

CareFirst Formulary 4

Federal Employees Health Benefits Program

List of Covered Drugs

2024

PLEASE READ: This document contains information about the drugs we cover in this plan. This formulary is for members of the federal employees health benefits program.

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit carefirst.com/fedhmo.

Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of five drug tiers which determines the price you pay.

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

You may search the formulary for a drug by pressing “CTRL” and “F” at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain

drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.

- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at carefirst.com/myaccount and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

Tier 0: \$0 Drugs	<ul style="list-style-type: none"> ■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs \$	<ul style="list-style-type: none"> ■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Brand Drugs \$\$	<ul style="list-style-type: none"> ■ Brand-name drugs are chosen for their cost effectiveness compared to drug alternatives. ■ Your cost-share will be more than generics.
Tier 3: Generic Specialty Drugs \$\$\$	<ul style="list-style-type: none"> ■ Generic specialty drugs are medications that may be used to treat complex and/or rare health conditions. ■ Generic specialty drugs may have a lower cost-share than brand specialty drugs.
Tier 4: Brand Specialty Drugs \$\$\$\$	<ul style="list-style-type: none"> ■ Brand specialty drugs are medications that may be used to treat complex and/or rare health conditions. ■ Your cost-share will be more than generic specialty drugs.

Drug Name **Drug Tier** **Requirements/Limits**
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

AMPHETAMINES

<i>amphetamine sulfate tab 5 mg</i>	1	QL (150 tabs every 30 days)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (150 tabs every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (120 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (120 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (120 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (120 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (120 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (120 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (150 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (150 caps every 30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1440 mL every 30 days)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (150 tabs every 30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (150 tabs every 30 days)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	QL (150 tabs every 30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	QL (150 tabs every 30 days)
<i>dextroamphetamine sulfate tab 15 mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	QL (30 tabs every 30 days)
<i>methamphetamine hcl tab 5 mg</i>	1	QL (180 tabs every 30 days)

ANALEPTICS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
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ANOREXIANTS NON-AMPHETAMINE

<i>benzphetamine hcl tab 50 mg</i>	1	PA, QL (90 tabs per 28 days); Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab 25 mg</i>	1	PA, QL (90 tabs per 28 days); Coverage is subject to your plan/benefits
<i>diethylpropion hcl tab er 24hr 75 mg</i>	1	PA, QL (30 tabs per 28 days); Coverage is subject to your plan/benefits
<i>phendimetrazine tartrate tab 35 mg</i>	1	PA, QL (180 tabs per 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl cap 15 mg</i>	1	PA, QL (60 caps per 28 days); Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>phentermine hcl cap 30 mg</i>	1	PA, QL (30 caps per 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl cap 37.5 mg</i>	1	PA, QL (30 units per 28 days); Coverage is subject to your plan/benefits
<i>phentermine hcl tab 37.5 mg</i>	1	PA, QL (30 units per 28 days); Coverage is subject to your plan/benefits
ANTI-OBESITY AGENTS		
<i>orlistat cap 120 mg</i>	1	PA, QL (90 caps per 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.5MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.25MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
ANTIOBESITY AGENTS, ORAL		
<i>benzphetamine hcl tab 25 mg</i>	1	PA, QL (90 tabs per 28 days)
PHENDIMETRAZ CAP 105MG ER	1	PA, QL (30 caps per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (150 caps every 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (150 caps every 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (150 caps every 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps every 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps every 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps every 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps every 30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>armodafinil tab 150 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 200 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>armodafinil tab 250 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (150 tabs every 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (150 tabs every 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (210 tabs every 30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (210 tabs every 30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (210 tabs every 30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (2160 mL every 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (1080 mL every 30 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (210 tabs every 30 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (210 tabs every 30 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (120 tabs every 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (120 tabs every 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (120 tabs every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (60 tabs every 30 days); MNPA
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (30 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs every 30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (30 tabs every 30 days)
<i>methylphenidate td patch 10 mg/9hr</i>	1	
<i>methylphenidate td patch 15 mg/9hr</i>	1	
<i>methylphenidate td patch 20 mg/9hr</i>	1	
<i>methylphenidate td patch 30 mg/9hr</i>	1	
<i>modafinil tab 100 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>modafinil tab 200 mg</i>	1	PA, QL (60 tabs every 30 days)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC**ALLERGENIC EXTRACTS**

ORALAIR SUB 300 IR	2	PA
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AMINOGLYCOSIDES**AMINOGLYCOSIDES**

ARIKAYCE SUS	4	PA
<i>neomycin sulfate tab 500 mg</i>	1	
<i>paromomycin sulfate cap 250 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	3	PA, QL (56 AMPULES PER 28 DAYS)
<i>tobramycin nebu soln 300 mg/5ml</i>	3	PA, QL (56 AMPULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 pens per 28 days); LOADING DOSE: 8 pens per 14 days. Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days. Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HADLIMA INJ 40/0.4ML	4	PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days
HADLIMA INJ 40/0.8ML	4	PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days
HADLIMA PUSH INJ 40/0.8ML	4	PA, QL (4 pens per 28 days); LOADING DOSE: 8 pens per 14 days
HYRIMOZ	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days. Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 10/0.1ML	4	PA, QL (2 syringes per 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 20/0.2ML	4	PA, QL (4 syringes per 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 pens per 28 days); LOADING DOSE: 8 pens per 14 days. Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days. Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.4ML	4	PA, QL (4 syringes/pens per 28 days)
HYRIMOZ INJ 40/0.8ML	4	PA, QL (4 pen autoinjectors per 28 days)
HYRIMOZ INJ 40/0.8ML	4	PA, QL (4 syringes per 28 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 80/0.8ML	4	PA, QL (2 pens PER 28 days); LOADING DOSE: 4 pens per 14 days. Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PED INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 2 syringes per 28 days. Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PED INJ CROHNS	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days. Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days. Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 45MG ER	4	PA, QL (NOT FOR DAILY USE); referred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 84 tablets per 84 days

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOL 1MG/ML	4	PA, QL (240ML PER 24 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 5MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TAB 11MG	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	4	PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	4	
KEVZARA INJ 150/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14	4	PA, QL (2 SYRINGES PER 4 WEEKS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg</i>	1
<i>celecoxib cap 100 mg</i>	1
<i>celecoxib cap 200 mg</i>	1
<i>celecoxib cap 400 mg</i>	1
<i>diclofenac potassium tab 50 mg</i>	1
<i>diclofenac sod dr tab 75 mg & capsaicin cr 0.025% ther pack</i>	1
<i>diclofenac sodium tab delayed release 25 mg</i>	1
<i>diclofenac sodium tab delayed release 50 mg</i>	1
<i>diclofenac sodium tab delayed release 75 mg</i>	1
<i>diclofenac sodium tab er 24hr 100 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1
<i>etodolac cap 200 mg</i>	1
<i>etodolac cap 300 mg</i>	1
<i>etodolac tab 400 mg</i>	1
<i>etodolac tab 500 mg</i>	1
<i>etodolac tab er 24hr 400 mg</i>	1
<i>etodolac tab er 24hr 500 mg</i>	1
<i>etodolac tab er 24hr 600 mg</i>	1
<i>flurbiprofen tab 50 mg</i>	1
<i>flurbiprofen tab 100 mg</i>	1
<i>ibuprofen tab 400 mg</i>	1

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>ketoprofen cap 50 mg</i>	1	
<i>ketoprofen cap 75 mg</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<i>tolmetin sodium tab 600 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	4	PA, QL (55 TABLETS PER 28 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
OTEZLA TAB 30MG	4	PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	4	PA, QL (4.5 injections every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 50/0.4ML	4	PA, QL (11.25 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 87.5/0.7	4	PA, QL (6.429 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 125MG/ML	4	PA, QL (4.5 injections every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	4	PA, QL (8 SYRINGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	4	
ENBREL INJ 50MG/ML	4	PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 SYRINGES PER 28 DAYS
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 CARTRIDGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 CARTRIDGES PER 28 DAYS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 INJ PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 INJECTORS PER 28 DAYS

ANALGESICS - NONNARCOTIC**ANALGESIC COMBINATIONS**

<i>butalbital-acetaminophen tab 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1	QL (60 caps every 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1	QL (60 caps every 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	

SALICYLATES

<i>diflunisal tab 500 mg</i>	1	
<i>salsalate tab 500 mg</i>	1	
<i>salsalate tab 750 mg</i>	1	

ANALGESICS - OPIOID**OPIOID AGONISTS**

CODEINE SULF TAB 15MG	3	PA, QL (42 tabs every 30 days)
CODEINE SULF TAB 60MG	3	PA, QL (42 tabs every 30 days)
<i>codeine sulfate tab 30 mg</i>	1	PA, QL (42 tabs every 30 days)
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	1	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	1	PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	PA, QL (10 patches every 25 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	PA, QL (10 patches every 30 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	PA, QL (10 patches every 30 days)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	1	PA, QL (60 caps every 30 days)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	1	PA, QL (60 caps every 30 days)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	1	PA, QL (60 caps every 30 days)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	1	PA, QL (60 caps every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	1	PA, QL (60 caps every 30 days)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA, QL (60 caps every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (16 mL per day)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (4 tabs per day)
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA
<i>levorphanol tartrate tab 2 mg</i>	1	PA, QL (120 tabs every 30 days)
<i>levorphanol tartrate tab 3 mg</i>	1	
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA
<i>meperidine hcl tab 50 mg</i>	1	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (1.5 mL per day)
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QL (60 mL every 30 days)
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (450 mL every 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (7.5 mL per day)
<i>methadone hcl tab 5 mg</i>	1	PA, QL (90 tabs every 30 days)
<i>methadone hcl tab 10 mg</i>	1	PA, QL (1 tab per day)
<i>methadone hcl tab for oral susp 40 mg</i>	1	
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (30 caps every 30 days)
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (900 mL every 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	PA, QL (675 mL every 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 27 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (135 mL every 30 days)
<i>morphine sulfate suppos 5 mg</i>	1	PA, QL (180 supp every 30 days)
<i>morphine sulfate suppos 10 mg</i>	1	PA, QL (180 supp every 30 days)
<i>morphine sulfate suppos 20 mg</i>	1	PA, QL (120 supp every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate suppos 30 mg</i>	1	PA, QL (90 supp every 30 days)
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (90 tabs every 30 days)
<i>morphine sulfate tab er 60 mg</i>	1	PA
<i>morphine sulfate tab er 100 mg</i>	1	PA
<i>morphine sulfate tab er 200 mg</i>	1	PA
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (180 caps every 25 days)
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (180 caps every 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (90 mL every 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (900 mL every 30 days)
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (120 tabs every 30 days)
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (90 tabs every 30 days)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	1	PA, QL (60 tabs every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (120 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (60 tabs every 30 days)
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (90 tabs every 30 days)
<i>tramadol hcl oral soln 5 mg/ml</i>	1	
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (30 tabs every 30 days)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA
XTAMPZA ER CAP 9MG	2	PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	2	PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 18MG	2	PA, QL (60 caps every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 27MG	2	PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	2	PA, QL (60 caps every 30 days)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	PA, QL (2700 mL every 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	PA, QL (390 tabs every 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	PA, QL (300 caps every 30 days)
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i>	1	PA, QL (300 tabs every 30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	PA, QL (2700 mL every 30 days)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	PA, QL (2700 mL every 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	PA, QL (240 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	PA, QL (240 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	PA, QL (180 tabs every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	PA, QL (150 tabs every 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	PA, QL (150 tabs every 30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	PA, QL (150 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	PA, QL (240 tabs every 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	PA, QL (240 tabs every 30 days)

OPIOID PARTIAL AGONISTS

BELBUCA MIS 75MCG	2	PA, QL (60 films every 30 days)
BELBUCA MIS 150MCG	2	PA, QL (60 films every 30 days)
BELBUCA MIS 300MCG	2	PA, QL (60 films every 30 days)
BELBUCA MIS 450MCG	2	PA, QL (60 films every 30 days)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
<i>buprenorphine hcl buccal film 75 mcg (base equivalent)</i>	1	PA, QL (60 films every 30 days)
<i>buprenorphine hcl buccal film 150 mcg (base equivalent)</i>	1	PA, QL (60 films every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl buccal film 300 mcg (base equivalent)</i>	1	PA, QL (60 films every 30 days)
<i>buprenorphine hcl buccal film 450 mcg (base equivalent)</i>	1	PA, QL (60 films every 30 days)
<i>buprenorphine hcl buccal film 600 mcg (base equivalent)</i>	1	PA
<i>buprenorphine hcl buccal film 750 mcg (base equivalent)</i>	1	PA
<i>buprenorphine hcl buccal film 900 mcg (base equivalent)</i>	1	PA
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	0	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	0	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA, QL (4 patches every 30 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QL (2.4 bottles every 30 days)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
<i>oxandrolone tab 2.5 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	
ANDROGENS		
<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>methyltestosterone cap 10 mg</i>	1	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	3	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	3	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
<i>budesonide rectal foam 2 mg/act</i>	1	
<i>hydrocortisone enema 100 mg/60ml</i>	1	
RECTAL COMBINATIONS		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	1	
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-1%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%</i>	1	
RECTAL STEROIDS		
<i>hydrocortisone acetate suppos 25 mg</i>	1	
<i>hydrocortisone acetate suppos 30 mg</i>	1	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg</i>	1	QL (336 tabs every year)
EMVERM CHW 100MG	2	QL (12 ea every year)
<i>ivermectin tab 3 mg</i>	1	PA, QL (9 tabs every 90 days)
<i>praziquantel tab 600 mg</i>	1	QL (24 tabs every year)
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg</i>	1	
<i>methenamine-hyosc-meth blue-benz acid-phenyl sal tab 81.6mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg</i>	1	
<i>methenamine-hyosc-meth blue-sod phos-phen sal cap 120 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg</i>	1	
<i>methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	QL (80 caps every 10 days)
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	3	QL (450 mL every 10 days)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	PA
<i>linezolid tab 600 mg</i>	1	PA
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	

ANTIANGINAL AGENTS**ANTIANGINALS-OTHER**

<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	

NITRATES

<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin cap er 2.5 mg</i>	1	
<i>nitroglycerin cap er 6.5 mg</i>	1	
<i>nitroglycerin cap er 9 mg</i>	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
ANTIAXIETY AGENTS		
ANTIAXIETY AGENTS - MISC.		
<i>buspirone hcl tab 5 mg</i>	1	
<i>buspirone hcl tab 7.5 mg</i>	1	
<i>buspirone hcl tab 10 mg</i>	1	
<i>buspirone hcl tab 15 mg</i>	1	
<i>buspirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
BENZODIAZEPINES		
<i>ALPRAZOLAM CON 1 MG/ML</i>	3	
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
<i>alprazolam tab er 24hr 2 mg</i>	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	

ANTIARRHYTHMICS**ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
NORPACE CAP 100MG CR	2	
NORPACE CAP 150MG CR	2	
<i>quinidine gluconate tab er 324 mg</i>	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	3	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	3	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	3	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (240 mL every 30 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT INJ 100/0.67	4	PA, QL (2 SYRINGES PER 28 DAYS)
DUPIXENT INJ 200/1.14	4	PA, QL (2 PFS PER 28 DAYS); LOADING DOSE: 2 PFS PER 14 DAYS
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 PENS PER 56 DAYS); LOADING DOSE: 3 PENS PER 84 DAYS
NUCALA INJ 40MG/0.4	4	PA, QL (1 SYRINGE PER 28 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 INJ PER 28 DAYS)
NUCALA INJ 100MG/ML	4	PA, QL (3 PFS PER 28 DAYS)
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (120 vials every 30 days)
SPIRIVA AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA CAP HANDHLR	2	QL (30 caps every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA SPR 2.5MCG	2	QL (1 package every 25 days)
YUPELRI SOL	2	QL (90 mL every 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
STEROID INHALANTS		
ARNUIITY ELPT INH 50MCG	2	QL (1 inhaler every 30 days)
ARNUIITY ELPT INH 100MCG	2	QL (30 blisters every 30 days)
ARNUIITY ELPT INH 200MCG	2	QL (30 blisters every 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (2 mL every 25 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (3 mL every 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (1 mL every 25 days)
QVAR REDIIHA AER 80MCG	2	QL (2 packages every 25 days)
QVAR REDIIHAL AER 40MCG	2	QL (2 packages every 25 days)
SYMPATHOMIMETICS		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 packages every 25 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (120 ea every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (60 mL every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (360 mL every 30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (120 mL every 30 days)
BEVESPI AER 9-4.8MCG	2	QL (0.093 inhalers every 30 days)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters every 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters every 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (0.098 inhalers every 30 days); Tier 2 with DAW9
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (0.098 inhalers every 30 days); Tier 2 with DAW9
DULERA AER 50-5MCG	1	QL (1 package every 25 days)
DULERA AER 100-5MCG	1	QL (1 package every 25 days)
DULERA AER 200-5MCG	1	QL (1 package every 25 days)
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	1	QL (60 blisters every 30 days)
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	1	QL (60 blisters every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	1	QL (1 inhaler every 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations every 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	1	QL (1 inhaler every 30 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	1	QL (1 inhaler every 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations every 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (60 mL every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (540 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL every 30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (90 ea every 30 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers every 30 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)
XANTHINES		
<i>theophylline elixir 80 mg/15ml</i>	1	
<i>theophylline elixir 80 mg/15ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

ANTICOAGULANTS**COUMARIN ANTICOAGULANTS**

<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	

DIRECT FACTOR XA INHIBITORS

XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	PA

THROMBIN INHIBITORS

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	

ANTICONVULSANTS**ANTICONVULSANTS - BENZODIAZEPINES**

<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
ANTICONVULSANTS - MISC.		
<i>carbamazepine cap er 12hr 100 mg</i>	1	
<i>carbamazepine cap er 12hr 200 mg</i>	1	
<i>carbamazepine cap er 12hr 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	1	
<i>carbamazepine tab er 12hr 200 mg</i>	1	
<i>carbamazepine tab er 12hr 400 mg</i>	1	
<i>gabapentin cap 100 mg</i>	1	QL (180 capsules per 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (180 capsules per 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (180 capsules per 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	QL (72 mL per day)
<i>gabapentin tab 600 mg</i>	1	QL (180 capsules per 30 days)
<i>gabapentin tab 800 mg</i>	1	QL (120 tablets per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide tab 50 mg</i>	1	
<i>lacosamide tab 100 mg</i>	1	
<i>lacosamide tab 150 mg</i>	1	
<i>lacosamide tab 200 mg</i>	1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	1	
<i>lamotrigine tab 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	1	
<i>lamotrigine tab er 24hr 50 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i>	1	
<i>lamotrigine tab er 24hr 200 mg</i>	1	
<i>lamotrigine tab er 24hr 250 mg</i>	1	
<i>lamotrigine tab er 24hr 300 mg</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	1	
<i>levetiracetam tab er 24hr 750 mg</i>	1	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg</i>	1	
<i>oxcarbazepine tab 600 mg</i>	1	
<i>pregabalin cap 25 mg</i>	1	QL (120 caps every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 50 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 75 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 100 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 150 mg</i>	1	QL (120 caps every 30 days)
<i>pregabalin cap 200 mg</i>	1	QL (90 caps every 30 days)
<i>pregabalin cap 225 mg</i>	1	QL (60 caps every 30 days)
<i>pregabalin cap 300 mg</i>	1	QL (60 caps every 30 days)
<i>pregabalin soln 20 mg/ml</i>	1	QL (1080 mL every 30 days)
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tab 200 mg</i>	1	
<i>rufinamide tab 400 mg</i>	1	
<i>topiramate cap er 24hr 25 mg</i>	1	
<i>topiramate cap er 24hr 50 mg</i>	1	
<i>topiramate cap er 24hr 100 mg</i>	1	
<i>topiramate cap er 24hr 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	3	PA, QL (180 PACKETS PER 30 DAYS)
<i>vigabatrin tab 500 mg</i>	3	PA, QL (180 TABLETS PER 30 DAYS)
HYDANTOINS		
<i>DILANTIN CAP 30MG</i>	3	
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
SUCCINIMIDES		
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>methsuximide cap 300 mg</i>	1	
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone hcl tab 40 mg</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	

ANTIDIABETICS**ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
<i>acarbose tab 100 mg</i>	1	
<i>miglitol tab 25 mg</i>	1	
<i>miglitol tab 50 mg</i>	1	
<i>miglitol tab 100 mg</i>	1	

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	2	ST
SYMLNPEN 120 INJ 1000MCG	2	ST

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	1	ST
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 25-15 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 25-30 mg</i>	1	ST
<i>alogliptin-pioglitazone tab 25-45 mg</i>	1	ST
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
JANUMET TAB 50-500MG	2	ST
JANUMET TAB 50-1000	2	ST
JANUMET XR TAB 50-500MG	2	ST
JANUMET XR TAB 50-1000	2	ST
JANUMET XR TAB 100-1000	2	ST
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
SOLIQUA INJ 100/33	2	ST, QL (10 pens every 30 days)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	
<i>metformin hcl tab 500 mg</i>	1	
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i>	1	
<i>metformin hcl tab er 24hr 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
<i>diazoxide susp 50 mg/ml</i>	1	
<i>glucagon (rdna) for inj kit 1 mg</i>	1	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	1	ST
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	1	ST
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	1	ST
JANUVIA TAB 25MG	2	ST
JANUVIA TAB 50MG	2	ST
JANUVIA TAB 100MG	2	ST
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 30 days)
OZEMPIC INJ 2/1.5ML	2	PA, QL (1 pen every 30 days); Starter Pen
OZEMPIC INJ 2MG/3ML	2	PA, QL (1 pen every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJ 4MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 25 days)
RYBELSUS TAB 3MG	2	PA, QL (30 tabs every 30 days)
RYBELSUS TAB 7MG	2	PA, QL (30 tabs every 30 days)
RYBELSUS TAB 14MG	2	PA, QL (30 tabs every 30 days)
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	PA, QL (4 pens every 30 days)
VICTOZA INJ 18MG/3ML	2	PA, QL (3 pens every 30 days)

INSULIN

BASAGLAR INJ 100UNIT	2	
BASAGLAR INJ TEMPO PN	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	
<i>nateglinide tab 120 mg</i>	1	
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	ST
FARXIGA TAB 10MG	2	ST
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
<i>glipizide tab 2.5 mg</i>	1	
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab 10 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
<i>glipizide tab er 24hr 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i>	1	
<i>glyburide micronized tab 1.5 mg</i>	1	
<i>glyburide micronized tab 3 mg</i>	1	
<i>glyburide micronized tab 6 mg</i>	1	
<i>glyburide tab 1.25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
<i>tolbutamide tab 500 mg</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<i>opium tincture 1% (10 mg/ml) (morphine equiv)</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox granules packet 90 mg</i>	3	PA
<i>deferasirox granules packet 180 mg</i>	3	PA
<i>deferasirox granules packet 360 mg</i>	3	PA
<i>deferasirox tab 90 mg</i>	3	PA
<i>deferasirox tab 180 mg</i>	3	PA
<i>deferasirox tab 360 mg</i>	3	PA
<i>deferasirox tab for oral susp 125 mg</i>	3	PA
<i>deferasirox tab for oral susp 250 mg</i>	3	PA
<i>deferasirox tab for oral susp 500 mg</i>	3	PA
<i>deferiprone tab 500 mg</i>	3	PA
<i>deferiprone tab 1000 mg</i>	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
<i>deferoxamine mesylate for inj 2 gm</i>	3	PA
VISTOGARD PAK 10GM	4	QL (20 PACKETS PER 5 DAYS)
OPIOID ANTAGONISTS		
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl tab 1 mg</i>	1	QL (12 tabs every 21 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QL (200 mL every 21 days)
<i>ondansetron hcl tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 ea every 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tab 50 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	
<i>dronabinol cap 5 mg</i>	1	
<i>dronabinol cap 10 mg</i>	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps every 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 ea every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 caps every 21 days)
ANTIFUNGALS		
ANTIFUNGALS		
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	1	PA
<i>voriconazole tab 50 mg</i>	1	PA
<i>voriconazole tab 200 mg</i>	1	PA
ANTI-HISTAMINES		
ANTI-HISTAMINES - ETHANOLAMINES		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1	
<i>clemastine fumarate tab 2.68 mg</i>	1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1	
ANTI-HISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	1	
<i>desloratadine tab orally disintegrating 5 mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
ANTI-HISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl suppos 50 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
ANTIHYPERTENSIVES		
ANTIHYPERTENSIVES - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
ANTIHYPERTENSIVES - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
VASCEPA CAP 0.5GM	1	PA; Tier 1 with DAW9
VASCEPA CAP 1GM	1	PA; Tier 1 with DAW9
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	1	
<i>colesevelam hcl tab 625 mg</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	
<i>colestipol hcl tab 1 gm</i>	1	
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	
<i>fenofibrate cap 150 mg</i>	1	
<i>fenofibrate micronized cap 43 mg</i>	1	
<i>fenofibrate micronized cap 67 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 134 mg</i>	1	
<i>fenofibrate micronized cap 200 mg</i>	1	
<i>fenofibrate tab 48 mg</i>	1	
<i>fenofibrate tab 54 mg</i>	1	
<i>fenofibrate tab 145 mg</i>	1	
<i>fenofibrate tab 160 mg</i>	1	
<i>fenofibric acid tab 35 mg</i>	1	
<i>fenofibric acid tab 105 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>lovastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pitavastatin calcium tab 1 mg</i>	1	
<i>pitavastatin calcium tab 2 mg</i>	1	
<i>pitavastatin calcium tab 4 mg</i>	1	
<i>pravastatin sodium tab 10 mg</i>	0	\$0 copay for members age 40 through 75

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Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>pravastatin sodium tab 80 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 10 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 20 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 40 mg</i>	0	\$0 copay for members age 40 through 75
<i>simvastatin tab 80 mg</i>	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA, QL (3 SYRINGES PER 28 DAYS)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 CARTRIDGES PER 28 DAYS)
REPATHA SURE INJ 140MG/ML	2	PA, QL (3 PENS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVES		
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metyrosine cap 250 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl tab er 24hr 0.17 mg (base equivalent)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	3	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine tab 25 mg</i>	1	PA
<i>quinine sulfate cap 324 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 30 mg</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PRIFTIN TAB 150MG	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
TRECTOR TAB 250MG	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**ALKYLATING AGENTS**

CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
<i>cyclophosphamide cap 25 mg</i>	0	
<i>cyclophosphamide cap 50 mg</i>	0	
LEUKERAN TAB 2MG	0	
<i>melphalan tab 2 mg</i>	0	
MYLERAN TAB 2MG	0	
<i>temozolomide cap 5 mg</i>	3	PA
<i>temozolomide cap 20 mg</i>	3	PA
<i>temozolomide cap 100 mg</i>	3	PA
<i>temozolomide cap 140 mg</i>	3	PA
<i>temozolomide cap 180 mg</i>	3	PA
<i>temozolomide cap 250 mg</i>	3	PA

ANTIMETABOLITES

<i>azacitidine for inj 100 mg</i>	3	PA
<i>capecitabine tab 150 mg</i>	3	PA
<i>capecitabine tab 500 mg</i>	3	PA
<i>mercaptopurine tab 50 mg</i>	0	
<i>methotrexate sodium for inj 1 gm</i>	3	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	3	
methotrexate sodium tab 2.5 mg (base equiv)	0	
ONUREG TAB 200MG	4	PA, QL (14 TABLETS PER 28 DAYS)
ONUREG TAB 300MG	4	PA, QL (14 TABLETS PER 28 DAYS)
TABLOID TAB 40MG	0	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	4	PA, QL (240 TABLETS PER 30 DAYS)
INLYTA TAB 5MG	4	PA, QL (120 TABLETS PER 30 DAYS)
LENVIMA CAP 4MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 8 MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 10 MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
LENVIMA CAP 12MG	4	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 14 MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 18 MG	4	PA, QL (90 CAPSULES PER 30 DAYS)
LENVIMA CAP 20 MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
LENVIMA CAP 24 MG	4	PA, QL (90 CAPSULES PER 30 DAYS)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	4	PA, QL (120 TABLETS PER 30 DAYS)
TUKYSA TAB 150MG	4	PA, QL (120 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	4	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 50MG	4	PA, QL (120 TABLETS PER 30 DAYS)
VENCLEXTA TAB 100MG	4	PA, QL (180 TABLETS PER 30 DAYS)
VENCLEXTA TAB START PK	4	PA, QL (1 PACK EVERY 28 DAYS)
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	3	PA, QL (30 TABLETS PER 30 DAYS)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	3	PA, QL (30 TABLETS PER 30 DAYS)
<i>gefitinib tab 250 mg</i>	0	PA, QL (30 tabs every 30 days)
GILOTRIF TAB 20MG	4	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 30MG	4	PA, QL (30 TABLETS PER 30 DAYS)
GILOTRIF TAB 40MG	4	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSE TAB 40MG	4	PA, QL (30 TABLETS PER 30 DAYS)
TAGRISSE TAB 80MG	4	PA, QL (30 TABLETS PER 30 DAYS)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
ODOMZO CAP 200MG	4	PA, QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	3	PA, QL (120 TABLETS PER 30 DAYS)
<i>abiraterone acetate tab 500 mg</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
<i>anastrozole tab 1 mg</i>	0	
<i>bicalutamide tab 50 mg</i>	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	4	PA, QL (120 TABLETS PER 30 DAYS)
ERLEADA TAB 240MG	4	
<i>exemestane tab 25 mg</i>	0	
<i>flutamide cap 125 mg</i>	0	
<i>letrozole tab 2.5 mg</i>	0	
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	3	PA
LYSODREN TAB 500MG	4	
<i>megestrol acetate susp 40 mg/ml</i>	0	
<i>megestrol acetate tab 20 mg</i>	0	
<i>megestrol acetate tab 40 mg</i>	0	
<i>nilutamide tab 150 mg</i>	0	
NUBEQA TAB 300MG	4	PA, QL (120 TABLETS PER 30 DAYS)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	\$0 copay for women > 35 years for the primary prevention of breast cancer
<i>toremifene citrate tab 60 mg (base equivalent)</i>	0	
XTANDI CAP 40MG	4	PA, QL (120 CAPSULES PER 30 DAYS)
XTANDI TAB 40MG	4	PA, QL (120 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
XTANDI TAB 80MG	4	PA, QL (60 TABLETS PER 30 DAYS)
YONSA TAB 125MG	4	PA, QL (120 tabs every 30 days)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	4	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 2MG	4	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 3MG	4	PA, QL (21 CAPSULES PER 28 DAYS)
POMALYST CAP 4MG	4	PA, QL (21 CAPSULES PER 28 DAYS)
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	4	PA, QL (49 TABLETS PER 28 DAYS)
KISQALI 400 PAK FEMARA	4	PA, QL (70 TABLETS PER 28 DAYS)
KISQALI 600 PAK FEMARA	4	PA, QL (91 TABLETS PER 28 DAYS)
LONSURF TAB 15-6.14	4	PA, QL (100 TABLETS 28 DAYS)
LONSURF TAB 20-8.19	4	PA, QL (80 TABLETS 28 DAYS)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	4	PA, QL (240 CAPSULES PER 30 DAYS)
ALUNBRIG PAK	4	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 30MG	4	PA, QL (120 TABLETS PER 30 DAYS)
ALUNBRIG TAB 90MG	4	PA, QL (30 TABLETS PER 30 DAYS)
ALUNBRIG TAB 180MG	4	PA, QL (30 TABLETS PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF CAP 50MG	0	PA, QL (30 CAPSULES PER 30 DAYS)
BOSULIF CAP 100MG	0	PA, QL (300 CAPSULES PER 30 DAYS)
BOSULIF TAB 100MG	4	PA, QL (90 TABLETS PER 30 DAYS)
BOSULIF TAB 400MG	4	PA, QL (30 TABLETS PER 30 DAYS)
BOSULIF TAB 500MG	4	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 20MG	4	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 40MG	4	PA, QL (30 TABLETS PER 30 DAYS)
CABOMETYX TAB 60MG	4	PA, QL (30 TABLETS PER 30 DAYS)
CALQUENCE CAP 100MG	4	PA, QL (60 caps every 30 days)
CALQUENCE TAB 100MG	4	PA, QL (60 tabs every 30 days)
CAPRELSA TAB 100MG	4	PA, QL (60 TABLETS PER 30 DAYS)
CAPRELSA TAB 300MG	4	PA, QL (30 TABLETS PER 30 DAYS)
COPIKTRA CAP 15MG	4	PA, QL (56 CAPSULES PER 28 DAYS)
COPIKTRA CAP 25MG	4	PA, QL (56 CAPSULES PER 28 DAYS)
<i>everolimus tab 2.5 mg</i>	3	PA, QL (30 TABLETS PER 30 DAYS)
<i>everolimus tab 5 mg</i>	3	PA, QL (30 TABLETS PER 30 DAYS)
<i>everolimus tab 7.5 mg</i>	3	PA, QL (30 TABLETS PER 30 DAYS)
<i>everolimus tab 10 mg</i>	3	PA, QL (30 tabs every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab for oral susp 2 mg</i>	3	PA, QL (60 tabs every 30 days)
<i>everolimus tab for oral susp 3 mg</i>	3	PA, QL (90 tabs every 30 days)
<i>everolimus tab for oral susp 5 mg</i>	3	PA, QL (60 tabs every 30 days)
IBRANCE CAP 75MG	4	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 100MG	4	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE CAP 125MG	4	PA, QL (21 CAPSULES PER 28 DAYS)
IBRANCE TAB 75MG	4	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 100MG	4	PA, QL (21 TABLETS PER 28 DAYS)
IBRANCE TAB 125MG	4	PA, QL (21 TABLETS PER 28 DAYS)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	3	PA, QL (120 TABLETS PER 30 DAYS)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
IMBRUVICA CAP 70MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
IMBRUVICA CAP 140MG	4	PA, QL (90 CAPSULES PER 30 DAYS)
IMBRUVICA SUS 70MG/ML	4	PA, QL (216 mL per 36 days)
IMBRUVICA TAB 140MG	4	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 280MG	4	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 420MG	4	PA, QL (30 TABLETS PER 30 DAYS)
IMBRUVICA TAB 560MG	4	PA, QL (30 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TAB 5MG	4	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 10MG	4	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 15MG	4	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 20MG	4	PA, QL (60 TABLETS PER 30 DAYS)
JAKAFI TAB 25MG	4	PA, QL (60 TABLETS PER 30 DAYS)
KISQALI TAB 200DOSE	4	PA, QL (21 TABLETS PER 28 DAYS)
KISQALI TAB 400DOSE	4	PA, QL (42 TABLETS 28 DAYS)
KISQALI TAB 600DOSE	4	PA, QL (63 TABLETS 28 DAYS)
KOSELUGO CAP 10MG	4	PA, QL (240 CAPSULES PER 30 DAYS)
KOSELUGO CAP 25MG	4	PA, QL (120 CAPSULES PER 30 DAYS)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	3	PA, QL (180 TABLETS PER 30 DAYS)
LORBRENA TAB 25MG	4	PA, QL (90 TABLETS PER 30 DAYS)
LORBRENA TAB 100MG	4	PA, QL (30 TABLETS PER 30 DAYS)
LUMAKRAS TAB 120MG	4	PA, QL (240 TABS PER 30 DAYS)
LUMAKRAS TAB 320MG	4	
LYNPARZA TAB 100MG	4	PA, QL (120 TABLETS PER 30 DAYS)
LYNPARZA TAB 150MG	4	PA, QL (120 TABLETS PER 30 DAYS)
MEKINIST SOL 0.05/ML	4	PA, QL (12 bottles per 28 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
MEKINIST TAB 0.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
MEKINIST TAB 2MG	4	PA, QL (30 TABLETS PER 30 DAYS)
NERLYNX TAB 40MG	4	PA, QL (180 TABLETS PER 30 DAYS)
NINLARO CAP 2.3MG	4	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 3MG	4	PA, QL (3 CAPSULES PER 28 DAYS)
NINLARO CAP 4MG	4	PA, QL (3 CAPSULES PER 28 DAYS)
PIQRAY 200MG TAB DOSE	4	PA, QL (28 TABLETS PER 28 DAYS)
PIQRAY 250MG TAB DOSE	4	PA, QL (56 TABLETS PER 28 DAYS)
PIQRAY 300MG TAB DOSE	4	PA, QL (56 TABLETS PER 28 DAYS)
RUBRACA TAB 200MG	4	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 250MG	4	PA, QL (120 TABLETS PER 30 DAYS)
RUBRACA TAB 300MG	4	PA, QL (120 TABLETS PER 30 DAYS)
RYDAPT CAP 25MG	4	PA, QL (224 CAPSULES PER 28 DAYS)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	3	PA, QL (120 TABLETS PER 30 DAYS)
SPRYCEL TAB 20MG	4	PA, QL (90 TABLETS PER 30 DAYS)
SPRYCEL TAB 50MG	4	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 70MG	4	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 80MG	4	PA, QL (30 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 100MG	4	PA, QL (30 TABLETS PER 30 DAYS)
SPRYCEL TAB 140MG	4	PA, QL (30 TABLETS PER 30 DAYS)
STIVARGA TAB 40MG	4	PA, QL (84 TABLETS PER 28 DAYS)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	3	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	3	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	3	PA, QL (30 CAPSULES PER 30 DAYS)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	3	PA, QL (30 CAPSULES PER 30 DAYS)
TAFINLAR CAP 50MG	4	PA, QL (120 CAPSULES PER 30 DAYS)
TAFINLAR CAP 75MG	4	PA, QL (120 CAPSULES PER 30 DAYS)
TAFINLAR TAB 10MG	4	PA, QL (4 bottles (210 tabs per bottle) per 28 days)
VERZENIO TAB 50MG	4	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 100MG	4	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 150MG	4	PA, QL (56 TABLETS PER 28 DAYS)
VERZENIO TAB 200MG	4	PA, QL (56 TABLETS PER 28 DAYS)
VITRAKVI CAP 25MG	4	PA, QL (180 CAPSULES PER 30 DAYS)
VITRAKVI CAP 100MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
VITRAKVI SOL 20MG/ML	4	PA, QL (300 ML PER 30 DAYS)
VOTRIENT TAB 200MG	4	PA, QL (120 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
XOSPATA TAB 40MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ZEJULA CAP 100MG	4	PA, QL (90 CAPSULES PER 30 DAYS)
ZEJULA TAB 100MG	4	PA, QL (30 TABS PER 30 DAYS)
ZEJULA TAB 200MG	4	PA, QL (30 TABS PER 30 DAYS)
ZEJULA TAB 300MG	4	PA, QL (30 TABS PER 30 DAYS)
ZOLINZA CAP 100MG	4	PA, QL (120 CAPSULES PER 30 DAYS)
ANTINEOPLASTICS MISC.		
<i>bexarotene cap 75 mg</i>	3	PA
<i>hydroxyurea cap 500 mg</i>	0	
MATULANE CAP 50MG	4	
<i>tretinoin cap 10 mg</i>	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	0	
<i>leucovorin calcium tab 10 mg</i>	0	
<i>leucovorin calcium tab 15 mg</i>	0	
<i>leucovorin calcium tab 25 mg</i>	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	0	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
PA - Prior Authorization QL - Quantity Limits ST - Step Therapy		76

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	1	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
INBRIJA CAP 42MG	4	PA, QL (300 CAPSULES PER 30 DAYS)
KYNMOBI MIS 10MG	4	
KYNMOBI MIS 15MG	4	
KYNMOBI MIS 20MG	4	
KYNMOBI MIS 25MG	4	
KYNMOBI MIS 30MG	4	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
ANTIPSYCHOTICS - MISC.		
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	1	
BENZISOXAZOLES		
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
BUTYROPHENONES		
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol syp 2mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	
DIBENZAPINES		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine for im inj 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 150 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
DIHYDROINDOLONES		
<i>molindone hcl tab 5 mg</i>	1	
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl inj 25 mg/ml</i>	1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	1	
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	1	
<i>prochlorperazine edisylate inj 50 mg/10ml</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
QUINOLINONE DERIVATIVES		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	QL (23.077 injections every year)
ARISTADA INJ INITIO	3	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
<i>formaldehyde solution 10%</i>	1	
<i>hydrogen peroxide soln 30%</i>	1	
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	QL (900 ML PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	QL (30 CAPSULES PER 30 DAYS)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	QL (60 CAPSULES PER 30 DAYS)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	QL (30 CAPSULES PER 30 DAYS)
BIKTARVY TAB	2	
BIKTARVY TAB	2	QL (30 TABLETS PER 30 DAYS)
CIMDUO TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
<i>darunavir tab 600 mg</i>	1	QL (60 tabs every 30 days)
<i>darunavir tab 800 mg</i>	1	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	2	PA, QL (30 TABLETS PER 30 DAYS); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DESCOVY TAB 200/25MG	2	PA, QL (30 TABLETS PER 30 DAYS); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (30 TABLETS PER 30 DAYS)
EDURANT TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz cap 50 mg</i>	1	QL (90 CAPSULES PER 30 DAYS)
<i>efavirenz cap 200 mg</i>	1	QL (90 CAPSULES PER 30 DAYS)
<i>efavirenz tab 600 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine caps 200 mg</i>	1	QL (30 CAPSULES PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 TABLETS PER 30 DAYS); \$0 copay for pre exposure prophylaxis
EMTRIVA SOL 10MG/ML	2	QL (680 ML PER 28 DAYS)
<i>etravirine tab 100 mg</i>	1	QL (120 TABLETS PER 30 DAYS)
<i>etravirine tab 200 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
EVOTAZ TAB 300-150	2	QL (30 TABLETS PER 30 DAYS)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	QL (120 TABLETS PER 30 DAYS)
FUZEON INJ 90MG	2	PA, QL (60 VIALS PER 30 DAYS)
GENVOYA TAB	2	QL (30 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
INTELENCE TAB 25MG	2	QL (120 TABLETS PER 30 DAYS)
ISENTRESS CHW 25MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS CHW 100MG	2	QL (180 TABLETS PER 30 DAYS)
ISENTRESS HD TAB 600MG	2	QL (60 TABLETS PER 30 DAYS)
ISENTRESS POW 100MG	2	QL (60 PACKETS PER 30 DAYS)
ISENTRESS TAB 400MG	2	QL (120 TABLETS PER 30 DAYS)
JULUCA TAB 50-25MG	3	QL (30 TABLETS PER 30 DAYS)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (960 ML PER 30 DAYS)
<i>lamivudine tab 150 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>lamivudine tab 300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (480 ML PER 30 DAYS)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (240 TABLETS PER 30 DAYS)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (120 TABLETS PER 30 DAYS)
<i>maraviroc tab 150 mg</i>	1	
<i>maraviroc tab 300 mg</i>	1	
<i>nevirapine susp 50 mg/5ml</i>	1	QL (1200 ML PER 30 ML DAYS)
<i>nevirapine tab 200 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>nevirapine tab er 24hr 100 mg</i>	1	QL (90 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine tab er 24hr 400 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
NORVIR POW 100MG	2	QL (360 PACKETS PER 30 DAYS)
NORVIR SOL 80MG/ML	2	QL (480 ML PER 30 DAYS)
ODEFSEY TAB	2	QL (30 TABLETS PER 30 DAYS)
PREZCOBIX TAB 800-150	2	QL (30 TABLETS PER 30 DAYS)
PREZISTA SUS 100MG/ML	2	QL (400 ML PER 30 DAYS)
PREZISTA TAB 75MG	2	QL (300 TABLETS PER 30 DAYS)
PREZISTA TAB 150MG	2	QL (180 TABLETS PER 30 DAYS)
REYATAZ POW 50MG	3	QL (180 PACKETS PER 30 DAYS)
<i>ritonavir tab 100 mg</i>	1	QL (360 TABLETS PER 30 DAYS)
RUKOBIA TAB 600MG ER	3	PA, QL (60 TABLETS PER 30 DAYS)
SUNLENCA TAB 300MG	2	QL (4 tablets per 2 days)
SUNLENCA TAB 300MG	2	QL (5 tablets per 8 days)
SYMTUZA TAB	2	QL (30 TABLETS PER 30 DAYS)
TEMIXYS TAB 300-300	2	QL (30 TABLETS PER 30 DAYS)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 TABLETS PER 30 DAYS)
TIVICAY PD TAB 5MG	2	QL (360 TABLETS PER 30 DAYS)
TIVICAY TAB 10MG	2	QL (240 TABLETS PER 30 DAYS)
TIVICAY TAB 25MG	2	QL (60 TABLETS PER 30 DAYS)
TIVICAY TAB 50MG	2	QL (60 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ PD TAB	3	QL (180 TABLETS PER 30 DAYS)
TRIUMEQ TAB	3	QL (30 TABLETS PER 30 DAYS)
VIREAD POW 40MG/GM	3	QL (240 GM PER 30 DAYS)
VIREAD TAB 150MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 200MG	3	QL (30 TABLETS PER 30 DAYS)
VIREAD TAB 250MG	3	QL (30 TABLETS PER 30 DAYS)
<i>zidovudine cap 100 mg</i>	1	QL (180 CAPSULES PER 30 DAYS)
<i>zidovudine syrup 10 mg/ml</i>	1	QL (1920 ML PER 30 DAYS)
<i>zidovudine tab 300 mg</i>	1	QL (60 TABLETS PER 30 DAYS)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	2	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	2	QL (60 tabs every 30 days)
CMV AGENTS		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 ML PER 30 DAYS)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (120 TABLETS FOR 30 DAYS)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	
BARACLUDE SOL	2	QL (630 ML PER 30 DAYS)
<i>entecavir tab 0.5 mg</i>	1	QL (30 TABS PER 30 DAYS)
<i>entecavir tab 1 mg</i>	1	QL (30 TABS PER 30 DAYS)
EPCLUSA PAK 150-37.5	4	PA, QL (28 TABLETS PER 28 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PAK 150-37.5	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	4	PA, QL (28 TABLETS PER 28 DAYS)
EPCLUSA PAK 200-50MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	4	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	4	PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	4	PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	
<i>ribavirin cap 200 mg</i>	3	PA
<i>ribavirin tab 200 mg</i>	3	PA
VEMLIDY TAB 25MG	2	QL (30 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
VOSEVI TAB	4	PA, QL (28 TABLETS PER 28 DAYS); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (28 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (14 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (14 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (180 mL every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	
<i>sotalol hcl (afib/af) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKERS**CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>diltiazem hcl tab er 24hr 180 mg</i>	1	
<i>diltiazem hcl tab er 24hr 240 mg</i>	1	
<i>diltiazem hcl tab er 24hr 300 mg</i>	1	
<i>diltiazem hcl tab er 24hr 360 mg</i>	1	
<i>diltiazem hcl tab er 24hr 420 mg</i>	1	
<i>felodipine tab er 24hr 2.5 mg</i>	1	
<i>felodipine tab er 24hr 5 mg</i>	1	
<i>felodipine tab er 24hr 10 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	1	
<i>isradipine cap 5 mg</i>	1	
<i>levamlodipine maleate tab 2.5 mg</i>	1	
<i>levamlodipine maleate tab 5 mg</i>	1	
<i>nicardipine hcl cap 20 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i>	1	
<i>nifedipine tab er 24hr 60 mg</i>	1	
<i>nifedipine tab er 24hr 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	1	
<i>nimodipine cap 30 mg</i>	1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	1	
<i>nisoldipine tab er 24hr 17 mg</i>	1	
<i>nisoldipine tab er 24hr 20 mg</i>	1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	1	
<i>nisoldipine tab er 24hr 30 mg</i>	1	
<i>nisoldipine tab er 24hr 34 mg</i>	1	
<i>nisoldipine tab er 24hr 40 mg</i>	1	
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	

CARDIOTONICS**CARDIAC GLYCOSIDES**

<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP 2.5MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
CAMZYOS CAP 5MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
CAMZYOS CAP 10MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
CAMZYOS CAP 15MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TAB 97-103MG	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
IMPOTENCE AGENTS		
<i>sildenafil citrate tab 25 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 50 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>sildenafil citrate tab 100 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 2.5 mg</i>	1	ST, QL (30 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 5 mg</i>	1	ST, QL (30 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>tadalafil tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>ildenafil hcl orally disintegrating tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>ildenafil hcl tab 2.5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>ildenafil hcl tab 5 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>vardenafil hcl tab 10 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
<i>vardenafil hcl tab 20 mg</i>	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

PERIPHERAL VASODILATORS

<i>isoxsuprine hcl tab 10 mg</i>	1	
<i>isoxsuprine hcl tab 20 mg</i>	1	

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA
ORENITRAM TAB MONTH 2	4	PA
ORENITRAM TAB MONTH 3	4	PA
TYVASO REFIL SOL 0.6MG/ML	4	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO SOL 0.6MG/ML	4	PA, QL (28 AMPULES PER 28 DAYS)
TYVASO START SOL 0.6MG/ML	4	PA, QL (28 AMPULES PER 28 DAYS)

