.....	162, 163	<i>levabuterol tartrate</i>	37, 167
<i>indomethacin</i>	85, 149	KARIVA (28).....	124	<i>levetiracetam</i>	70
INFLECTRA.....	110, 152, 156, 180	KCENTRA.....	41	<i>levobunolol</i>	102
INLYTA.....	18	KELNOR 1/35 (28).....	124	<i>levocarnitine</i>	160
INREBIC.....	18	KELNOR 1-50.....	124	<i>levocarnitine (with sugar)</i>	160
INSPIRACHAMBER.....	92	KERYDIN.....	178	<i>levocetirizine</i>	4, 166
INSULIN SYRINGE.....	92	<i>ketoconazole</i>	8, 173	<i>levofloxacin</i>	8, 14, 15, 100
<i>insulin syringe-needle u-100</i>	92	<i>ketorolac</i>	85, 86, 104	<i>levoleucovorin calcium</i>	148
INTELENCE.....	10	KEVZARA.....	152, 156	LEVONEST (28).....	126
INTRAROSA.....	114	KINRIX (PF).....	27	<i>levonorgestrel</i>	126
INTRON A.....	12, 18, 156	KISQALI.....	18	<i>levonorgestrel-ethinyl estrad</i>	126
INTROVALE.....	123	KLOR-CON.....	97	<i>levonorg-eth estrad triphasic</i>	126
INVEGA SUSTENNA.....	76	KLOR-CON 10.....	96	LEVORA-28.....	127
INVEGA TRINZA.....	76	KLOR-CON 8.....	96	LEVO-T.....	147
INVIRASE.....	12	KLOR-CON M10.....	96	<i>levothyroxine</i>	147
INVOKAMET.....	116, 145	KLOR-CON M15.....	97	LEVOXYL.....	147
INVOKANA.....	146	KLOR-CON M20.....	97	LEXIVA.....	12
IOPIDINE.....	104	KOATE.....	41	<i>lidocaine</i>	173
IPOL.....	27	KOGENATE FS.....	41	<i>lidocaine hcl</i>	104, 173
<i>ipratropium bromide</i>	32, 104, 161	KOVALTRY.....	41	LIDOCAINE VISCOUS.....	105
<i>ipratropium-albuterol</i>	32, 37, 161, 167	KPN.....	183	<i>lidocaine-prilocaine</i>	173
<i>irbesartan</i>	46, 47	KRISTALOSE.....	94	LILLOW (28).....	127
<i>irbesartan-hydrochlorothiazide</i>		KURVELO (28).....	125	<i>lindane</i>	178
.....	46, 47, 64, 98	KUVAN.....	160	<i>linezolid</i>	14
IRESSA.....	18	<i>l norgest/e.estradiol-e.estrad</i>	125	LINZESS.....	110
ISENTRESS.....	10	<i>labetalol</i>	35, 36, 45, 49, 50, 56	<i>liothyronine</i>	147
ISIBLOOM.....	123	<i>lactulose</i>	95	<i>lisinopril</i>	48
<i>isometh-dichloral-acetaminophn</i>	69	<i>lamivudine</i>	11	<i>lisinopril-hydrochlorothiazide</i>	
<i>isoniazid</i>	8	<i>lamivudine-zidovudine</i>	11	.....	48, 64, 98
<i>isosorbide dinitrate</i>	62	<i>lamotrigine</i>	70, 72	LITEAIRE MDI CHAMBER.....	92
<i>isosorbide mononitrate</i>	62	<i>lancets</i>	92	<i>lithium carbonate</i>	72
<i>isotretinoin</i>	180	LANOXIN.....	49, 55	<i>lithium citrate</i>	72
<i>isradipine</i>	53, 58, 59, 61, 66	<i>lansoprazole</i>	112	LIVALO.....	60
<i>itraconazole</i>	8	<i>lanthanum</i>	95, 148	LONSURF.....	18
IXIARO (PF).....	27	LANTUS SOLOSTAR U-100		<i>loperamide</i>	106
IXINITY.....	41	INSULIN.....	140, 142	<i>lopinavir-ritonavir</i>	12
JADENU.....	112	LANTUS U-100 INSULIN ...	140, 142	<i>loratadine</i>	4, 166
JADENU SPRINKLE.....	112	LARIN 1.5/30 (21).....	125	LORATADINE-D.....	4, 31, 161, 166
JAKAFI.....	18	LARIN 1/20 (21).....	125	<i>lorazepam</i>	78, 79
JANUMET.....	116, 135	LARIN 24 FE.....	125	LORBRENA.....	18
