



Colorado Health
Neighborhoods
 Centura Health.

2018 Bright Formulary (List of Covered Drugs)

Bright Health Individual and Family Plans

Colorado Plan

- Gold
- Silver
- Silver HSA
- Silver Plus
- Silver Plus HSA
- Bronze
- Bronze HSA
- Bronze Plus
- Bronze Plus HSA
- Catastrophic

PLEASE READ: This document contains information about the drugs Bright Health covers in their Individual and Family plans.

This formulary was updated on 10/08/2018. For more recent information or other questions, please contact us at 866-549-6208, or visit www.BrightHealthPlan.com.

Welcome to Bright

Enclosed you will find a list of the drugs included in our Bright Health Individual and Family plans from January 1, 2018 - December 31, 2018. As you review, be sure to have your medications on hand so you can confirm your prescriptions are covered and compare dosage and pricing of the drugs you take.

Keep in mind, this document includes a *comprehensive* list of drugs (formulary) included in our 2018 Individual and Family plans, as of 10/08/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

As a Bright Health Member, you must generally use in-network pharmacies to fill your prescriptions. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the 2018 calendar year.

Have a Bright day!

Sincerely,
Your Bright Health team

Frequently Asked Questions:

What is a Formulary (drug list)?

A formulary is a list of covered drugs selected by Bright Health in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Bright Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary and the prescription is filled at a Bright Health network pharmacy.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed 2018 formulary is current as of 10/08/2018. To get updated information about the drugs covered by Bright Health, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

There are two ways to find the drugs you take in the formulary:

1. Medical Condition

The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

2. Alphabetical Listing

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

this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Bright Health covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Bright Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Bright Health before you fill your prescriptions. If you don't get approval, Bright Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Bright Health limits the amount of the drug that we will cover. For example, Bright Health provides 12 tablets every 25 days per prescription for Zolpidem Tartrate 5mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Bright Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Bright Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Bright Health will then cover Drug B.

The formulary will also tell you if your drug has any additional requirements or limits. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Bright Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Bright Health's formulary?" for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Bright Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Bright Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Bright Health.
- You can ask Bright Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Bright Health Formulary?

You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Bright Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Bright Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Bright must follow specific turnaround times to complete a Prior Authorization and Exception requests. Generally, for medications on our formulary that require Prior Authorization, we must make our decision within 2 business days of receiving an electronic submission of the request and prescriber's supporting statement, or 3 business days if we receive a phone or fax request with the prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting 2 or 3 business days for a decision. If your request to expedite is granted, we must give you a decision no later than 1 business day after we get the supporting statement from your doctor or other prescriber. For Non Formulary Exception requests, we must make our decision within 15 days of receiving the request and the prescriber's supporting statement. You can request an expedited(fast) exception if you or your doctor believe that your health could be seriously harmed by waiting 15 days for a decision. If your request to expedite is granted, we must give you a decision no later than 72 hours after we get the supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception? As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take.

For More Information

If you have questions about Bright Health please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Individual and Family prescription drug coverage, please call Bright Health at 866-549-6208, or visit www.BrightHealthPlan.com.

Our Formulary (drug list)

The formulary below provides coverage information about the drugs covered by our Bright Individual and Family plans.

The first column of the chart lists the drug name. Brand name drugs are capitalized and generic drugs are listed in lower-case italics.

The second column of the chart, Drug Tier, tells you which tier the drug falls under. Drug tiers are how we divide prescription drugs into different levels of cost. How much you will pay will depend on your individual plan, however, here's what the drug tier tells you.

- Tier 1: Preventative drugs with no member cost share under the ACA
- Tier 2: Generic Drugs
- Tier 3: Preferred Brand Drugs
- Tier 4: Non-Preferred Brand Drugs
- Tier 5: Specialty Drugs

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug.

You can see the benefits associated with each tier level in the section titled "Prescription benefits for each plan" at the end of this document.

There. Now that's Brighter.

This formulary was updated on 09/26/2018. For more recent information or other questions, please contact us at 866-549-6208, or visit www.BrightHealthPlan.com.

Bright CO 2018 eff 11/01/2018

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------------------------|-----------|--------------------------|
| ANALGESICS | | |
| COX-2 INHIBITORS | | |
| <hr/> | | |
| celecoxib cap 50 mg | 2 | |
| celecoxib cap 100 mg | 2 | |
| celecoxib cap 200 mg | 2 | |
| celecoxib cap 400 mg | 2 | |
| <hr/> | | |
| GOUT | | |
| <hr/> | | |
| allopurinol sodium for inj 500 mg | 2 | |
| allopurinol tab 100 mg | 2 | |
| allopurinol tab 300 mg | 2 | |
| colchicine tab 0.6 mg | 2 | |
| colchicine w/ probenecid tab 0.5-500 mg | 2 | |
| probenecid tab 500 mg | 2 | |
| <hr/> | | |
| NON-OPIOID ANALGESICS | | |
| <hr/> | | |
| alagesic lq sol | 2 | QL (720 mL / 25 days) |
| butalbital-acetaminophen-caffeine cap 50-300-40 mg | 2 | QL (48 caps / 25 days) |
| butalbital-acetaminophen-caffeine cap 50-325-40 mg | 2 | QL (48 caps / 25 days) |
| butalbital-acetaminophen-caffeine tab 50-325-40 mg | 2 | QL (48 tabs / 25 days) |
| butalbital-aspirin-caffeine cap 50-325-40 mg | 2 | QL (48 caps / 25 days) |
| butalbital-aspirin-caffeine tab 50-325-40 mg | 2 | QL (48 tabs / 25 days) |
| tencon tab 50-325mg | 2 | QL (48 tabs per 25 days) |
| <hr/> | | |
| NSAIDS | | |
| <hr/> | | |
| diclofenac potassium tab 50 mg | 2 | |
| diclofenac sodium tab delayed release 25 mg | 2 | |
| diclofenac sodium tab delayed release 50 mg | 2 | |
| diclofenac sodium tab delayed release 75 mg | 2 | |
| diclofenac sodium tab er 24hr 100 mg | 2 | |
| etodolac cap 200 mg | 2 | |
| etodolac cap 300 mg | 2 | |
| etodolac tab 400 mg | 2 | |
| etodolac tab 500 mg | 2 | |
| etodolac tab er 24hr 400 mg | 2 | |
| etodolac tab er 24hr 500 mg | 2 | |
| etodolac tab er 24hr 600 mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------|------------------|----------------------------|
| <i>fenoprofen calcium cap 400 mg</i> | 2 | |
| <i>fenoprofen calcium tab 600 mg</i> | 2 | |
| <i>flurbiprofen tab 50 mg</i> | 2 | |
| <i>flurbiprofen tab 100 mg</i> | 2 | |
| <i>ibu tab 400mg</i> | 2 | |
| <i>ibu tab 600mg</i> | 2 | |
| <i>ibu tab 800mg</i> | 2 | |
| <i>ibuprofen susp 100 mg/5ml</i> | 2 | |
| <i>ibuprofen tab 400 mg</i> | 2 | |
| <i>ibuprofen tab 600 mg</i> | 2 | |
| <i>indomethacin cap 25 mg</i> | 2 | |
| <i>indomethacin cap 50 mg</i> | 2 | |
| <i>ketoprofen cap 50 mg</i> | 2 | |
| <i>ketoprofen cap 75 mg</i> | 2 | |
| <i>ketoprofen cap er 24hr 200 mg</i> | 2 | |
| <i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i> | 2 | |
| <i>ketorolac tromethamine inj 15 mg/ml</i> | 2 | |
| <i>ketorolac tromethamine inj 30 mg/ml</i> | 2 | |
| <i>ketorolac tromethamine inj 60 mg/2ml (30 mg/ml)</i> | 2 | |
| <i>ketorolac tromethamine inj 300 mg/10ml (30 mg/ml)</i> | 2 | |
| <i>ketorolac tromethamine tab 10 mg</i> | 2 | QL (20 tabs / 25 days) |
| <i>meclofenamate sodium cap 50 mg</i> | 2 | |
| <i>meclofenamate sodium cap 100 mg</i> | 2 | |
| <i>mefenamic acid cap 250 mg</i> | 2 | |
| <i>meloxicam susp 7.5 mg/5ml</i> | 2 | |
| <i>meloxicam tab 7.5 mg</i> | 2 | |
| <i>meloxicam tab 15 mg</i> | 2 | |
| <i>nabumetone tab 500 mg</i> | 2 | |
| <i>nabumetone tab 750 mg</i> | 2 | |
| <i>naproxen dr tab 375mg</i> | 2 | |
| <i>naproxen dr tab 500mg</i> | 2 | |
| <i>naproxen sodium tab 275 mg</i> | 2 | |
| <i>naproxen sodium tab 550 mg</i> | 2 | |
| <i>naproxen tab 250 mg</i> | 2 | |
| <i>naproxen tab 375 mg</i> | 2 | |
| <i>naproxen tab 500 mg</i> | 2 | |
| <i>oxaprozin tab 600 mg</i> | 2 | |
| <i>piroxicam cap 10 mg</i> | 2 | |
| <i>piroxicam cap 20 mg</i> | 2 | |
| <i>sulindac tab 150 mg</i> | 2 | |
| <i>sulindac tab 200 mg</i> | 2 | |
| <i>tolmetin sodium cap 400 mg</i> | 2 | |
| <i>tolmetin sodium tab 200 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------|------------------|--------------------------------|
| <i>tolmetin sodium tab 600 mg</i> | 2 | |
| NSAIDS, COMBINATIONS | | |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> | 2 | |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> | 2 | |
| OPIOID AGONIST/ANTAGONIST | | |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | 1 | QL (90 tabs / 25 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | 1 | QL (90 tabs / 25 days) |
| <i>SUBOXONE MIS 2-0.5MG</i> | 3 | QL (90 units / 25 days) |
| <i>SUBOXONE MIS 4-1MG</i> | 3 | QL (90 units / 25 days) |
| <i>SUBOXONE MIS 8-2MG</i> | 3 | QL (90 units / 25 days) |
| <i>SUBOXONE MIS 12-3MG</i> | 3 | QL (60 units / 25 days) |
| OPIOID ANALGESICS | | |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 2 | QL (2700 ml / 25 days), ST |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> | 2 | QL (400 tabs / 25 days), ST |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> | 2 | QL (360 tabs / 25 days), ST |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 2 | QL (180 tabs / 25 days), ST |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> | 2 | QL (48 caps / 25 days) |
| <i>CAPITAL/COD SUS 120-12/5</i> | 4 | QL (2700 ml / 25 days), ST |
| <i>CODEINE SULF SOL 30MG/5ML</i> | 3 | QL (210 mL / 25 days) |
| <i>codeine sulfate tab 15 mg</i> | 2 | QL (42 tabs / 25 days), ST |
| <i>codeine sulfate tab 30 mg</i> | 2 | QL (42 tabs / 25 days), ST |
| <i>codeine sulfate tab 60 mg</i> | 2 | QL (42 tabs / 25 days), ST |
| <i>endocet tab 2.5-325</i> | 2 | QL (360 tabs / 25 days), ST |
| <i>endocet tab 5-325mg</i> | 2 | QL (360 tabs / 25 days), ST |
| <i>endocet tab 7.5-325</i> | 2 | QL (240 tabs / 25 days), ST |
| <i>endocet tab 10-325mg</i> | 2 | QL (180 tabs / 25 days), ST |
| <i>fentanyl td patch 72hr 12 mcg/hr</i> | 2 | QL (10 patches / 25 days), ST |
| <i>fentanyl td patch 72hr 25 mcg/hr</i> | 2 | QL (10 patches / 25 days), ST |
| <i>fentanyl td patch 72hr 50 mcg/hr</i> | 2 | PA, ST |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------------------|------------------|-----------------------------------------|
| fentanyl td patch 72hr 75 mcg/hr | 2 | PA, ST |
| fentanyl td patch 72hr 100 mcg/hr | 2 | PA, ST |
| hydrocodone-acetaminophen soln 7.5-325 mg/15ml | 2 | QL (2700 ml / 25 days), ST |
| hydrocodone-acetaminophen soln 10-325 mg/15ml | 2 | QL (2700 ml / 25 days), ST |
| hydrocodone-acetaminophen tab 2.5-325 mg | 2 | QL (360 tabs / 25 days), ST |
| hydrocodone-acetaminophen tab 5-300 mg | 2 | QL (390 tablets / 30 days) |
| hydrocodone-acetaminophen tab 5-325 mg | 2 | QL (240 tabs / 25 days), ST |
| hydrocodone-acetaminophen tab 7.5-300 mg | 2 | QL (390 tablets / 30 days) |
| hydrocodone-acetaminophen tab 7.5-325 mg | 2 | QL (180 tabs / 25 days), ST |
| hydrocodone-acetaminophen tab 10-300 mg | 2 | QL (390 tablets / 30 days) |
| hydrocodone-acetaminophen tab 10-325 mg | 2 | QL (180 tabs / 25 days), ST |
| hydrocodone-ibuprofen tab 7.5-200 mg | 2 | QL (50 tabs / 25 days) |
| HYDROMORPHON SUP 3MG | 4 | QL (120 suppositories / 25 days), ST |
| hydromorphone hcl liqd 1 mg/ml | 2 | QL (600 ml / 25 days), ST |
| hydromorphone hcl tab 2 mg | 2 | QL (180 tabs / 25 days), ST |
| hydromorphone hcl tab 4 mg | 2 | QL (150 tabs / 25 days), ST |
| hydromorphone hcl tab 8 mg | 2 | QL (60 tabs / 25 days), ST |
| lortab tab 10-325mg | 2 | QL (180 tabs / 25 days), ST |
| meperidine hcl inj 10 mg/ml | 2 | |
| meperidine hcl inj 25 mg/ml | 2 | |
| meperidine hcl inj 50 mg/ml | 2 | |
| meperidine hcl inj 100 mg/ml | 2 | |
| meperidine hcl oral soln 50 mg/5ml | 2 | QL (90 mL / 25 days) |
| meperidine hcl tab 50 mg | 2 | QL (18 tabs / 25 days) |
| meperidine hcl tab 100 mg | 2 | QL (18 tabs / 25 days) |
| methadone hcl conc 10 mg/ml | 2 | QL (60 mL / 25 days), ST |
| methadone hcl inj 10 mg/ml | 2 | QL (1 vial / 25 days), ST |
| methadone hcl soln 5 mg/5ml | 2 | QL (450 ml / 25 days), ST |
| methadone hcl soln 10 mg/5ml | 2 | QL (300 mL / 25 days), ST |
| methadone hcl tab 5 mg | 2 | QL (90 tabs / 25 days), ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------------------|------------------|-------------------------------|
| <i>methadone hcl tab 10 mg</i> | 2 | QL (60 tabs / 25 days), ST |
| <i>methadone hcl tab for oral susp 40 mg</i> | 2 | QL (9 tabs / 25 days) |
| <i>methadose tab 40mg</i> | 2 | QL (9 tabs / 25 days) |
| <i>MORPHINE SUL INJ 2MG/ML</i> | 4 | |
| <i>MORPHINE SUL INJ 4MG/ML</i> | 4 | |
| <i>MORPHINE SUL INJ 5MG/ML</i> | 4 | |
| <i>MORPHINE SUL INJ 150/30ML</i> | 4 | |
| <i>MORPHINE SUL SUP 30MG</i> | 3 | QL (90 supp / 25 days), ST |
| <i>morpheine sulfate beads cap er 24hr 30 mg</i> | 2 | QL (30 caps / 25 days), ST |
| <i>morpheine sulfate beads cap er 24hr 45 mg</i> | 2 | QL (30 caps / 25 days), ST |
| <i>morpheine sulfate beads cap er 24hr 60 mg</i> | 2 | QL (30 caps / 25 days), ST |
| <i>morpheine sulfate beads cap er 24hr 75 mg</i> | 2 | QL (30 caps / 25 days), ST |
| <i>morpheine sulfate beads cap er 24hr 90 mg</i> | 2 | QL (30 caps / 25 days), ST |
| <i>morpheine sulfate beads cap er 24hr 120 mg</i> | 2 | PA, ST |
| <i>morpheine sulfate cap er 24hr 10 mg</i> | 2 | QL (60 caps / 25 days), ST |
| <i>morpheine sulfate cap er 24hr 20 mg</i> | 2 | QL (60 caps / 25 days), ST |
| <i>morpheine sulfate cap er 24hr 30 mg</i> | 2 | QL (60 caps / 25 days), ST |
| <i>morpheine sulfate cap er 24hr 50 mg</i> | 2 | QL (30 caps / 25 days), ST |
| <i>morpheine sulfate cap er 24hr 60 mg</i> | 2 | QL (30 caps / 25 days), ST |
| <i>morpheine sulfate cap er 24hr 80 mg</i> | 2 | QL (30 caps / 25 days), ST |
| <i>morpheine sulfate cap er 24hr 100 mg</i> | 2 | PA, ST |
| <i>morpheine sulfate inj 8 mg/ml</i> | 2 | |
| <i>morpheine sulfate inj 10 mg/ml</i> | 2 | |
| <i>morpheine sulfate iv soln 1 mg/ml</i> | 2 | |
| <i>morpheine sulfate iv soln 25 mg/ml</i> | 2 | |
| <i>morpheine sulfate iv soln pf 4 mg/ml</i> | 2 | |
| <i>morpheine sulfate iv soln pf 8 mg/ml</i> | 2 | |
| <i>morpheine sulfate iv soln pf 10 mg/ml</i> | 2 | |
| <i>morpheine sulfate iv soln pf 15 mg/ml</i> | 2 | |
| <i>morpheine sulfate oral soln 10 mg/5ml</i> | 2 | QL (900 ml / 25 days), ST |
| <i>morpheine sulfate oral soln 20 mg/5ml</i> | 2 | QL (675 mL / 25 days), ST |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------------------|------------------|--------------------------------------|
| morphine sulfate oral soln 100 mg/5ml (20 mg/ml) | 2 | QL (135 mL / 25 days), ST |
| morphine sulfate suppos 5 mg | 2 | QL (180 suppositories / 25 days), ST |
| morphine sulfate suppos 10 mg | 2 | QL (180 suppositories / 25 days), ST |
| morphine sulfate suppos 20 mg | 2 | QL (120 supp / 25 days), ST |
| morphine sulfate tab 15 mg | 2 | QL (180 tabs / 25 days), ST |
| morphine sulfate tab 30 mg | 2 | QL (90 tabs / 25 days), ST |
| morphine sulfate tab er 15 mg | 2 | QL (90 tabs / 25 days), ST |
| morphine sulfate tab er 30 mg | 2 | QL (90 tabs / 25 days), ST |
| morphine sulfate tab er 60 mg | 2 | PA, ST |
| morphine sulfate tab er 100 mg | 2 | PA, ST |
| morphine sulfate tab er 200 mg | 2 | PA, ST |
| oxycodone hcl cap 5 mg | 2 | QL (180 caps / 25 days), ST |
| oxycodone hcl conc 100 mg/5ml (20 mg/ml) | 2 | QL (90 mL / 25 days), ST |
| oxycodone hcl soln 5 mg/5ml | 2 | QL (900 ml / 25 days), ST |
| oxycodone hcl tab 5 mg | 2 | QL (180 tabs / 25 days), ST |
| oxycodone hcl tab 10 mg | 2 | QL (180 tabs / 25 days), ST |
| oxycodone hcl tab 15 mg | 2 | QL (120 tabs / 25 days), ST |
| oxycodone hcl tab 20 mg | 2 | QL (90 tabs / 25 days), ST |
| oxycodone hcl tab 30 mg | 2 | QL (60 tabs / 25 days), ST |
| oxycodone hcl tab er 12hr deter 10 mg | 2 | QL (60 tabs / 25 days), ST |
| oxycodone hcl tab er 12hr deter 15 mg | 2 | QL (60 tabs / 25 days), ST |
| oxycodone hcl tab er 12hr deter 20 mg | 2 | QL (60 tabs / 25 days), ST |
| oxycodone hcl tab er 12hr deter 30 mg | 2 | QL (60 tabs / 25 days), ST |
| oxycodone hcl tab er 12hr deter 40 mg | 2 | PA, ST |
| oxycodone hcl tab er 12hr deter 60 mg | 2 | PA, ST |
| oxycodone hcl tab er 12hr deter 80 mg | 2 | PA, ST |
| oxycodone w/ acetaminophen soln 5-325 mg/5ml | 2 | QL (1800 ml / 25 days), ST |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------|------------------|--------------------------------|
| oxycodone w/ acetaminophen tab 2.5-325 mg | 2 | QL (360 tabs / 25 days), ST |
| oxycodone w/ acetaminophen tab 5-325 mg | 2 | QL (360 tabs / 25 days), ST |
| oxycodone w/ acetaminophen tab 7.5-325 mg | 2 | QL (240 tabs / 25 days), ST |
| oxycodone w/ acetaminophen tab 10-325 mg | 2 | QL (180 tabs / 25 days), ST |
| oxycodone-aspirin tab 4.8355-325 mg | 2 | QL (360 tabs / 25 days), ST |
| oxycodone-ibuprofen tab 5-400 mg | 2 | QL (28 tabs / 25 days), ST |
| roxicet tab 5-325mg | 2 | QL (360 tabs / 30 days) |
| tramadol hcl tab 50 mg | 2 | QL (180 tabs / 25 days), ST |
| tramadol hcl tab er 24hr 100 mg | 2 | QL (30 tabs / 25 days), ST |
| tramadol hcl tab er 24hr 200 mg | 2 | PA, ST |
| tramadol hcl tab er 24hr 300 mg | 2 | PA, ST |
| vicodin es tab 7.5-300 | 2 | QL (390 tablets / 30 days) |
| vicodin hp tab 10-300mg | 2 | QL (390 tablets / 30 days) |
| vicodin tab 5-300mg | 2 | QL (390 tablets / 30 days) |
| xylon tab 10-200mg | 2 | QL (50 tabs / 25 days), ST |

SALICYLATES

| | | |
|-------------------------|---|---------------------------------------------------------------------------------------------------------------|
| aspirin chew tab 81 mg | 1 | QL (100 tabs / 30 days); QL (100 tabs / 30 days); OTC; Age (between 12 and 59) Restrictions Apply |
| aspirin low tab 81mg ec | 1 | QL (100 tabs / 30 days); QL (100 tabs / 30 days); OTC; Age (between 12 and 59) Restrictions Apply |
| aspirin tab 81 mg | 1 | QL (100 tabs / 30 days); QL (100 tabs / 30 days); OTC; Age (between 12 and 59) Restrictions Apply |
| aspirin tab 325mg | 1 | QL (100 tabs / 30 days); QL (100 tabs / 30 days); OTC; Age (between 12 and 59) Restrictions Apply |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------|
| <i>aspirin tab delayed release 325 mg</i> | 1 | QL (100 tabs / 30 days); QL (100 tabs / 30 days); OTC; Age (between 12 and 59) Restrictions Apply |
| <i>diflunisal tab 500 mg</i> | 2 | |

ANESTHETICS

LOCAL ANESTHETICS

| | |
|------------------------------------------------------------------|---|
| <i>LIDO/DEXTROS INJ 5-7.5%</i> | 4 |
| <i>lidocaine hcl local inj 0.5%</i> | 2 |
| <i>lidocaine hcl local inj 1%</i> | 2 |
| <i>lidocaine hcl local inj 2%</i> | 2 |
| <i>lidocaine hcl local preservative free (pf) inj 2 0.5%</i> | |
| <i>lidocaine hcl local preservative free (pf) inj 2 1%</i> | |
| <i>lidocaine hcl local preservative free (pf) inj 2 1.5%</i> | |
| <i>lidocaine hcl local preservative free (pf) inj 2 2%</i> | |
| <i>lidocaine hcl local preservative free (pf) inj 2 4%</i> | |

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

| | |
|---------------------------------------------------------------|---|
| <i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i> | 2 |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i> | 2 |
| <i>chloramphenicol sodium succinate for iv inj 2 1 gm</i> | |
| <i>e.s.p. sus 200-600</i> | 2 |
| <i>GENTAM/NACL INJ 0.9MG/ML</i> | 4 |
| <i>GENTAM/NACL INJ 1.4MG/ML</i> | 4 |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | 2 |
| <i>gentamicin in saline inj 1 mg/ml</i> | 2 |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 2 |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | 2 |
| <i>gentamicin in saline inj 2 mg/ml</i> | 2 |
| <i>gentamicin sulfate inj 10 mg/ml</i> | 2 |
| <i>gentamicin sulfate inj 40 mg/ml</i> | 2 |
| <i>gentamicin sulfate iv soln 10 mg/ml</i> | 2 |
| <i>kanamycin sulfate inj 333 mg/ml</i> | 2 |
| <i>neomycin sulfate tab 500 mg</i> | 2 |
| <i>paromomycin sulfate cap 250 mg</i> | 2 |
| <i>streptomycin sulfate for inj 1 gm</i> | 2 |
| <i>SULFADIAZINE TAB 500MG</i> | 4 |
| <i>tinidazole tab 250 mg</i> | 2 |
| <i>tinidazole tab 500 mg</i> | 2 |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------|------------------|----------------------------|
| TOBRA/NACL INJ 80/0.9 | 4 | |
| <i>tobramycin nebu soln 300 mg/5ml</i> | 2 | QL (280 / 28 days), PA |
| <i>tobramycin sulfate for inj 1.2 gm</i> | 2 | |
| <i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i> | 2 | |
| <i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i> | 2 | |
| <i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i> | 2 | |
| <i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i> | 2 | |
| ANTI-INFECTIVES - MISCELLANEOUS | | |
| <i>atovaquone susp 750 mg/5ml</i> | 2 | |
| AZACTAM/DEX INJ 1GM | 4 | |
| AZACTAM/DEX INJ 2GM | 4 | |
| <i>aztreonam for inj 1 gm</i> | 2 | |
| <i>aztreonam for inj 2 gm</i> | 2 | |
| CAYSTON INH 75MG | 5 | PA |
| <i>clindamycin hcl cap 75 mg</i> | 2 | |
| <i>clindamycin hcl cap 150 mg</i> | 2 | |
| <i>clindamycin hcl cap 300 mg</i> | 2 | |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> | 2 | |
| <i>clindamycin phosphate inj 9 gm/60ml</i> | 2 | |
| <i>clindamycin phosphate inj 300 mg/2ml</i> | 2 | |
| <i>clindamycin phosphate inj 600 mg/4ml</i> | 2 | |
| <i>clindamycin phosphate inj 900 mg/6ml</i> | 2 | |
| <i>clindamycin phosphate iv soln 300 mg/2ml</i> | 2 | |
| <i>clindamycin phosphate iv soln 600 mg/4ml</i> | 2 | |
| <i>clindamycin phosphate iv soln 900 mg/6ml</i> | 2 | |
| <i>dapsone tab 25 mg</i> | 2 | |
| <i>dapsone tab 100 mg</i> | 2 | |
| <i>daptomycin for iv soln 500 mg</i> | 2 | |
| DARAPRIM TAB 25MG | 4 | |
| DORIBAX INJ 250MG | 4 | |
| <i>doripenem for iv infusion 500 mg</i> | 2 | |
| EMVERM CHW 100MG | 4 | |
| FLAGYL ER TAB 750MG | 4 | |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i> | 2 | |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> | 2 | |
| INVANZ INJ 1GM | 4 | |
| <i>ivermectin tab 3 mg</i> | 2 | |
| <i>linezolid for susp 100 mg/5ml</i> | 2 | |
| <i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------|------------------|----------------------------------------------------------------------|
| <i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i> | 2 | |
| <i>linezolid tab 600 mg</i> | 2 | |
| <i>meropenem iv for soln 1 gm</i> | 2 | |
| <i>meropenem iv for soln 500 mg</i> | 2 | |
| <i>methenamine hippurate tab 1 gm</i> | 2 | |
| <i>metronidazole cap 375 mg</i> | 2 | |
| <i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i> | 2 | |
| <i>metronidazole tab 250 mg</i> | 2 | |
| <i>metronidazole tab 500 mg</i> | 2 | |
| NEBUPENT INH 300MG | 4 | |
| <i>nitrofurantoin macrocrystalline cap 25 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>nitrofurantoin macrocrystalline cap 50 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>nitrofurantoin macrocrystalline cap 100 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>nitrofurantoin susp 25 mg/5ml</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| PENTAM 300 INJ 300MG | 4 | |
| <i>polymyxin b sulfate for inj 500000 unit</i> | 2 | |
| <i>praziquantel tab 600 mg</i> | 2 | |
| PRIMSOL SOL 50MG/5ML | 3 | |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 2 mg</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | 2 | |
| <i>trimethoprim tab 100 mg</i> | 2 | |
| TYGACIL INJ 50MG | 4 | |
| <i>vancomycin hcl cap 125 mg</i> | 2 | ST; PA** |
| <i>vancomycin hcl cap 250 mg</i> | 2 | ST; PA** |
| <i>vancomycin hcl for inj 500 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------------------------------|------------------|----------------------------|
| <i>vancomycin hcl for iv soln 1 gm (base equivalent)</i> | 2 | |
| <i>vancomycin hcl for iv soln 5 gm (base equivalent)</i> | 2 | |
| <i>vancomycin hcl for iv soln 10 gm (base equivalent)</i> | 2 | |
| <i>vancomycin hcl for iv soln 500 mg (base equivalent)</i> | 2 | |
| ANTIFUNGALS | | |
| ABELCET INJ 5MG/ML | 4 | |
| AMBISOME INJ 50MG | 4 | |
| AMPHOTEC INJ 50MG | 4 | |
| AMPHOTEC INJ 100MG | 4 | |
| <i>amphotericin b for inj 50 mg</i> | 2 | |
| BIO-STATIN CAP 500000 | 3 | |
| BIO-STATIN CAP 1000000 | 3 | |
| CASPOFUNGIN ACETATE FOR IV SOLN 50 MG | 2 | |
| CASPOFUNGIN ACETATE FOR IV SOLN 70 MG | 2 | |
| ERAXIS INJ 50MG | 4 | |
| ERAXIS INJ 100MG | 4 | |
| <i>fluconazole for susp 10 mg/ml</i> | 2 | |
| <i>fluconazole for susp 40 mg/ml</i> | 2 | |
| <i>fluconazole in dextrose inj 200 mg/100ml</i> | 2 | |
| <i>fluconazole in dextrose inj 400 mg/200ml</i> | 2 | |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | 2 | |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> | 2 | |
| <i>fluconazole tab 50 mg</i> | 2 | |
| <i>fluconazole tab 100 mg</i> | 2 | |
| <i>fluconazole tab 150 mg</i> | 2 | |
| <i>fluconazole tab 200 mg</i> | 2 | |
| FLUCONAZOLE/ INJ NACL 100 | 4 | |
| <i>griseofulvin microsize susp 125 mg/5ml</i> | 2 | |
| <i>griseofulvin microsize tab 500 mg</i> | 2 | |
| <i>griseofulvin ultramicrosize tab 125 mg</i> | 2 | |
| <i>griseofulvin ultramicrosize tab 250 mg</i> | 2 | |
| <i>itraconazole cap 100 mg</i> | 2 | PA |
| MYCAMINE INJ 50MG | 4 | |
| MYCAMINE INJ 100MG | 4 | |
| NOXAFILE SUS 40MG/ML | 3 | |
| NOXAFILE TAB 100MG | 3 | |
| <i>nystatin oral powder</i> | 2 | |
| <i>nystatin tab 500000 unit</i> | 2 | |
| <i>terbinafine hcl tab 250 mg</i> | 2 | PA |
| <i>voriconazole for susp 40 mg/ml</i> | 2 | PA |
| <i>voriconazole tab 50 mg</i> | 2 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------------------|------------------|----------------------------|
| voriconazole tab 200 mg | 2 | PA |
| ANTIMALARIALS | | |
| atovaquone-proguanil hcl tab 62.5-25 mg | 2 | |
| atovaquone-proguanil hcl tab 250-100 mg | 2 | |
| chloroquine phosphate tab 250 mg | 2 | |
| chloroquine phosphate tab 500 mg | 2 | |
| mefloquine hcl tab 250 mg | 2 | |
| PRIMAQUINE TAB 26.3MG | 4 | |
| quinine sulfate cap 324 mg | 2 | |
| quinine sulfate tab 260 mg | 2 | |
| ANTIRETROVIRAL AGENTS | | |
| abacavir sulfate soln 20 mg/ml (base equiv) | 2 | QL (900 / 30 days) |
| abacavir sulfate tab 300 mg (base equiv) | 2 | QL (60 / 30 days) |
| APTVUS CAP 250MG | 3 | QL (120 / 30 days) |
| APTVUS SOL | 3 | QL (300 ml / 30 days) |
| atazanavir sulfate cap 150 mg (base equiv) | 2 | QL (30 / 30 days) |
| atazanavir sulfate cap 200 mg (base equiv) | 2 | QL (60 / 30 days) |
| atazanavir sulfate cap 300 mg (base equiv) | 2 | QL (30 / 30 days) |
| CRIXIVAN CAP 200MG | 3 | QL (450 / 30 days) |
| CRIXIVAN CAP 400MG | 3 | QL (180 / 30 days) |
| didanosine delayed release capsule 125 mg | 2 | QL (30 caps / 30 days) |
| didanosine delayed release capsule 200 mg | 2 | QL (30 / 30 days) |
| didanosine delayed release capsule 250 mg | 2 | QL (30 / 30 days) |
| didanosine delayed release capsule 400 mg | 2 | QL (30 / 30 days) |
| EDURANT TAB 25MG | 3 | QL (60 / 30 days) |
| efavirenz cap 50 mg | 2 | QL (90 / 30 days) |
| efavirenz cap 200 mg | 2 | QL (90 / 30 days) |
| efavirenz tab 600 mg | 1 | QL (30 / 30 days) |
| EMTRIVA CAP 200MG | 3 | QL (30 / 30 days) |
| EMTRIVA SOL 10MG/ML | 3 | QL (680 ml / 28 days) |
| fosamprenavir calcium tab 700 mg (base equiv) | 2 | QL (120 / 30 days) |
| FUZEON INJ 90MG | 5 | QL (60 / 30 days), PA |
| INTELENCE TAB 25MG | 3 | QL (120 / 30 days) |
| INTELENCE TAB 100MG | 3 | QL (120 / 30 days) |
| INTELENCE TAB 200MG | 3 | QL (60 / 30 days) |
| INVIRASE CAP 200MG | 3 | QL (300 / 30 days) |
| INVIRASE TAB 500MG | 3 | QL (120 / 30 days) |
| ISENTRESS CHW 25MG | 3 | QL (180 / 30 days) |
| ISENTRESS CHW 100MG | 3 | QL (180 / 30 days) |
| ISENTRESS POW 100MG | 3 | QL (60 / 30 days) |
| ISENTRESS TAB 400MG | 3 | QL (120 / 30 days) |
| lamivudine oral soln 10 mg/ml | 2 | QL (900 ml / 30 days) |
| lamivudine tab 150 mg | 2 | QL (60 / 30 days) |
| lamivudine tab 300 mg | 2 | QL (30 / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------------|------------------|----------------------------|
| LEXIVA SUS 50MG/ML | 3 | QL (1680 ml / 30 days) |
| <i>nevirapine susp 50 mg/5ml</i> | 2 | QL (1200 ml / 30 days) |
| <i>nevirapine tab 200 mg</i> | 2 | QL (60 / 30 days) |
| <i>nevirapine tab er 24hr 100 mg</i> | 2 | QL (90 / 30 days) |
| <i>nevirapine tab er 24hr 400 mg</i> | 2 | QL (30 / 30 days) |
| NORVIR CAP 100MG | 3 | QL (360 / 30 days) |
| NORVIR SOL 80MG/ML | 3 | QL (450 ml / 30 days) |
| PREZISTA SUS 100MG/ML | 3 | QL (400 ml / 30 days) |
| PREZISTA TAB 75MG | 3 | QL (300 / 30 days) |
| PREZISTA TAB 150MG | 3 | QL (180 / 30 days) |
| PREZISTA TAB 400MG | 3 | |
| PREZISTA TAB 600MG | 3 | QL (60 / 30 days) |
| PREZISTA TAB 800MG | 3 | QL (30 / 30 days) |
| RESCRIPTOR TAB 100 MG | 4 | QL (900 / 30 days) |
| RESCRIPTOR TAB 200MG | 4 | QL (450 / 30 days) |
| RETROVIR INJ 10MG/ML | 3 | |
| REYATAZ CAP 100MG | 3 | |
| REYATAZ POW 50MG | 3 | QL (180 packets / 30 days) |
| <i>ritonavir tab 100 mg</i> | 2 | QL (360 / 30 days) |
| SELZENTRY TAB 150MG | 3 | QL (60 / 30 days) |
| SELZENTRY TAB 300MG | 3 | QL (120 / 30 days) |
| <i>stavudine cap 15 mg</i> | 2 | QL (60 / 30 days) |
| <i>stavudine cap 20 mg</i> | 2 | QL (60 / 30 days) |
| <i>stavudine cap 30 mg</i> | 2 | QL (60 / 30 days) |
| <i>stavudine cap 40 mg</i> | 2 | QL (60 / 30 days) |
| <i>stavudine for oral soln 1 mg/ml</i> | 2 | QL (2400 ml / 30 days) |
| <i>tenofovir disoproxil fumarate tab 300 mg</i> | 2 | QL (30 / 30 days) |
| TIVICAY TAB 10MG | 3 | QL (60 / 30 days) |
| TIVICAY TAB 25MG | 3 | QL (60 / 30 days) |
| TIVICAY TAB 50MG | 3 | QL (60 / 30 days) |
| VIDEX EC CAP 125MG | 3 | QL (30 caps / 30 days) |
| VIDEX SOL 2GM | 3 | QL (1200 ml / 30 days) |
| VIDEX SOL 4GM | 3 | QL (1200 ml / 30 days) |
| VIRACEPT TAB 250MG | 3 | QL (300 / 30 days) |
| VIRACEPT TAB 625MG | 3 | QL (120 / 30 days) |
| VIREAD POW 40MG/GM | 3 | QL (240 gm / 30 days) |
| VIREAD TAB 150MG | 3 | QL (30 / 30 days) |
| VIREAD TAB 200MG | 3 | QL (30 / 30 days) |
| VIREAD TAB 250MG | 3 | QL (30 / 30 days) |
| VITEKTA TAB 85MG | 3 | |
| VITEKTA TAB 150MG | 3 | |
| <i>zidovudine cap 100 mg</i> | 2 | QL (180 / 30 days) |
| <i>zidovudine syrup 10 mg/ml</i> | 2 | QL (1800 ml / 30 days) |
| <i>zidovudine tab 300 mg</i> | 2 | QL (60 / 30 days) |

ANTIRETROVIRAL COMBINATION AGENTS

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 2 | QL (30 / 30 days) |
| <i>abacavir sulfate-lamivudine-zidovudine tab 2 300-150-300 mg</i> | | QL (60 / 30 days) |
| ATRIPLA TAB | 3 | QL (30 / 30 days) |
| COMPLERA TAB | 3 | QL (30 / 30 days) |
| EVOTAZ TAB 300-150 | 3 | QL (30 / 30 days) |
| GENVOYA TAB | 3 | QL (30 / 30 days) |
| KALETRA TAB 100-25MG | 3 | QL (240 / 30 days) |
| KALETRA TAB 200-50MG | 3 | QL (120 / 30 days) |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 2 | QL (60 / 30 days) |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 2 | QL (390 / 30 days) |
| PREZCOBIX TAB 800-150 | 3 | QL (30 / 30 days) |
| STRIBILD TAB | 3 | QL (30 / 30 days) |
| TRIUMEQ TAB | 3 | QL (30 / 30 days) |
| TRUVADA TAB 100-150 | 3 | QL (30 / 30 days) |
| TRUVADA TAB 133-200 | 3 | QL (30 / 30 days) |
| TRUVADA TAB 167-250 | 3 | QL (30 / 30 days) |
| TRUVADA TAB 200-300 | 3 | QL (30 / 30 days) |

ANTITUBERCULAR AGENTS

| | |
|----------------------------------|---|
| <i>cycloserine cap 250 mg</i> | 2 |
| <i>ethambutol hcl tab 100 mg</i> | 2 |
| <i>ethambutol hcl tab 400 mg</i> | 2 |
| <i>isoniazid inj 100 mg/ml</i> | 2 |
| <i>isoniazid syrup 50 mg/5ml</i> | 2 |
| <i>isoniazid tab 100 mg</i> | 2 |
| <i>isoniazid tab 300 mg</i> | 2 |
| PRIFTIN TAB 150MG | 3 |
| <i>pyrazinamide tab 500 mg</i> | 2 |
| <i>rifabutin cap 150 mg</i> | 2 |
| RIFAMATE CAP | 3 |
| <i>rifampin cap 150 mg</i> | 2 |
| <i>rifampin cap 300 mg</i> | 2 |
| <i>rifampin for inj 600 mg</i> | 2 |
| RIFATER TAB | 3 |

