

EnvisionRxPlus

2020 Comprehensive Formulary

(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 20430, Version Number 6

This formulary was updated on 10/31/2019. For more recent information or other questions, please contact us at 1-866-250-2005 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.EnvisionRxPlus.com.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Envision Insurance Company. When it refers to “plan” or “our plan,” it means **EnvisionRxPlus**.

This document includes a list of the drugs (formulary) for our plan which is current as of October 31, 2019. 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.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the EnvisionRxPlus Formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the **EnvisionRxPlus** Formulary?”
- **Drugs removed from the market.** 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.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or 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 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the **EnvisionRxPlus** Formulary?”

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of October 31, 2019. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If we make certain non-routine changes to coverage for drugs, we will send members an errata sheet to update the formulary they received.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. 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 agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 84. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 240 tablets per 30-day prescription for Tramadol. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs

by visiting our Web site. We have posted on line 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 our plan 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 **EnvisionRxPlus** formulary?” on page iv 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 our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 EnvisionRxPlus Formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan 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, our plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug 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.** Generally, we must make our decision within 72 hours of getting your 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 up to 72

hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a 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. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31 -day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network long-term care pharmacy for up to 31 days unless you have a prescription for fewer days. If you experience a change in your level of care, such as a move from a hospital to home, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about the plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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 Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Our Plan's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., levothyroxine).

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

Abbreviation /Symbol	Short Definition	Explanation
BD	Part B vs Part D	This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
HR	High Risk Medication	According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available. These medications require prior authorization if you are 65 years of age or older.
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-866-250-2005, 24 hours a day, 7 days a week. TTY/TDD users should call 711.
PA	Prior Authorization	This medication requires that you or your provider get approval from the plan before we will agree to cover the drug for you.
QL	Quantity Limit	Most limits per 30-day supply. If the limit is for a day supply other than 30 the entry will read quantity/day supply (i.e. REVLIMID 28/28 means you can only fill 28 capsules for 28 day supply).
ST	Step Therapy	This requirement encourages you to try less costly but just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the plan may require you to try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

The Tier column of the drug list that begins on page 1 tells you which tier your drug is in. The table below tells you the copayment or coinsurance amount (i.e., the share of the drug's cost that you will pay during the initial coverage period) for up to a one month supply of drugs in each tier.

Tier	Standard retail-cost-sharing (in-network) (up to 31-day supply)	Preferred retail cost-sharing (in-network) (up to a 31-day supply)	Standard Mail-order cost-sharing (up to a 31-day supply)	Preferred Mail-order cost-sharing (up to a 31-day supply)	Long-term care (LTC) cost-sharing (up to 31-day supply)
Cost-Sharing Tier 1* (Preferred Generic Drugs)	\$19 *CA: \$15	\$1	\$19 *CA: \$15	\$1	\$19
Cost-Sharing Tier 2 (Generic Drugs)	\$20	\$7	\$20	\$7	\$20
Cost-Sharing Tier 3 (Preferred Brand Drugs)	\$47	Please refer to Exhibit 1 for the exact amount in your state	\$47	Please refer to Exhibit 1 for the exact amount in your state	\$47
Cost-Sharing Tier 4 (Non-Preferred Drugs)	Please refer to Exhibit 1 for the exact amount in your state	Please refer to Exhibit 1 for the exact amount in your state	Please refer to Exhibit 1 for the exact amount in your state	Please refer to Exhibit 1 for the exact amount in your state	Please refer to Exhibit 1 for the exact amount in your state
Cost-Sharing Tier 5 (Specialty Drugs)	25%	25%	25%	25%	25%

Exhibit 1: Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug for your Tier 3 and 4 drugs:

State/ Territory	Drug Tier	Standard retail-cost- sharing (in- network) (up to 31-day supply)	Preferred retail cost- sharing (in- network (up to a 31- day supply)	Standard Mail- order cost- sharing (up to a 31-day supply)	Preferred Mail- order cost- sharing (up to a 31-day supply)	Long- term care (LTC) cost- sharing (up to 31- day supply)
AL, TN	Tier 3	\$47	\$35	\$47	\$35	\$47
	Tier 4	45%	40%	45%	40%	45%
CA	Tier 3	\$47	\$35	\$47	\$35	\$47
	Tier 4	40%	33%	40%	33%	40%
CT, MA, RI, VT	Tier 3	\$47	\$35	\$47	\$35	\$47
	Tier 4	49%	44%	49%	44%	49%
GA	Tier 3	\$47	\$35	\$47	\$35	\$47
	Tier 4	40%	33%	40%	33%	40%
ME, NH	Tier 3	\$47	\$42	\$47	\$42	\$47
	Tier 4	46%	37%	46%	37%	46%
MI	Tier 3	\$47	\$35	\$47	\$35	\$47
	Tier 4	39%	32%	39%	32%	39%
MS	Tier 3	\$47	\$35	\$47	\$35	\$47
	Tier 4	39%	32%	39%	32%	39%
NC	Tier 3	\$47	\$35	\$47	\$35	\$47
	Tier 4	48%	43%	48%	43%	48%
OH	Tier 3	\$47	\$35	\$47	\$35	\$47
	Tier 4	39%	32%	39%	32%	39%

State/ Territory	Drug Tier	Standard retail-cost- sharing (in- network) (up to 31- day supply)	Preferred retail cost- sharing (in- network (up to a 31-day supply)	Standar d Mail- order cost- sharing (up to a 31-day supply)	Preferre d Mail- order cost- sharing (up to a 31-day supply)	Long- term care (LTC) cost- sharing (up to a 31-day supply)
OR, WA	Tier 3	\$47	\$35	\$47	\$35	\$47
	Tier 4	40%	33%	40%	33%	40%
PA, WV	Tier 3	\$47	\$35	\$47	\$35	\$47
	Tier 4	43%	35%	43%	35%	43%
TX	Tier 3	\$47	\$42	\$47	\$42	\$47
	Tier 4	46%	38%	46%	38%	46%
VA	Tier 3	\$47	\$35	\$47	\$35	\$47
	Tier 4	46%	39%	46%	39%	46%