JANUMET XR.....	116, 135	LARIN FE 1.5/30 (28).....	125	LORCET (HYDROCODONE).....	69, 83
JANUVIA.....	135	LARIN FE 1/20 (28).....	125	LORCET HD.....	69, 83

LORCET PLUS.....	69, 83	<i>melphalan</i>	19	<i>misoprostol</i>	111
LORTUSS EX....	31, 83, 161, 162, 163	<i>memantine</i>	80	M-M-R II (PF).....	28
LORYNA (28).....	127	MENACTRA (PF).....	27	<i>modafinil</i>	91
<i>losartan</i>	46, 47	MENEST.....	137	<i>moexipril</i>	48
<i>losartan-hydrochlorothiazide</i>	46, 47, 64, 98	MENOPUR.....	138, 139	<i>mometasone</i>	103, 164, 172, 176
LOTEMAX.....	103	MENOSTAR.....	137	MONO-LINYAH.....	128
<i>loteprednol etabonate</i>	103	MENTAX.....	174	MONONINE.....	41
<i>lovastatin</i>	60	MENVEO A-C-Y-W-135-DIP (PF).....	27	<i>montelukast</i>	164
LOW-OGESTREL (28).....	127	<i>meperidine</i>	83	MONUROL.....	16
<i>loxapine succinate</i>	75	<i>meprobamate</i>	75	<i>morphine</i>	83, 84
LUMIGAN.....	105	<i>mercaptopurine</i>	19, 159	<i>morphine concentrate</i>	83
LUPRON DEPOT.....	19, 138, 139	<i>mesalamine</i>	106, 107	MOVANTIK.....	110
LUPRON DEPOT (3 MONTH)	18, 138, 139	<i>mesalamine with cleansing wipe</i>	107	MOVIPREP.....	108
LUPRON DEPOT (4 MONTH)	18, 138, 139	<i>metaproterenol</i>	37, 167	MOXEZA.....	100
LUPRON DEPOT (6 MONTH)	18, 138, 139	<i>metaxalone</i>	34	<i>moxifloxacin</i>	8, 15, 100
LUTERA (28).....	127	<i>metformin</i>	116	MULPLETA.....	39
LYNPARZA.....	19	<i>methadone</i>	83	MULTAQ.....	57
LYSODREN.....	19	<i>methamphetamine</i>	68	MULTI-VITAMIN WITH FLUORIDE.....	150, 183
LYZA.....	127	<i>methazolamide</i>	102	<i>mupirocin</i>	170
<i>magnesium chloride</i>	71	<i>methenamine hippurate</i>	16	<i>mupirocin calcium</i>	170
<i>malathion</i>	178	<i>methimazole</i>	116	MUSE.....	66
<i>maprotiline</i>	90	<i>methocarbamol</i>	34	MY CHOICE.....	128
MARLISSA (28).....	127	<i>methotrexate sodium</i> 19, 152, 156, 159		MY WAY.....	128
MARPLAN.....	81	<i>methotrexate sodium (pf)</i>	19, 152, 156, 159	MYALEPT.....	142
MATULANE.....	19	<i>methoxsalen</i>	178	MYCAMINE.....	9
MAVENCLAD (10 TABLET PACK).....	159	<i>methscopolamine</i>	32	<i>mycophenolate mofetil</i>	159
MAVENCLAD (4 TABLET PACK).....	159	<i>methyl dopa</i>	31, 55	<i>mycophenolate sodium</i>	159
MAVENCLAD (5 TABLET PACK).....	159	<i>methylphenidate hcl</i>	87	MYLERAN.....	19
MAVENCLAD (6 TABLET PACK).....	159	<i>methylprednisolone</i>	114	MYNEPHROCAPS.....	184
MAVENCLAD (7 TABLET PACK).....	159	<i>methylprednisolone sodium succ</i> ... 114		MYNEPHRON.....	184
MAVENCLAD (8 TABLET PACK).....	159	<i>metipranolol</i>	102	MYORISAN.....	180
MAVENCLAD (9 TABLET PACK).....	159	<i>metoclopramide hcl</i>	111	MYRBETRIQ.....	182
MAVYRET.....	9	<i>metolazone</i>	65, 99	NABI-HB.....	22
MAXIDEX.....	103	<i>metoprolol succinate</i>	38, 49, 50, 57	<i>nabumetone</i>	86
MAYZENT.....	156	<i>metoprolol ta-hydrochlorothiaz</i>	38, 50, 57, 64, 98	<i>nadolol</i>	35, 50, 57