ANTIVIRALS

| | |
|------------------------------------------|----|
| <i>acyclovir cap 200 mg</i> | 2 |
| <i>acyclovir sodium for inj 500 mg</i> | 2 |
| <i>acyclovir sodium for inj 1000 mg</i> | 2 |
| <i>acyclovir sodium iv soln 50 mg/ml</i> | 2 |
| <i>acyclovir susp 200 mg/5ml</i> | 2 |
| <i>acyclovir tab 400 mg</i> | 2 |
| <i>acyclovir tab 800 mg</i> | 2 |
| <i>adefovir dipivoxil tab 10 mg</i> | 2 |
| BARACLUDE SOL .05MG/ML | 3 |
| | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------------------------------|------------------|----------------------------|
| <i>cidofovir iv inj 75 mg/ml</i> | 2 | |
| <i>entecavir tab 0.5 mg</i> | 2 | |
| <i>entecavir tab 1 mg</i> | 2 | |
| <i>EPCLUSA TAB 400-100</i> | 5 | QL (28 / 28 days), PA |
| <i>EPIVIR HBV SOL 5MG/ML</i> | 3 | |
| <i>famciclovir tab 125 mg</i> | 2 | |
| <i>famciclovir tab 250 mg</i> | 2 | |
| <i>famciclovir tab 500 mg</i> | 2 | |
| <i>foscarnet sodium inj 24 mg/ml</i> | 2 | |
| <i>HARVONI TAB 90-400MG</i> | 5 | QL (28 / 28 days), PA |
| <i>lamivudine tab 100 mg (hbv)</i> | 2 | |
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i> | 2 | QL (40 caps / 90 days) |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i> | 2 | QL (20 caps / 90 days) |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i> | 2 | QL (20 caps / 90 days) |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | 2 | QL (300 mL / 90 days) |
| <i>PEGASYS INJ</i> | 5 | QL (4 / 28 days), PA |
| <i>PEGASYS INJ 180MCG/M</i> | 5 | QL (4 / 28 days), PA |
| <i>PEGASYS KIT</i> | 5 | PA |
| <i>REBETOL SOL 40MG/ML</i> | 5 | PA |
| <i>ribasphere cap 200mg</i> | 2 | PA |
| <i>ribasphere tab 200mg</i> | 2 | PA |
| <i>ribasphere tab 400mg</i> | 2 | PA |
| <i>ribasphere tab 600mg</i> | 2 | PA |
| <i>ribavirin cap 200 mg</i> | 2 | PA |
| <i>ribavirin for inhal soln 6 gm</i> | 2 | |
| <i>ribavirin tab 200 mg</i> | 2 | PA |
| <i>rimantadine hydrochloride tab 100 mg</i> | 2 | |
| <i>TYZEKA TAB 600MG</i> | 5 | PA |
| <i>valacyclovir hcl tab 1 gm</i> | 2 | |
| <i>valacyclovir hcl tab 500 mg</i> | 2 | |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i> | 2 | |
| <i>VOSEVI TAB</i> | 5 | QL (28 / 28 days), PA |

CEPHALOSPORINS

| | |
|---------------------------------------|---|
| <i>CEDAX SUS 90MG/5ML</i> | 4 |
| <i>cefaclor cap 250 mg</i> | 2 |
| <i>cefaclor cap 500 mg</i> | 2 |
| <i>CEFACLOR ER TAB 500MG</i> | 3 |
| <i>cefaclor for susp 125 mg/5ml</i> | 2 |
| <i>cefaclor for susp 250 mg/5ml</i> | 2 |
| <i>cefaclor for susp 375 mg/5ml</i> | 2 |
| <i>cefadroxil cap 500 mg</i> | 2 |
| <i>cefadroxil for susp 250 mg/5ml</i> | 2 |

| Drug Name | Drug Tier Requirements/Limits |
|-------------------------------------------------|--------------------------------------|
| cefadroxil for susp 500 mg/5ml | 2 |
| cefadroxil tab 1 gm | 2 |
| CEFAZOL/DEX SOL 1GM | 4 |
| CEFAZOL/DEX SOL 2GM | 4 |
| CEFAZOLIN INJ 1GM/50ML | 4 |
| cefazolin sodium for inj 1 gm | 2 |
| cefazolin sodium for inj 10 gm | 2 |
| cefazolin sodium for inj 20 gm | 2 |
| cefazolin sodium for inj 500 mg | 2 |
| cefazolin sodium for iv soln 1 gm | 2 |
| CEFAZOLIN SOL | 4 |
| cefdinir cap 300 mg | 2 |
| cefdinir for susp 125 mg/5ml | 2 |
| cefdinir for susp 250 mg/5ml | 2 |
| cefditoren pivoxil tab 200 mg (base equivalent) | 2 |
| cefditoren pivoxil tab 400 mg (base equivalent) | 2 |
| cefepime hcl for inj 1 gm | 2 |
| cefepime hcl for inj 2 gm | 2 |
| CEFEPIME INJ 1GM | 4 |
| CEFEPIME INJ 2GM | 4 |
| CEFEPIME/DEX INJ 1GM | 4 |
| CEFEPIME/DEX INJ 2GM | 4 |
| cefixime for susp 100 mg/5ml | 2 |
| cefixime for susp 200 mg/5ml | 2 |
| cefotaxime sodium for inj 1 gm | 2 |
| cefotaxime sodium for inj 2 gm | 2 |
| cefotaxime sodium for inj 10 gm | 2 |
| cefotaxime sodium for inj 500 mg | 2 |
| CEFOTET/DEX INJ 1-3.58% | 4 |
| CEFOTET/DEX INJ 2-2.08% | 4 |
| cefotetan disodium for inj 1 gm | 2 |
| cefotetan disodium for inj 2 gm | 2 |
| cefotetan disodium for inj 10 gm | 2 |
| CEFOXITIN INJ 1GM | 4 |
| CEFOXITIN INJ 2GM | 4 |
| cefoxitin sodium for inj 10 gm | 2 |
| cefoxitin sodium for iv soln 1 gm | 2 |
| cefoxitin sodium for iv soln 2 gm | 2 |
| cefpodoxime proxetil for susp 50 mg/5ml | 2 |
| cefpodoxime proxetil for susp 100 mg/5ml | 2 |
| cefpodoxime proxetil tab 100 mg | 2 |
| cefpodoxime proxetil tab 200 mg | 2 |
| cefprozil for susp 125 mg/5ml | 2 |
| cefprozil for susp 250 mg/5ml | 2 |
| cefprozil tab 250 mg | 2 |

| Drug Name | Drug Tier Requirements/Limits |
|--------------------------------------|--------------------------------------|
| cefprozil tab 500 mg | 2 |
| ceftazidime for inj 2 gm | 2 |
| CEFTAZIDIME INJ 100GM | 4 |
| CEFTAZIDIME/ SOL D5W 1GM | 4 |
| CEFTAZIDIME/ SOL D5W 2GM | 4 |
| ceftibuten cap 400 mg | 2 |
| ceftibuten for susp 180 mg/5ml | 2 |
| CEFTIN SUS 125/5ML | 3 |
| CEFTIN SUS 250/5ML | 3 |
| ceftriaxone sodium for inj 1 gm | 2 |
| ceftriaxone sodium for inj 2 gm | 2 |
| ceftriaxone sodium for inj 10 gm | 2 |
| ceftriaxone sodium for inj 250 mg | 2 |
| ceftriaxone sodium for inj 500 mg | 2 |
| ceftriaxone sodium for iv soln 1 gm | 2 |
| ceftriaxone sodium for iv soln 2 gm | 2 |
| CEFUROX/DEXT INJ 1.5GM | 4 |
| CEFUROX/DEXT INJ 750MG | 4 |
| cefuroxime axetil tab 250 mg | 2 |
| cefuroxime axetil tab 500 mg | 2 |
| CEFUROXIME INJ 7.5GM | 4 |
| CEFUROXIME INJ 75GM | 4 |
| CEFUROXIME INJ 225GM | 4 |
| cefuroxime sodium for inj 7.5 gm | 2 |
| cefuroxime sodium for inj 750 mg | 2 |
| cefuroxime sodium for iv soln 1.5 gm | 2 |
| cephalexin cap 250 mg | 2 |
| cephalexin cap 500 mg | 2 |
| cephalexin cap 750 mg | 2 |
| cephalexin for susp 125 mg/5ml | 2 |
| cephalexin for susp 250 mg/5ml | 2 |
| cephalexin tab 250 mg | 2 |
| cephalexin tab 500 mg | 2 |
| CLAFORAN INJ 1GM | 4 |
| CLAFORAN INJ 2GM | 4 |
| FORTAZ INJ 1GM | 4 |
| FORTAZ INJ 2GM | 4 |
| FORTAZ INJ 500MG | 4 |
| MAXIPIME INJ 1GM | 4 |
| MAXIPIME INJ 2GM | 4 |
| MEFOXIN INJ 1GM/50ML | 4 |
| MEFOXIN INJ 2GM/50ML | 4 |
| SUPRAX CAP 400MG | 3 |
| SUPRAX CHW 100MG | 3 |
| SUPRAX CHW 200MG | 3 |
| SUPRAX SUS 500/5ML | 3 |

| Drug Name | Drug Tier Requirements/Limits |
|--------------------------|--------------------------------------|
| SUPRAX TAB 400MG | 3 |
| tazicef inj 1gm | 2 |
| tazicef inj 2gm | 2 |
| tazicef inj 6gm | 2 |
| ZINACEF INJ 750MG | 4 |
| ZINACEF/H2O INJ 1.5GM PB | 4 |

ERYTHROMYCINS/MACROLIDES

| | |
|-------------------------------------------------------------|---|
| <i>azithromycin for susp 100 mg/5ml</i> | 2 |
| <i>azithromycin for susp 200 mg/5ml</i> | 2 |
| <i>azithromycin iv for soln 500 mg</i> | 2 |
| <i>azithromycin powd pack for susp 1 gm</i> | 2 |
| <i>azithromycin tab 250 mg</i> | 2 |
| <i>azithromycin tab 500 mg</i> | 2 |
| <i>azithromycin tab 600 mg</i> | 2 |
| <i>clarithromycin for susp 125 mg/5ml</i> | 2 |
| <i>clarithromycin for susp 250 mg/5ml</i> | 2 |
| <i>clarithromycin tab 250 mg</i> | 2 |
| <i>clarithromycin tab 500 mg</i> | 2 |
| <i>clarithromycin tab er 24hr 500 mg</i> | 2 |
| DIFICID TAB 200MG | 3 |
| e.e.s. 400 tab 400mg | 2 |
| ery-tab tab 250mg ec | 2 |
| ery-tab tab 333mg ec | 2 |
| ery-tab tab 500mg ec | 2 |
| ERYPED SUS 400/5ML | 3 |
| ERYTHROCIN INJ 500MG | 4 |
| ERYTHROCIN INJ 1000MG | 4 |
| <i>erythrocin tab 250mg</i> | 2 |
| <i>erythromycin ethylsuccinate tab 400 mg</i> | 2 |
| <i>erythromycin tab 250 mg</i> | 2 |
| <i>erythromycin tab 500 mg</i> | 2 |
| <i>erythromycin w/ delayed release particles cap 250 mg</i> | 2 |
| PCE TAB 333MG EC | 4 |
| PCE TAB 500MG EC | 4 |
| ZMAX SUS 2GM | 4 |

FLUOROQUINOLONES

| | |
|-------------------------------------------------------------------|---|
| <i>ciprofloxacin 200 mg/100ml in d5w</i> | 2 |
| <i>ciprofloxacin 400 mg/200ml in d5w</i> | 2 |
| <i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i> | 2 |
| <i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i> | 2 |
| <i>ciprofloxacin hcl tab 100 mg (base equiv)</i> | 2 |
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i> | 2 |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i> | 2 |

| Drug Name | Drug Tier Requirements/Limits |
|-----------------------------------------------------------------|--------------------------------------|
| ciprofloxacin hcl tab 750 mg (base equiv) | 2 |
| ciprofloxacin iv soln 200 mg/20ml (1%) | 2 |
| ciprofloxacin iv soln 400 mg/40ml (1%) | 2 |
| ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq) | 2 |
| ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq) | 2 |
| FACTIVE TAB 320MG | 4 |
| levofloxacin in d5w iv soln 250 mg/50ml | 2 |
| levofloxacin in d5w iv soln 500 mg/100ml | 2 |
| levofloxacin in d5w iv soln 750 mg/150ml | 2 |
| levofloxacin iv soln 25 mg/ml | 2 |
| levofloxacin oral soln 25 mg/ml | 2 |
| levofloxacin tab 250 mg | 2 |
| levofloxacin tab 500 mg | 2 |
| levofloxacin tab 750 mg | 2 |
| moxifloxacin hcl tab 400 mg (base equiv) | 2 |
| MOXIFLOXACIN INJ 400/250 | 2 |
| ofloxacin tab 200 mg | 2 |
| ofloxacin tab 300 mg | 2 |
| ofloxacin tab 400 mg | 2 |

PENICILLINS

| | |
|---------------------------------------------------------|---|
| amoxicillin & k clavulanate chew tab 200-28.5 mg | 2 |
| amoxicillin & k clavulanate chew tab 400-57 mg | 2 |
| amoxicillin & k clavulanate for susp 200-28.5 mg/5ml | 2 |
| amoxicillin & k clavulanate for susp 250-62.5 mg/5ml | 2 |
| amoxicillin & k clavulanate for susp 400-57 mg/5ml | 2 |
| amoxicillin & k clavulanate for susp 600-42.9 mg/5ml | 2 |
| amoxicillin & k clavulanate tab 250-125 mg2 | |
| amoxicillin & k clavulanate tab 500-125 mg2 | |
| amoxicillin & k clavulanate tab 875-125 mg2 | |
| amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg | 2 |
| amoxicillin (trihydrate) cap 250 mg | 2 |
| amoxicillin (trihydrate) cap 500 mg | 2 |
| amoxicillin (trihydrate) chew tab 125 mg | 2 |
| amoxicillin (trihydrate) chew tab 250 mg | 2 |
| amoxicillin (trihydrate) for susp 125 mg/5ml | 2 |
| amoxicillin (trihydrate) for susp 200 mg/5ml | 2 |

| Drug Name | Drug Tier Requirements/Limits |
|---------------------------------------------------------------------|--------------------------------------|
| <i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> | 2 |
| <i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> | 2 |
| <i>amoxicillin (trihydrate) tab 500 mg</i> | 2 |
| <i>amoxicillin (trihydrate) tab 875 mg</i> | 2 |
| <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> | 2 |
| <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> | 2 |
| <i>ampicillin & sulbactam sodium for inj 15 (10-5) gm</i> | 2 |
| <i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> | 2 |
| <i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> | 2 |
| <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> | 2 |
| <i>ampicillin cap 250 mg</i> | 2 |
| <i>ampicillin cap 500 mg</i> | 2 |
| <i>ampicillin for susp 125 mg/5ml</i> | 2 |
| <i>ampicillin for susp 250 mg/5ml</i> | 2 |
| <i>ampicillin sodium for inj 1 gm</i> | 2 |
| <i>ampicillin sodium for inj 2 gm</i> | 2 |
| <i>ampicillin sodium for inj 10 gm</i> | 2 |
| <i>ampicillin sodium for inj 125 mg</i> | 2 |
| <i>ampicillin sodium for inj 250 mg</i> | 2 |
| <i>ampicillin sodium for inj 500 mg</i> | 2 |
| <i>ampicillin sodium for iv soln 1 gm</i> | 2 |
| <i>ampicillin sodium for iv soln 2 gm</i> | 2 |
| <i>ampicillin sodium for iv soln 10 gm</i> | 2 |
| AUGMENTIN SUS 125/5ML | 3 |
| BACTOCILL INJ DEX 1GM | 4 |
| BACTOCILL INJ DEX 2GM | 4 |
| BICILLIN C-R INJ 900/300 | 4 |
| BICILLIN C-R INJ 1200000 | 4 |
| BICILLIN L-A INJ 600000 | 4 |
| BICILLIN L-A INJ 1200000 | 4 |
| BICILLIN L-A INJ 2400000 | 4 |
| <i>dicloxacillin sodium cap 250 mg</i> | 2 |
| <i>dicloxacillin sodium cap 500 mg</i> | 2 |
| NAFCILLIN INJ 1GM/50ML | 4 |
| NAFCILLIN INJ 2GM/100 | 4 |
| <i>nafcillin sodium for inj 1 gm</i> | 2 |
| <i>nafcillin sodium for inj 2 gm</i> | 2 |
| <i>nafcillin sodium for iv soln 1 gm</i> | 2 |
| <i>nafcillin sodium for iv soln 2 gm</i> | 2 |

| Drug Name | Drug Tier Requirements/Limits |
|----------------------------------------------------------------------|--------------------------------------|
| <i>nafcillin sodium for iv soln 10 gm</i> | 2 |
| <i>oxacillin sodium for inj 1 gm (base equivalent)</i> | 2 |
| <i>oxacillin sodium for inj 2 gm (base equivalent)</i> | 2 |
| <i>oxacillin sodium for inj 10 gm (base equivalent)</i> | 2 |
| PEN G PROC INJ 600000 | 4 |
| PENICILL GK/ INJ DEX 1MU | 4 |
| PENICILL GK/ INJ DEX 2MU | 4 |
| PENICILL GK/ INJ DEX 3MU | 4 |
| <i>penicillin g potassium for inj 5000000 unit</i> | 2 |
| <i>penicillin g potassium for inj 20000000 unit</i> | 2 |
| <i>penicillin g sodium for inj 5000000 unit</i> | 2 |
| <i>penicillin v potassium for soln 125 mg/5ml</i> | 2 |
| <i>penicillin v potassium for soln 250 mg/5ml</i> | 2 |
| <i>penicillin v potassium tab 250 mg</i> | 2 |
| <i>penicillin v potassium tab 500 mg</i> | 2 |
| <i>pfizerpen inj 20mu</i> | 2 |
| <i>piperacillin sod-tazobactam na for inj 3.3752 gm (3-0.375 gm)</i> | |
| <i>piperacillin sod-tazobactam sod for inj 2.252 gm (2-0.25 gm)</i> | |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> | |
| <i>piperacillin sod-tazobactam sod for inj 40.52 gm (36-4.5 gm)</i> | |
| ZOSYN SOL 2-0.25GM | 4 |
| ZOSYN SOL 3-0.375G | 4 |
| ZOSYN SOL 4-0.50GM | 4 |

TETRACYCLINES

| | |
|--------------------------------------------------------|---|
| <i>avidoxy tab 100mg</i> | 2 |
| <i>demeclacycline hcl tab 150 mg</i> | 2 |
| <i>demeclacycline hcl tab 300 mg</i> | 2 |
| <i>doxy 100 inj 100mg</i> | 2 |
| <i>doxycycline hyclate cap 50 mg</i> | 2 |
| <i>doxycycline hyclate cap 100 mg</i> | 2 |
| <i>doxycycline hyclate for inj 100 mg</i> | 2 |
| <i>doxycycline hyclate tab 20 mg</i> | 2 |
| <i>doxycycline hyclate tab 100 mg</i> | 2 |
| <i>doxycycline hyclate tab delayed release 75 2 mg</i> | |
| <i>doxycycline hyclate tab delayed release 100 mg</i> | 2 |
| <i>doxycycline hyclate tab delayed release 150 mg</i> | 2 |
| <i>doxycycline monohydrate cap 50 mg</i> | 2 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------------------|------------------|----------------------------|
| <i>doxycycline monohydrate cap 75 mg</i> | 2 | |
| <i>doxycycline monohydrate cap 100 mg</i> | 2 | |
| <i>doxycycline monohydrate cap 150 mg</i> | 2 | |
| <i>doxycycline monohydrate for susp 25 mg/5ml</i> | 2 | |
| <i>doxycycline monohydrate tab 50 mg</i> | 2 | |
| <i>doxycycline monohydrate tab 75 mg</i> | 2 | |
| <i>doxycycline monohydrate tab 150 mg</i> | 2 | |
| <i>minocycline hcl cap 50 mg</i> | 2 | |
| <i>minocycline hcl cap 75 mg</i> | 2 | |
| <i>minocycline hcl cap 100 mg</i> | 2 | |
| <i>minocycline hcl tab 50 mg</i> | 2 | |
| <i>minocycline hcl tab 75 mg</i> | 2 | |
| <i>minocycline hcl tab 100 mg</i> | 2 | |
| <i>minocycline hcl tab er 24hr 45 mg</i> | 2 | |
| <i>minocycline hcl tab er 24hr 90 mg</i> | 2 | |
| <i>minocycline hcl tab er 24hr 135 mg</i> | 2 | |
| <i>morgidox cap 1x100mg</i> | 2 | |
| <i>tetracycline hcl cap 250 mg</i> | 2 | |
| <i>tetracycline hcl cap 500 mg</i> | 2 | |

ANTICONVULSANTS

Carbamates

| | | |
|----------------------------------|---|--|
| <i>felbamate susp 600 mg/5ml</i> | 2 | |
| <i>felbamate tab 400 mg</i> | 2 | |
| <i>felbamate tab 600 mg</i> | 2 | |

ANTIHYPERLIPIDEMICS

HMG COA REDUCTASE INHIBITORS

| | | |
|----------------------------------------------|---|------------------------------------------|
| <i>fluvastatin sodium cap 20 mg</i> | 2 | \$0 copays for members age 40 through 74 |
| <i>fluvastatin sodium cap 40 mg</i> | 2 | \$0 copays for members age 40 through 74 |
| <i>fluvastatin sodium tab er 24 hr 80 mg</i> | 2 | \$0 copays for members age 40 through 74 |

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

| | | |
|----------------------------------------|---|--|
| <i>BICNU INJ 100MG</i> | 3 | |
| <i>busulfan inj 6 mg/ml</i> | 2 | |
| <i>BUSULFEX INJ 6MG/ML</i> | 3 | |
| <i>cyclophosphamide cap 25 mg</i> | 3 | |
| <i>cyclophosphamide cap 50 mg</i> | 3 | |
| <i>cyclophosphamide for inj 1 gm</i> | 2 | |
| <i>cyclophosphamide for inj 2 gm</i> | 2 | |
| <i>cyclophosphamide for inj 500 mg</i> | 2 | |
| <i>cyclophosphamide tab 25 mg</i> | 2 | |
| <i>cyclophosphamide tab 50 mg</i> | 2 | |
| <i>dacarbazine for inj 100 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------------|------------------|----------------------------|
| <i>dacarbazine for inj 200 mg</i> | 2 | |
| EMCYT CAP 140MG | 3 | |
| GLEOSTINE CAP 5MG | 3 | |
| GLEOSTINE CAP 10MG | 3 | |
| GLEOSTINE CAP 40MG | 3 | |
| GLEOSTINE CAP 100MG | 3 | |
| GLIADEL WAF 7.7MG | 3 | |
| HEXALEN CAP 50MG | 3 | |
| <i>ifosfamide for inj 1 gm</i> | 2 | |
| <i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i> | 2 | |
| <i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i> | 2 | |
| LEUKERAN TAB 2MG | 3 | |
| <i>melphalan hcl for inj 50 mg (base equiv)</i> | 2 | |
| <i>melphalan tab 2 mg</i> | 2 | |
| MYLERAN TAB 2MG | 3 | |
| TEMODAR INJ 100MG | 5 | PA |
| <i>temozolomide cap 5 mg</i> | 5 | PA |
| <i>temozolomide cap 20 mg</i> | 5 | PA |
| <i>temozolomide cap 100 mg</i> | 5 | PA |
| <i>temozolomide cap 140 mg</i> | 5 | PA |
| <i>temozolomide cap 180 mg</i> | 5 | PA |
| <i>temozolomide cap 250 mg</i> | 5 | PA |
| ZANOSAR INJ 1GM | 3 | |

ANTHRACYCLINES

| | | |
|----------------------------------------------------------------|---|--|
| <i>adriamycin inj 10mg</i> | 2 | |
| ADRIAMYCIN INJ 20MG | 3 | |
| <i>daunorubicin hcl for inj 20 mg</i> | 2 | |
| <i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i> | 2 | |
| DAUNOXOME INJ 2MG/ML | 3 | |
| <i>doxorubicin hcl for inj 10 mg</i> | 2 | |
| <i>doxorubicin hcl for inj 50 mg</i> | 2 | |
| <i>doxorubicin hcl inj 2 mg/ml</i> | 2 | |
| <i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i> | 2 | |
| <i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i> | 2 | |
| <i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i> | 2 | |
| EPIRUBICIN INJ 50MG | 3 | |
| <i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i> | 2 | |
| <i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i> | 2 | |
| <i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i> | 2 | |
| <i>lipodox inj 2mg/ml</i> | 2 | |

ANTIBIOTICS

| | | |
|------------------------------------------|---|--|
| <i>bleomycin sulfate for inj 15 unit</i> | 2 | |
| <i>bleomycin sulfate for inj 30 unit</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------|------------------|----------------------------|
| <i>dactinomycin for inj 0.5 mg</i> | 2 | |
| <i>mitomycin for iv soln 5 mg</i> | 2 | |
| <i>mitomycin for iv soln 20 mg</i> | 2 | |
| <i>mitomycin for iv soln 40 mg</i> | 2 | |
| ANTIMETABOLITES | | |
| <i>adrucil inj 500/10ml</i> | 2 | |
| <i>ALIMTA INJ 100MG</i> | 3 | |
| <i>ALIMTA INJ 500MG</i> | 3 | |
| <i>ARRANON INJ 5MG/ML</i> | 3 | |
| <i>azacitidine for inj 100 mg</i> | 5 | PA |
| <i>capecitabine tab 150 mg</i> | 5 | QL (120 / 30 days), PA |
| <i>capecitabine tab 500 mg</i> | 5 | QL (300 / 30 days), PA |
| <i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i> | 2 | |
| <i>CLOLAR INJ 1MG/ML</i> | 3 | |
| <i>cytarabine for inj 1 gm</i> | 2 | |
| <i>cytarabine for inj 100 mg</i> | 2 | |
| <i>cytarabine for inj 500 mg</i> | 2 | |
| <i>cytarabine inj 20 mg/ml</i> | 2 | |
| <i>cytarabine inj pf 20 mg/ml</i> | 2 | |
| <i>cytarabine inj pf 100 mg/ml</i> | 2 | |
| <i>decitabine for inj 50 mg</i> | 5 | PA |
| <i>DEPOCYT INJ 50MG/5ML</i> | 3 | |
| <i>floxuridine for inj 0.5 gm</i> | 2 | |
| <i>fludarabine phosphate for inj 50 mg</i> | 2 | |
| <i>fludarabine phosphate inj 25 mg/ml</i> | 2 | |
| <i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i> | 2 | |
| <i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i> | 2 | |
| <i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> | 2 | |
| <i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i> | 2 | |
| <i>gemcitabine hcl for inj 1 gm</i> | 2 | |
| <i>gemcitabine hcl for inj 2 gm</i> | 2 | |
| <i>gemcitabine hcl for inj 200 mg</i> | 2 | |
| <i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i> | 2 | |
| <i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i> | 2 | |
| <i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i> | 2 | |
| <i>mercaptopurine tab 50 mg</i> | 2 | |
| <i>methotrexate sodium for inj 1 gm</i> | 2 | |
| <i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> | 2 | |
| <i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------|------------------|----------------------------|
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> | | |
| <i>methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)</i> | 2 | |
| <i>methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)</i> | 2 | |
| <i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> | 2 | |
| <i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> | 2 | |
| NIPENT INJ 10MG | 3 | |
| TABLOID TAB 40MG | 3 | |

ANTIMITOTIC, TAXOIDS

| | |
|----------------------------------------------------|---|
| <i>ABRAXANE INJ 100MG</i> | 3 |
| <i>docetaxel for inj conc 20 mg/ml</i> | 2 |
| <i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i> | 2 |
| <i>DOCETAXEL INJ 20/0.5ML</i> | 3 |
| <i>DOCETAXEL INJ 80MG/2ML</i> | 3 |
| <i>DOCETAXEL INJ 140/7ML</i> | 3 |
| <i>DOCETAXEL INJ 160/8ML</i> | 3 |
| <i>DOCETAXEL INJ 200MG/20</i> | 3 |
| <i>DOCETAXEL INJ NON-ALCO</i> | 3 |
| <i>docetaxel soln for iv infusion 20 mg/2ml</i> | 2 |
| <i>docetaxel soln for iv infusion 80 mg/8ml</i> | 2 |
| <i>docetaxel soln for iv infusion 160 mg/16ml</i> | 2 |
| <i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i> | 2 |
| <i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i> | 2 |
| <i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i> | 2 |
| <i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i> | 2 |

ANTIMITOTIC, VINCA ALKALOIDS

| | |
|-------------------------------------------------------------------|---|
| <i>VINBLASTINE INJ 10MG</i> | 3 |
| <i>vinblastine sulfate inj 1 mg/ml</i> | 2 |
| <i>vincasar pfs inj 1mg/ml</i> | 2 |
| <i>vincristine sulfate iv soln 1 mg/ml</i> | 2 |
| <i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i> | 2 |
| <i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i> | 2 |

BIOLOGIC RESPONSE MODIFIERS

| | | |
|----------------------------|---|-----------------------|
| <i>ARZERRA CON 100/5ML</i> | 5 | PA |
| <i>ARZERRA CON 1000/50</i> | 5 | PA |
| <i>ERBITUX INJ 100MG</i> | 5 | PA |
| <i>ERBITUX INJ 200MG</i> | 5 | PA |
| <i>ERIVEDGE CAP 150MG</i> | 4 | QL (30 / 30 days), PA |
| <i>GAZYVA INJ 25MG/ML</i> | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------|------------------|----------------------------|
| HERCEPTIN INJ 150MG | 5 | PA |
| HERCEPTIN INJ 440MG | 5 | PA |
| IBRANCE CAP 75MG | 5 | QL (21 / 28 days), PA |
| IBRANCE CAP 100MG | 5 | QL (21 / 28 days), PA |
| IBRANCE CAP 125MG | 5 | QL (21 / 28 days), PA |
| LYNPARZA CAP 50MG | 4 | QL (480 / 30 days), PA |
| RITUXAN INJ 100MG | 5 | PA |
| RITUXAN INJ 500MG | 5 | PA |
| YERVOY INJ 50MG | 5 | PA |
| YERVOY INJ 200MG | 5 | PA |
| ZALTRAP INJ 100/4ML | 5 | PA |
| ZALTRAP INJ 200/8ML | 5 | PA |

HORMONAL ANTINEOPLASTIC AGENTS

| | | |
|-------------------------------------------|---|----|
| <i>anastrozole tab 1 mg</i> | 2 | |
| <i>bicalutamide tab 50 mg</i> | 2 | |
| DEPO-PROVERA INJ 400/ML | 4 | |
| ELIGARD INJ 7.5MG | 4 | PA |
| ELIGARD INJ 22.5MG | 4 | PA |
| ELIGARD INJ 30MG | 4 | PA |
| ELIGARD INJ 45MG | 4 | PA |
| <i>exemestane tab 25 mg</i> | 2 | |
| FARESTON TAB 60MG | 3 | |
| FASLODEX INJ 250/5ML | 3 | |
| FIRMAGON INJ 80MG | 5 | PA |
| FIRMAGON INJ 120MG | 5 | PA |
| <i>flutamide cap 125 mg</i> | 2 | |
| <i>letrozole tab 2.5 mg</i> | 2 | |
| <i>leuprolide acetate inj kit 5 mg/ml</i> | 4 | PA |
| LUPR DEP-PED INJ 3M 30MG | 5 | PA |
| LUPR DEP-PED INJ 7.5MG | 5 | PA |
| LUPR DEP-PED INJ 11.25MG | 5 | PA |
| LUPR DEP-PED INJ 15MG | 5 | PA |
| LUPRON DEPOT INJ 3.75MG | 5 | PA |
| LUPRON DEPOT INJ 7.5MG | 5 | PA |
| LUPRON DEPOT INJ 11.25MG | 5 | PA |
| LUPRON DEPOT INJ 22.5MG | 5 | PA |
| LUPRON DEPOT INJ 30MG | 5 | PA |
| LUPRON DEPOT INJ 45MG | 5 | PA |
| LYSODREN TAB 500MG | 3 | |
| <i>megestrol acetate susp 40 mg/ml</i> | 2 | |
| <i>megestrol acetate susp 625 mg/5ml</i> | 2 | |
| <i>megestrol acetate tab 20 mg</i> | 2 | |
| <i>megestrol acetate tab 40 mg</i> | 2 | |
| <i>nilutamide tab 150 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------------------|------------------|---------------------------------------------------------------------------------|
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i> | 2 | \$0 copays for women 35 years and older for primary prevention of breast cancer |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i> | 2 | \$0 copays for women 35 years and older for primary prevention of breast cancer |
| ZYTIGA TAB 250MG | 5 | QL (120 / 30 days), PA |
| ZYTIGA TAB 500MG | 5 | QL (60 / 30 days), PA |
| KINASE INHIBITORS | | |
| AFINITOR TAB 2.5MG | 5 | QL (30 / 30 days), PA |
| AFINITOR TAB 5MG | 5 | QL (30 / 30 days), PA |
| AFINITOR TAB 7.5MG | 5 | QL (30 / 30 days), PA |
| AFINITOR TAB 10MG | 5 | QL (30 / 30 days), PA |
| BOSULIF TAB 100MG | 5 | QL (90 / 30 days), PA |
| BOSULIF TAB 500MG | 5 | QL (30 / 30 days), PA |
| CAPRELSA TAB 100MG | 5 | QL (60 / 30 days), PA |
| CAPRELSA TAB 300MG | 5 | QL (30 / 30 days), PA |
| COMETRIQ KIT 60MG | 4 | QL (1 box (84)per 28 days), PA |
| COMETRIQ KIT 100MG | 4 | QL (1 box (56)per 28 days), PA |
| COMETRIQ KIT 140MG | 4 | QL (1 box (112)per 28 days), PA |
| ICLUSIG TAB 15MG | 5 | QL (60 / 30 days), PA |
| ICLUSIG TAB 45MG | 5 | QL (30 / 30 days), PA |
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | 5 | QL (90 / 30 days), PA |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | 5 | QL (60 / 30 days), PA |
| IMBRUVICA CAP 70MG | 5 | PA |
| IMBRUVICA CAP 140MG | 5 | QL (120 / 30 days), PA |
| INLYTA TAB 1MG | 5 | QL (180 / 30 days), PA |
| INLYTA TAB 5MG | 5 | QL (120 / 30 days), PA |
| JAKAFI TAB 5MG | 5 | QL (60 / 30 days), PA |
| JAKAFI TAB 10MG | 5 | QL (60 / 30 days), PA |
| JAKAFI TAB 15MG | 5 | QL (60 / 30 days), PA |
| JAKAFI TAB 20MG | 5 | QL (60 / 30 days), PA |
| JAKAFI TAB 25MG | 5 | QL (60 / 30 days), PA |
| LENVIMA CAP 4MG | 4 | QL (30 / 30 days), PA |
| LENVIMA CAP 8 MG | 5 | QL (60 / 30 days), PA |
| LENVIMA CAP 10 MG | 4 | QL (30 / 30 days), PA |
| LENVIMA CAP 12MG | 4 | QL (90 / 30 days), PA |
| LENVIMA CAP 14 MG | 4 | QL (60 / 30 days), PA |
| LENVIMA CAP 18 MG | 5 | QL (90 / 30 days), PA |
| LENVIMA CAP 20 MG | 4 | QL (60 / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------|------------------|----------------------------|
| LENVIMA CAP 24 MG | 4 | QL (90 / 30 days), PA |
| MEKINIST TAB 0.5MG | 4 | QL (90 / 30 days), PA |
| MEKINIST TAB 2MG | 4 | QL (30 / 30 days), PA |
| ORENITRAM TAB 5MG | 4 | QL (30 tabs / 30 days) |
| SPRYCEL TAB 20MG | 4 | QL (90 / 30 days), PA |
| SPRYCEL TAB 50MG | 4 | QL (30 / 30 days), PA |
| SPRYCEL TAB 70MG | 4 | QL (30 / 30 days), PA |
| SPRYCEL TAB 80MG | 4 | QL (30 / 30 days), PA |
| SPRYCEL TAB 100MG | 4 | QL (30 / 30 days), PA |
| SPRYCEL TAB 140MG | 4 | QL (30 / 30 days), PA |
| SUTENT CAP 12.5MG | 4 | QL (30 / 30 days), PA |
| SUTENT CAP 25MG | 4 | QL (30 / 30 days), PA |
| SUTENT CAP 37.5MG | 4 | QL (30 / 30 days), PA |
| SUTENT CAP 50MG | 4 | QL (30 / 30 days), PA |
| TAFINLAR CAP 50MG | 4 | QL (120 / 30 days), PA |
| TAFINLAR CAP 75MG | 4 | QL (120 / 30 days), PA |
| TARCEVA TAB 25MG | 5 | QL (60 / 30 days), PA |
| TARCEVA TAB 100MG | 5 | QL (30 / 30 days), PA |
| TARCEVA TAB 150MG | 5 | QL (30 / 30 days), PA |
| TYKERB TAB 250MG | 4 | QL (180 / 30 days), PA |
| XALKORI CAP 200MG | 4 | QL (60 / 30 days), PA |
| XALKORI CAP 250MG | 4 | QL (60 / 30 days), PA |
| ZELBORAF TAB 240MG | 5 | QL (240 / 30 days), PA |
| ZYKADIA CAP 150MG | 5 | QL (150 / 30 days), PA |

MISCELLANEOUS

| | | |
|-----------------------------------------------------------|---|----|
| <i>bexarotene cap 75 mg</i> | 5 | PA |
| <i>hydroxyurea cap 500 mg</i> | 2 | |
| <i>ifosfamide & mesna inj kit 1000-1000 mg</i> | 2 | |
| <i>MATULANE CAP 50MG</i> | 3 | |
| <i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i> | 5 | PA |
| <i>mitoxantrone hcl inj conc 25 mg/12.5ml (2.5 mg/ml)</i> | | PA |
| <i>mitoxantrone hcl inj conc 30 mg/15ml (2.5 mg/ml)</i> | 5 | PA |
| <i>ONCASPAR INJ 750/ML</i> | 5 | PA |
| <i>PHOTOFRIN INJ 75MG</i> | 3 | |
| <i>QUADRAMET INJ</i> | 3 | |
| <i>THERACYS INJ</i> | 3 | |
| <i>TICE BCG INJ</i> | 3 | |
| <i>tretinoin cap 10 mg</i> | 2 | |
| <i>TRISENOX INJ 12MG/6ML</i> | 3 | |
| <i>TRISENOX SOL 10MG/10M</i> | 3 | |
| <i>UVADEX INJ 20MCG/ML</i> | 3 | |

PLATINUM-BASED AGENTS

| | |
|--------------------------------------|---|
| <i>carboplatin iv for inj 150 mg</i> | 2 |
|--------------------------------------|---|

| Drug Name | Drug Tier Requirements/Limits |
|---------------------------------------------|--------------------------------------|
| <i>carboplatin iv soln 50 mg/5ml</i> | 2 |
| <i>carboplatin iv soln 150 mg/15ml</i> | 2 |
| <i>carboplatin iv soln 450 mg/45ml</i> | 2 |
| <i>carboplatin iv soln 600 mg/60ml</i> | 2 |
| <i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> | 2 |
| <i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> | 2 |
| <i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> | 2 |
| ELOXATIN INJ 200MG | 3 |
| <i>oxaliplatin for iv inj 50 mg</i> | 2 |
| <i>oxaliplatin for iv inj 100 mg</i> | 2 |
| <i>oxaliplatin iv soln 50 mg/10ml</i> | 2 |
| <i>oxaliplatin iv soln 100 mg/20ml</i> | 2 |

PROTECTIVE AGENTS

| | |
|------------------------------------------|---|
| <i>amifostine for inj 500 mg</i> | 2 |
| <i>dexrazoxane for inj 250 mg</i> | 2 |
| <i>dexrazoxane for inj 500 mg</i> | 2 |
| KEPIVANCE INJ 6.25MG | 3 |
| <i>leucovorin calcium for inj 50 mg</i> | 2 |
| <i>leucovorin calcium for inj 100 mg</i> | 2 |
| <i>leucovorin calcium for inj 200 mg</i> | 2 |
| <i>leucovorin calcium for inj 350 mg</i> | 2 |
| <i>leucovorin calcium for inj 500 mg</i> | 2 |
| <i>leucovorin calcium tab 5 mg</i> | 2 |
| <i>leucovorin calcium tab 10 mg</i> | 2 |
| <i>leucovorin calcium tab 15 mg</i> | 2 |
| <i>leucovorin calcium tab 25 mg</i> | 2 |
| <i>mesna inj 100 mg/ml</i> | 2 |
| MESNEX TAB 400MG | 3 |

TOPOISOMERASE INHIBITORS

| | |
|--------------------------------------------------|---|
| CAMPTOSAR INJ 300/15ML | 3 |
| ETOPOPHOS INJ 100MG | 3 |
| <i>etoposide cap 50 mg</i> | 2 |
| <i>etoposide inj 100 mg/5ml (20 mg/ml)</i> | 2 |
| HYCAMTIN CAP 0.25MG | 5 |
| HYCAMTIN CAP 1MG | 5 |
| <i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i> | 2 |
| <i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i> | 2 |
| <i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i> | 2 |
| TENIPOSIDE INJ 50MG/5ML | 3 |
| <i>toposar inj 20mg/ml</i> | 2 |
| <i>toposar inj 100/5ml</i> | 2 |
| <i>topotecan hcl for inj 4 mg (base equiv)</i> | 2 |
| TOPOTECAN INJ 4MG/4ML | 3 |

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

| Drug Name | Drug Tier Requirements/Limits |
|------------------------------------------------------------|--------------------------------------|
| amlodipine besylate-benazepril hcl cap 2.5-10 mg | 2 |
| amlodipine besylate-benazepril hcl cap 5-10 mg | 2 |
| amlodipine besylate-benazepril hcl cap 5-20 mg | 2 |
| amlodipine besylate-benazepril hcl cap 5-40 mg | 2 |
| amlodipine besylate-benazepril hcl cap 10-20 mg | 2 |
| amlodipine besylate-benazepril hcl cap 10-40 mg | 2 |
| benazepril & hydrochlorothiazide tab 5-6.25 mg | 2 |
| benazepril & hydrochlorothiazide tab 10-12.5 mg | 2 |
| benazepril & hydrochlorothiazide tab 20-12.5 mg | 2 |
| benazepril & hydrochlorothiazide tab 20-25 mg | 2 |
| captopril & hydrochlorothiazide tab 25-15 mg | 2 |
| captopril & hydrochlorothiazide tab 25-25 mg | 2 |
| captopril & hydrochlorothiazide tab 50-15 mg | 2 |
| captopril & hydrochlorothiazide tab 50-25 mg | 2 |
| enalapril maleate & hydrochlorothiazide tab2 5-12.5 mg | 2 |
| enalapril maleate & hydrochlorothiazide tab2 10-25 mg | 2 |
| fosinopril sodium & hydrochlorothiazide tab2 10-12.5 mg | 2 |
| fosinopril sodium & hydrochlorothiazide tab2 20-12.5 mg | 2 |
| lisinopril & hydrochlorothiazide tab 10-12.52 mg | 2 |
| lisinopril & hydrochlorothiazide tab 20-12.52 mg | 2 |
| lisinopril & hydrochlorothiazide tab 20-25 mg | 2 |
| quinapril-hydrochlorothiazide tab 10-12.5 mg | 2 |
| quinapril-hydrochlorothiazide tab 20-12.5 mg | 2 |
| quinapril-hydrochlorothiazide tab 20-25 mg2 | 2 |
| trandolapril-verapamil hcl tab er 1-240 mg 2 | 2 |
| trandolapril-verapamil hcl tab er 2-180 mg 2 | 2 |