If you qualified for extra help with your drug costs, your costs may be different from those described above. You can find complete cost-sharing information in your *Evidence of Coverage*.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Nonsteroidal Anti-Inflammatory Drugs</i>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	4	
<i>diclofenac potassium oral tablet 50 mg</i>	4	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	4	
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	4	
<i>diclofenac sodium oral tablet delayed release 50 mg, 75 mg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	4	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	4	
<i>etodolac oral capsule 200 mg, 300 mg</i>	4	
<i>etodolac oral tablet 400 mg, 500 mg</i>	4	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4	
<i>ketoprofen oral capsule 25 mg</i>	2	
<i>ketorolac tromethamine oral tablet 10 mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	2	
<i>naproxen oral suspension 125 mg/5ml</i>	4	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	
<i>oxaprozin oral tablet 600 mg</i>	4	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	4	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>Opioid Analgesics, Long-Acting</i>		
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 10/02/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	QL (10 EA per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	4	QL (300 ML per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 30 mg, 60 mg</i>	4	QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg</i>	2	QL (90 EA per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	4	QL (900 ML per 30 days)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	3	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	3	QL (5000 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	3	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	QL (360 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	4	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	4	QL (180 EA per 30 days)
<i>codeine sulfate oral tablet 30 mg</i>	4	QL (240 EA per 30 days)
<i>codeine sulfate oral tablet 60 mg</i>	4	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 7.5-325 MG	4	QL (370 EA per 30 days)
ENDOCET ORAL TABLET 5-325 MG	3	QL (370 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	4	QL (5500 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (370 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	QL (180 EA per 30 days)
<i>hydromorphone hcl injection solution 2 mg/ml</i>	4	QL (120 ML per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	4	QL (1984 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	3	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	4	QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	4	QL (240 ML per 30 days)
LORCET ORAL TABLET 5-325 MG	3	QL (370 EA per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	3	QL (180 EA per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	4	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	QL (1080 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	4	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	4	QL (370 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	3	QL (370 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	3	QL (370 EA per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
<i>Alcohol Deterrents/Anti-Craving</i>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	4	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>Opioid Antagonists</i>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl oral tablet 50 mg</i>	2	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	3	
<i>Smoking Cessation Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	3	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	3	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	3	
NICOTROL INHALATION INHALER 10 MG	4	
ANTIBACTERIALS		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	B/D
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	4	PA; QL (235.2 ML per 28 days)
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	4	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	4	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>paromomycin sulfate oral capsule 250 mg</i>	4	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	
<i>Antibacterials, Other</i>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	2	
<i>clindamycin hcl oral capsule 75 mg</i>	4	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	4	
<i>daptomycin intravenous solution reconstituted 350 mg</i>	4	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	5	PA
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	PA
<i>linezolid oral tablet 600 mg</i>	4	PA
<i>methenamine hippurate oral tablet 1 gm</i>	4	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	4	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	4	B/D
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	3	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	4	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5	
SIVEXTRO ORAL TABLET 200 MG	5	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule 125 mg</i>	4	
<i>vancomycin hcl oral capsule 250 mg</i>	5	
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	
<i>Beta-Lactam, Cephalosporins</i>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	4	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	4	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefadroxil oral tablet 1 gm</i>	4	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	4	
<i>cefdinir oral capsule 300 mg</i>	4	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	3	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	4	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	4	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>Beta-Lactam, Other</i>		
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	4	B/D
<i>aztreonam injection solution reconstituted 1 gm</i>	3	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; QL (84 ML per 28 days)
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	B/D
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	
<i>Beta-Lactam, Penicillins</i>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet chewable 125 mg</i>	4	
<i>amoxicillin oral tablet chewable 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	4	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	4	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	4	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	4	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	4	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	4	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	4	
<i>azithromycin oral packet 1 gm</i>	4	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	2	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	4	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	4	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	4	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	4	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 25 mg/ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	4	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	4	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>sulfadiazine oral tablet 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	2	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	4	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	4	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	4	
ANTICONVULSANTS		
<i>Anticonvulsants, Other</i>		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	4	
<i>levetiracetam oral solution 100 mg/ml</i>	4	
<i>levetiracetam oral tablet 1000 mg, 750 mg</i>	3	
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	4	QL (120 EA per 30 days)
<i>Benzodiazepines</i>		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	4	QL (300 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	4	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 5 MG	4	QL (60 EA per 30 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	4	
<i>ethosuximide oral capsule 250 mg</i>	4	
<i>ethosuximide oral solution 250 mg/5ml</i>	4	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	ST
FYCOMPA ORAL TABLET 10 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 12 MG	5	ST; QL (30 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	
<i>gabapentin oral solution 250 mg/5ml</i>	4	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	3	QL (180 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	4	
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	4	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>vigabatrin oral packet 500 mg</i>	5	PA; LA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET 500 MG	5	PA; QL (180 EA per 30 days)
Glutamate Reducing Agents		
<i>felbamate oral suspension 600 mg/5ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>Sodium Channel Agents</i>		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	5	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	5	ST; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	5	ST; QL (2760 ML per 30 days)
BANZEL ORAL TABLET 200 MG	5	ST; QL (480 EA per 30 days)
BANZEL ORAL TABLET 400 MG	5	ST; QL (240 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 300 mg</i>	4	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	4	
<i>carbamazepine oral suspension 100 mg/5ml</i>	4	
<i>carbamazepine oral tablet 200 mg</i>	4	
<i>carbamazepine oral tablet chewable 100 mg</i>	4	
DILANTIN ORAL CAPSULE 30 MG	4	
EPITOL ORAL TABLET 200 MG	3	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
PEGANONE ORAL TABLET 250 MG	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	4	
<i>phenytoin oral tablet chewable 50 mg</i>	4	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
VIMPAT ORAL SOLUTION 10 MG/ML	4	QL (1395 ML per 30 days)
VIMPAT ORAL TABLET 100 MG	4	QL (120 EA per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	4	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	4	QL (90 EA per 30 days)
ANTIDEMENTIA AGENTS		
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil hcl oral tablet 23 mg</i>	4	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	4	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	4	QL (180 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	4	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	4	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	4	
<i>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</i>		
<i>memantine hcl oral solution 2 mg/ml</i>	2	QL (360 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	2	
ANTIDEPRESSANTS		
<i>Antidepressants, Other</i>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	3	QL (120 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	3	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	3	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	3	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	3	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	3	QL (120 EA per 30 days)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	2	
<i>mirtazapine oral tablet 7.5 mg</i>	2	QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	4	QL (30 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>trazodone hcl oral tablet 300 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	QL (30 EA per 30 days)
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	ST; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	3	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
<i>Selective Serotonin Reuptake Inhibitors (Ssris)</i>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	4	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	4	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	2	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	3	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	3	QL (90 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
PAXIL ORAL SUSPENSION 10 MG/5ML	4	QL (900 ML per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	4	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>Serotonin/Norepinephrine Reuptake Inhibitors (Snris)</i>		
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i>	4	QL (120 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 50 mg</i>	4	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	4	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	4	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	4	QL (60 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	QL (28 EA per 28 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	2	QL (60 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	ST
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	ST
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	4	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
ANTIEMETICS		
Antiemetics, Other		
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	4	B/D
COMPRO RECTAL SUPPOSITORY 25 MG	4	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	B/D; QL (30 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	B/D; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	4	B/D
<i>granisetron hcl oral tablet 1 mg</i>	4	B/D; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	4	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	2	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	B/D
SYNDROS ORAL SOLUTION 5 MG/ML	5	B/D; QL (120 ML per 30 days)
ANTIFUNGALS		
<i>Antifungals</i>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	B/D
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	5	B/D
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	4	B/D
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	3	
<i>fluconazole oral tablet 150 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	PA