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	3	PA, QL (30 TABLETS PER 30 DAYS)
<i>ambrisentan tab 10 mg</i>	3	PA, QL (30 TABLETS PER 30 DAYS)
<i>bosentan tab 62.5 mg</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
<i>bosentan tab 125 mg</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
OPSUMIT TAB 10MG	4	PA, QL (30 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate for suspension 10 mg/ml</i>	3	PA, QL (784 ML PER 30 DAYS)
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (360 TABLETS PER 30 DAYS)
<i>tadalafil tab 20 mg (pah)</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	4	PA, QL (1 PACK EVERY 28 DAYS)
UPTRAVI TAB 200MCG	4	PA, QL (140 TABLETS PER 28 DAYS)
UPTRAVI TAB 400MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 600MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 800MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1000MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1200MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1400MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
UPTRAVI TAB 1600MCG	4	PA, QL (60 TABLETS PER 30 DAYS)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 1MG	4	PA, QL (90 TABLETS PER 30 DAYS)
ADEMPAS TAB 2.5MG	4	PA, QL (90 TABLETS PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 2MG	4	PA, QL (90 TABLETS PER 30 DAYS)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	2	PA
CORLANOR TAB 7.5MG	2	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	
VERQUVO TAB 5MG	2	
VERQUVO TAB 10MG	2	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 125 mg/5ml</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	1	
<i>cefpodoxime proxetil tab 100 mg</i>	1	
<i>cefpodoxime proxetil tab 200 mg</i>	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	0	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	0	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 rings every 300 days)
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	2	
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
ELLA TAB 30MG	2	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	0	QL (4 injections every 59 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>budesonide tab er 24hr 9 mg</i>	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (27)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (49)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
<i>prednisolone tab 5 mg</i>	1	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (30 mL every 7 days)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL (6 tabs every 7 days)
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	QL (10 mL every 7 days)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL (30 mL every 7 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL (30 mL every 7 days)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
EXPECTORANTS		
<i>potassium iodide oral soln 1 gm/ml</i>	1	
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
<i>sodium chloride soln nebu 7%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	1	
<i>acetylcysteine inhal soln 20%</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>adapalene cream 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.1%</i>	1	PA
<i>adapalene gel 0.3%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	PA
<i>benzoyl peroxide cloth 6%</i>	1	
<i>benzoyl peroxide foam 5.3%</i>	1	
<i>benzoyl peroxide foam 9.8%</i>	1	
<i>benzoyl peroxide gel 8%</i>	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (47 gm every 30 days)
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (50 gm every 30 days)
<i>clindamycin phosphate foam 1%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	QL (60 gm every 30 days)
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 mL every 30 days)
<i>clindamycin phosphate soln 1%</i>	1	QL (60 mL every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (50 gm every 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	QL (50 gm every 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	PA
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
<i>erythromycin gel 2%</i>	1	QL (60 gm every 30 days)
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	1	QL (60 mL every 30 days)
<i>isotretinoin cap 10 mg</i>	1	
<i>isotretinoin cap 20 mg</i>	1	
<i>isotretinoin cap 30 mg</i>	1	
<i>isotretinoin cap 40 mg</i>	1	
<i>resorcinol-sulfur lotion 2-5%</i>	1	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i>	1	
<i>sulfacetamide sodium w/ sulfur foam 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	1	
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i>	1	
<i>tretinoin cream 0.1%</i>	1	PA
<i>tretinoin cream 0.05%</i>	1	PA
<i>tretinoin cream 0.025%</i>	1	PA
<i>tretinoin gel 0.01%</i>	1	PA
<i>tretinoin gel 0.05%</i>	1	PA
<i>tretinoin gel 0.025%</i>	1	PA
<i>tretinoin microsphere gel 0.1%</i>	1	PA
<i>tretinoin microsphere gel 0.04%</i>	1	PA
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
<i>tretinoin (facial wrinkles) cream 0.05%</i>	1	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	PA, QL (150 mL every 21 days)
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate cream 0.1%</i>	1	QL (120 gm every 25 days)
<i>gentamicin sulfate oint 0.1%</i>	1	QL (120 gm every 25 days)
<i>mupirocin oint 2%</i>	1	QL (30 gm every 25 days)
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	QL (120 gm every 30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	QL (120 gm every 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	QL (120 mL every 30 days)
<i>ciclopirox shampoo 1%</i>	1	QL (120 mL every 25 days)
<i>ciclopirox solution 8%</i>	1	
<i>ciclopirox solution kit 8%</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (60 grams per 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	QL (60 mL per 30 days)
<i>econazole nitrate cream 1%</i>	1	QL (60 gm every 30 days)
<i>iodoquinol-hc cream 1-1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%</i>	1	
<i>iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%</i>	1	
<i>ketoconazole cream 2%</i>	1	QL (120 gm every 30 days)
<i>ketoconazole shampoo 2%</i>	1	QL (120 mL every 25 days)
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (100 gm every 25 days)
<i>naftifine hcl cream 1%</i>	1	QL (60 gm every 30 days)
<i>naftifine hcl cream 2%</i>	1	QL (60 gm every 30 days)
<i>naftifine hcl gel 1%</i>	1	QL (120 gm every 25 days)
<i>naftifine hcl gel 2%</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	QL (120 gm every 30 days)
<i>nystatin oint 100000 unit/gm</i>	1	QL (120 gm every 30 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	1	QL (120 gm every 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	QL (60 grams per 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	QL (60 grams per 30 days)
<i>oxiconazole nitrate cream 1%</i>	1	QL (60 gm every 30 days)
<i>sulconazole nitrate cream 1%</i>	1	QL (60 gm every 30 days)
<i>sulconazole nitrate solution 1%</i>	1	QL (60 mL every 30 days)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene gel 1%</i>	3	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	1	PA
<i>fluorouracil cream 0.5%</i>	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 2%</i>	1	
<i>fluorouracil soln 5%</i>	1	
ANTIPRURITICS - TOPICAL		
<i>doxepin hcl cream 5%</i>	1	
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	1	
<i>acitretin cap 17.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>acitretin cap 25 mg</i>	1	
CALCIPOTRIEN AER 0.005%	1	PA
<i>calcipotriene oint 0.005%</i>	1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	PA
COSENTYX INJ 75MG/0.5	4	PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:5 SYRINGES PER 35 DAYS
COSENTYX INJ 125/5ML	4	PA
COSENTYX INJ 150MG/ML	4	PA, QL (1 SYRINGES PER 28 DAYS); Preferred agent for Anklyosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis, ; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis dependent

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 300DOSE	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 PENS PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
COSENTYX PEN INJ 300DOSE	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNO INJ 300/2ML	4	PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits.
<i>methoxsalen rapid cap 10 mg</i>	1	
SKYRIZI INJ 150DOSE	4	PA, QL (2 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 4 SYRINGES PER 28 DAYS
SKYRIZI INJ 150MG/ML	4	PA, QL (1 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 SYRINGES PER 28 DAYS
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 SYRINGES PER 28 DAYS

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Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5	4	PA, QL (1 SYRINGES PER 12 WEEKS (84 DAYS)); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
STELARA INJ 45MG/0.5	4	PA, QL (1 VIALS PER 12 WEEKS); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
STELARA INJ 90MG/ML	4	PA, QL (1 PFS PER 8 WEEKS (56 DAYS)); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent
TALTZ INJ 80MG/ML	4	PA, QL (1 pen every 28 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

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Drug Name	Drug Tier	Requirements/Limits
TALTZ INJ 80MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>tazarotene cream 0.1%</i>	1	PA
<i>tazarotene gel 0.1%</i>	1	
<i>tazarotene gel 0.05%</i>	1	
TREMFYA INJ 100MG/ML	4	PA, QL (1 PENS PER 8 WEEKS); Preferred agent for Psoriasis ; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 INJ PER 28 DAYS
TREMFYA INJ 100MG/ML	4	PA, QL (1 PFS PER 8 WEEKS (56 DAYS)); Preferred agent for Psoriasis ; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 INJ PER 28 DAYS
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	1	
<i>selenium sulfide shampoo 2.3%</i>	1	
<i>selenium sulfide shampoo 2.25%</i>	1	
<i>sulfacetamide sodium cleansing gel 10%</i>	1	
<i>sulfacetamide sodium liquid 10%</i>	1	
<i>sulfacetamide sodium shampoo 9.8%</i>	1	
<i>sulfacetamide sodium shampoo 10%</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>penciclovir cream 1%</i>	1	
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>amcinonide cream 0.1%</i>	1	QL (120 gm every 30 days)
<i>amcinonide lotion 0.1%</i>	1	QL (120 mL every 30 days)
<i>amcinonide oint 0.1%</i>	3	QL (120 gm every 30 days)
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	QL (120 gm every 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	1	QL (120 gm every 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	QL (120 gm every 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	QL (120 mL every 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate foam 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate gel 0.05%</i>	1	QL (120 gm every 30 days)
<i>clobetasol propionate lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate oint 0.05%</i>	1	QL (120 gm every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate shampoo 0.05%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate soln 0.05%</i>	1	QL (120 mL every 30 days)
<i>clobetasol propionate spray 0.05%</i>	1	QL (120 mL every 30 days)
<i>desonide cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>desonide lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>desonide oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone cream 0.25%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone gel 0.05%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone oint 0.25%</i>	1	QL (120 gm every 30 days)
<i>desoximetasone spray 0.25%</i>	1	QL (120 mL every 30 days)
DUOBRII LOT	3	
ENSTILAR AER	3	PA
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120 gm every 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 gm every 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	QL (120 mL every 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	1	QL (120 gm every 30 days)
<i>fluocinolone acetonide soln 0.01%</i>	1	QL (120 mL every 30 days)
<i>fluocinonide cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluocinonide oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluocinonide soln 0.05%</i>	1	QL (120 mL every 30 days)
<i>flurandrenolide oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluticasone propionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 mL every 30 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120 gm every 30 days)
<i>halobetasol propionate cream 0.05%</i>	1	QL (120 gm every 30 days)
<i>halobetasol propionate oint 0.05%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	1	QL (120 mL every 30 days)
<i>hydrocortisone cream 1%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone cream 2.5%</i>	1	QL (120 gm every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone lotion 2.5%</i>	1	QL (120 mL every 30 days)
<i>hydrocortisone oint 1%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone oint 2.5%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	1	QL (120 gm every 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	1	QL (120 gm every 30 days)
<i>lidocaine-hydrocortisone acetate cream 1-1%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	QL (120 gm every 30 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (120 gm every 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mL every 30 days)
<i>pramoxine-hc cream 1-2.5%</i>	1	
<i>prednicarbate oint 0.1%</i>	1	QL (120 gm every 30 days)
TACLONEX OIN	3	PA
TACLONEX SUS	3	PA
<i>triamcinolone acet cr 0.1% & dimeth cr 5% & silicone tape</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	1	QL (120 mL every 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	1	QL (120 mL every 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120 gm every 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (120 gm every 30 days)
ECZEMA AGENTS		
DUPIXENT INJ 200MG	4	PA, QL (2 PENS (400 MG) PER 28 DAYS); LOADING DOSE:2 PENS (400 MG) PER 14 DAYS
DUPIXENT INJ 300/2ML	4	PA, QL (4 PENS PER 28 DAYS)
DUPIXENT INJ 300/2ML	4	PA, QL (4 PFS PER 28 DAYS)
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea cream 39%</i>	1	
<i>urea cream 40%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>urea cream 41%</i>	1	
<i>urea cream 45%</i>	1	
<i>urea cream 47%</i>	1	
<i>urea foam 40%</i>	1	
<i>urea gel 45%</i>	1	
<i>urea in lactic acid vehicle foam 35%</i>	1	
<i>urea lotion 40%</i>	1	
HAIR GROWTH AGENTS		
<i>bimatoprost soln 0.03%</i>	1	
<i>finasteride tab 1 mg</i>	1	PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	QL (21 ea every 30 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	ST
<i>tacrolimus oint 0.1%</i>	1	ST
<i>tacrolimus oint 0.03%</i>	1	ST
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln 0.5%</i>	1	
<i>salicylic acid cream 6% & cleanser liqd kit</i>	1	
<i>salicylic acid er film-forming soln 28.5%</i>	1	
<i>salicylic acid film forming liquid 27.5%</i>	1	
<i>salicylic acid foam 6%</i>	1	
<i>salicylic acid gel 6%</i>	1	
<i>salicylic acid shampoo 6%</i>	1	
<i>salicylic acid soln 26%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>ethyl chloride aerosol spray</i>	1	
<i>lidocaine hcl cream 3%</i>	1	
<i>lidocaine hcl gel 2%</i>	1	QL (30 gm every 25 days)
<i>lidocaine hcl lotion 3%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	1	QL (60 mL every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (10 injections every 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (12 injections every 30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (3 injections every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 30 days)
<i>lidocaine ointment 5% & transparent dressing kit</i>	1	
<i>lidocaine patch 5%</i>	1	QL (90 ea every 30 days)
<i>lidocaine-menthol patch 4-1%</i>	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 30 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
MISC. TOPICAL		
<i>benzoin compound tincture</i>	1	
PIGMENTING-DEPIGMENTING AGENTS		
<i>hydroquinone cream 4%</i>	1	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	
<i>ivermectin cream 1%</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG	1	Tier 1 with DAW9
SCABICIDES & PEDICULICIDES		
<i>crotamiton lotion 10%</i>	1	
<i>ivermectin lotion 0.5%</i>	1	
<i>lindane shampoo 1%</i>	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
SCAR TREATMENT PRODUCTS		
<i>scar treatment products - gel</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	
WOUND CARE PRODUCTS		
<i>silicone patch & vitamin e-silicone liquid kit</i>	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC PRODUCTS, MISC.		
<i>ultrasound - gel</i>	1	
DIAGNOSTIC TESTS		
ACCU-CHEK GUIDE	0	QL (150 strips every 30 days)
ACCU-CHEK TES AVIVA PL	0	QL (150 strips every 30 days)
ACCU-CHEK TES SMART	0	QL (150 strips every 30 days)
ASSURE PRISM TES MULTI	0	PA, QL (150 strips every 30 days)
GENULTIMATE TES	0	PA, QL (150 strips every 30 days)
GLUCOCARD TES SHINE	0	PA, QL (150 strips every 30 days)
ONETOUCH TES ULTRA	0	QL (150 strips every 30 days)
ONETOUCH TES VERIO	0	
ONETOUCH TES VERIO	0	QL (150 strips every 30 days)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
<i>folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg</i>	1	
<i>l-methylfolate tab 7.5 mg</i>	1	
<i>l-methylfolate tab 15 mg</i>	1	
NUTRITIONAL SUPPLEMENTS		
<i>nutritional supplement caps</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
DIGESTIVE AIDS		
<i>DIGESTIVE ENZYMES</i>		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
SUCRAID SOL 8500/ML	4	PA
SUCRAID SOL 8500/ML	4	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
DIURETICS		
<i>CARBONIC ANHYDRASE INHIBITORS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>dichlorphenamide tab 50 mg</i>	3	PA, QL (120 tabs every 30 days)
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	
<i>DIURETIC COMBINATIONS</i>		
ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
THALITONE TAB 15MG	2	

ENDOCRINE AND METABOLIC AGENTS - MISC.**BONE DENSITY REGULATORS**

<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
TYMLOS INJ	4	PA, QL (1 PEN PER 30 DAYS)

FERTILITY REGULATORS

<i>clomiphene citrate tab 50 mg</i>	1	Coverage is subject to your plan/benefits
GONAL-F INJ 450UNIT	4	PA, QL (10 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F INJ 1050UNIT	4	PA, QL (6 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 75UNIT	4	PA, QL (60 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits

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Drug Name	Drug Tier	Requirements/Limits
GONAL-F RFF INJ 300/0.5	4	PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 450/0.75	4	PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
GONAL-F RFF INJ 900/1.5	4	PA, QL (7 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits
OVIDREL INJ	4	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	4	PA
GROWTH HORMONES		
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
SOGROYA INJ 5MG/1.5	4	PA, QL (4 pens per 28 days)
SOGROYA INJ 10MG/1.5	4	PA, QL (4 pens per 28 days)
SOGROYA INJ 15MG/1.5	4	PA, QL (4 pens per 28 days)
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tab 60 mg</i>	0	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	3	
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>carglumic acid soluble tab 200 mg</i>	3	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	3	PA, QL (120 TABLETS PER 30 DAYS)
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
<i>nitisinone cap 2 mg</i>	3	PA
<i>nitisinone cap 5 mg</i>	3	PA
<i>nitisinone cap 10 mg</i>	3	PA
<i>nitisinone cap 20 mg</i>	3	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
<i>paricalcitol cap 1 mcg</i>	1	
<i>paricalcitol cap 2 mcg</i>	1	
<i>paricalcitol cap 4 mcg</i>	1	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	3	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	3	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	3	PA, QL (798 GRAMS PER 30 DAYS)
<i>sodium phenylbutyrate tab 500 mg</i>	3	PA, QL (1200 TABLETS PER 30 DAYS)
STRENSIQ INJ 18/0.45	4	PA
STRENSIQ INJ 28/0.7ML	4	PA
STRENSIQ INJ 40MG/ML	4	PA
STRENSIQ INJ 80/0.8ML	4	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	3	PA
KERENDIA TAB 20MG	3	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tab 200 mg</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	3	PA, QL (90 vials every 30 days)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	3	PA, QL (90 VIALS PER 30 DAYS)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	3	PA, QL (45 VIALS (45,000 UNITS) PER 30 DAYS)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	3	PA, QL (90 AMPULES PER 30 DAYS)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	3	PA, QL (9 VIALS (45,000) PER 30 DAYS)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	3	
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	3	

VASOPRESSIN RECEPTOR ANTAGONISTS

JYNARQUE PAK 15MG	4	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 30-15MG	4	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 45-15MG	4	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 60-30MG	4	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE PAK 90-30MG	4	PA, QL (56 TABLETS PER 28 DAYS)
JYNARQUE TAB 15MG	4	PA, QL (60 TABLETS PER 30 DAYS)
JYNARQUE TAB 30MG	4	PA, QL (30 TABLETS PER 30 DAYS)
<i>tolvaptan tab 15 mg</i>	3	
<i>tolvaptan tab 30 mg</i>	3	PA, QL (30 TABLETS PER 30 DAYS)

ESTROGENS**ESTROGEN COMBINATIONS**

CLIMARA PRO DIS WEEKLY	2	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
MYFEMBREE TAB	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ESTROGENS		
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 20 mg/ml	1	PA
estradiol valerate im in oil 40 mg/ml	1	PA
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	1	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	1	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	4	PA, QL (30 TABLETS PER 30 DAYS)
OCALIVA TAB 10MG	4	PA, QL (30 TABLETS PER 30 DAYS)
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	
<i>lubiprostone cap 24 mcg</i>	1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium cap 750 mg</i>	1	
<i>mesalamine cap dr 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	
<i>mesalamine tab delayed release 800 mg</i>	1	
SKYRIZI INJ 180/1.2	4	PA, QL (1 CARTRIDGE PER 56 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 360/2.4	4	PA, QL (1 CARTRIDGE PER 56 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	1	
<i>alosetron hcl tab 1 mg (base equiv)</i>	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
VIBERZI TAB 75MG	2	PA
VIBERZI TAB 100MG	2	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	1	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	1	
<i>sevelamer carbonate packet 0.8 gm</i>	1	
<i>sevelamer carbonate packet 2.4 gm</i>	1	
<i>sevelamer carbonate tab 800 mg</i>	1	
<i>sevelamer hcl tab 400 mg</i>	1	
<i>sevelamer hcl tab 800 mg</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
URINARY STONE AGENTS		
<i>tiopronin tab 100 mg</i>	3	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	QL (120 tabs per 30 days)
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
MITIGARE CAP 0.6MG	1	QL (60 caps per 30 days); Tier 1 with DAW9
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	4	PA
HEMLIBRA INJ 60/0.4	4	PA
HEMLIBRA INJ 105/0.7	4	PA
HEMLIBRA INJ 150/ML	4	PA
HEMLIBRA INJ 300/2ML	4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	3	PA, QL (45 syringes every 90 days)

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Drug Name	Drug Tier	Requirements/Limits
COMPLEMENT INHIBITORS		
HAEGARDA INJ 2000UNIT	4	PA, QL (20 VIALS PER 30 DAYS)
HAEGARDA INJ 3000UNIT	4	PA, QL (20 VIALS PER 30 DAYS)
RUCONEST INJ 2100UNIT	4	PA, QL (60 VIALS PER 90 DAYS)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	4	PA, QL (60 TABLETS PER 30 DAYS)
TAVALISSE TAB 150MG	4	PA, QL (60 TABLETS PER 30 DAYS)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA, QL (56 CAPSULES PER 28 DAYS)
<i>miglustat cap 100 mg</i>	3	PA, QL (90 CAPSULES PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	PA
FOLIC ACID/FOLATES		
folic acid tab 1 mg	1	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTELET TAB 20MG	4	PA, QL (60 tabs every 30 days)
DOPTELET TAB 20MG	4	PA, QL (90 tabs every 30 days)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC MIXTURES		
<i>cyanocobalamin-methylcobalamin sl tab 600-600 mcg</i>	1	
<i>fe fum-iron polysacch complex-fa-b cmplx-c-zn-mn-cu cap</i>	1	
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i>	1	
<i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg</i>	1	
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1 mg</i>	1	
<i>ferrous fumarate-folic acid tab 324-1 mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	1	
<i>iron combination cap</i>	1	
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>	1	
<i>iron-docusate-b12-folic acid-c-e-cu-biotin tab 150-1 mg</i>	1	
<i>iron-folic acid-vit c-vit b6-vit b12-zinc tab 150-1.25 mg</i>	1	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	
<i>aminocaproic acid tab 500 mg</i>	1	
<i>aminocaproic acid tab 1000 mg</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
NON-BARBITURATE HYPNOTICS		
<i>estazolam tab 1 mg</i>	1	
<i>estazolam tab 2 mg</i>	1	
<i>eszopiclone tab 1 mg</i>	1	
<i>eszopiclone tab 2 mg</i>	1	
<i>eszopiclone tab 3 mg</i>	1	
<i>flurazepam hcl cap 15 mg</i>	1	
<i>flurazepam hcl cap 30 mg</i>	1	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	1	
<i>temazepam cap 7.5 mg</i>	1	
<i>temazepam cap 15 mg</i>	1	
<i>temazepam cap 22.5 mg</i>	1	
<i>temazepam cap 30 mg</i>	1	
<i>triazolam tab 0.25 mg</i>	1	
<i>triazolam tab 0.125 mg</i>	1	
<i>zaleplon cap 5 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	
<i>zolpidem tartrate tab 5 mg</i>	1	
<i>zolpidem tartrate tab 10 mg</i>	1	
<i>zolpidem tartrate tab er 6.25 mg</i>	1	
<i>zolpidem tartrate tab er 12.5 mg</i>	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon tab 8 mg</i>	1	
<i>tasimelteon capsule 20 mg</i>	3	PA, QL (30 CAPSULES PER 30 DAYS)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	0	\$0 copay for members age 45 through 75
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	0	\$0 copay for members age 45 through 75
LAXATIVES - MISCELLANEOUS		
lactulose solution 10 gm/15ml	1	
LUBRICANT LAXATIVES		
mineral oil	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin stearate tab 250 mg</i>	1	
<i>erythromycin tab 250 mg</i>	1	
<i>erythromycin tab 500 mg</i>	1	
<i>erythromycin tab delayed release 250 mg</i>	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK MIS MLTICLIX	0	
ACTI-LANCE MIS 28G	0	
ACTI-LANCE MIS LITE 28G	0	
ACTI-LANCE MIS SPEC 17G	0	
ACTI-LANCE MIS UNIV 23G	0	
ADV TRAVEL MIS LANC 28G	0	
ADVCATE SAFE MIS LANC 26G	0	
ADVOCATE MIS LANC 30G	0	
ADVOCATE MIS LANCETS	0	
AGAMATRIX MIS 33G	0	
AIMSCO TWIST MIS 32G	0	
AIMSCO TWIST MIS 33G	0	
AQUALANCE MIS 30G	0	
ASSURE CMFRT MIS 28G	0	
ASSURE LANCE MIS 21G	0	
ASSURE LANCE MIS 28G	0	
ASSURE LANCE MIS LOW FLOW	0	
ASSURE LANCE MIS MICRO	0	
ASSURE LANCE MIS SAFE 25G	0	
ASSURE LANCE MIS SAFE 30G	0	
ASSURE PLUS MIS HIGH 18G	0	
ASSURE PLUS MIS LOW 25G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ASSURE PLUS MIS MCRO 28G	0	
ASSURE PLUS MIS NORM 21G	0	
ASSURE PLUS MIS PEDIATRI	0	
AURORA LANCE MIS 30G	0	
AURORA LANCE MIS THIN 23G	0	
AUTO LANCET MIS	0	
BD LANCET UF MIS 30G	0	
BD LANCET UF MIS 33G	0	
BD MICROTAIN MIS LANCETS	0	
CAREONE LANC MIS 30G	0	
CAREONE LANC MIS THIN 23G	0	
CARESENS 30G MIS LANCETS	0	
CARETOUCH MIS LANC 26G	0	
CARETOUCH MIS LANC 28G	0	
CARETOUCH MIS LANC 30G	0	
CARETOUCH MIS TWIST 28	0	
CARETOUCH MIS TWIST 30	0	
CARETOUCH MIS TWIST 33	0	
CLEANLET 28G MIS LANCETS	0	
CLEVER CHECK MIS	0	
CLEVER CHECK MIS 30G	0	
COAGUCHEK MIS LANCETS	0	
COMFORT ASSU MIS LANC 28G	0	
COMFORT ASSU MIS LANC 33G	0	
COMFORT EZ MIS 21G	0	
COMFORT EZ MIS 23G	0	
COMFORT EZ MIS 28G	0	
COMFORT MIS LANCETS	0	
COMFORT TCH MIS LANC 28G	0	
COMFORT TCH MIS LANC 31G	0	
COMFORTOUCH MIS LANCET	0	
CVS LANCETS MIS 21G	0	
CVS LANCETS MIS 30G	0	
CVS LANCETS MIS 33G	0	
CVS LANCETS MIS ORIGINAL	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
CVS LANCETS MIS THIN 26G	0	
CVS LANCETS MIS THIN 30G	0	
CVS LANCETS MIS THIN 33G	0	
DEXCOM G6 MIS RECEIVER	0	
DEXCOM G6 MIS SENSOR	0	QL (3 sensors per month)
DEXCOM G6 MIS TRANSMIT	0	
DEXCOM G7 MIS RECEIVER	0	
DEXCOM G7 MIS SENSOR	0	QL (3 sensors per month)
DIATHRIVE MIS LANCETS	0	
DIATHRIVE MIS UT 30G	0	
DROPLET LANC MIS 30G	0	
DROPLET PERS MIS LANC 30G	0	
E-Z JECT MIS 21G	0	
E-Z JECT MIS 21G COLR	0	
E-Z JECT MIS 30G	0	
E-Z JECT MIS 32G COLR	0	
E-Z JECT MIS LANC 21G	0	
E-Z JECT MIS THIN 26G	0	
E-ZJECT LANC MIS 33G	0	
EASY COMFORT MIS 30G	0	
EASY COMFORT MIS LANC/30G	0	
EASY COMFORT MIS TWIST	0	
EASY TOUCH MIS LANC/21G	0	
EASY TOUCH MIS LANC/23G	0	
EASY TOUCH MIS LANC/26G	0	
EASY TOUCH MIS LANC/28G	0	
EASY TOUCH MIS LANC/30G	0	
EASY TOUCH MIS LANC/32G	0	
EASY TOUCH MIS LANC/33G	0	
EMBRACE LANC MIS THIN 30G	0	
EQL LANCETS MIS 21G COLR	0	
EQL LANCETS MIS 33G COLR	0	
EQL LANCETS MIS THIN 26G	0	
EQL LANCETS MIS THIN 30G	0	
EZ-LETS 21G MIS LANCETS	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
EZ-LETS 26G MIS LANCETS	0	
EZ-LETS 28G MIS LANCETS	0	
EZ-LETS 30G MIS LANCETS	0	
FASTCLIX MIS LANCETS	0	
FIFTY50 SAFE MIS LANCETS	0	
FINE 30 MIS	0	
FINGERSTIX MIS LANCETS	0	
FORA LANCETS MIS 30G	0	
FORA MIS LANCETS	0	
FREESTYLE MIS LANCETS	0	
FREESTYLE MIS UNISTICK	0	
GENTEEL MIS LANCETS	0	
GENTLE-LET MIS 26G	0	
GENTLE-LET MIS 28G	0	
GENTLE-LET MIS LANCETS	0	
GLOBAL 28G MIS LANCETS	0	
GLOBAL 30G MIS LANCETS	0	
GLUCOCOM MIS 28G	0	
GLUCOCOM MIS 30G	0	
GLUCOCOM MIS 33G	0	
GNP LANCETS MIS 21G	0	
GNP LANCETS MIS THIN	0	
GNP LANCETS MIS THIN 26G	0	
GOJJI LANCET MIS 30G	0	
GOODSENSE MIS LANC 26G	0	
GOODSENSE MIS LANC 30G	0	
GOODSENSE MIS LANC 33G	0	
HAEMOLANCE MIS HIGH FLO	0	
HAEMOLANCE MIS LOW FLOW	0	
HAEMOLANCE MIS PLUS	0	
HAEMOLANCE MIS PLUS LOW	0	
HAEMOLANCE MIS PLUS MAX	0	
HAEMOLANCE MIS PLUS PED	0	
HAEMOLANCE MIS RETRACT	0	
HLTHY ACCNTS MIS LANC 30G	0	