Drug Name **Drug Tier Requirements/Limits***trandolapril-verapamil hcl tab er 2-240 mg* 2*trandolapril-verapamil hcl tab er 4-240 mg* 2**ACE INHIBITORS***benazepril hcl tab 5 mg* 2*benazepril hcl tab 10 mg* 2*benazepril hcl tab 20 mg* 2*benazepril hcl tab 40 mg* 2*captopril tab 12.5 mg* 2*captopril tab 25 mg* 2*captopril tab 50 mg* 2*captopril tab 100 mg* 2*enalapril maleate tab 2.5 mg* 2*enalapril maleate tab 5 mg* 2*enalapril maleate tab 10 mg* 2*enalapril maleate tab 20 mg* 2*fosinopril sodium tab 10 mg* 2*fosinopril sodium tab 20 mg* 2*fosinopril sodium tab 40 mg* 2*lisinopril tab 2.5 mg* 2*lisinopril tab 5 mg* 2*lisinopril tab 10 mg* 2*lisinopril tab 20 mg* 2*lisinopril tab 30 mg* 2*lisinopril tab 40 mg* 2*perindopril erbumine tab 2 mg* 2*perindopril erbumine tab 4 mg* 2*perindopril erbumine tab 8 mg* 2*quinapril hcl tab 5 mg* 2*quinapril hcl tab 10 mg* 2*quinapril hcl tab 20 mg* 2*quinapril hcl tab 40 mg* 2*ramipril cap 1.25 mg* 2*ramipril cap 2.5 mg* 2*ramipril cap 5 mg* 2*ramipril cap 10 mg* 2*trandolapril tab 1 mg* 2*trandolapril tab 2 mg* 2*trandolapril tab 4 mg* 2**ALDOSTERONE RECEPTOR ANTAGONISTS***eplerenone tab 25 mg* 2*eplerenone tab 50 mg* 2**ALPHA BLOCKERS***doxazosin mesylate tab 1 mg* 2*doxazosin mesylate tab 2 mg* 2*doxazosin mesylate tab 4 mg* 2*doxazosin mesylate tab 8 mg* 2

| Drug Name | Drug Tier Requirements/Limits |
|--------------------------------------------------|--------------------------------------|
| <i>prazosin hcl cap 1 mg</i> | 2 |
| <i>prazosin hcl cap 2 mg</i> | 2 |
| <i>prazosin hcl cap 5 mg</i> | 2 |
| <i>terazosin hcl cap 1 mg (base equivalent)</i> | 2 |
| <i>terazosin hcl cap 2 mg (base equivalent)</i> | 2 |
| <i>terazosin hcl cap 5 mg (base equivalent)</i> | 2 |
| <i>terazosin hcl cap 10 mg (base equivalent)</i> | 2 |

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

| | |
|---------------------------------------------------------------------|---|
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> | 2 |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> | 2 |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> | 2 |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> | 2 |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> | 2 |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> | 2 |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> | 2 |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> | 2 |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> | 2 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> | 2 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> | 2 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> | 2 |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> | 2 |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> | 2 |
| <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> | 2 |
| <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> | 2 |
| <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> | 2 |
| <i>telmisartanamlodipine tab 40-5 mg</i> | 2 |
| <i>telmisartanamlodipine tab 40-10 mg</i> | 2 |
| <i>telmisartanamlodipine tab 80-5 mg</i> | 2 |
| <i>telmisartanamlodipine tab 80-10 mg</i> | 2 |
| <i>telmisartanhydrochlorothiazide tab 40-12.5 mg</i> | 2 |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------|------------------|----------------------------|
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | 2 | |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | 2 | |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 2 | |
| <i>valsartan-hydrochlorothiazide tab 160-12.52 mg</i> | | |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | 2 | |
| <i>valsartan-hydrochlorothiazide tab 320-12.52 mg</i> | | |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 2 | |

ANGIOTENSIN II RECEPTOR ANTAGONISTS

| | | |
|----------------------------------------|---|--|
| <i>candesartan cilexetil tab 4 mg</i> | 2 | |
| <i>candesartan cilexetil tab 8 mg</i> | 2 | |
| <i>candesartan cilexetil tab 16 mg</i> | 2 | |
| <i>candesartan cilexetil tab 32 mg</i> | 2 | |
| <i>irbesartan tab 75 mg</i> | 2 | |
| <i>irbesartan tab 150 mg</i> | 2 | |
| <i>irbesartan tab 300 mg</i> | 2 | |
| <i>losartan potassium tab 25 mg</i> | 2 | |
| <i>losartan potassium tab 50 mg</i> | 2 | |
| <i>losartan potassium tab 100 mg</i> | 2 | |
| <i>olmesartan medoxomil tab 5 mg</i> | 2 | |
| <i>olmesartan medoxomil tab 20 mg</i> | 2 | |
| <i>olmesartan medoxomil tab 40 mg</i> | 2 | |
| <i>telmisartan tab 20 mg</i> | 2 | |
| <i>telmisartan tab 40 mg</i> | 2 | |
| <i>telmisartan tab 80 mg</i> | 2 | |
| <i>valsartan tab 40 mg</i> | 2 | |
| <i>valsartan tab 80 mg</i> | 2 | |
| <i>valsartan tab 160 mg</i> | 2 | |
| <i>valsartan tab 320 mg</i> | 2 | |

ANTIARRHYTHMICS

| | | |
|--------------------------------------------------|---|----|
| <i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i> | 2 | |
| <i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i> | 2 | |
| <i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i> | 2 | |
| <i>amiodarone hcl tab 200 mg</i> | 2 | |
| <i>amiodarone hcl tab 400 mg</i> | 2 | |
| <i>disopyramide phosphate cap 100 mg</i> | 2 | |
| <i>disopyramide phosphate cap 150 mg</i> | 2 | |
| <i>dofetilide cap 125 mcg (0.125 mg)</i> | 5 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------------|------------------|----------------------------|
| dofetilide cap 250 mcg (0.25 mg) | 5 | PA |
| dofetilide cap 500 mcg (0.5 mg) | 5 | PA |
| flecainide acetate tab 50 mg | 2 | |
| flecainide acetate tab 100 mg | 2 | |
| flecainide acetate tab 150 mg | 2 | |
| lidocaine hcl iv inj 10 mg/ml | 2 | |
| lidocaine hcl iv inj 20 mg/ml | 2 | |
| lidocaine iv infusion in d5w inj 4 mg/ml | 2 | |
| lidocaine iv infusion in d5w inj 8 mg/ml | 2 | |
| mexiletine hcl cap 150 mg | 2 | |
| mexiletine hcl cap 200 mg | 2 | |
| mexiletine hcl cap 250 mg | 2 | |
| pacerone tab 100mg | 2 | |
| pacerone tab 200mg | 2 | |
| procainamide hcl inj 100 mg/ml | 2 | |
| PROCAINAMIDE HCL INJ 500 MG/ML | 4 | |
| propafenone hcl cap er 12hr 225 mg | 2 | |
| propafenone hcl cap er 12hr 325 mg | 2 | |
| propafenone hcl cap er 12hr 425 mg | 2 | |
| propafenone hcl tab 150 mg | 2 | |
| propafenone hcl tab 225 mg | 2 | |
| propafenone hcl tab 300 mg | 2 | |
| quinidine sulfate tab 200 mg | 2 | |
| quinidine sulfate tab 300 mg | 2 | |
| sorine tab 80mg | 2 | |
| sorine tab 120mg | 2 | |
| sorine tab 160mg | 2 | |
| sorine tab 240mg | 2 | |
| sotalol hcl (afib/afl) tab 80 mg | 2 | |
| sotalol hcl (afib/afl) tab 120 mg | 2 | |
| sotalol hcl (afib/afl) tab 160 mg | 2 | |
| SOTALOL HCL INJ 150/10ML | 4 | |
| sotalol hcl tab 80 mg | 2 | |
| sotalol hcl tab 120 mg | 2 | |
| sotalol hcl tab 160 mg | 2 | |
| sotalol hcl tab 240 mg | 2 | |

ANTILIPEMICS, BILE ACID RESINS

| | |
|------------------------------------------|---|
| cholestyramine light powder packets 4 gm | 2 |
| cholestyramine powder 4 gm/dose | 2 |
| cholestyramine powder packets 4 gm | 2 |
| colesevelam hcl packet for susp 3.75 gm | 2 |
| colesevelam hcl tab 625 mg | 2 |
| colestipol hcl granule packets 5 gm | 2 |
| colestipol hcl granules 5 gm | 2 |
| colestipol hcl tab 1 gm | 2 |

ANTILIPEMICS, FIBRATES

| Drug Name | | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------|---|------------------------------------------|----------------------------|
| <i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> | | | |
| <i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> | 2 | | |
| <i>fenofibrate cap 50 mg</i> | 2 | | |
| <i>fenofibrate cap 150 mg</i> | 2 | | |
| <i>fenofibrate micronized cap 43 mg</i> | 2 | | |
| <i>fenofibrate micronized cap 67 mg</i> | 2 | | |
| <i>fenofibrate micronized cap 130 mg</i> | 2 | | |
| <i>fenofibrate micronized cap 134 mg</i> | 2 | | |
| <i>fenofibrate micronized cap 200 mg</i> | 2 | | |
| <i>fenofibrate tab 48 mg</i> | 2 | | |
| <i>fenofibrate tab 54 mg</i> | 2 | | |
| <i>fenofibrate tab 145 mg</i> | 2 | | |
| <i>fenofibrate tab 160 mg</i> | 2 | | |
| <i>fenofibric acid tab 35 mg</i> | 2 | | |
| <i>fenofibric acid tab 105 mg</i> | 2 | | |
| <i>gemfibrozil tab 600 mg</i> | 2 | | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | | |
| <i>atorvastatin calcium tab 10 mg (base equivalent)</i> | 2 | \$0 copays for members age 40 through 74 | |
| <i>atorvastatin calcium tab 20 mg (base equivalent)</i> | 2 | \$0 copays for members age 40 through 74 | |
| <i>atorvastatin calcium tab 40 mg (base equivalent)</i> | 2 | | |
| <i>atorvastatin calcium tab 80 mg (base equivalent)</i> | 2 | | |
| <i>lovastatin tab 10 mg</i> | 2 | \$0 copays for members age 40 through 74 | |
| <i>lovastatin tab 20 mg</i> | 2 | \$0 copays for members age 40 through 74 | |
| <i>lovastatin tab 40 mg</i> | 2 | \$0 copays for members age 40 through 74 | |
| <i>pravastatin sodium tab 10 mg</i> | 2 | \$0 copays for members age 40 through 74 | |
| <i>pravastatin sodium tab 20 mg</i> | 2 | \$0 copays for members age 40 through 74 | |
| <i>pravastatin sodium tab 40 mg</i> | 2 | \$0 copays for members age 40 through 74 | |
| <i>pravastatin sodium tab 80 mg</i> | 2 | \$0 copays for members age 40 through 74 | |
| <i>rosuvastatin calcium tab 5 mg</i> | 2 | \$0 copays for members age 40 through 74 | |
| <i>rosuvastatin calcium tab 10 mg</i> | 2 | \$0 copays for members age 40 through 74 | |
| <i>rosuvastatin calcium tab 20 mg</i> | 2 | | |
| <i>rosuvastatin calcium tab 40 mg</i> | 2 | | |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------|------------------|------------------------------------------|
| <i>simvastatin tab 5 mg</i> | 2 | \$0 copays for members age 40 through 74 |
| <i>simvastatin tab 10 mg</i> | 2 | \$0 copays for members age 40 through 74 |
| <i>simvastatin tab 20 mg</i> | 2 | \$0 copays for members age 40 through 74 |
| <i>simvastatin tab 40 mg</i> | 2 | \$0 copays for members age 40 through 74 |
| <i>simvastatin tab 80 mg</i> | 2 | ST |

ANTILIPEMICS, MISCELLANEOUS

| | |
|---------------------------------------------------|---|
| <i>niacin tab er 500 mg (antihyperlipidemic)</i> | 2 |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i> | 2 |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i> | 2 |

ANTILIPEMICS, OMEGA-3 FATTY ACIDS

| | | |
|-------------------------------------------|---|----|
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 2 | PA |
|-------------------------------------------|---|----|

BETA-BLOCKER/DIURETIC COMBINATIONS

| | |
|-------------------------------------------------------------|---|
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 2 |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 2 |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 2 |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 2 |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 2 |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 2 |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 2 |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 2 |
| <i>nadolol & bendroflumethiazide tab 40-5 mg</i> | 2 |
| <i>nadolol & bendroflumethiazide tab 80-5 mg</i> | 2 |
| <i>propranolol & hydrochlorothiazide tab 40-25 mg</i> | 2 |
| <i>propranolol & hydrochlorothiazide tab 80-25 mg</i> | 2 |

BETA-BLOCKERS

| | |
|--------------------------------------|---|
| <i>acebutolol hcl cap 200 mg</i> | 2 |
| <i>acebutolol hcl cap 400 mg</i> | 2 |
| <i>atenolol tab 25 mg</i> | 2 |
| <i>atenolol tab 50 mg</i> | 2 |
| <i>atenolol tab 100 mg</i> | 2 |
| <i>betaxolol hcl tab 10 mg</i> | 2 |
| <i>betaxolol hcl tab 20 mg</i> | 2 |
| <i>bisoprolol fumarate tab 5 mg</i> | 2 |
| <i>bisoprolol fumarate tab 10 mg</i> | 2 |
| <i>carvedilol tab 3.125 mg</i> | 2 |

| Drug Name | Drug Tier Requirements/Limits |
|---------------------------------------------------------------------|--------------------------------------|
| <i>carvedilol tab 6.25 mg</i> | 2 |
| <i>carvedilol tab 12.5 mg</i> | 2 |
| <i>carvedilol tab 25 mg</i> | 2 |
| <i>labetalol hcl iv soln 5 mg/ml</i> | 2 |
| <i>labetalol hcl tab 100 mg</i> | 2 |
| <i>labetalol hcl tab 200 mg</i> | 2 |
| <i>labetalol hcl tab 300 mg</i> | 2 |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> | 2 |
| <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> | 2 |
| <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> | 2 |
| <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> | 2 |
| <i>metoprolol tartrate iv soln 5 mg/5ml</i> | 2 |
| <i>metoprolol tartrate tab 25 mg</i> | 2 |
| <i>metoprolol tartrate tab 50 mg</i> | 2 |
| <i>metoprolol tartrate tab 100 mg</i> | 2 |
| <i>nadolol tab 20 mg</i> | 2 |
| <i>nadolol tab 40 mg</i> | 2 |
| <i>nadolol tab 80 mg</i> | 2 |
| <i>pindolol tab 5 mg</i> | 2 |
| <i>pindolol tab 10 mg</i> | 2 |
| <i>propranolol hcl cap er 24hr 60 mg</i> | 2 |
| <i>propranolol hcl cap er 24hr 80 mg</i> | 2 |
| <i>propranolol hcl cap er 24hr 120 mg</i> | 2 |
| <i>propranolol hcl cap er 24hr 160 mg</i> | 2 |
| <i>propranolol hcl inj 1 mg/ml</i> | 2 |
| <i>propranolol hcl oral soln 20 mg/5ml</i> | 2 |
| <i>propranolol hcl oral soln 40 mg/5ml</i> | 2 |
| <i>propranolol hcl tab 10 mg</i> | 2 |
| <i>propranolol hcl tab 20 mg</i> | 2 |
| <i>propranolol hcl tab 40 mg</i> | 2 |
| <i>propranolol hcl tab 60 mg</i> | 2 |
| <i>propranolol hcl tab 80 mg</i> | 2 |
| <i>timolol maleate tab 5 mg</i> | 2 |
| <i>timolol maleate tab 10 mg</i> | 2 |
| <i>timolol maleate tab 20 mg</i> | 2 |

CALCIUM CHANNEL BLOCKER/ANTILIPIDEMIC COMBINATIONS

| | |
|-------------------------------------------------------------------|---|
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> | 2 |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> | 2 |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> | 2 |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------------------------------|------------------|----------------------------|
| amlodipine besylate-atorvastatin calcium tab 5-10 mg | 2 | |
| amlodipine besylate-atorvastatin calcium tab 5-20 mg | 2 | |
| amlodipine besylate-atorvastatin calcium tab 5-40 mg | 2 | |
| amlodipine besylate-atorvastatin calcium tab 5-80 mg | 2 | |
| amlodipine besylate-atorvastatin calcium tab 10-10 mg | 2 | |
| amlodipine besylate-atorvastatin calcium tab 10-20 mg | 2 | |
| amlodipine besylate-atorvastatin calcium tab 10-40 mg | 2 | |
| amlodipine besylate-atorvastatin calcium tab 10-80 mg | 2 | |
| CALCIUM CHANNEL BLOCKERS | | |
| afeditab tab 30mg cr | 2 | |
| afeditab tab 60mg cr | 2 | |
| amlodipine besylate tab 2.5 mg (base equivalent) | 2 | |
| amlodipine besylate tab 5 mg (base equivalent) | 2 | |
| amlodipine besylate tab 10 mg (base equivalent) | 2 | |
| CARDENE IV INJ 40/200ML | 4 | |
| CARDENE IV SOL 20/200ML | 4 | |
| cartia xt cap 120/24hr | 2 | |
| cartia xt cap 180/24hr | 2 | |
| cartia xt cap 240/24hr | 2 | |
| cartia xt cap 300/24hr | 2 | |
| diltiazem hcl cap er 12hr 60 mg | 2 | |
| diltiazem hcl cap er 12hr 90 mg | 2 | |
| diltiazem hcl cap er 12hr 120 mg | 2 | |
| diltiazem hcl cap er 24hr 120 mg | 2 | |
| diltiazem hcl cap er 24hr 180 mg | 2 | |
| diltiazem hcl cap er 24hr 240 mg | 2 | |
| diltiazem hcl coated beads cap er 24hr 120 mg | 2 | |
| diltiazem hcl coated beads cap er 24hr 180 mg | 2 | |
| diltiazem hcl coated beads cap er 24hr 240 mg | 2 | |
| diltiazem hcl coated beads cap er 24hr 300 mg | 2 | |
| diltiazem hcl coated beads cap er 24hr 360 mg | 2 | |

| Drug Name | Drug Tier Requirements/Limits |
|---------------------------------------------------------|--------------------------------------|
| diltiazem hcl extended release beads cap er 24hr 120 mg | 2 |
| diltiazem hcl extended release beads cap er 24hr 180 mg | 2 |
| diltiazem hcl extended release beads cap er 24hr 240 mg | 2 |
| diltiazem hcl extended release beads cap er 24hr 300 mg | 2 |
| diltiazem hcl extended release beads cap er 24hr 360 mg | 2 |
| diltiazem hcl extended release beads cap er 24hr 420 mg | 2 |
| diltiazem hcl iv soln 25 mg/5ml (5 mg/ml) | 2 |
| diltiazem hcl iv soln 50 mg/10ml (5 mg/ml) | 2 |
| diltiazem hcl iv soln 125 mg/25ml (5 mg/ml) | 2 |
| diltiazem hcl tab 30 mg | 2 |
| diltiazem hcl tab 60 mg | 2 |
| diltiazem hcl tab 90 mg | 2 |
| diltiazem hcl tab 120 mg | 2 |
| DILTIAZEM INJ 100MG | 4 |
| felodipine tab er 24hr 2.5 mg | 2 |
| felodipine tab er 24hr 5 mg | 2 |
| felodipine tab er 24hr 10 mg | 2 |
| isradipine cap 2.5 mg | 2 |
| isradipine cap 5 mg | 2 |
| matzim la tab 180mg/24 | 2 |
| matzim la tab 240mg/24 | 2 |
| matzim la tab 300mg/24 | 2 |
| matzim la tab 360mg/24 | 2 |
| matzim la tab 420mg/24 | 2 |
| nicardipine hcl cap 20 mg | 2 |
| nicardipine hcl cap 30 mg | 2 |
| nicardipine hcl iv soln 2.5 mg/ml | 2 |
| nifedical xl tab 30mg | 2 |
| nifedical xl tab 60mg | 2 |
| nifedipine tab er 24hr 30 mg | 2 |
| nifedipine tab er 24hr 60 mg | 2 |
| nifedipine tab er 24hr 90 mg | 2 |
| nifedipine tab er 24hr osmotic release 30 mg | 2 |
| nifedipine tab er 24hr osmotic release 60 mg | 2 |
| nifedipine tab er 24hr osmotic release 90 mg | 2 |
| nimodipine cap 30 mg | 2 |
| nisoldipine tab er 24hr 8.5 mg | 2 |

| Drug Name | Drug Tier Requirements/Limits |
|----------------------------------|--------------------------------------|
| nisoldipine tab er 24hr 17 mg | 2 |
| nisoldipine tab er 24hr 20 mg | 2 |
| nisoldipine tab er 24hr 25.5 mg | 2 |
| nisoldipine tab er 24hr 30 mg | 2 |
| nisoldipine tab er 24hr 34 mg | 2 |
| nisoldipine tab er 24hr 40 mg | 2 |
| taztia xt cap 120mg/24 | 2 |
| taztia xt cap 180mg/24 | 2 |
| taztia xt cap 240mg/24 | 2 |
| taztia xt cap 300mg/24 | 2 |
| taztia xt cap 360mg/24 | 2 |
| verapamil hcl cap er 24hr 100 mg | 2 |
| verapamil hcl cap er 24hr 120 mg | 2 |
| verapamil hcl cap er 24hr 180 mg | 2 |
| verapamil hcl cap er 24hr 200 mg | 2 |
| verapamil hcl cap er 24hr 240 mg | 2 |
| verapamil hcl cap er 24hr 300 mg | 2 |
| verapamil hcl cap er 24hr 360 mg | 2 |
| verapamil hcl iv soln 2.5 mg/ml | 2 |
| verapamil hcl tab 40 mg | 2 |
| verapamil hcl tab 80 mg | 2 |
| verapamil hcl tab 120 mg | 2 |
| verapamil hcl tab er 120 mg | 2 |
| verapamil hcl tab er 180 mg | 2 |
| verapamil hcl tab er 240 mg | 2 |

DIGITALIS GLYCOSIDES

| | |
|--------------------------------|---|
| digox tab 0.25mg | 2 |
| digox tab 0.125mg | 2 |
| digoxin inj 0.25 mg/ml | 2 |
| digoxin oral soln 0.05 mg/ml | 2 |
| digoxin tab 125 mcg (0.125 mg) | 2 |
| digoxin tab 250 mcg (0.25 mg) | 2 |
| LANOXIN PED INJ 0.1MG/ML | 4 |
| LANOXIN TAB 0.0625MG | 3 |
| LANOXIN TAB 0.1875MG | 3 |

DIURETICS

| | |
|---------------------------------------------|---|
| acetazolamide cap er 12hr 500 mg | 2 |
| acetazolamide sodium for inj 500 mg | 2 |
| acetazolamide tab 125 mg | 2 |
| acetazolamide tab 250 mg | 2 |
| ALDACTAZIDE TAB 50/50 | 3 |
| amiloride & hydrochlorothiazide tab 5-50 mg | 2 |
| amiloride hcl tab 5 mg | 2 |
| bumetanide inj 0.25 mg/ml | 2 |
| bumetanide tab 0.5 mg | 2 |

| Drug Name | Drug Tier Requirements/Limits |
|--------------------------------------------------------------|--------------------------------------|
| <i>bumetanide tab 1 mg</i> | 2 |
| <i>bumetanide tab 2 mg</i> | 2 |
| <i>chlorothiazide sodium for inj 500 mg</i> | 2 |
| <i>chlorothiazide tab 250 mg</i> | 2 |
| <i>chlorothiazide tab 500 mg</i> | 2 |
| <i>chlorthalidone tab 25 mg</i> | 2 |
| <i>chlorthalidone tab 50 mg</i> | 2 |
| <i>chlorthalidone tab 100 mg</i> | 2 |
| <i>ethacrylate sodium for inj 50 mg</i> | 2 |
| <i>ethacrylic acid tab 25 mg</i> | 2 |
| <i>furosemide inj 10 mg/ml</i> | 2 |
| <i>furosemide oral soln 8 mg/ml</i> | 2 |
| <i>furosemide oral soln 10 mg/ml</i> | 2 |
| <i>furosemide tab 20 mg</i> | 2 |
| <i>furosemide tab 40 mg</i> | 2 |
| <i>furosemide tab 80 mg</i> | 2 |
| <i>hydrochlorothiazide cap 12.5 mg</i> | 2 |
| <i>hydrochlorothiazide tab 12.5 mg</i> | 2 |
| <i>hydrochlorothiazide tab 25 mg</i> | 2 |
| <i>hydrochlorothiazide tab 50 mg</i> | 2 |
| <i>indapamide tab 1.25 mg</i> | 2 |
| <i>indapamide tab 2.5 mg</i> | 2 |
| <i>methazolamide tab 25 mg</i> | 2 |
| <i>methazolamide tab 50 mg</i> | 2 |
| <i>metolazone tab 2.5 mg</i> | 2 |
| <i>metolazone tab 5 mg</i> | 2 |
| <i>metolazone tab 10 mg</i> | 2 |
| <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | 2 |
| <i>spironolactone tab 25 mg</i> | 2 |
| <i>spironolactone tab 50 mg</i> | 2 |
| <i>spironolactone tab 100 mg</i> | 2 |
| <i>TORSEMIDE INJ 20MG/2ML</i> | 4 |
| <i>TORSEMIDE INJ 50MG/5ML</i> | 4 |
| <i>torsemide tab 5 mg</i> | 2 |
| <i>torsemide tab 10 mg</i> | 2 |
| <i>torsemide tab 20 mg</i> | 2 |
| <i>torsemide tab 100 mg</i> | 2 |
| <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | 2 |
| <i>triamterene & hydrochlorothiazide cap 50-25 mg</i> | 2 |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | 2 |
| <i>triamterene & hydrochlorothiazide tab 75-50 mg</i> | 2 |

MISCELLANEOUS

| Drug Name | Drug Tier Requirements/Limits |
|----------------------------------------------|--------------------------------------|
| <i>clonidine hcl tab 0.1 mg</i> | 2 |
| <i>clonidine hcl tab 0.2 mg</i> | 2 |
| <i>clonidine hcl tab 0.3 mg</i> | 2 |
| <i>clonidine td patch weekly 0.1 mg/24hr</i> | 2 |
| <i>clonidine td patch weekly 0.2 mg/24hr</i> | 2 |
| <i>clonidine td patch weekly 0.3 mg/24hr</i> | 2 |
| <i>guanfacine hcl tab 1 mg</i> | 2 |
| <i>guanfacine hcl tab 2 mg</i> | 2 |
| <i>hydralazine hcl inj 20 mg/ml</i> | 2 |
| <i>hydralazine hcl tab 10 mg</i> | 2 |
| <i>hydralazine hcl tab 25 mg</i> | 2 |
| <i>hydralazine hcl tab 50 mg</i> | 2 |
| <i>hydralazine hcl tab 100 mg</i> | 2 |
| <i>methyldopa tab 250 mg</i> | 2 |
| <i>methyldopa tab 500 mg</i> | 2 |
| <i>methyldopate hcl inj 250 mg/5ml</i> | 2 |
| <i>midodrine hcl tab 2.5 mg</i> | 2 |
| <i>midodrine hcl tab 5 mg</i> | 2 |
| <i>midodrine hcl tab 10 mg</i> | 2 |
| <i>phenoxybenzamine hcl cap 10 mg</i> | 2 |
| <i>reserpine tab 0.1 mg</i> | 2 |
| <i>reserpine tab 0.25 mg</i> | 2 |

NITRATES

| | |
|--------------------------------------------------|---|
| <i>isoditrate tab 40mg er</i> | 2 |
| <i>isosorbide dinitrate sl tab 2.5 mg</i> | 2 |
| <i>isosorbide dinitrate tab 5 mg</i> | 2 |
| <i>isosorbide dinitrate tab 10 mg</i> | 2 |
| <i>isosorbide dinitrate tab 20 mg</i> | 2 |
| <i>isosorbide dinitrate tab 30 mg</i> | 2 |
| <i>isosorbide dinitrate tab er 40 mg</i> | 2 |
| <i>isosorbide mononitrate tab 10 mg</i> | 2 |
| <i>isosorbide mononitrate tab 20 mg</i> | 2 |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i> | 2 |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i> | 2 |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i> | 2 |
| <i>minitran dis 0.1mg/hr</i> | 2 |
| <i>minitran dis 0.2mg/hr</i> | 2 |
| <i>minitran dis 0.4mg/hr</i> | 2 |
| <i>minitran dis 0.6mg/hr</i> | 2 |
| <i>NITRO-BID OIN 2%</i> | 4 |
| <i>nitro-time cap 9mg cr</i> | 2 |
| <i>NITROGLYCERIN INJ 5MG/ML</i> | 4 |
| <i>nitroglycerin iv soln 100 mcg/ml in d5w</i> | 2 |
| <i>nitroglycerin iv soln 200 mcg/ml in d5w</i> | 2 |
| <i>nitroglycerin iv soln 400 mcg/ml in d5w</i> | 2 |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i> | 2 |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------|------------------|----------------------------|
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i> | 2 | |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i> | 2 | |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i> | 2 | |
| <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> | 2 | |
| NITROSTAT SUB 0.3MG | 3 | |
| NITROSTAT SUB 0.4MG | 3 | |
| NITROSTAT SUB 0.6MG | 3 | |

PULMONARY ARTERIAL HYPERTENSION

| | | |
|------------------------------------------------------------------|---|---------------------------|
| ADEMPAS TAB 0.5MG | 4 | QL (90 / 30 days), PA |
| ADEMPAS TAB 1.5MG | 4 | QL (90 / 30 days), PA |
| ADEMPAS TAB 1MG | 4 | QL (90 / 30 days), PA |
| ADEMPAS TAB 2.5MG | 4 | QL (90 / 30 days), PA |
| ADEMPAS TAB 2MG | 4 | QL (90 / 30 days), PA |
| BOSULIF TAB 400MG | 4 | QL (30 / 30 days) |
| <i>epoprostenol sodium for inj 0.5 mg</i> | 5 | PA |
| <i>epoprostenol sodium for inj 1.5 mg</i> | 5 | PA |
| LETAIRIS TAB 5MG | 5 | QL (30 / 30 days), PA |
| LETAIRIS TAB 10MG | 5 | QL (30 / 30 days), PA |
| ORENITRAM TAB 0.25MG | 5 | PA |
| ORENITRAM TAB 0.125MG | 5 | PA |
| ORENITRAM TAB 1MG | 5 | PA |
| ORENITRAM TAB 2.5MG | 5 | PA |
| REMODULIN INJ 1MG/ML | 5 | PA |
| REMODULIN INJ 2.5MG/ML | 5 | PA |
| REMODULIN INJ 5MG/ML | 5 | PA |
| REMODULIN INJ 10MG/ML | 5 | PA |
| <i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i> | 2 | PA |
| <i>sildenafil citrate tab 20 mg</i> | 2 | QL (90 / 30 days), PA |
| <i>tadalafil tab 20 mg (pah)</i> | 2 | QL (60 / 30 days), PA, ST |
| TRACLEER TAB 62.5MG | 4 | QL (60 / 30 days), PA |
| TRACLEER TAB 125MG | 4 | QL (60 / 30 days), PA |

CARDIOVASCULAR AGENTS - MISC.

Prostaglandin Vasodilators

| | | |
|-----------------------|---|------------------------|
| VENTAVIS SOL 10MCG/ML | 4 | QL (270 / 30 days), PA |
| VENTAVIS SOL 20MCG/ML | 5 | QL (270 / 30 days), PA |

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

| | | |
|---------------------------------|---|------------------------|
| <i>alprazolam tab 0.5 mg</i> | 2 | QL (90 tabs / 25 days) |
| <i>alprazolam tab 0.25 mg</i> | 2 | QL (90 tabs / 25 days) |
| <i>alprazolam tab 1 mg</i> | 2 | QL (90 tabs / 25 days) |
| <i>alprazolam tab 2 mg</i> | 2 | QL (60 tabs / 25 days) |
| <i>buspirone hcl tab 5 mg</i> | 2 | |
| <i>buspirone hcl tab 7.5 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------------|------------------|----------------------------------------------------------------------------|
| <i>buspirone hcl tab 10 mg</i> | 2 | |
| <i>buspirone hcl tab 15 mg</i> | 2 | |
| <i>buspirone hcl tab 30 mg</i> | 2 | |
| <i>hydroxyzine hcl syrup 10 mg/5ml</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine hcl tab 10 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine hcl tab 25 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine hcl tab 50 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>lorazepam conc 2 mg/ml</i> | 2 | QL (150 mL / 25 days) |
| <i>lorazepam tab 0.5 mg</i> | 2 | QL (150 tabs / 25 days) |
| <i>lorazepam tab 1 mg</i> | 2 | QL (150 tabs / 25 days) |
| <i>lorazepam tab 2 mg</i> | 2 | QL (150 tabs / 25 days) |

ANTICONVULSANTS

| | | |
|--------------------------------------------|---|-------------------------|
| <i>carbamazepine cap er 12hr 100 mg</i> | 2 | |
| <i>carbamazepine cap er 12hr 200 mg</i> | 2 | |
| <i>carbamazepine cap er 12hr 300 mg</i> | 2 | |
| <i>carbamazepine chew tab 100 mg</i> | 2 | |
| <i>carbamazepine susp 100 mg/5ml</i> | 2 | |
| <i>carbamazepine tab er 12hr 100 mg</i> | 2 | |
| <i>carbamazepine tab er 12hr 200 mg</i> | 2 | |
| <i>carbamazepine tab er 12hr 400 mg</i> | 2 | |
| <i>CELONTIN CAP 300MG</i> | 4 | |
| <i>clonazepam tab 0.5 mg</i> | 2 | |
| <i>clonazepam tab 1 mg</i> | 2 | |
| <i>clonazepam tab 2 mg</i> | 2 | |
| <i>clorazepate dipotassium tab 3.75 mg</i> | 2 | QL (120 tabs / 25 days) |
| <i>clorazepate dipotassium tab 7.5 mg</i> | 2 | QL (120 tabs / 25 days) |
| <i>clorazepate dipotassium tab 15 mg</i> | 2 | QL (120 tabs / 25 days) |
| <i>diazepam con 5mg/ml</i> | 2 | QL (240 mL / 25 days) |
| <i>diazepam inj 5 mg/ml</i> | 2 | |
| <i>diazepam oral soln 1 mg/ml</i> | 2 | QL (1200 mL / 25 days) |
| <i>diazepam tab 2 mg</i> | 2 | QL (120 tabs / 25 days) |
| <i>diazepam tab 5 mg</i> | 2 | QL (120 tabs / 25 days) |
| <i>diazepam tab 10 mg</i> | 2 | QL (120 tabs / 25 days) |
| <i>DILANTIN CAP 30MG</i> | 4 | |

| Drug Name | Drug Tier Requirements/Limits |
|-----------------------------------------------------------------|--------------------------------------|
| divalproex sodium cap delayed release sprinkle 125 mg | 2 |
| divalproex sodium tab delayed release 125 mg | 2 |
| divalproex sodium tab delayed release 250 mg | 2 |
| divalproex sodium tab delayed release 500 mg | 2 |
| divalproex sodium tab er 24 hr 250 mg | 2 |
| divalproex sodium tab er 24 hr 500 mg | 2 |
| ethosuximide cap 250 mg | 2 |
| ethosuximide soln 250 mg/5ml | 2 |
| fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv) | 2 |
| fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv) | 2 |
| gabapentin cap 100 mg | 2 |
| gabapentin cap 300 mg | 2 |
| gabapentin cap 400 mg | 2 |
| gabapentin oral soln 250 mg/5ml | 2 |
| gabapentin tab 600 mg | 2 |
| gabapentin tab 800 mg | 2 |
| lamotrigine orally disintegrating tab 25 mg | 2 |
| lamotrigine orally disintegrating tab 50 mg | 2 |
| lamotrigine orally disintegrating tab 100 mg | 2 |
| lamotrigine orally disintegrating tab 200 mg | 2 |
| lamotrigine tab 25 mg | 2 |
| lamotrigine tab 25 mg (35) starter kit | 2 |
| lamotrigine tab 25 mg (42) & 100 mg (7) starter kit | 2 |
| lamotrigine tab 100 mg | 2 |
| lamotrigine tab 150 mg | 2 |
| lamotrigine tab 200 mg | 2 |
| lamotrigine tab chewable dispersible 5 mg | 2 |
| lamotrigine tab chewable dispersible 25 mg | 2 |
| lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit | 2 |
| lamotrigine tab er 24hr 25 mg | 2 |
| lamotrigine tab er 24hr 50 mg | 2 |
| lamotrigine tab er 24hr 100 mg | 2 |
| lamotrigine tab er 24hr 200 mg | 2 |
| lamotrigine tab er 24hr 250 mg | 2 |
| lamotrigine tab er 24hr 300 mg | 2 |
| LEVETIRACETA INJ 5MG/ML | 4 |
| LEVETIRACETA INJ 10MG/ML | 4 |
| LEVETIRACETA INJ 15MG/ML | 4 |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> | 2 | |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> | 2 | |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> | 2 | |
| <i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i> | 2 | |
| <i>levetiracetam oral soln 100 mg/ml</i> | 2 | |
| <i>levetiracetam tab 250 mg</i> | 2 | |
| <i>levetiracetam tab 500 mg</i> | 2 | |
| <i>levetiracetam tab 750 mg</i> | 2 | |
| <i>levetiracetam tab 1000 mg</i> | 2 | |
| <i>levetiracetam tab er 24hr 500 mg</i> | 2 | |
| <i>levetiracetam tab er 24hr 750 mg</i> | 2 | |
| <i>LYRICA CAP 25MG</i> | 4 | ST; PA** |
| <i>LYRICA CAP 50MG</i> | 4 | ST; PA** |
| <i>LYRICA CAP 75MG</i> | 4 | ST; PA** |
| <i>LYRICA CAP 100MG</i> | 4 | ST; PA** |
| <i>LYRICA CAP 150MG</i> | 4 | ST; PA** |
| <i>LYRICA CAP 200MG</i> | 4 | ST; PA** |
| <i>LYRICA CAP 225MG</i> | 4 | ST; PA** |
| <i>LYRICA CAP 300MG</i> | 4 | ST; PA** |
| <i>LYRICA SOL 20MG/ML</i> | 4 | ST; PA** |
| <i>PEGANONE TAB 250MG</i> | 4 | |
| <i>phenobarbital elixir 20 mg/5ml</i> | 2 | |
| <i>phenobarbital tab 15 mg</i> | 2 | |
| <i>phenobarbital tab 16.2 mg</i> | 2 | |
| <i>phenobarbital tab 30 mg</i> | 2 | |
| <i>phenobarbital tab 32.4 mg</i> | 2 | |
| <i>phenobarbital tab 60 mg</i> | 2 | |
| <i>phenobarbital tab 64.8 mg</i> | 2 | |
| <i>phenobarbital tab 97.2 mg</i> | 2 | |
| <i>phenobarbital tab 100 mg</i> | 2 | |
| <i>phenytoin chew tab 50 mg</i> | 2 | |
| <i>phenytoin sodium extended cap 100 mg</i> | 2 | |
| <i>phenytoin sodium extended cap 200 mg</i> | 2 | |
| <i>phenytoin sodium extended cap 300 mg</i> | 2 | |
| <i>phenytoin sodium inj 50 mg/ml</i> | 2 | |
| <i>phenytoin susp 125 mg/5ml</i> | 2 | |
| <i>primidone tab 50 mg</i> | 2 | |
| <i>primidone tab 250 mg</i> | 2 | |
| <i>topiramate sprinkle cap 15 mg</i> | 2 | |
| <i>topiramate sprinkle cap 25 mg</i> | 2 | |
| <i>topiramate tab 25 mg</i> | 2 | |
| <i>topiramate tab 50 mg</i> | 2 | |
| <i>topiramate tab 100 mg</i> | 2 | |
| <i>topiramate tab 200 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------|------------------|------------------------------------------------------|
| <i>valproate sodium inj 100 mg/ml</i> | 2 | |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | 2 | |
| <i>valproic acid cap 250 mg</i> | 2 | |
| <i>zonisamide cap 25 mg</i> | 2 | |
| <i>zonisamide cap 50 mg</i> | 2 | |
| <i>zonisamide cap 100 mg</i> | 2 | |
| ANTIDEMENTIA | | |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i> | 2 | |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i> | 2 | |
| <i>donepezil hydrochloride tab 5 mg</i> | 2 | |
| <i>donepezil hydrochloride tab 10 mg</i> | 2 | |
| <i>donepezil hydrochloride tab 23 mg</i> | 2 | |
| <i>EXELON SOL 2MG/ML</i> | 3 | PA |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i> | 2 | |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i> | 2 | |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i> | 2 | |
| <i>galantamine hydrobromide oral soln 4 mg/ml</i> | 2 | |
| <i>galantamine hydrobromide tab 4 mg</i> | 2 | |
| <i>galantamine hydrobromide tab 8 mg</i> | 2 | |
| <i>galantamine hydrobromide tab 12 mg</i> | 2 | |
| <i>memantine hcl oral solution 2 mg/ml</i> | 2 | PA; PA applies for members less than 30 years of age |
| <i>memantine hcl tab 5 mg</i> | 2 | PA; PA applies for members less than 30 years of age |
| <i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i> | 2 | PA; PA applies for members less than 30 years of age |
| <i>memantine hcl tab 10 mg</i> | 2 | PA; PA applies for members less than 30 years of age |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i> | 2 | PA |
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i> | 2 | PA |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> | 2 | PA |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i> | 2 | PA |