<i>itraconazole oral solution 10 mg/ml</i>	4	PA
<i>ketoconazole oral tablet 200 mg</i>	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	PA; QL (840 ML per 28 days)
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	5	PA; QL (93 EA per 30 days)
<i>nystatin oral tablet 500000 unit</i>	2	
<i>terbinafine hcl oral tablet 250 mg</i>	2	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA
<i>voriconazole oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	PA; QL (120 EA per 30 days)
ANTIGOUT AGENTS		
<i>Antigout Agents</i>		
<i>colchicine oral tablet 0.6 mg</i>	4	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	3	
MITIGARE ORAL CAPSULE 0.6 MG	3	
<i>probenecid oral tablet 500 mg</i>	3	
ANTIMIGRAINE AGENTS		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	4	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	4	QL (20 EA per 28 days)
<i>Prophylactic</i>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	4	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	3	
<i>Serotonin (5-Ht) 1B-1D Receptor Agonists</i>		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	4	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i>	3	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>	3	QL (24 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	3	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	3	QL (24 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	4	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	4	QL (12 EA per 30 days)
ANTIMYASTHENIC AGENTS		
<i>Parasympathomimetics</i>		
<i>guanidine hcl oral tablet 125 mg</i>	3	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
ANTIMYCOBACTERIALS		
<i>Antimycobacterials, Other</i>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>Antituberculars</i>		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	4	
<i>isoniazid oral syrup 50 mg/5ml</i>	4	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	4	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>rifampin oral capsule 150 mg, 300 mg</i>	4	
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG	5	PA
TRECTOR ORAL TABLET 250 MG	4	
ANTINEOPLASTICS		
<i>Alkylating Agents</i>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	
LEUKERAN ORAL TABLET 2 MG	4	
MATULANE ORAL CAPSULE 50 MG	5	
<i>Antiandrogens</i>		
<i>bicalutamide oral tablet 50 mg</i>	2	
ERLEADA ORAL TABLET 60 MG	5	PA; LA
<i>flutamide oral capsule 125 mg</i>	4	
<i>nilutamide oral tablet 150 mg</i>	5	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	5	PA; LA
XTANDI ORAL CAPSULE 40 MG	5	PA; QL (120 EA per 30 days)
<i>Antiangiogenic Agents</i>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	5	PA; LA; QL (28 EA per 28 days)
REVLIMID ORAL CAPSULE 20 MG	5	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 200 MG, 50 MG	5	PA; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG	5	PA; QL (60 EA per 30 days)
<i>Antiestrogens/Modifiers</i>		
EMCYT ORAL CAPSULE 140 MG	4	
SOLTAMOX ORAL SOLUTION 10 MG/5ML	4	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	
<i>toremifene citrate oral tablet 60 mg</i>	5	PA; QL (30 EA per 30 days)
<i>Antimetabolites</i>		
<i>hydroxyurea oral capsule 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	
TABLOID ORAL TABLET 40 MG	4	
<i>Antineoplastics</i>		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; QL (120 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	5	PA; QL (30 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5	PA; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA
BALVERSA ORAL TABLET 3 MG	5	PA; LA; QL (90 EA per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; LA; QL (60 EA per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA; LA; QL (30 EA per 30 days)
<i>bexarotene oral capsule 75 mg</i>	5	PA
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; QL (180 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	B/D
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; QL (28 EA per 28 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG	5	PA; QL (60 EA per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	5	PA; QL (30 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG	5	PA; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; LA; QL (60 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	5	PA; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	5	PA
IRESSA ORAL TABLET 250 MG	5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (120 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG	5	PA; LA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	5	PA; LA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	3	
MEKINIST ORAL TABLET 0.5 MG	5	PA; LA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; LA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; LA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA; LA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA; LA; QL (120 EA per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA
ODOMZO ORAL CAPSULE 200 MG	5	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	5	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; QL (84 EA per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA; QL (28 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA
TAFINLAR ORAL CAPSULE 50 MG	5	PA; LA; QL (180 EA per 30 days)
TAFINLAR ORAL CAPSULE 75 MG	5	PA; LA; QL (120 EA per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; QL (120 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA; LA; QL (60 EA per 30 days)
<i>tretinoin oral capsule 10 mg</i>	5	
TURALIO ORAL CAPSULE 200 MG	5	PA; LA; QL (120 EA per 30 days)
TYKERB ORAL TABLET 250 MG	5	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	3	PA; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (60 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; LA; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA
YONSA ORAL TABLET 125 MG	5	PA; QL (120 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	5	PA; QL (150 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; QL (150 EA per 30 days)
ZYTIGA ORAL TABLET 500 MG	5	PA; QL (120 EA per 30 days)
<i>Aromatase Inhibitors, 3Rd Generation</i>		
<i>anastrozole oral tablet 1 mg</i>	2	
<i>exemestane oral tablet 25 mg</i>	4	
<i>letrozole oral tablet 2.5 mg</i>	2	
<i>Molecular Target Inhibitors</i>		
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; LA
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (240 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA; QL (90 EA per 30 days)
<i>Treatment Adjuncts</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
MESNEX ORAL TABLET 400 MG	5	
ANTIPARASITICS		
<i>Anthelmintics</i>		
<i>albendazole oral tablet 200 mg</i>	4	
<i>ivermectin oral tablet 3 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>Antiprotozoals</i>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	4	
ALINIA ORAL TABLET 500 MG	4	
<i>atovaquone oral suspension 750 mg/5ml</i>	5	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>primaquine phosphate oral tablet 26.3 mg</i>	4	
<i>quinine sulfate oral capsule 324 mg</i>	4	PA; QL (42 EA per 7 days)
ANTIPARKINSON AGENTS		
<i>Anticholinergics</i>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	4	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	4	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	2	
<i>Antiparkinson Agents, Other</i>		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral syrup 50 mg/5ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	4	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	5	PA; QL (62 EA per 31 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	5	PA; QL (31 EA per 31 days)
<i>Dopamine Agonists</i>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	PA; QL (60 ML per 28 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	4	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg</i>	2	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
Dopamine Precursors- L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25- 100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10- 100 mg, 25-100 mg, 25-250 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral tablet 12.5- 50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>selegiline hcl oral capsule 5 mg</i>	3	
<i>selegiline hcl oral tablet 5 mg</i>	3	
ANTIPSYCHOTICS		
1St Generation-Typical		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	4	
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	4	
<i>haloperidol oral tablet 0.5 mg</i>	2	
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	3	
<i>haloperidol oral tablet 20 mg</i>	4	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	4	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	4	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
2Nd Generation-Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	5	
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	4	QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	QL (60 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG	4	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST; QL (60 EA per 30 days)
FANAPT ORAL TABLET 4 MG	4	ST; QL (180 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST; QL (60 EA per 30 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	4	ST; QL (18 EA per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG	5	ST; QL (30 EA per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	ST; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	5	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	3	QL (30 EA per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	3	QL (60 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	4	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	4	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	4	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	4	
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	4	QL (30 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 25 MG, 37.5 MG, 50 MG	5	
<i>risperidone oral solution 1 mg/ml</i>	4	QL (480 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>risperidone oral tablet dispersible 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	4	QL (120 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	ST; QL (2 EA per 28 days)
<i>Antipsychotic, Other</i>		
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 50 mg</i>	4	
NUPLAZID ORAL CAPSULE 34 MG	5	PA; LA
NUPLAZID ORAL TABLET 10 MG	5	PA; LA
<i>perphenazine oral tablet 16 mg, 2 mg</i>	4	
<i>perphenazine oral tablet 4 mg, 8 mg</i>	4	B/D
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	4	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	5	QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST
<i>Treatment-Resistant</i>		
<i>clozapine oral tablet 100 mg</i>	4	ST; QL (180 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	ST; QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet dispersible 100 mg, 150 mg</i>	4	ST; QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 200 mg</i>	4	ST; QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	4	ST; QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; QL (540 ML per 30 days)
ANTIVIRALS		
<i>Anti-Cytomegalovirus (Cmv) Agents</i>		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl oral tablet 450 mg</i>	5	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
<i>Antihepatitis Agents</i>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	5	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA
<i>lamivudine oral tablet 100 mg</i>	4	
RIBASPHERE ORAL CAPSULE 200 MG	4	
VEMLIDY ORAL TABLET 25 MG	5	PA
<i>Anti-Hepatitis C (Hcv) Agents, Direct Acting</i>		
EPCLUSA ORAL TABLET 400-100 MG	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA
VOSEVI ORAL TABLET 400-100-100 MG	5	PA
<i>Anti-Hepatitis C (Hcv) Agents, Other</i>		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	5	PA; QL (4 ML per 28 days)
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	4	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA; QL (4 EA per 28 days)
<i>Antitherpetic Agents</i>		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	3	
<i>valacyclovir hcl oral tablet 1 gm</i>	3	QL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors</i>		
EDURANT ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	QL (480 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG	5	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	4	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	4	QL (180 EA per 30 days)
<i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors</i>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	QL (60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 200 mg</i>	4	QL (60 EA per 30 days)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	4	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (680 ML per 28 days)
<i>lamivudine oral solution 10 mg/ml</i>	4	
<i>lamivudine oral tablet 150 mg</i>	4	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>stavudine oral capsule 15 mg, 20 mg</i>	4	QL (120 EA per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	4	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 200-300 MG	5	QL (30 EA per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	4	QL (90 EA per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	4	QL (1200 ML per 30 days)
VIREAD ORAL POWDER 40 MG/GM	3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	4	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	4	QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 EA per 30 days)
<i>Anti-Hiv Agents, Other</i>		
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	QL (60 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	QL (180 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG	5	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
<i>Anti-Hiv Agents, Protease Inhibitors</i>		