MAYZENT STARTER PACK.....	156	<i>metoprolol tartrate</i>	38, 50, 57	<i>naloxone</i>	84, 148
<i>meclizine</i>	3, 106	<i>metronidazole</i>	5, 7, 170	<i>naltrexone</i>	84, 148
<i>meclofenamate</i>	86	<i>mexiletine</i>	56	<i>naproxen</i>	86, 149
MEDISENSE GLUCOSE KETONE.....	92	MIBELAS 24 FE.....	127	<i>naproxen sodium</i>	86, 149
<i>medroxyprogesterone</i>	144	MICONAZOLE-3.....	173	<i>naratriptan</i>	89
<i>mefloquine</i>	7	MICRHOGAM ULTRA- FILTERED PLUS.....	22	NARCAN.....	84, 148
<i>megestrol</i>	19, 144	MICROGESTIN 1.5/30 (21).....	128	NASCOBAL.....	184
MEKINIST.....	19	MICROGESTIN 1/20 (21).....	128	NATACYN.....	101
MELODETTA 24 FE.....	127	MICROGESTIN FE 1.5/30 (28)....	128	<i>nateglinide</i>	142
<i>meloxicam</i>	86	MICROGESTIN FE 1/20 (28).....	128	NATPARA.....	142, 143, 149
		<i>midodrine</i>	31	NATURE-THROID.....	147
		<i>miglitol</i>	115	NECON 0.5/35 (28).....	128
		MILI.....	128	<i>nefazodone</i>	90
		MIMVEY.....	137, 144	<i>neomycin</i>	5
		<i>minocycline</i>	15	<i>neomycin-polymyxin b-dexameth</i>	101, 103
		<i>minoxidil</i>	59	<i>neomycin-polymyxin-hc</i>	101, 103
		<i>mirtazapine</i>	71	NEORAL.....	152, 156, 159
		MIRVASO.....	180	NESINA.....	135
				NEULASTA.....	39
				NEUPOGEN.....	39

NEUPRO.....	81	NP THYROID.....	147	OVIDREL.....	138, 139
NEVANAC.....	104	NPLATE.....	39	<i>oxandrolone</i>	115
<i>nevirapine</i>	10	NUBEQA.....	19	<i>oxaprozin</i>	86
NEW DAY.....	129	NUCALA.....	162, 164	<i>oxazepam</i>	79
NEXAVAR.....	19	NUCYNTA ER.....	84	<i>oxcarbazepine</i>	71
<i>niacin</i>	49	NUEDEXTA.....	80, 162	OXERVATE.....	104
<i>nicardipine</i>	53, 58, 59, 61, 66	NUPLAZID.....	76	<i>oxybutynin chloride</i>	182
<i>nicotine</i>	33	NUTROPIN AQ NUSPIN.....	143	<i>oxycodone</i>	84
<i>nicotine (polacrilex)</i>	33	NUVARING.....	130	<i>oxycodone-acetaminophen</i>	69, 84
NICOTROL.....	34	NUWIQ.....	42	<i>oxymorphone</i>	84
NICOTROL NS.....	34	<i>nystatin</i>	14, 178	PACERONE.....	57
<i>nifedipine</i>	53, 58, 59, 61, 66	<i>nystatin-triamcinolone</i>	178	<i>paliperidone</i>	76
NIKKI (28).....	129	OCALIVA.....	110	PALYNZIQ.....	99
<i>nimodipine</i>	53, 58, 59, 61, 66	OCELLA.....	130	PANCREAZE.....	109
NINLARO.....	19	OCREVUS.....	156	<i>pantoprazole</i>	112
<i>nitisinone</i>	160	OCTAGAM.....	22	<i>paricalcitol</i>	185
NITRO-BID.....	62	<i>octreotide acetate</i>	146, 160	PAROEX ORAL RINSE.....	103
<i>nitrofurantoin</i>	16	ODEFSEY.....	10, 11	<i>paromomycin</i>	5
<i>nitrofurantoin macrocrystal</i>	16	ODOMZO.....	19	<i>paroxetine hcl</i>	90
<i>nitrofurantoin monohyd/m-cryst</i>	16	OFEV.....	162	PEDIARIX (PF).....	23, 28
<i>nitroglycerin</i>	62, 63	<i>ofloxacin</i>	15, 101	PEDVAX HIB (PF).....	28
<i>nizatidine</i>	111	OGESTREL (28).....	130	<i>peg 3350-electrolytes</i>	108
NORA-BE.....	129	<i>olanzapine</i>	72, 76	PEG-3350 WITH FLAVOR.....	