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Drug Name	Drug Tier	Requirements/Limits
IN TOUCH LAN MIS 30G	0	
INCONTROL MIS LANC 28G	0	
INCONTROL MIS LANC 30G	0	
INCONTROL MIS LANC 33G	0	
KINNEY MIS LANCETS	0	
KINNEY THIN MIS LANCETS	0	
KROGER LANCE MIS	0	
KROGER LANCE MIS 26G	0	
KROGER LANCE MIS THIN	0	
KROGER LANCE MIS THIN 30G	0	
LANCET MICRO MIS THIN 33G	0	
LANCET STAND MIS 21G	0	
LANCET SUPER MIS THIN 30G	0	
LANCET ULTRA MIS 28G	0	
LANCET ULTRA MIS THIN 30G	0	
LANCETS MICR MIS THIN 33G	0	
LANCETS MIS	0	
LANCETS MIS 21G	0	
LANCETS MIS 21G COLR	0	
LANCETS MIS 28G	0	
LANCETS MIS 30G	0	
LANCETS MIS 33G	0	
LANCETS MIS ORANGE	0	
LANCETS MIS ORIGINAL	0	
LANCETS MIS THIN	0	
LANCETS MIS THIN 26G	0	
LANCETS MIS THIN 30G	0	
LANCETS SUPR MIS THIN 28G	0	
LANCETS THIN MIS	0	
LANCETS THIN MIS 26G	0	
LANCETS ULTR MIS THIN	0	
LB LANCET MIS 28G	0	
LIFESCAN MIS UNISTIK2	0	
LITE TOUCH MIS LANCETS	0	
LITETOUCH MIS LANCETS	0	

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Drug Name	Drug Tier	Requirements/Limits
LONGS LANCET MIS STANDARD	0	
LONGS LANCET MIS THIN	0	
LONGS LANCET MIS ULTRA TH	0	
MEDICHOICE MIS LANCET	0	
MEDLANCE MIS 30G PLUS	0	
MEDLANCE MIS EXTR 21G	0	
MEDLANCE MIS LITE 25G	0	
MEDLANCE MIS PLUS	0	
MEDLANCE MIS PLUS 30G	0	
MEDLANCE MIS UNV 21G	0	
MEDLANCE PLS MIS 0.8MM	0	
MEDLANCE PLS MIS EXTR 21G	0	
MEDLANCE PLS MIS LITE 25G	0	
MEDLANCE PLS MIS UNIV 21G	0	
MEIJER LANCE MIS COLOR	0	
MEIJER LANCE MIS UNIV 21G	0	
MEIJER LANCE MIS UNIV 30G	0	
MEIJER LANCE MIS UNIVERSA	0	
MEIJER MIS LANCETS	0	
MICRO THIN MIS LANC 33G	0	
MICROLET MIS LANCETS	0	
MM TWIST MIS LANCETS	0	
MOBILE LANCE MIS 30G	0	
MONOLET MIS LANCETS	0	
MONOLET OPD MIS LANCETS	0	
MONOLETTOR MIS LANCETS	0	
MPD SFTY LAN MIS 21G	0	
MPD SFTY LAN MIS 23G	0	
MPD SFTY LAN MIS 28G	0	
MPD SFTY LAN MIS 30G	0	
MYGLUCOHEALT MIS LANC 30G	0	
NOVA SAFETY MIS LANC 23G	0	
NOVA SAFETY MIS LANC 28G	0	
NOVA SURE MIS LANCETS	0	
OMNIPOD 5 G6 KIT INTRO	0	PA, QL (1 kit per 999 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 MIS PODS	0	PA, QL (10 pods per month)
OMNIPOD DASH KIT PDM	0	PA, QL (1 kit per 999 days)
OMNIPOD MIS CLASSIC	0	PA, QL (10 pods per month)
OMNIPOD PDM KIT CLASSIC	0	PA, QL (1 kit per 999 days)
ON-THE-GO MIS LANC 30G	0	
ONETOUCH DEL MIS PLUS 30G	0	
ONETOUCH DEL MIS PLUS 33G	0	
ONETOUCH FP MIS LANCETS	0	
ONETOUCH KIT ULTRA 2	0	
ONETOUCH KIT VERIO FL	0	
ONETOUCH KIT VERIO RE	0	
ONETOUCH MIS 30G	0	
ONETOUCH MIS LANCETS	0	
ONETOUCH SOL KIT COMPLETE	0	
ONETOUCH SOL KIT FIT	0	
ONETOUCH SOL KIT REFILL	0	
ONETOUCH US MIS LANCETS	0	
PC LANCETS MIS 30G	0	
PERFECT 28G MIS LANCETS	0	
PERFECT 30G MIS LANCETS	0	
PHARMACY COU MIS LANCETS	0	
PIP LANCETS MIS 28G	0	
PIP LANCETS MIS 30G	0	
PRESSURE ACT MIS LANCET	0	
PRESSURE ACT MIS LANCETS	0	
PRO COMFORT MIS 31G	0	
PRO COMFORT MIS LANCETS	0	
PRODIGY MIS 26G	0	
PRODIGY MIS 28G	0	
PSS SAFE LAN MIS	0	
PSS SEL LANC MIS	0	
PX LANCETS MIS 28G	0	
PX LANCETS MIS ULT THIN	0	

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Drug Name	Drug Tier	Requirements/Limits
QC LANCETS MIS 28G	0	
QC LANCETS MIS 30G	0	
RA E-ZJECT MIS 28G	0	
RA E-ZJECT MIS THIN 26G	0	
RA E-ZJECT MIS THIN 28G	0	
RA E-ZJECT MIS ULT THIN	0	
READYLANCE MIS 21G	0	
READYLANCE MIS 23G	0	
READYLANCE MIS 26G	0	
READYLANCE MIS 28G	0	
READYLANCE MIS 30G	0	
REALITY MIS LANCETS	0	
REALITY TRIG MIS LANCETS	0	
RELION LANCE MIS THIN 26G	0	
RELION LANCE MIS THIN 30G	0	
RELION MICRO MIS THIN 33G	0	
RELION ULTRA MIS THIN 30G	0	
RELION ULTRA MIS THIN PLS	0	
RIGHTEST MIS GL300	0	
SAFE-T-LANCE MIS 21G	0	
SAFE-T-LANCE MIS 25G	0	
SAFE-T-LANCE MIS HI FLOW	0	
SAFE-T-LANCE MIS LOW FLOW	0	
SAFE-T-LANCE MIS NOR FLOW	0	
SAFE-T-PRO MIS LANCETS	0	
SAFE-T-PRO MIS PLUS	0	
SAFETY 21G MIS LANCETS	0	
SAFETY 23G MIS LANCETS	0	
SAFETY 28G MIS LANCETS	0	
SAFETY 30G MIS LANCETS	0	
SAFETY MIS LANCETS	0	
SAPS HEALTH MIS TWIST	0	
SAPS TWIST MIS 30G	0	
SAPSCARE MIS TWIST	0	
SB LANCETS MIS THIN	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
SB LANCETS MIS ULTR THN	0	
SIDE BUTTON MIS SAFETY	0	
SINGLE-LET MIS 23G	0	
SM LANCETS MIS 33G	0	
SMART SENSE MIS LANC 21G	0	
SMART SENSE MIS LANC 26G	0	
SMART SENSE MIS LANC 30G	0	
SMART SENSE MIS LANC 33G	0	
SMARTTEST MIS LANCETS	0	
SOFTCLIX MIS LANCETS	0	
SOLUS V2 MIS LANC 28G	0	
SOLUS V2 MIS LANC 30G	0	
STERILANCE MIS TL 28G	0	
STERILANCE MIS TL 30G	0	
STERILANCE MIS TL 32G	0	
SUPER THIN MIS LANC 28G	0	
SUPER THIN MIS LANCETS	0	
SURE COMFORT MIS LANC 18G	0	
SURE COMFORT MIS LANC 21G	0	
SURE COMFORT MIS LANC 23G	0	
SURE COMFORT MIS LANC 30G	0	
SURE COMFORT MIS LANCETS	0	
SURE-LANCE MIS 26G	0	
SURE-LANCE MIS LANCETS	0	
SURE-TOUCH MIS UNV LANC	0	
SUREFLEX MIS LANCETS	0	
SURELITE MIS LANCETS	0	
TECHLITE AST MIS LANCETS	0	
TECHLITE MIS LANC 30G	0	
TECHLITE MIS LANCETS	0	
TGT LANCET MIS 26G	0	
TGT LANCET MIS 30G	0	
TGT LANCET MIS 33G	0	
THIN LANCETS MIS	0	
THIN LANCETS MIS 26G	0	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
THIN LANCETS MIS 30G	0	
THINLETS GP MIS 26G	0	
TOPCARE MIS LANC 33G	0	
TRAVEL LANCE MIS 30G	0	
TRAVEL LANCE MIS ADV 28G	0	
TRUPLUS LANC MIS 26G	0	
TRUPLUS LANC MIS 28G	0	
TRUPLUS LANC MIS 30G	0	
TRUPLUS LANC MIS 33G	0	
TWIST LANCET MIS 30G MULT	0	
ULTILET MIS 26G	0	
ULTILET MIS 28G	0	
ULTILET MIS 30G	0	
ULTILET MIS 33G	0	
ULTILET MIS LANCETS	0	
ULTILET MIS SAFETY	0	
ULTILET SAFE MIS 21G	0	
ULTRA THIN MIS 28G	0	
ULTRA THIN MIS 30G	0	
ULTRA THIN MIS 31G	0	
ULTRA THIN MIS 33G	0	
ULTRA THIN MIS LAN 31G	0	
ULTRA THIN MIS LANC 28G	0	
ULTRA THIN MIS LANC 30G	0	
ULTRA THIN MIS LANCETS	0	
UNILET CMFR MIS TCH 28G	0	
UNILET CMFR MIS TCH 30G	0	
UNILET EX II MIS 28G	0	
UNILET EXCEL MIS 23G	0	
UNILET G.P MIS SUPR 23G	0	
UNILET G.P. MIS 21G	0	
UNILET GP 28 MIS ULT THIN	0	
UNILET LANC MIS 33G	0	
UNILET LANCE MIS 21G	0	
UNILET LANCE MIS 28G	0	

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Drug Name	Drug Tier	Requirements/Limits
UNILET LANCE MIS 33G	0	
UNILET LANCT MIS 28G	0	
UNILET LANCT MIS 30G	0	
UNILET LANCT MIS 33G	0	
UNILET MICRO MIS 33G	0	
UNILET MIS 21G	0	
UNILET SUPER MIS 23G	0	
UNILET SUPER MIS G.P. 23G	0	
UNISTIK 3 MIS GENT 30G	0	
UNISTIK II MIS LANCETS	0	
UNISTIK PRO MIS LANC 21G	0	
UNISTIK PRO MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 28G	0	
UNISTIK SAFE MIS LANC 30G	0	
UNISTIK TOUC MIS LANC 21G	0	
UNISTIK TOUC MIS LANC 23G	0	
UNISTIK TOUC MIS LANC 28G	0	
UNISTIK TOUC MIS LANC 30G	0	
UNITSTIK PRO MIS LANC 25G	0	
UNIVERSAL 1 MIS 33G	0	
UNIVERSAL 1 MIS LANC 26G	0	
UNIVERSAL 1 MIS LANC 30G	0	
V-GO 20 KIT	0	PA, QL (30 pumps per month)
V-GO 30 KIT	0	QL (30 pumps per month)
V-GO 40 KIT	0	QL (30 pumps per month)
VIVAGUARD MIS 28G	0	
VIVAGUARD MIS 30G	0	
PARENTERAL THERAPY SUPPLIES		
BD U-500 MIS 31GX6MM	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	
BD ULTRAFINE PEN NEEDLES	0	

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Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY INJ 225/1.5	2	ST, PA, QL (3 auto-injectors every 75 days)
AJOVY INJ 225/1.5	2	ST, PA, QL (3 syringes every 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 30 days)
EMGALITY INJ 120MG/ML	2	ST, QL (2 pens every 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month
EMGALITY INJ 120MG/ML	2	ST, QL (2 syringes every 25 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month
QULIPTA TAB 10MG	2	ST, PA, QL (30 tabs every 30 days)
QULIPTA TAB 30MG	2	ST, PA, QL (30 tabs every 30 days)
QULIPTA TAB 60MG	2	ST, PA, QL (30 tabs every 30 days)
UBRELVY TAB 50MG	2	ST, PA, QL (16 ea every 30 days)
UBRELVY TAB 100MG	2	ST, PA, QL (16 ea every 30 days)
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 ea every 30 days)
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 ea every 30 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs every 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 30 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (30 tabs every 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (30 ea every 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (30 inhalers every 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 inhalers every 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections every 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (36 injections every 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (24 injections every 30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	1	QL (12 inhalers every 30 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 bottles every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 30 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 30 days)

MINERALS & ELECTROLYTES**FLUORIDE**

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	1	
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	1	
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	1	
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i>	1	
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	1	
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	

IODINE PRODUCTS

<i>iodine solution strong 5% (lugol's)</i>	1	
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PHOSPHATE

<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
<i>potassium phosphate monobasic tab 500 mg</i>	1	

POTASSIUM

<i>potassium bicarbonate effer tab 25 meq</i>	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
<i>potassium chloride tab er 10 meq</i>	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	1	

MISCELLANEOUS THERAPEUTIC CLASSES**CHELATING AGENTS**

<i>penicillamine cap 250 mg</i>	3	
<i>penicillamine tab 250 mg</i>	3	
<i>trientine hcl cap 250 mg</i>	3	

IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	3	PA, QL (28 CAPSULES PER 28 DAYS)
<i>lenalidomide cap 10 mg</i>	3	PA, QL (28 CAPSULES PER 28 DAYS)
<i>lenalidomide cap 15 mg</i>	3	PA, QL (28 CAPSULES PER 28 DAYS)
<i>lenalidomide cap 20 mg</i>	3	PA, QL (42 caps every 28 days)
<i>lenalidomide cap 25 mg</i>	3	PA, QL (21 CAPSULES PER 28 DAYS)
<i>lenalidomide caps 2.5 mg</i>	3	PA, QL (30 caps every 30 days)
REVLIMID CAP 2.5MG	4	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 5MG	4	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 10MG	4	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 15MG	4	PA, QL (28 CAPSULES PER 28 DAYS)
REVLIMID CAP 20MG	4	PA, QL (21 CAPSULES PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 25MG	4	PA, QL (21 CAPSULES PER 28 DAYS)
THALOMID CAP 50MG	4	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 100MG	4	PA, QL (28 CAPSULES PER 28 DAYS)
THALOMID CAP 150MG	4	PA, QL (56 CAPSULES PER 28 DAYS)
THALOMID CAP 200MG	4	PA, QL (56 CAPSULES PER 28 DAYS)

IMMUNOSUPPRESSIVE AGENTS

ASTAGRAF XL CAP 0.5MG	3	PA
ASTAGRAF XL CAP 1MG	3	PA
ASTAGRAF XL CAP 5MG	3	PA
<i>azathioprine tab 50 mg</i>	1	
<i>azathioprine tab 75 mg</i>	2	
<i>azathioprine tab 100 mg</i>	2	
CELLCEPT CAP 250MG	3	PA
CELLCEPT IV INJ 500MG	3	PA
CELLCEPT SUS 200MG/ML	3	PA
CELLCEPT TAB 500MG	3	PA
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine modified cap 25 mg</i>	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
ENSPRYNG INJ	4	PA, QL (1 PFS PER 28 DAYS); LOADING DOSE: 3 PFS PER 29 DAYS
ENVARUSUS XR TAB 0.75MG	3	PA
ENVARUSUS XR TAB 1MG	3	PA
ENVARUSUS XR TAB 4MG	3	PA
<i>everolimus tab 0.5 mg</i>	1	
<i>everolimus tab 0.25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab 0.75 mg</i>	1	
<i>everolimus tab 1 mg</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	1	
MYFORTIC TAB 180MG	3	PA
MYFORTIC TAB 360MG	3	PA
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	PA
PROGRAF CAP 1MG	3	PA
PROGRAF CAP 5MG	3	PA
PROGRAF GRA 0.2MG	3	PA
PROGRAF GRA 1MG	3	PA
RAPAMUNE SOL 1MG/ML	3	PA
RAPAMUNE TAB 0.5MG	3	PA
RAPAMUNE TAB 1MG	3	PA
RAPAMUNE TAB 2MG	3	PA
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
<i>sirolimus oral soln 1 mg/ml</i>	1	
<i>sirolimus tab 0.5 mg</i>	1	
<i>sirolimus tab 1 mg</i>	1	
<i>sirolimus tab 2 mg</i>	1	
<i>tacrolimus cap 0.5 mg</i>	1	
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZORTRESS TAB 0.5MG	3	PA
ZORTRESS TAB 0.25MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TAB 0.75MG	3	PA
ZORTRESS TAB 1MG	3	PA
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate powder	1	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	4	PA, QL (4 INJ PER 28 DAYS); LOADING DOSE: 8 SYR PER 28 DAYS
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	QL (90 ea every 30 days)
nystatin susp 100000 unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
DENTAL PRODUCTS		
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride paste 1.1%	1	
sodium fluoride rinse 0.2%	1	
sodium fluoride-potassium nitrate gel 1.1-5%	1	
stannous fluoride conc 0.63%	1	
stannous fluoride gel 0.4%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
MUGARD LIQ	4	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
<i>b-complex w/ c & folic acid cap 1 mg</i>	1	
<i>b-complex w/ c & folic acid tab</i>	1	
<i>b-complex w/ c & folic acid tab 1 mg</i>	1	
<i>b-complex w/ c & folic acid tab 5 mg</i>	1	
<i>b-complex w/ c-biotin-minerals & folic acid tab 5 mg</i>	1	
IRON W/ VITAMINS		
<i>iron w/ vitamin tab</i>	1	
MULTIPLE VITAMINS W/ MINERALS		
<i>multiple vitamins w/ minerals cap</i>	1	
<i>multiple vitamins w/ minerals tab</i>	1	
MULTIVITAMINS		
<i>multiple vitamin cap</i>	1	
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	1	
PED MV W/ FLUORIDE		
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	1	
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	1	
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	1	
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	1	
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	1	
<i>QUFLORA PED CHW 0.5MG</i>	2	
<i>QUFLORA PED CHW 0.25MG</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
QUFLORA PED CHW 1MG	2	
QUFLORA PED DRO 0.5MG/ML	2	
QUFLORA PED DRO 0.25MG	2	
PRENATAL VITAMINS		
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	1	
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	1	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	1	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	1	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	1	
SPECIALTY VITAMINS PRODUCTS		
<i>speciality vitamin product tab</i>	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	QL (84 tabs every 30 days)
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	1	QL (168 tabs every 30 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 package (23gm) per 25 days)
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	1	
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1 package (30.5gm) per 25 days)
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 packages (25mL each) per 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 package (16gm) per 25 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	QL (2 packages (17gm each) per 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
<i>epinephrine hcl nasal soln 0.1%</i>	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole tab 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	4	PA, QL (2 BOTTLES (120 MG) PER 24 DAYS)
NUTRIENTS		
PROTEINS		
amino acids cap	1	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
levobunolol hcl ophth soln 0.5%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	1	
timolol maleate preservative free ophth soln 0.25%	1	
CYCLOPLEGIC MYDRIATICS		
atropine sulfate ophth oint 1%	1	
atropine sulfate ophth soln 1%	1	
cyclopentolate hcl ophth soln 0.5%	1	
cyclopentolate hcl ophth soln 1%	1	
cyclopentolate hcl ophth soln 2%	1	
homatropine hbr ophth soln 5%	1	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
MIOTICS		
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	1	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	
<i>gentamicin sulfate ophth oint 0.3%</i>	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	QL (4 mL every 25 days)
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
NATACYN SUS 5% OP	3	
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymyx-garamicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TOBREX OIN 0.3% OP	3	
<i>trifluridine ophth soln 1%</i>	1	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMICS - MISC.		
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>fluorescein sodium ophth strips 1 mg</i>	1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	1	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramoxine-hc-chloroxylenol otic soln 10-10-1 mg/ml</i>	1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	1	PA, QL (120 tabs every 30 days)
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
PROGESTINS		
PROGESTINS		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
<i>progesterone im in oil 50 mg/ml</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
ANTI-CATAPLECTIC AGENTS		
SOD OXYBATE SOL 500MG/ML	4	PA, QL (540 ML PER 30 DAYS)
ANTIDEMENTIA AGENTS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	4	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO TAB 9MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO TAB 12MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO XR TAB 6MG	4	PA, QL (90 TABLETS PER 30 DAYS)
AUSTEDO XR TAB 12MG	4	PA, QL (120 TABLETS PER 30 DAYS)
AUSTEDO XR TAB 24MG	4	PA, QL (60 TABLETS PER 30 DAYS)
AUSTEDO XR TAB TITR KIT	4	PA, QL (42 TABLETS PER 28 DAYS)
INGREZZA CAP 40-80MG	4	PA
INGREZZA CAP 40MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
INGREZZA CAP 60MG	4	PA, QL (30 CAPSULES PER 30 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAP 80MG	4	PA, QL (30 CAPSULES PER 30 DAYS)
<i>tetrabenazine tab 12.5 mg</i>	3	PA, QL (120 TABLETS PER 30 DAYS)
<i>tetrabenazine tab 25 mg</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN KIT 30MCG	4	PA, QL (4 PENS PER 28 DAYS)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 SYRINGES PER 28 DAYS)
BETASERON INJ 0.3MG	4	PA, QL (14 KITS PER 28 DAYS)
COPAXONE INJ 40MG/ML	4	PA, QL (12 SYRINGES PER 28 DAYS)
<i>dalfampridine tab er 12hr 10 mg</i>	3	PA, QL (60 TABLETS PER 30 DAYS)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	3	PA, QL (14 CAPSULES PER 28 DAYS)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	3	PA, QL (60 CAPSULES PER 30 DAYS)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	3	PA, QL (60 CAPSULES PER 30 DAYS)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	3	PA, QL (30 CAPSULES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	3	PA, QL (30 SYRINGES PER 30 DAYS)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	3	PA, QL (12 SYRINGES PER 28 DAYS)
KESIMPTA INJ 20/.4ML	4	PA, QL (1 PENS PER 28 DAYS); LOADING DOSE: 3 PENS PER 15 DAYS
MAYZENT PAK STARTER	4	
MAYZENT PAK STARTER	4	PA, QL (7 TABLETS PER 4 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
MAYZENT TAB 0.25MG	4	PA, QL (12 TABLETS PER 5 DAYS)
MAYZENT TAB 1MG	4	PA, QL (30 TABLETS PER 30 DAYS)
MAYZENT TAB 2MG	4	PA, QL (30 TABLETS PER 30 DAYS)
PLEGRIDY INJ	4	PA, QL (1 CARTON PER 28 DAYS)
PLEGRIDY INJ	4	PA, QL (1 KIT PER 28 DAYS)
PLEGRIDY INJ PEN	4	PA, QL (2 PENS PER 28 DAYS)
PLEGRIDY INJ STARTER	4	PA, QL (1 PACK PER 28 DAYS)
PLEGRIDY PEN INJ STARTER	4	PA, QL (1 PACK PER 28 DAYS)
REBIF INJ 22/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF INJ 44/0.5	4	PA, QL (12 SYRINGES PER 28 DAYS)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 SYR PER 28 DAYS)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 SYR PER 28 DAYS)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 INJ PER 28 DAYS)
REBIF TITRTN INJ PACK	4	PA, QL (12 SYRINGES PER 28 DAYS)
<i>teriflunomide tab 7 mg</i>	3	PA, QL (30 tabs every 30 days)
<i>teriflunomide tab 14 mg</i>	3	PA, QL (30 tabs every 30 days)
VUMERITY CAP 231MG	4	PA, QL (120 CAPSULES PER 30 DAYS)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (7 TABLETS PER 7 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA CAP .92MG	4	PA, QL (30 TABLETS PER 30 DAYS)
ZEPOSIA CAP STR KIT	4	PA, QL (1 Starter Kit per 28 days)
ZEPOSIA CAP STR KIT	4	PA, QL (37 TABLETS PER 37 DAYS)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>pregabalin tab er 24hr 82.5 mg</i>	1	QL (60 tabs every 30 days)
<i>pregabalin tab er 24hr 165 mg</i>	1	QL (60 tabs every 30 days)
<i>pregabalin tab er 24hr 330 mg</i>	1	QL (60 tabs every 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	4	PA, QL (4 PFS PER 28 DAYS)
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO GRA 5.8MG	4	PA, QL (56 packets per 28 days)
KALYDECO GRA 13.4MG	4	PA, QL (56 packets per 28 days)
KALYDECO PAK 25MG	4	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO PAK 50MG	4	PA, QL (56 PACKETS PER 28 DAYS)

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO PAK 75MG	4	PA, QL (56 PACKETS PER 28 DAYS)
KALYDECO TAB 150MG	4	PA, QL (1 CARTON (56 TABS) PER 28 DAYS)
PULMOZYME SOL 1MG/ML	4	PA, QL (60 AMPULES PER 30 DAYS)
SYMDEKO TAB 50-75MG	4	PA, QL (56 TABLETS PER 28 DAYS)
SYMDEKO TAB 100-150	4	PA, QL (56 TABLETS PER 28 DAYS)
TRIKAFTA PAK 59.5MG	4	PA, QL (56 packets per 28 days)
TRIKAFTA PAK 75MG	4	PA, QL (56 packets per 28 days)
TRIKAFTA TAB	4	PA, QL (84 TABLETS PER 28 DAYS)
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
OFEV CAP 150MG	4	PA, QL (60 CAPSULES PER 30 DAYS)
<i>pirfenidone cap 267 mg</i>	3	PA, QL (270 caps every 30 days)
<i>pirfenidone tab 267 mg</i>	3	QL (270 TABLETS PER 30 DAYS)
<i>pirfenidone tab 801 mg</i>	3	QL (90 TABLETS PER 30 DAYS)
SULFONAMIDES		
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	3	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	1	
<i>demeclocycline hcl tab 300 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>minocycline hcl tab er 24hr biphasic release 105 mg</i>	1	
<i>minocycline hcl tab er 24hr biphasic release 135 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	QL (120 caps every 25 days)
<i>tetracycline hcl cap 500 mg</i>	1	QL (120 caps every 25 days)