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Drug Name	Drug Tier	Requirements/Limits
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	5	QL (285 ML per 28 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	5	QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	4	QL (450 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	4	QL (270 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	5	QL (120 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	3	QL (150 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	QL (400 ML per 30 days)
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	4	QL (480 ML per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (420 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5	QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	4	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
<i>Anti-Influenza Agents</i>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg</i>	3	
<i>oseltamivir phosphate oral capsule 75 mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	4	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (240 EA per 365 days)
<i>rimantadine hcl oral tablet 100 mg</i>	4	
XOFLUZA ORAL TABLET THERAPY PACK 2 X 20 MG, 2 X 40 MG	4	QL (4 EA per 365 days)
<i>Antiretroviral Combinations</i>		
ATRIPLA ORAL TABLET 600-200-300 MG	5	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	5	
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	5	QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	5	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	5	QL (30 EA per 30 days)

ANXIOLYTICS

Anxiolytics, Other

<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	4	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	4	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	3	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	3	

Benzodiazepines

<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 1 mg</i>	2	QL (240 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	4	
<i>diazepam oral concentrate 5 mg/ml</i>	4	QL (240 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral solution 5 mg/5ml</i>	4	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (600 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	4	QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	2	QL (600 EA per 30 days)
<i>lorazepam oral tablet 1 mg</i>	2	QL (300 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)

BIPOLAR AGENTS

Mood Stabilizers

<i>carbamazepine er oral capsule extended release 12 hour 200 mg</i>	4	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	4	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	4	
<i>valproic acid oral capsule 250 mg</i>	3	
<i>valproic acid oral solution 250 mg/5ml</i>	3	