ANTIDEPRESSANTS

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------------------------|------------------|--------------------------------------------------------------------|
| <i>amitriptyline hcl tab 10 mg</i> | 2 | QL (150 tabs / 25 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl tab 25 mg</i> | 2 | QL (60 tabs / 25 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl tab 50 mg</i> | 2 | QL (30 tabs / 25 days); QL applies to members age 65 and older |
| <i>amitriptyline hcl tab 75 mg</i> | 2 | High Risk Medications require PA for members age 70 and older |
| <i>amitriptyline hcl tab 100 mg</i> | 2 | High Risk Medications require PA for members age 70 and older |
| <i>amitriptyline hcl tab 150 mg</i> | 2 | High Risk Medications require PA for members age 70 and older |
| <i>amoxapine tab 25 mg</i> | 2 | QL (90 tabs / 25 days); QL applies to members age 65 and older |
| <i>amoxapine tab 50 mg</i> | 2 | QL (90 tabs / 25 days); QL applies to members age 65 and older |
| <i>amoxapine tab 100 mg</i> | 2 | QL (90 tabs / 25 days); QL applies to members age 65 and older |
| <i>amoxapine tab 150 mg</i> | 2 | QL (60 tabs / 25 days); QL applies to members age 65 and older |
| <i>bupropion hcl tab 75 mg</i> | 2 | |
| <i>bupropion hcl tab 100 mg</i> | 2 | |
| <i>bupropion hcl tab er 12hr 100 mg</i> | 2 | |
| <i>bupropion hcl tab er 12hr 150 mg</i> | 2 | |
| <i>bupropion hcl tab er 12hr 200 mg</i> | 2 | |
| <i>bupropion hcl tab er 24hr 150 mg</i> | 2 | |
| <i>bupropion hcl tab er 24hr 300 mg</i> | 2 | |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i> | 2 | |
| <i>citalopram hydrobromide tab 10 mg (base 2 equiv)</i> | | |
| <i>citalopram hydrobromide tab 20 mg (base 2 equiv)</i> | | |
| <i>citalopram hydrobromide tab 40 mg (base 2 equiv)</i> | | |
| <i>clomipramine hcl cap 25 mg</i> | 2 | QL (150 caps / 25 days); QL applies to members age 65 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------------|------------------|-----------------------------------------------------------------|
| <i>clomipramine hcl cap 50 mg</i> | 2 | QL (150 caps / 25 days); QL applies to members age 65 and older |
| <i>clomipramine hcl cap 75 mg</i> | 2 | QL (90 caps / 25 days); QL applies to members age 65 and older |
| <i>desipramine hcl tab 10 mg</i> | 2 | QL (90 tabs / 25 days); QL applies to members age 65 and older |
| <i>desipramine hcl tab 25 mg</i> | 2 | QL (90 tabs / 25 days); QL applies to members age 65 and older |
| <i>desipramine hcl tab 50 mg</i> | 2 | QL (90 tabs / 25 days); QL applies to members age 65 and older |
| <i>desipramine hcl tab 75 mg</i> | 2 | QL (60 tabs / 25 days); QL applies to members age 65 and older |
| <i>desipramine hcl tab 100 mg</i> | 2 | QL (30 tabs / 25 days); QL applies to members age 65 and older |
| <i>desipramine hcl tab 150 mg</i> | 2 | QL (30 tabs / 25 days); QL applies to members age 65 and older |
| <i>desvenlafaxine tab er 24hr 50 mg</i> | 2 | (generic of Khedezla) |
| <i>desvenlafaxine tab er 24hr 100 mg</i> | 2 | (generic of Khedezla) |
| <i>doxepin hcl cap 10 mg</i> | 2 | QL (90 caps / 25 days); QL applies to members age 65 and older |
| <i>doxepin hcl cap 25 mg</i> | 2 | QL (90 caps / 25 days); QL applies to members age 65 and older |
| <i>doxepin hcl cap 50 mg</i> | 2 | QL (90 caps / 25 days); QL applies to members age 65 and older |
| <i>doxepin hcl cap 75 mg</i> | 2 | QL (60 caps / 25 days); QL applies to members age 65 and older |
| <i>doxepin hcl cap 100 mg</i> | 2 | QL (30 caps / 25 days); QL applies to members age 65 and older |
| <i>doxepin hcl cap 150 mg</i> | 2 | QL (30 caps / 25 days); QL applies to members age 65 and older |
| <i>doxepin hcl conc 10 mg/ml</i> | 2 | QL (450 mL / 25 days); QL applies to members age 65 and older |
| <i>duloxetine hcl cap 20 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------------|------------------|--------------------------------------------------------------------|
| duloxetine hcl cap 30 mg | 2 | |
| duloxetine hcl cap 60 mg | 2 | |
| escitalopram oxalate tab 5 mg (base equiv) | 2 | |
| escitalopram oxalate tab 10 mg (base equiv) | 2 | |
| escitalopram oxalate tab 20 mg (base equiv) | 2 | |
| fluoxetine hcl cap 10 mg | 2 | |
| fluoxetine hcl cap 20 mg | 2 | |
| fluoxetine hcl cap 40 mg | 2 | |
| fluoxetine hcl cap delayed release 90 mg | 2 | |
| fluoxetine hcl solution 20 mg/5ml | 2 | |
| fluoxetine hcl tab 10 mg | 2 | |
| fluoxetine hcl tab 20 mg | 2 | |
| FLUOXETINE TAB 60MG | 4 | |
| imipramine hcl tab 10 mg | 2 | QL (120 tabs / 25 days); QL applies to members age 65 and older |
| imipramine hcl tab 25 mg | 2 | QL (120 tabs / 25 days); QL applies to members age 65 and older |
| imipramine hcl tab 50 mg | 2 | QL (60 tabs / 25 days); QL applies to members age 65 and older |
| imipramine pamoate cap 75 mg | 2 | QL (30 caps / 25 days); QL applies to members age 65 and older |
| imipramine pamoate cap 100 mg | 2 | QL (30 caps / 25 days); QL applies to members age 65 and older |
| imipramine pamoate cap 125 mg | 2 | High Risk Medications require PA for members age 70 and older |
| imipramine pamoate cap 150 mg | 2 | High Risk Medications require PA for members age 70 and older |
| mirtazapine orally disintegrating tab 15 mg | 2 | |
| mirtazapine orally disintegrating tab 30 mg | 2 | |
| mirtazapine orally disintegrating tab 45 mg | 2 | |
| mirtazapine tab 7.5 mg | 2 | |
| mirtazapine tab 15 mg | 2 | |
| mirtazapine tab 30 mg | 2 | |
| mirtazapine tab 45 mg | 2 | |
| nefazodone hcl tab 50 mg | 2 | |
| nefazodone hcl tab 100 mg | 2 | |
| nefazodone hcl tab 150 mg | 2 | |
| nefazodone hcl tab 200 mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------|------------------|-----------------------------------------------------------------|
| <i>nefazodone hcl tab 250 mg</i> | 2 | |
| <i>nortriptyline hcl cap 10 mg</i> | 2 | QL (150 caps / 25 days); QL applies to members age 65 and older |
| <i>nortriptyline hcl cap 25 mg</i> | 2 | QL (60 caps / 25 days); QL applies to members age 65 and older |
| <i>nortriptyline hcl cap 50 mg</i> | 2 | QL (30 caps / 25 days); QL applies to members age 65 and older |
| <i>nortriptyline hcl cap 75 mg</i> | 2 | High Risk Medications require PA for members age 70 and older |
| <i>nortriptyline hcl soln 10 mg/5ml</i> | 2 | QL (750 mL / 25 days); QL applies to members age 65 and older |
| <i>paroxetine hcl tab 10 mg</i> | 2 | |
| <i>paroxetine hcl tab 20 mg</i> | 2 | |
| <i>paroxetine hcl tab 30 mg</i> | 2 | |
| <i>paroxetine hcl tab 40 mg</i> | 2 | |
| <i>paroxetine hcl tab er 24hr 12.5 mg</i> | 2 | |
| <i>paroxetine hcl tab er 24hr 25 mg</i> | 2 | |
| <i>paroxetine hcl tab er 24hr 37.5 mg</i> | 2 | |
| <i>phenelzine sulfate tab 15 mg</i> | 2 | |
| <i>protriptyline hcl tab 5 mg</i> | 2 | QL (90 tabs / 25 days); QL applies to members age 65 and older |
| <i>protriptyline hcl tab 10 mg</i> | 2 | QL (60 tabs / 25 days); QL applies to members age 65 and older |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i> | 2 | |
| <i>sertraline hcl tab 25 mg</i> | 2 | |
| <i>sertraline hcl tab 50 mg</i> | 2 | |
| <i>sertraline hcl tab 100 mg</i> | 2 | |
| <i>tranylcypromine sulfate tab 10 mg</i> | 2 | |
| <i>trazodone hcl tab 50 mg</i> | 2 | |
| <i>trazodone hcl tab 100 mg</i> | 2 | |
| <i>trazodone hcl tab 150 mg</i> | 2 | |
| <i>trazodone hcl tab 300 mg</i> | 2 | |
| <i>trimipramine maleate cap 25 mg</i> | 2 | QL (60 caps / 25 days); QL applies to members age 65 and older |
| <i>trimipramine maleate cap 50 mg</i> | 2 | QL (60 caps / 25 days); QL applies to members age 65 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------|------------------|----------------------------------------------------------------------|
| <i>trimipramine maleate cap 100 mg</i> | 2 | QL (30 caps / 25 days); QL applies to members age 65 and older |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base 2 equivalent)</i> | 2 | |
| <i>venlafaxine hcl cap er 24hr 75 mg (base 2 equivalent)</i> | 2 | |
| <i>venlafaxine hcl cap er 24hr 150 mg (base 2 equivalent)</i> | 2 | |
| <i>venlafaxine hcl tab 25 mg</i> | 2 | |
| <i>venlafaxine hcl tab 37.5 mg</i> | 2 | |
| <i>venlafaxine hcl tab 50 mg</i> | 2 | |
| <i>venlafaxine hcl tab 75 mg</i> | 2 | |
| <i>venlafaxine hcl tab 100 mg</i> | 2 | |
| <i>venlafaxine hcl tab er 24hr 37.5 mg (base 2 equivalent)</i> | 2 | |
| <i>venlafaxine hcl tab er 24hr 75 mg (base 2 equivalent)</i> | 2 | |
| <i>venlafaxine hcl tab er 24hr 150 mg (base 2 equivalent)</i> | 2 | |
| <i>venlafaxine hcl tab er 24hr 225 mg (base 2 equivalent)</i> | 2 | |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl cap 100 mg</i> | 2 | |
| <i>amantadine hcl syrup 50 mg/5ml</i> | 2 | |
| <i>amantadine hcl tab 100 mg</i> | 2 | |
| <i>benztropine mesylate inj 1 mg/ml</i> | 2 | |
| <i>benztropine mesylate tab 0.5 mg</i> | 2 | |
| <i>benztropine mesylate tab 1 mg</i> | 2 | |
| <i>benztropine mesylate tab 2 mg</i> | 2 | |
| <i>bromocriptine mesylate cap 5 mg (base 2 equivalent)</i> | 2 | |
| <i>bromocriptine mesylate tab 2.5 mg (base 2 equivalent)</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 2 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 2 | |
| <i>carbidopa tab 25 mg</i> | 2 | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | 2 | |

| Drug Name | Drug Tier Requirements/Limits |
|----------------------------------------------------------------|--------------------------------------|
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | 2 |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | 2 |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 2 |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | 2 |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | 2 |
| <i>entacapone tab 200 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab 0.5 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab 0.25 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab 0.75 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab 0.125 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab 1 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab 1.5 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab er 24hr 3 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> | 2 |
| <i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> | 2 |
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i> | 2 |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i> | 2 |
| <i>ropinirole hydrochloride tab 0.5 mg</i> | 2 |
| <i>ropinirole hydrochloride tab 0.25 mg</i> | 2 |
| <i>ropinirole hydrochloride tab 1 mg</i> | 2 |
| <i>ropinirole hydrochloride tab 2 mg</i> | 2 |
| <i>ropinirole hydrochloride tab 3 mg</i> | 2 |
| <i>ropinirole hydrochloride tab 4 mg</i> | 2 |
| <i>ropinirole hydrochloride tab 5 mg</i> | 2 |
| <i>selegiline hcl cap 5 mg</i> | 2 |
| <i>selegiline hcl tab 5 mg</i> | 2 |
| <i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> | 2 |
| <i>trihexyphenidyl hcl tab 2 mg</i> | 2 |
| <i>trihexyphenidyl hcl tab 5 mg</i> | 2 |
| ANTIPSYCHOTICS | |
| <i>aripiprazole tab 2 mg</i> | 2 |

| Drug Name | Drug Tier Requirements/Limits |
|---------------------------------------------|--------------------------------------|
| aripiprazole tab 5 mg | 2 |
| aripiprazole tab 10 mg | 2 |
| aripiprazole tab 15 mg | 2 |
| aripiprazole tab 20 mg | 2 |
| aripiprazole tab 30 mg | 2 |
| CHLORPROMAZ INJ 25MG/ML | 4 |
| CHLORPROMAZ INJ 50MG/2ML | 4 |
| chlorpromazine hcl tab 10 mg | 2 |
| chlorpromazine hcl tab 25 mg | 2 |
| chlorpromazine hcl tab 50 mg | 2 |
| chlorpromazine hcl tab 100 mg | 2 |
| chlorpromazine hcl tab 200 mg | 2 |
| clozapine orally disintegrating tab 12.5 mg | 2 |
| clozapine orally disintegrating tab 25 mg | 2 |
| clozapine orally disintegrating tab 100 mg | 2 |
| clozapine orally disintegrating tab 150 mg | 2 |
| clozapine orally disintegrating tab 200 mg | 2 |
| clozapine tab 25 mg | 2 |
| clozapine tab 50 mg | 2 |
| clozapine tab 100 mg | 2 |
| clozapine tab 200 mg | 2 |
| ergoloid mesylates tab 1 mg | 2 |
| fluphenazine decanoate inj 25 mg/ml | 2 |
| fluphenazine hcl elixir 2.5 mg/5ml | 2 |
| fluphenazine hcl inj 2.5 mg/ml | 2 |
| fluphenazine hcl oral conc 5 mg/ml | 2 |
| fluphenazine hcl tab 1 mg | 2 |
| fluphenazine hcl tab 2.5 mg | 2 |
| fluphenazine hcl tab 5 mg | 2 |
| fluphenazine hcl tab 10 mg | 2 |
| haloperidol decanoate im soln 50 mg/ml | 2 |
| haloperidol decanoate im soln 100 mg/ml | 2 |
| haloperidol lactate inj 5 mg/ml | 2 |
| haloperidol lactate oral conc 2 mg/ml | 2 |
| haloperidol tab 0.5 mg | 2 |
| haloperidol tab 1 mg | 2 |
| haloperidol tab 2 mg | 2 |
| haloperidol tab 5 mg | 2 |
| haloperidol tab 10 mg | 2 |
| haloperidol tab 20 mg | 2 |
| loxpipamine succinate cap 5 mg | 2 |
| loxpipamine succinate cap 10 mg | 2 |
| loxpipamine succinate cap 25 mg | 2 |
| loxpipamine succinate cap 50 mg | 2 |
| olanzapine for im inj 10 mg | 2 |
| olanzapine tab 2.5 mg | 2 |

| Drug Name | Drug Tier Requirements/Limits |
|-------------------------------------------------------|--------------------------------------|
| <i>olanzapine tab 5 mg</i> | 2 |
| <i>olanzapine tab 7.5 mg</i> | 2 |
| <i>olanzapine tab 10 mg</i> | 2 |
| <i>olanzapine tab 15 mg</i> | 2 |
| <i>olanzapine tab 20 mg</i> | 2 |
| <i>paliperidone tab er 24hr 1.5 mg</i> | 2 |
| <i>paliperidone tab er 24hr 3 mg</i> | 2 |
| <i>paliperidone tab er 24hr 6 mg</i> | 2 |
| <i>paliperidone tab er 24hr 9 mg</i> | 2 |
| <i>perphenazine tab 2 mg</i> | 2 |
| <i>perphenazine tab 4 mg</i> | 2 |
| <i>perphenazine tab 8 mg</i> | 2 |
| <i>perphenazine tab 16 mg</i> | 2 |
| <i>pimozide tab 1 mg</i> | 2 |
| <i>pimozide tab 2 mg</i> | 2 |
| <i>quetiapine fumarate tab 25 mg</i> | 2 |
| <i>quetiapine fumarate tab 50 mg</i> | 2 |
| <i>quetiapine fumarate tab 100 mg</i> | 2 |
| <i>quetiapine fumarate tab 200 mg</i> | 2 |
| <i>quetiapine fumarate tab 300 mg</i> | 2 |
| <i>quetiapine fumarate tab 400 mg</i> | 2 |
| <i>risperidone orally disintegrating tab 0.5 mg</i> | 2 |
| <i>risperidone orally disintegrating tab 0.25 mg</i> | 2 |
| <i>risperidone orally disintegrating tab 1 mg</i> | 2 |
| <i>risperidone orally disintegrating tab 2 mg</i> | 2 |
| <i>risperidone orally disintegrating tab 3 mg</i> | 2 |
| <i>risperidone orally disintegrating tab 4 mg</i> | 2 |
| <i>risperidone soln 1 mg/ml</i> | 2 |
| <i>risperidone tab 0.5 mg</i> | 2 |
| <i>risperidone tab 0.25 mg</i> | 2 |
| <i>risperidone tab 1 mg</i> | 2 |
| <i>risperidone tab 2 mg</i> | 2 |
| <i>risperidone tab 3 mg</i> | 2 |
| <i>risperidone tab 4 mg</i> | 2 |
| <i>thioridazine hcl tab 10 mg</i> | 2 |
| <i>thioridazine hcl tab 25 mg</i> | 2 |
| <i>thioridazine hcl tab 50 mg</i> | 2 |
| <i>thioridazine hcl tab 100 mg</i> | 2 |
| <i>thiothixene cap 1 mg</i> | 2 |
| <i>thiothixene cap 2 mg</i> | 2 |
| <i>thiothixene cap 5 mg</i> | 2 |
| <i>thiothixene cap 10 mg</i> | 2 |
| <i>trifluoperazine hcl tab 1 mg (base equivalent)</i> | 2 |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i> | 2 |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------------|------------------|----------------------------|
| trifluoperazine hcl tab 5 mg (base equivalent) | 2 | |
| trifluoperazine hcl tab 10 mg (base equivalent) | 2 | |
| ziprasidone hcl cap 20 mg | 2 | |
| ziprasidone hcl cap 40 mg | 2 | |
| ziprasidone hcl cap 60 mg | 2 | |
| ziprasidone hcl cap 80 mg | 2 | |

ATTENTION DEFICIT HYPERACTIVITY DISORDER

| | | |
|-------------------------------------------------|---|-------------------------|
| amphetamine-dextroamphetamine cap er 24hr 5 mg | 2 | QL (90 caps / 25 days) |
| amphetamine-dextroamphetamine cap er 24hr 10 mg | 2 | QL (90 caps / 25 days) |
| amphetamine-dextroamphetamine cap er 24hr 15 mg | 2 | QL (30 caps / 25 days) |
| amphetamine-dextroamphetamine cap er 24hr 20 mg | 2 | QL (30 caps / 25 days) |
| amphetamine-dextroamphetamine cap er 24hr 25 mg | 2 | QL (30 caps / 25 days) |
| amphetamine-dextroamphetamine cap er 24hr 30 mg | 2 | QL (30 caps / 25 days) |
| amphetamine-dextroamphetamine tab 5 mg | 2 | QL (90 tabs / 25 days) |
| amphetamine-dextroamphetamine tab 7.5 mg | 2 | QL (90 tabs / 25 days) |
| amphetamine-dextroamphetamine tab 10 mg | 2 | QL (90 tabs / 25 days) |
| amphetamine-dextroamphetamine tab 12.5 mg | 2 | QL (90 tabs / 25 days) |
| amphetamine-dextroamphetamine tab 15 mg | 2 | QL (60 tabs / 25 days) |
| amphetamine-dextroamphetamine tab 20 mg | 2 | QL (60 tabs / 25 days) |
| amphetamine-dextroamphetamine tab 30 mg | 2 | QL (30 tabs / 25 days) |
| atomoxetine hcl cap 10 mg (base equiv) | 2 | |
| atomoxetine hcl cap 18 mg (base equiv) | 2 | |
| atomoxetine hcl cap 25 mg (base equiv) | 2 | |
| atomoxetine hcl cap 40 mg (base equiv) | 2 | |
| atomoxetine hcl cap 60 mg (base equiv) | 2 | |
| atomoxetine hcl cap 80 mg (base equiv) | 2 | |
| atomoxetine hcl cap 100 mg (base equiv) | 2 | |
| dextroamphetamine sulfate cap er 24hr 5 mg | 2 | QL (120 caps / 25 days) |
| dextroamphetamine sulfate cap er 24hr 10 mg | 2 | QL (120 caps / 25 days) |
| dextroamphetamine sulfate cap er 24hr 15 mg | 2 | QL (60 caps / 25 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------------------------------|------------------|------------------------------|
| dextroamphetamine sulfate oral solution 5 mg/5ml | 2 | QL (1,200 mL / 25 days) |
| dextroamphetamine sulfate tab 5 mg | 2 | QL (120 tabs / 25 days) |
| dextroamphetamine sulfate tab 10 mg | 2 | QL (120 tabs / 25 days) |
| guanfacine hcl tab er 24hr 1 mg (base equiv) | 2 | ST; PA** |
| guanfacine hcl tab er 24hr 2 mg (base equiv) | 2 | ST; PA** |
| guanfacine hcl tab er 24hr 3 mg (base equiv) | 2 | ST; PA** |
| guanfacine hcl tab er 24hr 4 mg (base equiv) | 2 | ST; PA** |
| methamphetamine hcl tab 5 mg | 2 | QL (150 tabs / 25 days) |
| methylphenidate hcl cap er 10 mg (cd) | 2 | QL (60 caps / 25 days) |
| methylphenidate hcl cap er 20 mg (cd) | 2 | QL (60 caps / 25 days) |
| methylphenidate hcl cap er 24hr 20 mg (la) | 2 | QL (60 caps / 25 days) |
| methylphenidate hcl cap er 24hr 30 mg (la) | 2 | QL (60 caps / 25 days) |
| methylphenidate hcl cap er 24hr 40 mg (la) | 2 | QL (30 caps / 25 days) |
| methylphenidate hcl cap er 30 mg (cd) | 2 | QL (60 caps / 25 days) |
| methylphenidate hcl cap er 40 mg (cd) | 2 | QL (30 caps / 25 days) |
| methylphenidate hcl cap er 50 mg (cd) | 2 | QL (30 caps / 25 days) |
| methylphenidate hcl cap er 60 mg (cd) | 2 | QL (30 caps / 25 days) |
| methylphenidate hcl chew tab 2.5 mg | 2 | QL (180 chew tabs / 25 days) |
| methylphenidate hcl chew tab 5 mg | 2 | QL (180 chew tabs / 25 days) |
| methylphenidate hcl chew tab 10 mg | 2 | QL (180 chew tabs / 25 days) |
| methylphenidate hcl soln 5 mg/5ml | 2 | QL (1800 mL / 25 days) |
| methylphenidate hcl soln 10 mg/5ml | 2 | QL (900 mL / 25 days) |
| methylphenidate hcl tab 5 mg | 2 | QL (180 tabs / 25 days) |
| methylphenidate hcl tab 10 mg | 2 | QL (180 tabs / 25 days) |
| methylphenidate hcl tab 20 mg | 2 | QL (90 tabs / 25 days) |
| methylphenidate hcl tab er 10 mg | 2 | QL (90 tabs / 25 days) |
| methylphenidate hcl tab er 20 mg | 2 | QL (90 tabs / 25 days) |
| methylphenidate hcl tab er 24hr 18 mg | 2 | QL (60 tabs / 25 days) |
| methylphenidate hcl tab er 24hr 27 mg | 2 | QL (60 tabs / 25 days) |
| methylphenidate hcl tab er 24hr 36 mg | 2 | QL (60 tabs / 25 days) |
| methylphenidate hcl tab er 24hr 54 mg | 2 | QL (30 tabs / 25 days) |
| methylphenidate hcl tab er osmotic release 2 (osm) 18 mg | 2 | QL (60 tabs / 25 days) |
| methylphenidate hcl tab er osmotic release 2 (osm) 27 mg | 2 | QL (60 tabs / 25 days) |
| methylphenidate hcl tab er osmotic release 2 (osm) 36 mg | 2 | QL (60 tabs / 25 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------|------------------|----------------------------|
| methylphenidate hcl tab er osmotic release 2 (osm) 54 mg | | QL (30 tabs / 25 days) |
| zenzedi tab 2.5mg | 2 | QL (120 tabs / 25 days) |
| zenzedi tab 7.5mg | 2 | QL (120 tabs / 25 days) |
| zenzedi tab 15mg | 2 | QL (60 tabs / 25 days) |
| zenzedi tab 20mg | 2 | QL (60 tabs / 25 days) |
| zenzedi tab 30mg | 2 | QL (30 tabs / 25 days) |
| HYPNOTICS | | |
| sleep aid tab 25mg | 2 | OTC |
| temazepam cap 7.5 mg | 2 | QL (15 caps / 25 days) |
| temazepam cap 15 mg | 2 | QL (15 caps / 25 days) |
| temazepam cap 22.5 mg | 2 | QL (15 caps / 25 days) |
| temazepam cap 30 mg | 2 | QL (15 caps / 25 days) |
| zaleplon cap 5 mg | 2 | QL (15 caps / 25 days) |
| zaleplon cap 10 mg | 2 | QL (15 caps / 25 days) |
| zolpidem tartrate tab 5 mg | 2 | QL (15 tabs / 25 days) |
| zolpidem tartrate tab 10 mg | 2 | QL (15 tabs / 25 days) |
| MIGRAINE | | |
| almotriptan malate tab 6.25 mg | 2 | QL (12 tabs / 25 days) |
| almotriptan malate tab 12.5 mg | 2 | QL (12 tabs / 25 days) |
| dihydroergotamine mesylate inj 1 mg/ml | 2 | |
| dihydroergotamine mesylate nasal spray 4 mg/ml | 2 | QL (8 kits / 25 days) |
| ERGOMAR SUB 2MG | 4 | ST |
| ergotamine w/ caffeine tab 1-100 mg | 2 | |
| naratriptan hcl tab 1 mg (base equiv) | 2 | QL (12 tabs / 25 days) |
| naratriptan hcl tab 2.5 mg (base equiv) | 2 | QL (12 tabs / 25 days) |
| rizatriptan benzoate oral disintegrating tab 5 mg (base eq) | 2 | QL (18 tabs / 25 days) |
| rizatriptan benzoate oral disintegrating tab 10 mg (base eq) | 2 | QL (18 tabs / 25 days) |
| rizatriptan benzoate tab 5 mg (base equivalent) | 2 | QL (18 tabs / 25 days) |
| rizatriptan benzoate tab 10 mg (base equivalent) | 2 | QL (18 tabs / 25 days) |
| sumatriptan nasal spray 5 mg/act | 2 | QL (24 sprays / 25 days) |
| sumatriptan nasal spray 20 mg/act | 2 | QL (12 sprays / 25 days) |
| sumatriptan succinate inj 4 mg/0.5ml | 2 | QL (18 syringes / 25 days) |
| sumatriptan succinate inj 6 mg/0.5ml | 2 | QL (12 vials per 25 days) |
| sumatriptan succinate solution auto-injector 4 mg/0.5ml | 2 | QL (18 syringes / 25 days) |
| sumatriptan succinate solution auto-injector 6 mg/0.5ml | 2 | QL (12 units / 25 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------|------------------|----------------------------|
| <i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> | 2 | QL (18 syringes / 25 days) |
| <i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> | 2 | QL (12 units / 25 days) |
| <i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i> | 2 | QL (12 units / 25 days) |
| <i>sumatriptan succinate tab 25 mg</i> | 2 | QL (12 tabs / 25 days) |
| <i>sumatriptan succinate tab 50 mg</i> | 2 | QL (12 tabs / 25 days) |
| <i>sumatriptan succinate tab 100 mg</i> | 2 | QL (12 tabs / 25 days) |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i> | 2 | QL (12 tabs / 25 days) |
| <i>zolmitriptan orally disintegrating tab 5 mg</i> | 2 | QL (12 tabs / 25 days) |
| <i>zolmitriptan tab 2.5 mg</i> | 2 | QL (12 tabs / 25 days) |
| <i>zolmitriptan tab 5 mg</i> | 2 | QL (12 tabs / 25 days) |

MISCELLANEOUS

| | | |
|---------------------------------------------|---|------------------------|
| <i>lithium carbonate cap 150 mg</i> | 2 | |
| <i>lithium carbonate cap 300 mg</i> | 2 | |
| <i>lithium carbonate cap 600 mg</i> | 2 | |
| <i>lithium carbonate tab 300 mg</i> | 2 | |
| <i>lithium carbonate tab er 300 mg</i> | 2 | |
| <i>lithium carbonate tab er 450 mg</i> | 2 | |
| LITHIUM SOL 8MEQ/5ML | 4 | |
| MESTINON SYP 60MG/5ML | 3 | |
| <i>pyridostigmine bromide tab 60 mg</i> | 2 | |
| <i>pyridostigmine bromide tab er 180 mg</i> | 2 | |
| REGONOL INJ 5MG/ML | 4 | |
| <i>riluzole tab 50 mg</i> | 2 | |
| <i>tetrabenazine tab 12.5 mg</i> | 5 | QL (240 / 30 days), PA |
| <i>tetrabenazine tab 25 mg</i> | 5 | QL (120 / 30 days), PA |

MULTIPLE SCLEROSIS AGENTS

| | | |
|-----------------------------------------------------------|---|--------------------------------|
| <i>BETASERON INJ 0.3MG</i> | 3 | QL (14 / 28 days), PA |
| <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> | 3 | QL (30 / 30 days), PA |
| <i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> | 5 | QL (12 / 28 days), PA |
| REBIF INJ 22/0.5 | 3 | QL (12 (6 ml)per 28 days), PA |
| REBIF INJ 44/0.5 | 3 | QL (12 (6 ml)per 28 days), PA |
| REBIF REBIDO INJ 22/0.5 | 3 | QL (12 (6 ml)per 28 days), PA |
| REBIF REBIDO INJ 44/0.5 | 3 | QL (12 (6 ml)per 28 days), PA |
| REBIF REBIDO INJ TITRATN | 3 | QL (12 (4.2 ml) / 28 days), PA |

MUSCULOSKELETAL THERAPY AGENTS

| | | |
|---------------------------|---|--|
| <i>baclofen tab 10 mg</i> | 2 | |
|---------------------------|---|--|

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------------------|------------------|----------------------------------------------------------------------|
| <i>baclofen tab 20 mg</i> | 2 | |
| <i>carisoprodol tab 250 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>carisoprodol tab 350 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>chlorzoxazone tab 500 mg</i> | 2 | |
| <i>cyclobenzaprine hcl tab 5 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>cyclobenzaprine hcl tab 7.5 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>cyclobenzaprine hcl tab 10 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>dantrolene sodium cap 25 mg</i> | 2 | |
| <i>dantrolene sodium cap 50 mg</i> | 2 | |
| <i>dantrolene sodium cap 100 mg</i> | 2 | |
| <i>metaxalone tab 400 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>metaxalone tab 800 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>methocarbamol tab 500 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>methocarbamol tab 750 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>orphenadrine citrate inj 30 mg/ml</i> | 2 | |
| <i>orphenadrine citrate tab er 12hr 100 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------|------------------|----------------------------------------------------------------------------|
| <i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i> | 2 | PA; High Risk Medications require PA for members age 65 and older |
| <i>tizanidine hcl cap 2 mg (base equivalent)</i> | 2 | |
| <i>tizanidine hcl cap 4 mg (base equivalent)</i> | 2 | |
| <i>tizanidine hcl cap 6 mg (base equivalent)</i> | 2 | |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i> | 2 | |
| <i>tizanidine hcl tab 4 mg (base equivalent)</i> | 2 | |
| NARCOLEPSY/CATAPLEXY | | |
| <i>modafinil tab 100 mg</i> | 2 | PA |
| <i>modafinil tab 200 mg</i> | 2 | PA |
| PSYCHOTHERAPEUTIC-MISC | | |
| <i>acamprosate calcium tab delayed release 333 mg</i> | 2 | PA |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | 1 | Limited to 2 treatment cycles per year |
| <i>CHANTIX TAB 0.5MG</i> | 1 | Limited to 2 treatment cycles per year |
| <i>disulfiram tab 250 mg</i> | 2 | |
| <i>disulfiram tab 500 mg</i> | 2 | |
| <i>naloxone hcl inj 4 mg/10ml</i> | 2 | |
| <i>naloxone hcl soln cartridge 0.4 mg/ml</i> | 2 | |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> | 2 | |
| <i>naltrexone hcl tab 50 mg</i> | 1 | |
| <i>nicotine pol loz 4mg mint</i> | 1 | Limited to 2 treatment cycles per year |
| <i>nicotine polacrilex gum 2 mg</i> | 1 | Limited to 2 treatment cycles per year |
| <i>nicotine polacrilex gum 4 mg</i> | 1 | Limited to 2 treatment cycles per year |
| <i>nicotine polacrilex lozenge 2 mg</i> | 1 | Limited to 2 treatment cycles per year |
| <i>nicotine td patch 24hr 7 mg/24hr</i> | 1 | Limited to 2 treatment cycles per year |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | 1 | Limited to 2 treatment cycles per year |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | 1 | Limited to 2 treatment cycles per year |
| <i>sm nicotine dis 7mg/24hr</i> | 1 | Limited to 2 treatment cycles per year |
| <i>sm nicotine dis 14mg/24h</i> | 1 | Limited to 2 treatment cycles per year |
| <i>sm nicotine dis 21mg</i> | 1 | Limited to 2 treatment cycles per year |
| <i>thrive gum 4mg mint</i> | 1 | Limited to 2 treatment cycles per year |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------------------------------|------------------|----------------------------------------------------------------------------|
| CYSTIC FIBROSIS AGENTS | | |
| HYDROLYTIC ENZYMES | | |
| PULMOZYME SOL 1MG/ML | 5 | QL (150 ml / 30 days), PA |
| ENDOCRINE AND METABOLIC | | |
| ANDROGENS | | |
| <i>methyltestosterone cap 10 mg</i> | 2 | PA |
| <i>oxandrolone tab 2.5 mg</i> | 2 | PA |
| <i>oxandrolone tab 10 mg</i> | 2 | PA |
| <i>testosterone cypionate im inj in oil 100 mg/ml</i> | 2 | PA |
| <i>testosterone cypionate im inj in oil 200 mg/ml</i> | 2 | PA |
| <i>testosterone enanthate im inj in oil 200 mg/ml</i> | 2 | PA |
| <i>testosterone td gel 10mg/act (2%)</i> | 2 | PA |
| <i>testosterone td gel 25 mg/2.5gm (1%)</i> | 2 | PA |
| ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS | | |
| <i>acarbose tab 25 mg</i> | 2 | |
| <i>acarbose tab 50 mg</i> | 2 | |
| <i>acarbose tab 100 mg</i> | 2 | |
| ANTIDIABETICS, BIGUANIDE | | |
| <i>metformin hcl tab 500 mg</i> | 2 | |
| <i>metformin hcl tab 850 mg</i> | 2 | |
| <i>metformin hcl tab 1000 mg</i> | 2 | |
| <i>metformin hcl tab er 24hr 500 mg</i> | 2 | |
| <i>metformin hcl tab er 24hr 750 mg</i> | 2 | |
| <i>metformin hcl tab er 24hr osmotic 500 mg</i> | 2 | |
| <i>metformin hcl tab er 24hr osmotic 1000 mg</i> | 2 | |
| ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS | | |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 2 | |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 2 | |
| <i>glipizide-metformin hcl tab 5-500 mg</i> | 2 | |
| <i>glyburide-metformin tab 1.25-250 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>glyburide-metformin tab 2.5-500 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>glyburide-metformin tab 5-500 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS | | |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------------------------|------------------|----------------------------|
| <i>alogliptin benzoate tab 6.25 mg (base equiv)</i> | 2 | PA |
| <i>alogliptin benzoate tab 12.5 mg (base equiv)</i> | 2 | PA |
| <i>alogliptin benzoate tab 25 mg (base equiv)</i> | 2 | PA |
| JANUVIA TAB 25MG | 3 | |
| JANUVIA TAB 50MG | 3 | |
| JANUVIA TAB 100MG | 3 | |

ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS

| | | |
|-------------------------|---|--|
| JANUMET TAB 50-500MG | 3 | |
| JANUMET TAB 50-1000 | 3 | |
| JANUMET XR TAB 50-500MG | 3 | |
| JANUMET XR TAB 50-1000 | 3 | |
| JANUMET XR TAB 100-1000 | 3 | |

ANTIDIABETICS, INSULIN

| | | |
|-------------------------|---|------------------------|
| HUMULIN INJ 70/30 | 4 | OTC |
| HUMULIN INJ 70/30KWP | 4 | OTC |
| HUMULIN N INJ U-100 | 4 | OTC |
| HUMULIN N INJ U-100KWP | 4 | OTC |
| HUMULIN R INJ U-100 | 4 | OTC |
| LANTUS INJ 100/ML | 3 | |
| NOVOLIN INJ 70/30 | 3 | OTC;RELION not covered |
| NOVOLIN N INJ U-100 | 3 | OTC;RELION not covered |
| NOVOLIN R INJ U-100 | 3 | OTC;RELION not covered |
| NOVOLOG INJ 100/ML | 3 | |
| NOVOLOG INJ FLEXPEN | 3 | |
| NOVOLOG INJ PENFILL | 3 | |
| NOVOLOG MIX INJ 70/30 | 3 | |
| NOVOLOG MIX INJ FLEXPEN | 3 | |

ANTIDIABETICS, INSULIN SENSITIZER

| | |
|------------------------------------------------|---|
| <i>pioglitazone hcl tab 15 mg (base equiv)</i> | 2 |
| <i>pioglitazone hcl tab 30 mg (base equiv)</i> | 2 |
| <i>pioglitazone hcl tab 45 mg (base equiv)</i> | 2 |

ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

| | |
|-----------------------------------------------------|---|
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 2 |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 2 |

ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

| | |
|-------------------------------------------------|---|
| <i>pioglitazone hcl-glimepiride tab 30-2 mg</i> | 2 |
| <i>pioglitazone hcl-glimepiride tab 30-4 mg</i> | 2 |

ANTIDIABETICS, INSULIN^

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------|------------------|----------------------------------------------------------------------------|
| LANTUS INJ SOLOSTAR | 3 | |
| <u>ANTIDIABETICS, MEGLITINIDE</u> | | |
| nateglinide tab 60 mg | 2 | |
| nateglinide tab 120 mg | 2 | |
| repaglinide tab 0.5 mg | 2 | |
| repaglinide tab 1 mg | 2 | |
| repaglinide tab 2 mg | 2 | |
| <u>ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION</u> | | |
| repaglinide-metformin hcl tab 1-500 mg | 2 | |
| repaglinide-metformin hcl tab 2-500 mg | 2 | |
| <u>ANTIDIABETICS, SULFONYLUREA</u> | | |
| glimepiride tab 1 mg | 2 | |
| glimepiride tab 2 mg | 2 | |
| glimepiride tab 4 mg | 2 | |
| glipizide tab 5 mg | 2 | |
| glipizide tab 10 mg | 2 | |
| glipizide tab er 24hr 2.5 mg | 2 | |
| glipizide tab er 24hr 5 mg | 2 | |
| glipizide tab er 24hr 10 mg | 2 | |
| glyburide micronized tab 1.5 mg | 2 | PA; High Risk Medications require PA for members age 70 and older |
| glyburide micronized tab 3 mg | 2 | PA; High Risk Medications require PA for members age 70 and older |
| glyburide micronized tab 6 mg | 2 | PA; High Risk Medications require PA for members age 70 and older |
| glyburide tab 1.25 mg | 2 | PA; High Risk Medications require PA for members age 70 and older |
| glyburide tab 2.5 mg | 2 | PA; High Risk Medications require PA for members age 70 and older |
| glyburide tab 5 mg | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <u>BISPHOSPHONATES</u> | | |
| alendronate sodium oral soln 70 mg/75ml | 2 | |
| alendronate sodium tab 5 mg | 2 | |
| alendronate sodium tab 10 mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------------------------------------|------------------|----------------------------|
| <i>alendronate sodium tab 35 mg</i> | 2 | |
| <i>alendronate sodium tab 40 mg</i> | 2 | |
| <i>alendronate sodium tab 70 mg</i> | 2 | |
| FOSAMAX + D TAB 70-2800 | 4 | ST; PA** |
| FOSAMAX + D TAB 70-5600 | 4 | ST; PA** |
| <i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i> | 2 | |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i> | 2 | |
| <i>pamidronate disodium for inj 30 mg</i> | 2 | |
| <i>pamidronate disodium for inj 90 mg</i> | 2 | |
| <i>pamidronate disodium iv soln 3 mg/ml</i> | 2 | |
| <i>pamidronate disodium iv soln 9 mg/ml</i> | 2 | |
| PAMIDRONATE INJ 6MG/ML | 4 | |
| <i>risedronate sodium tab 5 mg</i> | 2 | |
| <i>risedronate sodium tab 30 mg</i> | 2 | |
| <i>risedronate sodium tab 35 mg</i> | 2 | |
| <i>risedronate sodium tab 150 mg</i> | 2 | |
| <i>risedronate sodium tab delayed release 35 mg</i> | 2 | |
| <i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i> | 5 | PA |
| <i>zoledronic acid iv soln 5 mg/100ml</i> | 5 | PA |
| ZOLEDRONIC INJ 4MG/100 | 5 | PA |
| ZOMETA INJ 4MG/100 | 5 | PA |