<i>noreth-ethinyl estradiol-iron</i>	129	<i>olmesartan</i>	46, 47	PACKS.....	108
<i>norethindrone (contraceptive)</i>	129	<i>olmesartan-amlodipin-hcthiiazid</i>	46, 47, 53, 59, 64, 66, 98	PEGANONE.....	81
<i>norethindrone acetate</i>	144	<i>olmesartan-hydrochlorothiazide</i>	46, 47, 64, 98	PEGASYS.....	12
<i>norethindrone ac-eth estradiol</i>	129, 137, 144	<i>olopatadine</i>	100	PEGASYS PROCLICK.....	12
<i>norethindrone-e.estradiol-iron</i>	129	<i>omega-3 acid ethyl esters</i>	49	<i>peg-electrolyte soln</i>	108
<i>norgestimate-ethinyl estradiol</i>	129, 130	<i>omeprazole</i>	112	PEGINTRON.....	12
<i>norgestrel-ethinyl estradiol</i>	130	<i>ondansetron</i>	106	PEN NEEDLE.....	92
NORLYDA.....	130	<i>ondansetron hcl</i>	105, 106	<i>pen needle, diabetic</i>	92
NORTREL 0.5/35 (28).....	130	<i>ondansetron hcl (pf)</i>	105	<i>penicillamine</i>	112, 153
NORTREL 1/35 (21).....	130	ONGLYZA.....	136	<i>penicillin v potassium</i>	13
NORTREL 1/35 (28).....	130	OPCICON ONE-STEP.....	131	PENTACEL (PF).....	28
NORTREL 7/7/7 (28).....	130	OPSUMIT.....	66, 168	PENTACEL ACTHIB COMPONENT (PF).....	28
<i>nortriptyline</i>	91	OPTICHAMBER DIAMOND VHC.....	92	PENTACEL DTAP-IPV COMPNT (PF).....	28
NORVIR.....	12	OPTICHAMBER DIAMOND- MED MSK.....	92	PENTASA.....	107
NOVOEIGHT.....	41	OPTION-2.....	131	<i>pentazocine-naloxone</i>	85
NOVOLIN 70/30 U-100 INSULIN	140, 142, 145	ORENCIA.....	153, 157	<i>pentoxifylline</i>	40
NOVOLIN N NPH U-100 INSULIN.....	140, 142	ORENCIA (WITH MALTOSE)	152, 156	PERFOROMIST.....	37, 167
NOVOLIN R REGULAR U-100 INSULN.....	140, 145	ORENCIA CLICKJECT.....	152, 156	<i>perindopril erbumine</i>	48
NOVOLOG FLEXPEN U-100 INSULIN.....	140, 145	ORENITRAM.....	67, 168	PERIOGARD.....	103
NOVOLOG MIX 70-30 U-100 INSULN.....	141, 142, 145	ORFADIN.....	160	<i>permethrin</i>	178
NOVOLOG MIX 70-30FLEXPEN U-100.....	141, 142, 145	ORLISSA.....	116	<i>perphenazine</i>	86
NOVOLOG PENFILL U-100 INSULIN.....	141, 145	ORKAMBI.....	162, 163	PERTZYE.....	109
NOVOLOG U-100 INSULIN ASPART.....	141, 145	<i>orphenadrine citrate</i>	38	PHENADOZ.....	3, 75
NOVOSEVEN RT.....	41	ORSYTHIA.....	131	<i>phenazopyridine</i>	173
NOXAFIL.....	8	<i>oseltamivir</i>	13	<i>phenelzine</i>	81
		OSMOPREP.....	108	<i>phenobarbital</i>	77, 78
		OSPHENA.....	136	<i>phenoxybenzamine</i>	35, 61
		OTEZLA.....	153, 157, 180	<i>phentermine</i>	68
		OTEZLA STARTER.....	153, 157, 181	<i>phenylephrine hcl</i>	105
				PHENYTEK.....	56, 81
				<i>phenytoin</i>	56, 81
				<i>phenytoin sodium extended</i>	56, 81

PHILITH.....	131	PRENATAL PLUS (CALCIUM	48
PHOSLYRA.....	95	CARB).....	43, 97, 183, 184
PHOSPHA 250 NEUTRAL.....	94	PRENATAL VITAMIN PLUS	48, 49, 64, 98
PHOSPHOLINE IODIDE.....	105	LOW IRON.....	43, 97, 183, 184
PHOSPHOROUS.....	94	PREPLUS.....	43, 97, 183, 184
PHOSPHO-TRIN 250 NEUTRAL..	94	PREPOPIK.....	108
PICATO.....	19, 181	PRETAB.....	43, 97, 183, 184
PIFELTRO.....	10	PREVACID.....	112
<i>pilocarpine hcl</i>	36, 105	PREVIFEM.....	131
<i>pimecrolimus</i>	159, 181	PREVNAR 13 (PF).....	29