BLOOD GLUCOSE REGULATORS

Antidiabetic Agents, Supply

ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	
<i>cvs gauze sterile pad 2"x2"</i>	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	
<i>global alcohol prep ease pad 70 %</i>	3	
OMNIPOD 10 PACK	4	
OMNIPOD 5 PACK	4	
OMNIPOD DASH SYSTEM KIT	4	
OMNIPOD STARTER KIT	4	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>Antidiabetic Agents</i>		
<i>acarbose oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg, 50 mg</i>	2	QL (150 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg</i>	2	QL (90 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 5-500 mg</i>	2	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	4	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	4	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG	3	QL (60 EA per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	QL (120 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	3	QL (90 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (6 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (18 ML per 28 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	QL (15 ML per 28 days)
<i>Glycemic Agents</i>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	5	
<i>Insulins</i>		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
BLOOD PRODUCTS-MODIFIERS-VOLUME EXPANDERS		
<i>Anticoagulants</i>		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
ELIQUIS STARTER PACK ORAL TABLET 5 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	4	QL (60 ML per 28 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 ML per 28 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	4	QL (18 ML per 28 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	4	QL (24 ML per 28 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	4	QL (36 ML per 28 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	4	QL (14 ML per 28 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (7 ML per 28 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	
<i>Blood Formation Modifiers</i>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; QL (14 ML per 30 days)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; QL (14 ML per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 4000 UNIT/ML	4	PA; QL (12 ML per 28 days)
PROCRIT INJECTION SOLUTION 2000 UNIT/ML	4	PA; QL (23 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 20000 UNIT/ML	5	PA; QL (12 ML per 28 days)
PROCRIT INJECTION SOLUTION 3000 UNIT/ML	4	PA; QL (16 ML per 30 days)
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; QL (12 ML per 30 days)
PROMACTA ORAL PACKET 12.5 MG	5	QL (360 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	QL (60 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	QL (30 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 4000 UNIT/ML	4	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 2000 UNIT/ML	4	PA; QL (23 ML per 30 days)
RETACRIT INJECTION SOLUTION 3000 UNIT/ML	4	PA; QL (16 ML per 30 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	4	PA; QL (12 ML per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	3	
<i>Platelet Modifying Agents</i>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	4	
BRILINTA ORAL TABLET 60 MG	3	QL (90 EA per 30 days)
BRILINTA ORAL TABLET 90 MG	3	QL (60 EA per 30 days)
CABLIVI INJECTION KIT 11 MG	5	PA; LA; QL (32 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	
CARDIOVASCULAR AGENTS		
<i>Alpha-Adrenergic Agonists</i>		
CATAPRES ORAL TABLET 0.3 MG	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	4	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>midodrine hcl oral tablet 10 mg</i>	4	
<i>midodrine hcl oral tablet 2.5 mg, 5 mg</i>	3	
<i>Alpha-Adrenergic Blocking Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	4	
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	3	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	3	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg</i>	2	QL (30 EA per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	2	QL (90 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl oral tablet 200 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	4	
PACERONE ORAL TABLET 100 MG, 400 MG	4	
PACERONE ORAL TABLET 200 MG	2	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>Antihypertensive Combinations</i>		
<i>amlodipine besy-benazepril hcl oral capsule 10-40 mg, 5-40 mg</i>	2	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	4	QL (30 EA per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	4	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	2	QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	4	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	QL (30 EA per 30 days)
<i>Beta-Adrenergic Blocking Agents</i>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	4	
<i>pindolol oral tablet 10 mg, 5 mg</i>	4	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	4	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	2	
Calcium Channel Blocking Agents		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	3	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	3	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	3	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	4	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	3	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	4	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	4	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	3	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	3	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	4	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg</i>	2	QL (30 EA per 30 days)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	2	QL (45 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	4	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	4	QL (30 EA per 30 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	4	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>captopril-hydrochlorothiazide oral tablet 50-25 mg</i>	4	
<i>colesevelam hcl oral packet 3.75 gm</i>	2	
CORLANOR ORAL SOLUTION 5 MG/5ML	4	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA
DEMSEER ORAL CAPSULE 250 MG	5	
DIGITEK ORAL TABLET 125 MCG	2	
DIGITEK ORAL TABLET 250 MCG	3	
DIGOX ORAL TABLET 125 MCG	2	
DIGOX ORAL TABLET 250 MCG	3	
<i>digoxin oral solution 0.05 mg/ml</i>	4	
<i>digoxin oral tablet 125 mcg</i>	2	
<i>digoxin oral tablet 250 mcg</i>	3	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	2	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	3	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; QL (180 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	4	QL (60 EA per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	4	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	5	PA
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; LA; QL (4 ML per 28 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	4	QL (30 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	QL (30 EA per 30 days)
WELCHOL ORAL TABLET 625 MG	3	
<i>Diuretics, Carbonic Anhydrase Inhibitors</i>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	4	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	3	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>Diuretics, Loop</i>		
<i>bumetanide injection solution 0.25 mg/ml</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>Diuretics, Potassium-Sparing</i>		
<i>amiloride hcl oral tablet 5 mg</i>	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	4	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	
<i>spironolactone oral tablet 25 mg</i>	1	
<i>Diuretics, Thiazide</i>		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
<i>methyclothiazide oral tablet 5 mg</i>	3	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
<i>Dyslipidemics, Fibric Acid Derivatives</i>		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 67 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 200 mg</i>	3	QL (30 EA per 30 days)
<i>fenofibrate oral capsule 150 mg</i>	4	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 145 mg</i>	4	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	2	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 48 mg, 54 mg</i>	2	QL (60 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	2	
<i>Dyslipidemics, Hmg Coa Reductase Inhibitors</i>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light oral powder 4 gm/dose</i>	4	
<i>cholestyramine oral packet 4 gm</i>	4	
<i>colestipol hcl oral packet 5 gm</i>	4	
<i>colestipol hcl oral tablet 1 gm</i>	3	
<i>ezetimibe oral tablet 10 mg</i>	3	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	4	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	4	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	4	PA
PREVALITE ORAL PACKET 4 GM	4	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	4	
<i>Vasodilators, Direct-Acting Arterial</i>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>Vasodilators, Direct-Acting Arterial-Venous</i>		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	4	
CENTRAL NERVOUS SYSTEM AGENTS		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	4	QL (360 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	QL (150 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</i>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	3	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	3	QL (90 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	3	QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	4	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	4	QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	4	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	4	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	4	QL (90 EA per 30 days)
<i>Central Nervous System, Other</i>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA
FIRDAPSE ORAL TABLET 10 MG	5	PA; QL (240 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
<i>riluzole oral tablet 50 mg</i>	4	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA; LA; QL (6 ML per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	5	QL (600 ML per 30 days)
<i>Fibromyalgia Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	3	
<i>pregabalin oral solution 20 mg/ml</i>	3	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 ML per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	5	PA; QL (60 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL (28 EA per 28 days)
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	2	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	4	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	4	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	4	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	4	
DERMATOLOGICAL AGENTS		
Antifungals - Topical		
<i>ciclopirox external gel 0.77 %</i>	4	
<i>ciclopirox external shampoo 1 %</i>	4	
<i>ciclopirox external solution 8 %</i>	4	
<i>ciclopirox olamine external cream 0.77 %</i>	4	
<i>ciclopirox olamine external suspension 0.77 %</i>	4	
<i>clotrimazole external cream 1 %</i>	3	
<i>clotrimazole external solution 1 %</i>	3	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	4	
<i>econazole nitrate external cream 1 %</i>	4	
JUBLIA EXTERNAL SOLUTION 10 %	4	
<i>ketconazole external cream 2 %</i>	2	
<i>ketconazole external shampoo 2 %</i>	2	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	
<i>nystatin external cream 100000 unit/gm</i>	2	
<i>nystatin external ointment 100000 unit/gm</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	2	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	4	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	4	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	
<i>Dermatological Agents</i>		
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	PA
<i>acitretin oral capsule 17.5 mg</i>	5	PA
<i>alclometasone dipropionate external cream 0.05 %</i>	2	
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	
<i>ammonium lactate external cream 12 %</i>	3	
<i>ammonium lactate external lotion 12 %</i>	3	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	4	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	4	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	4	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	4	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate external cream 0.05 %</i>	4	
<i>betamethasone dipropionate external lotion 0.05 %</i>	4	
<i>betamethasone dipropionate external ointment 0.05 %</i>	4	
<i>betamethasone valerate external cream 0.1 %</i>	3	
<i>betamethasone valerate external lotion 0.1 %</i>	3	
<i>betamethasone valerate external ointment 0.1 %</i>	3	
<i>calcipotriene external solution 0.005 %</i>	4	
CLARAVIS ORAL CAPSULE 20 MG, 30 MG, 40 MG	4	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	4	
<i>clindamycin phosphate external gel 1 %</i>	4	
<i>clindamycin phosphate external lotion 1 %</i>	4	
<i>clindamycin phosphate external solution 1 %</i>	4	
<i>clobetasol propionate e external cream 0.05 %</i>	4	
<i>clobetasol propionate external cream 0.05 %</i>	4	
<i>clobetasol propionate external gel 0.05 %</i>	4	
<i>clobetasol propionate external ointment 0.05 %</i>	4	
<i>clobetasol propionate external solution 0.05 %</i>	4	
COLOCORT RECTAL ENEMA 100 MG/60ML	4	
<i>desonide external cream 0.05 %</i>	4	
<i>desonide external lotion 0.05 %</i>	4	
<i>desonide external ointment 0.05 %</i>	4	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	4	
<i>desoximetasone external gel 0.05 %</i>	4	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	4	
<i>diclofenac sodium transdermal gel 1 %</i>	4	
<i>diclofenac sodium transdermal solution 1.5 %</i>	4	
<i>erythromycin external gel 2 %</i>	4	
<i>erythromycin external solution 2 %</i>	3	
EUCRISA EXTERNAL OINTMENT 2 %	4	ST
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide external ointment 0.025 %</i>	4	
<i>fluocinolone acetonide external solution 0.01 %</i>	4	
<i>fluocinonide emulsified base external cream 0.05 %</i>	4	
<i>fluocinonide external gel 0.05 %</i>	4	
<i>fluocinonide external ointment 0.05 %</i>	4	
<i>fluocinonide external solution 0.05 %</i>	4	
<i>fluorouracil external cream 5 %</i>	4	
<i>fluorouracil external solution 2 %</i>	2	
<i>fluorouracil external solution 5 %</i>	4	
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>gentamicin sulfate external cream 0.1 %</i>	2	
<i>gentamicin sulfate external ointment 0.1 %</i>	2	
<i>halobetasol propionate external cream 0.05 %</i>	4	
<i>halobetasol propionate external ointment 0.05 %</i>	4	
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	4	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	
<i>hydrocortisone valerate external cream 0.2 %</i>	4	
<i>hydrocortisone valerate external ointment 0.2 %</i>	4	
<i>imiquimod external cream 5 %</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>lidocaine external ointment 5 %</i>	4	QL (72 GM per 30 days)
<i>lidocaine external patch 5 %</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>	3	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	4	
<i>malathion external lotion 0.5 %</i>	4	
<i>metronidazole external cream 0.75 %</i>	4	
<i>metronidazole external gel 0.75 %, 1 %</i>	4	
<i>metronidazole external lotion 0.75 %</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>mupirocin external ointment 2 %</i>	2	
PANRETIN EXTERNAL GEL 0.1 %	5	
<i>permethrin external cream 5 %</i>	3	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	4	
<i>pimecrolimus external cream 1 %</i>	4	ST
<i>podofilox external solution 0.5 %</i>	4	
<i>prednicarbate external cream 0.1 %</i>	4	
<i>prednicarbate external ointment 0.1 %</i>	4	
PROCTO-MED HC RECTAL CREAM 2.5 %	4	
PROCTO-PAK RECTAL CREAM 1 %	4	
PROCTOSOL HC RECTAL CREAM 2.5 %	3	
PROCTOZONE-HC RECTAL CREAM 2.5 %	4	
RECTIV RECTAL OINTMENT 0.4 %	4	
REGRANEX EXTERNAL GEL 0.01 %	5	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>silver sulfadiazine external cream 1 %</i>	2	
SSD EXTERNAL CREAM 1 %	2	
<i>tacrolimus external ointment 0.1 %</i>	4	
TARGRETIN EXTERNAL GEL 1 %	5	PA
<i>tazarotene external cream 0.1 %</i>	4	PA
TAZORAC EXTERNAL CREAM 0.05 %	3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	3	PA
TOLAK EXTERNAL CREAM 4 %	4	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	3	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
TRIDERM EXTERNAL CREAM 0.1 %	2	