THYROID AGENTS**ANTITHYROID AGENTS**

<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	

THYROID HORMONES

<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**ANTISPASMODICS**

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	1	

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
<i>nizatidine oral soln 15 mg/ml</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>dexlansoprazole cap delayed release 60 mg</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	QL (90 caps every year)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	QL (90 packets every year)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	QL (90 packets every year)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (90 caps every year)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 20 mg</i>	1	QL (90 caps every year)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (90 caps every year)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 ea every year)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QL (90 tabs every year)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	1	QL (90 vials every year)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (90 tabs every year)
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol tab 200 mcg</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>miconazole nitrate vaginal suppos 200 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	Tier 1 with DAW9
VAGINAL PROGESTINS		
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>epinephrine inj 1 mg/ml (1:1000)</i>	1	QL (6 injections every 300 days)
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	1	QL (6 injections every 300 days)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QL (6 injections every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QL (6 injections every 300 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	QL (6 injections every 300 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 injections every 300 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 injections every 300 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMJEPI INJ 0.3MG	2	QL (6 injections every 300 days)
SYMJEPI INJ 0.15MG	2	QL (6 injections every 300 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	3	PA, QL (90 CAPSULES PER 30 DAYS)
<i>droxidopa cap 200 mg</i>	3	PA, QL (180 CAPSULES PER 30 DAYS)
<i>droxidopa cap 300 mg</i>	3	PA, QL (180 CAPSULES PER 30 DAYS)
VASOPRESSORS		
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>phytonadione tab 5 mg</i>	1	

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<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	95	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	62
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	95	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	62
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	95	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	62
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	61	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	62
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	61	<i>amoxapine tab 100 mg</i>	47
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	61	<i>amoxapine tab 150 mg</i>	47
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	61	<i>amoxapine tab 25 mg</i>	47
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	61	<i>amoxapine tab 50 mg</i>	47
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	61	<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	173
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	62	<i>amoxicillin (trihydrate) cap 250 mg</i>	162
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	62	<i>amoxicillin (trihydrate) cap 500 mg</i>	162
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	61	<i>amoxicillin (trihydrate) chew tab 125 mg</i> 162	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	61	<i>amoxicillin (trihydrate) chew tab 250 mg</i> 162	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	92	<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	162
		<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	162
		<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	162
		<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	162
		<i>amoxicillin (trihydrate) tab 500 mg</i>	162
		<i>amoxicillin (trihydrate) tab 875 mg</i>	162

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	162	<i>amphetamine-dextroamphetamine tab 5 mg</i>	1
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	162	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	162	<i>amphetamine sulfate tab 10 mg</i>	1
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	162	<i>amphetamine sulfate tab 5 mg</i>	1
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	163	<i>ampicillin cap 500 mg</i>	162
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	163	<i>anagrelide hcl cap 0.5 mg</i>	132
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	163	<i>anagrelide hcl cap 1 mg</i>	132
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	163	<i>anastrozole tab 1 mg</i>	69
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	163	<i>ANNOVERA MIS</i>	102
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	163	<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	159
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	<i>aprepitant capsule 125 mg</i>	54
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	<i>aprepitant capsule 40 mg</i>	54
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	<i>aprepitant capsule 80 mg</i>	54
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	54
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	<i>AQUALANCE MIS 30G</i>	137
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	<i>ARANESP INJ 100MCG</i>	133
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	<i>ARANESP INJ 10MCG</i>	133
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	<i>ARANESP INJ 150MCG</i>	133
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	<i>ARANESP INJ 200MCG</i>	133
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	<i>ARANESP INJ 25MCG</i>	133
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	<i>ARANESP INJ 300MCG</i>	133
		<i>ARANESP INJ 40MCG</i>	133
		<i>ARANESP INJ 500MCG</i>	133
		<i>ARANESP INJ 60MCG</i>	133
		<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	36
		<i>ARIKAYCE SUS</i>	7
		<i>aripiprazole orally disintegrating tab 10 mg</i>	83
		<i>aripiprazole orally disintegrating tab 15 mg</i>	83
		<i>aripiprazole oral solution 1 mg/ml</i>	83
		<i>aripiprazole tab 10 mg</i>	83
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		<i>aripiprazole tab 2 mg</i>	83
		<i>aripiprazole tab 30 mg</i>	83
		<i>aripiprazole tab 5 mg</i>	83
		<i>ARISTADA INJ 1064MG</i>	83

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ARISTADA INJ 662MG/2	83	<i>atenolol tab 25 mg</i>	91
ARISTADA INJ 882MG/3	83	<i>atenolol tab 50 mg</i>	91
ARISTADA INJ INITIO	83	<i>atomoxetine hcl cap 100 mg (base equiv)</i> ..	4
<i>armodafinil tab 150 mg</i>	4	<i>atomoxetine hcl cap 10 mg (base equiv)</i> ...	4
<i>armodafinil tab 200 mg</i>	4	<i>atomoxetine hcl cap 18 mg (base equiv)</i>	4
<i>armodafinil tab 250 mg</i>	4	<i>atomoxetine hcl cap 25 mg (base equiv)</i> ...	4
<i>armodafinil tab 50 mg</i>	4	<i>atomoxetine hcl cap 40 mg (base equiv)</i>	4
ARNUITY ELPT INH 100MCG	35	<i>atomoxetine hcl cap 60 mg (base equiv)</i>	4
ARNUITY ELPT INH 200MCG.....	35	<i>atomoxetine hcl cap 80 mg (base equiv)</i>	4
ARNUITY ELPT INH 50MCG	35	<i>atorvastatin calcium tab 10 mg (base</i>	
<i>asenapine maleate sl tab 10 mg (base</i>		<i>equivalent)</i>	57
<i>equiv)</i>	81	<i>atorvastatin calcium tab 20 mg (base</i>	
<i>asenapine maleate sl tab 2.5 mg (base</i>		<i>equivalent)</i>	57
<i>equiv)</i>	80	<i>atorvastatin calcium tab 40 mg (base</i>	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>		<i>equivalent)</i>	57
.....	80	<i>atorvastatin calcium tab 80 mg (base</i>	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>		<i>equivalent)</i>	57
.....	132	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	
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ASSURE LANCE MIS 21G	137	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	
ASSURE LANCE MIS 28G	137	65
ASSURE LANCE MIS LOW FLOW	137	<i>atovaquone susp 750 mg/5ml</i>	30
ASSURE LANCE MIS MICRO	137	<i>atropine sulfate ophth oint 1%</i>	158
ASSURE LANCE MIS SAFE 25G	137	<i>atropine sulfate ophth soln 1%</i>	158
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<i>atazanavir sulfate cap 300 mg (base equiv)</i>		<i>azathioprine tab 100 mg</i>	152
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<i>azelastine hcl nasal spray 0.1% (137</i>	
<i>mcg/spray)</i>	157
<i>azelastine hcl nasal spray 0.15% (205.5</i>	
<i>mcg/spray)</i>	157
<i>azelastine hcl ophth soln 0.05%</i>	160
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<i>azithromycin for susp 200 mg/5ml</i>	136
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<i>azithromycin tab 250 mg</i>	136
<i>azithromycin tab 500 mg</i>	136
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<i>baclofen oral soln 5 mg/5ml</i>	156
<i>baclofen tab 10 mg</i>	156
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<i>b-complex w/ c & folic acid tab 1 mg</i>	155
<i>b-complex w/ c & folic acid tab 5 mg</i>	155
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<i>benazepril & hydrochlorothiazide tab 20-25</i>	
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<i>benazepril & hydrochlorothiazide tab 5-</i>	
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<i>benazepril hcl tab 10 mg</i>	59
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<i>benazepril hcl tab 40 mg</i>	59
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<i>benzonatate cap 150 mg</i>	104
<i>benzonatate cap 200 mg</i>	104
<i>benzoyl peroxide cloth 6%</i>	105
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	
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<i>benzoyl peroxide foam 5.3%</i>	105
<i>benzoyl peroxide foam 9.8%</i>	105
<i>benzoyl peroxide gel 8%</i>	105
<i>benzoyl peroxide-hydrocortisone lotion 5-</i>	
<i>0.5%</i>	105
<i>benzphetamine hcl tab 25 mg</i>	3
<i>benzphetamine hcl tab 50 mg</i>	2
<i>benztropine mesylate tab 0.5 mg</i>	76
<i>benztropine mesylate tab 1 mg</i>	76
<i>benztropine mesylate tab 2 mg</i>	76
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<i>lotion 0.05%</i>	114

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<i>betamethasone dipropionate cream 0.05%</i>	114	BOSULIF TAB 400MG	71
<i>betamethasone dipropionate lotion 0.05%</i>	114	BOSULIF TAB 500MG	71
<i>betamethasone valerate aerosol foam 0.12%</i>	114	BREO ELLIPTA INH 100-25	36
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	114	BREO ELLIPTA INH 200-25	36
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<i>betaxolol hcl tab 10 mg</i>	91	<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	118
<i>betaxolol hcl tab 20 mg</i>	91	<i>brimonidine tartrate ophth soln 0.15%</i>	159
<i>bethanechol chloride tab 10 mg</i>	173	<i>brimonidine tartrate ophth soln 0.2%</i>	159
<i>bethanechol chloride tab 25 mg</i>	173	<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	158
<i>bethanechol chloride tab 50 mg</i>	173	<i>brinzolamide ophth susp 1%</i>	160
<i>bethanechol chloride tab 5 mg</i>	173	<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	160
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<i>bexarotene cap 75 mg</i>	76	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	77
<i>bexarotene gel 1%</i>	108	<i>budesonide delayed release particles cap 3 mg</i>	103
<i>bicalutamide tab 50 mg</i>	69	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	36
BIKTARVY TAB.....	84	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	36
<i>bimatoprost ophth soln 0.03%</i>	161	<i>budesonide inhalation susp 0.25 mg/2ml</i> 35	
<i>bimatoprost soln 0.03%</i>	117	<i>budesonide inhalation susp 0.5 mg/2ml</i> ..35	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	173	<i>budesonide inhalation susp 1 mg/2ml</i>	35
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	62	<i>budesonide rectal foam 2 mg/act</i>	28
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	62	<i>budesonide tab er 24hr 9 mg</i>	103
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	62	<i>bumetanide tab 0.5 mg</i>	121
<i>bisoprolol fumarate tab 10 mg</i>	91	<i>bumetanide tab 1 mg</i>	121
<i>bisoprolol fumarate tab 5 mg</i>	91	<i>bumetanide tab 2 mg</i>	121
<i>bosentan tab 125 mg</i>	97	<i>buprenorphine hcl buccal film 150 mcg (base equivalent)</i>	26
<i>bosentan tab 62.5 mg</i>	97	<i>buprenorphine hcl buccal film 300 mcg (base equivalent)</i>	27
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<i>buprenorphine hcl buccal film 750 mcg (base equivalent)</i>	27	<i>buspirone hcl tab 30 mg</i>	32
<i>buprenorphine hcl buccal film 75 mcg (base equivalent)</i>	26	<i>buspirone hcl tab 5 mg</i>	32
<i>buprenorphine hcl buccal film 900 mcg (base equivalent)</i>	27	<i>buspirone hcl tab 7.5 mg</i>	32
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	27	<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	19
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	27	<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	19
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	27	<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	19
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	27	<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	25
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	27	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	25
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	27	<i>butalbital-acetaminophen tab 50-325 mg</i> 19	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	27	<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	19
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	27	<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	25
<i>buprenorphine td patch weekly 10 mcg/hr</i>	27	<i>butorphanol tartrate nasal soln 10 mg/ml</i> .27	
<i>buprenorphine td patch weekly 15 mcg/hr</i>	27	C	
<i>buprenorphine td patch weekly 20 mcg/hr</i>	27	<i>cabergoline tab 0.5 mg</i>	125
<i>buprenorphine td patch weekly 5 mcg/hr</i>	27	CABOMETYX TAB 20MG	71
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	27	CABOMETYX TAB 40MG	71
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<i>bupropion hcl tab 100 mg</i>	44	<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	2
<i>bupropion hcl tab 75 mg</i>	44	CALCIPOTRIEN AER 0.005%	109
<i>bupropion hcl tab er 12hr 100 mg</i>	44	<i>calcipotriene oint 0.005%</i>	109
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<i>bupropion hcl tab er 24hr 300 mg</i>	44	<i>calcitriol cap 0.5 mcg</i>	124
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		carvedilol tab 3.125 mg	90
		carvedilol tab 6.25 mg.....	90
		cefaclor cap 250 mg.....	99

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<i>cefaclor for susp 125 mg/5ml</i>	99	55
<i>cefaclor for susp 250 mg/5ml</i>	99	CETROTIDE KIT 0.25MG.....	123
<i>cefaclor for susp 375 mg/5ml</i>	99	<i>cevimeline hcl cap 30 mg</i>	154
<i>cefadroxil cap 500 mg</i>	99	<i>chlordiazepoxide-amitriptyline tab 10-25</i>	
<i>cefadroxil for susp 250 mg/5ml</i>	99	<i>mg</i>	164
<i>cefadroxil for susp 500 mg/5ml</i>	99	<i>chlordiazepoxide-amitriptyline tab 5-12.5</i>	
<i>cefadroxil tab 1 gm</i>	99	<i>mg</i>	164
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<i>cefdinir for susp 125 mg/5ml</i>	100	<i>chlordiazepoxide hcl cap 25 mg</i>	32
<i>cefdinir for susp 250 mg/5ml</i>	100	<i>chlordiazepoxide hcl cap 5 mg</i>	32
<i>cefixime cap 400 mg</i>	100	<i>chlordiazepoxide hcl-clidinium bromide</i>	
<i>cefixime for susp 100 mg/5ml</i>	100	<i>cap 5-2.5 mg</i>	171
<i>cefixime for susp 200 mg/5ml</i>	100	<i>chlorhexidine gluconate soln 0.12%</i>	154
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>		<i>chloroquine phosphate tab 250 mg</i>	65
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.....	100	<i>chlorpromazine hcl inj 50 mg/2ml</i>	82
<i>cefpodoxime proxetil tab 100 mg</i>	100	<i>chlorpromazine hcl tab 100 mg</i>	82
<i>cefpodoxime proxetil tab 200 mg</i>	100	<i>chlorpromazine hcl tab 10 mg</i>	82
<i>cefprozil for susp 125 mg/5ml</i>	99	<i>chlorpromazine hcl tab 200 mg</i>	82
<i>cefprozil for susp 250 mg/5ml</i>	99	<i>chlorpromazine hcl tab 25 mg</i>	82
<i>cefprozil tab 250 mg</i>	100	<i>chlorpromazine hcl tab 50 mg</i>	82
<i>cefprozil tab 500 mg</i>	100	<i>chlorthalidone tab 25 mg</i>	121
<i>cefuroxime axetil tab 250 mg</i>	100	<i>chlorthalidone tab 50 mg</i>	121
<i>cefuroxime axetil tab 500 mg</i>	100	<i>chlorzoxazone tab 500 mg</i>	156
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<i>celecoxib cap 200 mg</i>	14	<i>cholestyramine light powder packets 4 gm</i>	
<i>celecoxib cap 400 mg</i>	14	56
<i>celecoxib cap 50 mg</i>	14	<i>cholestyramine powder 4 gm/dose</i>	56
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CELLCEPT SUS 200MG/ML.....	152	<i>(fenofibric acid equiv)</i>	56
CELLCEPT TAB 500MG.....	152	<i>choline fenofibrate cap dr 45 mg (fenofibric</i>	
<i>cephalexin cap 250 mg</i>	99	<i>acid equiv)</i>	56
<i>cephalexin cap 500 mg</i>	99	<i>ciclopirox gel 0.77%</i>	107
<i>cephalexin cap 750 mg</i>	99	<i>ciclopirox olamine cream 0.77% (base</i>	
<i>cephalexin for susp 125 mg/5ml</i>	99	<i>equiv)</i>	107
<i>cephalexin for susp 250 mg/5ml</i>	99	<i>ciclopirox olamine susp 0.77% (base equiv)</i>	
<i>cephalexin tab 250 mg</i>	99	107
<i>cephalexin tab 500 mg</i>	99	<i>ciclopirox shampoo 1%</i>	107
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<i>cilostazol tab 50 mg</i>	132	CLEANLET 28G MIS LANCETS.....	138
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<i>cimetidine hcl soln 300 mg/5ml</i>	171	<i>clemastine fumarate tab 2.68 mg</i>	55
<i>cimetidine tab 200 mg</i>	171	CLENPIQ SOL.....	136
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<i>cinacalcet hcl tab 60 mg (base equiv)</i>	124	<i>clindamycin hcl cap 300 mg</i>	30
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	124	<i>clindamycin hcl cap 75 mg</i>	30
CIPRO (10%) SUS 500MG/5	127	<i>clindamycin palmitate hcl for soln 75</i> <i>mg/5ml (base equiv)</i>	30
CIPRO (5%) SUS 250MG/5	127	<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1.2-2.5%</i>	106
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	161	<i>clindamycin phosphate-benzoyl peroxide</i> <i>gel 1-5%</i>	106
<i>ciprofloxacin for oral susp 250 mg/5ml</i> (5%) (5 gm/100ml)	127	<i>clindamycin phosphate foam 1%</i>	105
<i>ciprofloxacin for oral susp 500 mg/5ml</i> (10%) (10 gm/100ml)	127	<i>clindamycin phosphate gel 1%</i>	105
<i>ciprofloxacin hcl ophth soln 0.3% (base</i> <i>equivalent)</i>	159	<i>clindamycin phosphate lotion 1%</i>	105
<i>ciprofloxacin hcl otic soln 0.2% (base</i> <i>equivalent)</i>	161	<i>clindamycin phosphate soln 1%</i>	105
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	127	<i>clindamycin phosphate swab 1%</i>	106
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	127	<i>clindamycin phosphate-tretinoin gel 1.2-</i> <i>0.025%</i>	106
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	128	<i>clindamycin phosphate vaginal cream 2%</i>	174
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	128	<i>clindamycin phosph-benzoyl peroxide</i> (refrig) gel 1.2 (1)-5%	105
<i>citalopram hydrobromide oral soln 10</i> <i>mg/5ml</i>	44	<i>clobazam suspension 2.5 mg/ml</i>	39
<i>citalopram hydrobromide tab 10 mg (base</i> <i>equiv)</i>	44	<i>clobazam tab 10 mg</i>	39
<i>citalopram hydrobromide tab 20 mg (base</i> <i>equiv)</i>	44	<i>clobazam tab 20 mg</i>	39
<i>citalopram hydrobromide tab 40 mg (base</i> <i>equiv)</i>	44	<i>clobetasol propionate cream 0.05%</i>	114
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<i>clarithromycin for susp 250 mg/5ml</i>	136	<i>clobetasol propionate foam 0.05%</i>	114
<i>clarithromycin tab 250 mg</i>	136	<i>clobetasol propionate gel 0.05%</i>	114
<i>clarithromycin tab 500 mg</i>	136	<i>clobetasol propionate lotion 0.05%</i>	114
		<i>clobetasol propionate oint 0.05%</i>	114
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		<i>clobetasol propionate soln 0.05%</i>	115
		<i>clobetasol propionate spray 0.05%</i>	115
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<i>clomipramine hcl cap 75 mg</i>	47	<i>clozapine tab 200 mg</i>	81
<i>clonazepam orally disintegrating tab 0.125</i> <i>mg</i>	39	<i>clozapine tab 25 mg</i>	81
<i>clonazepam orally disintegrating tab 0.25</i> <i>mg</i>	39	<i>clozapine tab 50 mg</i>	81
<i>clonazepam orally disintegrating tab 0.5 mg</i>	39	COAGUCHEK MIS LANCETS	138
<i>clonazepam orally disintegrating tab 1 mg</i>	39	<i>coal tar soln 20%</i>	119
<i>clonazepam orally disintegrating tab 2 mg</i>	39	<i>codeine sulfate tab 30 mg</i>	19
<i>clonazepam tab 0.5 mg</i>	39	CODEINE SULF TAB 15MG	19
<i>clonazepam tab 1 mg</i>	39	CODEINE SULF TAB 60MG	19
<i>clonazepam tab 2 mg</i>	39	<i>colchicine tab 0.6 mg</i>	131
<i>clonidine hcl tab 0.1 mg</i>	60	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	131
<i>clonidine hcl tab 0.2 mg</i>	60	<i>colesevelam hcl packet for susp 3.75 gm</i> 56	
<i>clonidine hcl tab 0.3 mg</i>	60	<i>colesevelam hcl tab 625 mg</i>	56
<i>clonidine hcl tab er 12hr 0.1 mg</i>	4	<i>colestipol hcl granule packets 5 gm</i>	56
<i>clonidine hcl tab er 24hr 0.17 mg (base</i> <i>equivalent)</i>	60	<i>colestipol hcl granules 5 gm</i>	56
<i>clonidine td patch weekly 0.1 mg/24hr</i>	61	<i>colestipol hcl tab 1 gm</i>	56
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<i>clonidine td patch weekly 0.3 mg/24hr</i>	61	COMFORT ASSU MIS LANC 33G	138
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cromolyn sodium soln nebu 20 mg/2ml ...	34	dantrolene sodium cap 25 mg	156
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cyclobenzaprine hcl tab 5 mg.....	156	deferasirox granules packet 360 mg	53
cyclopentolate hcl ophth soln 0.5%	158	deferasirox granules packet 90 mg.....	53
cyclopentolate hcl ophth soln 1%.....	158	deferasirox tab 180 mg.....	53
cyclopentolate hcl ophth soln 2%	158	deferasirox tab 360 mg	53
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(etexilate base eq).....	39	desloratadine tab orally disintegrating 2.5	
dabigatran etexilate mesylate cap 75 mg		mg	55
(etexilate base eq).....	39	desloratadine tab orally disintegrating 5 mg	
dalfampridine tab er 12hr 10 mg	166	55

<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab therapy pack 1.5 mg</i>	
0.01%.....	125	(49)	103
<i>desmopressin acetate nasal spray soln</i>		<i>dexamethasone tab therapy pack 1.5 mg</i>	
0.01% (refrigerated)	125	(51)	103
<i>desmopressin acetate tab 0.1 mg</i>	125	DEXCOM G6 MIS RECEIVER.....	139
<i>desmopressin acetate tab 0.2 mg</i>	125	DEXCOM G6 MIS SENSOR.....	139
<i>desogest-eth estrad & eth estrad tab 0.15-</i>		DEXCOM G6 MIS TRANSMIT.....	139
0.02/0.01 mg(21/5)	100	DEXCOM G7 MIS RECEIVER.....	139
<i>desogest-ethin est tab 0.1-0.025/0.125-</i>		DEXCOM G7 MIS SENSOR.....	139
0.025/0.15-0.025mg-mg	100	<i>dexlansoprazole cap delayed release 30</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i>		mg	172
30 mcg	100	<i>dexlansoprazole cap delayed release 60</i>	
<i>desonide cream 0.05%</i>	115	mg	172
<i>desonide lotion 0.05%</i>	115	<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	
<i>desonide oint 0.05%</i>	115	.....	4
<i>desoximetasone cream 0.05%</i>	115	<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	
<i>desoximetasone cream 0.25%</i>	115	.....	4
<i>desoximetasone gel 0.05%</i>	115	<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	
<i>desoximetasone oint 0.25%</i>	115	.....	5
<i>desoximetasone spray 0.25%</i>	115	<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	
<i>desvenlafaxine succinate tab er 24hr 100</i>		.....	5
mg (base equiv).....	46	<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	
<i>desvenlafaxine succinate tab er 24hr 25 mg</i>		.....	5
(base equiv)	46	<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	
<i>desvenlafaxine succinate tab er 24hr 50 mg</i>		.....	5
(base equiv)	46	<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	
<i>dexamethasone elixir 0.5 mg/5ml</i>	103	.....	5
<i>dexamethasone sodium phosphate ophth</i>		<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	4
soln 0.1%.....	160	<i>dexmethylphenidate hcl tab 10 mg</i>	5
<i>dexamethasone soln 0.5 mg/5ml</i>	103	<i>dexmethylphenidate hcl tab 2.5 mg</i>	5
<i>dexamethasone tab 0.5 mg</i>	103	<i>dexmethylphenidate hcl tab 5 mg</i>	5
<i>dexamethasone tab 0.75 mg</i>	103	<i>dextroamphetamine sulfate cap er 24hr 10</i>	
<i>dexamethasone tab 1.5 mg</i>	103	mg	1
<i>dexamethasone tab 1 mg</i>	103	<i>dextroamphetamine sulfate cap er 24hr 15</i>	
<i>dexamethasone tab 2 mg</i>	103	mg	1
<i>dexamethasone tab 4 mg</i>	103	<i>dextroamphetamine sulfate cap er 24hr 5</i>	
<i>dexamethasone tab 6 mg</i>	103	mg	1
<i>dexamethasone tab therapy pack 1.5 mg</i>		<i>dextroamphetamine sulfate oral solution 5</i>	
(21)	103	mg/5ml	2
<i>dexamethasone tab therapy pack 1.5 mg</i>		<i>dextroamphetamine sulfate tab 10 mg</i>	2
(27).....	103	<i>dextroamphetamine sulfate tab 15 mg</i>	2
<i>dexamethasone tab therapy pack 1.5 mg</i>		<i>dextroamphetamine sulfate tab 2.5 mg</i>	2
(35)	103	<i>dextroamphetamine sulfate tab 20 mg</i>	2