<i>pimozide</i>	75	PREZCOBIX.....	12, 160
PIMTREA (28).....	131	PREZISTA.....	12
<i>pindolol</i>	35, 50, 57, 61	PRIFTIN.....	8, 15
<i>pioglitazone</i>	147	<i>primaquine</i>	7
<i>pioglitazone-metformin</i>	116, 147	<i>primidone</i>	77
PIQRAY.....	19	PRIVIGEN.....	22
PIRMELLA.....	131	PRO COMFORT SPACER-	
<i>piroxicam</i>	86	ADULT MASK.....	93
PLEGRIDY.....	157	PRO COMFORT SPACER-	
PNEUMOVAX 23.....	28	CHILD MASK.....	93
PNV-DHA.....	43, 183, 184	PROAIR HFA.....	37, 167
POCKET CHAMBER.....	93	PROAIR RESPICLICK.....	37, 167
<i>podofilox</i>	181	<i>probenecid</i>	99, 149
<i>polyethylene glycol 3350</i>	108	<i>probenecid-colchicine</i>	99, 149
<i>polymyxin b sulf-trimethoprim</i>	101	PROCHAMBER.....	93
POMALYST.....	19, 157	<i>prochlorperazine</i>	86, 106
PORTIA 28.....	131	<i>prochlorperazine maleate</i>	86, 106
<i>potassium chloride</i>	97	PROCRIT.....	40
<i>potassium citrate</i>	94	PROCTO-MED HC.....	172, 176
<i>potassium citrate-citric acid</i>	94	PROCTO-PAK.....	172, 176
PRADAXA.....	39	PROCTOSOL HC.....	172, 176
PRALUENT PEN.....	63	PROCTOZONE-HC.....	172, 176
<i>pramipexole</i>	81, 82	PROFILNINE.....	42
<i>prasugrel</i>	44	<i>progesterone</i>	144
<i>pravastatin</i>	60	<i>progesterone micronized</i>	144
<i>praziquantel</i>	6	PROLASTIN-C.....	166
<i>prazosin</i>	35, 45	PROLENSA.....	104
PRECISION XTRA B-KETONE...	93	PROLIA.....	150
PRECISION XTRA MONITOR....	93	PROMACTA.....	40
PRECISION XTRA TEST.....	94	<i>promethazine</i>	3, 75, 163
PRED MILD.....	103	<i>promethazine-codeine</i>	84, 162, 163
<i>prednicarbate</i>	172, 176	<i>promethazine-dm</i>	3, 162, 163
<i>prednisolone</i>	114	<i>promethazine-phenylephrine</i>	3, 31, 163
<i>prednisolone acetate</i>	103	PROMETHEGAN.....	3, 75
<i>prednisolone sodium phosphate</i>		<i>propafenone</i>	56
.....	103, 114	<i>proparacaine</i>	105
<i>prednisone</i>	114	<i>propranolol</i>	35, 50, 51, 57, 62, 74
PREDNISONONE INTENSOL.....	114	<i>propylthiouracil</i>	116
PREFEST.....	137	PROQUAD (PF).....	29
<i>pregabalin</i>	69, 71, 80	<i>protriptyline</i>	91
PREMARIN.....	137	PROVENTIL HFA.....	37, 168
PREMPHASE.....	137	PULMICORT FLEXHALER	114, 165
PREMPRO.....	137	PULMOZYME.....	99, 164
PRENATABS FA.....	43, 97, 183, 184	<i>pyridostigmine bromide</i>	36
PRENATABS RX.....	43, 97, 183, 184	QBREXZA.....	32, 181
PRENATAL.....	43, 183, 184	QUADRACEL (PF).....	29
		<i>quetiapine</i>	72, 76
		<i>quinapril</i>	48
		<i>quinapril-hydrochlorothiazide</i>	48, 49, 64, 98
		.....	48, 49, 64, 98
		<i>quinidine gluconate</i>	7, 56
		<i>quinidine sulfate</i>	7, 56
		<i>quinine sulfate</i>	7
		QVAR REDIHALER.....	114, 165
		RABAVERT (PF).....	29
		<i>rabeprazole</i>	112
		<i>raloxifene</i>	136, 150
		<i>ramelteon</i>	75
		<i>ramipril</i>	48, 49
		RANEXA.....	55
		<i>ranitidine hcl</i>	111
		<i>ranolazine</i>	55
		RAPAMUNE.....	159
		<i>rasagiline</i>	81
		REBIF (WITH ALBUMIN).....	157
		REBIF REBIDOSE.....	157
		REBIF TITRATION PACK.....	157
		RECLIPSEN (28).....	131
		RECOMBINATE.....	42
		RECOMBIVAX HB (PF).....	29
		RECTIV.....	181
		REGANEX.....	174, 181