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Drug Name	Drug Tier	Requirements/Limits
VALCHLOR EXTERNAL GEL 0.016 %	5	PA; QL (60 GM per 14 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET ORAL CAPSULE 100 MG	4	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	5	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA
FERRIPROX ORAL TABLET 500 MG	5	PA
KIONEX ORAL SUSPENSION 15 GM/60ML	3	
<i>sodium polystyrene sulfonate oral powder</i>	4	
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	4	
SPS ORAL SUSPENSION 15 GM/60ML	4	
<i>trientine hcl oral capsule 250 mg</i>	5	PA
<i>Nutrients</i>		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	4	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	4	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	B/D
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	4	B/D
HEPATAMINE INTRAVENOUS SOLUTION 8 %	4	B/D
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	4	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %, 6 %	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	4	B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	B/D
ENZYME REPLACEMENT/ MODIFIERS		
<i>Enzyme Replacement/ Modifiers</i>		
CYSTADANE ORAL POWDER	5	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
GALAFOLD ORAL CAPSULE 123 MG	5	PA; LA; QL (15 EA per 30 days)
<i>levocarnitine oral solution 1 gm/10ml</i>	4	
<i>levocarnitine oral tablet 330 mg</i>	4	
XURIDEN ORAL PACKET 2 GM	5	PA; QL (120 EA per 30 days)
GASTROINTESTINAL AGENTS		
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	4	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	
<i>Digestive Enzymes</i>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
<i>Gastrointestinal Agents, Other</i>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	2	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	2	
<i>loperamide hcl oral capsule 2 mg</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	QL (30 EA per 30 days)
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	3	PA
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	2	
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i>	4	
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	3	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	3	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>Irritable Bowel Syndrome Agents</i>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG	3	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	3	QL (90 EA per 30 days)
<i>balsalazide disodium oral capsule 750 mg</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LINZESS ORAL CAPSULE 72 MCG	3	QL (120 EA per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
<i>Laxatives</i>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	4	
<i>constulose oral solution 10 gm/15ml</i>	2	
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	
<i>Phosphate Binders</i>		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	5	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	3	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	4	
<i>sevelamer carbonate oral tablet 800 mg</i>	4	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	4	
<i>Protectants</i>		
CARAFATE ORAL SUSPENSION 1 GM/10ML	4	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	3	
<i>sucralfate oral tablet 1 gm</i>	2	
<i>Proton Pump Inhibitors</i>		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	3	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	4	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	4	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>Enzyme Replacement/ Modifiers</i>		
CARBAGLU ORAL TABLET 200 MG	5	PA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
ENDARI ORAL PACKET 5 GM	5	PA; LA; QL (180 EA per 30 days)
KUVAN ORAL PACKET 100 MG	5	PA; LA
KUVAN ORAL PACKET 500 MG	5	PA
KUVAN ORAL TABLET SOLUBLE 100 MG	5	PA; LA
<i>miglustat oral capsule 100 mg</i>	5	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; LA
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA
GENITOURINARY AGENTS		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	4	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	4	
<i>oxybutynin chloride oral tablet 5 mg</i>	4	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	4	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	2	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	3	
DEPEN TITRATABS ORAL TABLET 250 MG	5	
ELMIRON ORAL CAPSULE 100 MG	4	
Vaginal Products		
<i>clindamycin phosphate vaginal cream 2 %</i>	4	
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tablet 10 mcg</i>	4	
INTRAROSA VAGINAL INSERT 6.5 MG	4	PA
<i>metronidazole vaginal gel 0.75 %</i>	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	3	
<i>terconazole vaginal suppository 80 mg</i>	3	
VANDAZOLE VAGINAL GEL 0.75 %	4	
YUVAFEM VAGINAL TABLET 10 MCG	4	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Glucocorticoids/Mineralocorticoids		
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	4	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	4	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
<i>prednisone oral solution 5 mg/5ml</i>	4	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
<i>Anabolic Steroids</i>		
ANADROL-50 ORAL TABLET 50 MG	5	
<i>oxandrolone oral tablet 10 mg</i>	4	PA
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA
<i>Androgens</i>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	4	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	4	
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	3	
<i>Contraceptives</i>		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	4	
APRI ORAL TABLET 0.15-30 MG-MCG	4	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	4	
AUBRA ORAL TABLET 0.1-20 MG-MCG	4	
AVIANE ORAL TABLET 0.1-20 MG-MCG	4	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	4	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	4	
CAMILA ORAL TABLET 0.35 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
CAZIAN T ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	4	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	4	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	4	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	4	
CYRED ORAL TABLET 0.15-30 MG-MCG	4	
DEBLITANE ORAL TABLET 0.35 MG	4	
DELYLA ORAL TABLET 0.1-20 MG-MCG	4	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	4	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	4	
ENPRESSE-28 ORAL TABLET	4	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	4	
ERRIN ORAL TABLET 0.35 MG	4	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	4	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	4	
FALMINA ORAL TABLET 0.1-20 MG-MCG	4	
GIANVI ORAL TABLET 3-0.02 MG	4	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	4	
INTROVALE ORAL TABLET 0.15-0.03 MG	4	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	4	
JASMIEL ORAL TABLET 3-0.02 MG	4	
JULEBER ORAL TABLET 0.15-30 MG-MCG	4	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	4	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	4	