CALCIUM RECEPTOR AGONISTS

| | | |
|-------------------|---|------------------------|
| SENSIPAR TAB 30MG | 5 | PA |
| SENSIPAR TAB 60MG | 5 | QL (60 / 30 days), PA |
| SENSIPAR TAB 90MG | 5 | QL (120 / 30 days), PA |

CHELATING AGENTS

| | | |
|-------------------------------------------------------------|---|----|
| CHEMET CAP 100MG | 4 | |
| DEPEN TITRA TAB 250MG | 4 | |
| EXJADE TAB 125MG | 5 | PA |
| EXJADE TAB 250MG | 5 | PA |
| EXJADE TAB 500MG | 5 | PA |
| FERRIPROX SOL 100MG/ML | 5 | PA |
| FERRIPROX TAB 500MG | 5 | PA |
| <i>kionex sus 15gm/60 gm/60ml</i> | 2 | |
| <i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> | 2 | |
| <i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i> | 2 | |

CONTRACEPTIVES

| | | |
|--------------------------|---|--|
| <i>altavera tab</i> | 1 | |
| <i>alyacen tab 1/35</i> | 1 | |
| <i>alyacen tab 7/7/7</i> | 1 | |
| <i>amethia tab</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------------|------------------|----------------------------|
| <i>amethyst tab 90-20mcg</i> | 2 | |
| <i>apri tab</i> | 1 | |
| <i>ashlyna tab</i> | 2 | |
| <i>aviane tab</i> | 1 | |
| <i>azurette tab 28 day</i> | 1 | |
| <i>camila tab 0.35mg</i> | 2 | |
| <i>caziant pak</i> | 2 | |
| <i>cesia pak</i> | 2 | |
| <i>chateal tab 0.15/30</i> | 1 | |
| <i>cryselle-28 tab 28 tabs</i> | 1 | |
| <i>cyclafem tab 1/35</i> | 1 | |
| <i>cyclafem tab 7/7/7</i> | 1 | |
| <i>dasetta tab 1/35</i> | 1 | |
| <i>dasetta tab 7/7/7</i> | 1 | |
| <i>delyla tab 0.1-0.02</i> | 1 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 2 | |
| <i>elinest tab</i> | 1 | |
| <i>ELLA TAB 30MG</i> | 1 | |
| <i>emoquette tab</i> | 1 | |
| <i>enpresse-28 tab</i> | 1 | |
| <i>errin tab 0.35mg</i> | 2 | |
| <i>falmina tab</i> | 1 | |
| <i>gianvi tab 3-0.02mg</i> | 2 | |
| <i>gildess fe tab 1.5/30</i> | 2 | |
| <i>gildess fe tab 1/20</i> | 2 | |
| <i>gildess tab 1.5/30</i> | 1 | |
| <i>gildess tab 1/20</i> | 1 | |
| <i>heather tab 0.35mg</i> | 2 | |
| <i>IMPLANON IMP 68MG</i> | 4 | QL (1 / 300 days) |
| <i>introvale tab</i> | 1 | |
| <i>jolessa tab</i> | 1 | |
| <i>jolivette tab 0.35mg</i> | 2 | |
| <i>junel 1.5/30 tab</i> | 1 | |
| <i>junel 1/20 tab</i> | 1 | |
| <i>junel fe tab 1.5/30</i> | 2 | |
| <i>junel fe tab 1/20</i> | 2 | |
| <i>kariva tab 28 day</i> | 1 | |
| <i>kelnor tab 1/35</i> | 1 | |
| <i>kurvelo tab 0.15/30</i> | 1 | |
| <i>larin tab 1.5/30</i> | 1 | |
| <i>lessina tab</i> | 1 | |
| <i>levonest tab</i> | 1 | |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth 2 est tab 0.01mg(7)</i> | | |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 1 | |

| Drug Name | | Drug Tier Requirements/Limits |
|------------------------------------------------------------------------|---|--------------------------------------|
| <i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 1 | |
| <i>levonorgestrel tab 0.75 mg</i> | 1 | |
| <i>levonorgestrel tab 1.5 mg</i> | 1 | |
| <i>levora-28 tab 0.15/30</i> | 1 | |
| <i>LILETTA IUD 52MG</i> | 4 | QL (1 / 300 days) |
| <i>lomedia 24 tab fe</i> | 2 | |
| <i>loryna tab 3-0.02mg</i> | 2 | |
| <i>low-ogestrel tab</i> | 1 | |
| <i>lutera tab</i> | 1 | |
| <i>marlissa tab 0.15/30</i> | 1 | |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i> | 1 | QL (4 inj / 300 days) |
| <i>MIRENA IUD SYSTEM</i> | 4 | QL (1 / 300 days) |
| <i>mono-linyah tab 0.25-35</i> | 1 | |
| <i>mononessa tab</i> | 1 | |
| <i>myzilra tab</i> | 1 | |
| <i>necon tab 0.5/35</i> | 1 | |
| <i>necon tab 1/35</i> | 1 | |
| <i>necon tab 1/50-28</i> | 1 | |
| <i>necon tab 7/7/7</i> | 1 | |
| <i>NECON TAB 10/11-28</i> | 1 | |
| <i>NEXPLANON IMP 68MG</i> | 4 | QL (1 / 300 days) |
| <i>nikki tab 3-0.02mg</i> | 2 | |
| <i>nora-be tab 0.35mg</i> | 2 | |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 2 | |
| <i>norethindrone tab 0.35 mg</i> | 2 | |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 1 | |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | 1 | |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 1 | |
| <i>nortrel tab 0.5/35</i> | 1 | |
| <i>nortrel tab 1/35</i> | 1 | |
| <i>nortrel tab 7/7/7</i> | 1 | |
| <i>NUVARING MIS</i> | 1 | QL (13 / 300 days) |
| <i>ocella tab 3-0.03mg</i> | 2 | |
| <i>ogestrel tab</i> | 1 | |
| <i>orsythia tab</i> | 1 | |
| <i>PARAGARD IUD T380A</i> | 1 | QL (1 unit / 300 days) |
| <i>pirmella tab 1/35</i> | 1 | |
| <i>portia-28 tab</i> | 1 | |
| <i>previfem tab</i> | 1 | |
| <i>quasense tab</i> | 1 | |
| <i>reclipsen tab</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------|------------------|----------------------------|
| SKYLA IUD 13.5MG | 4 | QL (1 / 300 days) |
| <i>solia tab</i> | 1 | |
| <i>sprintec 28 tab 28 day</i> | 1 | |
| <i>sronyx tab</i> | 1 | |
| <i>syeda tab 3-0.03mg</i> | 2 | |
| <i>tilia fe tab</i> | 1 | |
| <i>tri-linyah tab</i> | 1 | |
| <i>tri-previfem tab</i> | 1 | |
| <i>tri-sprintec tab</i> | 1 | |
| <i>trinessa tab</i> | 1 | |
| <i>trivora-28 tab</i> | 1 | |
| <i>velivet pak</i> | 2 | |
| <i>vestura tab 3-0.02mg</i> | 2 | |
| <i>viorele tab</i> | 1 | |
| <i>wera tab 0.5/35</i> | 1 | |
| <i>xulane dis 150-35</i> | 2 | |
| <i>zarah tab 3-0.03mg</i> | 2 | |
| <i>zenchent fe chw 0.4mg-35</i> | 2 | |
| <i>zenchent tab</i> | 1 | |
| <i>zovia 1/35e tab</i> | 1 | |
| <i>zovia 1/50e tab</i> | 1 | |

ENDOMETRIOSIS

| | |
|---------------------------|---|
| <i>danazol cap 50 mg</i> | 2 |
| <i>danazol cap 100 mg</i> | 2 |
| <i>danazol cap 200 mg</i> | 2 |

ENZYME REPLACEMENTS

| | | |
|-----------------------------------------------------------|---|----|
| ADAGEN INJ 250/ML | 5 | PA |
| MEPSEVII INJ 10MG/5ML | 5 | PA |
| <i>miglustat cap 100 mg</i> | 2 | |
| MYOZYME INJ 50MG | 5 | PA |
| <i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i> | 2 | PA |
| SODIUM PHENYLBUTYRATE TAB 500 MG | 5 | PA |

ESTROGENS

| | | |
|-------------------------|---|----------------------------------------------------------------------------|
| DEPO-ESTRADI INJ 5MG/ML | 4 | |
| ENJUVIA TAB 0.3MG | 4 | PA; High Risk Medications require PA for members age 70 and older |
| ENJUVIA TAB 0.9MG | 4 | PA; High Risk Medications require PA for members age 70 and older |
| ENJUVIA TAB 0.45MG | 4 | PA; High Risk Medications require PA for members age 70 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------------------|------------------|----------------------------------------------------------------------|
| ENJUVIA TAB 0.625MG | 4 | PA; High Risk Medications require PA for members age 70 and older |
| ENJUVIA TAB 1.25MG | 4 | PA; High Risk Medications require PA for members age 70 and older |
| ESTRACE VAG CRE 0.01% | 3 | |
| <i>estradiol tab 0.5 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol tab 1 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol tab 2 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch twice weekly 0.1 mg/24hr</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch twice weekly 0.05 mg/24hr</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch twice weekly 0.025 mg/24hr</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch twice weekly 0.075 mg/24hr</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch twice weekly 0.0375 mg/24hr</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch weekly 0.1 mg/24hr</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch weekly 0.05 mg/24hr</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------|------------------|----------------------------------------------------------------------|
| <i>estradiol td patch weekly 0.06 mg/24hr</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch weekly 0.025 mg/24hr</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch weekly 0.075 mg/24hr</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estradiol vaginal cream 0.1 mg/gm</i> | 2 | |
| <i>estradiol valerate im in oil 10 mg/ml</i> | 2 | |
| <i>estradiol valerate im in oil 20 mg/ml</i> | 2 | |
| <i>estradiol valerate im in oil 40 mg/ml</i> | 2 | |
| ESTRING MIS 2MG | 4 | |
| ESTROGEL GEL | 4 | PA; High Risk Medications require PA for members age 70 and older |
| <i>estropipate tab 0.75 mg</i> | 2 | PA; High Risk Medications require PA for members age 65 and older |
| <i>estropipate tab 1.5 mg</i> | 2 | PA; High Risk Medications require PA for members age 65 and older |
| <i>estropipate tab 3 mg</i> | 2 | PA; High Risk Medications require PA for members age 65 and older |
| <i>jinteli tab 1mg-5mcg</i> | 2 | |
| MENEST TAB 0.3MG | 4 | PA; High Risk Medications require PA for members age 70 and older |
| MENEST TAB 0.625MG | 4 | PA; High Risk Medications require PA for members age 70 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------------|------------------|----------------------------------------------------------------------|
| MENEST TAB 1.25MG | 4 | PA; High Risk Medications require PA for members age 70 and older |
| MENEST TAB 2.5MG | 4 | PA; High Risk Medications require PA for members age 70 and older |
| <i>norethindrone acetate-ethinyl estradiol tab 2 0.5 mg-2.5 mcg</i> | | |
| <i>ortho-est tab 0.625</i> | 2 | PA; High Risk Medications require PA for members age 65 and older |
| <i>ortho-est tab 1.25</i> | 2 | PA; High Risk Medications require PA for members age 65 and older |
| <i>yuvafem tab 10mcg</i> | 2 | |
| FERTILITY REGULATORS | | |
| <i>chorionic gonadotropin for im inj 10000 unit</i> | 2 | PA |
| <i>clomiphene citrate tab 50 mg</i> | 2 | |
| FOLLISTIM AQ INJ 75UNIT | 5 | QL (60 vials (0.5 ml / vial) every 30 days), PA |
| FOLLISTIM AQ INJ 300UNIT | 5 | QL (15 cartridges (0.42 ml/cartridge) / 30 days), PA |
| FOLLISTIM AQ INJ 600UNIT | 5 | QL (8 cartridges (0.78 ml/cartridge) / 30 days), PA |
| FOLLISTIM AQ INJ 900UNIT | 5 | QL (5 cartridges (1.17 ml/cartridge) / 30 days), PA |
| GONAL-F INJ 450UNIT | 5 | QL (10 vials / 28 days), PA, ST |
| GONAL-F INJ 1050UNIT | 5 | QL (6 vials / 28 days), PA, ST |
| GONAL-F RFF INJ 75UNIT | 5 | QL (60 vials / 28 days), PA, ST |
| GONAL-F RFF INJ 300/0.5 | 5 | QL (15 cartridges / 28 days), PA, ST |
| GONAL-F RFF INJ 450/0.75 | 5 | QL (10 cartridges / 28 days), PA, ST |
| GONAL-F RFF INJ 900/1.5 | 5 | QL (7 cartridges / 28 days), PA, ST |
| OVIDREL INJ | 5 | PA |
| GLUCOCORTICOIDS | | |
| <i>a-hydrocort inj 100mg</i> | 2 | |

| Drug Name | Drug Tier Requirements/Limits |
|------------------------------------------------------------|--------------------------------------|
| a-methapred inj 40mg | 2 |
| a-methapred inj 125mg | 2 |
| cortisone acetate tab 25 mg | 2 |
| DEPO-MEDROL INJ 20MG/ML | 4 |
| DEXAMETHASON CON 1MG/ML | 3 |
| dexamethasone elixir 0.5 mg/5ml | 2 |
| dexamethasone sod phosphate preservative free inj 10 mg/ml | 2 |
| dexamethasone sodium phosphate inj 4 mg/ml | 2 |
| dexamethasone sodium phosphate inj 10 mg/ml | 2 |
| dexamethasone sodium phosphate inj 20 mg/5ml | 2 |
| dexamethasone sodium phosphate inj 100 mg/10ml | 2 |
| dexamethasone sodium phosphate inj 120 mg/30ml | 2 |
| dexamethasone soln 0.5 mg/5ml | 2 |
| dexamethasone tab 0.5 mg | 2 |
| dexamethasone tab 0.75 mg | 2 |
| dexamethasone tab 1 mg | 2 |
| dexamethasone tab 1.5 mg | 2 |
| dexamethasone tab 2 mg | 2 |
| dexamethasone tab 4 mg | 2 |
| dexamethasone tab 6 mg | 2 |
| DEXPAK PAK 6 DAY | 4 |
| DEXPAK PAK 10 DAY | 4 |
| DEXPAK PAK 13 DAY | 4 |
| fludrocortisone acetate tab 0.1 mg | 2 |
| hydrocortisone tab 5 mg | 2 |
| hydrocortisone tab 10 mg | 2 |
| hydrocortisone tab 20 mg | 2 |
| MEDROL TAB 2MG | 3 |
| methylprednisolone acetate inj susp 40 mg/ml | 2 |
| methylprednisolone acetate inj susp 80 mg/ml | 2 |
| methylprednisolone sod succ for inj 40 mg (base equiv) | 2 |
| methylprednisolone sod succ for inj 125 mg (base equiv) | 2 |
| methylprednisolone sod succ for inj 500 mg (base equiv) | 2 |
| methylprednisolone sod succ for inj 1000 mg (base equiv) | 2 |
| methylprednisolone tab 4 mg | 2 |
| methylprednisolone tab 8 mg | 2 |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------------|------------------|----------------------------|
| <i>methylprednisolone tab 16 mg</i> | 2 | |
| <i>methylprednisolone tab 32 mg</i> | 2 | |
| <i>methylprednisolone tab therapy pack 4 mg 2 (21)</i> | 2 | |
| <i>prednisolone sod phos orally disintegr tab 2 10 mg (base eq)</i> | 2 | |
| <i>prednisolone sod phos orally disintegr tab 2 15 mg (base eq)</i> | 2 | |
| <i>prednisolone sod phos orally disintegr tab 2 30 mg (base eq)</i> | 2 | |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> | 2 | |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> | 2 | |
| <i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i> | 2 | |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> | 2 | |
| <i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i> | 2 | |
| PREDNISONE CON 5MG/ML | 3 | |
| <i>prednisone oral soln 5 mg/5ml</i> | 2 | |
| <i>prednisone tab 1 mg</i> | 2 | |
| <i>prednisone tab 2.5 mg</i> | 2 | |
| <i>prednisone tab 5 mg</i> | 2 | |
| <i>prednisone tab 10 mg</i> | 2 | |
| <i>prednisone tab 20 mg</i> | 2 | |
| <i>prednisone tab 50 mg</i> | 2 | |
| <i>prednisone tab therapy pack 5 mg (21)</i> | 2 | |
| <i>prednisone tab therapy pack 5 mg (48)</i> | 2 | |
| <i>prednisone tab therapy pack 10 mg (21)</i> | 2 | |
| <i>prednisone tab therapy pack 10 mg (48)</i> | 2 | |
| SOLU-CORTEF INJ 100MG | 4 | |
| SOLU-CORTEF INJ 250MG | 4 | |
| SOLU-CORTEF INJ 500MG | 4 | |
| SOLU-CORTEF INJ 1000MG | 4 | |
| SOLU-MEDROL INJ 2GM | 4 | |
| GLUCOSE ELEVATING AGENTS | | |
| GLUCAGON KIT 1MG | 3 | |
| HUMAN GROWTH HORMONES | | |
| GENOTROPIN INJ 0.2MG | 5 | PA, ST |
| GENOTROPIN INJ 0.4MG | 5 | PA, ST |
| GENOTROPIN INJ 0.6MG | 5 | PA, ST |
| GENOTROPIN INJ 0.8MG | 5 | PA, ST |
| GENOTROPIN INJ 1.2MG | 5 | PA, ST |
| GENOTROPIN INJ 1.4MG | 5 | PA, ST |
| GENOTROPIN INJ 1.6MG | 5 | PA, ST |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|----------------------------|
| GENOTROPIN INJ 1.8MG | 5 | PA, ST |
| GENOTROPIN INJ 1MG | 5 | PA, ST |
| GENOTROPIN INJ 2MG | 5 | PA, ST |
| GENOTROPIN INJ 5MG | 5 | PA, ST |
| GENOTROPIN INJ 12MG | 5 | PA, ST |
| NORDITROPIN INJ 15/1.5ML | 5 | PA |
| NORDITROPIN INJ 30/3ML | 5 | PA |
| NUTROPIN AQ INJ 10MG/2ML | 5 | PA, ST |
| NUTROPIN AQ INJ 20MG/2ML | 5 | PA, ST |
| NUTROPIN AQ INJ NUSPIN 5 | 5 | PA, ST |
| NUTROPIN INJ 10MG | 5 | PA, ST |
| ZORBTIVE INJ 8.8MG | 5 | PA |

MISCELLANEOUS

| | | |
|------------------------------------------------------|---|---------------------------------------------------------------------------------|
| <i>cabergoline tab 0.5 mg</i> | 2 | |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i> | 2 | |
| FORTEO SOL 600/2.4 | 5 | QL (2.4 ml / 28 days), PA |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> | 4 | QL (90 / 30 days), PA |
| <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> | 4 | QL (90 / 30 days), PA |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> | 4 | QL (45,000 units (225 mls) / 30 days), PA |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> | 4 | QL (90 / 30 days), PA |
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> | 4 | QL (45,000 units (45 ml)per 30 days), PA |
| <i>raloxifene hcl tab 60 mg</i> | 2 | \$0 copays for women 35 years and older for primary prevention of breast cancer |
| SAMSCA TAB 15MG | 5 | PA |
| SAMSCA TAB 30MG | 5 | PA |
| SOMATULINE INJ 60/0.2ML | 5 | QL (60 mg / 28 days), PA |
| SOMATULINE INJ 90/0.3ML | 5 | QL (90 mg / 28 days), PA |
| SOMATULINE INJ 120/.5ML | 5 | QL (120 mg / 28 days), PA |
| XGEVA INJ | 5 | PA |

PHOSPHATE BINDER AGENTS

| | | |
|------------------------------------------------------------------|---|--|
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> | 2 | |
| <i>calcium acetate (phosphate binder) tab 667 mg</i> | 2 | |
| PHOSLYRA SOL | 3 | |

PROGESTINS

| Drug Name | Drug Tier Requirements/Limits |
|-----------------------------------------------|--------------------------------------|
| <i>medroxyprogesterone acetate tab 2.5 mg</i> | 2 |
| <i>medroxyprogesterone acetate tab 5 mg</i> | 2 |
| <i>medroxyprogesterone acetate tab 10 mg</i> | 2 |
| <i>norethindrone acetate tab 5 mg</i> | 2 |
| <i>progesterone micronized cap 100 mg</i> | 2 |
| <i>progesterone micronized cap 200 mg</i> | 2 |

THYROID AGENTS

| | |
|----------------------------------------------|---|
| <i>levothyroxine sodium tab 25 mcg</i> | 2 |
| <i>levothyroxine sodium tab 50 mcg</i> | 2 |
| <i>levothyroxine sodium tab 75 mcg</i> | 2 |
| <i>levothyroxine sodium tab 88 mcg</i> | 2 |
| <i>levothyroxine sodium tab 100 mcg</i> | 2 |
| <i>levothyroxine sodium tab 112 mcg</i> | 2 |
| <i>levothyroxine sodium tab 125 mcg</i> | 2 |
| <i>levothyroxine sodium tab 137 mcg</i> | 2 |
| <i>levothyroxine sodium tab 150 mcg</i> | 2 |
| <i>levothyroxine sodium tab 175 mcg</i> | 2 |
| <i>levothyroxine sodium tab 200 mcg</i> | 2 |
| <i>levothyroxine sodium tab 300 mcg</i> | 2 |
| <i>levoxyl tab 25mcg</i> | 2 |
| <i>levoxyl tab 50mcg</i> | 2 |
| <i>levoxyl tab 75mcg</i> | 2 |
| <i>levoxyl tab 88mcg</i> | 2 |
| <i>levoxyl tab 100mcg</i> | 2 |
| <i>levoxyl tab 112mcg</i> | 2 |
| <i>levoxyl tab 125mcg</i> | 2 |
| <i>levoxyl tab 137mcg</i> | 2 |
| <i>levoxyl tab 150mcg</i> | 2 |
| <i>levoxyl tab 175mcg</i> | 2 |
| <i>levoxyl tab 200mcg</i> | 2 |
| <i>liothyronine sodium iv soln 10 mcg/ml</i> | 2 |
| <i>liothyronine sodium tab 5 mcg</i> | 2 |
| <i>liothyronine sodium tab 25 mcg</i> | 2 |
| <i>liothyronine sodium tab 50 mcg</i> | 2 |
| <i>methimazole tab 5 mg</i> | 2 |
| <i>methimazole tab 10 mg</i> | 2 |
| <i>propylthiouracil tab 50 mg</i> | 2 |
| <i>SYNTHROID TAB 25MCG</i> | 3 |
| <i>SYNTHROID TAB 50MCG</i> | 3 |
| <i>SYNTHROID TAB 75MCG</i> | 3 |
| <i>SYNTHROID TAB 88MCG</i> | 3 |
| <i>SYNTHROID TAB 100MCG</i> | 3 |
| <i>SYNTHROID TAB 112MCG</i> | 3 |
| <i>SYNTHROID TAB 125MCG</i> | 3 |
| <i>SYNTHROID TAB 137MCG</i> | 3 |
| <i>SYNTHROID TAB 150MCG</i> | 3 |

| Drug Name | Drug Tier Requirements/Limits |
|-----------------------------|--------------------------------------|
| SYNTHROID TAB 175MCG | 3 |
| SYNTHROID TAB 200MCG | 3 |
| SYNTHROID TAB 300MCG | 3 |
| THYROLAR-1 TAB 60MG | 4 |
| THYROLAR-1/2 TAB 30MG | 4 |
| THYROLAR-1/4 TAB 15MG | 4 |
| THYROLAR-2 TAB 120MG | 4 |
| THYROLAR-3 TAB 180MG | 4 |
| <i>unithroid tab 25mcg</i> | 2 |
| <i>unithroid tab 50mcg</i> | 2 |
| <i>unithroid tab 75mcg</i> | 2 |
| <i>unithroid tab 88mcg</i> | 2 |
| <i>unithroid tab 100mcg</i> | 2 |
| <i>unithroid tab 112mcg</i> | 2 |
| <i>unithroid tab 125mcg</i> | 2 |
| <i>unithroid tab 200mcg</i> | 2 |
| <i>unithroid tab 300mcg</i> | 2 |

VASOPRESSINS

| | |
|-------------------------------------------------------------------|---|
| <i>desmopressin acetate inj 4 mcg/ml</i> | 2 |
| <i>desmopressin acetate nasal soln 0.01% (refrigerated)</i> | 2 |
| <i>desmopressin acetate nasal spray soln 0.01%</i> | 2 |
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> | 2 |
| <i>desmopressin acetate tab 0.1 mg</i> | 2 |
| <i>desmopressin acetate tab 0.2 mg</i> | 2 |

GASTROINTESTINAL

ANTICHOLINERGICS

| | |
|-------------------------------------------------------------------|---|
| <i>atropine sulfate inj 1 mg/ml</i> | 2 |
| <i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i> | 2 |
| <i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i> | 2 |
| <i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i> | 2 |
| <i>dicyclomine hcl cap 10 mg</i> | 2 |
| <i>dicyclomine hcl inj 10 mg/ml</i> | 2 |
| <i>dicyclomine hcl oral soln 10 mg/5ml</i> | 2 |
| <i>dicyclomine hcl tab 20 mg</i> | 2 |
| <i>glycopyrrolate tab 1 mg</i> | 2 |
| <i>glycopyrrolate tab 2 mg</i> | 2 |
| <i>hyoscyamine sulfate tab 0.125 mg</i> | 2 |
| <i>methscopolamine bromide tab 2.5 mg</i> | 2 |
| <i>methscopolamine bromide tab 5 mg</i> | 2 |
| <i>oscimin tab 0.125mg</i> | 2 |

ANTIEMETICS

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------------------------------------|------------------|-----------------------------|
| AKYNZEO CAP 300-0.5 | 4 | QL (2 capsules per 21 days) |
| ANTIVERT TAB 50MG | 3 | |
| CESAMET CAP 1MG | 4 | QL (18 caps / 25 days) |
| <i>compro sup 25mg</i> | 2 | |
| <i>dimenhydrinate tab 50 mg</i> | 2 | |
| <i>dronabinol cap 2.5 mg</i> | 2 | QL (60 caps / 25 days) |
| <i>dronabinol cap 5 mg</i> | 2 | QL (60 caps / 25 days) |
| <i>dronabinol cap 10 mg</i> | 2 | QL (60 caps / 25 days) |
| EMEND SUS 125MG | 4 | QL (6 kits / 25 days) |
| <i>granisetron hcl inj 0.1 mg/ml</i> | 2 | QL (2 mL / 21 days) |
| <i>granisetron hcl inj 1 mg/ml</i> | 2 | QL (2 mL / 21 days) |
| <i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i> | 2 | QL (2 mL / 21 days) |
| <i>granisetron hcl tab 1 mg</i> | 2 | QL (12 tablets / 21 days) |
| <i>meclizine hcl tab 12.5 mg</i> | 2 | |
| <i>meclizine hcl tab 25 mg</i> | 2 | |
| <i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i> | 2 | |
| <i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i> | 2 | |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | 2 | |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i> | 2 | |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i> | 2 | |
| <i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i> | 2 | QL (20 mL / 21 days) |
| <i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i> | 2 | QL (20 mL / 21 days) |
| <i>ondansetron hcl oral soln 4 mg/5ml</i> | 2 | QL (200 mL / 21 days) |
| <i>ondansetron hcl tab 4 mg</i> | 2 | QL (18 tablets / 21 days) |
| <i>ondansetron hcl tab 8 mg</i> | 2 | QL (18 tablets / 21 days) |
| <i>ondansetron hcl tab 24 mg</i> | 2 | QL (2 tablets / 21 days) |
| <i>ondansetron orally disintegrating tab 4 mg</i> | 2 | QL (18 tablets / 21 days) |
| <i>ondansetron orally disintegrating tab 8 mg</i> | 2 | QL (18 tablets / 21 days) |
| <i>phenadoz sup 25mg</i> | 2 | |
| <i>prochlorperazine edisylate inj 5 mg/ml</i> | 2 | |
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i> | 2 | |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i> | 2 | |
| <i>prochlorperazine suppos 25 mg</i> | 2 | |
| <i>promethazine hcl inj 25 mg/ml</i> | 2 | |
| <i>promethazine hcl inj 50 mg/ml</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------------|------------------|----------------------------------------------------------------------|
| <i>promethazine hcl suppos 12.5 mg</i> | 2 | |
| <i>promethazine hcl suppos 25 mg</i> | 2 | |
| <i>promethazine hcl syrup 6.25 mg/5ml</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>promethazine hcl tab 12.5 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>promethazine hcl tab 25 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>promethazine hcl tab 50 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>promethegan sup 12.5mg</i> | 2 | |
| <i>promethegan sup 25mg</i> | 2 | |
| <i>promethegan sup 50mg</i> | 2 | |
| <i>scopolamine td patch 72hr 1 mg/3days</i> | 2 | |
| <i>TRANSDERM-SC DIS 1.5MG</i> | 4 | |
| <i>trimethobenzamide hcl cap 300 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>trimethobenzamide hcl inj 100 mg/ml</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>univert tab 32mg</i> | 2 | |

H2-RECEPTOR ANTAGONISTS

| | |
|---------------------------------------------------|---|
| <i>cimetidine hcl soln 300 mg/5ml</i> | 2 |
| <i>cimetidine tab 200 mg</i> | 2 |
| <i>cimetidine tab 300 mg</i> | 2 |
| <i>cimetidine tab 400 mg</i> | 2 |
| <i>cimetidine tab 800 mg</i> | 2 |
| <i>famotidine for susp 40 mg/5ml</i> | 2 |
| <i>famotidine tab 20 mg</i> | 2 |
| <i>famotidine tab 40 mg</i> | 2 |
| <i>ranitidine hcl cap 150 mg</i> | 2 |
| <i>ranitidine hcl cap 300 mg</i> | 2 |
| <i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i> | 2 |
| <i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i> | 2 |
| <i>ranitidine hcl inj 1000 mg/40ml (25 mg/ml)</i> | 2 |
| <i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i> | 2 |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|------------------|----------------------------|
| <i>ranitidine hcl tab 150 mg</i> | 2 | |
| <i>ranitidine hcl tab 300 mg</i> | 2 | |

INFLAMMATORY BOWEL DISEASE

| | | |
|---------------------------------------------------------------|---|--|
| <i>balsalazide disodium cap 750 mg</i> | 2 | |
| <i>budesonide delayed release particles cap 3 mg</i> | 2 | |
| <i>colocort ene 100mg</i> | 2 | |
| <i>DIPENTUM CAP 250MG</i> | 4 | |
| <i>mesalamine enema 4 gm</i> | 2 | |
| <i>mesalamine rectal enema 4 gm & cleanser 2 wipe kit</i> | 2 | |
| <i>sulfasalazine tab 500 mg</i> | 2 | |
| <i>sulfasalazine tab delayed release 500 mg</i> | 2 | |

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

| | | |
|----------------------------------------------|---|----|
| <i>alosetron hcl tab 0.5 mg (base equiv)</i> | 2 | PA |
| <i>alosetron hcl tab 1 mg (base equiv)</i> | 2 | PA |

LAXATIVES

| | | |
|---------------------------------------------------------------|---|------------------------------------------|
| <i>COLYTE/FLAVR SOL PACKS</i> | 3 | |
| <i>enulose sol 10gm/15</i> | 2 | |
| <i>gavilyte-c sol</i> | 1 | |
| <i>gavilyte-g sol</i> | 1 | |
| <i>gavilyte-h kit</i> | 1 | |
| <i>gavilyte-n sol flav pk</i> | 1 | |
| <i>generlac sol 10gm/15</i> | 2 | |
| <i>GOLYTELY SOL</i> | 3 | |
| <i>lactulose solution 10 gm/15ml</i> | 2 | |
| <i>MOVIPREP SOL</i> | 3 | \$0 copays for members age 50 through 74 |
| <i>OSMOPREP TAB 1.5GM</i> | 4 | |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> | 1 | |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> | 1 | |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | 1 | |
| <i>polyethylene glycol 3350 oral packet</i> | 2 | |
| <i>polyethylene glycol 3350 oral powder</i> | 2 | |
| <i>SUPREP BOWEL SOL PREP KIT</i> | 4 | \$0 copays for members age 50 through 74 |

MISCELLANEOUS

| | | |
|-------------------------------------------------------|---|--|
| <i>CARAFATE SUS 1GM/10ML</i> | 4 | |
| <i>cromolyn sodium oral conc 100 mg/5ml</i> | 2 | |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | 2 | |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | 2 | |
| <i>loperamide hcl cap 2 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------|------------------|----------------------------|
| <i>misoprostol tab 100 mcg</i> | 2 | |
| <i>misoprostol tab 200 mcg</i> | 2 | |
| <i>sucralfate tab 1 gm</i> | 2 | |
| <i>ursodiol cap 300 mg</i> | 2 | |
| <i>ursodiol tab 250 mg</i> | 2 | |
| <i>ursodiol tab 500 mg</i> | 2 | |

PANCREATIC ENZYMES

| | | |
|----------------------------|---|--|
| <i>CREON CAP 3000UNIT</i> | 3 | |
| <i>CREON CAP 6000UNIT</i> | 3 | |
| <i>CREON CAP 12000UNT</i> | 3 | |
| <i>CREON CAP 24000UNT</i> | 3 | |
| <i>CREON CAP 36000UNT</i> | 3 | |
| <i>ZENPEP CAP 3000UNIT</i> | 3 | |
| <i>ZENPEP CAP 5000UNIT</i> | 3 | |
| <i>ZENPEP CAP 10000UNT</i> | 3 | |
| <i>ZENPEP CAP 15000UNT</i> | 3 | |
| <i>ZENPEP CAP 20000UNT</i> | 3 | |
| <i>ZENPEP CAP 25000</i> | 3 | |
| <i>ZENPEP CAP 25000UNT</i> | 3 | |
| <i>ZENPEP CAP 40000</i> | 3 | |
| <i>ZENPEP CAP 40000UNT</i> | 3 | |

PROTON PUMP INHIBITORS

| | | |
|------------------------------------------------------|---|-------------------------|
| <i>omeprazole cap delayed release 10 mg</i> | 2 | QL (90 caps / 365 days) |
| <i>omeprazole cap delayed release 20 mg</i> | 2 | QL (90 caps / 365 days) |
| <i>omeprazole cap delayed release 40 mg</i> | 2 | QL (90 caps / 365 days) |
| <i>pantoprazole sodium ec tab 20 mg (base equiv)</i> | 2 | QL (90 tabs / 365 days) |
| <i>pantoprazole sodium ec tab 40 mg (base equiv)</i> | 2 | QL (90 tabs / 365 days) |

GASTROINTESTINAL AGENTS - MISC.

Phosphate Binder Agents

| | | |
|------------------------------------------|---|--|
| <i>sevelamer carbonate packet 0.8 gm</i> | 2 | |
| <i>sevelamer carbonate packet 2.4 gm</i> | 2 | |
| <i>sevelamer carbonate tab 800 mg</i> | 2 | |

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

| | | |
|--------------------------------------------------|---|----------|
| <i>alfuzosin hcl tab er 24hr 10 mg</i> | 2 | |
| <i>CARDURA XL TAB 4MG</i> | 3 | ST; PA** |
| <i>CARDURA XL TAB 8MG</i> | 3 | ST; PA** |
| <i>dutasteride cap 0.5 mg</i> | 2 | |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | 2 | |
| <i>finasteride tab 5 mg</i> | 2 | |
| <i>tamsulosin hcl cap 0.4 mg</i> | 2 | |

CONTRACEPTIVES

| | | |
|--------------------------|---|-----|
| <i>CONCEPTROL GEL 4%</i> | 1 | OTC |
| <i>ENCARE SUP 100MG</i> | 1 | OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------|------------------|----------------------------|
| GYNOL II GEL 3% | 1 | OTC |
| SHUR-SEAL GEL 2% | 1 | OTC |
| TODAY SPONGE MIS | 1 | OTC |
| VCF VAGINAL AER CONTRACP | 1 | OTC |
| VCF VAGINAL MIS CONTRACP | 1 | OTC |

MISCELLANEOUS

| | |
|--------------------------------------------------|---|
| <i>bethanechol chloride tab 5 mg</i> | 2 |
| <i>bethanechol chloride tab 10 mg</i> | 2 |
| <i>bethanechol chloride tab 25 mg</i> | 2 |
| <i>bethanechol chloride tab 50 mg</i> | 2 |
| <i>ELMIRON CAP 100MG</i> | 4 |
| <i>flavoxate hcl tab 100 mg</i> | 2 |
| <i>phenazopyrid tab 200mg</i> | 2 |
| <i>phenazopyridine hcl tab 100 mg</i> | 2 |
| <i>potassium citrate tab er 5 meq (540 mg)</i> | 2 |
| <i>potassium citrate tab er 10 meq (1080 mg)</i> | 2 |
| <i>potassium citrate tab er 15 meq (1620 mg)</i> | 2 |

URINARY ANTISPASMODICS

| | |
|-----------------------------------------------------------------|---|
| <i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> | 2 |
| <i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i> | 2 |
| <i>oxybutynin chloride syrup 5 mg/5ml</i> | 2 |
| <i>oxybutynin chloride tab 5 mg</i> | 2 |
| <i>oxybutynin chloride tab er 24hr 5 mg</i> | 2 |
| <i>oxybutynin chloride tab er 24hr 10 mg</i> | 2 |
| <i>oxybutynin chloride tab er 24hr 15 mg</i> | 2 |
| <i>tolterodine tartrate cap er 24hr 2 mg</i> | 2 |
| <i>tolterodine tartrate cap er 24hr 4 mg</i> | 2 |
| <i>tolterodine tartrate tab 1 mg</i> | 2 |
| <i>tolterodine tartrate tab 2 mg</i> | 2 |
| <i>trospium chloride cap er 24hr 60 mg</i> | 2 |
| <i>trospium chloride tab 20 mg</i> | 2 |

VAGINAL ANTI-INFECTIVES

| | |
|-----------------------------------------------|---|
| <i>CLEOCIN SUP 100MG</i> | 3 |
| <i>clindamycin phosphate vaginal cream 2%</i> | 2 |
| <i>metronidazole vaginal gel 0.75%</i> | 2 |
| <i>miconazole 3 kit combo pk</i> | 2 |
| <i>miconazole 3 sup 200mg</i> | 2 |
| <i>terconazole vaginal cream 0.4%</i> | 2 |
| <i>terconazole vaginal suppos 80 mg</i> | 2 |
| <i>vandazole gel 0.75%</i> | 2 |
| <i>zazole cre 0.4%</i> | 2 |
| <i>zazole cre 0.8%</i> | 2 |
| <i>zazole sup 80mg</i> | 2 |

HEMATOLOGIC

| Drug Name | Drug Tier Requirements/Limits |
|------------------------------------------------------------------|--------------------------------------|
| ANTICOAGULANTS | |
| ARGATROBAN INJ 125/125 | 4 |
| <i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i> | 2 |
| ARGATROBAN INJ 250/250 | 4 |
| COUMADIN INJ 5 MG | 4 |
| <i>enoxaparin sodium inj 30 mg/0.3ml</i> | 2 |
| <i>enoxaparin sodium inj 40 mg/0.4ml</i> | 2 |
| <i>enoxaparin sodium inj 60 mg/0.6ml</i> | 2 |
| <i>enoxaparin sodium inj 80 mg/0.8ml</i> | 2 |
| <i>enoxaparin sodium inj 100 mg/ml</i> | 2 |
| <i>enoxaparin sodium inj 120 mg/0.8ml</i> | 2 |
| <i>enoxaparin sodium inj 150 mg/ml</i> | 2 |
| <i>enoxaparin sodium inj 300 mg/3ml</i> | 2 |
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> | 2 |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> | 2 |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> | 2 |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> | 2 |
| FRAGMIN INJ 2500/0.2 | 4 |
| FRAGMIN INJ 5000/0.2 | 4 |
| FRAGMIN INJ 7500/0.3 | 4 |
| FRAGMIN INJ 10000/ML | 4 |
| FRAGMIN INJ 12500UNT | 4 |
| FRAGMIN INJ 15000UNT | 4 |
| FRAGMIN INJ 18000UNT | 4 |
| FRAGMIN INJ 25000/ML | 4 |
| FRAGMIN INJ 95000UNT | 4 |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i> | 2 |
| <i>heparin sodium (porcine) inj 5000 unit/ml</i> | 2 |
| <i>heparin sodium (porcine) inj 10000 unit/ml</i> | 2 |
| <i>heparin sodium (porcine) inj 20000 unit/ml</i> | 2 |
| <i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i> | 2 |
| <i>jantoven tab 1mg</i> | 2 |
| <i>jantoven tab 2.5mg</i> | 2 |
| <i>jantoven tab 2mg</i> | 2 |
| <i>jantoven tab 3mg</i> | 2 |
| <i>jantoven tab 4mg</i> | 2 |
| <i>jantoven tab 5mg</i> | 2 |
| <i>jantoven tab 6mg</i> | 2 |
| <i>jantoven tab 7.5mg</i> | 2 |
| <i>jantoven tab 10mg</i> | 2 |
| PRADAXA CAP 75MG | 4 |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------|------------------|----------------------------|
| PRADAXA CAP 110MG | 4 | |
| PRADAXA CAP 150MG | 4 | |
| <i>warfarin sodium tab 1 mg</i> | 2 | |
| <i>warfarin sodium tab 2 mg</i> | 2 | |
| <i>warfarin sodium tab 2.5 mg</i> | 2 | |
| <i>warfarin sodium tab 3 mg</i> | 2 | |
| <i>warfarin sodium tab 4 mg</i> | 2 | |
| <i>warfarin sodium tab 5 mg</i> | 2 | |
| <i>warfarin sodium tab 6 mg</i> | 2 | |
| <i>warfarin sodium tab 7.5 mg</i> | 2 | |
| <i>warfarin sodium tab 10 mg</i> | 2 | |

HEMATOPOIETIC GROWTH FACTORS

| | | |
|-----------------------|---|-----------------------------------|
| ARANESP INJ 10MCG | 5 | 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 |
| LEUKINE INJ 250MCG | 5 | PA |
| LEUKINE INJ 500 MCG | 5 | PA |
| NEULASTA INJ 6MG/0.6M | 5 | QL (2 inj (1.2 ml) / 28 days), PA |
| NEULASTA KIT 6MG/0.6M | 5 | QL (2 inj (1.2 ml) / 28 days), PA |
| NEUPOGEN INJ 300/0.5 | 5 | PA |
| NEUPOGEN INJ 300MCG | 5 | PA |
| NEUPOGEN INJ 480/0.8 | 5 | PA |
| NEUPOGEN INJ 480/1.6 | 5 | PA |
| PROCERIT INJ 2000/ML | 5 | PA |
| PROCERIT INJ 3000/ML | 5 | PA |
| PROCERIT INJ 4000/ML | 5 | PA |
| PROCERIT INJ 10000/ML | 5 | PA |
| PROCERIT INJ 20000/ML | 5 | PA |
| PROCERIT INJ 40000/ML | 5 | PA |
| PROMACTA TAB 12.5MG | 5 | QL (30 / 30 days), PA |
| PROMACTA TAB 25MG | 5 | QL (30 / 30 days), PA |
| PROMACTA TAB 50MG | 5 | QL (60 / 30 days), PA |
| PROMACTA TAB 75MG | 5 | QL (60 / 30 days), PA |
| ZARXIO INJ 300/0.5 | 5 | PA |
| ZARXIO INJ 480/0.8 | 5 | PA |

MISCELLANEOUS

| | | |
|----------------------------------|---|--|
| <i>anagrelide hcl cap 0.5 mg</i> | 2 | |
| <i>anagrelide hcl cap 1 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------|------------------|----------------------------|
| <i>cilostazol tab 50 mg</i> | 2 | |
| <i>cilostazol tab 100 mg</i> | 2 | |
| FIRAZYR INJ 30MG/3ML | 5 | PA |
| <i>pentoxifylline tab er 400 mg</i> | 2 | |
| <i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> | 2 | |
| <i>tranexamic acid tab 650 mg</i> | 2 | |

PLATELET AGGREGATION INHIBITORS

| | | |
|------------------------------------------------------|---|-------------------------------------------------------------------------|
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 2 | |
| BRILINTA TAB 60MG | 3 | |
| BRILINTA TAB 90MG | 3 | |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i> | 2 | |
| <i>clopidogrel bisulfate tab 300 mg (base equiv)</i> | 2 | |
| <i>dipyridamole tab 25 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>dipyridamole tab 50 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>dipyridamole tab 75 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| EFFIENT TAB 5MG | 3 | |
| EFFIENT TAB 10MG | 3 | |
| <i>prasugrel hcl tab 5 mg (base equiv)</i> | 2 | |
| <i>prasugrel hcl tab 10 mg (base equiv)</i> | 2 | |

HEMATOLOGICAL AGENTS - MISC.