<i>dextroamphetamine sulfate tab 30 mg</i>.....2	<i>dicyclomine hcl tab 20 mg</i> .....171
<i>dextroamphetamine sulfate tab 5 mg</i> .....2	<i>diethylpropion hcl tab 25 mg</i> .....2
<i>dextroamphetamine sulfate tab 7.5 mg</i>2	<i>diethylpropion hcl tab er 24hr 75 mg</i>2
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<i>diazepam oral soln 1 mg/ml</i>33	<i>difluprednate ophth emulsion 0.05%</i>160
<i>diazepam rectal gel delivery system 10 mg</i>40	<i>digoxin oral soln 0.05 mg/ml</i>94
<i>diazepam rectal gel delivery system 2.5 mg</i>.....39	<i>digoxin tab 125 mcg (0.125 mg)</i> .....94
<i>diazepam rectal gel delivery system 20 mg</i>40	<i>digoxin tab 250 mcg (0.25 mg)</i>95
<i>diazepam tab 10 mg</i>33	<i>digoxin tab 62.5 mcg (0.0625 mg)</i>94
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<i>dichlorphenamide tab 50 mg</i>120	<i>diltiazem hcl cap er 12hr 90 mg</i>92
<i>diclofenac epolamine patch 1.3%</i>107	<i>diltiazem hcl cap er 24hr 120 mg</i>92
<i>diclofenac potassium tab 50 mg</i> .....14	<i>diltiazem hcl cap er 24hr 180 mg</i> .....92
<i>diclofenac sod dr tab 75 mg & capsaicin cr</i> <i>0.025% ther pack</i> .....14	<i>diltiazem hcl cap er 24hr 240 mg</i> .....93
<i>diclofenac sodium (actinic keratoses) gel</i> <i>3%</i> .....108	<i>diltiazem hcl coated beads cap er 24hr 120</i> <i>mg</i> .....93
<i>diclofenac sodium gel 1% (1.16%</i> <i>diethylamine equiv)</i> .....107	<i>diltiazem hcl coated beads cap er 24hr 180</i> <i>mg</i> .....93
<i>diclofenac sodium ophth soln 0.1%</i> .....161	<i>diltiazem hcl coated beads cap er 24hr 240</i> <i>mg</i> .....93
<i>diclofenac sodium soln 1.5%</i> .....107	<i>diltiazem hcl coated beads cap er 24hr 300</i> <i>mg</i> .....93
<i>diclofenac sodium tab delayed release 25</i> <i>mg</i>14	<i>diltiazem hcl coated beads cap er 24hr 360</i> <i>mg</i>93
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<i>diclofenac sodium tab er 24hr 100 mg</i>14	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 240 mg</i>93
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 50-0.2 mg</i>.....14	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 300 mg</i> .....93
<i>diclofenac w/ misoprostol tab delayed</i> <i>release 75-0.2 mg</i>.....14	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 360 mg</i> .....93
<i>dicloxacillin sodium cap 250 mg</i> .....163	<i>diltiazem hcl extended release beads cap</i> <i>er 24hr 420 mg</i> .....93
<i>dicloxacillin sodium cap 500 mg</i>.....163	<i>diltiazem hcl tab 120 mg</i>.....93
<i>dicyclomine hcl cap 10 mg</i>.....171	<i>diltiazem hcl tab 30 mg</i> .....93
<i>dicyclomine hcl oral soln 10 mg/5ml</i> .....171	<i>diltiazem hcl tab 60 mg</i> .....93

<i>diltiazem hcl tab 90 mg</i>	93	<i>donepezil hydrochloride tab 5 mg</i>	164
<i>diltiazem hcl tab er 24hr 180 mg</i>	93	DOPTELET TAB 20MG	133
<i>diltiazem hcl tab er 24hr 240 mg</i>	93	<i>dorzolamide hcl ophth soln 2%</i>	161
<i>diltiazem hcl tab er 24hr 300 mg</i>	93	<i>dorzolamide hcl-timolol maleate ophth soln</i>	
<i>diltiazem hcl tab er 24hr 360 mg</i>	93	2-0.5%	158
<i>diltiazem hcl tab er 24hr 420 mg</i>	93	<i>dorzolamide hcl-timolol maleate pf ophth</i>	
<i>dimethyl fumarate capsule delayed release</i>		soln 2-0.5%	158
120 mg	166	DOVATO TAB 50-300MG	84
<i>dimethyl fumarate capsule delayed release</i>		<i>doxazosin mesylate tab 1 mg</i>	61
240 mg	166	<i>doxazosin mesylate tab 2 mg</i>	61
<i>dimethyl fumarate capsule dr starter pack</i>		<i>doxazosin mesylate tab 4 mg</i>	61
120 mg & 240 mg	166	<i>doxazosin mesylate tab 8 mg</i>	61
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i> ...	55	<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		.....	135
mg/5ml	53	<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>		.....	135
mg	53	<i>doxepin hcl cap 100 mg</i>	47
<i>dipyridamole tab 25 mg</i>	132	<i>doxepin hcl cap 10 mg</i>	47
<i>dipyridamole tab 50 mg</i>	132	<i>doxepin hcl cap 150 mg</i>	47
<i>dipyridamole tab 75 mg</i>	132	<i>doxepin hcl cap 25 mg</i>	47
<i>disopyramide phosphate cap 100 mg</i>	33	<i>doxepin hcl cap 50 mg</i>	47
<i>disopyramide phosphate cap 150 mg</i>	33	<i>doxepin hcl cap 75 mg</i>	47
<i>disulfiram tab 250 mg</i>	163	<i>doxepin hcl conc 10 mg/ml</i>	47
<i>disulfiram tab 500 mg</i>	163	<i>doxepin hcl cream 5%</i>	108
<i>divalproex sodium cap delayed release</i>		<i>doxercalciferol cap 0.5 mcg</i>	124
sprinkle 125 mg	43	<i>doxercalciferol cap 1 mcg</i>	124
<i>divalproex sodium tab delayed release 125</i>		<i>doxercalciferol cap 2.5 mcg</i>	124
mg	43	<i>doxycycline hyclate cap 100 mg</i>	170
<i>divalproex sodium tab delayed release 250</i>		<i>doxycycline hyclate cap 50 mg</i>	169
mg	43	<i>doxycycline hyclate tab 100 mg</i>	170
<i>divalproex sodium tab delayed release 500</i>		<i>doxycycline hyclate tab 20 mg</i>	170
mg	43	<i>doxycycline monohydrate cap 100 mg</i> ...	170
<i>divalproex sodium tab er 24 hr 250 mg</i>	43	<i>doxycycline monohydrate cap 50 mg</i>	170
<i>divalproex sodium tab er 24 hr 500 mg</i>	43	<i>doxycycline monohydrate for susp 25</i>	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	34	mg/5ml	170
<i>dofetilide cap 250 mcg (0.25 mg)</i>	34	<i>doxycycline monohydrate tab 100 mg</i> ...	170
<i>dofetilide cap 500 mcg (0.5 mg)</i>	34	<i>doxycycline monohydrate tab 150 mg</i> ...	170
<i>donepezil hydrochloride orally</i>		<i>doxycycline monohydrate tab 50 mg</i>	170
<i>disintegrating tab 10 mg</i>	164	<i>doxycycline monohydrate tab 75 mg</i>	170
<i>donepezil hydrochloride orally</i>		<i>doxylamine-pyridoxine tab delayed release</i>	
<i>disintegrating tab 5 mg</i>	163	10-10 mg	54
<i>donepezil hydrochloride tab 10 mg</i>	164	<i>dronabinol cap 10 mg</i>	54
<i>donepezil hydrochloride tab 23 mg</i>	164	<i>dronabinol cap 2.5 mg</i>	54

<i>dronabinol cap 5 mg</i>	54	EASY TOUCH MIS LANC/28G	139
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DROPLET PERS MIS LANC 30G	139	EASY TOUCH MIS LANC/32G	139
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	100	EASY TOUCH MIS LANC/33G	139
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	100	<i>econazole nitrate cream 1%</i>	107
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	100	EDURANT TAB 25MG.....	84
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	100	<i>efavirenz cap 200 mg</i>	85
DROXIA CAP 200MG	133	<i>efavirenz cap 50 mg</i>	85
DROXIA CAP 300MG	133	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	85
DROXIA CAP 400MG	133	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	85
<i>droxidopa cap 100 mg</i>	175	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	85
<i>droxidopa cap 200 mg</i>	175	<i>efavirenz tab 600 mg</i>	85
<i>droxidopa cap 300 mg</i>	175	<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	148
DULERA AER 100-5MCG.....	36	<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	149
DULERA AER 200-5MCG.....	36	ELLA TAB 30MG	102
DULERA AER 50-5MCG	36	EMBRACE LANC MIS THIN 30G.....	139
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	46	EMCYT CAP 140MG	69
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	46	EMGALITY INJ 100MG/ML	148
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	46	EMGALITY INJ 120MG/ML	148
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	46	<i>emtricitabine caps 200 mg</i>	85
DUOBRII LOT.....	115	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	85
DUPIXENT INJ 100/0.67	34	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	85
DUPIXENT INJ 200/1.14	34	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	85
DUPIXENT INJ 200MG	116	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	85
DUPIXENT INJ 300/2ML.....	116	EMTRIVA SOL 10MG/ML	85
<i>dutasteride cap 0.5 mg</i>	130	EMVERM CHW 100MG.....	29
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	130	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	63
E		<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	63
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EASY COMFORT MIS LANC/30G	139	<i>enalapril maleate tab 10 mg</i>	59
EASY COMFORT MIS TWIST	139	<i>enalapril maleate tab 2.5 mg</i>	59
EASY TOUCH MIS LANC/21G	139	<i>enalapril maleate tab 20 mg</i>	59
EASY TOUCH MIS LANC/23G	139		
EASY TOUCH MIS LANC/26G	139		

<i>enalapril maleate tab 5 mg</i>	59	<i>epinephrine solution auto-injector 0.15</i>	
ENBREL INJ 25/0.5ML.....	18	<i>mg/0.15ml (1:1000)</i>	174
ENBREL INJ 25MG.....	18	<i>epinephrine solution auto-injector 0.15</i>	
ENBREL INJ 50MG/ML.....	18	<i>mg/0.3ml (1:2000)</i>	174
ENBREL MINI INJ 50MG/ML	18	<i>epinephrine solution auto-injector 0.3</i>	
ENBREL SRCLK INJ 50MG/ML.....	19	<i>mg/0.3ml (1:1000)</i>	174
ENDOMETRIN SUP 100MG	174	EPIPEN 2-PAK INJ 0.3MG	174
<i>enoxaparin sodium inj 300 mg/3ml</i>	38	EPIPEN-JR INJ 0.15MG	174
<i>enoxaparin sodium inj soln pref syr 100</i>		<i>eplerenone tab 25 mg</i>	64
<i>mg/ml</i>	38	<i>eplerenone tab 50 mg</i>	64
<i>enoxaparin sodium inj soln pref syr 120</i>		EQL LANCETS MIS 21G COLR	139
<i>mg/0.8ml</i>	39	EQL LANCETS MIS 33G COLR.....	139
<i>enoxaparin sodium inj soln pref syr 150</i>		EQL LANCETS MIS THIN 26G.....	139
<i>mg/ml</i>	39	EQL LANCETS MIS THIN 30G.....	139
<i>enoxaparin sodium inj soln pref syr 30</i>		<i>ergocalciferol cap 1.25 mg (50000 unit)</i> .	175
<i>mg/0.3ml</i>	38	<i>ergoloid mesylates tab 1 mg</i>	168
<i>enoxaparin sodium inj soln pref syr 40</i>		ERIVEDGE CAP 150MG	68
<i>mg/0.4ml</i>	38	ERLEADA TAB 240MG	69
<i>enoxaparin sodium inj soln pref syr 60</i>		ERLEADA TAB 60MG	69
<i>mg/0.6ml</i>	38	<i>erlotinib hcl tab 100 mg (base equivalent)</i>	68
<i>enoxaparin sodium inj soln pref syr 80</i>		<i>erlotinib hcl tab 150 mg (base equivalent)</i>	68
<i>mg/0.8ml</i>	38	<i>erlotinib hcl tab 25 mg (base equivalent)</i> .	68
ENSPRYNG INJ	152	<i>erythromycin ethylsuccinate for susp 200</i>	
ENSTILAR AER.....	115	<i>mg/5ml</i>	136
<i>entacapone tab 200 mg</i>	77	<i>erythromycin ethylsuccinate for susp 400</i>	
<i>entecavir tab 0.5 mg</i>	88	<i>mg/5ml</i>	136
<i>entecavir tab 1 mg</i>	88	<i>erythromycin ethylsuccinate tab 400 mg</i>	
ENTRESTO TAB 24-26MG	95	.....	136
ENTRESTO TAB 49-51MG.....	95	<i>erythromycin gel 2%</i>	106
ENTRESTO TAB 97-103MG	96	<i>erythromycin ophth oint 5 mg/gm</i>	159
ENVARBUS XR TAB 0.75MG	152	<i>erythromycin pads 2%</i>	106
ENVARBUS XR TAB 1MG	152	<i>erythromycin soln 2%</i>	106
ENVARBUS XR TAB 4MG.....	152	<i>erythromycin stearate tab 250 mg</i>	137
EPCLUSA PAK 150-37.5	88, 89	<i>erythromycin tab 250 mg</i>	137
EPCLUSA PAK 200-50MG.....	89	<i>erythromycin tab 500 mg</i>	137
EPCLUSA TAB 200-50MG.....	89	<i>erythromycin tab delayed release 250 mg</i>	
EPCLUSA TAB 400-100	89	.....	137
<i>epinastine hcl ophth soln 0.05%</i>	161	<i>erythromycin tab delayed release 333 mg</i>	
<i>epinephrine hcl nasal soln 0.1%</i>	157	.....	137
<i>epinephrine inj 1 mg/ml (1:1000)</i>	174	<i>erythromycin tab delayed release 500 mg</i>	
<i>epinephrine inj 30 mg/30ml (1 mg/ml)</i>		.....	137
<i>(1:1000)</i>	174	<i>erythromycin w/ delayed release particles</i>	
		<i>cap 250 mg</i>	137

escitalopram oxalate soln 5 mg/5ml (base equiv)	44	estradiol td patch twice weekly 0.075 mg/24hr	127
escitalopram oxalate tab 10 mg (base equiv)	44	estradiol td patch twice weekly 0.1 mg/24hr	127
escitalopram oxalate tab 20 mg (base equiv)	44	estradiol td patch weekly 0.025 mg/24hr	127
escitalopram oxalate tab 5 mg (base equiv)	44	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	127
esomeprazole magnesium cap delayed release 20 mg (base eq)	172	estradiol td patch weekly 0.05 mg/24hr	127
esomeprazole magnesium cap delayed release 40 mg (base eq)	172	estradiol td patch weekly 0.06 mg/24hr	127
esomeprazole magnesium for delayed release susp packet 10 mg	172	estradiol td patch weekly 0.075 mg/24hr	127
esomeprazole magnesium for delayed release susp packet 20 mg	172	estradiol td patch weekly 0.1 mg/24hr	127
esomeprazole magnesium for delayed release susp packet 40 mg	172	estradiol vaginal cream 0.1 mg/gm	174
estazolam tab 1 mg	135	estradiol valerate im in oil 20 mg/ml	127
estazolam tab 2 mg	135	estradiol valerate im in oil 40 mg/ml	127
esterified estrogens & methyltestosterone tab 0.625-1.25 mg	126	eszopiclone tab 1 mg	135
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	126	eszopiclone tab 2 mg	135
estradiol & norethindrone acetate tab 0.5-0.1 mg	126	eszopiclone tab 3 mg	135
estradiol & norethindrone acetate tab 1-0.5 mg	126	ethacrynic acid tab 25 mg	121
estradiol tab 0.5 mg	127	ethambutol hcl tab 100 mg	65
estradiol tab 1 mg	127	ethambutol hcl tab 400 mg	65
estradiol tab 2 mg	127	ethosuximide cap 250 mg	43
estradiol td gel 0.25 mg/0.25gm (0.1%)	127	ethosuximide soln 250 mg/5ml	43
estradiol td gel 0.5 mg/0.5gm (0.1%)	127	ethyl chloride aerosol spray	117
estradiol td gel 0.75 mg/0.75gm (0.1%)	127	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	100
estradiol td gel 1.25 mg/1.25gm (0.1%)	127	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	100
estradiol td gel 1 mg/gm (0.1%)	127	etodolac cap 200 mg	14
estradiol td patch twice weekly 0.025 mg/24hr	127	etodolac cap 300 mg	14
estradiol td patch twice weekly 0.0375 mg/24hr	127	etodolac tab 400 mg	14
estradiol td patch twice weekly 0.05 mg/24hr	127	etodolac tab 500 mg	14
		etodolac tab er 24hr 400 mg	14
		etodolac tab er 24hr 500 mg	14
		etodolac tab er 24hr 600 mg	14
		etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	102
		etoposide cap 50 mg	76
		etravirine tab 100 mg	85
		etravirine tab 200 mg	85
		everolimus tab 0.25 mg	152
		everolimus tab 0.5 mg	152

<i>everolimus tab 0.75 mg</i>	153	<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-</i>	
<i>everolimus tab 10 mg</i>	71	<i>0.015-75-0.5-240 mg</i>	134
<i>everolimus tab 1 mg</i>	153	<i>fe fum-iron polysacch complex-fa-b cmplx-</i>	
<i>everolimus tab 2.5 mg</i>	71	<i>c-zn-mn-cu cap</i>	134
<i>everolimus tab 5 mg</i>	71	<i>felbamate susp 600 mg/5ml</i>	43
<i>everolimus tab 7.5 mg</i>	71	<i>felbamate tab 400 mg</i>	43
<i>everolimus tab for oral susp 2 mg</i>	72	<i>felbamate tab 600 mg</i>	43
<i>everolimus tab for oral susp 3 mg</i>	72	<i>felodipine tab er 24hr 10 mg</i>	93
<i>everolimus tab for oral susp 5 mg</i>	72	<i>felodipine tab er 24hr 2.5 mg</i>	93
EVOTAZ TAB 300-150	85	<i>felodipine tab er 24hr 5 mg</i>	93
EVRYSOL SOL	158	<i>fenofibrate cap 150 mg</i>	56
<i>exemestane tab 25 mg</i>	69	<i>fenofibrate micronized cap 134 mg</i>	57
<i>ezetimibe-simvastatin tab 10-10 mg</i>	56	<i>fenofibrate micronized cap 200 mg</i>	57
<i>ezetimibe-simvastatin tab 10-20 mg</i>	56	<i>fenofibrate micronized cap 43 mg</i>	56
<i>ezetimibe-simvastatin tab 10-40 mg</i>	56	<i>fenofibrate micronized cap 67 mg</i>	56
<i>ezetimibe-simvastatin tab 10-80 mg</i>	56	<i>fenofibrate tab 145 mg</i>	57
<i>ezetimibe tab 10 mg</i>	58	<i>fenofibrate tab 160 mg</i>	57
E-ZJECT LANC MIS 33G.....	139	<i>fenofibrate tab 48 mg</i>	57
E-ZJECT MIS 21G	139	<i>fenofibrate tab 54 mg</i>	57
E-ZJECT MIS 21G COLR.....	139	<i>fenofibric acid tab 105 mg</i>	57
E-ZJECT MIS 30G	139	<i>fenofibric acid tab 35 mg</i>	57
E-ZJECT MIS 32G COLR	139	<i>fantanyl citrate buccal tab 100 mcg (base</i>	
E-ZJECT MIS LANC 21G.....	139	<i>equiv)</i>	19
E-ZJECT MIS THIN 26G	139	<i>fantanyl citrate buccal tab 200 mcg (base</i>	
EZ-LETS 21G MIS LANCETS	139	<i>equiv)</i>	19
EZ-LETS 26G MIS LANCETS	140	<i>fantanyl citrate buccal tab 400 mcg (base</i>	
EZ-LETS 28G MIS LANCETS	140	<i>equiv)</i>	20
EZ-LETS 30G MIS LANCETS.....	140	<i>fantanyl citrate buccal tab 600 mcg (base</i>	
F		<i>equiv)</i>	20
<i>famciclovir tab 125 mg</i>	90	<i>fantanyl citrate buccal tab 800 mcg (base</i>	
<i>famciclovir tab 250 mg</i>	90	<i>equiv)</i>	20
<i>famciclovir tab 500 mg</i>	90	<i>fantanyl citrate lozenge on a handle 1200</i>	
<i>famotidine for susp 40 mg/5ml</i>	172	<i>mcg</i>	20
<i>famotidine tab 40 mg</i>	172	<i>fantanyl citrate lozenge on a handle 1600</i>	
FARXIGA TAB 10MG	52	<i>mcg</i>	20
FARXIGA TAB 5MG.....	52	<i>fantanyl citrate lozenge on a handle 200</i>	
FASENRA PEN INJ 30MG/ML.....	34	<i>mcg</i>	20
FASTCLIX MIS LANCETS	140	<i>fantanyl citrate lozenge on a handle 400</i>	
<i>febuxostat tab 40 mg</i>	131	<i>mcg</i>	20
<i>febuxostat tab 80 mg</i>	131	<i>fantanyl citrate lozenge on a handle 600</i>	
<i>fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-</i>		<i>mcg</i>	20
<i>60-0.01-1 mg</i>	134	<i>fantanyl citrate lozenge on a handle 800</i>	
		<i>mcg</i>	20

<i>fentanyl td patch 72hr 100 mcg/hr</i>	20	<i>fluocinolone acetamide oint 0.025%</i>	115
<i>fentanyl td patch 72hr 12 mcg/hr</i>	20	<i>fluocinolone acetamide soln 0.01%</i>	115
<i>fentanyl td patch 72hr 25 mcg/hr</i>	20	<i>fluocinonide cream 0.05%</i>	115
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	20	<i>fluocinonide emulsified base cream 0.05%</i>	
<i>fentanyl td patch 72hr 50 mcg/hr</i>	20	.....	115
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	20	<i>fluocinonide gel 0.05%</i>	115
<i>fentanyl td patch 72hr 75 mcg/hr</i>	20	<i>fluocinonide oint 0.05%</i>	115
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	20	<i>fluocinonide soln 0.05%</i>	115
<i>ferrous fumarate-fa-b complex-c-zn-mg-</i>		<i>fluorescein sodium ophth strips 1 mg</i>	161
<i>mn-cu tab 106-1 mg</i>	134	<i>fluorescein w/ benoxinate ophth soln 0.25-</i>	
<i>ferrous fumarate-folic acid tab 324-1 mg</i>	134	<i>0.4%</i>	161
<i>fesoterodine fumarate tab er 24hr 4 mg</i> .	173	<i>fluorescein w/ proparacaine ophth soln</i>	
<i>fesoterodine fumarate tab er 24hr 8 mg</i> .	173	<i>0.25-0.5%</i>	161
<i>FIASP FLEX INJ TOUCH</i>	51	<i>fluorometholone ophth susp 0.1%</i>	160
<i>FIASP INJ 100/ML</i>	51	<i>fluorouracil cream 0.5%</i>	108
<i>FIASP PENFIL INJ U-100</i>	51	<i>fluorouracil cream 5%</i>	108
<i>FIFTY50 SAFE MIS LANCETS</i>	140	<i>fluorouracil soln 2%</i>	108
<i>finasteride tab 1 mg</i>	117	<i>fluorouracil soln 5%</i>	108
<i>finasteride tab 5 mg</i>	131	<i>fluoxetine hcl cap 10 mg</i>	44
<i>FINE 30 MIS</i>	140	<i>fluoxetine hcl cap 20 mg</i>	44
<i>FINGERSTIX MIS LANCETS</i>	140	<i>fluoxetine hcl cap 40 mg</i>	45
<i>ingolimod hcl cap 0.5 mg (base equiv)</i> ..	166	<i>fluoxetine hcl cap delayed release 90 mg</i>	45
<i>flavoxate hcl tab 100 mg</i>	173	<i>fluoxetine hcl solution 20 mg/5ml</i>	45
<i>flecainide acetate tab 100 mg</i>	33	<i>fluoxetine hcl tab 10 mg</i>	45
<i>flecainide acetate tab 150 mg</i>	33	<i>fluoxetine hcl tab 20 mg</i>	45
<i>flecainide acetate tab 50 mg</i>	33	<i>fluphenazine decanoate inj 25 mg/ml</i>	82
<i>fluconazole for susp 10 mg/ml</i>	55	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	82
<i>fluconazole for susp 40 mg/ml</i>	55	<i>fluphenazine hcl inj 2.5 mg/ml</i>	82
<i>fluconazole tab 100 mg</i>	55	<i>fluphenazine hcl oral conc 5 mg/ml</i>	82
<i>fluconazole tab 150 mg</i>	55	<i>fluphenazine hcl tab 10 mg</i>	82
<i>fluconazole tab 200 mg</i>	55	<i>fluphenazine hcl tab 1 mg</i>	82
<i>fluconazole tab 50 mg</i>	55	<i>fluphenazine hcl tab 2.5 mg</i>	82
<i>flucytosine cap 250 mg</i>	54	<i>fluphenazine hcl tab 5 mg</i>	82
<i>fludrocortisone acetate tab 0.1 mg</i>	104	<i>flurandrenolide oint 0.05%</i>	115
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>		<i>flurazepam hcl cap 15 mg</i>	135
.....	157	<i>flurazepam hcl cap 30 mg</i>	135
<i>fluocinolone acetamide (otic) oil 0.01%</i> ...	162	<i>flurbiprofen sodium ophth soln 0.03%</i> ...	161
<i>fluocinolone acetamide cream 0.01%</i>	115	<i>flurbiprofen tab 100 mg</i>	14
<i>fluocinolone acetamide cream 0.025%</i>	115	<i>flurbiprofen tab 50 mg</i>	14
<i>fluocinolone acetamide oil 0.01% (body oil)</i>		<i>flutamide cap 125 mg</i>	69
.....	115	<i>fluticasone furoate-vilanterol aero powd ba</i>	
<i>fluocinolone acetamide oil 0.01% (scalp oil)</i>		<i>100-25 mcg/act</i>	36
.....	115		