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Drug Name	Drug Tier	Requirements/Limits
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	4	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	4	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	4	
KURVELO ORAL TABLET 0.15-30 MG-MCG	4	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	4	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	4	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	4	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	4	
LESSINA ORAL TABLET 0.1-20 MG-MCG	4	
LEVONEST ORAL TABLET	4	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	4	
<i>levonorg-eth estrad triphasic oral tablet</i>	4	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	4	
LORYNA ORAL TABLET 3-0.02 MG	4	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	4	
LUTERA ORAL TABLET 0.1-20 MG-MCG	4	
LYZA ORAL TABLET 0.35 MG	4	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	4	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	4	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	4	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	4	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	4	

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Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	4	
MILI ORAL TABLET 0.25-35 MG-MCG	4	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	4	
NIKKI ORAL TABLET 3-0.02 MG	4	
NORA-BE ORAL TABLET 0.35 MG	4	
<i>norethindrone oral tablet 0.35 mg</i>	4	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	4	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	4	
NORLYROC ORAL TABLET 0.35 MG	4	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	4	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	4	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	4	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	4	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	4	
OCELLA ORAL TABLET 3-0.03 MG	4	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	4	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	4	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	4	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	4	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	4	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	4	
SETLAKIN ORAL TABLET 0.15-0.03 MG	4	
SHAROBEL ORAL TABLET 0.35 MG	4	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	4	
SRONYX ORAL TABLET 0.1-20 MG-MCG	4	

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Drug Name	Drug Tier	Requirements/Limits
SYEDA ORAL TABLET 3-0.03 MG	4	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	4	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	4	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	4	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
TRIVORA (28) ORAL TABLET	4	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	4	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	4	
VIENVA ORAL TABLET 0.1-20 MG-MCG	4	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	4	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	4	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	4	
<i>Estrogens</i>		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	4	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	4	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	4	
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
OSPHENA ORAL TABLET 60 MG	4	PA
<i>Progestins</i>		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	4	PA; HR
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	PA; HR
<i>norethindrone acetate oral tablet 5 mg</i>	3	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)</i>		
<i>cabergoline oral tablet 0.5 mg</i>	4	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	4	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	3	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	4	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)</i>		
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	3	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Hormonal Agents, Suppressant (Pituitary)

ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	3	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 500 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 50 mcg/ml</i>	3	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; LA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	5	PA; QL (0.2 ML per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	5	PA; QL (0.3 ML per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; QL (60 EA per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	5	PA; QL (30 EA per 30 days)
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	5	PA

HORMONAL AGENTS, SUPPRESSANT (THYROID)

Antithyroid Agents

<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	4	

IMMUNOLOGICAL AGENTS

Immune Suppressants

<i>azathioprine oral tablet 50 mg</i>	2	B/D
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	B/D
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	B/D
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	B/D
GENGRAF ORAL SOLUTION 100 MG/ML	4	B/D
<i>mercaptopurine oral tablet 50 mg</i>	4	
<i>methotrexate oral tablet 2.5 mg</i>	2	B/D
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	4	B/D
<i>methotrexate sodium injection solution 50 mg/2ml</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral capsule 250 mg</i>	3	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	3	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B/D
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	B/D
<i>sirolimus oral solution 1 mg/ml</i>	5	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	B/D
XATMEP ORAL SOLUTION 2.5 MG/ML	4	B/D
ZORTRESS ORAL TABLET 0.25 MG, 0.75 MG, 1 MG	5	B/D; QL (60 EA per 30 days)
ZORTRESS ORAL TABLET 0.5 MG	5	B/D; QL (120 EA per 30 days)
<i>Immunizing Agents, Passive</i>		
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	B/D
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B/D
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	B/D
<i>Immunomodulators</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; QL (8 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK)	5	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (3 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (3 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML	5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; QL (4 EA per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	5	PA; QL (2.28 ML per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	PA; QL (30 EA per 30 days)
<i>Vaccines</i>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	
<i>bcg vaccine injection injectable</i>	3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	3	B/D
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	

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Drug Name	Drug Tier	Requirements/Limits
IPOL INJECTION INJECTABLE	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	3	
MENACTRA INTRAMUSCULAR INJECTABLE	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II SUBCUTANEOUS INJECTABLE	3	
PEDIARIX INTRAMUSCULAR SUSPENSION	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	3	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
TDVAX INTRAMUSCULAR SUSPENSION 2- 2 LF/0.5ML	3	B/D
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	B/D
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	B/D
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	3	
YF-VAX SUBCUTANEOUS INJECTABLE	3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	QL (1 EA per 365 days)