COMPLEMENT INHIBITORS

| | | |
|-----------------------|---|----|
| RUCONEST INJ 2100UNIT | 4 | PA |
|-----------------------|---|----|

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

| | | |
|-----------------|---|--|
| SSKI SOL 1GM/ML | 2 | |
|-----------------|---|--|

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

| | | |
|---------------------------|---|------------------------------------------------|
| CIMZIA KIT | 5 | QL (1 Kit (2 syringes) per 28 days), PA, ST |
| CIMZIA PREFL KIT 200MG/ML | 5 | QL (1 Kit (2 syringes) per 28 days), PA, ST |
| ENBREL INJ 25/0.5ML | 5 | QL (8 / 28 days), PA |
| ENBREL INJ 25MG | 5 | QL (8 / 28 days), PA |
| ENBREL INJ 50MG/ML | 5 | QL (8 / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|---------------------------------|
| ENBREL MINI INJ 50MG/ML | 5 | QL (8 / 28 days), PA |
| ENBREL SRCLK INJ 50MG/ML | 5 | QL (8 / 28 days), PA |
| HUMIRA INJ 10MG/0.2 | 5 | QL (2 / 28 days), PA |
| HUMIRA KIT 20MG/0.4 | 5 | QL (2 / 28 days), PA |
| HUMIRA KIT 40MG/0.8 | 5 | QL (4 / 28 days), PA |
| HUMIRA PEN INJ CD/UC/HS | 5 | QL (6 syringes / 28 days), PA |
| KINERET INJ | 5 | QL (18.76 ml / 28 days), PA, ST |
| ORENCIA CLCK INJ 125MG/ML | 5 | QL (4 / 28 days), PA, ST |
| ORENCIA INJ 125MG/ML | 5 | QL (4 / 28 days), PA, ST |
| ORENCIA INJ 250MG | 5 | QL (1000 mg / 4 weeks), PA, ST |
| REMICADE INJ 100MG | 5 | QL (10 vials / 28 days), PA, ST |

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

| | | |
|----------------------------------------------------|---|--------------------------------|
| <i>hydroxychloroquine sulfate tab 200 mg</i> | 2 | |
| <i>leflunomide tab 10 mg</i> | 2 | |
| <i>leflunomide tab 20 mg</i> | 2 | |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i> | 2 | |
| OTEZLA TAB 10/20/30 | 5 | QL (55 tabs / 28 days), PA, ST |
| OTEZLA TAB 30MG | 5 | QL (60 / 30 days), PA, ST |
| RHEUMATREX TAB 2.5MG | 4 | |

IMMUNOGLOBULIN

| | | |
|----------------------|---|----|
| CARIMUNE NF INJ 3GM | 5 | PA |
| CARIMUNE NF INJ 6GM | 5 | PA |
| CARIMUNE NF INJ 12GM | 5 | PA |
| HYQVIA INJ 2.5-200 | 4 | PA |
| HYQVIA INJ 5-400 | 4 | PA |
| HYQVIA INJ 10-800 | 4 | PA |
| HYQVIA INJ 20-1600 | 5 | PA |
| HYQVIA INJ 30-2400 | 5 | PA |

IMMUNOGLOBULINS

| | | |
|------------------|---|----|
| GAMASTAN S/D INJ | 5 | PA |
|------------------|---|----|

IMMUNOMODULATORS

| | | |
|-----------------------|---|-----------------------|
| ACTIMMUNE INJ 2MU/0.5 | 5 | PA |
| ALFERON N INJ 5MU/ML | 5 | PA |
| ARCALYST INJ 220MG | 5 | QL (4 / 28 days), PA |
| INTRON A INJ 10MU | 5 | PA |
| INTRON A INJ 18MU | 5 | PA |
| INTRON A INJ 25MU | 5 | PA |
| INTRON A INJ 50MU | 5 | PA |
| REVLIMID CAP 2.5MG | 5 | QL (28 / 28 days), PA |
| REVLIMID CAP 5MG | 5 | QL (28 / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------|------------------|----------------------------|
| REVLIMID CAP 10MG | 5 | QL (28 / 28 days), PA |
| REVLIMID CAP 15MG | 5 | QL (21 / 28 days), PA |
| REVLIMID CAP 20MG | 5 | QL (21 / 28 days), PA |
| REVLIMID CAP 25MG | 5 | QL (21 / 28 days), PA |
| THALOMID CAP 50MG | 4 | QL (30 / 30 days), PA |
| THALOMID CAP 100MG | 4 | QL (30 / 30 days), PA |
| THALOMID CAP 150MG | 4 | QL (60 / 30 days), PA |
| THALOMID CAP 200MG | 4 | QL (60 / 30 days), PA |

IMMUNOSUPPRESSANTS

| | | |
|---------------------------------------------------------------------|---|----|
| ATGAM INJ 250MG | 4 | |
| <i>azathioprine tab 50 mg</i> | 2 | |
| BENLYSTA INJ 120MG | 5 | PA |
| BENLYSTA INJ 400MG | 5 | PA |
| CELLCEPT IV INJ 500MG | 4 | |
| <i>cyclosporine cap 25 mg</i> | 2 | |
| <i>cyclosporine cap 100 mg</i> | 2 | |
| <i>cyclosporine iv soln 50 mg/ml</i> | 2 | |
| <i>cyclosporine modified cap 25 mg</i> | 2 | |
| <i>cyclosporine modified cap 50 mg</i> | 2 | |
| <i>cyclosporine modified cap 100 mg</i> | 2 | |
| <i>cyclosporine modified oral soln 100 mg/ml</i> | 2 | |
| <i>gengraf cap 25mg</i> | 2 | |
| <i>gengraf cap 100mg</i> | 2 | |
| <i>gengraf sol 100mg/ml</i> | 2 | |
| <i>mycophenolate mofetil cap 250 mg</i> | 2 | |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i> | 2 | |
| <i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i> | 2 | |
| <i>mycophenolate mofetil tab 500 mg</i> | 2 | |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | 2 | |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | 2 | |
| PROGRAF INJ 5MG/ML | 4 | |
| RAPAMUNE SOL 1MG/ML | 3 | |
| SANDIMMUNE SOL 100MG/ML | 4 | |
| SIMULECT INJ 10MG | 4 | |
| SIMULECT INJ 20MG | 4 | |
| <i>sirolimus tab 0.5 mg</i> | 2 | |
| <i>sirolimus tab 1 mg</i> | 2 | |
| <i>sirolimus tab 2 mg</i> | 2 | |
| <i>tacrolimus cap 0.5 mg</i> | 2 | |
| <i>tacrolimus cap 1 mg</i> | 2 | |
| <i>tacrolimus cap 5 mg</i> | 2 | |
| THYMOGLOBULN INJ 25MG | 4 | |

VACCINES

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|--------------------------------------------|
| ACTHIB INJ | 1 | Age (18 and younger) Restrictions Apply |
| ADACEL INJ | 1 | |
| AFLURIA INJ 2018-19 | 1 | |
| AFLURIA QUAD INJ 2018-19 | 1 | |
| BEXSERO INJ | 1 | |
| BOOSTRIX INJ | 1 | |
| CERVARIX INJ | 1 | |
| COMVAX INJ | 1 | Age (18 and younger) Restrictions Apply |
| DAPTACEL INJ | 1 | Age (18 and younger) Restrictions Apply |
| DIP/TET PED INJ 25-5LFU | 1 | Age (18 and younger) Restrictions Apply |
| ENGERIX-B INJ 10/0.5ML | 1 | |
| ENGERIX-B INJ 20MCG/ML | 1 | |
| FLUAD INJ 2018-19 | 1 | |
| FLUCLVX QUAD INJ 2018-19 | 1 | |
| FLULALVAL QUA INJ 2018-19 | 1 | |
| FLUZONE HD INJ PF 18-19 | 1 | |
| FLUZONE QUAD INJ 2018-19 | 1 | |
| GARDASIL 9 INJ | 1 | |
| GARDASIL INJ | 1 | |
| HAVRIX INJ 720UNIT | 1 | |
| HAVRIX INJ 1440UNIT | 1 | |
| HIBERIX SOL 10MCG | 1 | Age (18 and younger) Restrictions Apply |
| INFANRIX INJ | 1 | Age (18 and younger) Restrictions Apply |
| IPOP INJ INACTIVE | 1 | Age (18 and younger) Restrictions Apply |
| KINRIX INJ | 1 | Age (18 and younger) Restrictions Apply |
| M-M-R II INJ | 1 | Age (18 and younger) Restrictions Apply |
| MENACTRA INJ | 1 | |
| MENHIBRIX INJ | 1 | Age (18 and younger) Restrictions Apply |
| MENOMUNE INJ A/C/Y/W | 1 | |
| MENVEO INJ | 1 | |
| PEDIARIX INJ 0.5ML | 1 | Age (18 and younger) Restrictions Apply |
| PEDVAX HIB INJ | 1 | Age (18 and younger) Restrictions Apply |
| PENTACEL INJ | 1 | Age (18 and younger) Restrictions Apply |
| PNEUMOVAX 23 INJ 25/0.5 | 1 | |
| PREVNAR 13 INJ | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------|------------------|---------------------------------------------|
| PROQUAD INJ | 1 | Age (18 and younger) Restrictions Apply |
| RECOMBIVA HB INJ 5MCG/0.5 | 1 | |
| RECOMBIVA HB INJ 10MCG/ML | 1 | |
| RECOMBIVA-HB INJ 40MCG/ML | 1 | |
| ROTARIX SUS | 1 | Age (18 and younger) Restrictions Apply |
| ROTATEQ SOL | 1 | Age (18 and younger) Restrictions Apply |
| SHINGRIX INJ 50MCG | 1 | Age (19 and older) Restrictions Apply |
| TENIVAC INJ 5-2LF | 1 | Age (19 and older) Restrictions Apply |
| TET/DIP TOX INJ 2-2 LF | 1 | Age (19 and older) Restrictions Apply |
| TRIPEDIA SUS P/F | 1 | \$0 copay for members age 18 and younger |
| TRUMENBA INJ | 1 | |
| TWINRIX INJ | 1 | Age (19 and older) Restrictions Apply |
| VAQTA INJ 25/0.5ML | 1 | |
| VAQTA INJ 50UNT/ML | 1 | |
| VARIVAX INJ | 1 | |
| ZOSTAVAX INJ | 1 | Age (19 and older) Restrictions Apply |

MEDICAL DEVICES

CONTRACEPTIVES

| | | |
|------------------------|---|-------------------|
| FC2 FEMALE MIS CONDOM | 1 | OTC |
| OMNIFLEX DPR | 1 | QL (1 / 300 days) |
| ORTHO COIL DPR KIT 50 | 1 | QL (1 / 300 days) |
| ORTHO COIL DPR KIT 100 | 1 | QL (1 / 300 days) |
| ORTHO COIL DPR KIT 105 | 1 | QL (1 / 300 days) |
| ORTHO FLAT DPR KIT 55 | 1 | QL (1 / 300 days) |
| ORTHO FLAT DPR KIT 60 | 1 | QL (1 / 300 days) |
| ORTHO FLAT DPR KIT 65 | 1 | QL (1 / 300 days) |
| ORTHO FLAT DPR KIT 70 | 1 | QL (1 / 300 days) |
| ORTHO FLAT DPR KIT 75 | 1 | QL (1 / 300 days) |
| ORTHO FLAT DPR KIT 80 | 1 | QL (1 / 300 days) |
| ORTHO FLAT DPR KIT 85 | 1 | QL (1 / 300 days) |
| ORTHO FLAT DPR KIT 90 | 1 | QL (1 / 300 days) |
| ORTHO FLAT DPR KIT 95 | 1 | QL (1 / 300 days) |
| ORTHO FLEX DPR 65MM | 1 | QL (1 / 300 days) |
| ORTHO FLEX DPR 70MM | 1 | QL (1 / 300 days) |
| ORTHO FLEX DPR 75MM | 1 | QL (1 / 300 days) |
| ORTHO FLEX DPR 80MM | 1 | QL (1 / 300 days) |
| WIDE-SEAL DPR KIT 60 | 1 | QL (1 / 300 days) |
| WIDE-SEAL DPR KIT 65 | 1 | QL (1 / 300 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------|------------------|----------------------------|
| WIDE-SEAL DPR KIT 70 | 1 | QL (1 / 300 days) |
| WIDE-SEAL DPR KIT 75 | 1 | QL (1 / 300 days) |
| WIDE-SEAL DPR KIT 80 | 1 | QL (1 / 300 days) |
| WIDE-SEAL DPR KIT 85 | 1 | QL (1 / 300 days) |
| WIDE-SEAL DPR KIT 90 | 1 | QL (1 / 300 days) |
| WIDE-SEAL DPR KIT 95 | 1 | QL (1 / 300 days) |

DIABETIC SUPPLIES

| | | |
|------------------------------------|---|-------------------------------------|
| ALCOHOL PREP WIPES AND SWABS | 3 | OTC |
| BLOOD GLUCOSE CALIBRATION SOLUTION | 3 | OTC |
| CONTAINER MIS CLOSER | 3 | OTC |
| INSULIN PEN NEEDLES/SYRINGES | 3 | OTC |
| LANCETS | 3 | OTC |
| LANCING DEVICE | 3 | OTC |
| ONETOUCH BLOOD GLUCOSE TEST KITS | 3 | OTC |
| ONETOUCH BLOOD GLUCOSE TEST STRIPS | 3 | QL (100 Test Strips / 25 days); OTC |
| URINE TEST STRIPS | 3 | OTC |

MISCELLANEOUS

| | | |
|----------------------------|---|-----|
| ADULT RESPIRATORY MASK | 3 | |
| ADULT RESPIRATORY MASK | 3 | OTC |
| HUMATROPEN MIS FOR 6MG | 3 | |
| HUMATROPEN MIS FOR 12MG | 3 | |
| HUMATROPEN MIS FOR 24MG | 3 | |
| PEDIATRIC RESPIRATORY MASK | 3 | OTC |
| PEDIATRIC RESPIRATORY MASK | 3 | OTC |

NUTRITIONAL/ SUPPLEMENTS

ELECTROLYTES

| | | |
|----------------------------------|---|--|
| <i>k-effervesce tab 25meq ef</i> | 2 | |
|----------------------------------|---|--|

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

| | | |
|----------------------------------|---|-------------------------------------------|
| AMMONIUM CHL INJ 5MEQ/ML | 4 | |
| <i>fluor-a-day dro 0.125mg</i> | 1 | Age (5 and younger) Restrictions Apply |
| FLUORABON DRO | 1 | Age (5 and younger) Restrictions Apply |
| <i>fluoritab chw 2.2mg</i> | 2 | |
| <i>flura-drops dro 0.25mg f</i> | 1 | Age (5 and younger) Restrictions Apply |
| <i>flura-drops dro 0.125mg</i> | 1 | Age (5 and younger) Restrictions Apply |
| <i>klor-con 8 tab 8meq er</i> | 2 | |
| <i>klor-con 10 tab 10meq er</i> | 2 | |
| KLOR-CON M15 TAB 15MEQ ER | 3 | |
| <i>klor-con m20 tab 20meq er</i> | 2 | |
| <i>ludent chw 1mg f</i> | 2 | |

| Drug Name | Drug Tier Requirements/Limits |
|------------------------------------------------------------------|-------------------------------------------|
| <i>magnesium sulfate in dextrose 5% iv soln 2 gm/100ml</i> | 2 |
| <i>magnesium sulfate inj 50%</i> | 2 |
| <i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i> | 2 |
| <i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i> | 2 |
| <i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i> | 2 |
| <i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i> | 2 |
| <i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i> | 2 |
| <i>MG SO4/D5W INJ 20MG/ML</i> | 4 |
| <i>nafrinse chw 1mg f</i> | 2 |
| <i>potassium chloride cap er 8 meq</i> | 2 |
| <i>potassium chloride cap er 10 meq</i> | 2 |
| <i>potassium chloride microencapsulated crys 2 er tab 10 meq</i> | 2 |
| <i>potassium chloride microencapsulated crys 2 er tab 20 meq</i> | 2 |
| <i>potassium chloride oral soln 10% (20 meq/15ml)</i> | 2 |
| <i>potassium chloride oral soln 20% (40 meq/15ml)</i> | 2 |
| <i>potassium chloride tab er 8 meq (600 mg)</i> | 2 |
| <i>potassium chloride tab er 10 meq</i> | 2 |
| <i>potassium chloride tab er 20 meq (1500 mg)</i> | 2 |
| <i>sodium chloride flush iv soln 0.9%</i> | 2 |
| <i>sodium chloride inj 2.5 meq/ml (14.6%)</i> | 2 |
| <i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i> | 2 |
| <i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i> | Age (5 and younger) Restrictions Apply |
| <i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i> | 2 |

IV REPLACEMENT SOLUTIONS

| | |
|-----------------------------------------------|---|
| <i>ISOLYTE-S INJ</i> | 4 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | 2 |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | 2 |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | 2 |
| <i>NORMOSOL -R INJ</i> | 4 |
| <i>PLASMA-LYTE INJ -148</i> | 4 |
| <i>PLASMA-LYTE INJ -A</i> | 4 |
| <i>potassium chloride inj 2 meq/ml</i> | 2 |
| <i>potassium chloride inj 10 meq/50ml</i> | 2 |
| <i>potassium chloride inj 10 meq/100ml</i> | 2 |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------------|------------------|----------------------------|
| <i>potassium chloride inj 20 meq/50ml</i> | 2 | |
| <i>potassium chloride inj 20 meq/100ml</i> | 2 | |
| <i>potassium chloride inj 40 meq/100ml</i> | 2 | |
| <i>sodium chloride inj 0.9%</i> | 2 | |
| <i>sodium chloride inj 0.45%</i> | 2 | |
| <i>sodium chloride inj 3%</i> | 2 | |
| <i>sodium chloride inj 5%</i> | 2 | |
| <i>sodium chloride iv soln 0.9%</i> | 2 | |

VITAMINS

| | | |
|-------------------------------------------------|---|-----------------------------------------------|
| BABY SUPER DRO DAILY D3 | 1 | OTC; Age (65 and older) Restrictions Apply |
| BIO-D-MULSIO LIQ 400/0.4 | 1 | OTC |
| <i>bio-d-mulso liq 400unit</i> | 1 | OTC; Age (65 and older) Restrictions Apply |
| <i>calcitriol cap 0.5 mcg</i> | 2 | |
| <i>calcitriol cap 0.25 mcg</i> | 2 | |
| <i>calcitriol inj 1 mcg/ml</i> | 2 | |
| <i>calcitriol oral soln 1 mcg/ml</i> | 2 | |
| <i>child vit d chw 400unit</i> | 1 | OTC; Age (65 and older) Restrictions Apply |
| <i>cholecalciferol cap 400 unit</i> | 1 | OTC; Age (65 and older) Restrictions Apply |
| CITRANATAL CAP HARMONY | 3 | |
| CITRANATAL CAP MEDLEY | 3 | |
| CITRANATAL MIS | 3 | |
| CITRANATAL MIS 90 DHA | 3 | |
| CITRANATAL MIS B-CALM | 3 | |
| CITRANATAL PAK ASSURE | 3 | |
| CITRANATAL PAK DHA | 3 | |
| CITRANATAL TAB RX | 3 | |
| <i>cyanocobalamin inj 1000 mcg/ml</i> | 2 | |
| D-VI-SOL LIQ 400UNIT | 1 | OTC; Age (65 and older) Restrictions Apply |
| DDROPS BOOST LIQ 600/.028 | 1 | OTC; Age (65 and older) Restrictions Apply |
| <i>decara cap 50000unt</i> | 2 | OTC |
| <i>doxercalciferol cap 0.5 mcg</i> | 2 | |
| <i>doxercalciferol cap 1 mcg</i> | 2 | |
| <i>doxercalciferol cap 2.5 mcg</i> | 2 | |
| <i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i> | 2 | |
| <i>elite-ob tab</i> | 2 | |
| <i>ergocalciferol cap 50000 unit</i> | 2 | |
| <i>folbic tab</i> | 2 | |
| <i>folic acid tab 1 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <i>folic acid tab 400 mcg</i> | 1 | QL (100 tabs / 30 days); QL (100 tabs / 30 days); OTC; Age (55 and younger) and gender (female) Restrictions Apply |
| <i>folic acid tab 800 mcg</i> | 1 | QL (100 tabs / 30 days); QL (100 tabs / 30 days); OTC; Age (55 and younger) and gender (female) Restrictions Apply |
| <i>multi-vit/fe dro /fl 0.25</i> | 2 | |
| <i>multi-vit/fl dro 0.5mg/ml</i> | 2 | |
| <i>multi-vit/fl dro 0.25mg</i> | 2 | |
| <i>multi-vit/fl dro /fe 0.25</i> | 2 | |
| <i>multivit/fl chw 0.5mg</i> | 2 | |
| <i>multivit/fl chw 0.25mg</i> | 2 | |
| <i>multivit/fl chw 1mg</i> | 2 | |
| <i>mvc-fluoride chw 0.5mg</i> | 2 | |
| <i>mvc-fluoride chw 1mg</i> | 2 | |
| <i>paricalcitol cap 1 mcg</i> | 2 | |
| <i>paricalcitol cap 2 mcg</i> | 2 | |
| <i>paricalcitol cap 4 mcg</i> | 2 | |
| <i>paricalcitol iv soln 2 mcg/ml</i> | 2 | |
| <i>paricalcitol iv soln 5 mcg/ml</i> | 2 | |
| <i>pedia d-vite dro 400unit</i> | 1 | OTC; Age (65 and older) Restrictions Apply |
| <i>phytonadione tab 5 mg</i> | 2 | |
| <i>prenatabs rx tab</i> | 2 | |
| <i>pyridoxine hcl tab 25 mg</i> | 2 | OTC |
| <i>pyridoxine hcl tab 50 mg</i> | 2 | OTC |
| <i>QUFLORA PED CHW 0.5MG</i> | 4 | |
| <i>QUFLORA PED CHW 0.25MG</i> | 4 | |
| <i>QUFLORA PED CHW 1MG</i> | 4 | |
| <i>quflora ped dro 0.5mg/ml</i> | 2 | |
| <i>quflora ped dro 0.25mg</i> | 2 | |
| <i>sm vitamin d tab 400unit</i> | 1 | OTC; Age (65 and older) Restrictions Apply |
| <i>tri-vit/fe dro /fl 0.25</i> | 2 | |
| <i>tri-vit/fl dro 0.5mg</i> | 2 | |
| <i>tri-vit/fl dro 0.25mg</i> | 2 | |
| <i>tri-vit/fluoride dro 0.25mg</i> | 2 | |
| <i>tri-vita/fl dro 0.25mg</i> | 2 | |
| <i>vit a/c/d/fl dro 0.25mg</i> | 2 | |
| VITAMIN D2 TAB 400UNIT | 1 | OTC; Age (65 and older) Restrictions Apply |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------|------------------|-----------------------------------------------|
| VITAMIN D3 LIQ 1000UNIT | 1 | OTC; Age (65 and older) Restrictions Apply |
| VITAMIN D3 LIQ 1200UNIT | 1 | OTC; Age (65 and older) Restrictions Apply |

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

| | |
|--------------------------------------------------------------------|---|
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 2 |
| BLEPHAMIDE OIN S.O.P. | 3 |
| BLEPHAMIDE SUS OP | 3 |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 2 |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 2 |
| <i>neomycin-polymyxin-hc ophth susp</i> | 2 |
| <i>poly-dex oin 0.1% op</i> | 2 |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 2 |
| TOBRADEX OIN 0.3-0.1% | 3 |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | 2 |

ANTI-INFECTIVES

| | |
|---------------------------------------------------------------------|---|
| AZASITE SOL 1% | 4 |
| <i>bacitracin ophth oint 500 unit/gm</i> | 2 |
| <i>bacitracin-polymyxin b ophth oint</i> | 2 |
| BESIVANCE SUS 0.6% | 4 |
| CILOXAN OIN 0.3% OP | 3 |
| <i>ciprofloxacin hcl ophth soln 0.3%</i> | 2 |
| <i>erythromycin ophth oint 5 mg/gm</i> | 2 |
| <i>gatifloxacin ophth soln 0.5%</i> | 2 |
| <i>gentak oin 0.3% op</i> | 2 |
| <i>gentamicin sulfate ophth oint 0.3%</i> | 2 |
| <i>gentamicin sulfate ophth soln 0.3%</i> | 2 |
| <i>ilotycin oin op</i> | 2 |
| <i>levofloxacin ophth soln 0.5%</i> | 2 |
| NATACYN SUS 5% OP | 3 |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 2 |
| <i>ofloxacin ophth soln 0.3%</i> | 2 |
| <i>polycin oin op</i> | 2 |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 2 |
| <i>romycin oin op</i> | 2 |
| <i>sulfacetamide sodium ophth oint 10%</i> | 2 |
| <i>sulfacetamide sodium ophth soln 10%</i> | 2 |
| <i>tobramycin ophth soln 0.3%</i> | 2 |
| TOBREX OIN 0.3% OP | 3 |

| Drug Name | Drug Tier Requirements/Limits |
|-----------------------------------|--------------------------------------|
| <i>trifluridine ophth soln 1%</i> | 2 |
| VIGAMOX DRO 0.5% | 3 |
| ZIRGAN GEL 0.15% | 4 |

ANTI-INFLAMMATORIES

| | |
|----------------------------------------------------------------------|---|
| ALREX SUS 0.2% | 4 |
| <i>bromfenac sodium ophth soln 0.09% (base 2 equiv) (once-daily)</i> | |
| <i>bromfenac sodium ophth soln 0.09% (base 2 equivalent)</i> | |
| <i>dexamethasone sodium phosphate ophth soln 0.1%</i> | 2 |
| <i>diclofenac sodium ophth soln 0.1%</i> | 2 |
| DUREZOL EMU 0.05% | 4 |
| FLAREX SUS 0.1% OP | 4 |
| <i>fluorometholone ophth susp 0.1%</i> | 2 |
| <i>flurbiprofen sodium ophth soln 0.03%</i> | 2 |
| FML FORTE SUS 0.25% OP | 4 |
| FML OIN 0.1% OP | 4 |
| <i>ketorolac tromethamine ophth soln 0.4%</i> | 2 |
| <i>ketorolac tromethamine ophth soln 0.5%</i> | 2 |
| LOTEMAX GEL 0.5% | 4 |
| LOTEMAX OIN 0.5% | 4 |
| LOTEMAX SUS 0.5% | 4 |
| MAXIDEX SUS 0.1% OP | 4 |
| PRED MILD SUS 0.12% OP | 3 |
| PRED SOD PHO SOL 1% OP | 3 |
| <i>prednisolone acetate ophth susp 1%</i> | 2 |
| VEXOL SUS 1% OP | 4 |

ANTIALLERGICS

| | |
|----------------------------------------------------------|---|
| ALOMIDE SOL 0.1% OP | 4 |
| <i>azelastine hcl ophth soln 0.05%</i> | 2 |
| BEPREVE DRO 1.5% | 4 |
| <i>cromolyn sodium ophth soln 4%</i> | 2 |
| <i>epinastine hcl ophth soln 0.05%</i> | 2 |
| <i>olopatadine hcl ophth soln 0.1% (base equivalent)</i> | 2 |
| PATADAY SOL 0.2% | 4 |

ANTIGLAUCOMA

| | |
|------------------------------------------------------------|---|
| ALPHAGAN P SOL 0.1% | 4 |
| <i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i> | 2 |
| AZOPT SUS 1% OP | 4 |
| <i>betaxolol hcl ophth soln 0.5%</i> | 2 |
| BETIMOL SOL 0.5% | 4 |
| BETIMOL SOL 0.25% | 4 |
| BETOPTIC-S SUS 0.25% OP | 3 |
| <i>bimatoprost ophth soln 0.03%</i> | 2 |

| Drug Name | Drug Tier Requirements/Limits |
|------------------------------------------------------------------|--------------------------------------|
| <i>brimonidine tartrate ophth soln 0.2%</i> | 2 |
| <i>brimonidine tartrate ophth soln 0.15%</i> | 2 |
| <i>carteolol hcl ophth soln 1%</i> | 2 |
| <i>COMBIGAN SOL 0.2/0.5%</i> | 3 |
| <i>dorzolamide hcl ophth soln 2%</i> | 2 |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> | |
| <i>IOPIDINE SOL 1% OP</i> | 4 |
| <i>ISTALOL SOL 0.5% OP</i> | 4 |
| <i>latanoprost ophth soln 0.005%</i> | 2 |
| <i>levobunolol hcl ophth soln 0.5%</i> | 2 |
| <i>levobunolol hcl ophth soln 0.25%</i> | 2 |
| <i>metipranolol ophth soln 0.3%</i> | 2 |
| <i>PHOSPHOLINE SOL 0.125%OP</i> | 4 |
| <i>PILOPINE HS GEL 4% OP</i> | 4 |
| <i>SIMBRINZA SUS 1-0.2%</i> | 3 |
| <i>timolol maleate ophth gel forming soln 0.5%</i> | 2 |
| <i>timolol maleate ophth gel forming soln 0.25%</i> | 2 |
| <i>timolol maleate ophth soln 0.5%</i> | 2 |
| <i>timolol maleate ophth soln 0.5% (once-daily)</i> | 2 |
| <i>timolol maleate ophth soln 0.25%</i> | 2 |
| <i>TIMOPTIC OCU SOL 0.5% OP</i> | 3 |
| <i>TIMOPTIC OCU SOL 0.25% OP</i> | 3 |
| <i>TRAVATAN Z DRO 0.004%</i> | 4 |
| <i>ZIOPTAN DRO 0.0015%</i> | 4 |
| | ST; PA** |

MISCELLANEOUS

| | |
|------------------------------------------|---|
| <i>atropine sulfate ophth soln 1%</i> | 2 |
| <i>naphazoline hcl ophth soln 0.1%</i> | 2 |
| <i>parcaine sol 0.5% op</i> | 2 |
| <i>phenylephrine hcl ophth soln 2.5%</i> | 2 |
| <i>phenylephrine hcl ophth soln 10%</i> | 2 |
| <i>proparacaine hcl ophth soln 0.5%</i> | 2 |
| <i>tropicamide ophth soln 0.5%</i> | 2 |
| <i>tropicamide ophth soln 1%</i> | 2 |

OTHER

IRRIGATION SOLUTIONS

| | |
|------------------------------|---|
| <i>physiolyte sol</i> | 2 |
| <i>physiosol sol irrigat</i> | 2 |
| <i>tis-u-sol sol</i> | 2 |

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

| | |
|--------------------------------------------------------------------|---|
| <i>epinephrine pf soln prefilled syringe 1 mg/10ml (0.1 mg/ml)</i> | 2 |
|--------------------------------------------------------------------|---|

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------|------------------|-------------------------------------------------------------------------|
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> | 2 | |
| EPIPEN 2-PAK INJ 0.3MG | 3 | QL (4 pens / fill) |
| EPIPEN-JR INJ 2-PAK | 3 | QL (4 pens / fill) |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS | | |
| ANORO ELLIPT AER 62.5-25 | 3 | QL (1 blister / 25 days) |
| COMBIVENT AER 20-100 | 3 | QL (2 inhalers / 25 days) |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) 2 mg/3ml</i> | | QL (6 boxes / 25 days) |
| ANTICHOLINERGICS | | |
| INCRUSE ELPT INH 62.5MCG | 3 | QL (1 inhaler / 25 days) |
| <i>ipratropium bromide inhal soln 0.02%</i> | 2 | QL (5 boxes / 25 days) |
| <i>ipratropium bromide nasal soln 0.03% (21 2 mcg/spray)</i> | | |
| <i>ipratropium bromide nasal soln 0.06% (42 2 mcg/spray)</i> | | |
| ANTIHISTAMINES | | |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> | 2 | QL (2 bottles / 25 days) |
| <i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i> | 2 | QL (2 bottles / 25 days) |
| <i>brompheniramine tannate chew tab 12 mg</i> | 2 | |
| <i>carbinoxamine maleate tab 4 mg</i> | 2 | |
| <i>cycloheptadine hcl syrup 2 mg/5ml</i> | 2 | |
| <i>cycloheptadine hcl tab 4 mg</i> | 2 | |
| <i>dexchlorpheniramine maleate syrup 2 mg/5ml</i> | 2 | |
| <i>diphenhydramine hcl cap 25 mg</i> | 2 | |
| <i>diphenhydramine hcl cap 50 mg</i> | 2 | |
| <i>diphenhydramine hcl elixir 12.5 mg/5ml</i> | 2 | |
| <i>diphenhydramine hcl inj 50 mg/ml</i> | 2 | |
| <i>fexofenadine hcl tab 60 mg</i> | 2 | |
| <i>fexofenadine hcl tab 180 mg</i> | 2 | |
| <i>hydroxyzine hcl im soln 25 mg/ml</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine hcl im soln 50 mg/ml</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |
| <i>hydroxyzine pamoate cap 25 mg</i> | 2 | PA; High Risk Medications require PA for members age 70 and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------------------------------------------------|------------------|----------------------------------------------------------------------|
| hydroxyzine pamoate cap 50 mg | 2 | PA; High Risk Medications require PA for members age 70 and older |
| hydroxyzine pamoate cap 100 mg | 2 | PA; High Risk Medications require PA for members age 70 and older |
| olopatadine hcl nasal soln 0.6% | 2 | QL (1 container / 25 days) |
| BETA AGONISTS | | |
| albuterol sulfate soln nebu 0.5% (5 mg/ml) | 2 | QL (3 boxes / 25 days) |
| albuterol sulfate soln nebu 0.5% (5 mg/ml) | 2 | QL (4 boxes / 25 days) |
| albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) | 2 | QL (5 boxes / 25 days) |
| albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) | 2 | QL (5 boxes / 25 days) |
| albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) | 2 | QL (5 boxes / 25 days) |
| albuterol sulfate syrup 2 mg/5ml | 2 | |
| albuterol sulfate tab 2 mg | 2 | |
| albuterol sulfate tab 4 mg | 2 | |
| albuterol sulfate tab er 12hr 4 mg | 2 | |
| albuterol sulfate tab er 12hr 8 mg | 2 | |
| ARCAPTA CAP 75MCG | 4 | QL (30 ea / 25 days) |
| levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) | 2 | QL (300 mL / 25 days) |
| levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) | 2 | QL (300 mL / 25 days) |
| levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) | 2 | QL (300 mL / 25 days) |
| levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) | 2 | QL (90 mL / 25 days) |
| metaproterenol sulfate syrup 10 mg/5ml | 2 | |
| metaproterenol sulfate tab 10 mg | 2 | |
| metaproterenol sulfate tab 20 mg | 2 | |
| PROAIR HFA AER | 3 | QL (2 inhalers / 25 days) |
| PROAIR RESPI AER | 3 | QL (2 packages / 25 days) |
| PROVENTIL AER HFA | 4 | |
| STRIVERDI AER 2.5MCG | 3 | QL (1 inhaler / 25 days) |
| terbutaline sulfate inj 1 mg/ml | 2 | |
| terbutaline sulfate tab 2.5 mg | 2 | |
| terbutaline sulfate tab 5 mg | 2 | |
| VENTOLIN HFA AER | 4 | |
| COLD/COUGH | | |
| benzonatate cap 100 mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------------------------|------------------|----------------------------|
| <i>benzonatate cap 200 mg</i> | 2 | |
| <i>cheratussin syrup 100-10/5</i> | 2 | OTC |
| <i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i> | 2 | |
| <i>hydrocodone w/ homatropine tab 5-1.5 mg</i> | 2 | |
| <i>hydromet syrup 5-1.5/5</i> | 2 | |
| <i>NORTUSS-EX LIQ 200-20/5</i> | 3 | |
| <i>prometh vc sol plain</i> | 2 | |
| <i>prometh vc/ syrup codeine</i> | 2 | |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> | 2 | |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i> | 2 | |
| <i>pseudoephed-bromphen-dm syrup 30-2-102 mg/5ml</i> | | |
| <i>tqq 50pse/3 syrup brm/30dm</i> | 2 | |
| <i>tussigon tab 5-1.5mg</i> | 2 | |

LEUKOTRIENE RECEPTOR ANTAGONISTS

| | | |
|------------------------------------------------------------------|---|--|
| <i>montelukast sodium chew tab 4 mg (base equiv)</i> | | |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i> | | |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i> | | |
| <i>montelukast sodium tab 10 mg (base equiv)</i> | 2 | |
| <i>zafirlukast tab 10 mg</i> | 2 | |
| <i>zafirlukast tab 20 mg</i> | 2 | |

MAST CELL STABILIZERS

| | | |
|--------------------------------------------|---|------------------------|
| <i>cromolyn sodium soln nebu 20 mg/2ml</i> | 2 | QL (2 boxes / 25 days) |
|--------------------------------------------|---|------------------------|

MISCELLANEOUS

| | | |
|---------------------------------------|---|------------------------|
| <i>acetylcysteine inhal soln 10%</i> | 2 | |
| <i>acetylcysteine inhal soln 20%</i> | 2 | |
| <i>ARALAST NP INJ 400MG</i> | 5 | PA |
| <i>ARALAST NP INJ 500MG</i> | 5 | PA |
| <i>ARALAST NP INJ 800MG</i> | 5 | PA |
| <i>DALIRESP TAB 250MCG</i> | 4 | PA |
| <i>DALIRESP TAB 500MCG</i> | 4 | PA |
| <i>epinephrine inj 30 mg/30ml</i> | 2 | |
| <i>ORKAMBI TAB 200-125</i> | 5 | QL (112 / 28 days), PA |
| <i>sodium chloride soln nebu 0.9%</i> | 2 | |
| <i>sodium chloride soln nebu 3%</i> | 2 | |
| <i>sodium chloride soln nebu 7%</i> | 2 | |
| <i>sodium chloride soln nebu 10%</i> | 2 | |
| <i>TYZINE PED DRO 0.05%</i> | 4 | |
| <i>TYZINE SOL 0.1%</i> | 4 | |

NASAL STEROIDS

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------------------------|------------------|-----------------------------|
| <i>budesonide nasal susp 32 mcg/act</i> | 2 | QL (2 containers / 25 days) |
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i> | 2 | QL (3 containers / 25 days) |
| <i>fluticasone propionate nasal susp 50 mcg/act</i> | 2 | QL (1 container / 25 days) |

STEROID INHALANTS

| | | |
|-----------------------------------------------|---|-----------------------------|
| ASMANEX 14 AER 220MCG | 3 | QL (2 inhalers / 25 days) |
| ASMANEX 30 AER 110MCG | 3 | QL (2 inhalers / 25 days) |
| ASMANEX 30 AER 220MCG | 3 | QL (4 inhalers per 25 days) |
| ASMANEX 60 AER 220MCG | 3 | QL (2 inhalers per 25 days) |
| ASMANEX 120 AER 220MCG | 3 | QL (1 inhaler per 25 days) |
| ASMANEX HFA AER 100 MCG | 3 | QL (1 inhaler per 25 days) |
| ASMANEX HFA AER 200 MCG | 3 | QL (1 inhaler per 25 days) |
| <i>budesonide inhalation susp 0.5 mg/2ml</i> | 2 | QL (2 boxes / 25 days) |
| <i>budesonide inhalation susp 0.25 mg/2ml</i> | 2 | QL (3 boxes / 25 days) |
| <i>budesonide inhalation susp 1 mg/2ml</i> | 2 | QL (1 box / 25 days) |
| QVAR AER 40MCG | 3 | |
| QVAR AER 80MCG | 3 | |