		RELENZA DISKHALER.....	13
		REMICADE... 110, 153, 157, 160, 181	
		REMODULIN.....	67, 168
		RENAGEL.....	95, 148
		RENAL CAPS.....	184, 185
		RENFLEXIS.....	110, 153, 157, 181
		RENO CAPS.....	184, 185
		<i>repaglinide</i>	142
		<i>repaglinide-metformin</i>	117, 142
		REPATHA PUSHTRONEX.....	63
		REPATHA SURECLICK.....	63
		REPATHA SYRINGE.....	63
		RESCRIPTOR.....	10
		RESTASIS.....	104
		RESTASIS MULTIDOSE.....	104
		REVCIVI.....	99
		REVLIMID.....	19, 157
		REXULTI.....	76
		REYATAZ.....	12
		RHOGAM ULTRA-FILTERED	
		PLUS.....	22
		RIASTAP.....	42
		<i>ribavirin</i>	14
		RIDAURA.....	112, 153, 157
		<i>rifabutin</i>	8, 15
		RIFAMATE.....	8, 15
		<i>rifampin</i>	8, 15
		RIFATER.....	8, 15
		<i>riluzole</i>	80
		<i>rimantadine</i>	5
		RINVOQ ER.....	153, 157
		<i>risedronate</i>	150

RISPERDAL CONSTA.....	72, 76	<i>spinosad</i>	178	TARCEVA.....	20
<i>risperidone</i>	72, 73, 77	SPIRIVA RESPIMAT.....	32, 161	TARGRETIN.....	20, 181
RITEFLO AEROCHAMBER.....	93	SPIRIVA WITH HANDIHALER		TARINA FE 1/20 (28).....	132
<i>ritonavir</i>	12	.....	32, 161	TARINA FE 1-20 EQ (28).....	132
RITUXAN.....	19	<i>spironolactone</i>	62, 63, 96	TASIGNA.....	20
<i>rivastigmine</i>	36	<i>spironolacton-hydrochlorothiaz</i>		TAVALLISSE.....	38
<i>rivastigmine tartrate</i>	36	.....	62, 63, 64, 96, 98	<i>tazarotene</i>	181
RIVELSA.....	132	SPRINTEC (28).....	132	TAZORAC.....	181
RIXUBIS.....	42	SPRYCEL.....	20	TDVAX.....	23
<i>rizatriptan</i>	89	SPS (WITH SORBITOL).....	96, 149	TECFIDERA.....	158
<i>ropinirole</i>	82	SRONYX.....	132	TEKTURNA.....	63
ROSANIL.....	177	SSD.....	177	<i>telmisartan</i>	46, 47
<i>rosuvastatin</i>	61	<i>stavudine</i>	11	<i>telmisartan-amlodipine</i>	
ROZEREM.....	75	STELARA.....	153, 158, 181	.....	46, 47, 53, 59, 67
ROZLYTREK.....	19	STIMATE.....	42, 143	<i>telmisartan-hydrochlorothiazid</i>	
RUBRACA.....	19	STIOLTO RESPIMAT.....	32, 37	.....	46, 47, 65, 98
RUZURGI.....	160	STIVARGA.....	20	<i>temazepam</i>	79
RYDAPT.....	19	STRIBILD.....	10, 11	<i>temozolomide</i>	20
SABRIL.....	71	<i>sucralfate</i>	111	TENIVAC (PF).....	23
SAMSCA.....	99	<i>sulfacetamide sodium</i>	101	<i>tenofovir disoproxil fumarate</i>	11
SANDIMMUNE.....	153, 157, 159	<i>sulfacetamide sodium (acne)</i>	177	<i>terazosin</i>	35, 45, 62
SANTYL.....	181	<i>sulfacetamide sodium-sulfur</i>	177	<i>terbinafine hcl</i>	5
SAPHRIS.....	73, 77	<i>sulfadiazine</i>	15	<i>terbutaline</i>	37, 168
SAVELLA.....	81, 88, 89	<i>sulfamethoxazole-trimethoprim</i>	15	<i>terconazole</i>	173
<i>scopolamine base</i>	106	<i>sulfasalazine</i>	15, 107, 153, 158	<i>testosterone</i>	115
<i>selegiline hcl</i>	81	SULFATRIM.....	15	<i>testosterone cypionate</i>	115
<i>selenium sulfide</i>	177	<i>sulindac</i>	86	<i>tetanus, diphtheria tox ped(pf)</i>	23
SELZENTRY.....	9	<i>sumatriptan</i>	89	<i>tetrabenazine</i>	80, 91
SEREVENT DISKUS.....	37, 168	<i>sumatriptan succinate</i>	89	<i>tetracaine hcl</i>	105
<i>sertraline</i>	90	SUPRAX.....	5	<i>tetracaine hcl (pf)</i>	105
SETLAKIN.....	132	SUPREP BOWEL PREP KIT.....	108	<i>tetracycline</i>	15