<i>fluticasone furoate-vilanterol aero powd ba</i> 200-25 mcg/act	36	<i>fondaparinux sodium subcutaneous inj 5</i> mg/0.4ml.....	39
<i>fluticasone propionate cream 0.05%</i>	115	<i>fondaparinux sodium subcutaneous inj 7.5</i> mg/0.6ml.....	39
<i>fluticasone propionate lotion 0.05%</i>	115	FORA LANCETS MIS 30G.....	140
<i>fluticasone propionate nasal susp 50</i> mcg/act.....	157	FORA MIS LANCETS	140
<i>fluticasone propionate oint 0.005%</i>	115	<i>formaldehyde solution 10%</i>	83
<i>fluticasone-salmeterol aer powder ba 100-</i> 50 mcg/act.....	37	<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	37
<i>fluticasone-salmeterol aer powder ba 113-</i> 14 mcg/act.....	37	<i>fosamprenavir calcium tab 700 mg (base</i> equiv)	85
<i>fluticasone-salmeterol aer powder ba 232-</i> 14 mcg/act.....	37	<i>fosfomycin tromethamine powd pack 3 gm</i> (base equivalent).....	30
<i>fluticasone-salmeterol aer powder ba 250-</i> 50 mcg/act.....	37	<i>fosinopril sodium & hydrochlorothiazide tab</i> 10-12.5 mg	63
<i>fluticasone-salmeterol aer powder ba 500-</i> 50 mcg/act.....	37	<i>fosinopril sodium & hydrochlorothiazide tab</i> 20-12.5 mg.....	63
<i>fluticasone-salmeterol aer powder ba 55-14</i> mcg/act	37	<i>fosinopril sodium tab 10 mg.....</i>	59
<i>fluvastatin sodium cap 20 mg (base</i> equivalent).....	57	<i>fosinopril sodium tab 20 mg</i>	59
<i>fluvastatin sodium cap 40 mg (base</i> equivalent).....	57	<i>fosinopril sodium tab 40 mg.....</i>	59
<i>fluvastatin sodium tab er 24 hr 80 mg (base</i> equivalent).....	57	FREESTYLE MIS LANCETS.....	140
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	45	FREESTYLE MIS UNISTICK	140
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	45	<i>frovatriptan succinate tab 2.5 mg (base</i> equivalent)	149
<i>fluvoxamine maleate tab 100 mg.....</i>	45	<i>furosemide oral soln 10 mg/ml</i>	121
<i>fluvoxamine maleate tab 25 mg.....</i>	45	<i>furosemide oral soln 8 mg/ml.....</i>	121
<i>fluvoxamine maleate tab 50 mg</i>	45	<i>furosemide tab 20 mg.....</i>	121
<i>folic acid-pyridoxine-cyanocobalamin tab</i> 2.5-25-2 mg.....	119	<i>furosemide tab 40 mg</i>	121
<i>folic acid tab 1 mg</i>	133	<i>furosemide tab 80 mg</i>	121
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-</i> 25-0.5 mg	134	FUZEON INJ 90MG	85
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-</i> 25-1 mg.....	134	G	
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-</i> 25-1 mg.....	134	<i>gabapentin cap 100 mg</i>	40
<i>fondaparinux sodium subcutaneous inj 10</i> mg/0.8ml.....	39	<i>gabapentin cap 300 mg.....</i>	40
<i>fondaparinux sodium subcutaneous inj 2.5</i> mg/0.5ml.....	39	<i>gabapentin cap 400 mg.....</i>	40
		<i>gabapentin oral soln 250 mg/5ml</i>	40
		<i>gabapentin tab 600 mg</i>	40
		<i>gabapentin tab 800 mg.....</i>	40
		<i>galantamine hydrobromide cap er 24hr 16</i> mg.....	164
		<i>galantamine hydrobromide cap er 24hr 24</i> mg.....	164
		<i>galantamine hydrobromide cap er 24hr 8</i> mg.....	164

<i>galantamine hydrobromide oral soln 4 mg/ml</i>	164	GLUCOCOM MIS 33G.....	140
<i>galantamine hydrobromide tab 12 mg</i>	164	<i>glyburide-metformin tab 1.25-250 mg</i>	48
<i>galantamine hydrobromide tab 4 mg</i>	164	<i>glyburide-metformin tab 2.5-500 mg</i>	48
<i>galantamine hydrobromide tab 8 mg</i>	164	<i>glyburide-metformin tab 5-500 mg</i>	48
<i>gatifloxacin ophth soln 0.5%</i>	159	<i>glyburide micronized tab 1.5 mg</i>	52
<i>gefitinib tab 250 mg</i>	68	<i>glyburide micronized tab 3 mg</i>	52
<i>gemfibrozil tab 600 mg</i>	57	<i>glyburide micronized tab 6 mg</i>	52
<i>gentamicin sulfate cream 0.1%</i>	107	<i>glyburide tab 1.25 mg</i>	52
<i>gentamicin sulfate oint 0.1%</i>	107	<i>glyburide tab 2.5 mg</i>	53
<i>gentamicin sulfate ophth oint 0.3%</i>	159	<i>glyburide tab 5 mg</i>	53
<i>gentamicin sulfate ophth soln 0.3%</i>	159	<i>glycopyrrolate oral soln 1 mg/5ml</i>	171
GENTEEL MIS LANCETS.....	140	<i>glycopyrrolate tab 1 mg</i>	171
GENTLE-LET MIS 26G.....	140	<i>glycopyrrolate tab 2 mg</i>	171
GENTLE-LET MIS 28G.....	140	GLYXAMBI TAB 10-5 MG.....	49
GENTLE-LET MIS LANCETS.....	140	GLYXAMBI TAB 25-5 MG.....	49
GENULTIMATE TES.....	119	GNP LANCETS MIS 21G.....	140
GENVOYA TAB.....	85	GNP LANCETS MIS THIN.....	140
GILOTRIF TAB 20MG.....	68	GNP LANCETS MIS THIN 26G.....	140
GILOTRIF TAB 30MG.....	68	GOJJI LANCET MIS 30G.....	140
GILOTRIF TAB 40MG.....	68	GONAL-F INJ 1050UNIT.....	122
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	166	GONAL-F INJ 450UNIT.....	122
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	166	GONAL-F RFF INJ 300/0.5.....	123
<i>glimepiride tab 1 mg</i>	52	GONAL-F RFF INJ 450/0.75.....	123
<i>glimepiride tab 2 mg</i>	52	GONAL-F RFF INJ 75UNIT.....	122
<i>glimepiride tab 4 mg</i>	52	GONAL-F RFF INJ 900/1.5.....	123
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	48	GOODSENSE MIS LANC 26G.....	140
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	48	GOODSENSE MIS LANC 30G.....	140
<i>glipizide-metformin hcl tab 5-500 mg</i>	48	GOODSENSE MIS LANC 33G.....	140
<i>glipizide tab 10 mg</i>	52	<i>granisetron hcl tab 1 mg</i>	54
<i>glipizide tab 2.5 mg</i>	52	<i>griseofulvin microsize susp 125 mg/5ml</i>	54
<i>glipizide tab 5 mg</i>	52	<i>griseofulvin microsize tab 500 mg</i>	54
<i>glipizide tab er 24hr 10 mg</i>	52	<i>griseofulvin microsize tab 125 mg</i>	54
<i>glipizide tab er 24hr 2.5 mg</i>	52	<i>griseofulvin ultramicrosize tab 250 mg</i>	54
<i>glipizide tab er 24hr 5 mg</i>	52	<i>guanfacine hcl tab 1 mg</i>	61
GLOBAL 28G MIS LANCETS.....	140	<i>guanfacine hcl tab 2 mg</i>	61
GLOBAL 30G MIS LANCETS.....	140	<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	4
<i>glucagon (rdna) for inj kit 1 mg</i>	50	<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	4
GLUCOCARD TES SHINE.....	119	<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	4
GLUCOCOM MIS 28G.....	140	<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	4
GLUCOCOM MIS 30G.....	140		

GVOKE HYPO 1 INJ .5/.1ML.....	50	<i>heparin sodium (porcine) inj 10000 unit/ml</i>	
GVOKE HYPO 1 INJ 1MG/.2ML	50	.....	39
GVOKE HYPO 2 INJ .5/.1ML.....	50	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	39
GVOKE HYPO 2 INJ 1MG/.2ML.....	50	<i>heparin sodium (porcine) inj 20000 unit/ml</i>	
GVOKE KIT SOL 1MG/0.2M.....	50	.....	39
GVOKE PFS INJ.....	50	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	
H		.....	39
HADLIMA INJ 40/0.4ML.....	8	<i>heparin sodium (porcine) pf inj 5000</i>	
HADLIMA INJ 40/0.8ML.....	8	<i>unit/0.5ml.....</i>	39
HADLIMA PUSH INJ 40/0.8ML.....	8	HLTHY ACCNTS MIS LANC 30G.....	140
HAEGARDA INJ 2000UNIT	132	<i>homatropine hbr ophth soln 5%.....</i>	158
HAEGARDA INJ 3000UNIT	132	HUMATROPE INJ 12MG.....	123
HAEMOLANCE MIS HIGH FLO	140	HUMATROPE INJ 24MG.....	123
HAEMOLANCE MIS LOW FLOW	140	HUMATROPE INJ 6MG	123
HAEMOLANCE MIS PLUS	140	HUMULIN R INJ U-500	51
HAEMOLANCE MIS PLUS LOW	140	<i>hydralazine hcl tab 100 mg</i>	65
HAEMOLANCE MIS PLUS MAX.....	140	<i>hydralazine hcl tab 10 mg</i>	65
HAEMOLANCE MIS PLUS PED.....	140	<i>hydralazine hcl tab 25 mg.....</i>	65
HAEMOLANCE MIS RETRACT	140	<i>hydralazine hcl tab 50 mg.....</i>	65
<i>halobetasol propionate cream 0.05%.....</i>	115	<i>hydrochlorothiazide cap 12.5 mg</i>	121
<i>halobetasol propionate oint 0.05%</i>	115	<i>hydrochlorothiazide tab 12.5 mg</i>	121
<i>haloperidol decanoate im soln 100 mg/ml</i>		<i>hydrochlorothiazide tab 25 mg.....</i>	121
.....	80	<i>hydrochlorothiazide tab 50 mg</i>	121
<i>haloperidol decanoate im soln 50 mg/ml.</i>	80	<i>hydrocodone-acetaminophen soln 10-325</i>	
<i>haloperidol lactate inj 5 mg/ml</i>	80	<i>mg/15ml.....</i>	25
<i>haloperidol lactate oral conc 2 mg/ml</i>	80	<i>hydrocodone-acetaminophen soln 7.5-325</i>	
<i>haloperidol syp 2mg/ml.....</i>	80	<i>mg/15ml.....</i>	25
<i>haloperidol tab 0.5 mg</i>	80	<i>hydrocodone-acetaminophen tab 10-300</i>	
<i>haloperidol tab 10 mg</i>	80	<i>mg</i>	26
<i>haloperidol tab 1 mg</i>	80	<i>hydrocodone-acetaminophen tab 10-325</i>	
<i>haloperidol tab 20 mg</i>	80	<i>mg</i>	26
<i>haloperidol tab 2 mg.....</i>	80	<i>hydrocodone-acetaminophen tab 5-300</i>	
<i>haloperidol tab 5 mg.....</i>	80	<i>mg.....</i>	25
HARVONI PAK.....	89	<i>hydrocodone-acetaminophen tab 5-325</i>	
HARVONI PAK 45-200MG	89	<i>mg.....</i>	25
HARVONI TAB 45-200MG.....	89	<i>hydrocodone-acetaminophen tab 7.5-300</i>	
HARVONI TAB 90-400MG	89	<i>mg.....</i>	25
HEMLIBRA INJ 105/0.7	131	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
HEMLIBRA INJ 150/ML	131	<i>mg.....</i>	25
HEMLIBRA INJ 300/2ML	131	<i>hydrocodone bitart-homatropine</i>	
HEMLIBRA INJ 30MG/ML.....	131	<i>methylbromide tab 5-1.5 mg.....</i>	104
HEMLIBRA INJ 60/0.4.....	131	<i>hydrocodone bitart-homatropine</i>	
		<i>methylbrom soln 5-1.5 mg/5ml</i>	104

<i>hydrocodone bitartrate cap er 12hr 10 mg</i> 20	<i>hydrocortisone perianal cream 2.5%</i> .....29
<i>hydrocodone bitartrate cap er 12hr 15 mg</i> 20	<i>hydrocortisone tab 10 mg</i>.....103
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	<i>hydrocortisone tab 20 mg</i> .....103
.....20	<i>hydrocortisone tab 5 mg</i> .....103
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	<i>hydrocortisone valerate cream 0.2%</i> .....116
.....20	<i>hydrocortisone valerate oint 0.2%</i>.....116
<i>hydrocodone bitartrate cap er 12hr 40 mg</i> 21	<i>hydrocortisone w/ acetic acid otic soln 1-</i>
<i>hydrocodone bitartrate cap er 12hr 50 mg</i> 21	<i>2%</i>.....162
<i>hydrocodone bitartrate tab er 24hr deter</i>	<i>hydrogen peroxide soln 30%</i> .....83
<i>100 mg</i> .....21	<i>hydromorphone hcl liqd 1 mg/ml</i>.....21
<i>hydrocodone bitartrate tab er 24hr deter</i>	<i>hydromorphone hcl tab 2 mg</i> .....21
<i>120 mg</i> .....21	<i>hydromorphone hcl tab 4 mg</i> .....21
<i>hydrocodone bitartrate tab er 24hr deter 20</i>	<i>hydromorphone hcl tab 8 mg</i> .....21
<i>mg</i> .....21	<i>hydromorphone hcl tab er 24hr 12 mg</i>.....21
<i>hydrocodone bitartrate tab er 24hr deter 30</i>	<i>hydromorphone hcl tab er 24hr 16 mg</i>.....21
<i>mg</i> .....21	<i>hydromorphone hcl tab er 24hr 32 mg</i> .....21
<i>hydrocodone bitartrate tab er 24hr deter 40</i>	<i>hydromorphone hcl tab er 24hr 8 mg</i> .....21
<i>mg</i> .....21	<i>hydroquinone cream 4%</i> .....118
<i>hydrocodone bitartrate tab er 24hr deter 60</i>	<i>hydroxychloroquine sulfate tab 200 mg</i> ...65
<i>mg</i> .....21	<i>hydroxyurea cap 500 mg</i>.....76
<i>hydrocodone bitartrate tab er 24hr deter 80</i>	<i>hydroxyzine hcl syrup 10 mg/5ml</i>.....32
<i>mg</i> .....21	<i>hydroxyzine hcl tab 10 mg</i> .....32
<i>hydrocodone-ibuprofen tab 10-200 mg</i> ...26	<i>hydroxyzine hcl tab 25 mg</i> .....32
<i>hydrocodone-ibuprofen tab 5-200 mg</i> .....26	<i>hydroxyzine hcl tab 50 mg</i>.....32
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> ..26	<i>hydroxyzine pamoate cap 100 mg</i>.....32
<i>hydrocod polst-chlorphen polst er susp 10-</i>	<i>hydroxyzine pamoate cap 25 mg</i>.....32
<i>8 mg/5ml</i> .....104	<i>hydroxyzine pamoate cap 50 mg</i> .....32
<i>hydrocortisone acetate suppos 25 mg</i> .....29	<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> .171
<i>hydrocortisone acetate suppos 30 mg</i> .....29	<i>hyoscyamine sulfate sl tab 0.125 mg</i> .....171
<i>hydrocortisone acetate w/ pramoxine</i>	<i>hyoscyamine sulfate soln 0.125 mg/ml</i> ....171
<i>perianal cream 1-1%</i>.....28	<i>hyoscyamine sulfate tab 0.125 mg</i>.....171
<i>hydrocortisone acetate w/ pramoxine</i>	<i>hyoscyamine sulfate tab disint 0.125 mg</i> .171
<i>perianal cream 2.5-1%</i>.....28	HYRIMOZ.....8
<i>hydrocortisone butyrate cream 0.1%</i> .....115	HYRIMOZ INJ 10/0.1ML .....9
<i>hydrocortisone butyrate oint 0.1%</i>.....115	HYRIMOZ INJ 20/0.2ML .....9
<i>hydrocortisone butyrate soln 0.1%</i> .....115	HYRIMOZ INJ 40/0.4ML .....9
<i>hydrocortisone cream 1%</i> .....115	HYRIMOZ INJ 40/0.8ML .....9
<i>hydrocortisone cream 2.5%</i> .....115	HYRIMOZ INJ 80/0.8ML .....10
<i>hydrocortisone enema 100 mg/60ml</i>.....28	HYRIMOZ-PED INJ CROHNS.....10
<i>hydrocortisone lotion 2.5%</i>.....116	HYRIMOZ-PLAQ INJ PSORIASI .....10
<i>hydrocortisone oint 1%</i>.....116	I
<i>hydrocortisone oint 2.5%</i>.....116	<i>ibandronate sodium tab 150 mg (base</i>
<i>hydrocortisone perianal cream 1%</i>.....29	<i>equivalent)</i> .....122

IBRANCE CAP 100MG	72	<i>indomethacin cap 50 mg</i>	15
IBRANCE CAP 125MG.....	72	<i>indomethacin cap er 75 mg</i>	15
IBRANCE CAP 75MG	72	INGREZZA CAP 40-80MG.....	165
IBRANCE TAB 100MG.....	72	INGREZZA CAP 40MG	165
IBRANCE TAB 125MG.....	72	INGREZZA CAP 60MG	165
IBRANCE TAB 75MG.....	72	INGREZZA CAP 80MG	166
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	15	INLYTA TAB 1MG	67
<i>ibuprofen tab 400 mg</i>	14	INLYTA TAB 5MG.....	67
<i>ibuprofen tab 600 mg</i>	15	INTELENCE TAB 25MG	86
<i>ibuprofen tab 800 mg</i>	15	IN TOUCH LAN MIS 30G	141
<i>icatibant acetate subcutaneous soln pref</i> <i>syr 30 mg/3ml</i>	131	<i>iodine solution strong 5% (lugol's)</i>	150
<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i>	72	<i>iodoquinol-hc cream 1-1%</i>	107
<i>imatinib mesylate tab 400 mg (base</i> <i>equivalent)</i>	72	<i>iodoquinol-hydrocortisone-aloe</i> <i>polysaccharide gel 1-2-1%</i>	108
IMBRUVICA CAP 140MG.....	72	<i>iodoquinol-hydrocortisone in aloe vehicle</i> <i>cream 1-1.9%</i>	108
IMBRUVICA CAP 70MG	72	<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i> <i>mg/3ml</i>	37
IMBRUVICA SUS 70MG/ML.....	72	<i>ipratropium bromide inhal soln 0.02%</i>	34
IMBRUVICA TAB 140MG	72	<i>ipratropium bromide nasal soln 0.03% (21</i> <i>mcg/spray)</i>	157
IMBRUVICA TAB 280MG.....	72	<i>ipratropium bromide nasal soln 0.06% (42</i> <i>mcg/spray)</i>	157
IMBRUVICA TAB 420MG	72	<i>irbesartan-hydrochlorothiazide tab 150-12.5</i> <i>mg</i>	63
IMBRUVICA TAB 560MG	72	<i>irbesartan-hydrochlorothiazide tab 300-</i> <i>12.5 mg</i>	63
<i>imipramine hcl tab 10 mg</i>	47	<i>irbesartan tab 150 mg</i>	60
<i>imipramine hcl tab 25 mg</i>	47	<i>irbesartan tab 300 mg</i>	60
<i>imipramine hcl tab 50 mg</i>	47	<i>irbesartan tab 75 mg</i>	60
<i>imipramine pamoate cap 100 mg</i>	47	<i>iron combination cap</i>	134
<i>imipramine pamoate cap 125 mg</i>	47	<i>iron-docusate-b12-folic acid-c-e-cu-biotin</i> <i>tab 150-1 mg</i>	134
<i>imipramine pamoate cap 150 mg</i>	47	<i>iron-folic acid-vit c-vit b6-vit b12-zinc tab</i> <i>150-1.25 mg</i>	134
<i>imipramine pamoate cap 75 mg</i>	47	<i>iron polysacch complex-vit b12-fa cap 150-</i> <i>0.025-1 mg</i>	134
<i>imiqumod cream 3.75%</i>	117	<i>iron w/ vitamin tab</i>	155
<i>imiqumod cream 5%</i>	117	ISENTRESS CHW 100MG.....	86
IMVEXXY MAIN SUP 10MCG	174	ISENTRESS CHW 25MG.....	86
IMVEXXY MAIN SUP 4MCG	174	ISENTRESS HD TAB 600MG	86
IMVEXXY STRT SUP 10MCG	174	ISENTRESS POW 100MG.....	86
IMVEXXY STRT SUP 4MCG.....	174	ISENTRESS TAB 400MG.....	86
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INCONTROL MIS LANC 28G	141		
INCONTROL MIS LANC 30G	141		
INCONTROL MIS LANC 33G.....	141		
<i>indapamide tab 1.25 mg</i>	121		
<i>indapamide tab 2.5 mg</i>	121		
<i>indomethacin cap 25 mg</i>	15		

<i>isoniazid syrup 50 mg/5ml</i>	65	JARDIANCE TAB 25MG	52
<i>isoniazid tab 100 mg</i>	65	JULUCA TAB 50-25MG.....	86
<i>isoniazid tab 300 mg</i>	65	JYNARQUE PAK 15MG.....	126
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	96	JYNARQUE PAK 30-15MG	126
<i>isosorbide dinitrate tab 10 mg</i>	31	JYNARQUE PAK 45-15MG	126
<i>isosorbide dinitrate tab 20 mg</i>	31	JYNARQUE PAK 60-30MG	126
<i>isosorbide dinitrate tab 30 mg</i>	31	JYNARQUE PAK 90-30MG	126
<i>isosorbide dinitrate tab 5 mg</i>	31	JYNARQUE TAB 15MG.....	126
<i>isosorbide mononitrate tab 10 mg</i>	31	JYNARQUE TAB 30MG.....	126
<i>isosorbide mononitrate tab 20 mg</i>	31	K	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	31	KALYDECO GRA 13.4MG.....	168
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	31	KALYDECO GRA 5.8MG	168
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	31	KALYDECO PAK 25MG.....	168
<i>isotretinoin cap 10 mg</i>	106	KALYDECO PAK 50MG	168
<i>isotretinoin cap 20 mg</i>	106	KALYDECO PAK 75MG.....	169
<i>isotretinoin cap 30 mg</i>	106	KALYDECO TAB 150MG	169
<i>isotretinoin cap 40 mg</i>	106	KERENDIA TAB 10MG	125
<i>isoxsuprine hcl tab 10 mg</i>	97	KERENDIA TAB 20MG	125
<i>isoxsuprine hcl tab 20 mg</i>	97	KESIMPTA INJ 20/.4ML.....	166
<i>isradipine cap 2.5 mg</i>	93	<i>ketoconazole cream 2%</i>	108
<i>isradipine cap 5 mg</i>	93	<i>ketoconazole shampoo 2%</i>	108
<i>itraconazole cap 100 mg</i>	55	<i>ketoconazole tab 200 mg</i>	55
<i>itraconazole oral soln 10 mg/ml</i>	55	<i>ketoprofen cap 50 mg</i>	15
<i>ivermectin cream 1%</i>	118	<i>ketoprofen cap 75 mg</i>	15
<i>ivermectin lotion 0.5%</i>	118	<i>ketorolac tromethamine ophth soln 0.4%</i>	161
<i>ivermectin tab 3 mg</i>	29	<i>ketorolac tromethamine ophth soln 0.5%</i>	161
J		<i>ketorolac tromethamine tab 10 mg</i>	15
JAKAFI TAB 10MG	73	KEVZARA INJ 150/1.14	13
JAKAFI TAB 15MG.....	73	KEVZARA INJ 200/1.14.....	13, 14
JAKAFI TAB 20MG.....	73	KINNEY MIS LANCETS	141
JAKAFI TAB 25MG.....	73	KINNEY THIN MIS LANCETS	141
JAKAFI TAB 5MG	73	KISQALI 200 PAK FEMARA	70
JANUMET TAB 50-1000	49	KISQALI 400 PAK FEMARA.....	70
JANUMET TAB 50-500MG.....	49	KISQALI 600 PAK FEMARA.....	70
JANUMET XR TAB 100-1000.....	49	KISQALI TAB 200DOSE.....	73
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<i>midodrine hcl tab 10 mg</i>	175	<i>mometasone furoate cream 0.1%</i>	116
<i>midodrine hcl tab 2.5 mg.....</i>	175	<i>mometasone furoate nasal susp 50</i>	
<i>midodrine hcl tab 5 mg.....</i>	175	<i>mcg/act.....</i>	157
<i>mifepristone tab 200 mg</i>	125	<i>mometasone furoate oint 0.1%</i>	116
<i>miglitol tab 100 mg</i>	48	<i>mometasone furoate solution 0.1% (lotion)</i>	
<i>miglitol tab 25 mg</i>	48	<i>.....</i>	116
<i>miglitol tab 50 mg.....</i>	48	MONOLET MIS LANCETS.....	142
<i>miglustat cap 100 mg.....</i>	132	MONOLET OPD MIS LANCETS	142
<i>mineral oil</i>	136	MONOLETTOR MIS LANCETS.....	142
<i>minocycline hcl cap 100 mg.....</i>	170	<i>montelukast sodium chew tab 4 mg (base</i>	
<i>minocycline hcl cap 50 mg</i>	170	<i>equiv)</i>	35
<i>minocycline hcl cap 75 mg.....</i>	170	<i>montelukast sodium chew tab 5 mg (base</i>	
<i>minocycline hcl tab 100 mg</i>	170	<i>equiv)</i>	35
<i>minocycline hcl tab 50 mg</i>	170	<i>montelukast sodium oral granules packet 4</i>	
<i>minocycline hcl tab 75 mg</i>	170	<i>mg (base equiv)</i>	35
<i>minocycline hcl tab er 24hr biphasic release</i>		<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>105 mg.....</i>	170	<i>.....</i>	35
<i>minocycline hcl tab er 24hr biphasic release</i>		<i>morphine sulfate beads cap er 24hr 120 mg</i>	
<i>135 mg.....</i>	170	<i>.....</i>	22
<i>minoxidil tab 10 mg.....</i>	65	<i>morphine sulfate beads cap er 24hr 30 mg</i>	
<i>minoxidil tab 2.5 mg</i>	65	<i>.....</i>	22
<i>mirtazapine orally disintegrating tab 15 mg</i>		<i>morphine sulfate beads cap er 24hr 45 mg</i>	
<i>.....</i>	44	<i>.....</i>	22
<i>mirtazapine orally disintegrating tab 30 mg</i>		<i>morphine sulfate beads cap er 24hr 60 mg</i>	
<i>.....</i>	44	<i>.....</i>	22
<i>mirtazapine orally disintegrating tab 45 mg</i>		<i>morphine sulfate beads cap er 24hr 75 mg</i>	
<i>.....</i>	44	<i>.....</i>	22
<i>mirtazapine tab 15 mg</i>	44	<i>morphine sulfate beads cap er 24hr 90 mg</i>	
<i>mirtazapine tab 30 mg</i>	44	<i>.....</i>	22
<i>mirtazapine tab 45 mg</i>	44	<i>morphine sulfate oral soln 100 mg/5ml (20</i>	
<i>mirtazapine tab 7.5 mg.....</i>	44	<i>mg/ml)</i>	22
<i>misoprostol tab 100 mcg</i>	172	<i>morphine sulfate oral soln 10 mg/5ml.....</i>	22
<i>misoprostol tab 200 mcg.....</i>	173	<i>morphine sulfate oral soln 20 mg/5ml</i>	22
MITIGARE CAP 0.6MG	131	<i>morphine sulfate suppos 10 mg</i>	22
MM TWIST MIS LANCETS.....	142	<i>morphine sulfate suppos 20 mg.....</i>	22
MOBILE LANCE MIS 30G	142	<i>morphine sulfate suppos 30 mg</i>	23
<i>modafinil tab 100 mg</i>	7	<i>morphine sulfate suppos 5 mg.....</i>	22
<i>modafinil tab 200 mg.....</i>	7	<i>morphine sulfate tab 15 mg</i>	23
<i>moexipril hcl tab 15 mg</i>	59	<i>morphine sulfate tab 30 mg.....</i>	23
<i>moexipril hcl tab 7.5 mg.....</i>	59	<i>morphine sulfate tab er 100 mg</i>	23