STEROID/BETA-AGONIST COMBINATIONS

| | | |
|------------------------------------------------------------|---|--|
| ADVAIR DISKU AER 100/50 | 3 | |
| ADVAIR DISKU AER 250/50 | 3 | |
| ADVAIR DISKU AER 500/50 | 3 | |
| ADVAIR HFA AER 45/21 | 3 | |
| ADVAIR HFA AER 115/21 | 3 | |
| ADVAIR HFA AER 230/21 | 3 | |
| <i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i> | 2 | |
| <i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i> | 2 | |
| <i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i> | 2 | |

XANTHINES

| | | |
|----------------------------------------|---|--|
| <i>aminophylline inj 25 mg/ml</i> | 2 | |
| <i>theochron tab 100mg cr</i> | 2 | |
| <i>theochron tab 200mg cr</i> | 2 | |
| <i>theochron tab 300mg cr</i> | 2 | |
| <i>theophylline soln 80 mg/15ml</i> | 2 | |
| <i>theophylline tab er 12hr 450 mg</i> | 2 | |
| <i>theophylline tab er 24hr 400 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------------------------------------|------------------|---------------------------------------------|
| theophylline tab er 24hr 600 mg | 2 | |
| TOPICAL | | |
| DERMATOLOGY, ACNE | | |
| adapalene cream 0.1% | 2 | PA; PA applies for members age 35 and older |
| adapalene gel 0.1% | 2 | PA; PA applies for members age 35 and older |
| adapalene gel 0.3% | 2 | PA; PA applies for members age 35 and older |
| adapalene lotion 0.1% | 2 | PA; PA applies for members age 35 and older |
| amnesteem cap 10mg | 2 | PA |
| amnesteem cap 20mg | 2 | PA |
| amnesteem cap 40mg | 2 | PA |
| avita cre 0.025% | 2 | PA; PA applies for members age 35 and older |
| avita gel 0.025% | 2 | PA; PA applies for members age 35 and older |
| AZELEX CRE 20% | 4 | ST; PA** |
| BENZAMYCIN GEL PAK | 3 | |
| benzepro aer 5.3% | 2 | |
| benziq wash liq 5.25% | 2 | |
| benzoyl per liq 10% wash | 2 | |
| benzoyl peroxide-erythromycin gel 5-3% | 2 | |
| bp wash liq 2.5% | 2 | |
| bp wash liq 7% | 2 | |
| claravis cap 10mg | 2 | PA |
| claravis cap 20mg | 2 | PA |
| claravis cap 30mg | 2 | PA |
| claravis cap 40mg | 2 | PA |
| clearplex x gel 10% | 2 | |
| clindamax gel 1% | 2 | |
| clindamax lot 10mg/ml | 2 | |
| clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% | 2 | |
| clindamycin phosphate foam 1% | 2 | |
| clindamycin phosphate gel 1% | 2 | |
| clindamycin phosphate lotion 1% | 2 | |
| clindamycin phosphate soln 1% | 2 | |
| clindamycin phosphate swab 1% | 2 | |
| clindamycin phosphate-benzoyl peroxide gel 1-5% | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------------------|------------------|---------------------------------------------|
| <i>ery pad 2%</i> | 2 | |
| <i>erythromycin gel 2%</i> | 2 | |
| <i>erythromycin pads 2%</i> | 2 | |
| <i>erythromycin soln 2%</i> | 2 | |
| <i>myorisan cap 10mg</i> | 2 | PA |
| <i>myorisan cap 20mg</i> | 2 | PA |
| <i>myorisan cap 40mg</i> | 2 | PA |
| <i>oscion clnsr lot 6%</i> | 2 | |
| <i>sulfacetamide sodium lotion 10% (acne)</i> | 2 | |
| <i>tretinoin cream 0.1%</i> | 2 | PA; PA applies for members age 35 and older |
| <i>tretinoin cream 0.05%</i> | 2 | PA; PA applies for members age 35 and older |
| <i>tretinoin cream 0.025%</i> | 2 | PA; PA applies for members age 35 and older |
| <i>tretinoin gel 0.01%</i> | 2 | PA; PA applies for members age 35 and older |
| <i>tretinoin gel 0.05%</i> | 2 | PA; PA applies for members age 35 and older |
| <i>tretinoin gel 0.025%</i> | 2 | PA; PA applies for members age 35 and older |
| <i>tretinoin microsphere gel 0.1%</i> | 2 | PA; PA applies for members age 35 and older |
| <i>tretinoin microsphere gel 0.04%</i> | 2 | PA; PA applies for members age 35 and older |

DERMATOLOGY, ACTINIC KERATOSIS

| | |
|--------------------------------|---|
| <i>fluorouracil cream 0.5%</i> | 2 |
| <i>fluorouracil cream 5%</i> | 2 |
| <i>fluorouracil soln 2%</i> | 2 |
| <i>fluorouracil soln 5%</i> | 2 |
| <i>imiquimod cream 5%</i> | 2 |
| <i>PICATO GEL 0.05%</i> | 4 |
| <i>PICATO GEL 0.015%</i> | 4 |

DERMATOLOGY, ANTIBIOTICS

| | |
|--------------------------------------|---|
| <i>ALTABAX OIN 1%</i> | 4 |
| <i>BACTROBAN OIN NASAL 2%</i> | 4 |
| <i>CORTISPORIN CRE 0.5%</i> | 4 |
| <i>CORTISPORIN OIN 1%</i> | 4 |
| <i>gentamicin sulfate cream 0.1%</i> | 2 |
| <i>gentamicin sulfate oint 0.1%</i> | 2 |

| Drug Name | Drug Tier Requirements/Limits |
|-------------------------------------|--------------------------------------|
| IV PREP WIPE PAD | 3 |
| <i>mupirocin oint 2%</i> | 2 |
| PHISOHEX LIQ 3% | 4 |
| <i>silver sulfadiazine cream 1%</i> | 2 |
| <i>ssd cre 1%</i> | 2 |
| SULFAMYLYON CRE 85MG/GM | 4 |

DERMATOLOGY, ANTIFUNGALS

| | |
|----------------------------------------------------------|---|
| <i>clotrimazole cream 1%</i> | 2 |
| CLOTRIMAZOLE CRY | 4 |
| <i>clotrimazole soln 1%</i> | 2 |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 2 |
| <i>clotrimazole w/ betamethasone lotion 1-0.05%</i> | 2 |
| <i>econazole nitrate cream 1%</i> | 2 |
| ERTACZO CRE 2% | 4 |
| EXELDERM CRE 1% | 4 |
| EXELDERM SOL 1% | 4 |
| <i>ketoconazole cream 2%</i> | 2 |
| <i>ketodan aer 2%</i> | 2 |
| <i>naftifine hcl cream 1%</i> | 2 |
| <i>naftifine hcl cream 2%</i> | 2 |
| <i>nyamyc pow 100000</i> | 2 |
| <i>nystatin cream 100000 unit/gm</i> | 2 |
| <i>nystatin oint 100000 unit/gm</i> | 2 |
| <i>nystatin topical powder 100000 unit/gm</i> | 2 |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | 2 |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> | 2 |
| <i>nystop pow 100000</i> | 2 |
| <i>oxiconazole nitrate cream 1%</i> | 2 |
| EXISTAT LOT 1% | 4 |

DERMATOLOGY, ANTIPRURITIC

| | |
|--------------------------------|---|
| <i>doxepin hcl cream 5%</i> | 2 |
| <i>procto-pak cre 1%</i> | 2 |
| <i>proctosol hc cre 2.5%</i> | 2 |
| <i>proctozone cre -hc 2.5%</i> | 2 |

DERMATOLOGY, ANTIPSORIATICS

| | |
|----------------------------------------------|---|
| <i>acitretin cap 10 mg</i> | 2 |
| <i>acitretin cap 17.5 mg</i> | 2 |
| <i>acitretin cap 25 mg</i> | 2 |
| <i>calcipotriene cream 0.005%</i> | 2 |
| <i>calcipotriene oint 0.005%</i> | 2 |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> | 2 |
| <i>calcitrene oin 0.005%</i> | 2 |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------------------------------------|------------------|----------------------------|
| <i>calcitriol oint 3 mcg/gm</i> | 2 | |
| <i>methoxsalen rapid cap 10 mg</i> | 2 | |
| <i>8-MOP CAP 10MG</i> | 4 | |
| <i>TAZORAC CRE 0.1%</i> | 3 | PA |
| <i>TAZORAC CRE 0.05%</i> | 3 | PA |
| <i>TAZORAC GEL 0.1%</i> | 3 | PA |
| <i>TAZORAC GEL 0.05%</i> | 3 | PA |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketoconazole shampoo 2%</i> | 2 | |
| <i>selenium sulfide lotion 2.5%</i> | 2 | |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort cre 1%</i> | 2 | |
| <i>alclometasone dipropionate cream 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>alclometasone dipropionate oint 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>alphatrex gel 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>amcinonide cream 0.1%</i> | 2 | QL (120 grams / 25 days) |
| <i>amcinonide lotion 0.1%</i> | 2 | QL (120mL / 25 days) |
| <i>AMCINONIDE OIN 0.1%</i> | 3 | QL (120 grams / 25 days) |
| <i>betamethasone dipropionate augmented cream 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>betamethasone dipropionate augmented lotion 0.05%</i> | 2 | QL (120 mL / 25 days) |
| <i>betamethasone dipropionate augmented oint 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>betamethasone dipropionate cream 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>betamethasone dipropionate lotion 0.05%</i> | 2 | QL (120 mL / 25 days) |
| <i>betamethasone dipropionate oint 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>betamethasone valerate aerosol foam 0.12%</i> | 2 | |
| <i>betamethasone valerate cream 0.1% (base 2 equivalent)</i> | | QL (120 grams / 25 days) |
| <i>betamethasone valerate lotion 0.1% (base 2 equivalent)</i> | | QL (120 grams / 25 days) |
| <i>betamethasone valerate oint 0.1% (base 2 equivalent)</i> | 2 | QL (120 grams / 25 days) |
| <i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> | 2 | |
| <i>CAPEX SHA 0.01%</i> | 4 | |
| <i>clobetasol propionate cream 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>clobetasol propionate foam 0.05%</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------------------------------|------------------|----------------------------|
| <i>clobetasol propionate gel 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>clobetasol propionate lotion 0.05%</i> | 2 | QL (120 mL / 25 days) |
| <i>clobetasol propionate oint 0.05%</i> | 2 | QL (45 grams / 25 days) |
| <i>clobetasol propionate shampoo 0.05%</i> | 2 | |
| <i>clobetasol propionate soln 0.05%</i> | 2 | |
| <i>clobetasol propionate spray 0.05%</i> | 2 | |
| <i>clorcortolone pivalate cream 0.1%</i> | 2 | QL (120 grams / 25 days) |
| CORDRAN LOT 0.05% | 4 | QL (120mL / 25 days) |
| CORDRAN OIN 0.05% | 4 | QL (120 grams / 25 days) |
| DESONATE GEL 0.05% | 4 | QL (120 grams / 25 days) |
| <i>desonide cream 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>desonide lotion 0.05%</i> | 2 | QL (120 mL / 25 days) |
| <i>desonide oint 0.05%</i> | 2 | QL (120 grams / 25 days) |
| DESOWEN OINT KIT 0.05% | 4 | |
| <i>desoximetasone cream 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>desoximetasone cream 0.25%</i> | 2 | QL (120 grams / 25 days) |
| <i>desoximetasone gel 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>desoximetasone oint 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>desoximetasone oint 0.25%</i> | 2 | QL (120 grams / 25 days) |
| <i>diflorasone diacetate cream 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>fluocin acet oil 0.01% sc</i> | 2 | |
| <i>fluocin acet oil body</i> | 2 | |
| <i>fluocinolone acetonide cream 0.01%</i> | 2 | |
| <i>fluocinolone acetonide cream 0.025%</i> | 2 | QL (120 grams / 25 days) |
| <i>fluocinolone acetonide oint 0.025%</i> | 2 | QL (120 grams / 25 days) |
| <i>fluocinolone acetonide soln 0.01%</i> | 2 | |
| <i>fluocinonide cream 0.1%</i> | 2 | QL (120 grams / 25 days) |
| <i>fluocinonide cream 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>fluocinonide gel 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>fluocinonide oint 0.05%</i> | 2 | QL (120 grams / 25 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------------|------------------|----------------------------|
| <i>fluocinonide soln 0.05%</i> | 2 | |
| <i>flurandrenolide cream 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>fluticasone propionate cream 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>fluticasone propionate lotion 0.05%</i> | 2 | QL (120mL / 25 days) |
| <i>fluticasone propionate oint 0.005%</i> | 2 | QL (120 grams / 25 days) |
| <i>halobetasol propionate cream 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>halobetasol propionate oint 0.05%</i> | 2 | QL (120 grams / 25 days) |
| <i>HALOG CRE 0.1%</i> | 4 | QL (120 grams / 25 days) |
| <i>HALOG OIN 0.1%</i> | 4 | QL (120 grams / 25 days) |
| <i>hydrocortisone butyrate cream 0.1%</i> | 2 | QL (120 grams / 25 days) |
| <i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> | 2 | QL (120 grams / 25 days) |
| <i>hydrocortisone butyrate oint 0.1%</i> | 2 | QL (120 grams / 25 days) |
| <i>hydrocortisone butyrate soln 0.1%</i> | 2 | |
| <i>hydrocortisone cream 1%</i> | 2 | |
| <i>hydrocortisone cream 2.5%</i> | 2 | |
| <i>hydrocortisone lotion 2.5%</i> | 2 | |
| <i>hydrocortisone oint 1%</i> | 2 | |
| <i>hydrocortisone oint 2.5%</i> | 2 | |
| <i>hydrocortisone valerate cream 0.2%</i> | 2 | QL (120 grams / 25 days) |
| <i>hydrocortisone valerate oint 0.2%</i> | 2 | QL (120 grams / 25 days) |
| <i>lokara lot 0.05%</i> | 2 | QL (120 mL / 25 days) |
| <i>mometasone furoate cream 0.1%</i> | 2 | QL (120 grams / 25 days) |
| <i>mometasone furoate oint 0.1%</i> | 2 | QL (120 grams / 25 days) |
| <i>mometasone furoate solution 0.1% (lotion)</i> | 2 | QL (120mL / 25 days) |
| <i>PEDIADERM HC KIT</i> | 4 | |
| <i>PEDIADERM TA KIT</i> | 4 | |
| <i>prednicarbate cream 0.1%</i> | 2 | QL (120 grams / 25 days) |
| <i>prednicarbate oint 0.1%</i> | 2 | QL (120 grams / 25 days) |
| <i>scalacort lot 2%</i> | 2 | |
| <i>TACLONEX SUS</i> | 4 | |
| <i>TEXACORT SOL 2.5%</i> | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------|------------------|----------------------------|
| <i>triamcinolone acetonide aerosol soln 0.147 2 mg/gm</i> | 2 | |
| <i>triamcinolone acetonide cream 0.1%</i> | 2 | |
| <i>triamcinolone acetonide cream 0.5%</i> | 2 | |
| <i>triamcinolone acetonide cream 0.025%</i> | 2 | |
| <i>triamcinolone acetonide lotion 0.1%</i> | 2 | |
| <i>triamcinolone acetonide lotion 0.025%</i> | 2 | |
| <i>triamcinolone acetonide oint 0.1%</i> | 2 | |
| <i>triamcinolone acetonide oint 0.5%</i> | 2 | |
| <i>triamcinolone acetonide oint 0.025%</i> | 2 | |
| <i>triderm cre 0.1%</i> | 2 | |

DERMATOLOGY, LOCAL ANESTHETICS

| | | |
|------------------------------------------------|---|---------------------|
| <i>lidocaine hcl gel 2%</i> | 2 | QL (30gm / 25 days) |
| <i>lidocaine hcl soln 4%</i> | 2 | QL (50mL / 25 days) |
| <i>lidocaine oint 5%</i> | 2 | QL (50gm / 25 days) |
| <i>lidocaine patch 5%</i> | 2 | PA |
| <i>lidocaine-prilocaine cream kit 2.5-2.5%</i> | 2 | |
| <i>pramox gel 1%</i> | 2 | |

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

| | | |
|--------------------------------------------------|---|----------|
| <i>acyclovir oint 5%</i> | 2 | |
| <i>diclofenac sodium gel 1%</i> | 2 | |
| <i>ELIDEL CRE 1%</i> | 3 | ST; PA** |
| <i>laclotion lot 12%</i> | 2 | |
| <i>lactic acid (ammonium lactate) cream 12%</i> | 2 | |
| <i>lactic acid (ammonium lactate) lotion 10%</i> | 2 | |
| <i>lactic acid (ammonium lactate) lotion 12%</i> | 2 | |
| <i>podofilox soln 0.5%</i> | 2 | |
| <i>tacrolimus oint 0.1%</i> | 2 | ST; PA** |
| <i>tacrolimus oint 0.03%</i> | 2 | ST; PA** |
| <i>TARGRETIN GEL 1%</i> | 5 | PA |

DERMATOLOGY, ROSACEA

| | | |
|-----------------------------------|---|--|
| <i>metronidazole cream 0.75%</i> | 2 | |
| <i>metronidazole gel 0.75%</i> | 2 | |
| <i>metronidazole gel 1%</i> | 2 | |
| <i>metronidazole lotion 0.75%</i> | 2 | |
| <i>rosadan cre 0.75%</i> | 2 | |

DERMATOLOGY, SCABICIDES AND PEDICULIDES

| | | |
|------------------------------|---|--|
| <i>acticin cre 5%</i> | 2 | |
| <i>EURAX CRE 10%</i> | 4 | |
| <i>EURAX LOT 10%</i> | 4 | |
| <i>lindane lotion 1%</i> | 2 | |
| <i>lindane shampoo 1%</i> | 2 | |
| <i>malathion lotion 0.5%</i> | 2 | |
| <i>permethrin cream 5%</i> | 2 | |
| <i>SKLICE LOT 0.5%</i> | 4 | |
| <i>spinosad susp 0.9%</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|------------------------------------------------------------|------------------|----------------------------|
| <u>DERMATOLOGY, WOUND CARE AGENTS</u> | | |
| sodium chloride irrigation soln 0.9% | 2 | |
| <u>MOUTH/THROAT/DENTAL AGENTS</u> | | |
| chlorhexidine gluconate soln 0.12% | 2 | |
| clotrimazole troche 10 mg | 2 | |
| lidocaine hcl laryngotracheal soln 4% | 2 | |
| lidocaine hcl viscous soln 2% | 2 | |
| nystatin susp 100000 unit/ml | 2 | |
| oralone dent pst 0.1% | 2 | |
| ORAVIG TAB 50MG | 4 | |
| periogard sol 0.12% | 2 | |
| pilocarpine hcl tab 5 mg | 2 | |
| pilocarpine hcl tab 7.5 mg | 2 | |
| triamcinolone acetonide dental paste 0.1% | 2 | |
| <u>OTIC</u> | | |
| acetic acid 2% in aluminum acetate otic soln | 2 | |
| acetic acid otic soln 2% | 2 | |
| CIPRO HC SUS OTIC | 4 | |
| CIPRODEX SUS 0.3-0.1% | 3 | |
| CORTISPORIN SUS -TC OTIC | 4 | |
| fluocinolone acetonide (otic) oil 0.01% | 2 | |
| hydrocortisone w/ acetic acid otic soln 1-2% | 2 | |
| neomycin-polymyxin-hc otic soln 1% | 2 | |
| neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% | 2 | |
| ofloxacin otic soln 0.3% | 2 | |

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| abacavir sulfate-lamivudine tab 600-300 mg | 21 |
| abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg | 21 |
| ABELCET INJ 5MG/ML | 18 |
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| acarbose tab 100 mg | 69 |
| acarbose tab 25 mg | 69 |
| acarbose tab 50 mg | 69 |
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| acebutolol hcl cap 400 mg | 43 |
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| acetaminophen w/ codeine tab 300-30 mg | 10 |
| acetaminophen w/ codeine tab 300-60 mg | 10 |
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| acyclovir sodium for inj 500 mg | 21 |
| acyclovir sodium iv soln 50 mg/ml | 21 |
| acyclovir susp 200 mg/5ml | 21 |
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| ADEMPAS TAB 1MG | 50 |
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| <i>ampicillin for susp 250 mg/5ml</i> | 27 |
| <i>ampicillin sodium for inj 1 gm</i> | 27 |
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| <i>ampicillin sodium for inj 125 mg</i> | 27 |
| <i>ampicillin sodium for inj 2 gm</i> | 27 |
| <i>ampicillin sodium for inj 250 mg</i> | 27 |
| <i>ampicillin sodium for inj 500 mg</i> | 27 |
| <i>ampicillin sodium for iv soln 1 gm</i> | 27 |
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| <i>ampicillin sodium for iv soln 2 gm</i> | 27 |
| <i>anagrelide hcl cap 0.5 mg</i> | 90 |
| <i>anagrelide hcl cap 1 mg</i> | 90 |
| <i>anastrozole tab 1 mg</i> | 33 |
| <i>ANORO ELLIPT AER 62.5-25</i> | 103 |
| <i>ANTIVERT TAB 50MG</i> | 84 |
| <i>apraclonidine hcl ophth soln 0.5% (base equiv)</i> | 19 |
| <i>equivalent)</i> | 101 |
| <i>apri tab</i> | 73 |
| <i>APTIVUS CAP 250MG</i> | 19 |
| <i>APTIVUS SOL</i> | 19 |
| <i>ARALAST NP INJ 400MG</i> | 105 |
| <i>ARALAST NP INJ 500MG</i> | 105 |
| <i>ARALAST NP INJ 800MG</i> | 105 |
| <i>ARANESP INJ 100MCG</i> | 90 |
| <i>ARANESP INJ 10MCG</i> | 90 |
| <i>ARANESP INJ 150MCG</i> | 90 |
| <i>ARANESP INJ 200MCG</i> | 90 |
| <i>ARANESP INJ 25MCG</i> | 90 |
| <i>ARANESP INJ 300MCG</i> | 90 |
| <i>ARANESP INJ 40MCG</i> | 90 |
| <i>ARANESP INJ 500MCG</i> | 90 |
| <i>ARANESP INJ 60MCG</i> | 90 |
| <i>ARCALYST INJ 220MG</i> | 92 |
| <i>ARCAPTA CAP 75MCG</i> | 104 |
| <i>ARGATROBAN INJ 125/125</i> | 89 |
| <i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i> | 89 |
| <i>ARGATROBAN INJ 250/250</i> | 89 |
| <i>ariPIPRAZOLE tab 10 mg</i> | 61 |
| <i>ariPIPRAZOLE tab 15 mg</i> | 61 |
| <i>ariPIPRAZOLE tab 2 mg</i> | 60 |
| <i>ariPIPRAZOLE tab 20 mg</i> | 61 |
| <i>ariPIPRAZOLE tab 30 mg</i> | 61 |
| <i>ariPIPRAZOLE tab 5 mg</i> | 61 |
| <i>ARRANON INJ 5MG/ML</i> | 31 |
| <i>ARZERRA CON 100/5ML</i> | 32 |
| <i>ARZERRA CON 1000/50</i> | 32 |
| <i>ashlyna tab</i> | 73 |
| <i>ASMANEX 120 AER 220MCG</i> | 106 |
| <i>ASMANEX 14 AER 220MCG</i> | 106 |
| <i>ASMANEX 30 AER 110MCG</i> | 106 |
| <i>ASMANEX 30 AER 220MCG</i> | 106 |
| <i>ASMANEX 60 AER 220MCG</i> | 106 |
| <i>ASMANEX HFA AER 100 MCG</i> | 106 |
| <i>ASMANEX HFA AER 200 MCG</i> | 106 |
| <i>aspirin chew tab 81 mg</i> | 14 |
| <i>aspirin low tab 81mg ec</i> | 14 |
| <i>aspirin tab 325mg</i> | 14 |
| <i>aspirin tab 81 mg</i> | 14 |
| <i>aspirin tab delayed release 325 mg</i> | 15 |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 91 |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i> | 19 |

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| atazanavir sulfate cap 200 mg (base equiv) | 19 |
| atazanavir sulfate cap 300 mg (base equiv) | 19 |
| atenolol & chlorthalidone tab 100-25 mg | 43 |
| atenolol & chlorthalidone tab 50-25 mg | 43 |
| atenolol tab 100 mg | 43 |
| atenolol tab 25 mg | 43 |
| atenolol tab 50 mg | 43 |
| ATGAM INJ 250MG | 93 |
| atomoxetine hcl cap 10 mg (base equiv) | 63 |
| atomoxetine hcl cap 100 mg (base equiv) | 63 |
| atomoxetine hcl cap 18 mg (base equiv) | 63 |
| atomoxetine hcl cap 25 mg (base equiv) | 63 |
| atomoxetine hcl cap 40 mg (base equiv) | 63 |
| atomoxetine hcl cap 60 mg (base equiv) | 63 |
| atomoxetine hcl cap 80 mg (base equiv) | 63 |
| atorvastatin calcium tab 10 mg (base equivalent) | 42 |
| atorvastatin calcium tab 20 mg (base equivalent) | 42 |
| atorvastatin calcium tab 40 mg (base equivalent) | 42 |
| atorvastatin calcium tab 80 mg (base equivalent) | 42 |
| atovaquone susp 750 mg/5ml | 16 |
| atovaquone-proguanil hcl tab 250-100 mg | 19 |
| atovaquone-proguanil hcl tab 62.5-25 mg | 19 |
| ATRIPLA TAB | 21 |
| atropine sulfate inj 1 mg/ml | 83 |
| atropine sulfate ophth soln 1% | 102 |
| atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml) | 83 |
| atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml) | 83 |
| atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml) | 83 |

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| AUGMENTIN SUS 125/5ML | 27 |
| aviane tab | 73 |
| avidoxy tab 100mg | 28 |
| avita cre 0.025% | 107 |
| avita gel 0.025% | 107 |
| azacitidine for inj 100 mg | 31 |
| AZACTAM/DEX INJ 1GM | 16 |
| AZACTAM/DEX INJ 2GM | 16 |
| AZASITE SOL 1% | 100 |
| azathioprine tab 50 mg | 93 |
| azelastine hcl nasal spray 0.1% (137 mcg/spray) | 103 |
| azelastine hcl nasal spray 0.15% (205.5 mcg/spray) | 103 |
| azelastine hcl ophth soln 0.05% | 101 |
| AZELEX CRE 20% | 107 |
| azithromycin for susp 100 mg/5ml | 25 |
| azithromycin for susp 200 mg/5ml | 25 |
| azithromycin iv for soln 500 mg | 25 |
| azithromycin powd pack for susp 1 gm | 25 |
| azithromycin tab 250 mg | 25 |
| azithromycin tab 500 mg | 25 |
| azithromycin tab 600 mg | 25 |
| AZOPT SUS 1% OP | 101 |
| aztreonam for inj 1 gm | 16 |
| aztreonam for inj 2 gm | 16 |
| azurette tab 28 day | 73 |
| BABY SUPER DRO DAILY D3 | 98 |
| bacitracin ophth oint 500 unit/gm | 100 |
| bacitracin-polymyxin b ophth oint | 100 |
| bacitracin-polymyxin-neomycin-hc ophth oint 1% | 100 |
| baclofen tab 10 mg | 66 |
| baclofen tab 20 mg | 67 |
| BACTOCILL INJ DEX 1GM | 27 |
| BACTOCILL INJ DEX 2GM | 27 |
| BACTROBAN OIN NASAL 2% | 108 |
| balsalazide disodium cap 750 mg | 86 |
| BARACLUDE SOL .05MG/ML | 21 |
| benazepril & hydrochlorothiazide tab 10-12.5 mg | 37 |
| benazepril & hydrochlorothiazide tab 20-12.5 mg | 37 |
| benazepril & hydrochlorothiazide tab 20-25 mg | 37 |
| benazepril & hydrochlorothiazide tab 5-6.25 mg | 37 |
| benazepril hcl tab 10 mg | 38 |

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| <i>benazepril hcl tab 20 mg</i> | 38 |
| <i>benazepril hcl tab 40 mg</i> | 38 |
| <i>benazepril hcl tab 5 mg</i> | 38 |
| BENLYSTA INJ 120MG | 93 |
| BENLYSTA INJ 400MG | 93 |
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| <i>benzepro aer 5.3%</i> | 107 |
| <i>benziq wash liq 5.25%</i> | 107 |
| <i>benzonatate cap 100 mg</i> | 104 |
| <i>benzonatate cap 200 mg</i> | 105 |
| <i>benzoyl per liq 10% wash</i> | 107 |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 107 |
| <i>benztropine mesylate inj 1 mg/ml</i> | 59 |
| <i>benztropine mesylate tab 0.5 mg</i> | 59 |
| <i>benztropine mesylate tab 1 mg</i> | 59 |
| <i>benztropine mesylate tab 2 mg</i> | 59 |
| BEPREVE DRO 1.5%..... | 101 |
| BESIVANCE SUS 0.6%..... | 100 |
| <i>betamethasone dipropionate augmented cream 0.05%</i> | 110 |
| <i>betamethasone dipropionate augmented lotion 0.05%</i> | 110 |
| <i>betamethasone dipropionate augmented oint 0.05%</i> | 110 |
| <i>betamethasone dipropionate cream 0.05%</i> | 110 |
| <i>betamethasone dipropionate lotion 0.05%</i> | 110 |
| <i>betamethasone dipropionate oint 0.05%</i> | 110 |
| <i>betamethasone valerate aerosol foam 0.12%</i> | 110 |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i> | 110 |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | 110 |
| BETASERON INJ 0.3MG..... | 66 |
| <i>betaxolol hcl ophth soln 0.5%</i> | 101 |
| <i>betaxolol hcl tab 10 mg</i> | 43 |
| <i>betaxolol hcl tab 20 mg</i> | 43 |
| <i>bethanechol chloride tab 10 mg</i> | 88 |
| <i>bethanechol chloride tab 25 mg</i> | 88 |
| <i>bethanechol chloride tab 5 mg</i> | 88 |
| <i>bethanechol chloride tab 50 mg</i> | 88 |
| BETIMOL SOL 0.25%..... | 101 |
| BETOPTIC-S SUS 0.25% OP | 101 |
| <i>bexarotene cap 75 mg</i> | 35 |
| BEXSERO INJ..... | 94 |
| <i>bicalutamide tab 50 mg</i> | 33 |
| BICILLIN C-R INJ 1200000 | 27 |
| BICILLIN C-R INJ 900/300..... | 27 |
| BICILLIN L-A INJ 1200000..... | 27 |
| BICILLIN L-A INJ 2400000..... | 27 |
| BICILLIN L-A INJ 600000 | 27 |
| BICNU INJ 100MG | 29 |
| <i>bimatoprost ophth soln 0.03%</i> | 101 |
| BIO-D-MULSIO LIQ 400/0.4 | 98 |
| <i>bio-d-mulsio liq 400unit</i> | 98 |
| BIO-STATIN CAP 1000000..... | 18 |
| BIO-STATIN CAP 500000 | 18 |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 43 |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 43 |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 43 |
| <i>bisoprolol fumarate tab 10 mg</i> | 43 |
| <i>bisoprolol fumarate tab 5 mg</i> | 43 |
| <i>bleomycin sulfate for inj 15 unit</i> | 30 |
| <i>bleomycin sulfate for inj 30 unit</i> | 30 |
| BLEPHAMIDE OIN S.O.P. | 100 |
| BLEPHAMIDE SUS OP..... | 100 |
| BLOOD GLUCOSE CALIBRATION SOLUTION..... | 96 |
| BOOSTRIX INJ | 94 |
| BOSULIF TAB 100MG | 34 |
| BOSULIF TAB 400MG | 50 |
| BOSULIF TAB 500MG | 34 |
| <i>bp wash liq 2.5%</i> | 107 |
| <i>bp wash liq 7%</i> | 107 |
| BRILINTA TAB 60MG..... | 91 |
| BRILINTA TAB 90MG..... | 91 |
| <i>brimonidine tartrate ophth soln 0.15%</i> | 102 |
| <i>brimonidine tartrate ophth soln 0.2%</i> | 102 |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | 101 |
| <i>bromfenac sodium ophth soln 0.09% (base equivalent)</i> | 101 |
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i> | 59 |
| <i>bromocriptine mesylate tab 2.5 mg (base</i> | |

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| <i>equivalent)</i> | 59 |
| <i>brompheniramine tannate chew tab 12 mg</i> | 103 |
| <i>budesonide delayed release particles cap 3 mg</i> | 86 |
| <i>budesonide inhalation susp 0.25 mg/2ml</i> | 106 |
| <i>budesonide inhalation susp 0.5 mg/2ml</i> | 106 |
| <i>budesonide inhalation susp 1 mg/2ml/106</i> | |
| <i>budesonide nasal susp 32 mcg/act....</i> | 106 |
| <i>bumetanide inj 0.25 mg/ml.....</i> | 47 |
| <i>bumetanide tab 0.5 mg</i> | 47 |
| <i>bumetanide tab 1 mg</i> | 48 |
| <i>bumetanide tab 2 mg</i> | 48 |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....</i> | 10 |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | 10 |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | 68 |
| <i>bupropion hcl tab 100 mg</i> | 55 |
| <i>bupropion hcl tab 75 mg</i> | 55 |
| <i>bupropion hcl tab er 12hr 100 mg</i> | 55 |
| <i>bupropion hcl tab er 12hr 150 mg</i> | 55 |
| <i>bupropion hcl tab er 12hr 200 mg.....</i> | 55 |
| <i>bupropion hcl tab er 24hr 150 mg</i> | 55 |
| <i>bupropion hcl tab er 24hr 300 mg</i> | 55 |
| <i>buspirone hcl tab 10 mg</i> | 51 |
| <i>buspirone hcl tab 15 mg</i> | 51 |
| <i>buspirone hcl tab 30 mg</i> | 51 |
| <i>buspirone hcl tab 5 mg</i> | 50 |
| <i>buspirone hcl tab 7.5 mg</i> | 50 |
| <i>busulfan inj 6 mg/ml</i> | 29 |
| <i>BUSULFEX INJ 6MG/ML.....</i> | 29 |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> | 10 |
| <i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> | 8 |
| <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> | 8 |
| <i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> | 8 |
| <i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> | 8 |
| <i>butalbital-aspirin-caffeine tab 50-325-40 mg</i> | 8 |
| <i>cabergoline tab 0.5 mg.....</i> | 81 |
| <i>calcipotriene cream 0.005%</i> | 109 |
| <i>calcipotriene oint 0.005%.....</i> | 109 |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> | 109 |
| <i>calcipotriene-betamethasone</i> | |
| <i>dipropionate oint 0.005-0.064%</i> | 110 |
| <i>calcitonin (salmon) nasal soln 200 unit/act.....</i> | 81 |
| <i>calcitrene oin 0.005%.....</i> | 109 |
| <i>calcitriol cap 0.25 mcg</i> | 98 |
| <i>calcitriol cap 0.5 mcg.....</i> | 98 |
| <i>calcitriol inj 1 mcg/ml</i> | 98 |
| <i>calcitriol oint 3 mcg/gm</i> | 110 |
| <i>calcitriol oral soln 1 mcg/ml.....</i> | 98 |
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....</i> | 81 |
| <i>calcium acetate (phosphate binder) tab 667 mg</i> | 81 |
| <i>camila tab 0.35mg</i> | 73 |
| <i>CAMPTOSAR INJ 300/15ML.....</i> | 36 |
| <i>candesartan cilexetil tab 16 mg.....</i> | 40 |
| <i>candesartan cilexetil tab 32 mg.....</i> | 40 |
| <i>candesartan cilexetil tab 4 mg</i> | 40 |
| <i>candesartan cilexetil tab 8 mg</i> | 40 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg.....</i> | 39 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg.....</i> | 39 |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> | 39 |
| <i>capecitabine tab 150 mg</i> | 31 |
| <i>capecitabine tab 500 mg</i> | 31 |
| <i>CAPEX SHA 0.01%</i> | 110 |
| <i>CAPITAL/COD SUS 120-12/5</i> | 10 |
| <i>CAPRELSA TAB 100MG.....</i> | 34 |
| <i>CAPRELSA TAB 300MG.....</i> | 34 |
| <i>captopril & hydrochlorothiazide tab 25-15 mg</i> | 37 |
| <i>captopril & hydrochlorothiazide tab 25-25 mg</i> | 37 |
| <i>captopril & hydrochlorothiazide tab 50-15 mg</i> | 37 |
| <i>captopril & hydrochlorothiazide tab 50-25 mg</i> | 37 |
| <i>captopril tab 100 mg</i> | 38 |
| <i>captopril tab 12.5 mg</i> | 38 |
| <i>captopril tab 25 mg</i> | 38 |
| <i>captopril tab 50 mg</i> | 38 |