METABOLIC BONE DISEASE AGENTS

Metabolic Bone Disease Agents

<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
<i>alendronate sodium oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	3	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	B/D
<i>calcitriol oral solution 1 mcg/ml</i>	4	B/D
<i>cinacalcet hcl oral tablet 30 mg</i>	3	PA; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5	PA; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	PA; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	3	QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
<i>raloxifene hcl oral tablet 60 mg</i>	3	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	QL (4 EA per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR 3120 MCG/1.56ML	5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; QL (2 ML per 28 days)

MISCELLANEOUS THERAPEUTIC AGENTS

Miscellaneous Therapeutic Agents

V-GO 20 KIT	4	
V-GO 30 KIT	4	

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Drug Name	Drug Tier	Requirements/Limits
V-GO 40 KIT	4	
OPHTHALMIC AGENTS		
<i>Ophthalmic Prostaglandin And Prostamide Analogs</i>		
<i>latanoprost ophthalmic solution 0.005 %</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	3	
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	4	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	5	PA
<i>pilocarpine hcl ophthalmic solution 1 %</i>	2	
<i>pilocarpine hcl ophthalmic solution 2 %, 4 %</i>	4	
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
<i>Ophthalmic Anti Infectives</i>		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	4	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	4	
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	4	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	4	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	
<i>tobramycin ophthalmic solution 0.3 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>trifluridine ophthalmic solution 1 %</i>	3	
<i>Ophthalmic Anti-Allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	4	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	4	
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	3	
PAZEO OPHTHALMIC SOLUTION 0.7 %	4	
<i>Ophthalmic Antiglaucoma Agents</i>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	4	
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	4	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	4	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	4	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	4	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %, 22.3-6.8 mg/ml</i>	4	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	4	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	1	
<i>Ophthalmic Anti-Inflammatories</i>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	4	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	4	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	
<i>ketorolac tromethamine ophthalmic solution 0.4 % , 0.5 %</i>	2	
LOTEMAX OPHTHALMIC GEL 0.5 %	4	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	4	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	4	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	4	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	3	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	4	
OTIC AGENTS		
<i>Otic Agents</i>		
<i>acetic acid otic solution 2 %</i>	2	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	4	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	
<i>fluocinolone acetonide otic oil 0.01 %</i>	4	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	3	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	3	
<i>ofloxacin otic solution 0.3 %</i>	4	
RESPIRATORY TRACT AGENTS		
<i>Antihistamines</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl oral solution 1 mg/ml</i>	2	
<i>cyproheptadine hcl oral tablet 4 mg</i>	4	
<i>desloratadine oral tablet 5 mg</i>	2	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
<i>Anti-Inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	B/D; QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (11 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	4	QL (50 ML per 30 days)
<i>Antileukotrienes</i>		
<i>montelukast sodium oral packet 4 mg</i>	4	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	QL (60 EA per 30 days)
<i>Bronchodilators, Anticholinergic</i>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (26 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (30 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
<i>Bronchodilators, Sympathomimetic</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	4	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (4 GM per 20 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	4	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	4	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (54 GM per 30 days)
<i>Cystic Fibrosis Agents</i>		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA
KALYDECO ORAL TABLET 150 MG	5	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; LA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; LA; QL (120 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; LA; QL (56 EA per 28 days)
TOBI PODHALER INHALATION CAPSULE 28 MG	5	PA
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	B/D
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
<i>Nasal Agents</i>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	4	QL (30 ML per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	QL (16 GM per 30 days)
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral solution 80 mg/15ml</i>	4	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG	5	PA; LA; QL (120 EA per 30 days)
UPTRAVI ORAL TABLET 1000 MCG	5	PA; LA; QL (90 EA per 30 days)
UPTRAVI ORAL TABLET 1200 MCG, 1400 MCG, 1600 MCG	5	PA; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; LA; QL (240 EA per 30 days)
UPTRAVI ORAL TABLET 400 MCG	5	PA; LA; QL (320 EA per 30 days)
UPTRAVI ORAL TABLET 600 MCG	5	PA; LA; QL (150 EA per 30 days)
UPTRAVI ORAL TABLET 800 MCG	5	PA; LA; QL (120 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; LA; QL (200 EA per 30 days)
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET ORAL CAPSULE 267 MG	5	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	5	PA
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	3	QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	B/D
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	ST; QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA

SKELETAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>carisoprodol oral tablet 250 mg</i>	4	QL (120 EA per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	3	QL (120 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	4	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	
SLEEP DISORDER AGENTS		
<i>Gaba Receptor Modulators</i>		
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	2	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>Sleep Disorders, Other</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	
HETLIOZ ORAL CAPSULE 20 MG	5	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (90 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60 EA per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	4	
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; QL (540 ML per 30 days)
THERAPEUTIC NUTRIENTS- MINERALS- ELECTROLYTES		
<i>Electrolyte-Mineral Replacement</i>		
<i>dextrose intravenous solution 10 %, 5 %</i>	4	B/D
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	4	B/D
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	4	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	B/D
ISOLYTE-S INTRAVENOUS SOLUTION	4	B/D
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 8 MEQ	2	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	4	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	4	B/D
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	4	B/D
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	B/D
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	B/D
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	B/D
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	3	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	4	B/D
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	4	B/D
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	4	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the Introduction and reviewing the chart for the **EnvisionRxPlus 2020 Formulary**. We have made no changes to this formulary since 10/02/2019.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	4	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	4	B/D
<i>Nutrients</i>		
INTRALIPID INTRAVENOUS EMULSION 20 %	4	B/D
<i>nutrilipid intravenous emulsion 20 %</i>	4	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D

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		methylprednisolone.....	60	NARCAN.....	3

NATACYN	17	NORTREL 7/7/7	64	oxacillin sodium	8
nateglinide	36	nortriptyline hcl	15	oxandrolone	61
NATPARA	73	NORVIR	33	oxaprozin	1
NEBUPENT	5	NOVOLIN 70/30	38	oxcarbazepine	12
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nitrofurantoin macrocrystal.....	5	olmesartan medoxomil.....	41	PEGASYS PROCLICK	30
nitrofurantoin monohyd macro	5	olmesartan medoxomil-hctz ...	42	penicillin g pot in dextrose.....	8
nitroglycerin	48	olmesartan-amlodipine-hctz ...	42	penicillin g potassium.....	8
NOCDURNA.....	66	olopatadine hcl	75	penicillin g procaine	8
NORA-BE	64	omega-3-acid ethyl esters	47	penicillin g sodium	8
NORDITROPIN FLEXPRO..	66	omeprazole	58	penicillin v potassium.....	8
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norethindrone acetate	66	OMNIPOD 5 PACK	35	pentoxifylline er.....	45
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