<i>sevelamer carbonate</i>	96, 149	SUTENT.....	20	THALOMID.....	158
<i>sevelamer hcl</i>	96, 149	SYEDA.....	132	THEO-24.....	60, 95, 169, 182
SHAROBEL.....	132	SYLATRON.....	12, 20	THEOCHRON.....	60, 95, 169, 182
SHINGRIX (PF).....	29	SYMBICORT.....	37, 115, 165, 168	<i>theophylline</i>	60, 95, 169, 182
SIGNIFOR.....	146	SYMDEKO.....	162, 163	<i>thioridazine</i>	86
<i>sildenafil (pulm.hypertension)</i>	63, 168	SYMFI.....	10, 11	<i>thiothixene</i>	90
SILIQ.....	181	SYMFI LO.....	10, 11	THYROGEN.....	94
<i>silodosin</i>	36	SYMLINPEN 120.....	115	THYROLAR-1.....	147
<i>silver sulfadiazine</i>	177	SYMLINPEN 60.....	115	THYROLAR-1/2.....	147
SIMPONI.....	111, 153, 157, 158	SYMPROIC.....	111	THYROLAR-1/4.....	147
SIMPONI ARIA.....	111, 153, 157	SYMTOZA.....	11, 12, 14, 160	THYROLAR-2.....	147
<i>simvastatin</i>	61	SYNAGIS.....	13	THYROLAR-3.....	147
<i>sirolimus</i>	159	SYNJARDY.....	117, 146	<i>tiagabine</i>	71
SIRTURO.....	8	SYNJARDY XR.....	117, 146	TILIA FE.....	133
SKLICE.....	178	SYNTHROID.....	147	<i>timolol maleate</i>	
SKYRIZI.....	181	TABLOID.....	20	.....	35, 50, 51, 57, 62, 74, 102
<i>sodium chloride</i>	93, 97	<i>tacrolimus</i>	160, 181	<i>tinidazole</i>	7
<i>sodium phenylbutyrate</i>	95	<i>tadalafil</i>	63	TIROSINT.....	148
<i>sodium polystyrene sulfonate</i>	96, 149	<i>tadalafil (pulm. hypertension)</i>	63, 168	TIVICAY.....	10
<i>solifenacin</i>	182	TAFINLAR.....	20	<i>tizanidine</i>	34
SOLU-CORTEF ACT-O-VIAL		TAGRISSO.....	20	TOBRADEX.....	101, 103
(PF).....	114	TAKE ACTION.....	132	<i>tobramycin</i>	101
SOLU-MEDROL.....	114	TAKHZYRO.....	150	<i>tobramycin in 0.225 % nacl</i>	5
SOMATULINE DEPOT.....	146	TALZENNA.....	20	<i>tobramycin-dexamethasone</i>	101, 103
SOMAVERT.....	146	<i>tamoxifen</i>	20, 136	TOBEX.....	101
<i>sotalol</i>	35, 50, 51, 57, 62	<i>tamsulosin</i>	36	<i>tolcapone</i>	79

<i>tolmetin</i>	86	<i>tropicamide</i>	105	VIIBRYD.....	90
<i>tolterodine</i>	182	<i>trospium</i>	182	VIMPAT.....	71
<i>topiramate</i>	71	TRULICITY.....	139	VINATE ONE.....	43, 97, 183, 184
<i>toremifene</i>	20, 136	TRUMENBA.....	29	VIORELE (28).....	134
<i>torseamide</i>	62, 95	TRUVADA.....	11	VIRACEPT.....	12
TOUJEO MAX U-300		TULANA.....	134	VIREAD.....	11
SOLOSTAR.....	141, 142	TURALIO.....	20	VIRT-PHOS 250 NEUTRAL.....	94
TOUJEO SOLOSTAR U-300		TWINRIX (PF).....	29	VIRUSSIN AC.....	84, 162, 163
INSULIN.....	141, 142	TYBOST.....	160	VIRUSSIN DAC	
TRACLEER.....	67, 168	TYDEMY.....	134	.....	31, 84, 161, 162, 163
TRADJENTA.....	136	TYKERB.....	20	VITAMIN D2.....	185
<i>tramadol</i>	84	TYMLOS.....	142, 143, 149	VITRAKVI.....	21
<i>tramadol-acetaminophen</i>	69, 74, 84	TYPHIM VI.....	30	VIVITROL.....	84, 148
<i>trandolapril</i>	48, 49	TYSABRI.....	158	VIVOTIF.....	30
<i>tranexamic acid</i>	42	TYVASO.....	67, 168	VIZIMPRO.....	21
TRANSDERM-SCOP.....	106	TYVASO REFILL KIT.....	67, 168	<i>voriconazole</i>	8
<i>tranylcypromine</i>	81	TYVASO STARTER KIT.....	67, 169	VORTEX HOLDING CHAMBER.....	93
TRAVATAN Z.....	105	ULESFIA.....	177, 178	VORTEX VHC FROG MASK-	