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| CARAFATE SUS 1GM/10ML..... | 86 |
| carbamazepine cap er 12hr 100 mg | 51 |
| carbamazepine cap er 12hr 200 mg | 51 |
| carbamazepine cap er 12hr 300 mg | 51 |
| carbamazepine chew tab 100 mg..... | 51 |
| carbamazepine susp 100 mg/5ml..... | 51 |
| carbamazepine tab er 12hr 100 mg..... | 51 |
| carbamazepine tab er 12hr 200 mg..... | 51 |
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| carbidopa & levodopa orally disintegrating tab 10-100 mg | 59 |
| carbidopa & levodopa orally disintegrating tab 25-100 mg | 59 |
| carbidopa & levodopa orally disintegrating tab 25-250 mg | 59 |
| carbidopa & levodopa tab 10-100 mg .. | 59 |
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| carbidopa & levodopa tab 25-250 mg .. | 59 |
| carbidopa & levodopa tab er 25-100 mg .. | 59 |
| carbidopa & levodopa tab er 50-200 mg .. | 59 |
| carbidopa tab 25 mg | 59 |
| carbidopa-levodopa-entacapone tabs 12.5-50-200 mg | 59 |
| carbidopa-levodopa-entacapone tabs 18.75-75-200 mg | 60 |
| carbidopa-levodopa-entacapone tabs 25-100-200 mg | 60 |
| carbidopa-levodopa-entacapone tabs 31.25-125-200 mg..... | 60 |
| carbidopa-levodopa-entacapone tabs 37.5-150-200 mg | 60 |
| carbidopa-levodopa-entacapone tabs 50-200-200 mg | 60 |
| carbinoxamine maleate tab 4 mg | 103 |
| carboplatin iv for inj 150 mg | 35 |
| carboplatin iv soln 150 mg/15ml..... | 36 |
| carboplatin iv soln 450 mg/45ml..... | 36 |
| carboplatin iv soln 50 mg/5ml | 36 |
| carboplatin iv soln 600 mg/60ml..... | 36 |
| CARDENE IV INJ 40/200ML | 45 |
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| CARDURA XL TAB 4MG | 87 |
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| CARIMUNE NF INJ 12GM..... | 92 |
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| carisoprodol tab 250 mg | 67 |
| carisoprodol tab 350 mg | 67 |
| carteolol hcl ophth soln 1% | 102 |
| cartia xt cap 120/24hr | 45 |
| cartia xt cap 180/24hr | 45 |
| cartia xt cap 240/24hr | 45 |
| cartia xt cap 300/24hr | 45 |
| carvedilol tab 12.5 mg | 44 |
| carvedilol tab 25 mg | 44 |
| carvedilol tab 3.125 mg | 43 |
| carvedilol tab 6.25 mg | 44 |
| CASPOFUNGIN ACETATE FOR IV SOLN 50 MG | 18 |
| CASPOFUNGIN ACETATE FOR IV SOLN 70 MG | 18 |
| CAYSTON INH 75MG | 16 |
| caziant pak..... | 73 |
| CEDAX SUS 90MG/5ML | 22 |
| cefaclor cap 250 mg | 22 |
| cefaclor cap 500 mg | 22 |
| CEFACLOR ER TAB 500MG..... | 22 |
| cefaclor for susp 125 mg/5ml | 22 |
| cefaclor for susp 250 mg/5ml | 22 |
| cefaclor for susp 375 mg/5ml | 22 |
| cefadroxil cap 500 mg..... | 22 |
| cefadroxil for susp 250 mg/5ml..... | 22 |
| cefadroxil for susp 500 mg/5ml..... | 23 |
| cefadroxil tab 1 gm | 23 |
| CEFAZOL/DEX SOL 1GM..... | 23 |
| CEFAZOL/DEX SOL 2GM..... | 23 |
| CEFAZOLIN INJ 1GM/50ML | 23 |
| cefazolin sodium for inj 1 gm | 23 |
| cefazolin sodium for inj 10 gm | 23 |
| cefazolin sodium for inj 20 gm | 23 |
| cefazolin sodium for inj 500 mg | 23 |
| cefazolin sodium for iv soln 1 gm | 23 |
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| cefdinir cap 300 mg | 23 |
| cefdinir for susp 125 mg/5ml | 23 |
| cefdinir for susp 250 mg/5ml | 23 |
| cefditoren pivoxil tab 200 mg (base equivalent) | 23 |
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| cefepime hcl for inj 1 gm..... | 23 |
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| CEFEPIME INJ 1GM | 23 |
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| CEFEPIME/DEX INJ 1GM | 23 |
| CEFEPIME/DEX INJ 2GM | 23 |
| <i>cefixime for susp 100 mg/5ml</i> | 23 |
| <i>cefixime for susp 200 mg/5ml</i> | 23 |
| <i>cefotaxime sodium for inj 1 gm</i> | 23 |
| <i>cefotaxime sodium for inj 10 gm</i> | 23 |
| <i>cefotaxime sodium for inj 2 gm</i> | 23 |
| <i>cefotaxime sodium for inj 500 mg</i> | 23 |
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| <i>cefotetan disodium for inj 10 gm</i> | 23 |
| <i>cefotetan disodium for inj 2 gm</i> | 23 |
| CEFOXITIN INJ 1GM | 23 |
| CEFOXITIN INJ 2GM | 23 |
| <i>cefoxitin sodium for inj 10 gm</i> | 23 |
| <i>cefoxitin sodium for iv soln 1 gm</i> | 23 |
| <i>cefoxitin sodium for iv soln 2 gm</i> | 23 |
| <i>cefpodoxime proxetil for susp 100 mg/5ml</i> | 23 |
| <i>cefpodoxime proxetil for susp 50 mg/5ml</i> | 23 |
| <i>cefpodoxime proxetil tab 100 mg</i> | 23 |
| <i>cefpodoxime proxetil tab 200 mg</i> | 23 |
| <i>cefprozil for susp 125 mg/5ml</i> | 23 |
| <i>cefprozil for susp 250 mg/5ml</i> | 23 |
| <i>cefprozil tab 250 mg</i> | 23 |
| <i>cefprozil tab 500 mg</i> | 24 |
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| CEFTAZIDIME/ SOL D5W 1GM | 24 |
| CEFTAZIDIME/ SOL D5W 2GM | 24 |
| <i>ceftibuten cap 400 mg</i> | 24 |
| <i>ceftibuten for susp 180 mg/5ml</i> | 24 |
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| CEFTIN SUS 250/5ML | 24 |
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| <i>ceftriaxone sodium for inj 250 mg</i> | 24 |
| <i>ceftriaxone sodium for inj 500 mg</i> | 24 |
| <i>ceftriaxone sodium for iv soln 1 gm</i> | 24 |
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| CEFUXIME INJ 7.5GM | 24 |
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| <i>cefuroxime sodium for inj 7.5 gm</i> | 24 |
| <i>cefuroxime sodium for inj 750 mg</i> | 24 |
| <i>cefuroxime sodium for iv soln 1.5 gm</i> . | 24 |
| <i>celecoxib cap 100 mg</i> | 8 |
| <i>celecoxib cap 200 mg</i> | 8 |
| <i>celecoxib cap 400 mg</i> | 8 |
| <i>celecoxib cap 50 mg</i> | 8 |
| CELLCEPT IV INJ 500MG | 93 |
| CELONTIN CAP 300MG..... | 51 |
| <i>cephalexin cap 250 mg</i> | 24 |
| <i>cephalexin cap 500 mg</i> | 24 |
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| <i>chlorpromazine hcl tab 100 mg</i> | 61 |
| <i>chlorpromazine hcl tab 200 mg</i> | 61 |
| <i>chlorpromazine hcl tab 25 mg</i> | 61 |
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| <i>cimetidine tab 200 mg</i> | 85 |
| <i>cimetidine tab 300 mg</i> | 85 |
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| <i>ciprofloxacin hcl ophth soln 0.3%</i> | 100 |
| <i>ciprofloxacin hcl tab 100 mg (base equiv)</i> | 25 |
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i> | 25 |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i> | 25 |
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| <i>clarithromycin tab 250 mg</i> | 25 |
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| <i>clindamycin hcl cap 300 mg</i> | 16 |
| <i>clindamycin hcl cap 75 mg</i> | 16 |
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| <i>clindamycin phosphate gel 1%</i> | 107 |
| <i>clindamycin phosphate inj 300 mg/2ml/16</i> | |
| <i>clindamycin phosphate inj 600 mg/4ml/16</i> | |
| <i>clindamycin phosphate inj 9 gm/60ml.</i> 16 | |
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| <i>clindamycin phosphate iv soln 300 mg/2ml</i> | 16 |
| <i>clindamycin phosphate iv soln 600 mg/4ml</i> | 16 |
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| <i>mg/6ml</i> | 16 | 1-0.05% | 109 |
| <i>clindamycin phosphate lotion 1%</i> | 107 | <i>clozapine orally disintegrating tab 100 mg</i> | 61 |
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| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 107 | <i>clozapine tab 100 mg</i> | 61 |
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| <i>clobetasol propionate oint 0.05%</i> | 111 | <i>codeine sulfate tab 15 mg</i> | 10 |
| <i>clobetasol propionate shampoo 0.05%</i> | 111 | <i>codeine sulfate tab 30 mg</i> | 10 |
| <i>clobetasol propionate soln 0.05%</i> | 111 | <i>codeine sulfate tab 60 mg</i> | 10 |
| <i>clobetasol propionate spray 0.05%</i> | 111 | <i>colchicine tab 0.6 mg</i> | 8 |
| <i>clocortolone pivalate cream 0.1%</i> | 111 | <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 8 |
| COLAR INJ 1MG/ML | 31 | <i>colesevelam hcl packet for susp 3.75 gm</i> | 41 |
| <i>clomiphene citrate tab 50 mg</i> | 78 | <i>colesevelam hcl tab 625 mg</i> | 41 |
| <i>clomipramine hcl cap 25 mg</i> | 55 | <i>colestipol hcl granule packets 5 gm</i> | 41 |
| <i>clomipramine hcl cap 50 mg</i> | 56 | <i>colestipol hcl granules 5 gm</i> | 41 |
| <i>clomipramine hcl cap 75 mg</i> | 56 | <i>colestipol hcl tab 1 gm</i> | 41 |
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| <i>clonazepam tab 1 mg</i> | 51 | COLYTE/FLAVR SOL PACKS | 86 |
| <i>clonazepam tab 2 mg</i> | 51 | COMBIGAN SOL 0.2/0.5% | 102 |
| <i>clonidine hcl tab 0.1 mg</i> | 49 | COMBIVENT AER 20-100 | 103 |
| <i>clonidine hcl tab 0.2 mg</i> | 49 | COMETRIQ KIT 100MG | 34 |
| <i>clonidine hcl tab 0.3 mg</i> | 49 | COMETRIQ KIT 140MG | 34 |
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| RHEUMATREX TAB 2.5MG | 92 |
| <i>ribasphere cap 200mg</i> | 22 |
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| <i>ribavirin cap 200 mg</i> | 22 |
| <i>ribavirin for inhal soln 6 gm</i> | 22 |
| <i>ribavirin tab 200 mg.....</i> | 22 |
| <i>rifabutin cap 150 mg</i> | 21 |
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| <i>risedronate sodium tab 150 mg</i> | 72 |
| <i>risedronate sodium tab 30 mg</i> | 72 |
| <i>risedronate sodium tab 35 mg</i> | 72 |
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| <i>risperidone orally disintegrating tab 0.5 mg</i> | 62 |
| <i>risperidone orally disintegrating tab 1 mg</i> | 62 |
| <i>risperidone orally disintegrating tab 2 mg</i> | 62 |
| <i>risperidone orally disintegrating tab 3 mg</i> | 62 |
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| <i>risperidone tab 0.25 mg</i> | 62 |
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| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i> | 54 |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | 65 |
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| <i>ropinirole hydrochloride tab 0.25 mg</i> | 60 |
| <i>ropinirole hydrochloride tab 0.5 mg</i> | 60 |
| <i>ropinirole hydrochloride tab 1 mg</i> | 60 |
| <i>ropinirole hydrochloride tab 2 mg</i> | 60 |
| <i>ropinirole hydrochloride tab 3 mg</i> | 60 |
| <i>ropinirole hydrochloride tab 4 mg</i> | 60 |
| <i>ropinirole hydrochloride tab 5 mg</i> | 60 |
| <i>rosadan cre 0.75%</i> | 113 |
| <i>rosuvastatin calcium tab 10 mg</i> | 42 |
| <i>rosuvastatin calcium tab 20 mg</i> | 42 |
| <i>rosuvastatin calcium tab 40 mg</i> | 42 |
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| scalacort lot 2%..... | 112 |
| scopolamine td patch 72hr 1 mg/3days | 85 |
| selegiline hcl cap 5 mg | 60 |
| selegiline hcl tab 5 mg..... | 60 |
| selenium sulfide lotion 2.5% | 110 |
| SELZENTRY TAB 150MG..... | 20 |
| SELZENTRY TAB 300MG..... | 20 |
| SENSIPAR TAB 30MG | 72 |
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| sildenafil citrate tab 20 mg..... | 50 |
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| sm nicotine dis 21mg | 68 |
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| sodium chloride flush iv soln 0.9% | 97 |
| sodium chloride inj 0.45%..... | 98 |
| sodium chloride inj 0.9%..... | 98 |
| sodium chloride inj 2.5 meq/ml (14.6%) | 97 |
| sodium chloride inj 3% | 98 |
| sodium chloride inj 5% | 98 |
| sodium chloride irrigation soln 0.9%. | 114 |
| sodium chloride iv soln 0.9% | 98 |
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| sodium fluoride tab 0.5 mg f (from 1.1 mg naf) | 97 |
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| sorine tab 160mg | 41 |
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| sotalol hcl (afib/afl) tab 160 mg | 41 |
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| SPRYCEL TAB 100MG | 35 |
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| SPRYCEL TAB 20MG | 35 |
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| SPRYCEL TAB 70MG | 35 |
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| sronyx tab | 75 |
| ssd cre 1%..... | 109 |
| SSKI SOL 1GM/ML | 91 |
| stavudine cap 15 mg | 20 |
| stavudine cap 20 mg | 20 |
| stavudine cap 30 mg | 20 |
| stavudine cap 40 mg | 20 |
| stavudine for oral soln 1 mg/ml | 20 |
| streptomycin sulfate for inj 1 gm | 15 |
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| SUBOXONE MIS 2-0.5MG..... | 10 |
| SUBOXONE MIS 4-1MG..... | 10 |
| SUBOXONE MIS 8-2MG..... | 10 |
| sucralfate tab 1 gm | 87 |
| sulfacetamide sodium lotion 10% (acne) | 108 |
| sulfacetamide sodium ophth oint 10% | 100 |
| sulfacetamide sodium ophth soln 10% | 100 |
| sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%..... | 100 |
| SULFADIAZINE TAB 500MG | 15 |
| sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml | 17 |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5ml | 17 |
| sulfamethoxazole-trimethoprim tab 400-80 mg..... | 17 |
| sulfamethoxazole-trimethoprim tab 800-160 mg | 17 |
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| sulfasalazine tab delayed release 500 mg | 86 |
| sulindac tab 150 mg | 9 |
| sulindac tab 200 mg | 9 |
| sumatriptan nasal spray 20 mg/act | 65 |
| sumatriptan nasal spray 5 mg/act | 65 |
| sumatriptan succinate inj 4 mg/0.5ml. | 65 |
| sumatriptan succinate inj 6 mg/0.5ml. | 65 |
| sumatriptan succinate solution auto-injector 4 mg/0.5ml | 65 |
| sumatriptan succinate solution auto-injector 6 mg/0.5ml | 65 |
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| sumatriptan succinate solution cartridge 6 mg/0.5ml | 66 |
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| syeda tab 3-0.03mg | 75 |
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| tacrolimus cap 5 mg..... | 93 |
| tacrolimus oint 0.03% | 113 |
| tacrolimus oint 0.1%..... | 113 |
| tadalafil tab 20 mg (pah) | 50 |
| TAFINLAR CAP 50MG..... | 35 |
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| tamoxifen citrate tab 10 mg (base equivalent) | 34 |
| tamoxifen citrate tab 20 mg (base equivalent) | 34 |
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| TARCEVA TAB 100MG..... | 35 |
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| taztia xt cap 120mg/24 | 47 |
| taztia xt cap 180mg/24 | 47 |
| taztia xt cap 240mg/24 | 47 |
| taztia xt cap 300mg/24 | 47 |
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| telmisartan tab 20 mg | 40 |
| telmisartan tab 40 mg | 40 |
| telmisartan tab 80 mg | 40 |
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| telmisartan-hydrochlorothiazide tab 80-25 mg | 40 |
| temazepam cap 15 mg | 65 |
| temazepam cap 22.5 mg | 65 |
| temazepam cap 30 mg | 65 |
| temazepam cap 7.5 mg | 65 |
| TEMODAR INJ 100MG..... | 30 |
| temozolomide cap 100 mg | 30 |
| temozolomide cap 140 mg | 30 |
| temozolomide cap 180 mg | 30 |
| temozolomide cap 20 mg | 30 |
| temozolomide cap 250 mg | 30 |
| temozolomide cap 5 mg | 30 |
| tencon tab 50-325mg | 8 |
| TENIPOSIDE INJ 50MG/5ML..... | 36 |
| TENIVAC INJ 5-2LF..... | 95 |
| tenofovir disoproxil fumarate tab 300 mg | 20 |
| terazosin hcl cap 1 mg (base equivalent) | 39 |
| terazosin hcl cap 10 mg (base equivalent) | 39 |
| terazosin hcl cap 2 mg (base equivalent) | 39 |
| terazosin hcl cap 5 mg (base equivalent) | 39 |
| terbinafine hcl tab 250 mg | 18 |
| terbutaline sulfate inj 1 mg/ml..... | 104 |
| terbutaline sulfate tab 2.5 mg..... | 104 |
| terbutaline sulfate tab 5 mg | 104 |
| terconazole vaginal cream 0.4% | 88 |
| terconazole vaginal suppos 80 mg..... | 88 |
| testosterone cypionate im inj in oil 100 mg/ml | 69 |
| testosterone cypionate im inj in oil 200 mg/ml | 69 |
| testosterone enanthate im inj in oil 200 mg/ml | 69 |
| testosterone td gel 10mg/act (2%) | 69 |
| testosterone td gel 25 mg/2.5gm (1%) | 69 |
| TET/DIP TOX INJ 2-2 LF..... | 95 |
| tetrabenazine tab 12.5 mg | 66 |
| tetrabenazine tab 25 mg | 66 |
| tetracycline hcl cap 250 mg | 29 |
| tetracycline hcl cap 500 mg | 29 |
| TEXACORT SOL 2.5% | 112 |
| tqq 50pse/3 syrup brm/30dm | 105 |
| THALOMID CAP 100MG | 93 |
| THALOMID CAP 150MG | 93 |
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| <i>theophylline tab er 24hr 400 mg</i> | 106 | | 68 |
| <i>theophylline tab er 24hr 600 mg</i> | 107 | TOBRA/NACL INJ 80/0.9 | 16 |
| THERACYS INJ | 35 | TOBRADEX OIN 0.3-0.1% | 100 |
| <i>thioridazine hcl tab 10 mg</i> | 62 | <i>tobramycin nebu soln 300 mg/5ml</i> | 16 |
| <i>thioridazine hcl tab 100 mg</i> | 62 | <i>tobramycin ophth soln 0.3%</i> | 100 |
| <i>thioridazine hcl tab 25 mg</i> | 62 | <i>tobramycin sulfate for inj 1.2 gm</i> | 16 |
| <i>thioridazine hcl tab 50 mg</i> | 62 | <i>tobramycin sulfate inj 1.2 gm/30ml (40</i> | |
| <i>thiothixene cap 1 mg</i> | 62 | <i>mg/ml) (base equiv)</i> | 16 |
| <i>thiothixene cap 10 mg</i> | 62 | <i>tobramycin sulfate inj 10 mg/ml (base</i> | |
| <i>thiothixene cap 2 mg</i> | 62 | <i>equivalent)</i> | 16 |
| <i>thiothixene cap 5 mg</i> | 62 | <i>tobramycin sulfate inj 2 gm/50ml (40</i> | |
| <i>thrive gum 4mg mint</i> | 68 | <i>mg/ml) (base equiv)</i> | 16 |
| THYMOGLOBULN INJ 25MG | 93 | <i>tobramycin sulfate inj 80 mg/2ml (40</i> | |
| THYROLAR-1 TAB 60MG | 83 | <i>mg/ml) (base equiv)</i> | 16 |
| THYROLAR-1/2 TAB 30MG | 83 | <i>tobramycin-dexamethasone ophth susp</i> | |
| THYROLAR-1/4 TAB 15MG | 83 | <i>0.3-0.1%</i> | 100 |
| THYROLAR-2 TAB 120MG | 83 | TOBREX OIN 0.3% OP | 100 |
| THYROLAR-3 TAB 180MG | 83 | TODAY SPONGE MIS | 88 |
| TICE BCG INJ | 35 | <i>tolmetin sodium cap 400 mg</i> | 9 |
| <i>tilia fe tab</i> | 75 | <i>tolmetin sodium tab 200 mg</i> | 9 |
| <i>timolol maleate ophth gel forming soln</i> | | <i>tolmetin sodium tab 600 mg</i> | 10 |
| <i>0.25%</i> | 102 | <i>tolterodine tartrate cap er 24hr 2 mg</i> | 88 |
| <i>timolol maleate ophth gel forming soln</i> | | <i>tolterodine tartrate cap er 24hr 4 mg</i> | 88 |
| <i>0.5%</i> | 102 | <i>tolterodine tartrate tab 1 mg</i> | 88 |
| <i>timolol maleate ophth soln 0.25%</i> | 102 | <i>tolterodine tartrate tab 2 mg</i> | 88 |
| <i>timolol maleate ophth soln 0.5%</i> | 102 | <i>topiramate sprinkle cap 15 mg</i> | 53 |
| <i>timolol maleate ophth soln 0.5%</i> | | <i>topiramate sprinkle cap 25 mg</i> | 53 |
| <i>(once-daily)</i> | 102 | <i>topiramate tab 100 mg</i> | 53 |
| <i>timolol maleate tab 10 mg</i> | 44 | <i>topiramate tab 200 mg</i> | 53 |
| <i>timolol maleate tab 20 mg</i> | 44 | <i>topiramate tab 25 mg</i> | 53 |
| <i>timolol maleate tab 5 mg</i> | 44 | <i>topiramate tab 50 mg</i> | 53 |
| TIMOPTIC OCU SOL 0.25% OP | 102 | <i>toposar inj 100/5ml</i> | 36 |
| TIMOPTIC OCU SOL 0.5% OP | 102 | <i>toposar inj 20mg/ml</i> | 36 |
| <i>tinidazole tab 250 mg</i> | 15 | <i>topotecan hcl for inj 4 mg (base equiv)</i> | 36 |
| <i>tinidazole tab 500 mg</i> | 15 | TOPOTECAN INJ 4MG/4ML | 36 |
| <i>tis-u-sol sol</i> | 102 | TORSEMIDE INJ 20MG/2ML | 48 |
| TIVICAY TAB 10MG | 20 | TORSEMIDE INJ 50MG/5ML | 48 |
| TIVICAY TAB 25MG | 20 | <i>torsemide tab 10 mg</i> | 48 |
| TIVICAY TAB 50MG | 20 | <i>torsemide tab 100 mg</i> | 48 |
| <i>tizanidine hcl cap 2 mg (base equivalent)</i> | | <i>torsemide tab 20 mg</i> | 48 |
| | 68 | <i>torsemide tab 5 mg</i> | 48 |
| <i>tizanidine hcl cap 4 mg (base equivalent)</i> | | TRACLEER TAB 125MG | 50 |
| | 68 | TRACLEER TAB 62.5MG | 50 |
| <i>tizanidine hcl cap 6 mg (base equivalent)</i> | | <i>tramadol hcl tab 50 mg</i> | 14 |
| | 68 | <i>tramadol hcl tab er 24hr 100 mg</i> | 14 |
| <i>tizanidine hcl tab 2 mg (base equivalent)</i> | | <i>tramadol hcl tab er 24hr 200 mg</i> | 14 |
| | 68 | <i>tramadol hcl tab er 24hr 300 mg</i> | 14 |
| <i>tizanidine hcl tab 4 mg (base equivalent)</i> | | <i>trandolapril tab 1 mg</i> | 38 |

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| <i>trandolapril tab 2 mg</i> | 38 |
| <i>trandolapril tab 4 mg</i> | 38 |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i> | 37 |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i> | 37 |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i> | 38 |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i> | 38 |
| <i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> | 91 |
| <i>tranexamic acid tab 650 mg</i> | 91 |
| <i>TRANSDERM-SC DIS 1.5MG</i> | 85 |
| <i>tranylcypromine sulfate tab 10 mg</i> | 58 |
| <i>TRAVATAN Z DRO 0.004%</i> | 102 |
| <i>trazodone hcl tab 100 mg</i> | 58 |
| <i>trazodone hcl tab 150 mg</i> | 58 |
| <i>trazodone hcl tab 300 mg</i> | 58 |
| <i>trazodone hcl tab 50 mg</i> | 58 |
| <i>tretinoin cap 10 mg</i> | 35 |
| <i>tretinoin cream 0.025%</i> | 108 |
| <i>tretinoin cream 0.05%</i> | 108 |
| <i>tretinoin cream 0.1%</i> | 108 |
| <i>tretinoin gel 0.01%</i> | 108 |
| <i>tretinoin gel 0.025%</i> | 108 |
| <i>tretinoin gel 0.05%</i> | 108 |
| <i>tretinoin microsphere gel 0.04%</i> | 108 |
| <i>tretinoin microsphere gel 0.1%</i> | 108 |
| <i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i> | 113 |
| <i>triamcinolone acetonide cream 0.025%</i> | 113 |
| <i>triamcinolone acetonide cream 0.1%</i> .. | 113 |
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| <i>triamcinolone acetonide dental paste 0.1%</i> | 114 |
| <i>triamcinolone acetonide lotion 0.025%</i> | 113 |
| <i>triamcinolone acetonide lotion 0.1%..</i> | 113 |
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| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i> | 63 |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i> | 62 |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i> | 63 |
| <i>trifluridine ophth soln 1%</i> | 101 |
| <i>trihexyphenidyl hcl elixir 0.4 mg/ml....</i> | 60 |
| <i>trihexyphenidyl hcl tab 2 mg</i> | 60 |
| <i>trihexyphenidyl hcl tab 5 mg</i> | 60 |
| <i>tri-linyah tab</i> | 75 |
| <i>trimethobenzamide hcl cap 300 mg</i> | 85 |
| <i>trimethobenzamide hcl inj 100 mg/ml.</i> 85 | |
| <i>trimethoprim tab 100 mg</i> | 17 |
| <i>trimipramine maleate cap 100 mg</i> | 59 |
| <i>trimipramine maleate cap 25 mg</i> | 58 |
| <i>trimipramine maleate cap 50 mg</i> | 58 |
| <i>trinessa tab</i> | 75 |
| <i>TRIPEDIA SUS P/F</i> | 95 |
| <i>tri-previfem tab</i> | 75 |
| <i>TRISENOX INJ 12MG/6ML</i> | 35 |
| <i>TRISENOX SOL 10MG/10M</i> | 35 |
| <i>tri-sprintec tab</i> | 75 |
| <i>TRIUMEQ TAB</i> | 21 |
| <i>tri-vit/fe dro /fl 0.25</i> | 99 |
| <i>tri-vit/fl dro 0.25mg</i> | 99 |
| <i>tri-vit/fl dro 0.5mg</i> | 99 |
| <i>tri-vit/fluo dro 0.25mg</i> | 99 |
| <i>tri-vita/fl dro 0.25mg</i> | 99 |
| <i>trivora-28 tab</i> | 75 |
| <i>tropicamide ophth soln 0.5%</i> | 102 |
| <i>tropicamide ophth soln 1%</i> | 102 |
| <i>trospium chloride cap er 24hr 60 mg ..</i> | 88 |
| <i>trospium chloride tab 20 mg</i> | 88 |
| <i>TRUMENBA INJ</i> | 95 |
| <i>TRUVADA TAB 100-150</i> | 21 |
| <i>TRUVADA TAB 133-200</i> | 21 |
| <i>TRUVADA TAB 167-250</i> | 21 |
| <i>TRUVADA TAB 200-300</i> | 21 |
| <i>tussigon tab 5-1.5mg</i> | 105 |
| <i>TWINRIX INJ</i> | 95 |
| <i>TYGACIL INJ 50MG</i> | 17 |

| | |
|--------------------------------------------------------------------|-----|
| TYKERB TAB 250MG | 35 |
| TYZEKA TAB 600MG | 22 |
| TYZINE PED DRO 0.05%..... | 105 |
| TYZINE SOL 0.1%..... | 105 |
| <i>unithroid tab 100mcg</i> | 83 |
| <i>unithroid tab 112mcg</i> | 83 |
| <i>unithroid tab 125mcg</i> | 83 |
| <i>unithroid tab 200mcg</i> | 83 |
| <i>unithroid tab 25mcg</i> | 83 |
| <i>unithroid tab 300mcg</i> | 83 |
| <i>unithroid tab 50mcg</i> | 83 |
| <i>unithroid tab 75mcg</i> | 83 |
| <i>unithroid tab 88mcg</i> | 83 |
| <i>univert tab 32mg</i> | 85 |
| URINE TEST STRIPS | 96 |
| <i>ursodiol cap 300 mg.....</i> | 87 |
| <i>ursodiol tab 250 mg</i> | 87 |
| <i>ursodiol tab 500 mg</i> | 87 |
| UVADEX INJ 20MCG/ML | 35 |
| <i>valacyclovir hcl tab 1 gm</i> | 22 |
| <i>valacyclovir hcl tab 500 mg</i> | 22 |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i> | 22 |
| <i>valproate sodium inj 100 mg/ml</i> | 54 |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv).....</i> | 54 |
| <i>valproic acid cap 250 mg</i> | 54 |
| <i>valsartan tab 160 mg</i> | 40 |
| <i>valsartan tab 320 mg</i> | 40 |
| <i>valsartan tab 40 mg</i> | 40 |
| <i>valsartan tab 80 mg</i> | 40 |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | 40 |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | 40 |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | 40 |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 40 |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 40 |
| <i>vancomycin hcl cap 125 mg</i> | 17 |
| <i>vancomycin hcl cap 250 mg</i> | 17 |
| <i>vancomycin hcl for inj 500 mg</i> | 17 |
| <i>vancomycin hcl for iv soln 1 gm (base equivalent)</i> | 18 |
| <i>vancomycin hcl for iv soln 10 gm (base equivalent)</i> | 18 |
| <i>vancomycin hcl for iv soln 5 gm (base equivalent)</i> | 18 |
| <i>vancomycin hcl for iv soln 500 mg (base equivalent)</i> | 18 |
| <i>vandazole gel 0.75%</i> | 88 |
| VAQTA INJ 25/0.5ML | 95 |
| VAQTA INJ 50UNT/ML..... | 95 |
| VARIVAX INJ | 95 |
| VCF VAGINAL AER CONTRACP..... | 88 |
| VCF VAGINAL MIS CONTRACP..... | 88 |
| <i>velivet pak</i> | 75 |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> | 59 |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> | 59 |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> | 59 |
| <i>venlafaxine hcl tab 100 mg</i> | 59 |
| <i>venlafaxine hcl tab 25 mg</i> | 59 |
| <i>venlafaxine hcl tab 37.5 mg</i> | 59 |
| <i>venlafaxine hcl tab 50 mg</i> | 59 |
| <i>venlafaxine hcl tab 75 mg</i> | 59 |
| <i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i> | 59 |
| <i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i> | 59 |
| <i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i> | 59 |
| <i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> | 59 |
| VENTAVIS SOL 10MCG/ML..... | 50 |
| VENTAVIS SOL 20MCG/ML..... | 50 |
| VENTOLIN HFA AER | 104 |
| <i>verapamil hcl cap er 24hr 100 mg</i> | 47 |
| <i>verapamil hcl cap er 24hr 120 mg</i> | 47 |
| <i>verapamil hcl cap er 24hr 180 mg</i> | 47 |
| <i>verapamil hcl cap er 24hr 200 mg</i> | 47 |
| <i>verapamil hcl cap er 24hr 240 mg</i> | 47 |
| <i>verapamil hcl cap er 24hr 300 mg</i> | 47 |
| <i>verapamil hcl cap er 24hr 360 mg</i> | 47 |
| <i>verapamil hcl iv soln 2.5 mg/ml</i> | 47 |
| <i>verapamil hcl tab 120 mg</i> | 47 |
| <i>verapamil hcl tab 40 mg</i> | 47 |
| <i>verapamil hcl tab 80 mg</i> | 47 |
| <i>verapamil hcl tab er 120 mg</i> | 47 |
| <i>verapamil hcl tab er 180 mg</i> | 47 |
| <i>verapamil hcl tab er 240 mg</i> | 47 |
| <i>vestura tab 3-0.02mg</i> | 75 |

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| VEXOL SUS 1% OP..... | 101 |
| vicodin es tab 7.5-300..... | 14 |
| vicodin hp tab 10-300mg | 14 |
| vicodin tab 5-300mg | 14 |
| VIDEX EC CAP 125MG | 20 |
| VIDEX SOL 2GM | 20 |
| VIDEX SOL 4GM | 20 |
| VIGAMOX DRO 0.5%..... | 101 |
| VINBLASTINE INJ 10MG..... | 32 |
| vinblastine sulfate inj 1 mg/ml | 32 |
| vincasar pfs inj 1mg/ml | 32 |
| vincristine sulfate iv soln 1 mg/ml..... | 32 |
| vinorelbine tartrate inj 10 mg/ml (base equiv) | 32 |
| vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv) | 32 |
| vioresle tab | 75 |
| VIRACEPT TAB 250MG | 20 |
| VIRACEPT TAB 625MG | 20 |
| VIREAD POW 40MG/GM | 20 |
| VIREAD TAB 150MG | 20 |
| VIREAD TAB 200MG | 20 |
| VIREAD TAB 250MG | 20 |
| vit a/c/d/fl dro 0.25mg | 99 |
| VITAMIN D2 TAB 400UNIT | 99 |
| VITAMIN D3 LIQ 1000UNIT | 100 |
| VITAMIN D3 LIQ 1200UNIT | 100 |
| VITEKTA TAB 150MG..... | 20 |
| VITEKTA TAB 85MG..... | 20 |
| voriconazole for susp 40 mg/ml | 18 |
| voriconazole tab 200 mg..... | 19 |
| voriconazole tab 50 mg | 18 |
| VOSEVI TAB | 22 |
| warfarin sodium tab 1 mg | 90 |
| warfarin sodium tab 10 mg | 90 |
| warfarin sodium tab 2 mg | 90 |
| warfarin sodium tab 2.5 mg | 90 |
| warfarin sodium tab 3 mg | 90 |
| warfarin sodium tab 4 mg | 90 |
| warfarin sodium tab 5 mg | 90 |
| warfarin sodium tab 6 mg | 90 |
| warfarin sodium tab 7.5 mg | 90 |
| wera tab 0.5/35..... | 75 |
| WIDE-SEAL DPR KIT 60 | 95 |
| WIDE-SEAL DPR KIT 65 | 95 |
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| WIDE-SEAL DPR KIT 75 | 96 |
| WIDE-SEAL DPR KIT 80 | 96 |
| WIDE-SEAL DPR KIT 85 | 96 |
| WIDE-SEAL DPR KIT 90 | 96 |
| WIDE-SEAL DPR KIT 95 | 96 |
| XALKORI CAP 200MG..... | 35 |
| XALKORI CAP 250MG..... | 35 |
| XGEVA INJ | 81 |
| xulane dis 150-35 | 75 |
| xylon tab 10-200mg | 14 |
| YERVOY INJ 200MG | 33 |
| YERVOY INJ 50MG | 33 |
| yuvafem tab 10mcg..... | 78 |
| zafirlukast tab 10 mg | 105 |
| zafirlukast tab 20 mg | 105 |
| zaleplon cap 10 mg | 65 |
| zaleplon cap 5 mg | 65 |
| ZALTRAP INJ 100/4ML | 33 |
| ZALTRAP INJ 200/8ML | 33 |
| ZANOSAR INJ 1GM | 30 |
| zarah tab 3-0.03mg..... | 75 |
| ZARXIO INJ 300/0.5 | 90 |
| ZARXIO INJ 480/0.8 | 90 |
| zazole cre 0.4% | 88 |
| zazole cre 0.8% | 88 |
| zazole sup 80mg | 88 |
| ZELBORAF TAB 240MG..... | 35 |
| zenchent fe chw 0.4mg-35 | 75 |
| zenchent tab | 75 |
| ZENPEP CAP 10000UNT..... | 87 |
| ZENPEP CAP 15000UNT..... | 87 |
| ZENPEP CAP 20000UNT..... | 87 |
| ZENPEP CAP 25000 | 87 |
| ZENPEP CAP 25000UNT..... | 87 |
| ZENPEP CAP 3000UNIT | 87 |
| ZENPEP CAP 40000 | 87 |
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| ZENPEP CAP 5000UNIT | 87 |
| zenzedi tab 15mg..... | 65 |
| zenzedi tab 2.5mg..... | 65 |
| zenzedi tab 20mg..... | 65 |
| zenzedi tab 30mg..... | 65 |
| zenzedi tab 7.5mg..... | 65 |
| zidovudine cap 100 mg | 20 |
| zidovudine syrup 10 mg/ml | 20 |
| zidovudine tab 300 mg | 20 |
| ZINACEF INJ 750MG..... | 25 |
| ZINACEF/H2O INJ 1.5GM PB | 25 |
| ZIOPTAN DRO 0.0015%..... | 102 |
| ziprasidone hcl cap 20 mg | 63 |

| | | | |
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| <i>ziprasidone hcl cap 40 mg</i> | 63 | <i>zolpidem tartrate tab 5 mg</i> | 65 |
| <i>ziprasidone hcl cap 60 mg</i> | 63 | ZOMETA INJ 4MG/100 | 72 |
| <i>ziprasidone hcl cap 80 mg</i> | 63 | <i>zonisamide cap 100 mg</i> | 54 |
| ZIRGAN GEL 0.15% | 101 | <i>zonisamide cap 25 mg</i> | 54 |
| ZMAX SUS 2GM | 25 | <i>zonisamide cap 50 mg</i> | 54 |
| <i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i> | 72 | ZORBTIVE INJ 8.8MG..... | 81 |
| <i>zoledronic acid iv soln 5 mg/100ml</i> | 72 | ZOSTAVAX INJ..... | 95 |
| ZOLEDRONIC INJ 4MG/100 | 72 | ZOSYN SOL 2-0.25GM | 28 |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i> | 66 | ZOSYN SOL 3-0.375G..... | 28 |
| <i>zolmitriptan orally disintegrating tab 5 mg</i> | 66 | ZOSYN SOL 4-0.50GM | 28 |
| <i>zolmitriptan tab 2.5 mg</i> | 66 | <i>zovia 1/35e tab</i> | 75 |
| <i>zolmitriptan tab 5 mg</i> | 66 | <i>zovia 1/50e tab</i> | 75 |
| <i>zolpidem tartrate tab 10 mg</i> | 65 | ZYKADIA CAP 150MG..... | 35 |
| | | ZYTIGA TAB 250MG..... | 34 |
| | | ZYTIGA TAB 500MG..... | 34 |

2018 Prescription benefits for each plan

Gold

| Tier | Retail (30 days) | Mail-order (90 days) |
|-------------|-------------------------|------------------------------------------------------------|
| Tier 1 | No charge | No charge |
| Tier 2 | \$15 per prescription | \$37.50 per prescription |
| Tier 3 | \$50 per prescription | \$125 per prescription |
| Tier 4 | \$100 per prescription | \$250 per prescription |
| Tier 5 | \$600 per prescription | \$600 per prescription <small>(30-day supply only)</small> |

Silver

| Tier | Retail (30 days) | Mail-order (90 days) |
|-------------|-------------------------|------------------------------------------------------------|
| Tier 1 | No charge | No charge |
| Tier 2 | \$25 per prescription | \$62.50 per prescription |
| Tier 3 | \$80 per prescription | \$200 per prescription |
| Tier 4 | \$180 per prescription | \$450 per prescription |
| Tier 5 | \$600 per prescription | \$600 per prescription <small>(30-day supply only)</small> |

Silver HSA

| Tier | Retail (30 days) | Mail-order (90 days) |
|-------------|-------------------------|----------------------------------------------------------|
| Tier 1 | No charge | No charge |
| Tier 2 | \$15 after deductible | \$37.50 after deductible |
| Tier 3 | 20% after deductible | 20% after deductible |
| Tier 4 | 20% after deductible | 20% after deductible |
| Tier 5 | 20% after deductible | 20% after deductible <small>(30-day supply only)</small> |

Silver Plus

| Tier | Retail (30 days) | Mail-order (90 days) |
|-------------|-------------------------|------------------------------------------------------|
| Tier 1 | No charge | No charge |
| Tier 2 | \$25 per prescription | \$62.50 per prescription |
| Tier 3 | \$100 per prescription | \$250 per prescription |
| Tier 4 | 40% after deductible | 40% after deductible |
| Tier 5 | 40% after deductible | 40% after deductible ^(30-day supply only) |

Silver Plus HSA

| Tier | Retail (30 days) | Mail-order (90 days) |
|-------------|-------------------------|------------------------------------------------------|
| Tier 1 | No charge | No charge |
| Tier 2 | \$20 after deductible | \$50 after deductible |
| Tier 3 | 15% after deductible | 15% after deductible |
| Tier 4 | 15% after deductible | 15% after deductible |
| Tier 5 | 15% after deductible | 15% after deductible ^(30-day supply only) |

Bronze

| Tier | Retail (30 days) | Mail-order (90 days) |
|-------------|-------------------------|--------------------------------------------------------|
| Tier 1 | No charge | No charge |
| Tier 2 | \$40 per prescription | \$100 per prescription |
| Tier 3 | \$200 per prescription | \$500 per prescription |
| Tier 4 | \$400 per prescription | \$1,000 per prescription |
| Tier 5 | \$600 per prescription | \$600 per prescription ^(30-day supply only) |

Bronze Plus

| Tier | Retail (30 days) | Mail-order (90 days) |
|-------------|-------------------------|-----------------------------------------------------|
| Tier 1 | No charge | No charge |
| Tier 2 | \$25 per prescription | \$62.50 per prescription |
| Tier 3 | 0% after deductible | 0% after deductible |
| Tier 4 | 0% after deductible | 0% after deductible |
| Tier 5 | 0% after deductible | 0% after deductible ^(30-day supply only) |

Bronze HSA

| Tier | Retail (30 days) | Mail-order (90 days) |
|-------------|-------------------------|-----------------------------------------------------|
| Tier 1 | No charge | No charge |
| Tier 2 | 0% after deductible | 0% after deductible |
| Tier 3 | 0% after deductible | 0% after deductible |
| Tier 4 | 0% after deductible | 0% after deductible |
| Tier 5 | 0% after deductible | 0% after deductible ^(30-day supply only) |

Bronze Plus HSA

| Tier | Retail (30 days) | Mail-order (90 days) |
|-------------|-------------------------|-----------------------------------------------------|
| Tier 1 | No charge | No charge |
| Tier 2 | 0% after deductible | 0% after deductible |
| Tier 3 | 0% after deductible | 0% after deductible |
| Tier 4 | 0% after deductible | 0% after deductible |
| Tier 5 | 0% after deductible | 0% after deductible ^(30-day supply only) |

Catastrophic

| Tier | Retail (30 days) | Mail-order (90 days) |
|-------------|-------------------------|---------------------------------------------------------|
| Tier 1 | No charge | No charge |
| Tier 2 | 0% after deductible | 0% after deductible |
| Tier 3 | 0% after deductible | 0% after deductible |
| Tier 4 | 0% after deductible | 0% after deductible |
| Tier 5 | 0% after deductible | 0% after deductible <small>(30-day supply only)</small> |

Language Assistance Services

If You or someone you're helping has questions about Bright Health, You have the right to get help and information in Your language, at no cost. To talk to an interpreter, call (866) 480-7247.

Spanish

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Bright Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (866) 480-7247.

Vietnamese

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Bright Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (866) 480-7247.

Chinese

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 Bright Health方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (866) 480-7247。

Korean

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Bright Health에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (866) 480-7247로 전화하십시오.

Russian

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Bright Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (866) 480-7247.

Amharic

እርስዥ አርስዥ የሚያገኘውን ገለሰቦ፣ ስለ Bright Health ቅዱች አለበት፤ የለምንም ክፍያ በቀንቀዬ አርዳታና መረጃ የማግኘት መብት አለበት፤ ከአነተርጋማ ፈርማ ለመነጋገር፤ (866) 480-7247 ደደዣለሁ::

Arabic

فديك الحق في الحصول على المساعدة والمعلومات، إن كان لديك أو لدى شخص تساعدك أسلمة بخصوص الضرورة بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب (866) 7247-480.

German

Falls Sie oder jemand, dem Sie helfen, Fragen zum Bright Health haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (866) 480-7247 an.

French

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Bright Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète,appelez (866) 480-7247.

Nepali

यदि तपाईं आफ्ना लादि आफै आवेदिनको काम छिह्नै, वा कसैलाई मद्दत छिह्नै हुनुहोन्छ, Bright Health बारे प्रश्नहरू छन् भने आफ्नो मातृभाषामा दनःशुल्क सहायता वा जानकारी पाउने अधिकार छ। छिह्नेभाषे (इन्टरप्रेटर) सँचि कुरा छिनुपरे (866) 480-7247 मा फोन छिनुहोस्।

Tagalog

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Bright Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa (866) 480-7247.

Japanese

ご本人様、またはお客様の身の回りの方でも、Bright Healthについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(866) 480-7247までお電話ください。

Cushite-Oromo

Isin yookan namni biraa isin deeggartan Bright Health irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa (866) 480-7247 tiin bilbilaa.

Persian

داشته باشید حق این را دارید که کمک ، Bright Health اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد . و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 866-7247 (866). تماس حاصل نمایید

Kru

I bale we, tole mut u ye hola, a gwee mbarga inyu Bright Health, U gwee Kunde I kosna mahola ni biniiguene I hop wong nni nsaa wogui wo. I Nyu ipot ni mut a nla koblene we hop, sebel (866) 480-7247.

Ibo

Ọ bụrụ gj, ma o bụ onye I na eyere-aka, nwere ajụju gbasara Bright Health, I nwere ohere iwenta nye maka na ọmụma na asusụ gj na akwu gj ụgwọ. I chọrọ I kwụrụ onye-ntapịa okwu, kpọ (866) 480-7247.

Yoruba

Bí ìwọ, tàbí ẹníkèní tí o n ranlọwọ, bá ní ibeere nípa Bright Health, o ní ẹtọ latí rí iranwọ àti ifítóniléti gbà ní èdè rẹ láìsanwó. Látí bá ongbufo kan sọrọ, pè sórí (866) 480-7247.