<i>morphine sulfate tab er 15 mg</i>	23	<i>nadolol tab 20 mg</i>	91
<i>morphine sulfate tab er 200 mg</i>	23	<i>nadolol tab 40 mg</i>	91
<i>morphine sulfate tab er 30 mg</i>	23	<i>nadolol tab 80 mg</i>	91
<i>morphine sulfate tab er 60 mg</i>	23	<i>naftifine hcl cream 1%</i>	108
MOUNJARO INJ 10MG/0.5	50	<i>naftifine hcl cream 2%</i>	108
MOUNJARO INJ 12.5/0.5	50	<i>naftifine hcl gel 1%</i>	108
MOUNJARO INJ 15MG/0.5	50	<i>naftifine hcl gel 2%</i>	108
MOUNJARO INJ 2.5/0.5	50	<i>naloxone hcl inj 0.4 mg/ml</i>	53
MOUNJARO INJ 5MG/0.5	50	<i>naloxone hcl inj 4 mg/10ml</i>	53
MOUNJARO INJ 7.5/0.5	50	<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	53
MOVANTIK TAB 12.5MG	130	<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	53
MOVANTIK TAB 25MG	130	<i>naloxone hcl soln prefilled syringe 2</i>	
<i>moxifloxacin hcl opth soln 0.5% (base eq)</i>		<i>mg/2ml</i>	53
<i>(2 times daily)</i>	159	<i>naltrexone hcl tab 50 mg</i>	53
<i>moxifloxacin hcl opth soln 0.5% (base</i>		<i>naproxen sodium tab 275 mg</i>	15
<i>equiv)</i>	159	<i>naproxen sodium tab 550 mg</i>	15
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>		<i>naproxen tab 250 mg</i>	15
.....	128	<i>naproxen tab 375 mg</i>	15
MPD SFTY LAN MIS 21G	142	<i>naproxen tab 500 mg</i>	15
MPD SFTY LAN MIS 23G	142	<i>naproxen tab ec 375 mg</i>	15
MPD SFTY LAN MIS 28G	142	<i>naproxen tab ec 500 mg</i>	15
MPD SFTY LAN MIS 30G	142	<i>naratriptan hcl tab 1 mg (base equiv)</i>	149
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<i>multiple vitamins w/ minerals cap</i>	155	<i>nateglinide tab 120 mg</i>	52
<i>multiple vitamins w/ minerals tab</i>	155	<i>nateglinide tab 60 mg</i>	52
<i>mupirocin oint 2%</i>	107	<i>nebivolol hcl tab 10 mg (base equivalent)</i> .	91
<i>mycophenolate mofetil cap 250 mg</i>	153	<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	91
<i>mycophenolate mofetil for oral susp 200</i>		<i>nebivolol hcl tab 20 mg (base equivalent)</i> .	91
<i>mg/ml</i>	153	<i>nebivolol hcl tab 5 mg (base equivalent)</i> ..	91
<i>mycophenolate mofetil tab 500 mg</i>	153	<i>nefazodone hcl tab 100 mg</i>	45
<i>mycophenolate sodium tab dr 180 mg</i>		<i>nefazodone hcl tab 150 mg</i>	45
<i>(mycophenolic acid equiv)</i>	153	<i>nefazodone hcl tab 200 mg</i>	45
<i>mycophenolate sodium tab dr 360 mg</i>		<i>nefazodone hcl tab 250 mg</i>	45
<i>(mycophenolic acid equiv)</i>	153	<i>nefazodone hcl tab 50 mg</i>	45
MYFEMBREE TAB	126	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i>	
MYFORTIC TAB 180MG	153	<i>400unt-10000unt op oin</i>	159
MYFORTIC TAB 360MG	153	<i>neomycin-polymy-gramicid op sol 1.75-</i>	
MYGLUCOHEALT MIS LANC 30G	142	<i>10000-0.025mg-unt-mg/ml</i>	159
MYLERAN TAB 2MG	66	<i>neomycin-polymyxin-dexamethasone</i>	
N		<i>ophth oint 0.1%</i>	160
<i>nabumetone tab 500 mg</i>	15	<i>neomycin-polymyxin-dexamethasone</i>	
<i>nabumetone tab 750 mg</i>	15	<i>ophth susp 0.1%</i>	160

<i>neomycin-polymyxin-hc ophth susp</i>	160	<i>nitisinone cap 10 mg</i>	124
<i>neomycin-polymyxin-hc otic soln 1%</i>	161	<i>nitisinone cap 20 mg</i>	124
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>nitisinone cap 2 mg</i>	124
<i>mg/ml-10000 unit/ml-1%</i>	161	<i>nitisinone cap 5 mg</i>	124
<i>neomycin sulfate tab 500 mg</i>	7	NITRO-DUR DIS 0.3MG/HR.....	31
NEORAL CAP 100MG.....	153	NITRO-DUR DIS 0.8MG/HR	31
NEORAL CAP 25MG.....	153	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	
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NERLYNX TAB 40MG	74	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	
<i>nevirapine susp 50 mg/5ml</i>	86	31
<i>nevirapine tab 200 mg</i>	86	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	
<i>nevirapine tab er 24hr 100 mg</i>	86	.....	31
<i>nevirapine tab er 24hr 400 mg</i>	87	<i>nitrofurantoin monohydrate</i>	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>		<i>macrocrystalline cap 100 mg</i>	31
.....	58	<i>nitrofurantoin susp 25 mg/5ml</i>	31
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	58	<i>nitroglycerin cap er 2.5 mg</i>	31
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	58	<i>nitroglycerin cap er 6.5 mg</i>	31
<i>nicardipine hcl cap 20 mg</i>	93	<i>nitroglycerin cap er 9 mg</i>	31
<i>nicardipine hcl cap 30 mg</i>	94	<i>nitroglycerin sl tab 0.3 mg</i>	31
<i>nifedipine cap 10 mg</i>	94	<i>nitroglycerin sl tab 0.4 mg</i>	31
<i>nifedipine cap 20 mg</i>	94	<i>nitroglycerin sl tab 0.6 mg</i>	31
<i>nifedipine tab er 24hr 30 mg</i>	94	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	31
<i>nifedipine tab er 24hr 60 mg</i>	94	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	31
<i>nifedipine tab er 24hr 90 mg</i>	94	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	31
<i>nifedipine tab er 24hr osmotic release 30</i>		<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	31
<i>mg</i>	94	<i>nitroglycerin tl soln 0.4 mg/spray (400</i>	
<i>nifedipine tab er 24hr osmotic release 60</i>		<i>mcg/spray)</i>	32
<i>mg</i>	94	NIVESTYM INJ 300/0.5.....	133
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<i>nisoldipine tab er 24hr 20 mg</i>	94	NORDITROPIN INJ 30/3ML	123
<i>nisoldipine tab er 24hr 25.5 mg</i>	94	NORDITROPIN INJ 5/1.5ML	123
<i>nisoldipine tab er 24hr 30 mg</i>	94	<i>norelgestromin-ethinyl estradiol td ptwk</i>	
<i>nisoldipine tab er 24hr 34 mg</i>	94	<i>150-35 mcg/24hr</i>	102
<i>nisoldipine tab er 24hr 40 mg</i>	94	<i>norethindrone & ethinyl estradiol-fe chew</i>	
<i>nisoldipine tab er 24hr 8.5 mg</i>	94	<i>tab 0.4 mg-35 mcg</i>	101
<i>nitazoxanide tab 500 mg</i>	30		

<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	101	NORPACE CAP 150MG CR	33
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	101	<i>nortriptyline hcl cap 10 mg</i>	47
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	101	<i>nortriptyline hcl cap 25 mg</i>	48
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	101	<i>nortriptyline hcl cap 50 mg</i>	48
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	101	<i>nortriptyline hcl cap 75 mg</i>	48
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	101	<i>nortriptyline hcl soln 10 mg/5ml</i>	48
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	101	NORVIR POW 100MG.....	87
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	101	NORVIR SOL 80MG/ML.....	87
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	101	NOVA SAFETY MIS LANC 23G	142
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	102	NOVA SAFETY MIS LANC 28G	142
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		NUCALA INJ 40MG/0.4.....	34
		<i>nutritional supplement caps</i>	119
		<i>nystatin cream 100000 unit/gm</i>	108
		<i>nystatin oint 100000 unit/gm</i>	108
		<i>nystatin susp 100000 unit/ml</i>	154
		<i>nystatin tab 500000 unit</i>	54
		<i>nystatin topical powder 100000 unit/gm</i>	108
		<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	108
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		OCALIVA TAB 10MG	128
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		<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	125

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<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	125	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	64
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	125	<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	63
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	126	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	63
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	126	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>	63
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	125	<i>olmesartan medoxomil tab 20 mg</i>	60
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<i>ofloxacin ophth soln 0.3%</i>	159	<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	161
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<i>olanzapine orally disintegrating tab 20 mg</i>	81	<i>ondansetron hcl tab 4 mg</i>	54
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<i>equiv)</i>	53	oxcarbazepine tab 300 mg	41
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<i>oseltamivir phosphate cap 75 mg (base</i>		mg	26
<i>equiv)</i>	90	oxycodone w/ acetaminophen tab 5-325	
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P

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 paliperidone tab er 24hr 3 mg80
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<i>sertraline hcl tab 50 mg</i>	45
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<i>sevelamer carbonate packet 2.4 gm</i>	130
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<i>sildenafil citrate tab 25 mg</i>	96
<i>sildenafil citrate tab 50 mg</i>	96
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<i>silodosin cap 4 mg</i>	131
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<i>sodium chloride soln nebu 3%</i>	105
<i>sodium chloride soln nebu 7%</i>	105
<i>sodium citrate & citric acid soln 500-334</i> <i>mg/5ml</i>	130
<i>sodium fluoride chew tab 0.25 mg f (from</i> <i>0.55 mg naf)</i>	150
<i>sodium fluoride chew tab 0.5 mg f (from 1.1</i> <i>mg naf)</i>	150
<i>sodium fluoride chew tab 1 mg f (from 2.2</i> <i>mg naf)</i>	150
<i>sodium fluoride cream 1.1%</i>	154
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<i>sodium fluoride-potassium nitrate gel 1.1-</i> <i>5%</i>	154
<i>sodium fluoride rinse 0.2%</i>	154
<i>sodium fluoride soln 0.125 mg/drop f (0.275</i> <i>mg/drop naf)</i>	150
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1</i> <i>mg/ml naf)</i>	150
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg</i> <i>naf)</i>	150
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	150
<i>sodium phenylbutyrate oral powder 3</i> <i>gm/teaspoonful</i>	125
<i>sodium phenylbutyrate tab 500 mg</i>	125
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<i>sorafenib tosylate tab 200 mg (base</i>		<i>sulfacetamide sodium liquid 10%</i>	113
<i>equivalent)</i>	74	<i>sulfacetamide sodium lotion 10% (acne)</i>	106
<i>sotalol hcl (afib/afl) tab 120 mg</i>	92	<i>sulfacetamide sodium ophth oint 10%</i>	159
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<i>sotalol hcl tab 160 mg</i>	92	<i>sulfacetamide sodium shampoo 10%</i>	113
<i>sotalol hcl tab 240 mg</i>	92	<i>sulfacetamide sodium shampoo 9.8%</i>	113
<i>sotalol hcl tab 80 mg</i>	92	<i>sulfacetamide sodium-sulfur in urea</i>	
<i>speciality vitamin product tab</i>	156	<i>emulsion 10-4%</i>	107
<i>spinosad susp 0.9%</i>	118	<i>sulfacetamide sodium w/ sulfur cleanser</i>	
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<i>25-25 mg</i>	120	<i>9.8-4.8%</i>	106
<i>spironolactone tab 100 mg</i>	121	<i>sulfacetamide sodium w/ sulfur cleanser 9-</i>	
<i>spironolactone tab 25 mg</i>	121	<i>4.5%</i>	106
<i>spironolactone tab 50 mg</i>	121	<i>sulfacetamide sodium w/ sulfur cleanser 9-</i>	
SPRYCEL TAB 100MG	75	<i>4%</i>	106
SPRYCEL TAB 140MG	75	<i>sulfacetamide sodium w/ sulfur cleansing</i>	
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SPRYCEL TAB 50MG.....	74	<i>sulfacetamide sodium w/ sulfur cream 10-</i>	
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<i>stannous fluoride conc 0.63%</i>	154	<i>5%</i>	106
<i>stannous fluoride gel 0.4%</i>	154	<i>sulfacetamide sodium w/ sulfur cream 9.8-</i>	
STELARA INJ 45MG/0.5	112	<i>4.8%</i>	106
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STERILANCE MIS TL 30G.....	145	<i>sulfacetamide sodium w/ sulfur foam 10-</i>	
STERILANCE MIS TL 32G.....	145	<i>5%</i>	106
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STRENSIQ INJ 18/0.45	125	<i>5%</i>	106
STRENSIQ INJ 28/0.7ML.....	125	<i>sulfacetamide sodium w/ sulfur lotion 9.8-</i>	
STRENSIQ INJ 40MG/ML.....	125	<i>4.8%</i>	106
STRENSIQ INJ 80/0.8ML	125	<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	
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<i>sucrafate tab 1 gm</i>	172	<i>sulfamethoxazole-trimethoprim susp 200-</i>	
<i>sulconazole nitrate cream 1%</i>	108	<i>40 mg/5ml</i>	30

<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	30	SURE-TOUCH MIS UNV LANC.....	145
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	30	SYMDEKO TAB 100-150	169
<i>sulfasalazine tab 500 mg</i>	129	SYMDEKO TAB 50-75MG	169
<i>sulfasalazine tab delayed release 500 mg</i>	129	SYMJEPI INJ 0.15MG	175
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<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	149	SYNJARDY TAB	49
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<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	149	SYNJARDY TAB 5-500MG	49
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<i>sumatriptan succinate tab 25 mg</i>	149	SYNJARDY XR TAB 10-1000	49
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SURE COMFORT MIS LANC 30G	145	<i>tadalafil tab 10 mg</i>	96
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		TAFINLAR CAP 75MG	75
		TAFINLAR TAB 10MG	75
		<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	161
		TAGRISSE TAB 40MG.....	68
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		TALTZ INJ 80MG/ML	112, 113
		<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	69
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<i>tamsulosin hcl cap 0.4 mg</i>	131	<i>terconazole vaginal cream 0.4%</i>	174
<i>tasimelteon capsule 20 mg</i>	135	<i>terconazole vaginal cream 0.8%</i>	174
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<i>tazarotene gel 0.05%</i>	113	<i>testosterone cypionate im inj in oil 100</i>	
<i>tazarotene gel 0.1%</i>	113	<i>mg/ml</i>	28
TECHLITE AST MIS LANCETS	145	<i>testosterone cypionate im inj in oil 200</i>	
TECHLITE MIS LANC 30G	145	<i>mg/ml</i>	28
TECHLITE MIS LANCETS	145	<i>testosterone enanthate im inj in oil 200</i>	
TEGSEDI INJ 284/1.5	168	<i>mg/ml</i>	28
<i>telmisartan-amlodipine tab 40-10 mg</i>	64	<i>testosterone td gel 10mg/act (2%)</i>	28
<i>telmisartan-amlodipine tab 40-5 mg</i>	64	<i>testosterone td gel 12.5 mg/act (1%)</i>	28
<i>telmisartan-amlodipine tab 80-10 mg</i>	64	<i>testosterone td gel 20.25 mg/1.25gm</i>	
<i>telmisartan-amlodipine tab 80-5 mg</i>	64	<i>(1.62%)</i>	28
<i>telmisartan-hydrochlorothiazide tab 40-</i>		<i>testosterone td gel 20.25 mg/act (1.62%)</i>	
<i>12.5 mg</i>	64	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	28
<i>telmisartan-hydrochlorothiazide tab 80-12.5</i>		<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	
<i>mg</i>	64	.....	28
<i>telmisartan-hydrochlorothiazide tab 80-25</i>		<i>testosterone td gel 50 mg/5gm (1%)</i>	28
<i>mg</i>	64	<i>testosterone td soln 30 mg/act</i>	28
<i>telmisartan tab 20 mg</i>	60	<i>tetrabenazine tab 12.5 mg</i>	166
<i>telmisartan tab 40 mg</i>	60	<i>tetrabenazine tab 25 mg</i>	166
<i>telmisartan tab 80 mg</i>	60	<i>tetracaine hcl ophth soln 0.5%</i>	160
<i>temazepam cap 15 mg</i>	135	<i>tetracycline hcl cap 250 mg</i>	170
<i>temazepam cap 22.5 mg</i>	135	<i>tetracycline hcl cap 500 mg</i>	170
<i>temazepam cap 30 mg</i>	135	TGT LANCET MIS 26G	145
<i>temazepam cap 7.5 mg</i>	135	TGT LANCET MIS 30G	145
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<i>temozolomide cap 100 mg</i>	66	THALITONE TAB 15MG	122
<i>temozolomide cap 140 mg</i>	66	THALOMID CAP 100MG	152
<i>temozolomide cap 180 mg</i>	66	THALOMID CAP 150MG	152
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<i>temozolomide cap 250 mg</i>	66	THALOMID CAP 50MG.....	152
<i>temozolomide cap 5 mg</i>	66	<i>theophylline elixir 80 mg/15ml</i>	37
<i>tenofovir disoproxil fumarate tab 300 mg</i>	87	<i>theophylline soln 80 mg/15ml</i>	38
<i>terazosin hcl cap 10 mg (base equivalent)</i>	61	<i>theophylline tab er 12hr 300 mg</i>	38
<i>terazosin hcl cap 1 mg (base equivalent)</i> ..	61	<i>theophylline tab er 12hr 450 mg</i>	38
<i>terazosin hcl cap 2 mg (base equivalent)</i> ..	61	<i>theophylline tab er 24hr 400 mg</i>	38
<i>terazosin hcl cap 5 mg (base equivalent)</i> ..	61	<i>theophylline tab er 24hr 600 mg</i>	38
<i>terbinafine hcl tab 250 mg</i>	54	THIN LANCETS MIS	145
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<i>terbutaline sulfate tab 5 mg</i>	37	THIN LANCETS MIS 30G	146

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<i>thioridazine hcl tab 10 mg</i>	82	<i>tobramycin nebu soln 300 mg/4ml</i>	7
<i>thioridazine hcl tab 25 mg</i>	82	<i>tobramycin nebu soln 300 mg/5ml</i>	7
<i>thioridazine hcl tab 50 mg</i>	83	<i>tobramycin ophth soln 0.3%</i>	159
<i>thiothixene cap 10 mg</i>	83	TOBREX OIN 0.3% OP.....	160
<i>thiothixene cap 1 mg</i>	83	<i>tolbutamide tab 500 mg</i>	53
<i>thiothixene cap 2 mg</i>	83	<i>tolcapone tab 100 mg</i>	77
<i>thiothixene cap 5 mg</i>	83	<i>tolmetin sodium tab 600 mg</i>	15
<i>tiagabine hcl tab 12 mg</i>	43	<i>tolterodine tartrate cap er 24hr 2 mg</i>	173
<i>tiagabine hcl tab 16 mg</i>	43	<i>tolterodine tartrate cap er 24hr 4 mg</i>	173
<i>tiagabine hcl tab 2 mg</i>	43	<i>tolterodine tartrate tab 1 mg</i>	173
<i>tiagabine hcl tab 4 mg</i>	43	<i>tolterodine tartrate tab 2 mg</i>	173
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<i>timolol maleate ophth soln 0.25%</i>	158	<i>topiramate cap er 24hr 200 mg</i>	42
<i>timolol maleate ophth soln 0.5%</i>	158	<i>topiramate cap er 24hr 25 mg</i>	42
<i>timolol maleate ophth soln 0.5% (once-</i>		<i>topiramate cap er 24hr 50 mg</i>	42
<i>daily)</i>	158	<i>topiramate sprinkle cap 15 mg</i>	42
<i>timolol maleate preservative free ophth soln</i>		<i>topiramate sprinkle cap 25 mg</i>	42
0.25%.....	158	<i>topiramate tab 100 mg</i>	42
<i>timolol maleate preservative free ophth soln</i>		<i>topiramate tab 200 mg</i>	42
0.5%.....	158	<i>topiramate tab 25 mg</i>	42
<i>timolol maleate tab 10 mg</i>	92	<i>topiramate tab 50 mg</i>	42
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<i>tinidazole tab 250 mg</i>	29	<i>toremide tab 100 mg</i>	121
<i>tinidazole tab 500 mg</i>	29	<i>toremide tab 10 mg</i>	121
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<i>tizanidine hcl cap 2 mg (base equivalent)</i>		<i>tramadol hcl tab 50 mg</i>	24
.....	156	<i>tramadol hcl tab er 24hr 100 mg</i>	24
<i>tizanidine hcl cap 4 mg (base equivalent)</i>		<i>tramadol hcl tab er 24hr 200 mg</i>	24
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<i>tizanidine hcl cap 6 mg (base equivalent)</i>		<i>tramadol hcl tab er 24hr biphasic release</i>	
.....	156	100 mg.....	24
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	156	<i>tramadol hcl tab er 24hr biphasic release</i>	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	156	200 mg.....	24

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<i>trandolapril tab 1 mg.....</i>	60	<i>triamcinolone acetone dental paste 0.1%</i>	
<i>trandolapril tab 2 mg.....</i>	60	154
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SUM5478-1S (4/24)

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

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Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscoordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójútòfò rẹ. Ó le ní àwọn déèti pàtó o sì le ní láti gbé igbésé ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèé. Àwọn omọ-egbé gbòdò pe nóm̀bà fòdùn tò wà lèyìn kààdì idánimò wòn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasè ijíròrò tí tí a ó fí sọ fún ọ láti tẹ 0. Nígbatí așojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pò mò ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsòò-wùdù (Bassa) Tò Dùù Cáò! Bǎ nìà kè bá nyò bě kè m̄ gbo kpá bó nì fùà-fúá-tiǐn nyεε jè dyí. Bǎ nìà kè bédé wé jéé bě b́é m̄ kè dε wa ḿ m̄ kè nyuεε nyu hwè b́é wé b́èa kè zi. Ǿ m̀ò nì kpé b́é m̄ kè bǎ nìà kè kè gbo-kpá-kpá m̄ ḿεε dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péè. Kpooò nyò b́é m̄ dá fúùn-nòbà nìà dé waa I.D. káàò dεín nyε. Nyò t̀òò séín m̄ dá nòbà nìà kè: 855-258-6518, kè m̄ m̄ f̀ò tee b́é wa ḱε m̄ gbo ćé b́é m̄ kè nòbà m̀òà 0 ḱε dyi pàd̀àn hwè. Ǿ j̀ú kè nyò d̀ò dyi m̄ g̀ǎ j̀ùǐn, po wuqu m̄ ḿ poε dyie, kè nyò d̀ò mu bó nìin b́é Ǿ kè nì wuquò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughi ugwo o bula. Ndi otu kwesiri ikpo akara ekwentu di n'azu nke kaadi njirimara ha. Ndi ozu niile nwere ike ikpo 855-258-6518 wee chere ububu ahu ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahóló bee éédahózin béeso ách'ááh naanil ník'ist'í'ígíí bá. Bii' dahólóq doo íiyisíí yoolkáálígíí dóo t'áadoo le'é ádadoolyíí'ígíí da yókeedgo t'áa doo bee e'e'aaahí ájiil'ííh. Bee ná ahóót'í' díí bee íł hane' dóo níká'ádoowoł t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánałta' éi kójjí' dahóoolnih 855-258-6518 dóo yii diiłts'ííł yałtí'ígíí t'áa níléjį́ áádóo éi bikéé'dóo naasbaąs bił adidiilchil. Áká'anidaalwó'ígíí neidiitáągo, saad bee yániłt'í'ígíí yii diikił dóo ata' halne'é lá níká'ádoowoł.