<i>trazodone</i>	90	ULTILET INSULIN SYRINGE.....	93	CHILD.....	93
TRELEGY ELLIPTA		ULTOMIRIS.....	150	VOTRIENT.....	21
.....	32, 38, 115, 161, 165, 168	ULTRA COMFORT INSULIN		VPRIV.....	99
TREMFYA.....	181	SYRINGE.....	93	VYFEMLA (28).....	135
<i>tretinoin</i>	174	UNITHROID.....	148	VYLIBRA.....	135
<i>tretinoin (chemotherapy)</i>	20	UPTRAVI.....	67, 169	VYNDAMAX.....	55
TRETTEN.....	42	<i>ursodiol</i>	108, 109	VYNDAQEL.....	55
TREXALL.....	20, 153, 158, 160	<i>valacyclovir</i>	14	VYVANSE.....	68
TRI FEMYNOR.....	133	<i>valganciclovir</i>	14	<i>warfarin</i>	38
<i>triamcinolone acetonide</i>		<i>valproic acid</i>	71, 73, 75	<i>warfarin (bulk)</i>	38
.....	172, 173, 176, 177	<i>valsartan</i>	46, 47	WELLBUTRIN SR.....	71
<i>triamterene</i>	63, 96	<i>valsartan-hydrochlorothiazide</i>		WERA (28).....	135
<i>triamterene-hydrochlorothiazid</i>		.....	46, 47, 65, 98	WESTHROID.....	148
.....	63, 65, 96, 98	<i>vancomycin</i>	9	WILATE.....	42
<i>triazolam</i>	79	VAQTA (PF).....	30	WIXELA INHUB.....	38, 115, 165, 168
<i>trientine</i>	112	VARIVAX (PF).....	30	WP THYROID.....	148
TRI-ESTARYLLA.....	133	VARIZIG.....	22	WYMZYA FE.....	135
<i>trifluoperazine</i>	86	VAXCHORA ACTIVE		XALKORI.....	21
<i>trifluridine</i>	101	COMPONENT.....	30	XARELTO.....	39
<i>trihexyphenidyl</i>	32, 69	VAXCHORA VACCINE.....	30	XELJANZ.....	153, 158
TRI-LEGEST FE.....	133	VELETRI.....	67, 169	XELJANZ XR.....	154, 158
TRI-LINYAH.....	133	VELIVET TRIPHASIC		XEMBIFY.....	22
TRI-LO-ESTARYLLA.....	133	REGIMEN (28).....	134	XENICAL.....	111
TRI-LO-MARZIA.....	133	VELPHORO.....	96	XERMELO.....	106
TRI-LO-SPRINTEC.....	133	VELTASSA.....	96	XGEVA.....	150
TRILYTE WITH FLAVOR		VENCLEXTA.....	20	XIFAXAN.....	15
PACKETS.....	108	VENCLEXTA STARTING PACK.....	21	XIGDUO XR.....	117, 146
<i>trimethobenzamide</i>	106	<i>venlafaxine</i>	89	XIIDRA.....	104
<i>trimethoprim</i>	16	VENTAVIS.....	67, 169	XOFLUZA.....	8
TRI-MILI.....	133	VENTOLIN HFA.....	38, 168	XOLAIR.....	166
<i>trimipramine</i>	91	<i>verapamil</i>	52, 53, 54, 58, 67	XOSPATA.....	21
TRINATAL RX 1.....	43, 97, 183, 184	VEREGEN.....	181	XTANDI.....	21
TRIPHROCAPS.....	184, 185	VERSACLOZ.....	77	XULANE.....	135
TRI-PREVIFEM (28).....	134	VERZENIO.....	21	XYNTHA.....	42
TRI-SPRINTEC (28).....	134	VICTOZA 2-PAK.....	139	XYNTHA SOLOFUSE.....	42
TRIUMEQ.....	10, 11	VIDEX 2 GRAM PEDIATRIC.....	11	XYREM.....	80
TRIVORA (28).....	134	VIENVA.....	134	YF-VAX (PF).....	30
TRI-VYLIBRA.....	134	<i>vigabatrin</i>	71	YUVAFEM.....	137
TRI-VYLIBRA LO.....	134	VIGADRONE.....	71	<i>zafirlukast</i>	164

<i>zaleplon</i>	75
ZANAFLEX.....	34
ZARAH.....	135
ZARXIO.....	40
ZEJULA.....	21
ZELBORAF.....	21
ZEMAIRA.....	166
ZENATANE.....	181
ZENPEP.....	109
ZEPATIER.....	9
<i>zidovudine</i>	11
<i>zileuton</i>	164
ZIOPTAN (PF).....	105
<i>ziprasidone hcl</i>	73, 77
ZIRGAN.....	101
ZOLINZA.....	21
<i>zolmitriptan</i>	89
ZOLOFT.....	90
<i>zolpidem</i>	75
<i>zonisamide</i>	71
ZONTIVITY.....	44
ZORTRESS.....	160
ZOSTAVAX (PF).....	31
ZOVIA 1/35E (28).....	135
ZYDELIG.....	21
ZYTIGA.....	21